

PST DINNER SYMPOSIUM



Anticoagulation
FORUM

2009

Case Study: Conversion to and Economic Impact of PST

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Disclosures

- HAVI has business relationships with:
- International Technidyne Corporation
- Tapestry Medical /IDTF
- Progressive Medical Diagnostic Systems, Inc.
- Roche Diagnostics
- Quality Assured Services
- Phillips



HAVI MISSION STATEMENT

The Heart and Vascular Institute of Florida has established itself as a “Center of Excellence: in the care and treatment of cardiovascular disease. Coupled with highly trained physicians and medical staff, we provide the best in cardiovascular care and treatment through advances in nuclear medicine, state-of-the-art technology, research, and the development of preventive and educational services.

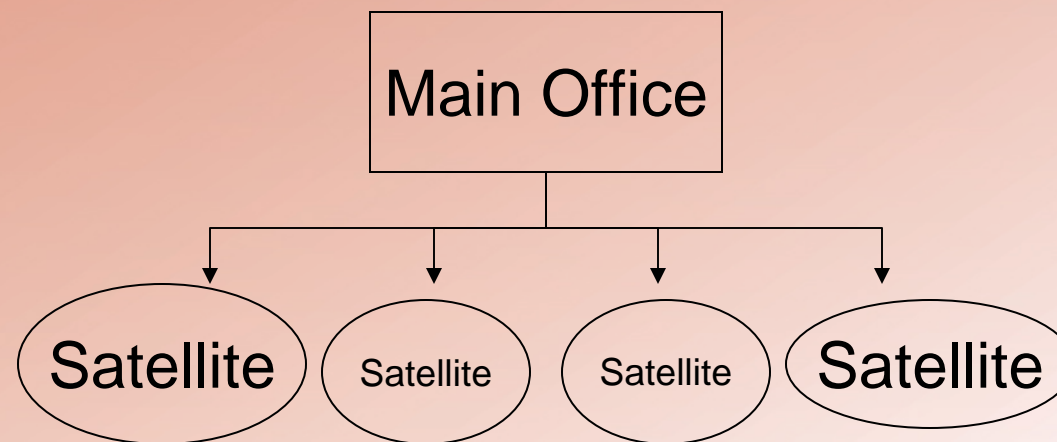


Overview

- HAVI background
- Objectives of PST program
- Economic impact of PST
- Implementation timetable
- Patient Contract
- General applicability of HAVI experience

HAVI Background

- Who we are
- What we do
- How we are structured



Objectives of PST program

- **Problem:** Loss of revenue
- **Solution:** Broad PST adoption to enable consolidation of 5 locations into 1 telephone call center, while maintaining a high standard of patient care

Economic impact of PST

		One-Time	Ongoing
+	Revenue Sources/ Cost Savings	•PST Training revenue	•G0250 Billings for all PST patients (q 4 th call-PST) •Lower overhead costs
-	Costs	•Time spent to initiate patients to new protocol.	•PST oversight costs
=	Net	Break-Even	Slight Gain

G0250- every 4th phone call - tracking

Logician - Diane MacLennan @ Countryside (HAVI-EMR) - 4/28/2009 3:36 PM - [Chart]

Go Actions Options Help

 Desktop
  Chart
  Appts
  Reg
  Reports
  New
  View
  Print
  Internet
  Help
  EXIT














Baby Test SSN: 012-34-5678 Patient ID: 151905 Home: (727)123-1234 Work: None
 71 Year Old Male (DOB: 01/31/1938) Attending: Jonathan D Hobson, M.D., FACC Insurance: Aetna (244) Group:

 Find Pt.
  Protocols
  Graph
  Handouts
  Update
  Phone Nt.
  Refills
  Edit
  Sign
  Append
  Route
  Organize

Summary Problems Medications Alerts Flowsheet Orders Documents

Document View: All

Group By Date 

		Date ▾	Summary	Provider	Location	Status
		04/28/2009 3:03	Phone: Coumadin- PST 4 of 4	Diane MacLennan	CSIDE	On Hold
		04/28/2009 3:03	Phone: Coumadin- PST 3 of 4	Diane MacLennan	CSIDE	Signed
		04/28/2009 3:02	Phone: Coumadin- PST 2 of 4	Diane MacLennan	CSIDE	Signed
		04/28/2009 3:02	Phone: Coumadin- PST 1 of 4	Diane MacLennan	CSIDE	Signed
		04/27/2009 2:11	Lab Rpt: CV Lipid - Cholestek	Luis Martinez	CSIDE	On Hold
		04/16/2009 2:01	Lab Rpt: CV Lipid - Cholestek	Stanley Fomban	LARGO	Signed
		04/15/2009 1:56	Int Oth: Charges for ICG	Luis Martinez	CSIDE	On Hold
		04/15/2009 10:2	CV: Coumadin- 4 d f/u	Diane MacLennan	CSIDE	Signed
		04/15/2009 10:2	Int Oth: Procedure Hold-colonoscopy	Diane MacLennan	CSIDE	Signed

G0250 – charges applied

Update Orders - Baby Test 71 Year Old Male, (DOB: 01/31/1938)

Orders: This update Open All Primary Coverage: **Aetna (244)** Set Co

!	▲	Date	Description	Status	Diagnoses
		04/30/2009	PST-4th of 4 calls	Unsigned	ATRIAL FIBRILLATION

Remove

Reorder

Clear D

Custom List

Categories

Search

Order Details

Use custom list: ▼

COUMADIN

- Coumadin Clinic Visit, Minimal
- PT w/ INR
- No charge

PST COUMADIN

- PST-4th of 4 calls
- 1:1 PST training (non-Tapestry)

COUMADIN LABS

- PT

ECP

- External Counterpulsation Therapy

LIPIDS

- Cholestek**
- Lipid Profile, Waived
- Transferase aspartate amino
- Transferase alanine amino
- Venipuncture
- Lipid Profile, Waived
- Transferase aspartate amino

- Transferase alanine a
- Private pay fingerstick
- HbA1c, waived (GD)

Medical Assista

- Compression Stocking
- 24 hr BP Monitor Hkup
- Event Monitor - PDS**
- Event Monitor Hku
- Event Monitor Inte
- Holter Monitor

Implementation timetable

1. Evaluation of location profitability **Month 1**
 - ⇒ Conclusion: All locations losing money.
2. Develop PST Management Protocols **Month 2**
 - ⇒ Conclusion: With proper selection/training majority of patients can self-test.
3. Pilot PST Program (~ 20 patients) **Month 3**
 - ⇒ Conclusion: Broad adoption possible with specialized support.
4. PST Roll-Out (>300 patients) **Months 4-6**
 - ⇒ Conclusions:
 - One-time costs offset by One-time revenue
 - Ongoing support offset by new revenue opportunities and avoiding ongoing losses at 4 locations.



HAVI's road to PST

- *March, 2008* – Medicare adds additional diagnoses for PST reimbursement.
- *August, 2008* – Permission from HAVI Coumadin Clinic Medical Director to explore option of PST, and assemble 20 patients for a Pilot Study of PST for 6 month period of time and how we can apply this to the Coumadin Clinic/practice as an option for Qualifying patients. Patient would qualify by diagnosis and insurance coverage and agreement to participate.



HAVI's road to PST

- *End of September, 2008:*

Decision by Executive Board to disband in-office Coumadin Clinic (Point of Care) and add PST as an alternative to outpatient Lab/INR testing.

(Pilot Study plans discarded for permanent implementation of PST)

- *October, 2008:*

Contracted with an IDTF to facilitate PST



HAVI's Road to PST , con't

- *October, 2008:*

Patients notified by Letter given at Clinic Visits
and by Mail of change in structure of Coumadin Clinic.

PST applications completed at visit by qualifying patients.

Standing Lab Orders given to all patients at their last clinic visit,
along with follow up instructions and dosing diary.

First PST patient trained 10/16/2008.

- *November 15, 2008*

Final in-office Coumadin Clinic date/appointments.

HAVI's present Format

- New Coumadin patients and New to Practice existing Coumadin patients:
 - 1:1 Initial Coumadin Education Visit-
 - Standing Order to Lab for INR's
 - PST application completed if qualified.
- Point of Care INR done in office only for
 - Baseline
 - Emergent Care/Bleed
 - Upon MD order at OV
 - New Patient Nurse Visit
 - Special consideration by MD

HAVI's Present Format

- New incoming patient with PST –
 - Complete a New Patient 1:1 Nurse Education visit and demonstrate PST on their meter at that time.
- Once patients are established at HAVI
 - Become PST patients, if qualified or
 - Use out patient lab for INR



PST Patient Selection

1. Patient must be in good standing/compliance with Coumadin Clinic.
2. Patient must maintain a minimum yearly HAVI physician visit.
3. Patient must have adequate dexterity/motor skills to do test, or must have caregiver who will train with the patient at Initial Training Visit.
4. Patient must provide a translator to be present at training if English is not their native language.
5. Patient must have significant capability: reading and writing
6. Patient must have been on Coumadin a minimum of 3 months before application is submitted. (Research study conversion patients included)
7. Patient should have Insurance/Self Pay and qualifying diagnosis at submission of PST application.
8. Patient should be willing to comply with PST protocol once meter is assigned.



Patient Rights and Responsibilities

HEART AND VASCULAR INSTITUTE OF FLORIDA
COUMADIN CLINIC
PATIENT RIGHTS AND RESPONSIBILITIES
PATIENT SELF TESTING PROGRAM – INR

- Coumadin is a potent anticoagulant that prevents your blood from clotting.
- Our clinic goal is to provide you with the best possible care while you are on Coumadin/warfarin Therapy.
- We need your commitment as well, to ensure that we can help you minimize any potential risks you may encounter while on Coumadin/warfarin Therapy.
- Your physician has authorized your participation in the Self-Testing Program in the Coumadin Clinic –
 - please review each patient/caregiver requirement listed below:



Patient Rights and Responsibilities

Education of Patient

1. The patient will be informed on how to take Coumadin/warfarin appropriately and must have 3 months of recent documentation of Coumadin/warfarin administration and INR testing.
2. The patient will be instructed on the signs and symptoms of bleeding, and thrombosis.
3. The patient/caregiver will view the "Coumadin and You" DVD at the 1:1 PST meter training visit.



Patient Rights and Responsibilities

4. PST testing protocol is weekly INR testing for the first 12 weeks after the Patient training visit.

After 12 weeks, the testing frequency will be between 2 and 4 times per month, as ordered.

The patient will test, preferably, on a Monday, Tuesday, or Wednesday, and call results to Tapestry Medical on the same day.

(specific phone protocol is discussed on #19, and also addressed when completing the Log Book during the training visit.)



Patient Rights and Responsibilities

5. The patient/caregiver will complete a 1:1 training session, with a Tapestry Medical certified nurse at a Heart and Vascular Institute of Florida office.
6. If English is not the patient's native language, the patient must bring an interpreter during the education/training sessions.
7. If the patient requires the services of a caregiver, the patient must bring the caregiver to the training/education sessions.

Patient Rights and Responsibilities

8. The patient/caregiver will be required to pass a written test after PST/Coumadin/warfarin patient education and 1:1 monitor training.
9. The patient/caregiver will complete a training checklist prior to receiving the INR self-test monitor.



Patient Rights and Responsibilities

10. The patient's medical insurance must provide coverage for the monitor and testing supplies, or the patient may be self-pay.

IF medical insurance coverage for PST is denied, you may contact a patient advocate to help with obtaining coverage/appeal:

THE PATIENT ADVOCATE FOUNDATION

WWW.PATIENTADVOCATE.ORG

TAMMI LEWIS - CASE WORKER 1-866-207-8023

EMAIL: TAMMIL@PATIENTADVOCATE.ORG

- *if medical insurance coverage is denying PST coverage*



Patient Rights and Responsibilities

11. The patient will report any signs or symptoms of bleeding to the physician or nurse immediately during normal office hours!

On evenings and weekends, the patient will contact the on-call physician/mid level thru the office phone: 727-724-8611, or go to the local Emergency Room for evaluation/treatment.



Patient Rights and Responsibilities

12. The patient will call results to the IDTF provider Tapestry Medical, upon completion, unless otherwise designated by the physician/Coumadin clinic.
 - Tapestry Medical phone is 1-877- 262 4669 press option # 2 for results.
 - A person should answer Monday thru Friday 10am to 7pm EST.
 - If the call goes to voicemail, the patient/caregiver will leave the patient name, date of birth, home phone number, I NR test result(s) and date test was done
13. If a call from the clinic is not received within 24 – 48 hours after INR was completed, the patient will contact the Clinic at 727-724-8611 for results and Coumadin/warfarin dosing and follow up instruction.



Patient Rights and Responsibilities

14. The patient will contact the Coumadin Clinic if they cannot perform their INR self test on the designated test date.

15. If the patient wishes to discontinue PST – (Patient Self Testing) they must notify the Heart and Vascular Institute of Florida, and Tapestry Medical in writing.)

The patient will then pick up a standing order/instruction for INR testing at a Heart and Vascular Location.



Patient Rights and Responsibilities

16. The patient will keep the Coumadin Clinic informed of changes in phone number, address, and extended travel plans.
17. The patient will notify the Coumadin Clinic of any changes in medication (addition to regimen, deleted from regimen, increase in dose, decrease in dose, antibiotics, flu vaccine, OTC's, etc.), and *diet*, or *physical activity*.

Patient Rights and Responsibilities

18. The patient will verbalize understanding of their INR range:

_____ to _____

and document this range in their self-testing log book.



Patient Rights and Responsibilities

19. The patient will automatically retest their INR if the result obtained is > 1.0 above the higher value in their INR range, or $>.5$ below the lower value in their INR range .

The patient will then call the Coumadin Nurse at Heart and Vascular Institute immediately, and also call results to Tapestry Medical.

Example:

The patient's INR range is 2.5-3.5. their INR result comes in at 1.4 . the patient will automatically retest, and call both results into the IDTF provider and HAVI.

OR

The patient's INR range is 2.0-3.0. Their INR result comes in at 4.9. The patient will automatically retest, and call both results into the IDTF Provider and HAVI.



Patient Rights and Responsibilities

20. The IDTF Provider is:

TAPESTRY MEDICAL

Call INR results to: 1-877-262-4669 press option 2

Re-order supplies from: 1-877-262-4669 press option 1

monitor technical support:

ROCHE DIAGNOSTICS

1-800-428-4674



Patient Rights and Responsibilities

21. Upon starting Patient Self Testing at home, if the patient does not obtain a test result, after 2 attempts at PST, they will call Tapestry Medical at 1-877-262-4669 option # 2 for a verbal walk-thru of the testing process.

The patient may also call Heart and Vascular Institute if more phone coaching is needed .

The patient may also be scheduled for an office retrain as necessary.



Patient Rights and Responsibilities

I HAVE READ AND AGREE TO THE PATIENT'S RIGHTS AND RESPONSIBILITIES WHILE ON COUMADIN AND ENROLLED IN THE PATIENT SELF TESTING PROGRAM AT HAVI.

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE ABOVE REGIMEN, OR CLINIC PROTOCOL, MAY RESULT IN SELF-TESTING PRIVILEGES BEING REVOKED AND THE MONITOR AND SUPPLIES RETURNED TO HAVI OR THE IDTF PROVIDER.

PATIENT: _____ DATE: _____

CAREGIVER: _____ DATE: _____

HAVI PATIENT TRAINER: _____ DATE: _____



HAVI patient population who has benefitted from PST...

- CHEMOTHERAPY
- LMWH BRIDGING
(WHERE DEVICES ALLOW)
- HOMEBOUND/REMOTE RESIDENCE
- SEASONAL RESIDENTS/TRAVELERS
- HX OF INCONSISTENT/UNSTABLE INR'S
- HX OF MAJOR BLEED(S)
- FULL-TIME WORKERS
- LIMITED MOBILITY (W/CARETAKER)



FUTURE PLANS/IDEAS

- EMR/IDTF
INTERFACE FOR RESULTS
- PST PATIENT EDUCATION PRESENTATION
EVERY 4-6 MONTHS
(GUEST SPEAKER).



General applicability of HAVI experience

- Factors Impacting Current Economics
 - Geography
 - Facility structure
 - Patient demographics
- Factors Impacting PST Economics
 - Training structure
 - PST Test frequency
 - PST Management protocols
 - Efficiency of recurring office visits

PST



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