BRIDGING THE DIGITAL DIVIDE: MPOWERING CHILDREN AND FAMILIES

Visiting Nurse Service of New York
VNSNY is the nation’s largest non-profit homecare company

Company Overview
The Visiting Nurse Service of New York (VNSNY) is the largest not-for-profit home health care organization in the nation and was founded in 1893 by Lillian Wald, the first public health nurse

- A not-for-profit organization is a legally constituted organization whose objective is to provide services that are of benefit to others without any commercial or monetary profit.

Total Employees 14,300

Comprised of:
- Registered Nurses 2,500
- Physical, Occupational and Speech Therapists 500
- Social Workers: 600
- Physicians, Nutritionists and Psychologists 100
- Home Health Aides 7,800
- Home Attendants 600
VNSNY serves all of NYC and Nassau and Westchester
We serve more than 130,000 patients and members every year

- Total Patients Served: 130,000
- Total Professional Visits: 2.5 million
- On any given day, VNSNY has more than 30,000 patient in our care; that’s more patients than are seen in one day in all NYC Hospitals
- Diabetes and hypertension are the most frequent diagnoses
- More than 25% of our patients speak languages other than English
- The average age of a VNSNY patient is 73 years old. The youngest patient is only a few days old while the oldest is 113.
VNSNY is both a payer and a provider and provides a broad range of services to our community.

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Our community’s problem: NYC has an epidemic of uncontrolled diabetes

Percentage of NYC residents with diabetes
100% = 8 million

Cost to the System
- Diabetics cost the health system over $9000 per annum more than a healthy, non-Diabetic.
- Diabetes cost the US $218 Billion in 2008 and is growing at 7.5% per annum over the past decade

Obstacles in Treatment, Behavior Change, and Care Options
- About 2/3rds of children with Type 1 diabetes are not managing their diabetes effectively, which creates a lifetime of health costs
- Adverse events from poor management include DKA (which can result in death) and long-term complications (including blindness, kidney failure)
- Disparities in diabetes care have been documented for minority and low income communities
VNSNY is doing its part to combat this epidemic

VNSNY Pediatric Diabetes Care Management Program

Who are we serving?
- 50 adolescents (age 11-17) with Type 1 diabetes and an A1c level of 8+
- Children are largely Hispanic, low income/Medicaid with many psycho-social and family issues
- Children are referred from the Naomi Berrie Center and Monetefiore

Where do they live?
- The Bronx
- Upper Manhattan
VNSNY is doing its part to combat this epidemic

**VNSNY Pediatric Diabetes Care Management Program**

What are we trying to accomplish?

- Improve A1c levels
- Reduce the rate of hospitalization
- Reduce 911 calls
- Reduce ER visits
- Reduce severe hypo/hyperglycemic events
- Improve knowledge, self care behaviors, and family interaction around diabetes
Our service delivery model utilizes in person and remote interactions to ensure appropriate care across the continuum

Service delivery model

CDE makes admission visit → CDE conducts education sessions → CDE/SW conducts lifestyle sessions → CDE/SW provides care management [Via Phone and Well Doc application]

• Client
• CDE / SW
• Physician

WellDoc’s interactive cell phone diabetes manager
The WellDoc application is a critical tool to complement our clinical activities and facilitate multi-disciplinary care

- Provides key clinical data access to CDE/SW (e.g., blood sugar readings) for monitoring/education and as a self-management tool for the adolescents

- Serves as an integrated EMR for VNSNY clinicians to manage their caseload

- Increases communication with providers though web access to EMR and WellDoc entries

- Pushes real-time, situation appropriate, structured educational content to the children to enable self-care management wherever they are

- Engages children by providing them with their own phones (and encourages contact with clinicians)

- Increases the collection of regular assessment data from the children by pushing surveys to them on their phones
WellDoc: Key Features Phase I

For Patients:
- Logbook as a self-management tool
- Ability to share Logbook entries with family members/physician
- Message Center
- Cell Phone Learning Library
- Assessments pushed to phone

Clinician Web Portal:
- Link to client’s cell phone
  - Logbook
  - Message Center
- Clinical documentation
- Management Reporting
- Web Learning Library
- Assessments
- Physician access to view and enter data
WellDoc: Key Features Phase II

For Patients:
- DM Algorithm
- Reminder System
- Rules Engine (Alerts/Coaching)
- Patient Web Portal (TBD)

For Physicians:
- Physician required to confirm medication and targets (either directly on web portal or via fax) for patient to get access Phase 2 features
While we have started this as a charitable initiative, we believe it has the potential for broader applications

Roadmaps

1. VNSNY assembles enough volume of patient data that shows outcomes and demonstrates cost management value to key payors and stakeholders

2. VNSNY and its partners create a truly integrated solution (e.g. Well Doc data directly uploads into VNSNY’s EMR and other’s clinical systems) to improve the effectiveness of the solution

3. VNSNY offers this solution to multiple entities including Managed Care organizations, Federal government, and NY State government

4. Expand offering to all age groups and to cover Type 2 and pre-diabetes/childhood obesity

5. Evaluate other populations/disease states for inclusion
WellDoc’s application

- Privileged and Confidential –
WellDoc’s application
WellDoc’s application

- Sugar (mg/dL): 100
- Carbs (grams): 15
- Metformin (pills): 1
- Glyburide Micronized-Metformin (pills): 2

Saved

The following information has been saved in your logbook.
- Lunch 7/14/10
  6:37 AM
- Sugar (mg/dL): 100
- Carbs (grams): 15
- Metformin: 1 pills
- Glyburide Micronized-Metformin: 2 pills

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The program is off to a good start and is being received well by the broader community

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BIG CITY

What Lessons Those Carrots Are Teaching
By SUSAN DOMINUS

Remember New York City’s plan to reward students who excelled with cellphones? That plan fell by the wayside, not because so many people thought it was absurd — after all, cellphones are not allowed in New York City Schools — but because the project’s guru, the Harvard economist Roland Fryer, decided to apply his energies elsewhere not long after the project began.

The plan seems to have had at least some ripple effect: Starting in February, the Visiting Nurse Service of New York will begin a pilot program to try to combat Type 1 diabetes in young people by offering more personalized health care — and to the young people, ages 11 to 17, who enroll, they are offering specially programmed BlackBerrys.

The BlackBerrys are, to some extent, a hard, cold incentive: participate in this diabetes care management program, and get a hot gadget. But the BlackBerrys will have been programmed specifically to help young people monitor their health, so that instead of writing in some notebook what they’re eating and how they feel, the young people can do it on their phones, looking like they’re blithely texting a friend instead of trying to avoid the emergency room. The phones function like personal coaches, automatically turning on if a child turns it off after receiving one of the preprogrammed prompts, say, to check blood sugar.