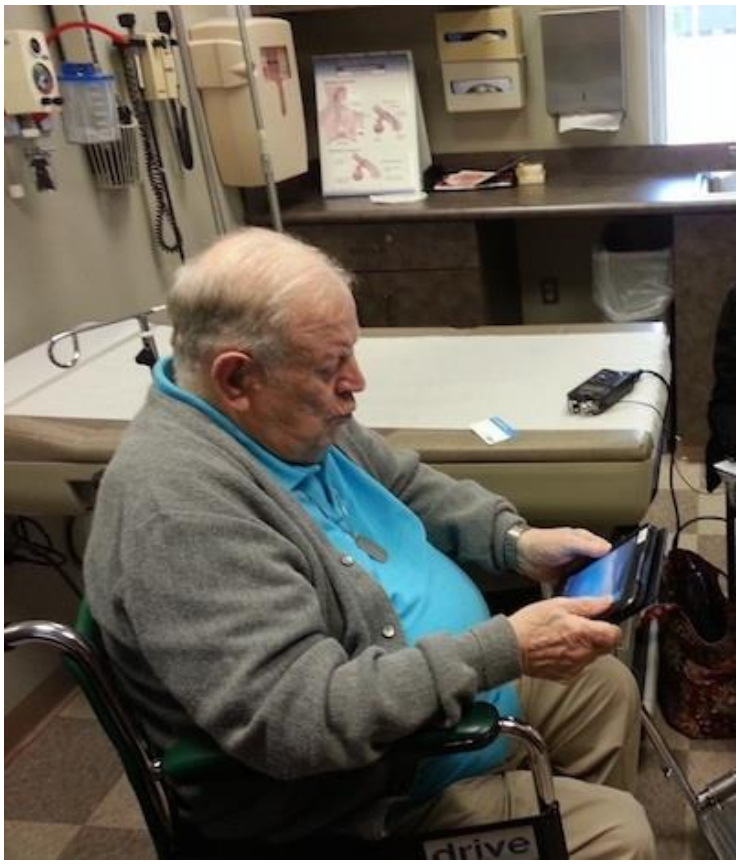
Customer Success Stories

Remote Patient Monitoring

Tablet app reduces CHF patient readmissions by 53 percent

By Aditi Pai
April 09, 2015



New York City-based Health Recovery Solutions announced that its tablet-based program reduced the 30-day readmission rate for 130 congestive heart failure (CHF) patients at Penn Medicine's Penn Care at Home program by 53 percent.

Health Recovery Solutions looked at Penn Care at Home's data between July 2014 and February 2015. During this time, the readmission rate fell from 8 percent to 3.8 percent.

"Since launching with HRS, we've had our best CHF readmission performance to date," Anne Norris, Chief Medical Officer of Penn Care at Home, said in a statement. "In six of the last 12 months we have had zero thirty-day readmissions, and our overall rate stands at 3.8 percent. There's a secret sauce here, using this tool to engage patients in their own self-care."

The hospital provides patients with a cellular-enabled tablet, with the program, called PatientConnect, preloaded. Providers pay Health Recovery Solutions a licensing fee for the package.

Patients can use the system to communicate with their physician via video chat. The tablet software also encourages patients to record medication, weight, activity, and symptoms.

Clinicians and caregivers can monitor this data through their own apps, ClinicianConnect and CaregiverConnect.

The patient tablet, which is equipped with a 4G data connection, will also offer educational materials about the conditions, which take the form of quizzes, pamphlets, and videos. The system can also collect data from A&D and Nonin home health devices. When clinicians notice that a patient is not improving, they can reach out to those specific patients to help them stay on track and reduce readmissions.

Health Recovery Solutions said they are working with Penn Care at Home to extend this platform to patients living with COPD, dementia, and cirrhosis.

In January, Health Recovery Solutions **raised $1 million** from undisclosed investors bringing the company's total funding to $1.8 million. At the time, Health Recovery Solutions Chief Operating Officer Rohan Udeshi told MobiHealthNews that PatientConnect currently offers programs for patients with congestive heart failure, COPD, and diabetes. But Health Recovery Solutions has developed and is rolling out offerings for stroke recovery, post cardiac surgery, and hip and knee joint replacements. Towards the end of the year, Udeshi said the company plans to develop an offering for pediatric monitoring too. Health Recovery Solutions **was also** a member of Blueprint Health's summer 2012 class.

HRS and FirstHealth Team Up To Reinvent Telehealth and Reduce Hospital Readmissions

November 16, 2015 08:45 AM Eastern Standard Time

PINEHURST, N.C.--(BUSINESS WIRE)--A pioneer in telehealth teams up with the hottest company in home care to create an amazing approach and unbelievable results.

FirstHealth and HRS Team to Reduce Hospital Readmissions and Better Utilize Home Care Visits with Telehealth

FirstHealth of the Carolinas, widely applauded for creating the nationally renowned Chronic Disease Pathways evidence-based standards of care, has partnered with Health Recovery Solutions (HRS), a software company started at Johns Hopkins University, to transform their telehealth remote monitoring program.

What began in 2014 as a 25-unit trial of the HRS system has grown to a full-scale partnership that utilizes over 160 units and serves high risk patients with chronic disease across eight North Carolina counties.

“HRS has been a game changer for us, creating a much more flexible and comprehensive platform,” says Patty Upham, Director, FirstHealth Care Transitions. “Telehealth technology is an essential component of our overall strategy for managing this high-risk population.”

The First Health Center for Telehealth has used this technology to manage well over 800 patients in its four distinct care settings: Complex Care Management for high risk patients with heart failure, COPD or diabetics not eligible for home health but who still require ongoing support, Medicaid and Dual Eligible heart failure patients managed by the local network of Community Care of North Carolina, and high-risk patients for PACE Life St Joseph (an alternative program for patients who would otherwise be in a skilled nursing facility) and in the traditional home health setting. Of the 175 heart failure patients monitored to date for Community Care, there has been a 40% reduction in the number of hospitalizations as compared to the six months prior to enrollment in the Center for Telehealth. That represents over 80 avoided hospitalizations and a $560,000 savings to the State’s Medicaid Program.

To date, First Health’s home health 30-day readmission rate for 2015 is 7.9 percent, which is 27 percent better than the national benchmark and 19 percent better than its readmission rate last year.

How it works

HRS supplies First Health patients who have diagnoses of heart failure, COPD or diabetes with the most advanced remote monitoring devices focused on changing patient behavior. Patients go home with HRS's disease-specific 4G Tablets customized to their medications, diet requirements and care plans. The HRS Tablets are integrated with wireless bluetooth devices (PulseOximeters, BP Monitors, Thermometers, Activity Trackers and Scales) and are preloaded with educational videos, that require patients to complete daily teach-back quizzes and surveys. The HRS Tablets also allow for video chat, wound imaging and real time risk assessments monitored by clinicians and patient family members. High-risk alerts are sent to nurses to prompt video chat with the patients as needed. This real-time care coordination has prevented exacerbations and hospital visits.

Return on Investment

The HRS telehealth remote patient-monitoring platform has allowed FirstHealth to reduce the number of costly home nursing visits while improving the quality of care. First Health' home visits per 60 days in 2015 was 4.8 visits, 40% lower than the national average.

"Reducing nursing visits per episode of care not only reduces the overall cost of care, but it also allows us to provide care to more patients with the same amount of staff," Upham says. "The return on investment is positive."

FirstHealth recently received a 4.5 Star Rating from the Centers for Medicare and Medicaid, a measure of the high quality of care it consistently delivers. HRS was recently recognized as a Luminary Finalist at the national LINK Home Health Conference. This distinction goes to a company that demonstrates significant technological advancement in the home care industry.

About FirstHealth of the Carolinas: FirstHealth of the Carolinas is a private, non-governmental, not-for-profit health care network serving 15 counties in the mid-Carolinas.

About Health Recovery Solutions: HRS is a New York City based telehealth provider, supplies some of the nation's leading medical centers and home health agencies with the most advanced patient monitoring devices, focusing on changing behavior to reduce readmissions and improve clinical outcomes. For more information, call (347)699-6HRS or visit www.healthrecoverysolutions.com

MarketWatch

1 Year Report: Maine's Leading Home Health Agency Reduces Readmissions by 75% with Cutting Edge Technology from HRS

By
Published: Apr 26, 2016 7:35 a.m. ET

SACO, Maine, Apr 26, 2016 (BUSINESS WIRE) -- HomeHealth Visiting Nurses of Southern Maine (HHVN) achieves a dramatic 75% reduction in overall 30-day hospital readmissions for chronic disease patients. Of the 474 patients placed on the HRS Patient Connect® Platform from April 2015 to April 2016, there was a 4.2% 30-day readmission rate. The state average in Maine is 16.6%. HHVN launched the new generation of technology from Health Recovery Solutions (HRS) in 2015 to support the care of their most fragile and at-risk patients.

Health Recovery Solutions, whose CEO was recently recognized in Forbes 30 Under 30, focuses on engaging high risk patients with its software. At HHVN, the average patient spends 24.6 minutes a day watching educational videos, answering teach-back questions, reviewing their own biometric data, participating in video calls, and accessing their personalized care plan. Donna DeBlois, HHVN President, explains "what we are doing is true population health, by addressing health literacy and engaging our patients in self-care, we have gone far beyond the realm of telehealth."

In the past 6 months, the readmission rate at HHVN for Congestive Heart Failure patients was 2% and 1% for patients with Chronic Obstructive Pulmonary Diseases and 3.3% for patients with Diabetes. Heather Lomax, Clinical Manager for Telehealth & Cardio-Pulmonary Services, stresses the importance of quickly getting clinical trends and data to providers, adjusting medications accordingly, and visual inspection through videoconferencing with patients to prevent hospital readmissions. She states that "with doing virtual visits for assessment purposes, it helps address the challenge of reporting back to cardiologist with their symptoms. Instead of saying the patient is short of breath or has swelling, he/she can be visually inspected for a more complete picture."

A combination of the diligent and attentive telehealth nurses and the multiple reminders embedded in the HRS software produces high compliance rates for patients to take their vital signs daily. Over the past year, the average daily adherence for patients taking each of their reminded vital signs through the HRS integrated wireless devices was 85%.

The partnerships' public results come at an opportune time as on May 1st, HHVN will be merging with Kno-Wal-Lin Home Care and Hospice, and Waldo County Home Care and Hospice to become MaineHealth Care at Home. This new entity will strengthen services and expand technology throughout Maine's Cumberland, York, Lincoln, Waldo, Knox and southern Oxford counties.

For more information, about HomeHealth Visiting Nurses of Southern Maine www.homehealth.org or call 1-800-660-4867.

For more information, about Health Recovery Solutions (HRS) visit www.healthrecoverysolutions.com or call (347) 699-6HRS.

View source version on businesswire.com: http://www.businesswire.com/news/home/20160426005711/en/

SOURCE: Health Recovery Solutions"> <Property FormalName="PrimaryTwitterHandle" Value="@Healthrecovery1

Health Recovery Solutions
Nikki Priece, 908-642-0229
npriece@healthrecoverysolutions.com

By: PRWeb via PRWeb

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Catholic Health and HRS's Partnership Leads to a 6% Readmissions Rate

Patients from McAuley Seton Home Care using HRS's telehealth software and hardware engagement kits had a 90% daily adherence rate for recording their blood pressure, taking their weight, and recording oxygen levels last quarter.

Buffalo, NY (PRWEB) December 19, 2016

McAuley Seton Home Care, a 4.5-star rated home care division of Catholic Health, partnered with Health Recovery Solutions (HRS), a software company focused on reducing readmissions and engaging high risk patients after they are discharged from the hospital. Since starting the partnership in November 2015, over 400 patients have been monitored with HRS's advanced remote monitoring platform.

While New York's average for 30-day home care hospital readmissions is 16.4%, Catholic Health and HRS were able to achieve a 6% readmission rate for its CHF patients last quarter. The low 6% 30-day readmission rate is mostly contributed to extremely high daily compliance rates. For example, patients using HRS's software and hardware engagement kits had a 90% daily adherence rate for recording their blood pressure, weight, and oxygen levels. They answered the daily symptom questionnaire 82% of the time.

HRS's software provides patients with their own personalized care plan, educational content and diet information, while integrating with wireless Bluetooth devices for vital sign monitoring. All patients receive HRS software on 4G tablets that allow for real-time video conferencing and wound imaging. When patients go beyond specific parameters, nurses receive high-risk alerts to allow for immediate response regarding the potential problem. One patient reports, "When there is a problem with my numbers, they call me right away. It makes me feel more comfortable."

The HRS system also offers a text messaging feature that allows nurses to send reminder messages to patient's tablets. Telehealth nurse Carol Schulte, states, "It is a helpful feature when you can't get the patient on the phone. You can send them a message as a reminder to take their vitals and you can document that you sent a message to the patient. Even if they don't respond they will get the reminder to take their blood pressure and do it. It is another feature that can help with compliance."

McAuley Seton Home Care has been using telehealth for over 10 years and is continuing its efforts to incorporate innovative approaches to continue to provide highly rated home care to its patients. They have a prestigious 4.5-star rating for quality and a 5-star rating for patient satisfaction.

For more information about Health Recovery Solutions, call (347)699-6HRS or visit http://www.healthrecoverysolutions.com

McAuley Seton Home Care is a not-for-profit certified home health care agency that provides skilled nursing, rehabilitation, home health aide support, medical social work, telehealth, in Erie and Niagara Counties in Western New York. For more information, call (716) 685-4870 or visit http://www.chsbuffalo.org/Facilities/CatholicHealthHomeCare

For the original version on PRWeb visit: http://www.prweb.com/releases/readmissions/telehealth/prweb13935350.htm

60% Decrease in CHF readmissions: Cornerstone VNA uses Health Recovery Solutions Tablets to Reduce Hospital Readmissions

MAY 4, 2016 BY ADMIN2

Cornerstone VNA, a 4-star rated agency for quality patient care and patient satisfaction, has teamed up with the fastest growing telehealth company in home care to provide an array of unique monitoring features to complement its highly rated home care services.

Cornerstone VNA has partnered with Health Recovery Solutions (HRS), a software company started at Johns Hopkins University, to transform their telehealth remote monitoring program. HRS uses a 4G-enabled Samsung tablet with software to support education, self-care activities, and real-time videoconferencing and high-risk alerts. The tablet's software teaches patients to take and record vital signs with the support of wireless Bluetooth devices. Patients answer disease specific daily symptom questions through the tablet. With a focus on education, the tablets offer a wide range of videos on chronic disease that includes congestive heart failure, pulmonary disease and diabetes.

According to Jennifer Gullison RN, MSN, COS-C, Clinical Director at Cornerstone VNA, "Cornerstone VNA has been using telehealth for 18 years and is continuing its efforts to incorporate innovative approaches to providing highly rated home care to our patients." Chief Executive Officer, Julie Reynolds, RN, MS adds, "I am very pleased that Cornerstone VNA is able to offer this new technology to our patients. The HRS Telehealth Units utilize a sophisticated software program to help us closely monitor patients with chronic illnesses and demonstrates our commitment to providing innovative programs that improve the health of our community."
The state average for home care hospital readmissions for congestive heart failure (CHF) in New Hampshire is 16.7% and 16% nationally. Thanks to the new telehealth units, the 30-day readmission rates at Cornerstone VNA have decreased from 12.1% to 4.8%. That is a 60% reduction in CHF readmissions for patients that are on the telehealth program. Along with the 4.8% readmission rate, patients gave high ratings to the telehealth platform. On a scale of 0-5, the average score patients gave whether they would recommend the use of the tablet to a family member or friend was 4.08 (4-5 score means they strongly agree).

Health Recovery Solutions, a New York City based telehealth provider, supplies some of the nation's leading medical centers and home health agencies platforms for advanced, real-time patient monitoring and video chat capabilities. They have added over 25 home care agencies to their list of clients in just 2 years. Some of the company's current customers include Johns Hopkins, Penn Care at Home, and First Health of the Carolinas. For more information, call (347)699-6HRS or visit www.healthrecoverysolutions.com

Cornerstone VNA is a non-profit home, health and hospice agency currently serving Rockingham, Strafford, Belknap and Carroll Counties in New Hampshire and York County in Maine. The team at Cornerstone VNA provides skilled nursing, rehabilitative therapies, social work as well as volunteer and support services through five distinct programs: Home Care, Hospice Care, Palliative Care, Life Care-Private Duty and Community Care. For more than 100 years, Cornerstone VNA has been committed to bringing services to people of all ages, regardless of their ability to pay, so that families can stay together at home, even when facing the challenges of aging, surgical recovery, chronic or life-threatening illnesses or end of life care. To learn more about Cornerstone VNA, visit www.cornerstonevna.org or call 800-691-1133.