

**Educational Webinar Series:**

# **Telehealth Practice Innovation During the COVID-19 Pandemic**

**July 28 – November 3, 2020**

**Eight sessions: Alternating Tuesdays**



**Quality Improvement  
Organizations**  
Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES



■ Healthcentric  
Advisors  
■ Qlarant

# Housekeeping Tips



■ Healthcentric  
Advisors  
■ Qlarant

- 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



■ Healthcentric  
Advisors  
■ Qlarant

- **About the IPRO QIN-QIO**
- **Telehealth: The Impact on Care Transition**
- **Questions and Answers**

# The IPRO QIN-QIO: Who We Are



- Healthcentric Advisors
- Qlarant

## The IPRO QIN-QIO

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

### IPRO:

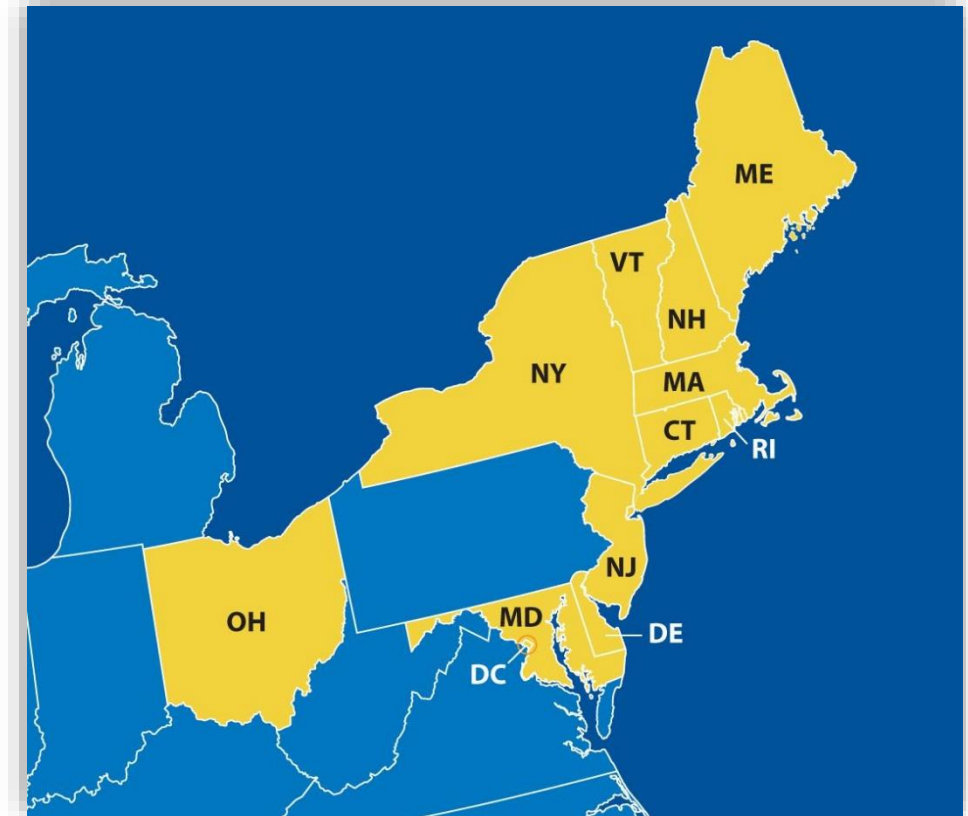
New York, New Jersey, and Ohio

### 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**

# The IPRO QIN-QIO: What We Do



■ Healthcentric  
Advisors  
■ Qlarant

- 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



- Healthcentric Advisors
- Qlarant

## Nursing Homes

- ✓ Working with more than 1,500 of the nursing homes in the region

## Community Coalitions

- ✓ 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
- 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



# 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**



**Quality Improvement  
Organizations**  
Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES



■ Healthcentric  
Advisors  
■ Qlarant



# Our Presenters



- Healthcentric Advisors
- Qlarant

**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).

# Why We Need Palliative Care



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



## Palliative Telehealth Pilot

Program Goal



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.

# Development of a Palliative Telehealth Pilot to meet the needs of the nursing home population

- 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

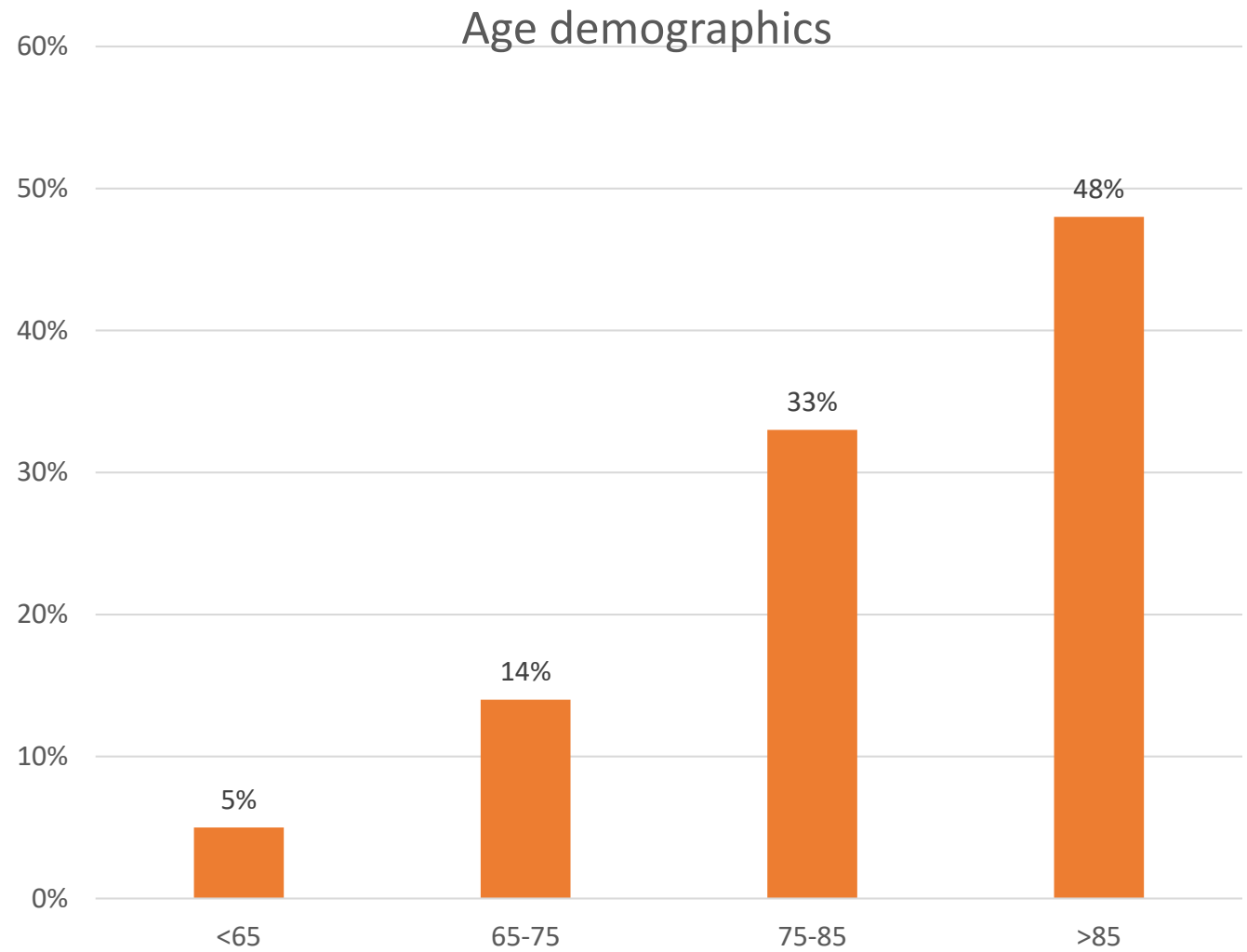
**Pilot:** November 1<sup>st</sup>, 2019-February 29<sup>th</sup>, 2020

Total referrals: 41

# patients seen 21

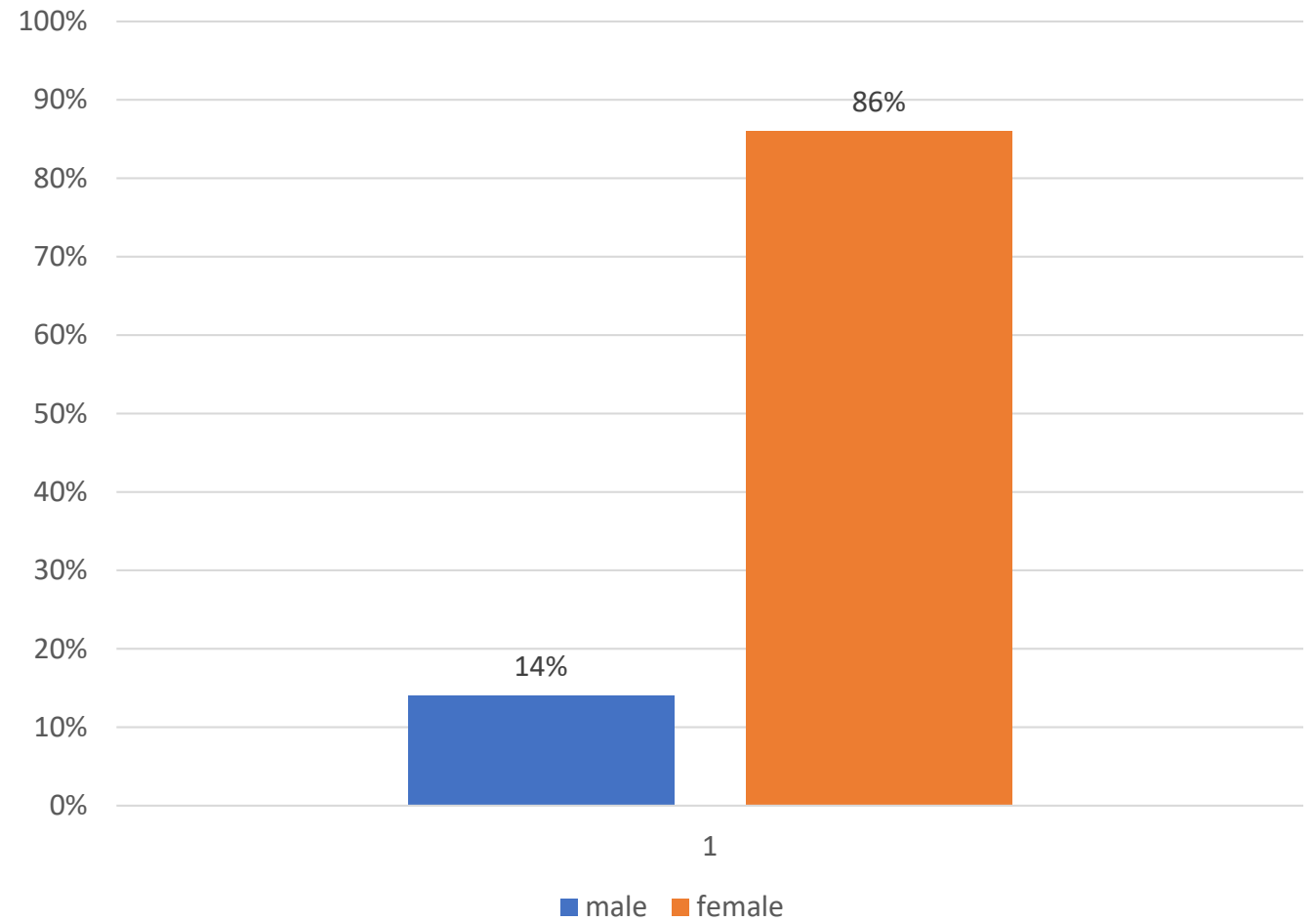
# consults cancelled 20

# Demographics

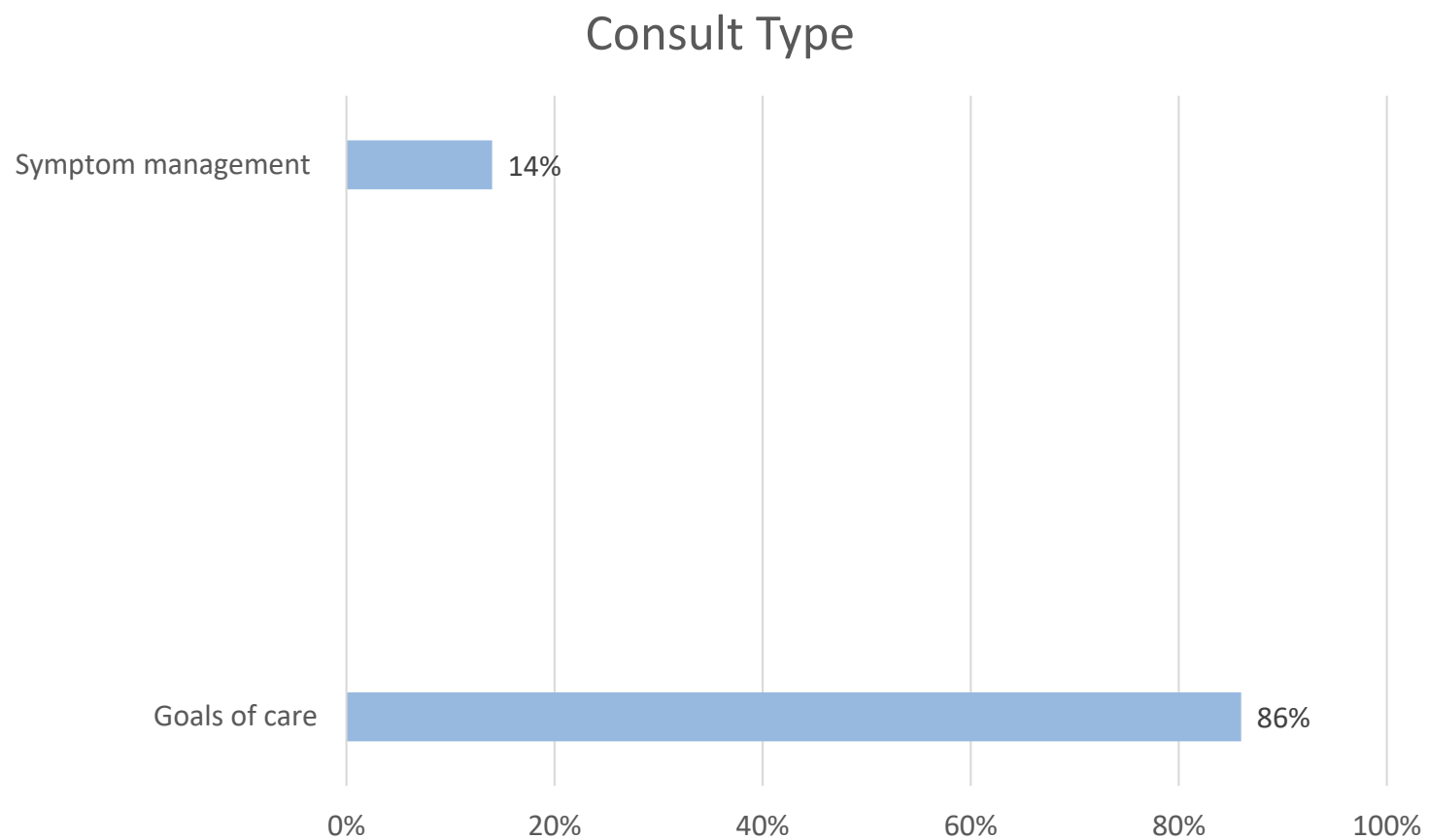


# Demographics

Gender demographics



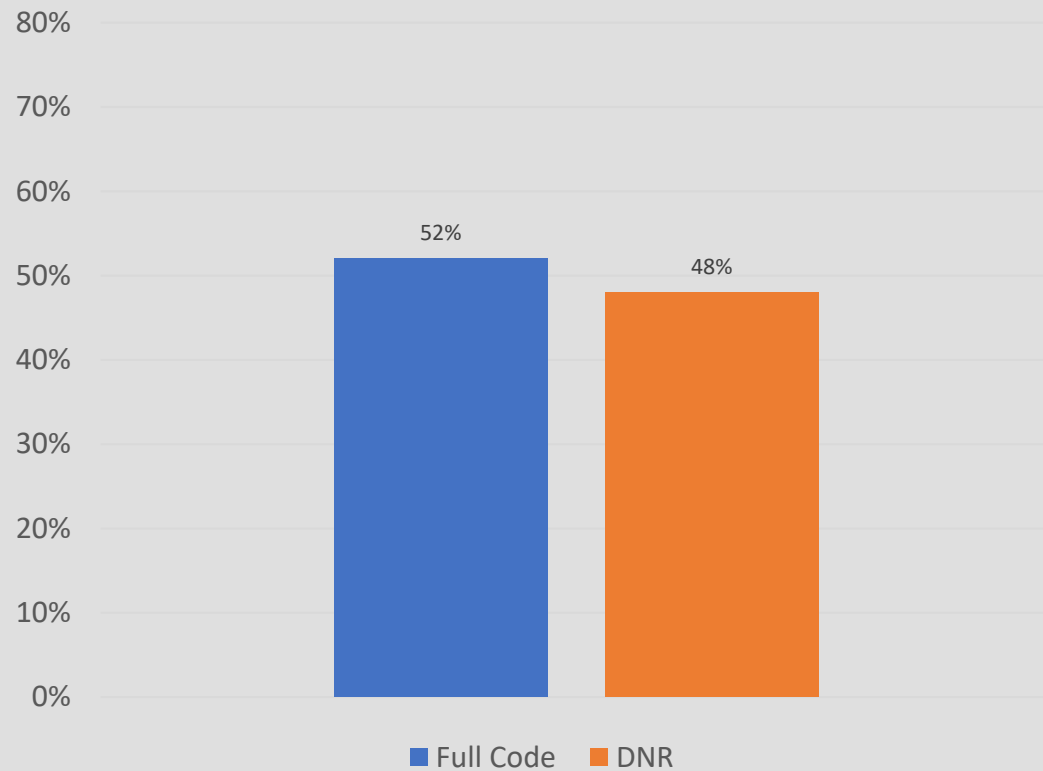
Consult Type



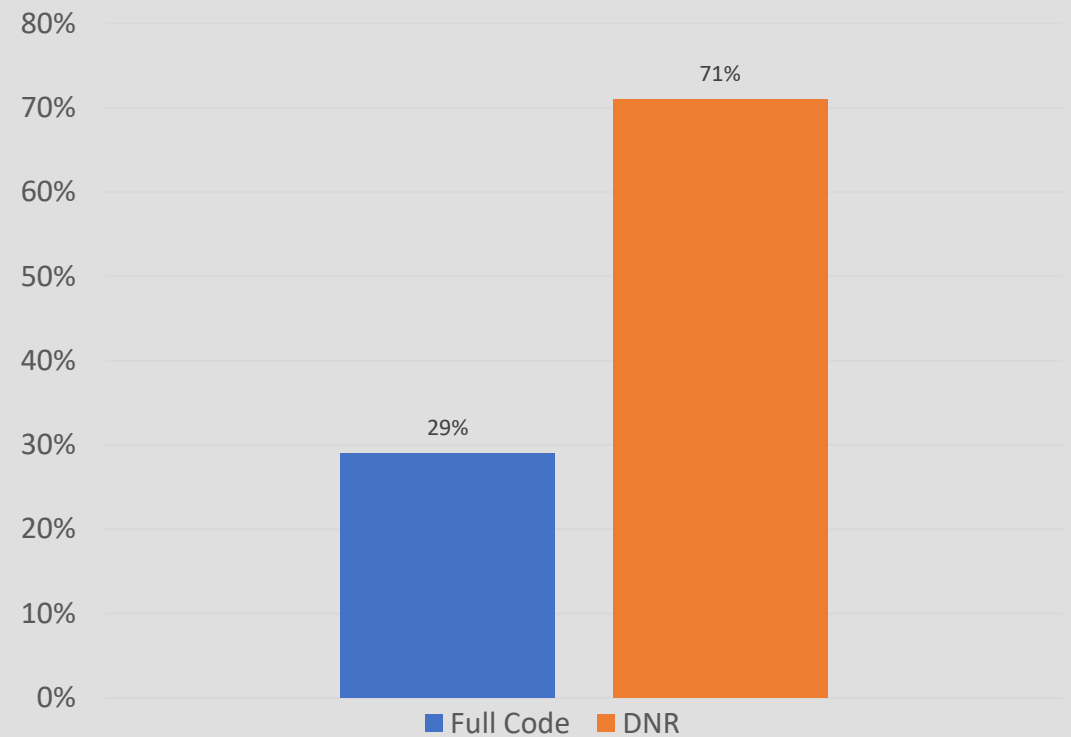


# Changes in Code Status

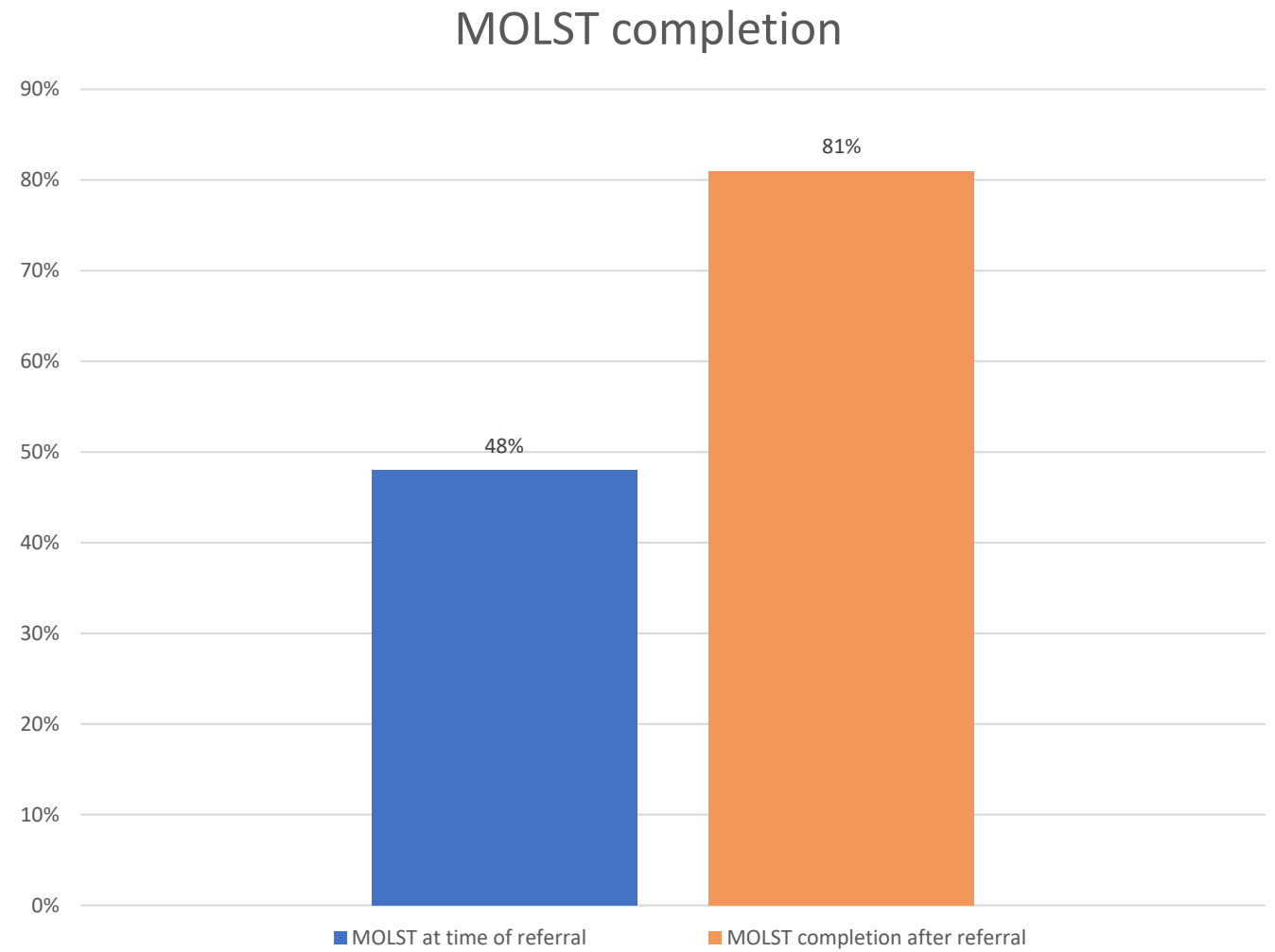
## Code Status at time of referral



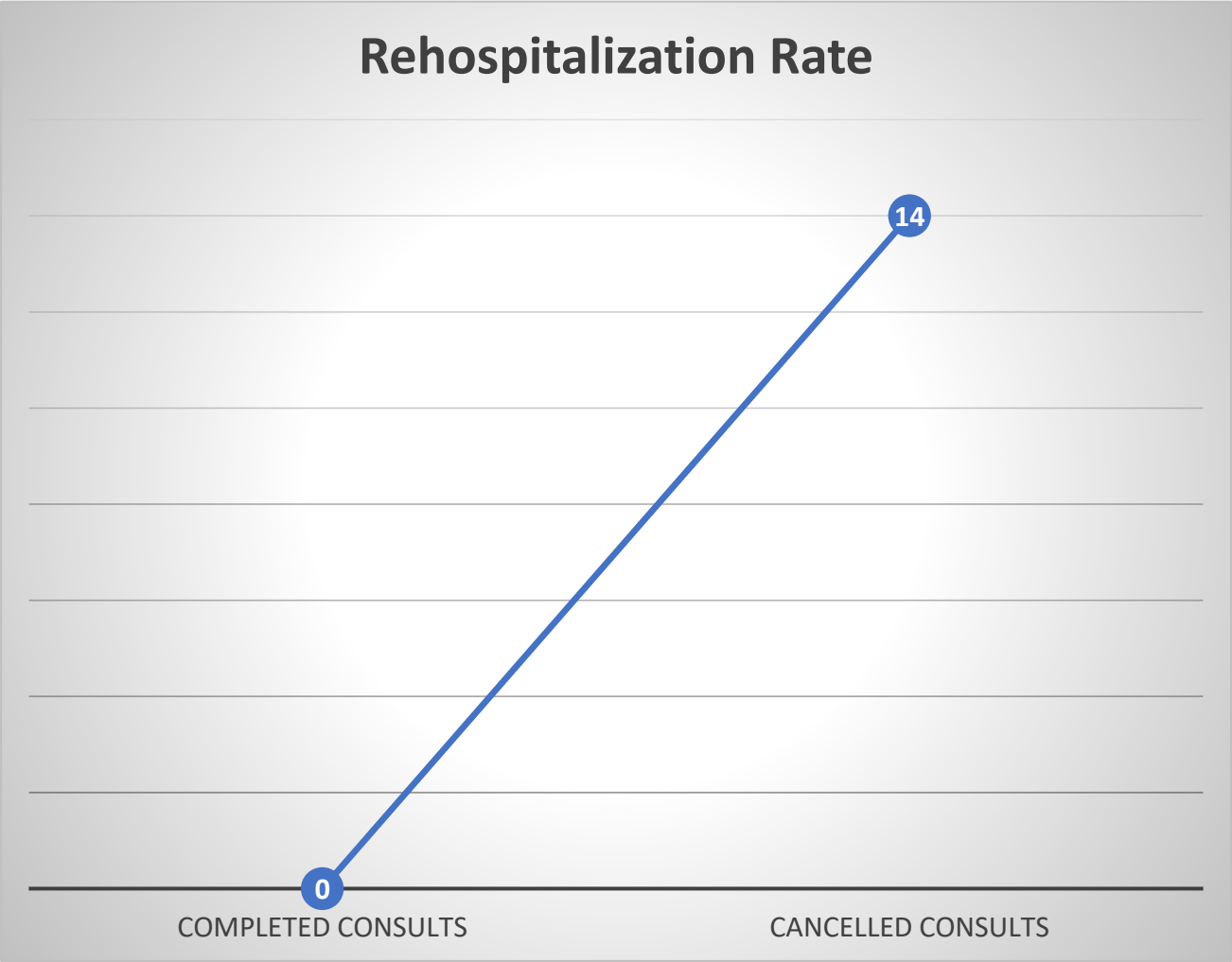
## Code Status after referral



# MOLST Completion



# Rehospitalization Rates



## Takeaways

- 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](mailto: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



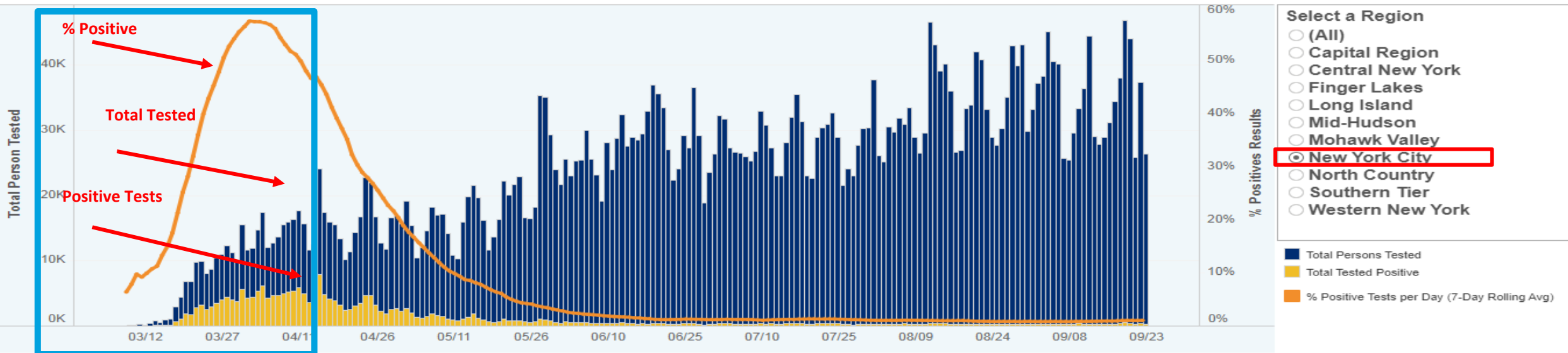
# New York City COVID Trends



## NYC Testing Dashboard

### % Positive Results Over Time - New York City

Testing data as of: 9/22/2020  
Testing data last updated on: 9/23/2020



### Test Results - Yesterday

	Total Persons Tested	Total Tested Positive	% Positive Results
New York City	26,102	280	1.1%

- 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

- 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



- 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 20<sup>th</sup> session** – Telehealth Implementation during Pandemic: Benefits, Challenges, and Barriers – An Out-patient Provider's Perspective
- **November 3<sup>rd</sup> session** – Telehealth: Moving forward (final session)



# Thank you for attending today's webinar!



**Quality Improvement  
Organizations**  
Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES



- Healthcentric  
Advisors
- Qlarant

## Questions?

Christine Stegel: [cstegel@ipro.org](mailto:cstegel@ipro.org)

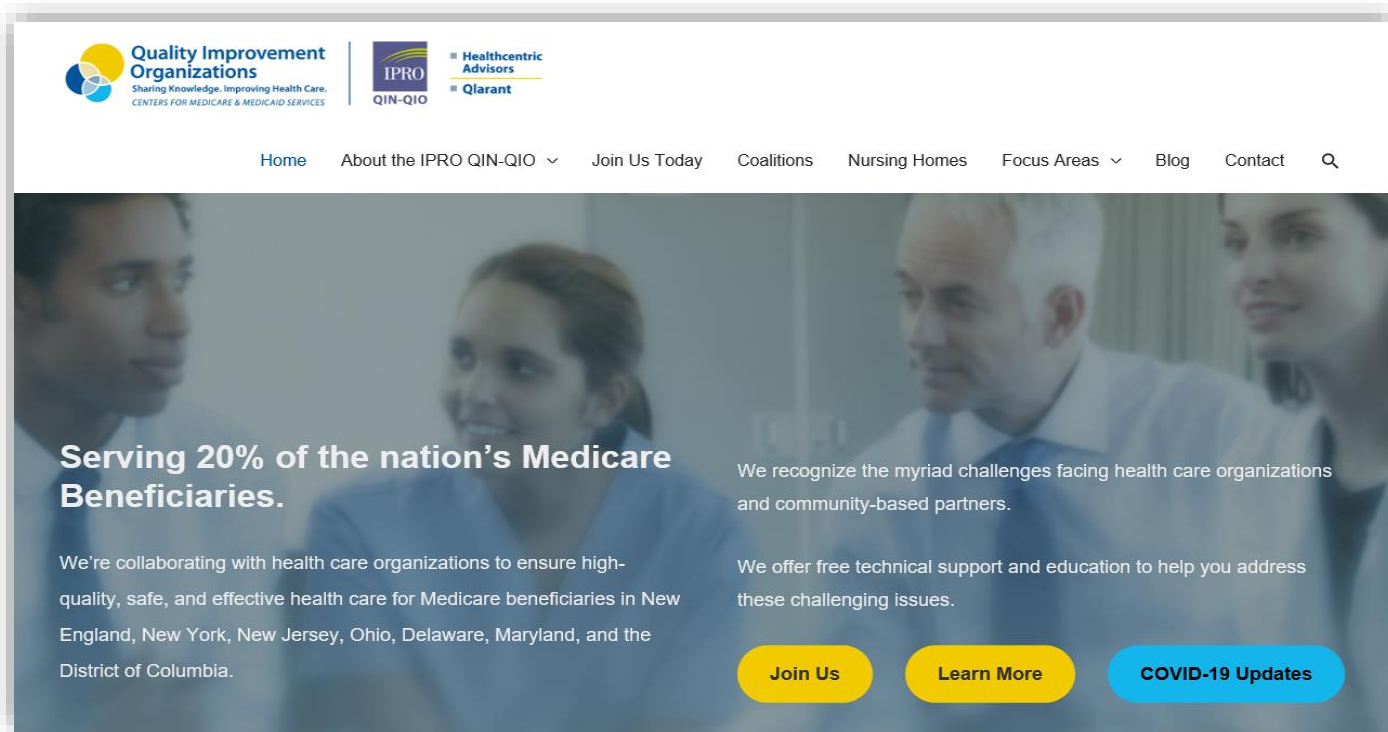
## Webinar materials:

<https://qi.ipro.org/2020/07/21/telehealth-qin-series/>

# Learn More & Stay Connected

<https://qi.ipro.org/>

Follow IPRO QIN-QIO



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

