

# Medical checkups by phone ring up savings

[bcalvan@sacbee.com](mailto:bcalvan@sacbee.com)

Published Sunday, Jan. 30, 2011

Chris and Mark Donovan both have suffered congestive heart failure. They have each other to remind themselves to take their pills, mind their weight and make sure they follow doctor's orders.

Neither wants another trip to the emergency room.

But their collective efforts aren't always enough. So every other week, the Sacramento couple's phone rings. Their nurse is on the line.

How are they feeling?

Have they stepped on the scale? Have they been monitoring what they eat?

The nurse records the information, takes note of any shortness of breath or other peculiarity that could be a cause for concern.

The nurse and the Donovans never want to see each other in person – no offense intended – and certainly not back in the hospital, where most folks with congestive heart problems end up. Again and again.

A telephone chat with a nurse instead of an office visit with a doctor may seem impersonal, but good medicine sometimes means keeping patients away from doctors and hospitals.

Congestive heart failure is among the leading causes of expensive hospital readmissions, and efforts have long been under way to reduce the number of repeat visits to the hospital.

Under the federal health care law, Medicare will begin rewarding hospitals with incentive payments meant to cut down on recurring – and expensive – hospital readmissions.

The government expects to save \$8 billion over the next decade if Medicare patients can remain healthy and avoid repeat visits to the hospital because of relapsing conditions. The approach is prompting doctors, hospitals and other medical care providers to look for ways to reap the higher Medicare payments.

For Catholic Healthcare West, which operates the capital's chain of Mercy hospitals, what's old is new again.

Its Congestive Heart Active Management Program, or CHAMP, has been in existence since 1997 and has served more than 8,000 sufferers of congestive heart failure.

Catholic Healthcare West says the program has cut readmission rates among patients with chronic heart problems by as much as 85 percent and saved millions of dollars in hospital care.

"Something simple like this prevents people from showing up again in the hospital," said Dr. Howard Dinh, a Mercy General Hospital cardiologist assigned to CHAMP. "The moment you touch the ER, it becomes really expensive."

Mercy officials estimate the program saved nearly \$3.5 million in 2009, while it cost \$1.1 million in direct expenses and lost revenue. Between 2004 and 2009, the program saved nearly \$19.5 million because of reduced readmissions related to heart failures.

Spurred by Medicare's incentive program, other hospitals are looking to Mercy's telephone program to pare their own costs and qualify for federal funds.

In 2007, it cost \$33 billion to treat the 5.2 million Americans suffering heart failure, according to the American Heart Association.

Most who suffer heart failure are deep into their retirement years – a demographic of key interest to the federal government because of its Medicare budget.

About a third of all readmissions covered by the federal Centers for Medicare and Medicaid Services, the agency that runs the two largest government health programs, are related to heart failures.

According to an analysis of 2008 data by state researchers, about one in every 10 hospital admissions in California could have been prevented if patients had made routine visits to a primary care physician.

But Mercy officials argue that a doctor's visit isn't always necessary for routine health maintenance, and point to its CHAMP services as proof that care provided via the telephone can be just as effective – as well as more convenient and cheaper.

When it launched CHAMP in 1997, there were 50 patients enrolled. Last year, there were more than 600 enrolled.

While some hospitals are looking for new ways to keep tabs on their patients' health – high-definition videoconferencing, home-based heart-monitoring devices, even smart phone applications – Mercy says the good old telephone can work wonders.

The telephone connects patients to a complex system of electronic health records and procedures aimed at keeping patients healthy. "It's actually cutting edge," said Joyce Higley, the director of the Mercy Heart and Vascular Institute, which runs CHAMP.

After treatment, some patients can feel overwhelmed, said Leah Talangbayan, a CHAMP registered nurse who makes 15 to 30 phone calls a day. A call from a nurse provides "a sense somebody is there for them," Talangbayan said, particularly for patients in their senior years.

The nurse asks questions, probing for shortness of breath, fatigue and other symptoms that could be associated with heart failure.

The Donovans attest to the convenience and say a telephone call saves on gas and co-payments for office visits.

"I believe in the program," said Chris Donovan, 54, who gets a call from her registered nurse, Sonia Marrach, about every other week.

"We don't have to drive to see the doctor," she said. "When the nurse calls, we just put her on the speakerphone. She asks us if we've taken all our medicine ... and I have to admit, sometimes we don't always do that."

*© Copyright The Sacramento Bee. All rights reserved.*

---

*Call The Bee's Bobby Caina Calvin, (916) 321-1067.*

