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LeadingAge Ohio
2022 Annual Conference and Trade Show • August 30 – September 1, 2022

Thinking Outside the Box

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Objectives

- The attendee will be able to describe the capabilities of different levels of emergency department telehealth options.
- The attendee will be able to evaluate the advantages/goals for using a telehealth system in their organization
- The attendee will understand the value of data collection and comparison for Readmission strategies

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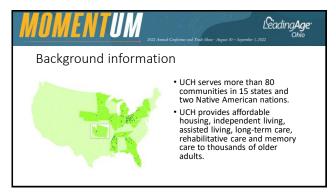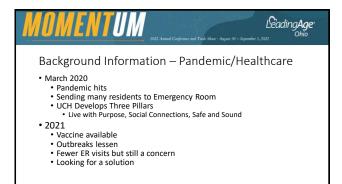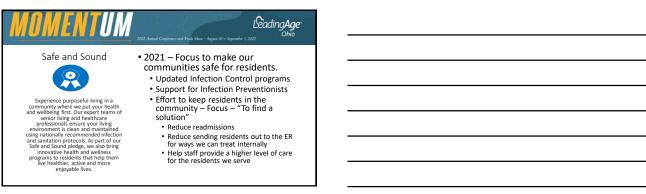
Background: United Church Homes, Inc.

- Founded in 1916 during a time of ethnic discrimination, poverty and pandemic.
- Mission to provide quality and affordable housing and healthcare options to older adults.
- UCH Mission: To transform aging by building a culture of community, wholeness and peace for those we are privileged to serve.

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Background information

- UCH serves more than 80 communities in 15 states and two Native American nations.
- UCH provides affordable housing, independent living, assisted living, long-term care, rehabilitative care and memory care to thousands of older adults.

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Background Information – Pandemic/Healthcare

- March 2020
  - Pandemic hits
  - Sending many residents to Emergency Room
  - UCH Develops Three Pillars
    - Live with Purpose, Social Connections, Safe and Sound
- 2021
  - Vaccine available
  - Outbreaks lessen
  - Fewer ER visits but still a concern
  - Looking for a solution

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Safe and Sound

Experience purposeful living in a community where we put your health and wellbeing first. Our expert teams of senior living and healthcare professionals ensure your living environment is clean and maintained using nationally recommended infection and sanitation protocols. As part of our Safe and Sound pledge, we also bring innovative health and wellness programs to residents that help them live healthier, active and more enjoyable lives.

- 2021 – Focus to make our communities safe for residents.
  - Updated Infection Control programs
  - Support for Infection Preventionists
  - Effort to keep residents in the community – Focus – "To find a solution"
    - Reduce readmissions
    - Reduce sending residents out to the ER for ways we can treat internally
    - Help staff provide a higher level of care for the residents we serve

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Exploration of Telehealth

- Researched multiple Telehealth platforms for bedside emergency care focusing on the following:
  - If it is a true emergency – don't wait call 911
  - On-call staff for attending physicians is often someone who has never seen the resident – "I don't know them, send them to the ER."
  - Find a "credible" solution that truly can evaluate the resident at our bedside
  - Give residents and responsible parties an assurance that we can do an ER bedside visit and "safely and effectively" care and treat the resident in our community for situations that are urgent – non-emergent treatments

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Looked for advantages/goals

- Reduce burden on our local EMS teams
- Reduce stress on our residents of spending hours in an ER with people they don't know
- Increase staff capability (and confidence) of handling situations "in house"
- Keep "heads in the bed" at midnight
- Reduce readmits to the hospital
  - Gain confidence of hospital ER staff (We do know what we are doing!)
  - Gain respect of our hospital referral sources
- Reduce transportation costs
  - Average ambulance return organizationally is $800 per resident return

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RemoteMD

- Decided to trial (and subsequently use) RemoteMD
  - Flyer
  - Signed Consent
  - Video conference call with Triage & Physician that resident/family member can participate with the team
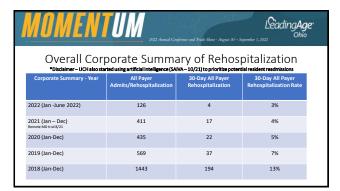 - Services – EKG, Ultrasound, Stethoscope, Vital Signs, Camera for skin conditions, etc.
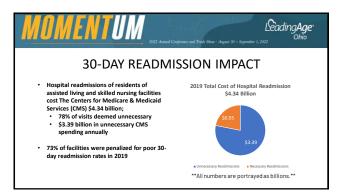 - Opportunity for resident/responsible party to subscribe to the services
  - No affect to attending practitioner's billing practices

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Overall Corporate Summary of Rehospitalization
*Disclaimer – UCH also started using artificial intelligence (SAIVA – 10/21) to prioritize potential resident readmissions

Corporate Summary - Year	All Payer Admits/Rehospitalization	30-Day All Payer Rehospitalization	30-Day All Payer Rehospitalization Rate
2022 (Jan -June 2022)	126	4	3%
2021 (Jan – Dec) Remote MD trial 8/21	411	17	4%
2020 (Jan-Dec)	435	22	5%
2019 (Jan-Dec)	569	37	7%
2018 (Jan-Dec)	1443	194	13%

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Senior Care Dilemmas

- It is no secret that the health care system in America is broken. Long waits, crowded emergency rooms, long response times, high cost medical care and insurance rates are just a few of the aggravations Americans face daily. Nobody has felt the pressure more than Senior Health Care Facilities. Throughout the decades, staff has tried to maintain a higher quality of life for our aging population, unfortunately, fewer primary care providers and less resources has made it harder and harder for Skilled Nursing Facilities to maintain a quality medical care system for residents. Today, more so than not, residents who begin to develop any kind of medical issue, regardless of how minor, are sent to the local emergency departments for long waits and expensive visits which many times are avoidable and completely unnecessary.

- This issue become much more relevant with Covid 19. Emergency rooms had reached capacity but still continued to be overwhelmed with residents from senior care facilities that were arriving for minor medical conditions that could be easily handled at their community IF medical care and guidance was available to the staff. The cost for these unnecessary visits are overwhelming and detrimental to Senior Care communities. The risk of higher more severe infection increases significantly with every ER visit and when these residents return home, many have to enter a mandatory quarantine.

- The gaps in senior care and the inability for staff to care for their residents due to lack of available resources has long been overlooked. Until Now. Our pilot program bridges the gap of senior medical care by combining years of research, todays latest technology and unprecedented training to deliver ER quality care and treatment right at the residents bedside. Our specialized telemedicine program is designed to meet the unique needs of the growing senior population who want to continue living their best lives. Our approach delivers exceptional medical care within Senior Living communities, dramatically reducing, if not eliminating, unnecessary transports and 30-day readmissions. At the same time, we work with communities staff to provide training to deliver the highest quality care that is faster, safer, and less stressful for residents.

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30-DAY READMISSION IMPACT

- Hospital readmissions of residents of assisted living and skilled nursing facilities cost The Centers for Medicare & Medicaid Services (CMS) $4.34 billion;
  - 78% of visits deemed unnecessary
  - $3.39 billion in unnecessary CMS spending annually

- 73% of facilities were penalized for poor 30-day readmission rates in 2019

2019 Total Cost of Hospital Readmission $4.34 Billion

$0.95

$3.39

■ Unnecessary Readmissions ■ Necessary Readmissions

All numbers are portrayed as billions.

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Impact on Medicare/Medicaid Costs

- **23.5% of patients admitted to assisted living and skilled nursing facilities resulted in 30-day hospital readmissions**
- **Including 67,000 heart failure patients discharged from facility to home resulted in 30-day hospital readmissions.**
- **Average Medicare payment for each visit = $10,352 per stay**
- **National health spending forecasted to grow 5.4% per year2019-28, reach $6.2 trillion and equal 19.7% of GDP**

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Care Issues

- **Average Emergency Medical Services (EMS)response time double in rural areas**
- **Shortage of 122,000 providers (45% primary care) projected by 2032**
- **Residents of facilities are dependent upon Emergency Medical Services for life-threating emergencies (including stroke)**

- **Emergency rooms are overcrowded due to increased patient load and decreased staffing; 53% of patients have left an ER due to wait times**
- **Patients with dementia, Alzheimer's, mental illness are especially impacted by stress of hospital transport and interacting with strangers**

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Benefits for Senior Care Facilities

- **94.59% of residents seen have been able to stay in house and avoid transport to the hospital.**
- **Average cost for transfer back to facility is 800.00 per resident who does not meet medical necessity.**
- **Average cost for non-emergent emergency room visit = $2032 vs $200-$400 for telemedicine visit**
- **Reduction in Loss of Daily Rates**
- **Reduction in unnecessary Medicare/ Medicaid costs totaling BILLIONS**
- **Reduce additional Health risk at ER & Improve Quality of life for Residents**
- **Marketing Opportunities**

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8/22/2022

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Care Benefits for Senior Care Settings

- Residents are able to receive treatment in their home, where they are familiar. POCUS/EKG/Lab Results
- Decrease in risk of delirium that can result from a hospital stay.
- Decreased risk of skin integrity issues due to extended times on ER stretchers.
- Decreased LOS for rehab residents by avoiding regression that comes from ER/Hospital readmissions.

- Immediate assessment and guidance by medical provider and registered nurse trained in Emergency Medicine.
- No delay in care from waiting for the on call medical provider to return a call or waiting till the medical provider will be in house.
- Reduction in unnecessary antibiotic use which is common when residents from senior care settings are seen in the ER.

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Care Benefits for Senior Care Settings (cont.)

- Improved trust with the residents and family
- Ability for families to be present during the telemedicine visit
- Improved communication among residents, families, facility staff
- Clear communication between telemedicine provider and resident's primary care provider
- EMR integration with facility EHR for improved continuity of care
- E-scripting capabilities for ease of access to needed care

CMS — CENTERS FOR MEDICARE & MEDICAID SERVICES
Five-Star Quality Rated

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National Statistics – Case Study

Below stats are for a facility in which we are also PCP for and see all cases.

- With over 200 residents seen over last 30-day period, we have achieved a 94.59% success rate of treating resident at the facility without transport.
- Nationally we over 92.6% over the last 6 months
- To date we have successfully eliminated 100% of 30-day readmissions

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National Statistics – Case Study
30 Day Period

Facility Utilizing Program:

Total calls for the month – 223
Total Transports to ER -2
Transport ratio – less that 1% of call to senior care team
Assuming a 10% admission rate –
Savings from loss of day rate - $41,400 dollars
Saving form EMS transport back to facility – $176,800
Total savings – $218,200

Facility Not Utilizing Program:

Total Resident transport to ER -126
Assuming 10% admission rate loss of day rate – $46,800
Loss for EMS transport back to facility -100,800
Er cost @ reduced rate of 1000, -126,000
Total loss – $273,600

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How its Done

Skilled Nursing Telehealth: Integrating Technology, Medicine, & Training

System provides

- **Physician Consultation**
- **Medical Resource Referral**
- **Telemedicine technology**
- **Medication Reconciliation**
- **Primary Provider Service**

RemoteER 360 Cart: Designed by providers for providers.

Utilizing the Telehealth platform, we are able to provide:

- **Heartrate**
- **Blood Pressure**
- **Oxygen Saturation**
- **Temperature**
- **Lung Sounds**
- **12 lead EKG**
- **Ultrasound Imaging**
- **Bedside Point of Care Blood Testing**

Telehealth Medical Team:

Skilled medical professionals with years of emergency department experience. Our physicians, physician assistants, paramedics, nurse practitioners, registered nurses, and other healthcare professionals have spent time on the "front lines" and have honed their skills in Emergency Departments all over the country.

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Telehealth Differentiator

Our Telemedicine system allows remote physician to perform a complete diagnostic exam using state-of-the-art medical instruments and equipment.

The compilation of industry-leading technology for telemedicine in Senior Care Communities incorporates 12-lead EKG, Ultrasound imaging, and complete metabolic profiles with 24/7/365 instant telemedicine connectivity to highly trained providers. This system can greatly reduce unnecessary ED transports and 30-day readmissions. This new gold standard of definitive healthcare increases the quality of life, comfort, and well-being for all residents of Senior Care Communities.

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A Team Work Training Approach

It all starts with Training.

Our training program is not only for our staff, but for the staff at the Senior Care facilities. All team members, receive direct, hands on training with the to include Ultrasound, EKG, Lab test (for those facilities with mid complexity CLIA licensing), as well as on Bluetooth equipment. This training consist of class room lectures where staff learn about the importance of treating residence in house, hands on training to allow them to become confident and proficient in the use of all equipment, one on one training, test stations and skill set competencies and certifications to show their skill levels and understanding of all equipment available to them.

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