Greater Rochester Health Foundation announces an award of more than a half million dollars to expand the effective telemedicine program of Visiting Nurse Service of Rochester and Monroe County, Inc. (VNS) to improve patient health, reduce emergency department (ED) use and acute care hospitalization rates. The system also reduces duplication of case management services by providing information to all care providers involved with a patient.

The telemedicine program is designed to monitor patients’ vital signs and symptoms using in-home monitoring equipment provided by AMC Health. Through the monitoring system, health professionals are immediately alerted to health status changes in home care patients and can provide prompt medical intervention. This program is a collaborative effort between VNS, Finger Lakes Visiting Nurse Service (FLVNS), MVP Health Care and the Anthony L. Jordan Health Center.

“Health reform seeks to find new methods to improve quality, decrease cost and engage the patient – this program does just that,” said Brenda Bartock, RN, director, Specialty Programs, for VNS. “Our goal is to demonstrate improved disease management through reductions in hospitalization and emergency care with the use of telemedicine in targeted populations. Through this generous grant, we are exploring the expansion of the use of telemedicine in new arenas outside the traditional home care model by working with patients of MVP and Anthony L. Jordan Health Center, an urban patient-centered medical home. We are also collaborating with FLVNS to expand their telemedicine capabilities in a rural population. Last, and most important, we can safely monitor patients daily, looking for subtle changes in their condition. Through the patient’s daily use of the system, specific disease and self-care education takes place, fostering confidence in their ability to manage their chronic disease.”

It is projected that more than 1,500 patients will benefit from in-home monitoring including people with heart disease, hypertension, diabetes or chronic obstructive pulmonary disease (COPD) whose medical conditions put them at high risk for hospitalization. The two-year project is expected to reduce ED use and inpatient admissions for local savings of more than $3 million.

“This project was funded through a competitive process in one of our areas of focus, Health Care Delivery. VNS has achieved impressive outcomes through its current telemedicine program also partially funded by the Foundation; their telemedicine patients are half as likely to go to the hospital than patients not enrolled in telemedicine,” said John Urban, president and CEO of the Foundation. “This is significant. The New England Journal of Medicine reports that one in five people receiving Medicare benefits who is discharged from a hospital is readmitted within 30 days, which is unacceptable for the health of our neighbors, and the cost for care that might have been avoided through better follow-up and transitional care is a burden to our community.”

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