Educational Webinar Series:

Telehealth Practice Innovation During the COVID-19 Pandemic

July 28 – November 3, 2020
Eight sessions: Alternating Tuesdays
Housekeeping Tips

• All participant lines have been muted

• Please use the “Chat Box” located on the lower right side of your screen, to submit questions or comments

• If we are unable to respond to your question today, we will follow-up with you after the program

• After the session, the recording and slides will be posted to the IPRO QIN-QIO website: https://qi.ipro.org/2020/07/21/telehealth-qin-series/
Today’s Presentation

• About the IPRO QIN-QIO

• Telehealth: The Impact on Care Transition

• Questions and Answers
The IPRO QIN-QIO: Who We Are

The IPRO QIN-QIO

- A federally-funded Medicare Quality Innovation Network–Quality Improvement Organization (QIN-QIO)
- 12 regional CMS QIN-QIOs nationally

IPRO:
New York, New Jersey, and Ohio

Healthcentric Advisors:
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Qlarant:
Maryland, Delaware, and the District of Columbia

Working to ensure high-quality, safe healthcare for 20% of the nation’s Medicare FFS beneficiaries
Bring together healthcare providers, stakeholders, and Medicare beneficiaries to improve the quality of healthcare for targeted health conditions. Work toward better care, healthier people and communities, and smarter spending.

Catalyze change through a data-driven approach to improving healthcare quality.

Collaborate with providers, practitioners and stakeholders at the community level to share knowledge, spread best practices and improve care coordination.

Promote a patient-centered model of care, in which healthcare services are tailored to meet the needs of patients.
### Focus Areas Across Settings

#### Nursing Homes
- Working with more than 1,500 of the nursing homes in the region
- Communities that encompass at least 65% of the Medicare beneficiaries in each state
- Members collaborating to improve outcomes for the communities they serve:
  - Acute Care Hospitals
  - Critical Access Hospitals
  - Federally Qualified Health Centers
  - Home Health Agencies

#### Community Coalitions
- Working with more than 1,500 of the nursing homes in the region
- Communities that encompass at least 65% of the Medicare beneficiaries in each state
- Members collaborating to improve outcomes for the communities they serve:
  - Skilled Nursing Facilities
  - Physician Practices
  - Pharmacies
  - Community Based Organizations

### Cross-Cutting Priority Areas
- Health Information Technology
- Health Equity
- Trauma-Informed Care
- Patient & Family Engagement
- Rural Health
- Vulnerable Populations

### Program Focus Areas
- Behavioral Health & Opioid Use
- Patient Safety
- Chronic Disease Self-Management
- Care Transitions
- Nursing Home Quality
Development of a Palliative Telehealth Pilot & Use of Virtual Visit Encounters in Response to COVID-19 in Homecare

IPRO Quality Innovation Network-Quality Improvement Organization (QIN-QIO)
October 6, 2020
Kelly Baxter, DNP, FNP-BC, ACHPN

&

Roger Herr

VP Acute Care Queens and LI

Visiting Nurse Service of New York
Palliative Care
Telehealth Pilot

Kelly Baxter, DNP, FNP-BC, ACHPN
Conflicts of Interest

• No conflicts of interest to disclose
Objectives

• Identify the palliative care needs in the nursing home population

• Realize the benefits of telehealth as provision of specialty palliative care

• Harness the power of telemedicine for the completion of advance care directives
Definition of Palliative Care

Palliative Care is specialized medical care for patients with serious illness. The focus is on relief of symptoms, pain and stress of a serious illness, whatever the diagnosis. It is appropriate at **any stage of illness** and can be provided along with curative treatment (CAPC, 2012).

Palliative care means patient and family-centered care that optimizes quality of life by **anticipating, preventing, and treating** suffering. Palliative care throughout the **continuum** of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information and choice (National Consensus Project, 2013).
90 percent of American die after living with chronic and progressive illnesses and they are at risk for distressing symptoms.

The specialty of palliative care has emerged and expanded in response to these changing demographics and to a resultant gap in care options.
Chronic Illness

• People are living longer and dealing with chronic illnesses, which cannot be cured and often impact function as they progress and affect quality of life.

• Goals of care discussions guide the patient and family as they face disease progression and changing goals of care and helps those who wish to address issues of life completion and life closure.

• The goal is to provide patient-focused care with special attention to quality of life and advocacy for honoring patients’ wishes about their healthcare.
Palliative Care in the Nursing Home Population

• 1.4 million people live in skilled nursing facilities (SNF) across the country (CDC, 2015)

• Increased prevalence of SNF admissions in the last 6 months of life has doubled over the past decade for patients age 65 and above. One in eleven elders die while enrolled in the SNF benefit (Aragon et al., 2012)

• Patients with unclear goals of care are at higher risk for rehospitalization and often experience an increase in burdensome care at the end of life (Bernacki et al., 2015)
Palliative Care and Telehealth
Can they co-exist?

• Palliative expertise is a limited resource due to the small number of boarded specialists nationwide. Telehealth offers a profound ability to expand the reach of this expertise to both underserved geographies and post-acute care settings

  • Eliminates need for travel
  • Reduces time waiting for appointment availability
  • Connects patient, family and provider in virtual setting
State of Rhode Island

- Population: 1,059 million (July 2019)
- 197,972 RI residents are > 65yrs (17.2%)
- 5% of older adults (aged 65+) live in a nursing home. Of these, about 50% of nursing home residents are 85 years old or older, 35% are between the ages of 75 and 84, and 15% are between 65 and 74 years of age.
- 81 nursing homes in RI
Provision of palliative care specialists by telehealth in real time had the opportunity to address the unmet needs of this frail patient population with the aim to address goals of care, align treatment interventions with patient preferences and provide symptom management while avoiding unnecessary and often burdensome hospitalizations.
This pilot project details the development of a telehealth palliative care program available to SNF residents. Eight nursing homes in Rhode Island participated in the four-month pilot (November 2019-February 2020).

The telehealth platform allowed for visual assessment of patients, and real time conversations about goals of care and treatment preferences. In addition, completion of an electronic MOLST form with a HIPPA-compliant link was possible via the iPad, iPhone, or email via a proprietary application.

Project was funded by Third Eye Health, Inc.
Innovation

- Access to a palliative care specialist 24/7
- Symptom management and goals of care discussions in real time
- Completion of MOLST forms electronically
Outcomes

**Pilot:** November 1\textsuperscript{st}, 2019-February 29\textsuperscript{th}, 2020

Total referrals: 41
- # patients seen 21
- # consults cancelled 20
Demographics

Age demographics

- <65: 5%
- 65-75: 14%
- 75-85: 33%
- >85: 48%
Demographics

Gender demographics

- Male: 14%
- Female: 86%
Goals of care: 86%
Symptom management: 14%
Changes in Code Status

**Code Status at time of referral**

- Full Code: 52%
- DNR: 48%

**Code Status after referral**

- Full Code: 29%
- DNR: 71%
MOLST Completion

MOLST completion

- MOLST at time of referral: 48%
- MOLST completion after referral: 81%
Rehospitalization Rates

Rehospitalization Rate

CANCELLED CONSULTS

COMPLETED CONSULTS

0

14
• Telehealth offers a profound ability to expand the reach of this expertise to both underserved geographies and post-acute care settings

• Provides specialty palliative care to those who may have limited access based on frailty of illness and/or lack of palliative care specialist

• Ability to virtually complete medical directives that align care with patient preferences
Contact Information

Kelly Baxter, DNP, FNP-BC, ACHPN
Kelly.baxter@baxterpalliativeconsulting.com
#401-400-5535
Use of Virtual Visit Encounters in Response to COVID-19 in Homecare

October 2020
Objectives

- Identify the planning of technology, decision making and clinical application
- Describe decision making process of patient, caregivers, physician and manager
- Identify clinician resources in adopting new technologies
- Understand utilization trends of virtual encounters
Planning of Technology, Decision Making and Clinical Application
New York City COVID Trends

NYC Testing Dashboard

% Positive Results Over Time - New York City

Test Results - Yesterday

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Persons Tested</th>
<th>Total Tested Positive</th>
<th>% Positive Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York City</td>
<td>26,102</td>
<td>280</td>
<td>1.1%</td>
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Virtual Encounters

- Prior to COVID, use of phone calls: Telephonic Care Management (TCM)
  - Nursing for several years
  - 2020 added other disciplines

- COVID-19
  - Minimize exposure to essential contacts
  - Patient request to limit exposure to people
  - Unknown future staffing and patient population
Decision Making Process of Patient, Caregivers, Physician and Clinical Manager
COVID-19 Development of Virtual Encounters

• Expanded Virtual encounters to include video
  – Relaxed HIPAA when in the best interest of the patient
  – Video: Facetime, What’s App, Skype
  – Patient access, ability and willingness
  – Clinical triage with case manager and clinical manager
  – Physician orders updated
  – Patient encounters scheduled
    ◦ Billable, where allowable by payor
    ◦ TCM – phone only
    ◦ Video – encouraged as it contains video and phone
  – Long term strategy: Zoom, secure & hosted on VNSNY site if/when regulations and/or payers support
Process and Resources in Adopting New Technologies
Clinician Support

• Review of cases with manager

• Video tutorial on triage process

• Technology tip sheets
  – Installing Apps (Facetime, WhatsApp)
  – Virtual encounter process – coaching the process
  – Documentation: linked to patient issues to document, to support patient plan of care and continuity of care.
  – Productivity
Utilization Trends of Virtual Encounters
Utilization Trends of Virtual Encounters

• Prior to COVID (Jan & Feb) 800-1000 phone calls a month
• March – May began video and phone for all patients
  – 6,200 encounters a month in April and May
    ◦ 15% of all Home Care encounters
• June: resumed in-person visits for Non-COVID-19 patients
  – PPE stable, no changes, COVID-19 population decreasing
• July and Aug: 1,200 virtual encounters a month
Insights in Utilization during COVID-19

• Discipline
  – Social Work (MSW): All encounters were virtual April-June, returned to July in person
  – Nursing: 16% use encounters were virtual, with majority by phone, lower use of video
  – Physical Therapy (PT): 20% use of virtual encounters with majority using video
  – Occupational Therapy (OT): 22% use of virtual encounters with majority using video
  – Speech Language Pathology (SLP): 30% use of virtual encounters, as they can work with patient not wearing mask for speech and swallow treatments
Q & A
Please join us for upcoming webinars

The next scheduled sessions Topics:

• **October 20th session** – Telehealth Implementation during Pandemic: Benefits, Challenges, and Barriers – An Outpatient Provider’s Perspective

• **November 3rd session** – Telehealth: Moving forward (final session)
Thank you for attending today’s webinar!

Questions?
Christine Stegel: cstegel@ipro.org

Webinar materials:
https://qi.ipro.org/2020/07/21/telehealth-qin-series/
Learn More & Stay Connected

https://qi.ipro.org/

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Serving 20% of the nation’s Medicare Beneficiaries.
We’re collaborating with health care organizations to ensure high-quality, safe, and effective health care for Medicare beneficiaries in New England, New York, New Jersey, Ohio, Delaware, Maryland, and the District of Columbia.

We recognize the myriad challenges facing health care organizations and community-based partners.
We offer free technical support and education to help you address these challenging issues.

Join Us  Learn More  COVID-19 Updates

This material was prepared by the IPRO QIN-QIO, a collaboration of Healthcentric Advisors, Qlarant and IPRO, serving as the Medicare Quality Innovation Network-Quality Improvement Organization for the New England states, NY, NJ, OH, DE, MD, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 12SOW-IPRO-QIN-T2-A4-20-206