Telehealth Implementation for Post-Acute and Long-Term Care

Alexandrea Cronin, MPH Candidate, Juhi Israni, MS, Kelly Ko, PhD, Michael Kurliand, MS, RN
West Health Institute, La Jolla, CA

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Introduction

The United States is experiencing a demographic shift, where the older adult population is expected to more than double from 32 million in 2012 to more than 70 million in 2030. Coupled with the current and anticipated shortage of providers, there is a need to identify alternative ways for clinicians to serve the healthcare needs of older adults.

By employing a cost-efficient care delivery model, telehealth improves care coordination and achieves positive health outcomes for older patients, while supporting medical providers. It allows seniors to receive care where they prefer—in their homes and communities—and, it enables medical providers to address changes in their patients' conditions in a timely manner.

Post-Acute and Long-term care (PALTC) settings can especially benefit from alternative care delivery models such as telehealth to address the challenges in providing comprehensive healthcare services.

Objective

This collaboration developed recommendations on critical components of telehealth implementation to empower PALTC settings to improve access and quality of care.

Methods

The West Health Institute convened several organizations (Curavi Health, TripleCare, Avera eCARE, American Geriatrics Society (AGS), The Society for Post-Acute and Long-Term Care (AMDA), Cobble Hill LifeCare, The Center for Connected Health Policy (CCHP), Foley & Lardner, LLP, SHARP HealthCare and UC San Diego Health) to understand best practices for telehealth in PALTC settings.

Over the course of five months, the West Health Institute, along with knowledgeable experts representing these organizations met to develop and create a first-of-its-kind telehealth implementation manual, specific to PALTC settings.

Results

This collaboration developed a comprehensive, practical implementation manual for PALTC settings covering a range of topics.

Key findings include:

- Understand the needs of the PALTC by conducting an environmental scan and collecting/analyzing data

- A readiness assessment provides findings that an organization can use to successfully implement and sustain telehealth services

- The three most common contractual models for PALTC are Business-to-Business, Fee-For-Service and Value-Based

- The implementation process includes staff education and training, technology installation, workflow development and establishing communication strategies

- There are a variety of telehealth arrangements that fit both the clinical needs of PALTC facility residents and the business realities of building sustainable service contracts

- The last few years have indicated a policy trend toward increasing the use of telehealth and more fully integrating into health systems

- Critical components of any sustainability model include structure, coordination, planning and strategic planning.

A PRACTICAL GUIDE TO
TELEHEAL+H
IMPLEMENTING TELEHEALTH IN POST-ACUTE AND LONG-TERM CARE SETTINGS (PALTC)

Conclusion

As our healthcare system undergoes a rapid and historic shift, telehealth offers a way for medical providers not only to evolve, but to thrive.

Telehealth can have a positive impact on resident care when placed in the hands of motivated medical providers and staff. Such motivation can be achieved through open communication in your organization but also through access to guiding and informative tools.

To access a free copy of the telehealth implementation manual for PALTC, please go to:
www.westhealth.org/resource/telehealth-PALTC-guide

TIP: Timely access to care is one of the most common needs in PALTC, especially after hours when medical providers are often off-site or less available.

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