



August 18, 2022

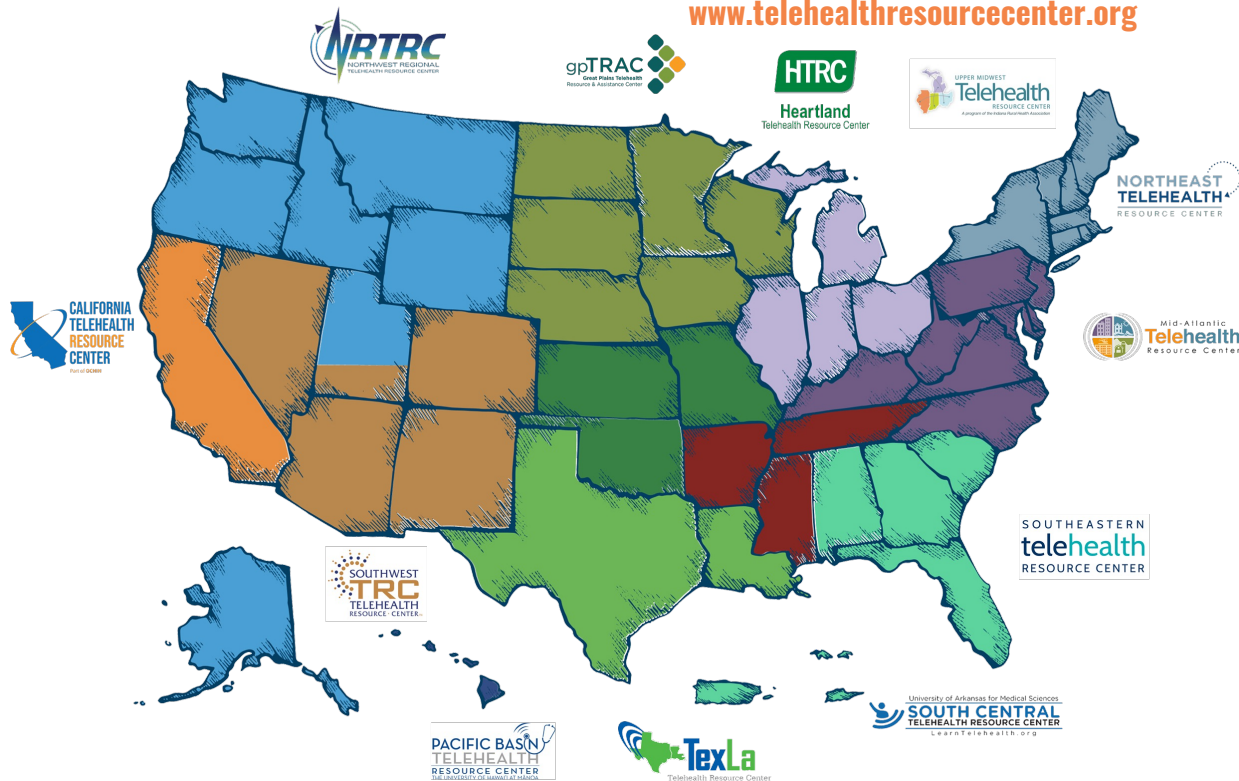
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Presented by
The National Consortium of
Telehealth Resource Centers



HRSA Funded Telehealth Resource Centers

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- *Your phone &/or computer microphone has been muted*
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Telehealth for Older Adults: Principles, Guidelines and Lessons Learned

Presenter(s)



**Michael Kurliand, MS,
BSN, RN-BC**

West Health Institute



**Laurie Archbald-
Pannone, MD, MPH**

University of Virginia



**David Fletcher,
MBA**

Geisinger Health System



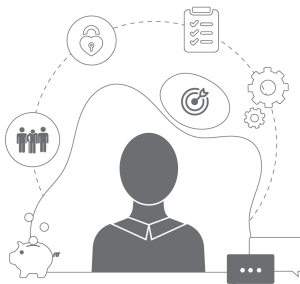
Rebecca Harless

Charleston Area Medical Center
Health System



Telehealth for Older Adults:

Principles and Guidelines



OLDER ADULT-FRIENDLY TELEHEALTH
SHOULD BE **PERSON-CENTERED**
IN THAT IT...

Accounts for older adults' healthcare goals, care preferences, and 'what matters'

Promotes high-value use cases that drive older-adult-focused goals, incorporating payer and provider perspectives

Supports coordination and continuity of care

Ensures that older adults and their caregivers are prepared and understand what to expect from a telehealth encounter

Promotes opportunities to use telehealth to increase access to care while reducing avoidable costs

Reduces time to see providers across healthcare settings

Incorporates older adults' families and caregivers when appropriate and consistent with the older adults' wishes



OLDER ADULT-FRIENDLY TELEHEALTH
SHOULD BE **EQUITABLE AND
ACCESSIBLE** IN THAT IT...

Accounts for older adults' physical and cognitive differences

Accounts for cultural and linguistic differences of older adults and their caregivers

Accounts for technology literacy and readiness of older adults and their caregivers

Uses telehealth to address needs across all settings, including the home, as promptly as possible

Ensures that staff and providers engage in ongoing education on best practices for using telehealth with older adults

Account for differences in access to technology and connectivity



OLDER ADULT-FRIENDLY TELEHEALTH
SHOULD BE **INTEGRATED AND
COORDINATED** IN THAT IT...

Facilitates access to older adults' health history for telehealth providers

Facilitates safe, coordinated transitions of care

Is integrated into care continuum/provider practice

Connects crucial stakeholders throughout the entire process

Supports staff working at the top of their licenses to drive efficiency

01



Person-Centered

The older adult being served should be at the center of all decision-making. The older adults' care preferences, goals, wishes, abilities, support system, and conditions should be accounted for.

David Fletcher, MBA
Geisinger Health System

Telehealth: Patient Satisfaction

01



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- All patient populations surveyed appreciated the availability of telehealth.
- Patients aged 65–79 consistently rated telehealth higher relative to that same age range nationally than younger patients, with >80% also expressing overall satisfaction.
- Patient >80 years of age reported a >75% overall satisfaction score with telemedicine as well.
- **Results debunk the assumption that telehealth is more easily adopted by younger generations.**



Survey comments from our patients

“This is a wonderful service. I am disabled and don't drive that far. I feel safer doing the video visits as well.”

Neurology Patient

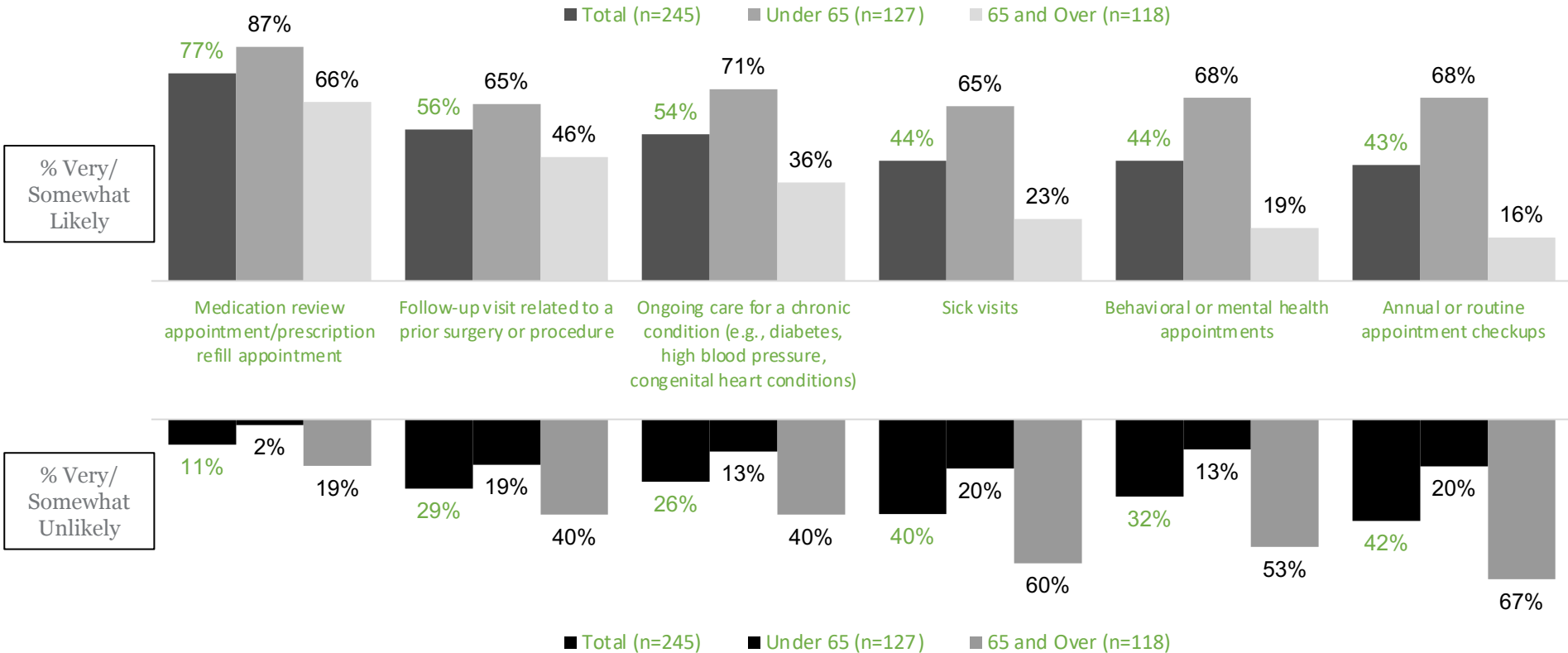
“This appointment was super simple to set up and much easier to go to than if it were in person.”

*Gynecology and
Obstetric Patient*

“I actually liked the video visit—was more relaxed.”

Gastroenterology Patient

Likelihood of Care via Telemedicine (2 of 2, by Age)



Q8) How likely would you be to use telemedicine services for the following types of care, if needed?

Telehealth in the Home - Assisted



02



Equitable &
Accessible

Regardless of age, ability, socio-economic status, health literacy, technology literacy, and access, everyone should have equal access to the same level of high-quality care.

Rebecca Harless

Charleston Area Medical Center Health System

02



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CAMC Telemedicine Hub

- Meeting the Standard
 - Accounts for older adults' physical and cognitive differences
 - Accounts for cultural and linguistic differences
 - Accounts for technology literacy
 - Accounts for differences in access to technology
 - Addresses needs across all settings including the home
- Not Meeting the Standard
 - Staff and Providers engage in ongoing education on best practices for using telehealth with older adults

02



Equitable & Accessible

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Challenges

- Stand Alone vs. imbedded clinics
- Provider Practice Patterns/Preferences
- Complex scheduling workflow

Successes

- Patient Testimonies
- Nurse Navigators
- Imbedded clinics
- Partner relationships
- Non-threatening approach to Provider practice changes
- Audio vs. Video/ Connectivity Issues
- Travel Burden, Tolls, meals
- Same interpreter service requirements as the hospital proper
- Downstream Revenue

Lessons

- Review referrals
- Ask why not? Referral rules too stringent?
- Competitive Partners

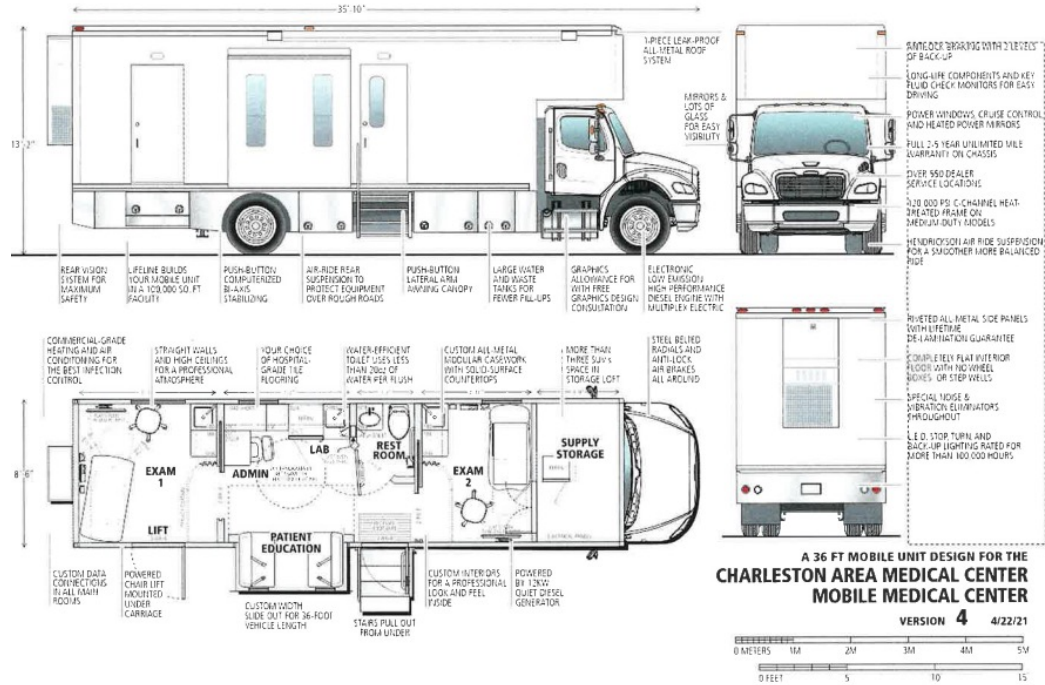
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Coming Soon!!!



02



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 CAMC Health System
6d • 

CAMC Telemedicine Centers offer the benefits of an in-person doctor visit– without the travel! Visit camc.org/Telemedicine for more information.

“I usually drive two hours to my doctor’s appointment, two hours home, and I have to take a day off work. At the CAMC Telemedicine Center in Lewisburg, I was given the same attention and quality care as if I was at my doctor’s office. My doctor was very attentive and spent 35 minutes talking with me. The nurse at the center also showed me how she can check my ears and listen to my heart while the doctor in Charleston can hear my heartbeat. This is simply amazing.”

Debra Fogus – White Sulphur Springs, WV

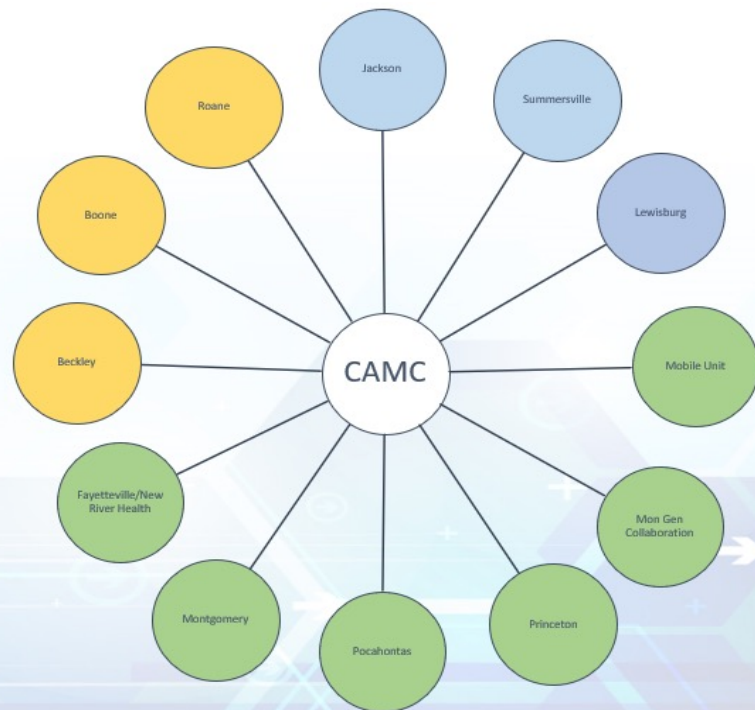


TELEMEDICINE
 Charleston Area Medical Center

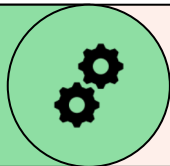
Current

2022

2022-2023



03

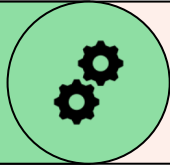


Integrated & Coordinated

Systems should be set up to facilitate access to the info & support necessary to provide quality care to older adults. This includes cooperation and communication between and within systems and stakeholders. [ID](#)

Laurie Archbald-Pannone, MD, MPH
University of Virginia

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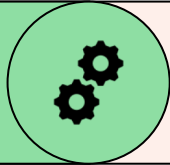


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1. Facilitates access to older adults' health record for telehealth providers
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GERI-PaL COVID-19 Response

GERI-PaL

Geriatric

Engagement

Resource

Integration for

Post-acute and

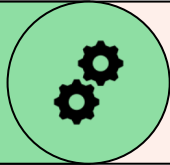
Long-term care facilities

- Project ECHO series
- Nursing liaison*
- Telemedicine consultation *
- Infection control advisory consultation
- Remote/ social connections



Clinical goal: Optimize clinical outcome

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Facilitate transfer

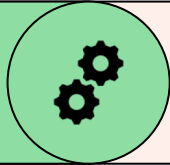
- **To hospital**
 - Transfer of information
 - Facility report, paperwork, GOC & med list
 - Transfer of patient
 - Accepting hospital-based team
- **To facility**
 - Alerted and prepared
 - Staffed appropriately

Treat in place

- **Identify & test**
 - Testing & testing assistance
 - Working with lab & HD for assistance with resulting
- **Treat and re-assess**
 - “COVID Kit” deployed
 - Telemedicine consultation
 - Virtual Daily Rounds

Virtual Daily Rounds - systematic approach

03



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- Efficient, HIPAA compliant communication
 - Included all clinical decision makers
 - nursing staff, PCPs, consultant MD
- Rapid identification clinical decline
 - Efficient identification patients for TM consult
- Facilitation care escalation
- Facilitation bidirectional transfers

6 week facility outbreak

82 CV+ (60%)

36 TM consult (44%)

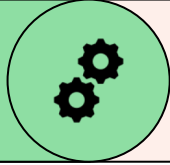
70% GCC Treat in place

48% deaths in facility- GCC

RFS/ MAL Award in Science
2021
ROSALIND FRANKLIN SOCIETY
Mary Ann Liebert, Inc.

Virtual Daily Rounds

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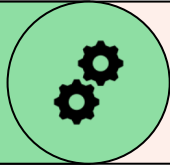
Process

- Acute issues/ Overnight concerns
- Detailed review of Vital signs for each impacted resident (T, HR, BP, RR, O2 sat)
- Identify telemedicine consultation requests
- In-patient updates/ Anticipated discharges
- Issues of concern or need

Participants

- Primary care providers
- Facility Nursing
- Hospital-based consultation team

03



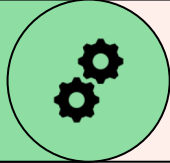
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Summary and Lessons Learned

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Integrated &
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Systems are set up to facilitate access to information & support needed to provide quality care to older adults. This includes cooperation and communication between and within systems and stakeholders.

- Beyond all that we've learned about COVID!
- Telemedicine can be beneficial - but not alone
 - Benefits: Quick assessment, shared-decision making, available when on-site care is limited
 - Challenge: facility staff at each visit
- Working together as a care community
 - Integrated communication is essential
 - Virtual Daily Rounds



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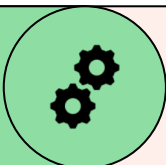
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The NCTRC Webinar Series

Occurs 3rd Thursday of every month.

Our Next Webinar

Telehealth Topic: Reimagining Reimbursements: Planning for Sustainability for Telehealth Practice

Presenter: HRTRC and Richelle Marting, JD, MSHA, RHIA, CPC, CEMC, CPMA, CPC-I, Healthcare Reimbursement and Regulatory Compliance Attorney

Date: Thursday, September 15, 2022

Times: 8:00AM HST, 10:00AM AKDT, 11:00AM PDT, 12:00PM MDT, 1:00PM CDT, 2:00PM EDT





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<https://www.surveymonkey.com/r/XK7R72F>

