Enabling Destination Based Shared Care Services in Homecare

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The home healthcare industry is a multi-billion dollar field. Instead of requiring patients to undergo prolonged hospital stays or frequent visits to a clinic, a home care agency brings the medical services to the patient's location. Payment for services rendered is primarily paid by federal, provincial and state Medicare and Medicaid programs or by private pay from insurance companies or individuals. Patient well-being often depends on the visit and attendance compliance of the visiting nurse, aide, or therapist, for example.

Home and Community Care's distributed delivery environment makes accountability of care and services more challenging than in centralized, facility-based care models. The benefits of home-based care delivery are extreme, from both a cost savings and a patient results perspective. Destination based care services when delivered in a shared care model can significantly improve accountability to assure that services are being delivered to care recipients when and where providers claim they are and providers are able to manage this service delivery with reasonable, sustainable expense.

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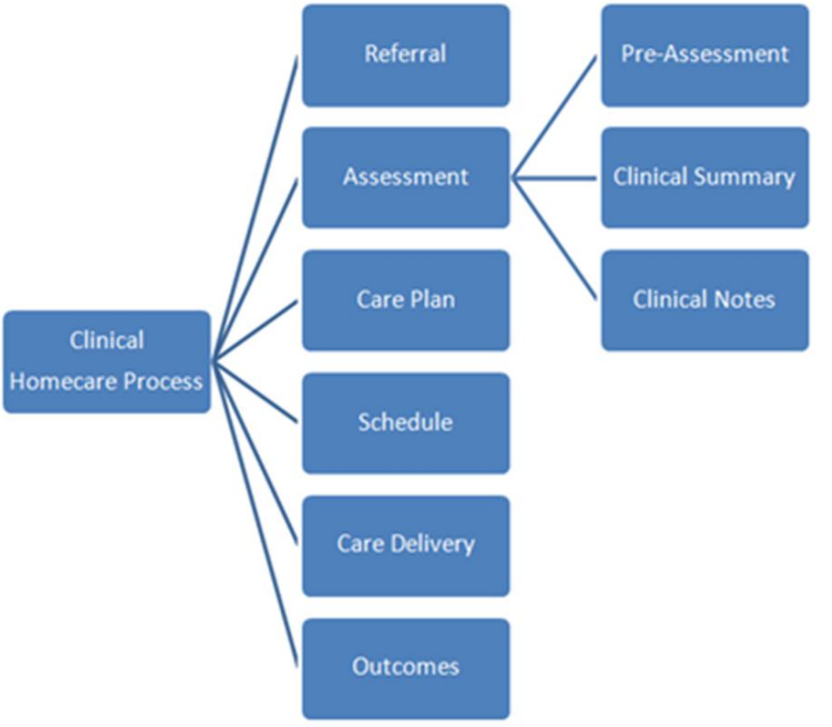
Home and Community healthcare agencies dispatch nurses, aides, and therapists to the homes of patients to perform required care; such as healthcare assessments, personal care, nursing, and other vital services. The frequency and length of time of a visit and the care provided by the visiting professional and unregulated caregivers are important to obtaining a positive outcome and improving the health of the patient. Healthcare agencies respond to multiple reimbursement modes; for example by a visit (episode of care), an hour, a care task, or a preapproved block of hour. The visiting nurse is often required to recommend the frequency, care and type of visits by a care provider for a patient. Thus, it is important to ensure compliance by the care provider in attending the needed visits, and knowing what tasks and services are required for the specific patient.

Tracking the duration of the actual visit is also important. Homecare agency administrators are then responsible for processing patient visit data records generated by the visiting staff to be transferred into billing, scheduling, and payroll systems.

Certain home healthcare reporting systems and processes rely on the visiting staff to self-report their visit attendance performance. Disadvantageously, at times this results in increased miscommunication and fraud, by the visiting care provider. The administrative staff of the home healthcare agency is faced with the responsibility of monitoring the decentralized visiting staff by spot-checking visit attendance data and relying on timely patient feedback.

Another disadvantage to such self-reporting procedures is that the reporting is generally self-documented by visiting staff on paper reports. A full time visiting staff employee can perform over 1250 visits a year, which could require a typical administrative staff person to spend an average of five to ten minutes or more per employee visit to process and enter the information into appropriate billing, scheduling, and payroll systems. This can be



inefficient and costly. Accordingly, there is a need for a system that provides for improved monitoring, reporting, data communication, and/or tracking of information relating to field service personnel such as visiting staff in the home healthcare field.

Systems have attempted to address the above noted disadvantages via an electronic system that allows the visiting staff to enter information associated with a patient. These electronic systems require that the visiting staff begin and complete scheduled tasks during a scheduled visit. Such systems may be useful when a single staff member is aiding a single patient at a location; however, such systems become problematic when the single staff member must aid multiple patients located at the same location. One of the challenges with this model is when asingle staff provides care to multiple patients, requiring care tasks to be delivered at vaious times during a specified period and/or shift. The staff member will stop and come back to the same patient multiple times during a defined period of time.

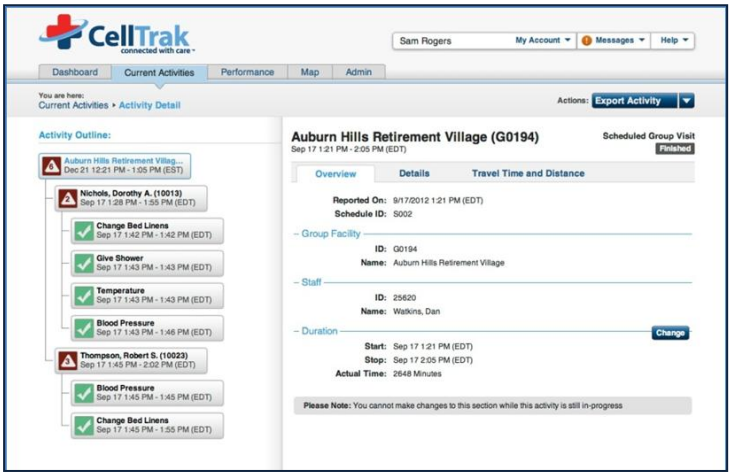
As an example, a staff member may be helping a dialysis patient in a nursing home. With current electronic systems, the staff member may be required to stay with the patient until the dialysis is complete to receive credit for aiding the dialysis patient. However, other patients in the nursing home may require assistance during the dialysis treatment. It would be beneficial if a system allowed the single staff member to aid multiple patients and electronically document the time and/or tasks performed by the staff member.

Patient 1 (P1)	Patient 2 (P2)	Patient 3 (P3)	Unscheduled Patient 1 (UNPV1)
Time	**Patient**	**Visit**	**Status**
8:00-8:15	P1	Assessment	Completed
8:15-8:20	P2	Assessment	Paused
8:20-8:30	P1	Medications	Completed
8:30-9:00	P3	Bath/Walk	Completed
9:00-9:15	P2	Assessment	Resumed/Completed
9:15-10:00	USPV1	Blood Work/Vitals	Completed
10:00-10:10	P3	Infusion	Paused
10:10-11:30	P2	Walk/Bath	Completed
11:30-12:30	Break	Lunch	Lunch
12:30-1:00	P3	Infusion	Resumed/Completed
1:00-3:00	UNPV1	Assessment/Walk	Completed
3:00-3:30	P2	Bathe	Completed
3:30-4:00	P1	Vitals	Completed

There are a variety of home healthcare models for providing services to patients. Example models include one-to-one care, one-to-many care, and/or many-to-one care. One-to-one care models include a single care provider interacting with a single patient, e.g., at the patient's home. One-to-many care models include a single care provider caring for multiple patients that may be in the same location, such as an assisted living facility,

apartment building, nursing homes. Many-to-one care models include multiple providers in a single location that are caring for a single patient, such as at an apartment building, a hospital, facility or clinic. The systems and methods described herein focus on the one-to-many model, but may be implemented in any of the above noted models.

The one-to-many model may also be referred to as shared care, clustered care, or neighborhood care. A primary characteristic of a shared care is that care services may be provided by homecare agencies at a location that contains multiple patients to be visited by one care provider. Example locations may include any geographic location such as a building, facility, geographic grouping of homes, clinics etc. The duration of each visit may range from minutes to hours. Due to having multiple patients at the location, the care provider may have an unpredictable care schedule. For example, a care provider may begin caring for a first patient and have to stop providing care to attend to second and/or third patient that may require more immediate care. The care provider may later resume caring for the first patient. This discontinuous and unpredictable schedule may continue until all of the care is completed.



Shared care is effective and funded by programs such as Medicaid, Medicare, and private payers. The difficulty, however, becomes keeping track of tasks performed for each patient and an amount of time spent performing each task for compensation purposes. The systems and methods described herein address this issue by maintaining and processing data on multiple patients, tasks performed for each of the patients, time spent performing the tasks, determining whether too much or too little time was spent performing the tasks, determining whether the tasks were completed, etc.

New destination based care solution developed by CellTrak allows mobile healthcare staff the ability to run multiple patient visits concurrently within a shift and accurately calculates on-service time with pause/resume. This new patent pending feature includes nested display that intuitively guides staff through each visit.

Summary:

Improving care delivery at the point of care is a critical challenge for healthcare. Combining pre acute and post-acute processes and technology such as mobile point of care and electronic visit verification, to provide a foundation for care provider collaboration via a common approach to secured electronic healthcare records is critical to the future success of the healthcare systems. With day to day changing patient needs, there is increasing evidence that mobile technology and applications will transform the industry and facilitate faster and better communications, improved compliance as well as rapidly providing integrated outcome data to the front line field staff.

For home care, technology will indefinitely continue to shape the future of point of care compliance. No matter what the technology will be next, the most important return is in the quality of care for the patients. The foremost goals in any home healthcare agency adding on a technology solution will remain the same: manage costs, improve the quality of care and give the patient services that they need within the home and community care setting.

Shared Care Defined

Shared Care, often referred to as clustered care or neighborhood care, is destination based care services provided by homecare agencies where the destination be it a building, facility or geographic grouping of homes, contains multiple patients to be visited by one care provider.

The homecare visits may be short in duration and may stop and resume in a random unpredictable order until all of the care is completed.

This model is effective and is funded by Medicaid, Medicare and/or private payers.

The model is different in that the care provider must be able to begin, stop, resume and end a patient visit in a random order where they may pause and go to another visit at anytime, however all of the patient specific care must be delivered before the end of day.

While this random order of care delivery is stopping and starting, each of the visits must insure a patient specific care plan has been executed as well as all of the time associated with the randomness of stopping and starting a visit must be captured for effective reimbursement of the agency and correct payment of the provider for services delivered.

About CellTrak Technologies, Inc.:

A proven mobile technology leader, CellTrak Technologies is the pioneer in guiding the way for home health with embracing mobile technology and beyond. CellTrak has become the leading provider of integrated mobile solutions for the home healthcare, hospice, and private duty markets. The patented software-as-a-service solutions run on your choice of GPS-enabled mobile devices connecting through product specific web portals integrated with your scheduling, payroll and clinical systems. Data is transmitted wirelessly to an internet site making the data available real time and secure instantaneous integration is provided to the back-end clinical systems and the payer networks. Home Healthcare Workers across Canada, the United States and the United Kingdom have delivered millions of successful visits via CellTrak. For more information please visit: **www.celltrak.com**