

**PRESBYTERIAN  
HOMES & SERVICES**  
*A Community of Care*

4290 Middle Settlement Road  
New Hartford, New York 13413  
(315) 797-7500



*"Our mission is to excel in providing healthcare, housing and community services while promoting individual wellness and independence in a dignified manner."*

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## SPECIALIZED CARE

- **Belief:**  
Specialized Residences = Optimal Care
- **Focus:**
  - Parkinson Disease
- **Result:**  
Presbyterian Home Parkinson Residence  
The Nation's First Specialized Parkinson  
Residence in a Skilled Nursing Facility

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### MISSION STATEMENT

The Presbyterian Home for Central New York is committed, utilizing a holistic approach, to medically manage the specialized physical, social and psychological needs of the Parkinson and movement disorder community. We will provide a Parkinson and movement disorder residence along with outpatient services specifically designed to meet their comprehensive needs. Priority will be given to educating staff, customizing our plan of care to meet their unique pharmaceutical, neurological, dietary and therapy needs to maximize the potential of each individual.

We will explore creative interventions, utilizing the innovations of medical consultants, our medical team, staff and families along with the expertise of the person with Parkinson Disease. We are committed to provide services to the Parkinson and movement disorder community with compassion, dignity and respect always striving to inspire and comfort.

### VISION STATEMENT

As regional leader, we serve the Parkinson and movement disorder community by providing for their specialized medical needs, comfort, independence and quality of life.

Our success will be measured by the satisfaction of those we serve and the inspiration we provide for others to replicate our program.

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## PARKINSON RESIDENCE - HISTORY

- Approached by Members of CNYPSG
  - Consultation, Education, Planning
    - 2001: Residence Opened
- 2002: Introduction of "Bob's Room"
- 2006: Opening of Telemedicine Suite at Presbyterian Home

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## TELEMEDICINE & PARKINSON DISEASE

**Parkinson Disease – Unique Challenges, Obstacles to Proper Treatment:**

- nature of the illness – compromised mobility
- location – limited number of neurologists
- distance from specialists
- travel, when possible, compromises patient's condition at appointments

**Parkinson Disease & Long-Term Care:**

- up to 40% of Parkinson patients eventually need nursing home care
- access to neurologists is further limited
- estimate: more than half are not receiving optimal treatment

**The Ideal Solution: Telemedicine**

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## PRESBYTERIAN HOME TELEMEDICINE PROJECT

- 2006: Opening of Telemedicine Suite at Presbyterian Home
- 2007: First Collaboration with University of Rochester Neurology Dept.
  - Clinical Study of One Parkinson Patient
  - Results Presented at International Neurological Seminar, Summer 2008
- 2008: Second Collaboration with University of Rochester
  - Clinical Study with Expanded Number of Parkinson Patients
  - Results to be Published in Leading Neurological Journal in 2009
- 2009: Continued Collaboration with University of Rochester
  - Clinical Study with Number of Patients Further Expanded
  - Twice as Many Parkinson Patients as Previous Year Will Receive Telemedicine Visits

• 2009:  
**University of Rochester to Present Completed Presbyterian Home Studies at Movement Disorder Society's 13<sup>th</sup> International Congress of Parkinson Disease & Movement Disorders in Paris**

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## THE PEOPLE

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- Patients:
  - members of CNYPSG
  - residents of Presbyterian Home
  - non-resident Parkinson patients
- Doctors:
  - Kevin Biglan, MD, University of Rochester
  - E. Ray Dorsey, MD, University of Rochester
- Presbyterian Home Staff:
  - Scott Brehaut, MD, Medical Director
  - Tony Joseph, Administrator
  - Sandy Smith, Director of Information Technology
  - Lucy Viti, RN Director of Nursing
  - Anna Appller, RN, Nurse Manager Parkinson Residence
  - Jo Grogan, Director Adult Day Health Program
  - Polly Di Cesare, Director of Social Services
- Technology Planning & Consultation:
  - Ed Lipson, PhD, Syracuse University
  - Paul Gelling, SenSyr, LLC
  - John Muolo, Technology Consultant

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## THE EQUIPMENT

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- Host Facility:
  - Previously Used:
    - Dell personal computer with dual monitors and Logitech camera
    - Turtle Beach cameras
    - CollabWorx SIM software
  - Currently Using:
    - Polycom software and equipment
    - Turtle Beach camera and laptop
    - widescreen television
    - Time Warner business class broadband connection – 6mbps by 1.5 mbps
- Recipient Facility:
  - personal computer
  - broadband connection
  - Camera
  - microphone

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## THE RESULTS

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**STUDY ONE:**

- patient expressed satisfaction with the care he received
- over the course of five visits, trihexyphenidyl and donepezil were discontinued and the dosing and timing of the remaining medications were adjusted
- after six months of telemedicine care, the patient reported fewer dyskinesias
- after six months, the patient's "on time" had increased from 20% to 40% of the waking day
- Mini-Mental Status Examination scores improved from 21/30 to 30/30 at the 4th visit
- by the final visit, the illusions and behavioral concerns resolved, was better able to feed himself
- the elimination of trihexyphenidyl resulted in resolution of cognitive impairment and eliminated the need for donepezil (The eliminated medications resulted in a savings of \$181.50 per month.)

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**STUDY TWO:**

- feasibility of telemedicine treatment for Parkinson Disease established by 100% completion of telemedicine visits by patients living in the community and 94% completion among nursing home residents
- patients receiving telemedicine showed significant improvement in quality of life and motor function compared to those who received standard care (6.3 improvement vs. 17.2 worsening in quality of life and .33 improvement vs. 6.5 worsening in motor function)
- nine of the ten telemedicine participants opted to continue receiving care via telemedicine

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**CONCLUSION:**

TELEMEDICINE  
OFFERS AN IDEAL SOLUTION  
TO OVERCOMING  
THE BARRIERS WHICH PATIENTS  
WITH PARKINSON DISEASE &  
OTHER MOVEMENT DISORDERS  
FACE IN ACCESSING  
OPTIMAL CARE

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