

# Telemedicine Helps SNFs Improve Patient Care, Curb Hospitalizations

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Skilled nursing facilities face many challenges providing round-the-clock care for patients with complex medical issues. Telemedicine is helping them improve care management and reduce emergency transports.



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By [Eric Wicklund](#)

January 09, 2018 - Skilled nursing facilities across the country are using telemedicine to bring critical healthcare services to their residents, improving health and wellness outcomes and reducing costly ER transports.

In many cases, real-time clinical support can mean the difference between life and death.

“Even five minutes at that point can make a huge difference,” says Karen Sullivan, communications director at Tewksbury, Mass.-based Covenant Health, which has partnered with TripleCare to install a round-the-clock telemedicine platform in four SNFs around New

England. “These are critical minutes in a lot of cases for patients who are compromised.”

SNFs offer their residents – seniors and those with debilitating health issues – a home away from the hospital, built around a structured clinical care environment. The challenge lies in providing care that detects and treats health issues before they become serious and require rehospitalization.

“SNFs provide services to a population of predominantly older adults who have limitations in their ability to independently care for themselves due to multiple and coexisting cognitive, physical and chronic conditions,” a report prepared in 2012 for the Center for Connected Health Policy notes. “An aging population and a lack of resources for long-term health care are leaving skilled nursing staff increasingly responsible for a growing frail patient population that requires significant medical, therapeutic, and rehabilitation services due to their significant risk for adverse, complicated, and costly health events.”

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“However, SNF physicians are often off-site or unavailable when patient assessments and care recommendations are most urgently needed,” the report continues. “As a consequence, residents often have to be transported off-site to receive appropriate care such as to an emergency department for immediate assessment and possible hospitalization. Frequently they experience preventable negative health outcomes from the lack of timely care.”

Last August, citing studies that show SNFs have been responsible for \$11 billion in lost savings in less than a decade, the Centers for Medicare & Medicaid Services launched a pilot program in Florida – also involving TripleCare - aimed at using telemedicine to curb those costs.

“Changes in patients’ conditions often occur in the off hours when physicians are not physically present at SNFs - this is precisely the time when TripleCare’s virtual physician services kick in,” Mary Jo Gorman, chief executive officer at the New York-based telehealth company, said in a press release announcing the telemedicine expansion. “As a result, these virtual visits are reaping considerable financial savings for SNFs and our nation’s healthcare system.”

In Florida, three SNFs are taking part in a year-long project developed by CMS and coordinated by the non-profit TRECS (Targeting Revolutionary Elder Care Solutions) Institute. The goal is to determine whether a virtual care platform set up for nights and weekends can curb hospital admissions and readmissions in post-acute care settings.

“Studies show that approximately 60 [percent to] 70 percent of all nursing home transfers to the hospital are unnecessary,” John Whitman, executive director at Pennsylvania-based TRECS Institute, said in the press release. “Sending a vulnerable senior to the hospital only increases their exposure to a wide range of other proven, adverse effects.”

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TRECS Institute officials said a 2015 study found that an off-hours telemedicine service averted 91 hospital admissions or readmissions over the course of a year at the Cobble Hill Health Center, a 360-bed SNF in New York, saving the SNF more than \$1.3 million in Medicare costs and improving clinical outcomes for the patients.

According to the CCHP report, telemedicine offers a number of benefits to SNFs and similar facilities.

“It can provide remote access to specialist care in both unplanned emergency and scheduled care episodes” the report notes. “It can assist with providing quality care management by monitoring the safety and wellness of residents.”

“ Furthermore, telehealth can enable SNFs to achieve cost efficiencies by building confidence within the skilled nursing care team to proactively and effectively prevent negative health outcomes in clinical scenarios that may otherwise lead to costly, preventable, and sub-standard care” the report adds. “These workforce, care management, and clinical benefits can also translate into cost savings by enabling specialists to facilitate much-needed care remotely and improving the capacity of skilled nursing staff to provide quality care on-site which may lead to reductions in unnecessary transfers between care sites and preventable hospital (re)admissions.”

Avera Health, the Sioux Falls, S.D.-based health system whose reach expands across several states, is also using telemedicine to improve care at SNFs and long-term care facilities.

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“Telemedicine is just something that’s right,” says Robin Arends, a Certified Nurse Practitioner. From her office in Sioux Fall, Arends sits at the hub of a hub-and-spoke telemedicine network [offering urgent care services to more than a dozen facilities](#) in six states – North and South Dakota, Nebraska, Iowa, Minnesota and West Virginia.

Arends and her colleagues field phone calls from facility staff who need help when a resident experiences a change in health status. They’ll discuss the case by phone first, then access the patient’s EMR for more data, then schedule a virtual visit when needed.

The telemedicine platform helps with everything from minor issues like colds and allergic reactions to major health concerns that require hospitalization.

“We’ve seen life-saving measures,” says Arends. “This brings care management to a whole new level for everyone involved.”

That’s what Covenant Health officials had in mind when they set up a telemedicine platform last fall to serve three SNFs in Massachusetts and one in Maine. They wanted a “second set of eyes” to help out on-site staff with patient issues, as well as a support network in place for off-hours.

“It’s a pretty rare occasion that we have a doctor in the building 24/7,” says Sullivan, who adds that SNFs aren’t always a quick ambulance ride away from the nearest hospital. “This [telemedicine platform] gives us a way to have someone at the bedside at all times.”