

# Innovative Solutions to Address Our Needs



**Richard G. Stefanacci, DO, MGH, MBA, AGSF, CMD**  
 Thomas Jefferson University, Jefferson College of Population Health  
 AtlantiCare/Geisinger Population Health & Post Acute Services

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**Richard G. Stefanacci, DO, MGH, MBA, AGSF, CMD**  
 Faculty, Thomas Jefferson College of Population Health  
 AtlantiCare/ Geisinger Medical Director  
 Post-Acute Services & LIFE Connection

Dr. Richard Stefanacci brings several unique perspectives to the discussion of long term care (LTC) management. To begin, he literally grew up in LTC; celebrating his 8<sup>th</sup> birthday in a nursing home that his family continues to own and operate today. As a practicing internist/geriatrician, he has a long-standing interest in and commitment to the frail elderly as his clinical practice solely focuses on nursing home eligible older adults through the PACE program (Program for All-inclusive Care for the Elderly). He is currently engaged with a large health system in their development of a preferred skilled nursing home network of providers.

On the policy side, Dr. Stefanacci served as Health Policy Scholar for the Centers for Medicare & Medicaid Services (CMS). He has combined his expertise in healthcare government policy and systems in his teaching position at Thomas Jefferson University in their Jefferson College of Population Health. In his academic role he has well over 500 publications in addition to delivering well over 1000 lectures both nationally and internationally.

An active member of all the LTC professional associations – Dr. Stefanacci has been active on both the American Society of Consultant Pharmacists (ASCP) and AMDA Foundation Boards as well as being honored as an honorary lifetime member for ASCP and the National Association of Directors of Nursing. Finally, Dr. Stefanacci has achieved recognition as a fellow in both the College of Physicians of Philadelphia and American Geriatric Society as well as several national awards.

Dr. Stefanacci's greatest accomplishment is the Go4theGoal Foundation ([www.Go4theGoal.org](http://www.Go4theGoal.org)), a 501(c)(3) public charity that he founded with his family and friends when his oldest son Richard was diagnosed with Ewing's sarcoma in May 2006. He developed the foundation with an intense focus after his son's death on June 12, 2007. Since its inception, the foundation has raised several million dollars to assist hundreds of children affected by cancer at nearly 100 children's hospitals across the country, while also funding cutting-edge research to find a cure.

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## AtlantiCare

A member of Geisinger



**Thomas Jefferson University**  
 Jefferson College of Population Health

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**disclosure**

- Owner/Operator of 3 LTC Facilities
- Medical Director PACE
- Retirement Account Funds:
  - TabSafe Medication Management System

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An Offering of Innovative Solutions to  
 Address Current Unmet Needs for  
 Improving Clinical and Financial Outcomes

**objectives**

- Define Environmental Overview Resulting in Current Care Gaps
- Describe List of Innovative Solutions
- Apply Innovative Solutions and Describe Anticipated Outcomes Achieved

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## INNOVATE... BUT WHY?

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Occupancy & payments are based on Clinical (QMs) and Financial (TCoC/ED-H Use) Outcomes

Innovations can help with this plus make our patients, caregivers, staff and our lives a bit easier




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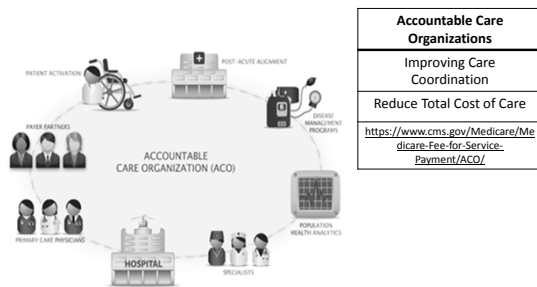
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## Accountable Care Organizations




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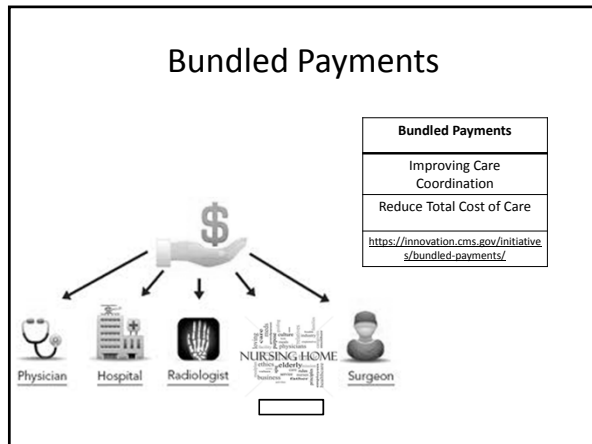
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Where do you believe Innovation will have greatest impact?

- A. Reducing work load
- B. Building census
- C. Reduction in total cost of care
- D. None of the Above...Actually no really ability for innovation to improve current situation

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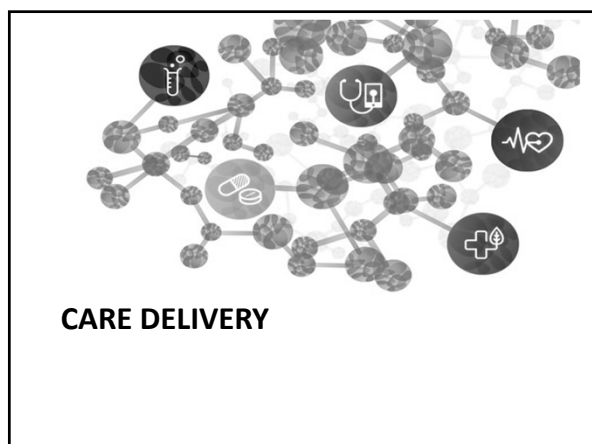
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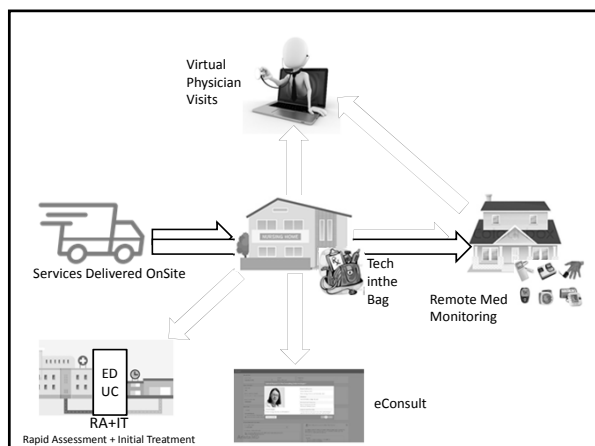
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### Smart Phone Diagnostics

The image shows a smartphone displaying an ECG waveform, a hand holding a small ultrasound probe, and another smartphone displaying an ultrasound image. To the right, a box contains the following text:

<b>SmartPhone Single Lead ECG UltraSound</b>
Prevent ED/H Transfers

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### Mobile Cardiac Outpatient Telemetry

The image shows a person's chest with several ECG electrodes attached and a small device connected by wires. To the right, a box contains the following text:

Mobile Cardiac Outpatient Telemetry
Prevent Readmissions

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## Medication Management System



**Med Dispensing  
Device and  
Management**

Prevent  
Readmissions

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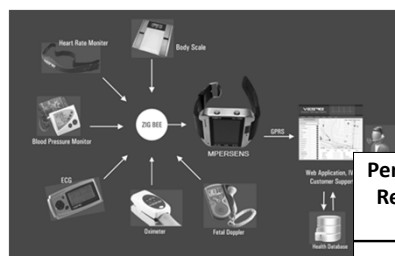
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## Remote Home Monitoring



**Personal Emergency  
Response Systems  
(PERS)**

Prevent ED/H  
Transfers

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## Virtual Physician Visit



**Virtual Physician  
Visit**

Reduce  
Hospitalizations

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## Hospital@Home



**The Hospital at Home Model**

**Assessment:** Patient presents in ED. Clinician determines patient has acute illness that could be treated at home. Patient declines hospital admission.

**Transport:** Patient transported home accompanied by nurse or physician with appropriate medications and equipment, including oxygen, if necessary.

**Home care:** Nurse remains with patient.

**Discharge:** Nurse provides instruction about medications, follow-up care, sends letter to primary care physician.

Source: WBC interview, SMD, York, and Shaw Journal 4/2015. Lippincott Williams & Wilkins, December 2012.

OnSite Assessment & Care

Reduce Transfers & Hospitalizations

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## Mobile Dialysis



Mobile Dialysis

Increase Census

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## Transfusion



Blood  
Iron  
Fluids  
Antibiotics  
Biologics

Facility based Transfusions

Reduced Hospitalizations

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## Direct Admissions



Rapid Assessment + Initial Treatment

**Direct Admissions**

Reduced Hospitalizations

- Emergency Department
- Urgent Care
- Home Care

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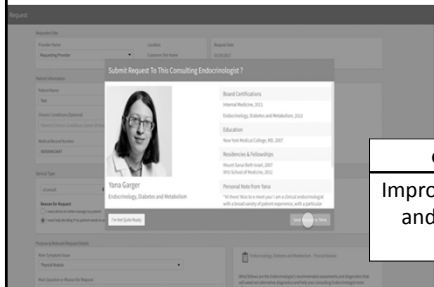
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## eConsults



**eConsults**

Improved Timeliness and Efficiency of Consults

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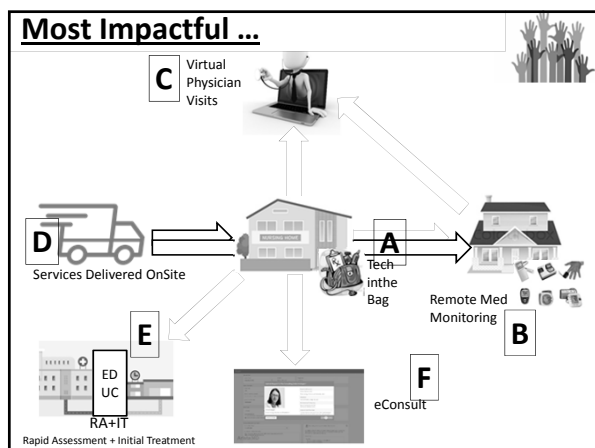
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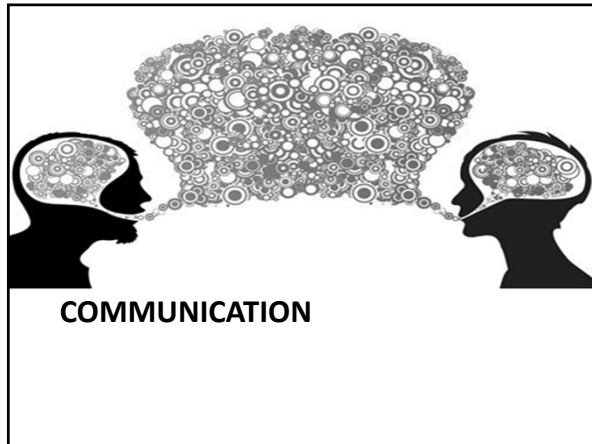
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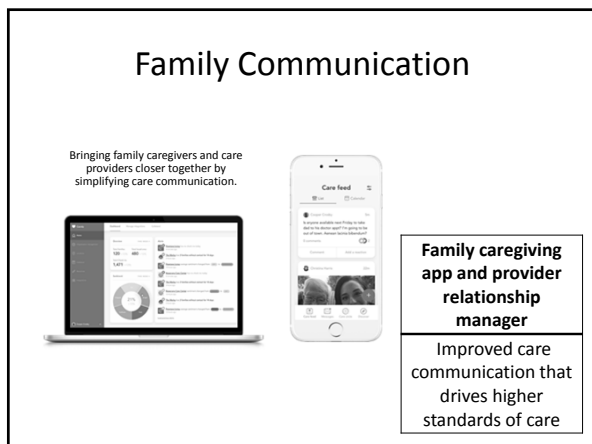
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## Patient Tracking

NAME	PACIENT STATUS	EXPIRY	ASSIGN TO CLINICAL STUDY
OPEN PAGES (32)			
View as: Clinical Study			
<b>DAVID ALLENBERG</b> was <b>TRANSFERRED</b> to Source Monitor (SUS) assigned on 2/28/04 and has been fixed to <b>0 Risk</b> . Reference: <a href="#">high_grade.html</a> Clinical Study: <a href="#">Clinical Study</a>			<input checked="" type="checkbox"/>
<b>DAVID ALLENBERG</b> was <b>TRANSFERRED</b> to Clinical Study (Spring 2004) on 2/28/04 and has been fixed to <b>0 Risk</b> . Reference: <a href="#">high_grade.html</a> Clinical Study: <a href="#">Clinical Study</a>			<input checked="" type="checkbox"/>
<b>DAVID ALLENBERG</b> was <b>TRANSFERRED</b> to Source Monitor (SUS) assigned on 2/28/04 and has been fixed to <b>0 Risk</b> . Reference: <a href="#">high_grade.html</a> Clinical Study: <a href="#">Clinical Study</a>			<input checked="" type="checkbox"/>
<b>ALBERT MARTEL</b> and <b>DAVID ALLENBERG</b> were <b>TRANSFERRED</b> to Source Monitor (SUS) assigned on 2/28/04 after <b>0 Risk</b> of data. Reference: <a href="#">high_grade.html</a> Clinical Study: <a href="#">Clinical Study</a>			<input checked="" type="checkbox"/>
REMOVED FROM TRACK 2 (NOT AD)			
<b>DAVID ELMAN</b> was <b>TRANSFERRED</b> from Source Monitor (SUS) assigned on 2/28/04 after <b>1 Risk</b> of data. Reference: <a href="#">high_grade.html</a> Clinical Study: <a href="#">Clinical Study</a>			<input checked="" type="checkbox"/>
<b>DAVID ELMAN</b> was <b>TRANSFERRED</b> from Source Monitor (SUS) assigned on 2/28/04 after <b>1 Risk</b> of data. Reference: <a href="#">high_grade.html</a> Clinical Study: <a href="#">Clinical Study</a>			<input checked="" type="checkbox"/>
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### Coordinated Care

## Improve Communication

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## Fall Air Bag Belt



## Fall Air Bag Belt

### Reduce Traumatic Falls

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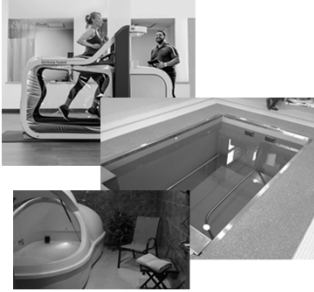
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## Advanced Rehabilitation



### Anti Gravity Treadmills

Improve  
rehabilitation  
services

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## Pets



### Companionship

Reduce Anxiety

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## Robotic Patient Lift



### Robot Lifter

Reduce Lift  
Injuries

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## Transportation



Ride Share / Self  
Driving

Increase Access

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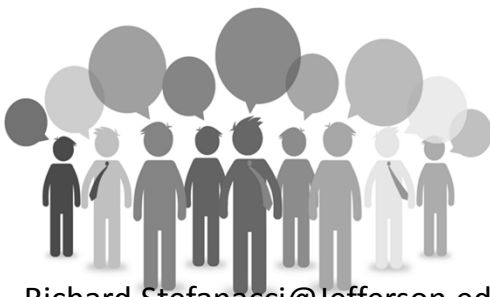
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