





Preparing for the Boomers -Telehealth Models for Meeting the Needs of Caregivers and Seniors

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westhealth

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Applied medical research

Policy research and advocacy Outcomes-based philanthropy

west foundation™



Our mission is to enable seniors to successfully age in place, with access to high-quality, affordable health and support services that preserve and protect their dignity, quality of life and independence.



Philanthropy, research, policy and advocacy to drive change & replication

Senior-appropriate acute care models



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Models of Excellence

- GMW Senior Emergency Care
 Unit
- National replication through Geriatric Emergency Department Collaborative

Applied Research

- Acute Care at Home
 - UCSD
 - Geisinger
- Mount Sinai

Policy & Advocacy initiatives

Long-term care models that support independence



Models of Excellence

 GMW Senior Wellness Center

Applied Research

- LTSS
- Meals on Wheels
- Caregivers
- Community-based
 Palliative Care

Policy & Advocacy initiatives

Senior-appropriate chronic care models



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Models of Excellence

- GMW Senior Dental Center
- GMW PACE Program

Applied Research

- Home-Based Primary Care
- Oral Healthcare and Care Coordination

Policy & Advocacy initiatives

Every day for the next 11 years...



...about 10,000 people will turn 65.

By 2030, seniors are expected to be about 20% of U.S. population

By 2035, there will be more people over age 65 than there will be under the age of 18 for the first time in our country's history

Projected shortage of clinicians in 2030



Supply and Demand Projections of the Nursing Workforce: 2014-2030 July 21, 2017 U.S. Department of Health and Human Services Health Resources and Services Administration Bureau of Health Workforce National Center for Health Workforce Analysi

http://www.rasmussen.edu/resources/nursing-shortage/#section_02 Association of American Medical Colleges, Myths and Facts about the physician shortage

You take care of mom, but who will take care of you?

2010: 7 caregivers to 1 person

Caregivers

2030: 4 caregivers to 1 person

2030 Supply and Demand







https://www.openplacement.com/community/blog/senior-care/

Assisted Living Facility (ALF)

2014

Number of ALF's: **30,200**

Number of licensed beds: **1 million**

- 1. These facilities provide help with activities of daily living:
 - taking medicine
 - using eye drops
 - getting to appointments
 - fixing meals
- 2. Residents often live in their own room or apartment within a building or group of buildings.
- 3. Some or all of their meals together.
- 4. Some facilities have health services
- 5. Not all assisted living facilities provide the same services.
- 6. In most cases, assisted living residents pay a regular monthly rent, and then pay extra fees for the services they get.

Assisted Living Facility – Project Overview

- 1. Three different assisted living facilities
- 2. Examine if telehealth is used as an additional resource to community members
- 3. Access to:
 - 24/7 urgent, non-emergent care
 - Geriatricians
 - Pharmacist
 - Psychiatrists





Assisted Living Facility – Enrollment

Explanation of the service

- Took more time; hearing challenges, distractions, stories [©]
- Descriptions had to be tweaked; wording such as telehealth, Skype or FaceTime either had minimal or no traction
- Demonstrations helped



Assisted Living Facility

Patient Enrollment Concern themes

- 1. Cost
- 2. How does it work
- 3. Existing relationships, particularly with provider



- "I have a doctor, the office calls me back."
- "Not my doctor."
- "I like calling my RN."
- "I know my doctor personally."
- "I want to see my doctor in person."

Assisted Living Facility – Partnerships

- 1. PCP buy-in
 - Not every PCP interested in this service
 - After hours coverage
 - Closing the loop with the Medical Home
- 2. Understand the hospital and payer landscape for these patients; what hospital to do they go to for higher level of care?

Assisted Living Facility - Staffing

- 1. Highly lean and in demand staff
- 2. Turn over rates among the highest in the country

Design a system of communication, education and cooperation. Empower the staff. Change the culture.

Table 1. Median Turnover Rates Among Skilled Nursing Care Center Employees

	2012 Median Turnover Rate	Percent Change from 2011
All Employees	43.9%	5.7%
Direct Care Staff	50.0%	6.0%
RNs	50.0%	11.1%
LPNs/LVNs	36.4%	7.5%
CNAs	51.5%	2.6%

Turnover in assisted living

Department	Percentage
Resident assistants/personal care aides	36.63
Dining services	35.74
Certified nursing aides	29.58
Registered nurses	28.74
Licensed practical nurses	27.39
Medication aides	22.81
Environmental services	21.29
Marketing	17.16
Top-level executives	11.33
All employees	34.96

McKnight's Senior Living graphic; Source: "Assisted Living Salary & Benefits Report 2016-2017," Hospital & Healthcare Compensation Service

Assisted Living Facility Visits



Assisted Living Facility – Major Lessons Learned

- 1. Similar issues with other demographics and locations however the impact of those issues are exacerbated.
- 2. There's less room for error with an elderly population and in these care settings given the staffing and infrastructure challenges.
- 3. The workflows, the technology and the protocol to initiate a visit have to be clear and truly easily initiated.

Telehealth Learning Collaborative

West Health convening telehealth industry leaders to inform one another, address current and future needs of seniors in the delivery of their care and create tools that will inform and educate operational leaders, caregivers and clinicians.

Inaugural TLC is focused on the use of telehealth in Skilled Nursing Facilities

- 3 organizations, cover approximately 400 sites, over 70,000 patients
- Operational models and reimbursement approach
- Readiness Assessment and Staff training

Skilled Nursing Facility (SNF)

2014

Number of SNF's: **15,600**

Number of licensed beds: **1.7 million**

Services include, but aren't limited to:

- Semi-private room
- Meals
- Skilled nursing care
- Physical and occupational therapy
- Speech-language pathology services
- Medical social services
- Medications
- Medical supplies and equipment
- Ambulance transportation
- Dietary counseling

SNF's Telehealth Models

Coverage models varied, yet each successful

- After hours coverage; nights weekends and holidays with MD's and/or NP's
- 24/7 MD's and/or NP's
- First call varied to a support specialist, RN or direct to NP/MD
- Hours can be modular to fit needs
- Highest escalation point engaged within 15 minutes

Services used for:

- Change of condition
- Medication reconciliation
- Transition management from hospital to SNF

SNF's Readiness Assessment

Determine the capabilities of the SNF

- Technology infrastructure; conduct walkthrough and provide the right tools/guidance
- Staffing; training, ratios and turn over
- Leadership buy-in and support



SNF's Staff Education

Keys to success:

- Clear communication lines
- High engagement
- Definitive workflow
- Easy to use technology

RN's have reported:

- Feeling more comfortable with the technology
- Keeping their skills
- The service also provides peace of mind



e-mail, faxes, and cell calls. . ."

SNF's Outcomes and Reimbursement

Outcomes:

40% - 60% decrease in hospital transfers

Reimbursement Model: Subscription



Upcoming WH Telehealth Projects

Mount Sinai Palliative Care at Home Project

- Developing and evaluating a homebased palliative care model that provides optimal care in the home
- Care delivery team includes community health workers, social workers, nurses, nurse practitioners and doctors as an interdisciplinary team
- Community health workers will have most interactions with patients and telehealth will be used to monitor symptoms—alerting NP if condition worsens
- Will be implemented in May 2018



http://www.tapcloud.com/

Upcoming WH Telehealth Projects

Northwell Home-based Primary Care

- Aim to expand patient census without adding extra staffing costs
- Care team includes doctors, NP, nurses, social workers and medical coordinators
- Visits are planned based on patient's level of acuity
- Would like to use of video visits to reduce travel and to respond to lower acuity acute episodes such as a skin issues.
- Challenges with a patient census that are older (70-80s) and in the last 2 years of life
- Currently investigating technology requirements with piloting occurring in June 2018



https://www.avizia.com/telehealthsolutions/telehealth-platform

Innovation Continues

https://www.youtube.com/watch?v=YvT_gqs5ETk&t=10s

Sound and Voice Intelligence

Machines can learn speech patterns, intonations, sounds and identify anomalies





Video

Monitoring and Communication

Gathering and relaying information from a senior to a caregiver



Remote monitoring: physiological parameters





Platforms Enabling Services

Technology enabled platforms that enable connection to services like transportation, personal care, and information management growing



CIVICHEALTH

Scheduling and management of community based services

Works with on demand transportation companies like Lyft and Uber into services for the elderly

GRANDPARENT



(reply to this | Edit | Delete) by Jason D. at Tuesday, March 3, 2015, 10:44 AM

Jen -- we are sorry to hear about your recent challenges, you're in our prayers even as we know your strength and the support of your wonderful family will get you through this challenge!

Post requests for support; meals for the family, rides to medical appointments, or just stopping by to visit

Geo-Spatial Technology

More advanced technologies emerging in the market involve sensors in the home that track senior's movement. Other more basic technologies could include cameras set up for caregivers to track a senior's activity.





No words necessary

Connects to wireless devices, medication management, activity sensors, video chat, photos, letters, and calendar events from caregivers



Patch detects falls

Thank you!

gmwf.org | @GMWFoundation westhealth.org | @West Health