

# Population Health NEWS

## Making a Case for Population Health

A Selected Case Study in Population Health Management...

### Increased Usage of Medical Alert by Home Health Agencies Might Be Key to Fewer Readmissions

**T**here is no disputing the numbers. As modern medicine evolves, the fastest growing population in our society is the 85+ segment. This population is not only living longer, but they are also more active and independent. The healthcare industry has been working to adjust and evolve to meet the needs of a rapidly growing elderly population, but there are still a number of shortfalls that need to be addressed in order to maintain the highest quality of healthcare for this group.

As part of the Affordable Care Act (ACA) and overall health reforms currently underway in the United States, there has been an ongoing focus to reduce readmission rates. The return to a hospital shortly after discharge is not only difficult for the patient, but it is also extremely costly for Medicare. Nearly 20% of Medicare beneficiaries experience an unplanned hospital readmission, with an estimated cost to the American public of about \$26 billion per year.<sup>1</sup>

Under the Hospital Readmission Reduction Program (HRRP), hospitals face a monetary penalty for patients readmitted within 30 days, and home health agencies are under additional pressure to minimize readmissions during home care episodes. The Centers for Medicare and Medicaid Services (CMS) announced that it will penalize more than 2,600 hospitals an estimated \$420 million due to high readmission rates as defined under ACA for fiscal year 2016.<sup>2</sup> This creates a new opportunity as hospitals look to care transition partners to decrease avoidable readmissions and the penalties associated with them.

A number of programs have been put in place industrywide to address the readmission issue, including improved discharge planning and confirmation of patient's follow-up appointments; however, there is still significant room for improvement.

#### Objectives:

- Improve patient outcomes through quick response to health-related concerns.
- Reduce readmission rates by avoiding unnecessary emergency calls or visits.
- Support the national effort by providing a greater program penetration to the potential market.
- Improve/evolve medical alert technology to coincide with the needs of the growing elderly population.

**Program Description:** Founded by Ralph Kirk in 1992, after a family experience with an unaided fall, Healthcom works to empower seniors and individuals with disabilities to live longer, healthier and more independent lives in the comfort and safety of their own homes. Healthcom, a family-owned company, started integrating its CareLink medical alert systems into hospital discharge planning programs in early 2010.

Healthcom provides medical alert services to hospitals, home care agencies and consumers across the country. Data from Healthcom's CareLink medical alert program have recorded favorable case results avoiding readmission in three out of four patients who use the system. CareLink is able to help patients (and providers) avoid many readmissions because of situations that can be resolved by caregivers and emergency responders rather than requiring a trip to the hospital.

Considering the penetration of such programs is small, there is potential for CareLink and similar systems to measurably impact an effort to lower avoidable hospital readmissions.

The program aims to ensure quick response time and accurate determination of medical needs in order to improve outcomes and decrease unnecessary readmissions.

Research indicates the use of medical alert devices creates better outcomes for patients (on average) by reducing hospital readmissions by 48%, decreasing the number of days hospitalized by 69% and reducing the number of emergency room visits by 6.5%.<sup>3</sup>

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The current CareLink program works by providing two-way communication between a patient and trained call center staff member, who enlists neighbors, caregivers and emergency responders to assist depending on the nature of the situation.

Once a patient activates the alert system, the call center specialist assesses the situation and contacts and dispatches an appropriate responder to assist a patient. That responder might be a neighbor if a patient is confused and perhaps locked out of his/her house, a nurse to evaluate medications or 911 in an emergency.

“When you look at the data we have about readmissions and around the impact of medical alert systems, it doesn't make sense to discharge a high-risk patient without an alert,” says Kirk, Healthcom president. “The aging population (65 or older) is expected to hit 83.7 million by 2050—almost double that estimated in 2012.<sup>4</sup> Studies indicate this population of elderly prefer to live independently as long as possible,<sup>5</sup> making the average age of those moving into assisted living facilities in their mid-80s.<sup>6</sup> We need to give them the medical and communication resources necessary to safely make their own lifestyle choices without putting an additional burden on hospitals and other healthcare agencies.”

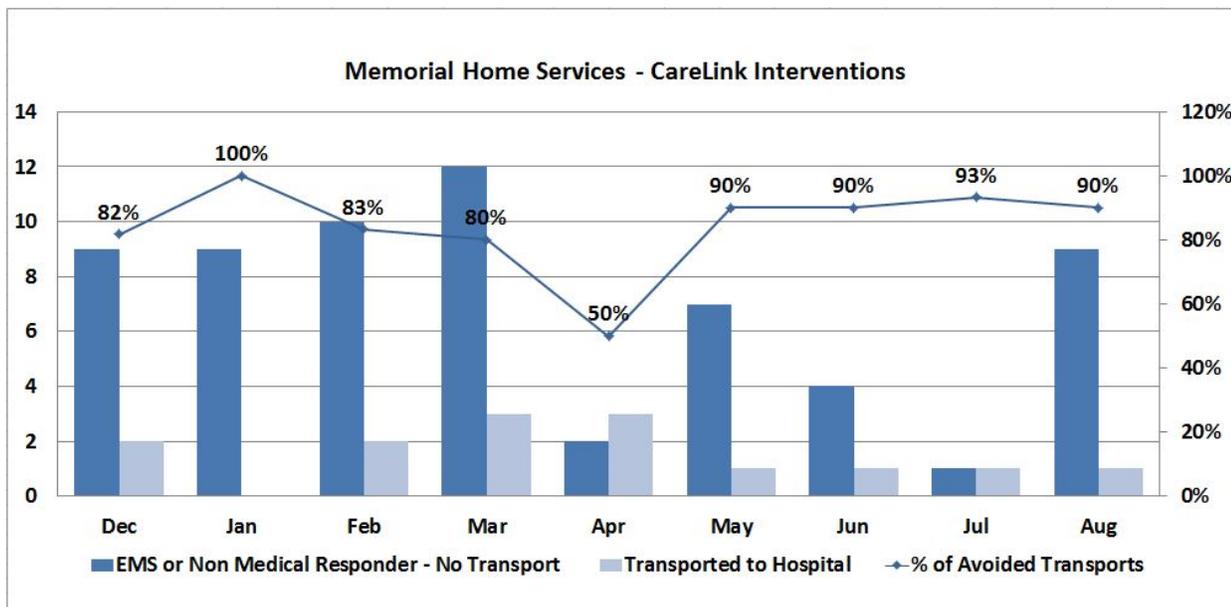
Healthcom works with more than 600 individual hospitals, homecare agencies and state Medicaid programs to implement CareLink solutions. In most cases, hospitals and home care agencies can implement a CareLink program at almost no cost. CareLink typically is purchased by a patient or supported through a state-funded program. In some cases, healthcare programs subsidize the cost of the medical alert systems for patients that are at a higher risk for readmissions.

**Results:** Over the course of last year, Healthcom has actively tracked results of patients who have been provided with a CareLink system through their hospital or home healthcare provider.

Memorial Home Services in Illinois, for example, was able to avoid transport to the hospital in 83.5% of the cases, in which a patient utilized their CareLink system for help.

In these cases where transport to the hospital was avoidable, the call center assessed the situation and contacted either a caregiver or emergency responder, who was able to resolve the situation without transport.

Falls are the number one documented reason for intervention through a medical alert system. If someone falls and is not able to summon help quickly, the chances of a readmission are significantly increased in a very short period of time (sometimes minutes). However, the quick intervention afforded by a medical alert unit minimizes injury and reduces the need for hospitalization. In many cases, family members or even first responders are able to provide quick lift assistance or onsite evaluations (in the case of first responders) and forego a more expensive and unnecessary emergency room visit.



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### Lessons Learned:

- There is a need to expand patient points of contact beyond emergency services and a call center.
- Medical alert systems make an impact by providing the opportunity for intervention, offering easy access to a patient's home care provider any time of day or night.
- Medical alert systems and the quick response they provide can improve outcomes for patients who experience a fall or other medical issue.
- Alert systems can prevent hospital admissions when a caregiver or responder can resolve the situation.

### System Incorporates Additions

After evaluating the results and speaking to home health agencies about program growth to meet the needs of more patients and provide additional value to the providers, Healthcom recently launched CareLink Connect. This 2.0 version of the service expands patients' points of contact beyond emergency services and a call center to include patients' homecare nurse team.

In the CareLink Connect program, when patients who are transitioning from acute care settings (hospital or skilled nursing facility) to their home, they are given a free mobile, nurse help button. This button can be used to connect them immediately to their homecare nurse team, family caregiver or medical authorities 24/7. This allows quick access to healthcare professionals or responsible caregivers when important healthcare decisions are being made.

If, for example, patients have a question regarding their medication regimen, they can simply press their button to have access to their homecare nurse who can reference their personal information and provide guidance. This kind of support can be critical during transition periods and can positively affect patient outcomes.

<sup>1</sup> Bradley EH, Brewster A, Curry L. "National Campaigns to Reduce Readmissions: What Have we Learned?" The Commonwealth Fund. Oct. 1, 2015.

<sup>2</sup> "Readmissions Reduction Program (HRRP)." CMS.gov. April 18, 2016.

<sup>3</sup> "CareLink Medical Alert Services." Healthcom. Accessed Oct. 9, 2016.

<sup>4</sup> Ortman JM, Velkoff VA, Hogan H. "An Aging Nation: the Older Population in the United States." U.S. Census Bureau. May 2014.

<sup>5</sup> "The United States of Aging Survey." National Council on Aging. Accessed Oct. 9, 2016.

<sup>6</sup> Moeller P. "Aging Insights: Residents Share What It's Like to Live in a Retirement Community." *U.S. News & World Report*. Aug. 20, 2013.

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