Case Study:
Supporting Residents with Telehealth During Covid-19

human good

Categories:

◆ Quality of Life/Satisfaction with Care

About the Organization

Organization Name: HumanGood

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Organization Type: Life Plan Communities (formerly Continuing Care Retirement Communities [CCRCs])

Organization Description: HumanGood was founded on the belief that everyone should have the opportunity to live life with enthusiasm, confidence, and security, regardless of physical, social, or economic circumstances. Our mission is to ensure that those we serve have every opportunity to live their best life as they define it. This extends to those who live in our communities, their families and friends, and team members who serve them. With approximately 5,000 team members serving more than 13,000 residents in our 21 life plan communities and 95 affordable housing communities in California, Washington State, Arizona, Nevada, Idaho, Pennsylvania, and Delaware, HumanGood is the sixth-largest nonprofit senior living provider in the country.

Project Description

Telehealth as a service provides communication between residents and their caregivers. The aim of the HumanGood telehealth service was to accommodate Medicare telehealth services, virtual check-ins, and e-visits. In some cases, it was an expansion of existing video conferencing technologies and in others, introduction of a proprietary telemedicine system.

Telehealth and RPM System Type

Real-Time Interactive Two-Way Video Conferencing with Clinician

Telehealth and RPM System Embodiment

Staff-Operated Multi-User Mobile Unit

Business Model

HumanGood has implemented telemedicine from the standpoint of providing a necessary service, with consideration of reimbursement secondary. We believed that the initiation of telehealth as we define it is crucial to providing the best care during this unprecedented time—the COVID-19 pandemic. Future expansion of telehealth and telemedicine will likely be developed in partnership with physicians, hospitals, and ACOs after the current health crisis has subsided.

Implementation Approach

While telehealth and telemedicine solutions have been tested at HumanGood communities over the last few years, no formal pilots were conducted, nor decisions made regarding products and services. Video apps and meeting software have been used at HumanGood for over 15 years. Our resident technology support and training programs have been educating residents on some of these throughout 2019 and into 2020.

Early in February of 2020, as the nation was starting to battle the novel coronavirus, we began exploring the opportunity to heavily promote the use of video meetings to our residents and their family members. Team members from all departments were in many cases used to having video meetings with friends and family using mobile apps, or Zoom as the company's meeting product. As a result, team members were able to help residents download apps and connect residents with loved ones. In March, Medicare expanded payments for services provided utilizing telehealth under

the 1135 waiver. As we use the HIPAA-compliant Zoom for Healthcare plan, using this existing video product for telehealth was an easy evolution. Our legal, clinical, and IT teams met to explore and document the options and risks. From that and several follow-up discussions, a solution was created to provide for all 3 visit types; Medicare telehealth visits, virtual check-ins, and e-visits.

Two scenarios were built to help the HumanGood team differentiate between the need to use an existing commercially available app and one that was privately used by a physician, hospital group, or care organization. The first situation uses a resident's personal device to connect to their existing care provider, while the second requires an application to be installed on a HumanGood device and used by a team member to conduct virtual care visits between our community's care partners and residents. To facilitate the second scenario, a process for clinicians and organizations to request the installation of an app on our mobile endpoints was created. This included a way to document the need and a workflow to take the request through interview and approval processes, and eventually to the installation of the app on devices.

Since the first option used a resident's own device, IT published cheat sheets on how to download, install, and begin using common video apps such as Zoom, WhatsApp, Skype, and Facebook Messenger. Caregiving team members became proficient in helping residents get started with these and more. For those providers requiring a specific telemedicine app, caregivers helped residents navigate through app stores or portals via email links to download and install these too.

The second option required more work and involved more backend teams. The formal request and approval process used HumanGood's RemedyForce ticketing system. The clinical team used this to conduct interviews with requestors to decide if a common app could be used instead of the requested app. If not, then the request was approved, and IT would install the app. This was done using the Meraki MDM (mobile device management) solution, which allowed for a push deployment to certain managed devices.

At the start of 2020, HumanGood had approximately 325 owned and managed mobile devices in use by team members. Throughout the beginning of the year, as the pandemic grew in intensity and impact and as our communities restricted visitors, we purchased more to accommodate the overwhelming need for app-based video meetings and telehealth. We also received donations from individuals and companies of new and gently used or recently retired mobile devices, for which we are eternally grateful. Through these purchases and donations, we enter the third quarter with over 500 devices in our team members' hands.

All in all, the telehealth solution decided upon by HumanGood is a mixture of off-the-shelf and proprietary software. Our team came together quickly to solve a need and to expand the opportunities of care for our residents. As we look to the future, we know telehealth and telemedicine will need to be utilized much more than it is today, and HumanGood will rise to meet the challenge.

Outcomes

Quality of Life/Satisfaction with Care

There were many requests for specialized apps, with only 6 passed through to deployment. All others, and those situations not officially requested, were covered by publicly available video conferencing apps.

While quantities of video telehealth meetings are unavailable, it is appropriate to assume that residents and their care providers did meet as needed during periods of visitor restriction required throughout the COVID-19 pandemic.

App deployment by number of devices

(Not including Apple Facetime, Google Duo, or Google Meet)

◆ Zoom = 628 devices
◆ Skype iPad = 23
◆ Skype iPhone = 11
◆ InTouch patient = 7
◆ OneDay for Senior Living = 4
◆ PDPM Mapper = 2
◆ pMD Charge Capture & Messaging = 2
◆ FBP Church = 1
◆ Kaiser Permanente = 1

Challenges and Pitfalls to Avoid

◆ Do not assume that caregivers know how to use apps.
◆ Avoid use of personalized user accounts for devices or apps.
◆ Refrain from buying or accepting equipment until the process of management, control, support, and lifecycle is decided upon.
◆ Use what you can to get residents the care they need and do not wait for an app or service tied only to an EMR/EHR, as most solutions we have encountered are not fully integrated to the EMR/EHR.

Lessons Learned/Advice to Share with Others

- Deployment of apps needed a formal request and approval process.
- Engage all relevant parties including legal, risk, IT, and clinical in developing a solution or deciding on an approach that will satisfy the need.
- Work with providers to find the simplest option that solves the problem.
- Off-the-shelf and pre-installed apps work just as well or better than dedicated, purpose-built apps and devices.
- Develop a process for the use and cleaning of devices to avoid cross-contamination before the devices are handed out.
- Maintain segregation of devices by level of care.