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Two Years Into the COVID-19 Pandemic

Older Adults' Experience of Virtual Care: Action Steps to Increase Access and Equity

Playbook for Health Care Providers and Policymakers: Second Edition

Featuring Case Studies from
Gary and Mary West PACE • Avel eCare Senior Care
Landmark Health • Medically Home • Geisinger Health

What This Updated Playbook Offers

In March 2021, United States of Care and West Health published the first edition of the playbook looking at **lessons learned** from older adults' experiences of virtual health care during the early days of the COVID-19 pandemic.

This updated playbook examines the landscape two years into the pandemic and answers:

- ★ How have **older adults' experiences** with virtual care evolved?
- ★ What **barriers and concerns** do older adults continue to encounter when accessing virtual care?
- ★ What **approaches are five different organizations** using to integrate virtual care with their older adult population?
- ★ Which **implementation and policy goals** are needed to support older adults' access to virtual care going into the future?

Who Created This Playbook

UNITED STATES of CARE is a nonpartisan organization committed to ensuring that everyone has access to quality, affordable health care. The organization aims to drive a unique cross-sector, people-centered approach to prioritizing, creating, and advancing state and federal policies that meet the needs of people and result in a more equitable health care system.

Jennifer DeYoung, Senior Director

Venice Haynes, **PhD** Director of Research and Community Engagement

westhealth is a family of nonprofit and nonpartisan organizations dedicated to lowering healthcare costs to enable seniors to successfully age in place with access to high-quality, affordable health and support services. Solely funded by philanthropists Gary and Mary West, West Health includes the Gary and Mary West Foundation and the Gary and Mary West Health Institute in San Diego, and the Gary and Mary West Health Policy Center in Washington, D.C.

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Two Years Into the Pandemic
Older Adults' Experience of Virtual Care: Action Steps to Increase Access and Equity

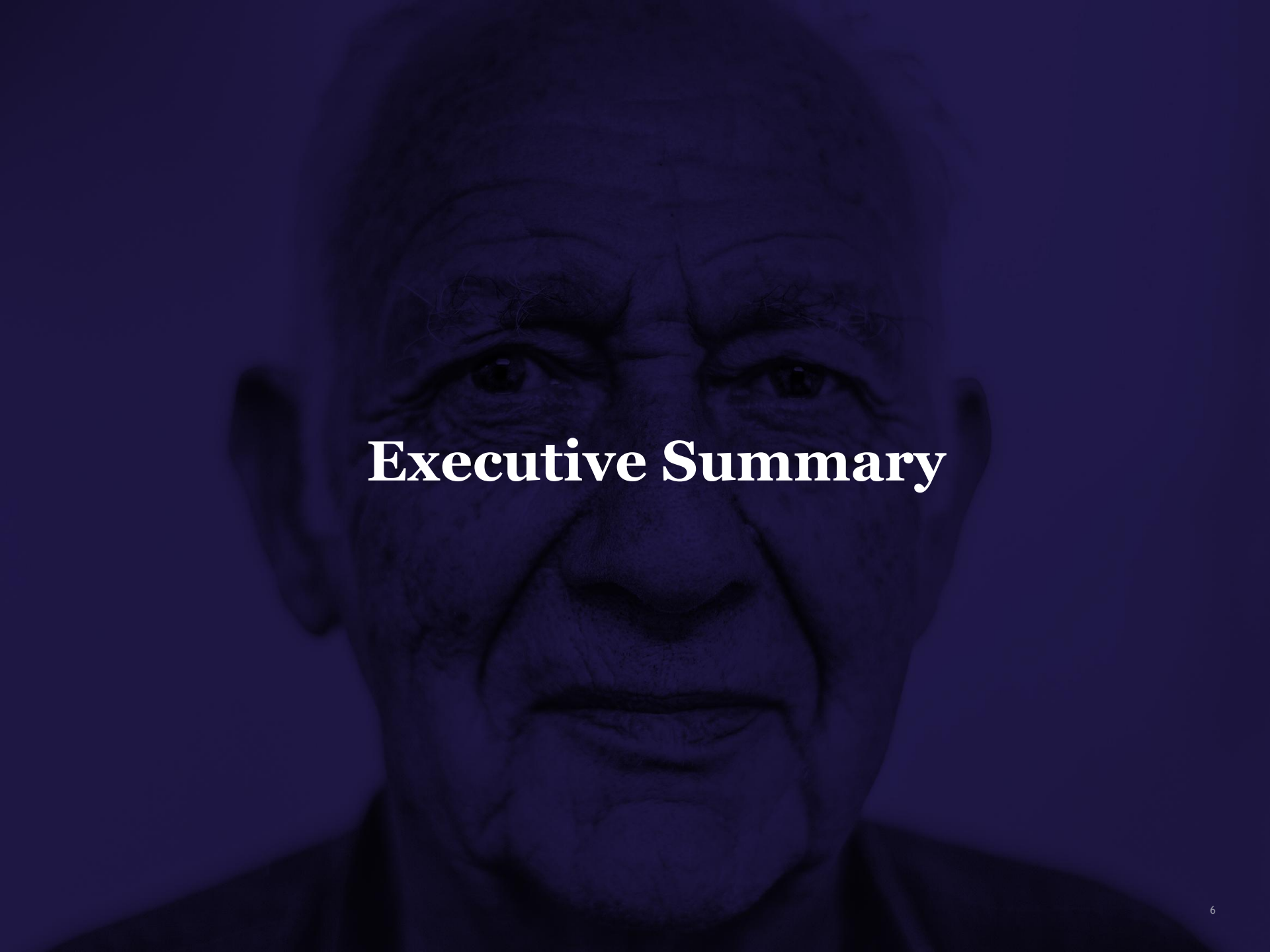
Definitions for the purposes of this Playbook:

Older Adults: Adults ages 50+ across the United States.

Virtual Care: Health care services delivered remotely through digital technology including telehealth, telemedicine, remote monitoring, video, audio, and instant messaging (synchronous: live two-way communication, or asynchronous: recorded patient information that is stored and reviewed by clinicians at a later time).

Access to Care: A patient's availability of services; ability to physically access services; unique needs accommodated; ability and willingness to pay for services; and acceptance and trust of services.

Playbook Contents



Executive Summary

How Can Virtual Care Close Gaps in Access to Care and Health Inequities for Older Adults?

The Challenge

Older adults have historically faced barriers to accessing the health care they need as they age.

The Opportunity

- The COVID-19 pandemic has **accelerated the expansion of virtual care**, helping patients–including older adults–gain access to life-saving services.
- Two years into the pandemic, **people still use virtual care** as a tool to access care.
- As we consider planning beyond the pandemic, virtual care has the potential to **increase access to health care services** and **reduce health care inequities**, but careful attention is required to avoid exacerbating existing disparities.

Our Research

In search of opportunities to increase equity and access to virtual care through model design and policy development, we performed a deep dive into the experiences of older adults one year after the first edition of this playbook was published:

Step 1. Conducted mixed method research through national surveys, public opinion scans, grey literature reviews, and focus groups.

Step 2. Investigated older adult care models that have integrated virtual care into their care delivery. This research incorporates findings from five case study organizations:

- Gary and Mary West PACE
- Avel eCARE Senior Care (formerly Avera eCare Senior Care)
- Landmark Health
- Geisinger Health
- Medically Home

Step 3. Identified action steps health care leaders and policymakers can take to close gaps in access and equity, based on lessons learned from our case studies of patient priorities and concerns, as well as policy activities this past year.

Our Research Findings

Our **grey literature, public opinion, and academic research** yielded the following insights on virtual care usage among older adults throughout the pandemic:

Pre-Pandemic

- ★ Older adults faced barriers in accessing health care, yet few virtual care options existed.
- ★ Medicare reimbursement for telehealth was largely restricted to rural areas.
- ★ Only 0.1% of Medicare primary care visits provided via telehealth.

Pandemic Year 1

- ★ COVID-19 brought a surge in telehealth usage among older adults.
- ★ Usage varied by age group, geographic location, race and ethnicity, and income.
- ★ Variation in usage patterns among older adults reflected existing health disparities.

Pandemic Year 2

- ★ Older adults are more comfortable with virtual care one year later but prefer a blended care model.
- ★ Some are only able to participate via phone due to technology access barriers.
- ★ There has been an increase in concerns about privacy with virtual care among older adults.

Our Research Findings

Our **national survey and focus groups** yielded the following insights on virtual care usage among older adults throughout the pandemic:

Consistent Trends Throughout the Pandemic

- ★ Overall, older adults who have participated in virtual care enjoy their experience.
- ★ Barriers with internet and technology as well as concerns about quality assessments and personalization continue.

Emerging Trends in the Last 12 Months

- ★ As more older adults use virtual care two years into the pandemic, there is growing concern around two aspects of privacy:
  - ○ Data privacy through various technology platforms
  - ○ Privacy of physical location for patients and providers
- ★ Older adult age differences play a large role in the type of providers seen through virtual care and post pandemic utilization.
- ★ Older adults continue to like the option of a combination of virtual and in person visits that meets their unique needs.

Older Adults Continue to Face Barriers and Concerns with Virtual Care

Comfort Using Technology and Digital Literacy	• Lack of comfort or unfamiliarity with technology including computers, tablets, and remote monitoring devices • Lack of comfort or unfamiliarity with online platforms including downloading software and online forums
Quality and Personalization	• Concerned there will not be a personal connection to a provider via virtual care • Concerned their unique health care needs will not be met
Accurate Assessment	• Concerned their provider would miss something in an exam • Concerned their provider could not conduct a thorough physical exam
Reliable and Accessible Internet	• Limited, inconsistent, or no access to internet service
Health Data Privacy	• Concerned about health data privacy through technology and applications • Concerned their provider is not in a private location during the visit

Case Studies Overview

- Two years into the pandemic, the case studies in this playbook illustrate how healthcare organizations have **recognized the value of using virtual care** to help meet their patients' care needs.
- Healthcare organizations have embedded virtual care into their practices through a **blended model of virtual care and in-person care**, and continue to find **innovative ways to address barriers** patients face to accessing virtual care.
- For this playbook, we conducted case study interviews with **five unique healthcare organizations** that provide virtual care to older adults:

Gary and Mary westpace	AVEL eCare SENIOR CARE	Landmark	Geisinger	Medically Home
A Program for All-inclusive Care for the Elderly	A Full-Service Virtual Care Program for Seniors	Longitudinal In-home Geriatric Primary Care, Behavioral Health, and Urgent Care	A Large Hospital and Clinic System	An Acute Care Hospital-at-home Service

Key Learnings from Case Studies

- **Maintain a blended care model.** Blended or hybrid models allow flexibility for the provider, the patient, and the caregiver, as well as increasing access to care.
- **Train providers on virtual care.** Training all staff on virtual care practices and procedures and will minimize inconsistency among staff and improve communication with patients and families.
- **Virtual care is enhanced with a caregiver's presence.** The convenience of a virtual care visit allows for more caregivers to be present, which leads to better continuity of care, eases burdens on the patients and their families, and opens lines of communication between providers, patients, and families.
- **Strengthen and integrate data collection processes.** Data collection and analysis, especially integrated with EMR systems, will be a key component of demonstrating the efficacy of virtual care models.
- **Use tele-presenters to facilitate virtual care.** Utilizing tele-presenters supports patients' comfort with the experience of a virtual visit.
- **Audio-only care mitigates barriers.** Audio-only virtual care visits are a solution to reaching patients who face challenges with digital literacy and reliable internet.
- **Expand virtual care by adding new speciality areas.** There is increased demand for virtual care in many specialty areas, and expanding into new service areas is a promising way to scale virtual care programs.

Recommendations for Policy Action Emphasize the Importance of Blended Care

USofCare and West Health surveyed the virtual care policy landscape over the past year and recommend the following policy actions, with an emphasis on the importance of providing care to older adults **via the most appropriate care modality.**

If implemented when and where clinically appropriate, these recommendations can reduce gaps in virtual care access and help build better, more equitable health care for older adults beyond the COVID-19 pandemic.

Our recommendations highlight key themes to ensure appropriate care is delivered in the right setting at the right time

- ★ Invest in **value-based payment models** that prioritize improved health outcomes while containing cost
- ★ Remove **geographic and originating site restrictions**
- ★ Meet individuals where they are by **providing flexible care** through video, audio-only, and/or with assistance from trained professionals
- ★ Promote data collection and measurement activities that **take into account existing disparities** in analyses of cost, quality, and virtual care outcomes

Recommendations for Policy Action
Emphasize the Importance of Blended Care

- **Within a value-based payment model, offer a mix of in-person and virtual care (video, asynchronous, telephonic, and remote monitoring).** When clinically appropriate, older adults should have the flexibility to choose whether to receive in-person or virtual care.
- **Remove geographic and originating site restrictions for virtual care visits.** Providers should have the flexibility to offer virtual care via video or audio-only technology to meet the needs of the visit without any geographic barriers for the provider or patient when clinically appropriate and while ensuring care is necessary and not additive.
- **For individuals with complex needs, identify additional support to enable virtual care.** This could include making an audio-only option available, using tele-presenters to facilitate patient access to virtual care platforms, and incorporating strategies for patient-centered health care.
- **Research the quality, cost, and equity implications of virtual care models compared to and/or in addition to in-person care, for different populations and geographies.** Consider lessons learned from value-based payment models when developing reimbursement models for virtual care services for older adults under a fee-for-service structure. Ensure to account for existing disparities in data collection and measurement activities.

Insights for Health Care Providers

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In this section, we **outline key insights for health care providers** based on our case studies:

- **Adopt a value-based payment model.** Value-based payment models, which reward providers based on patient health outcomes achieved rather than the number of services provided, offer maximum flexibility to provide virtual care services to your older adult population.
- **Identify which older adults will benefit from virtual care.** Virtual care can increase access to care for older adults who previously faced barriers, though some patients in certain circumstances, an in-person visit may be the best course of care.
- **Consider including a tele-presenter as part of the care team.** A tele-presenter from the provider team can help facilitate the virtual visit from the patient's location when needed. The tele-presenter can bring appropriate technology (such as an internet enabled tablet) and assist in facilitating the assessment of the patient.
- **Educate patients and providers on virtual care services.** Create opportunities to talk with patients and caregivers about how virtual care will meet their care needs. Imbed virtual care protocols into training programs for all staff -- including those providing virtual care services, in-person services, and administrative staff – to decrease confusion and increase comfort with technology and its role in a patient's care plan.

Insights for Health Care Providers

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In this section, we **outline key insights for health care providers** based on our case studies:

- **Participate in nuanced training on each virtual care modality.** Allowing for flexibility in the modality of virtual care–video vs. audio-only–can mitigate barriers to patient access. To ensure high-quality and personalized care across modalities, providers should take advantage of virtual care training that is tailored to the appropriate modality.
- **Include caregivers and family members in care delivery planning.** Virtual care can create opportunities for informal caregivers and family members to be included in patient care and to engage in shared decision-making, given prior consent from the patient. Using virtual care platforms that allow for conference calls can alleviate burdens on caregivers and family members and increase patient satisfaction.
- **Expand research and data collection.** Build data collection and documentation protocols into provider workflow to help measure and track outcomes that can be used to determine effectiveness of virtual care services. Support streamline processes to integrate data collection with EMR systems.
- **Create transparency for a successful blended care model.** Communicate clearly with patients which types of services can be conducted virtually vs. in-person and why. Transparency about blended care decisions builds trust in patients that they are receiving the highest quality of care.

Our Conclusions

In the early days of the COVID-19 pandemic...

Virtual care expanded rapidly, demonstrating its potential to improve care, increase access and address long-standing inequities

Two years into the pandemic...

People continue to use virtual care to access the care they need while providers are finding new ways to address barriers older adults face in using virtual care

Planning beyond the pandemic...

While further research is needed to fully understand its long-term impact on care delivery to older adults, we've concluded:

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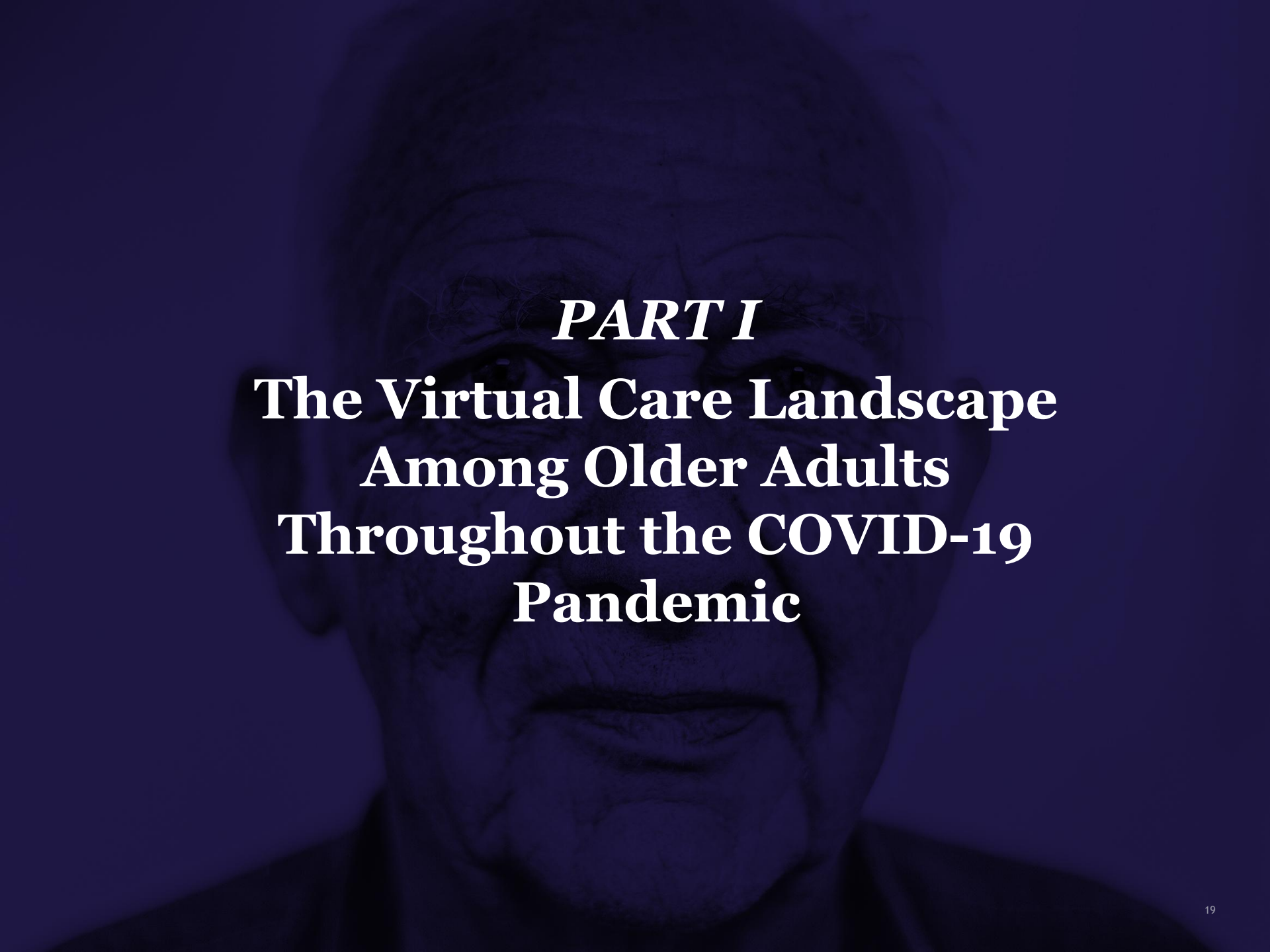
- **Virtual care is not a stand-alone solution or a replacement for in-person care for older adults.**
- **Health care providers and policymakers should create a blend of virtual and in-person care by:**
  - **Identifying virtual care best practices, and then,**
  - **Expanding on them as part of a combined care approach.**



PART I
The Virtual Care Landscape Among Older Adults Throughout the COVID-19 Pandemic

Overview

Prior to 2020, there was scant research on telehealth and older adult in forms of studies and surveys. Since then, data has been collected by numerous organizations, including CMS and targeted surveys have examined the virtual care landscape with a lens on older adults.

The following section highlights some of the findings from public opinion, grey literature, and academic research on virtual care usage among older adults from November 2021 to February 2022.

1. **Virtual Care Use Before and Throughout the Pandemic**
2. **Demographics and Types of Virtual Care Services Used**
3. **The Technology and Internet Landscape**
4. **Summary of Key Findings of the Virtual Care Landscape**

Older Adults' Use of Virtual Care *Before* the Pandemic

- Prior to the pandemic, older adults faced barriers to accessing health care, including poor communication with providers and caregivers, increasing cost of medical services, transportation, and street safety.
- Medicare telehealth services were authorized in 1997 and implemented in 2001 under the Medicare statute.[1] Medicare reimbursement for telehealth was extremely limited and was restricted to "designated rural communities."
- In 2012, CMS expanded telehealth's territory beyond rural communities by retitling it "virtual health." However, reimbursement levels set by CMS were so low that providers were disincentivized from utilizing it.
- Prior to the COVID-19 public health emergency, **only .1% of Medicare primary care visits were provided by telehealth.**

Older Adults' Virtual Care Utilization at the *Start* of the Pandemic

At the start of the pandemic, telehealth expanded rapidly:

- In just 5 months, over 12.1 million Medicare beneficiaries, that is – over 36% of people with Medicare fee-for-service – had received telemedicine services.[2]
- More than a third (**36%**) of adults aged 66 and under engaged in video calls, while adults aged 75+ were more likely to engage in telephone calls only in telehealth encounters.[3]
- 15% of Medicare beneficiaries would "not have sought care at all" if they did not have access to telehealth – almost twice the rate of individuals with employer insurance (8%).[4]

Older Adults' Virtual Care Utilization as the Pandemic Continues

Generational Differences in Use of Virtual Care

- In a 2021 study done by the Advisory Board looking more closely at the generational comparisons of telehealth use, Baby Boomers had the largest increase in telehealth visits during the pandemic (**9%** before and **23%** during) compared to all other generations.[5]
- The same Advisory Board study found that **67%** of Baby Boomers and **69%** of the Silent Generation said they would be more open to a telehealth appointment if they had to wait 1 week or more for an in-person visit compared to **48%** of the Gen-Z generation.[5]

Generation	Age group
Silent Generation	75-93
Baby Boomers	56-74
Gen X	40-55
Millennials	24-39
Gen Z	18-23

Older Adults' Mode of Telehealth Usage Varies by Age and Income

Older adults access virtual care through either audio-only (telephone) or video. The mode of usage varies by age group, and lack of internet access–a barrier to using video for virtual care visits. Individuals with lower income are more likely to lack internet access.

Mode of Usage

Telephone vs. video

- Adults aged 75+ engaged in telephone calls only for virtual care encounters (11%) vs. those under 65 (8%).[3]
- Among adults aged 65+, **47%** use audio-only telehealth compared to the **44%** who aged use video telehealth.[4]

Income level

- Individuals with income <$27,000 less likely to use the internet (55%) compared to individuals making $60,000+ (16%).[6]

The Digital Divide by Geographic Area

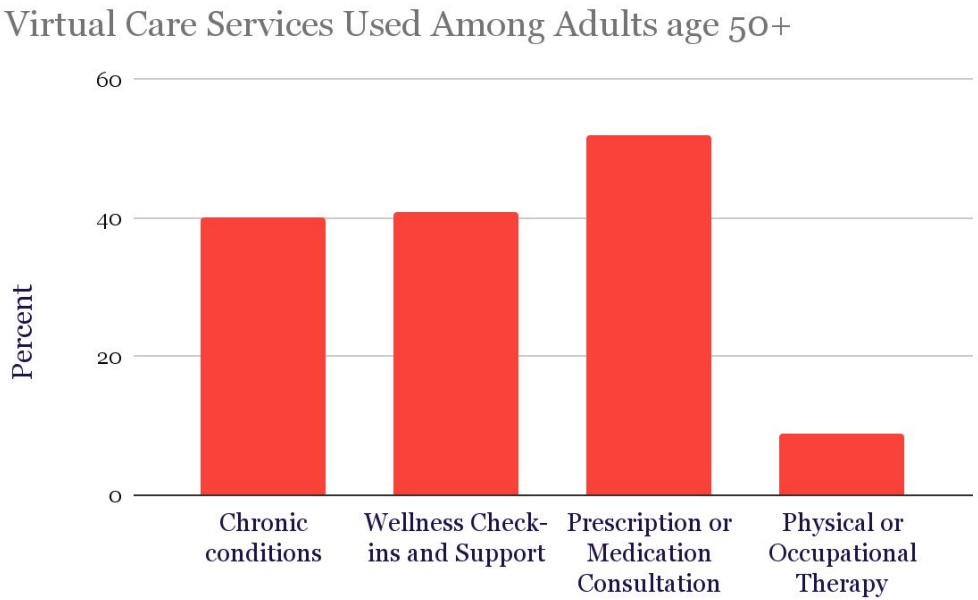
A study of older adults and virtual done by the University of Michigan in 2021 found that **34%** of rural [Medicare] residents were telehealth users vs. **47%** of those in non-rural zip codes.[7] The table below highlights studies from AARP, Pew Research Center and KFF on geographic differences of digital use for virtual care.

	Geographic Location		
	Rural	**Urban**	**Suburban**
Internet Availability	**58%** of older adults that lived in **rural** communities said that access to high speed internet was an issue.[8]	**34%** of older adults that lived in **urban** communities said that access to high speed internet was an issue.[8]	**34%** of older adults that lived in **suburban** communities said that access to high speed internet was an issue.[8]
	Pew Research Center found that rural Americans are **12%** less likely to have broadband at home compared to urban and suburban Americans.[9]		
Modality used for virtual care	**30%** of rural adults said they would "video chat with a doctor" if they knew how.[8]	**17%** of urban adults said they would "video chat with a doctor" if they knew how.[8]	**18%** of suburban adults said they would "video chat with a doctor" if they knew how.[8]
	37% used a smartphone to video chat with a medical professional.[8]	**39%** used a smartphone to video chat with a medical professional.[8]	**48%** used a smartphone to video chat with a medical professional.[8]
	65% of rural respondents reported they had accessed telehealth via telephone vs. **54%** of urban respondents.[10]		

Virtual Services Accessed by Older Adults

In a national poll conducted by the American Psychiatric Association in April of 2021, **36% of adults aged 65+** stated they would use telehealth services for mental health vs. **66%** of adults 18 to 29.[13]

In November 2021, AP-NORC conducted a study among adults aged 50+ where they examined the use of the following services through telehealth since March 2020[14]:

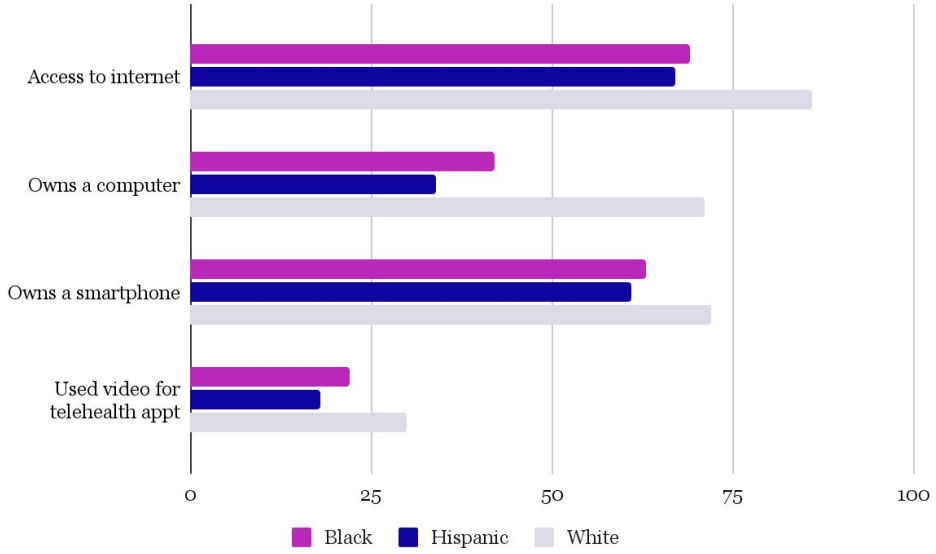


Black and Hispanic Older Adults Using More Telehealth Overall, but Less via Video

Race/ethnicity

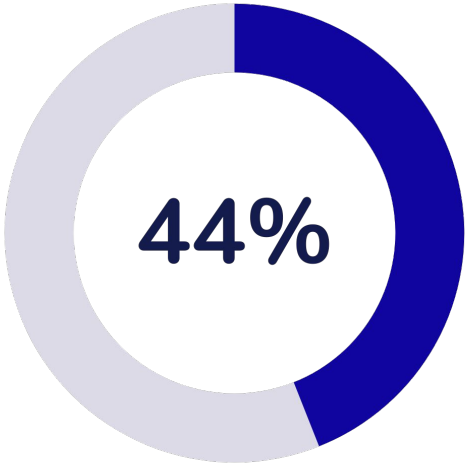
- In a 2021 KFF study on Medicare and Telehealth, **52%** of Black and Hispanic medicare beneficiaries utilized telehealth services vs. **43%** of white beneficiaries,[10] and in a similar study, Black patients were also more likely to access primary care via telemedicine vs. White patients.[12]

- In the same KFF Medicare and Telehealth study, they found differences in technology use among older adults by race and ethnicity:

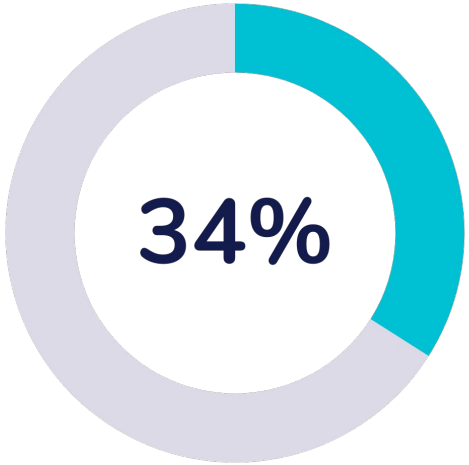


Older Adults' Concerns about Internet Privacy

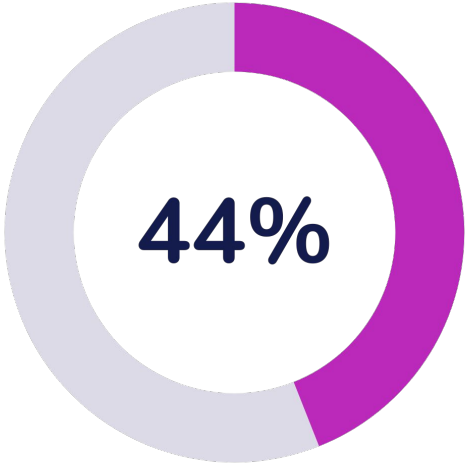
Older adults report concerns about privacy regarding general internet and technology usage:



44% of adults are concerned about their privacy online.[15]



34% of adults older than 50 cited privacy as a reason for not utilizing technology.[16]



44% of adults older than 50 stated they were not confident their online actions would stay private.[16]

Summary of Research Findings

The use of virtual care among older adults has evolved dramatically over the course of the last two years. Our **grey literature, public opinion, and academic research** yielded the following insights on virtual care usage among older adults throughout the pandemic:

Pre-Pandemic

- Older adults faced barriers in accessing health care, yet few virtual care options existed.
- Medicare reimbursement for telehealth was largely restricted to rural areas.
- Only 0.1% of Medicare primary care visits provided via telehealth.

Pandemic Year 1

- COVID-19 brought a surge in telehealth usage among older adults.
- Usage varied by age group, geographic location, race and ethnicity, and income.
- Variation in usage patterns among older adults reflected existing health disparities.

Pandemic Year 2

- Older adults are more comfortable with virtual care one year later but prefer a blended care model.
- Some are only able to participate via phone due to technology access barriers.
- There has been an increase in concerns about privacy with virtual care among older adults.

PART II

Two Years Into the Pandemic: Continuing to Listen to Older Adults to Drive Meaningful Change

Overview: Our Research Findings

In the year since the publication of the first playbook, the virtual care landscape for older adults has continued to evolve. To develop further understanding of the older adult sentiment regarding virtual care, we collected data on how older adults view virtual care and whether gaps and barriers still persisted. We also assessed whether the new data impacted our existing policy recommendations that aim to close the gap in access for older adults who wish to participate in virtual care and are not able to. Between **February-March 2022, we conducted mixed-method research** on virtual care usage among older adults through a national survey and three focus groups. In the following section we will cover:

1. **Research Methodology: National Polls and Focus Groups**
2. **Highlights from the field**
3. **Findings from the National Poll and Focus Groups**
4. **Summary of Research Findings**

National Poll and Focus Groups
February - March 2022

Two years into the pandemic, **older adults still use virtual care** as a tool to access care. To better understand how virtual care does and does not meet their needs, we asked older adults about the following:

- ★ Is virtual care improving their access to care and meeting their needs?
- ★ Who is virtual care *not* working for and why?

Methods

- ★ West Health and United States of Care in partnership with Brandata, conducted a nationwide poll, from February 4-10, 2022 obtaining a **total sample of 1082** older adult participants age 50+.
- ★ For this survey, rural, low-income, and populations of color that met the age criteria were sampled more frequently (oversampled), as these groups have face the biggest challenges accessing virtual care over the last year.
- ★ The sample carried a 2% margin of error at a 90% confidence interval.
- ★ Following the poll, focus groups including older adults 50+ were conducted between March 7-10, 2022.

Highlights from the Field: PATIENT SATISFACTION

We have seen consistent trends in patient satisfaction with virtual care throughout the pandemic:

- ★ **Older adults continue to use virtual care at an increased rate as the pandemic continues**
- ★ **<u>For those who've used virtual care, the majority:</u>**
  - Like it
  - Find it safer and more convenient than in-person visits
  - Report that it saves time and fits into schedule
- ★ **Older adults continue to like the option of a combination of virtual and in person visits that meets their unique needs post pandemic**

"I like [virtual care] because I didn't have to get up and go out because I just had knee surgery."

~ 71 year old African American female living in a rural community

Highlights from the Field: BARRIERS and CONCERNS

Generally, older adults have liked their virtual care experience but there are still some looming barriers and concerns among older adults. In particular, our research revealed new **concerns around privacy** as a barrier to virtual care use.

★ **Barriers and Concerns with virtual care use**
- Data privacy
- Comfort using technology
- Internet access
- Quality of care and personalization
- Accuracy in assessments and diagnosis

★ **Population-specific considerations**
- Rural communities
- Individuals with disabilities
- Low-income individuals and families

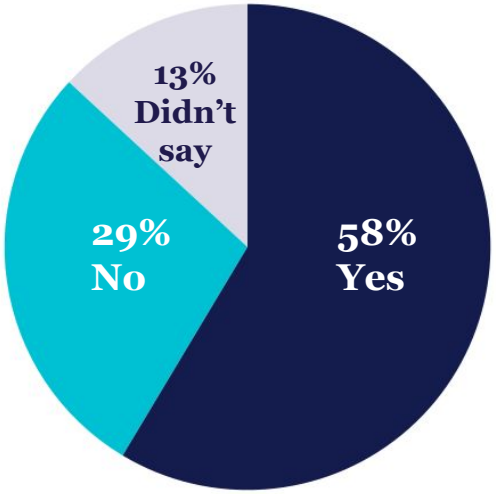
"So I work with seniors, and during COVID a lot of them had to go to virtual care. So they would utilize my phone or my computer at work to do it because they don't have that. Even one of my coworkers I had to do it for her because she's not used to using this all the time. So the age difference, it's a big thing. A lot of our seniors are having to get used to carrying this little computer in their back pocket. And we don't have good access to the internet"

~ 39 year old White female living in a rural community

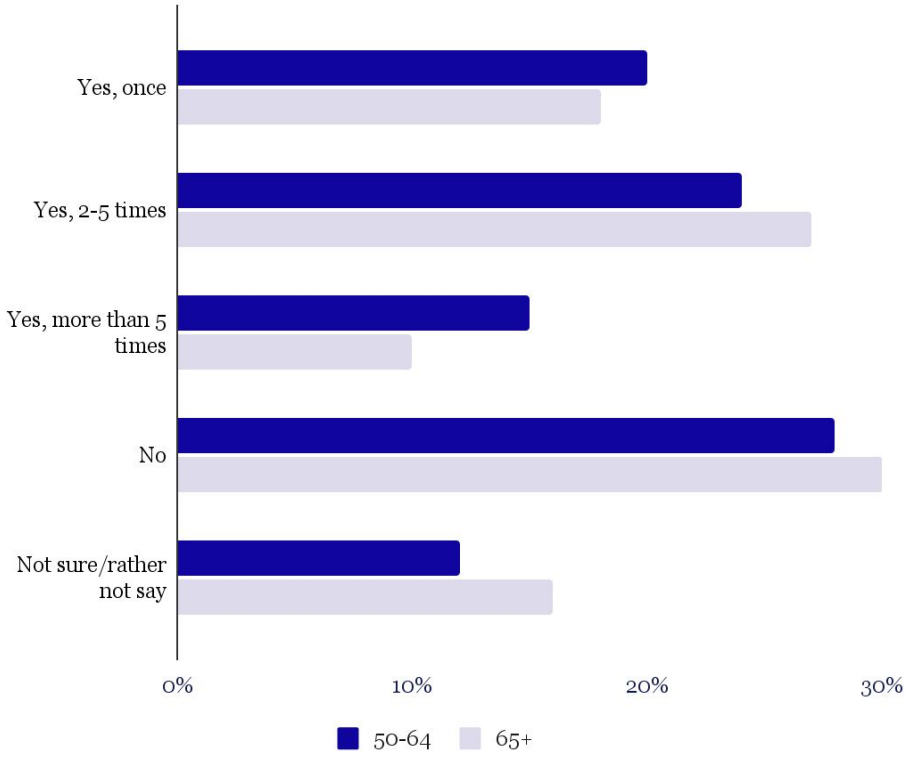
Virtual Care Utilization

Throughout the pandemic, the rates of virtual care use among this sample of older adults has held steady. A majority of those using virtual care have done so **two times or more** since the start of the pandemic.

Q: "Have you ever received virtual care services (i.e., attended a healthcare appointment online, over the phone, or through an app or remote monitoring device) with a doctor, nurse or other healthcare provider?" (n = 1082)



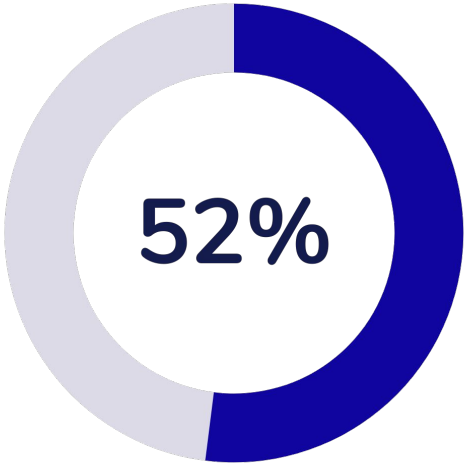
West Health/USofCare National Poll of Older Adults and Virtual Care
February 2022 total sample N=1082



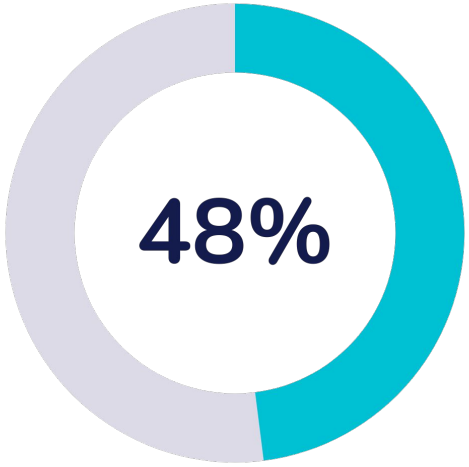
Satisfaction with Virtual Care

Trends in satisfaction with virtual care have remained steady throughout the pandemic. Most older adults who have participated in virtual care liked the convenience of not having to leave home, being able to avoid crowds, and had more options that fit into their schedules.

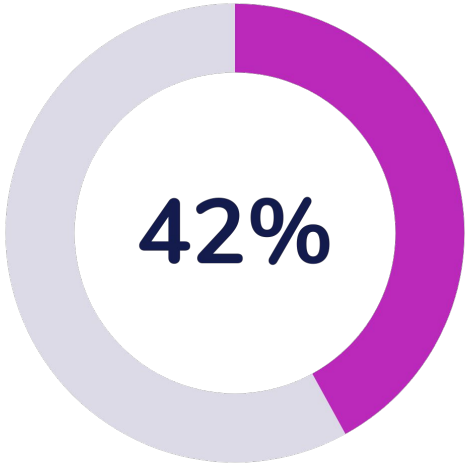
Q: What did you like most about your virtual care experience?



Didn't have to leave home



Safer, avoiding crowds, COVID-19 and other viruses



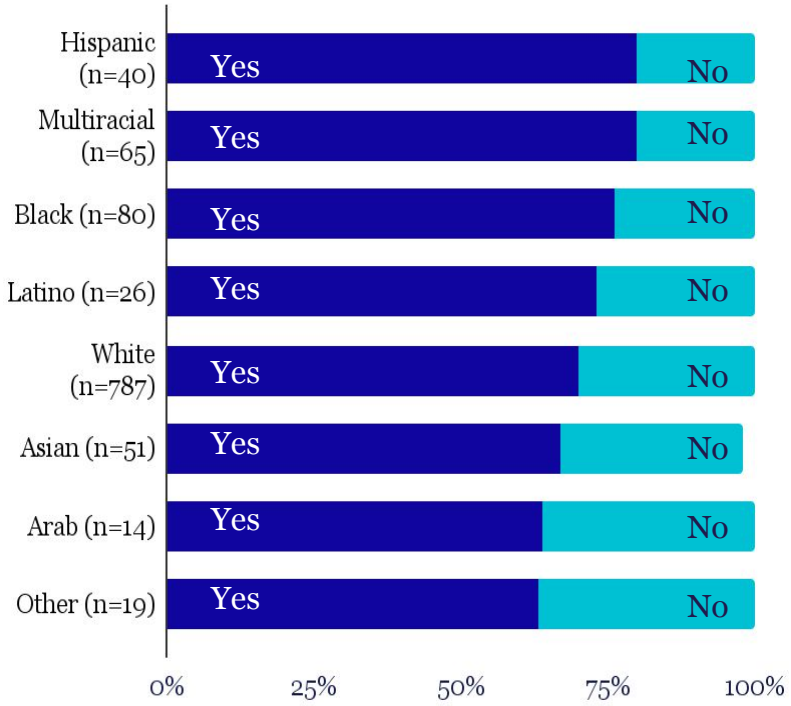
More convenient to fit into schedule

West Health/USofCare National Poll of Older Adults and Virtual Care February 2022
participants who have used virtual care N=626

Virtual Care Use by Race/Ethnicity

Looking at the race/ethnicity composition of our sample, a greater proportion of older adults that have used virtual care is seen among Hispanic, Black, and multiracial groups than Latino, White, Asian, Arab or individuals that identified as other.

Q: "Have you ever received virtual care services (i.e., attended a healthcare appointment online, over the phone, or through an app or remote monitoring device) with a doctor, nurse or other healthcare provider?" (n = 1082)

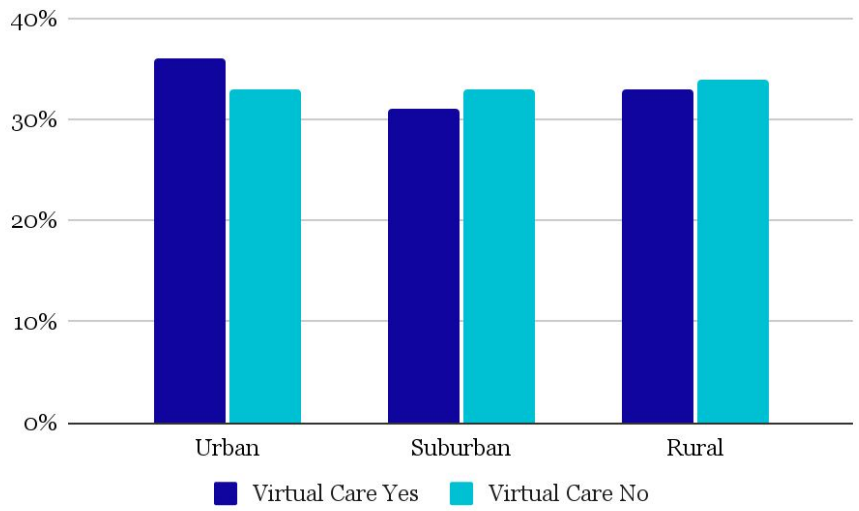


West Health/USofCare National Poll of Older Adults and Virtual Care February 2022
total sample N=1082

Virtual Care Use by Living Location

Our national poll findings where we oversampled rural populations match what we've been hearing in the research: **more older adults in living urban** areas have used virtual care since the start of the pandemic compared to suburban and rural respondents.

Q: *"Have you ever received virtual care services (i.e., attended a healthcare appointment online, over the phone, or through an app or remote monitoring device) with a doctor, nurse or other healthcare provider?" (n = 1082)*

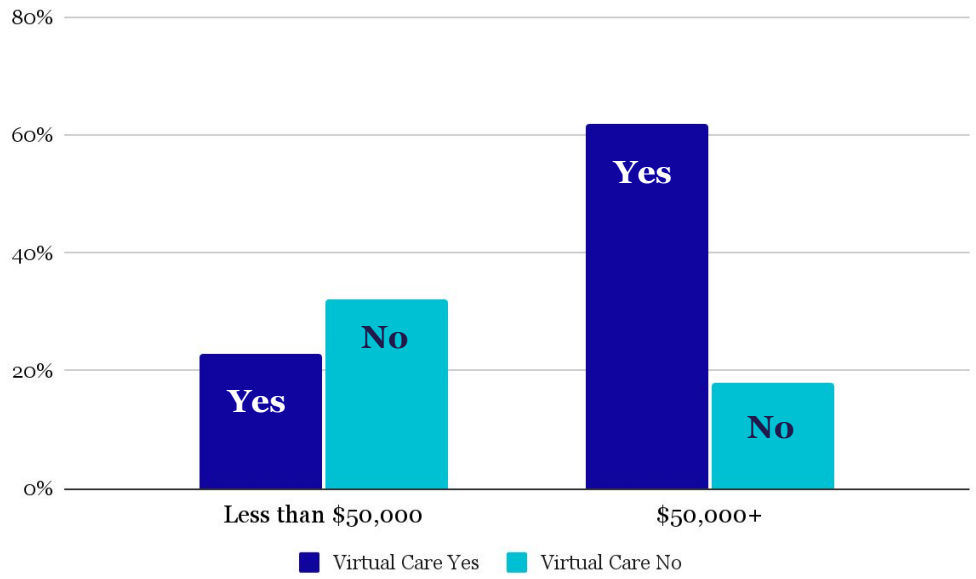


West Health/USofCare National Poll of Older Adults and Virtual Care February 2022 total sample N=1082

Virtual Care Utilization and Income

Consistent with existing research on income status and virtual care utilization, older adults that have an annual income of less than $50,000 use virtual care much less often than those that make over $50,000.

Q: "Have you ever received virtual care services (i.e., attended a healthcare appointment online, over the phone, or through an app or remote monitoring device) with a doctor, nurse or other healthcare provider?" (n = 1082)

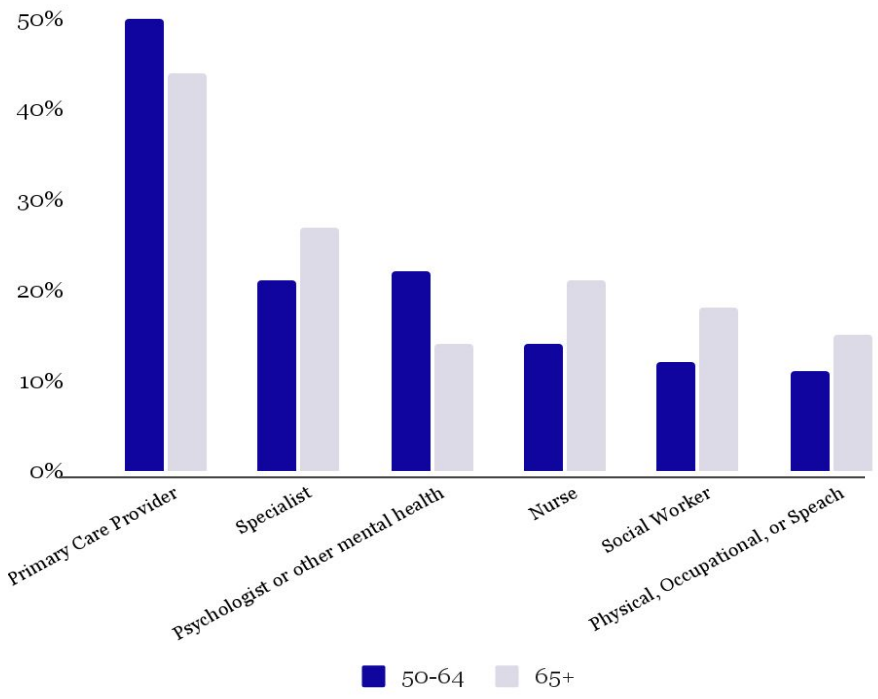


West Health/USofCare National Poll of Older Adults and Virtual Care February 2022
participants who have used virtual care N=626

Older Adults' Providers for Virtual Care

Our poll found that most older adults' virtual care visits occurred mostly with their **primary care provider.** However, we found differences between age groups when it comes to which providers older adults saw virtually. Second to primary care, adults aged **50-64 sought mental health professionals** more often and adults **65+ saw a specialist, nurse, social worker, or therapist** more often through virtual care.

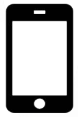
Q: *"Who provided your virtual care appointment(s)?" (n = 626)*



West Health/USofCare National Poll of Older Adults and Virtual Care February 2022
participants who have used virtual care N=626

Across all of the findings, a majority of older adults who participated in virtual care like their experience. However, **barriers and concerns** that have impacted older adults' utilization of virtual care include:

Health Data Privacy



Comfort with technology

Reliable and accessible internet

Quality and personalization

Accurate assessment

Our research shows that the barriers and concerns that have impacted older adults' utilization have largely held steady over the last two years. Key barriers and concerns that have been consistent over time are comfort levels with technology, having reliable internet, concerns around the quality of care they receive virtually and the provider getting an accurate assessment of their health issue. **An emerging trend in the last year is increasing concern around the privacy of health data** with the integration of various technology modalities used for virtual care.

Barriers: Internet and Technology

Reliable and accessible internet

Comfort with technology

A number of older adults do not have or are not comfortable with various forms of technology. Similarly and more prominent in rural areas are issues with accessing reliable internet services for their virtual care visits.

17% said they didn't like their virtual care experience because they **couldn't get the internet or technology to work.**

West Health/USofCare National Poll of Older Adults and Virtual Care February 2022
participants who have used virtual care N=626

"Tablets, computers, internet, anything like that you can forget that, most of the people don't have it, and the only way the ones that do have it is through their kids."
~ 67 year old African American female living in a rural community

"The only problem that I had [with virtual care] was the internet service. The Internet service works but sometimes I can talk and all of a sudden it goes out, then we have to keep calling each other back. That's the only thing I didn't like about virtual [care]. You gotta have a good internet."
~71 African American female living in a rural community

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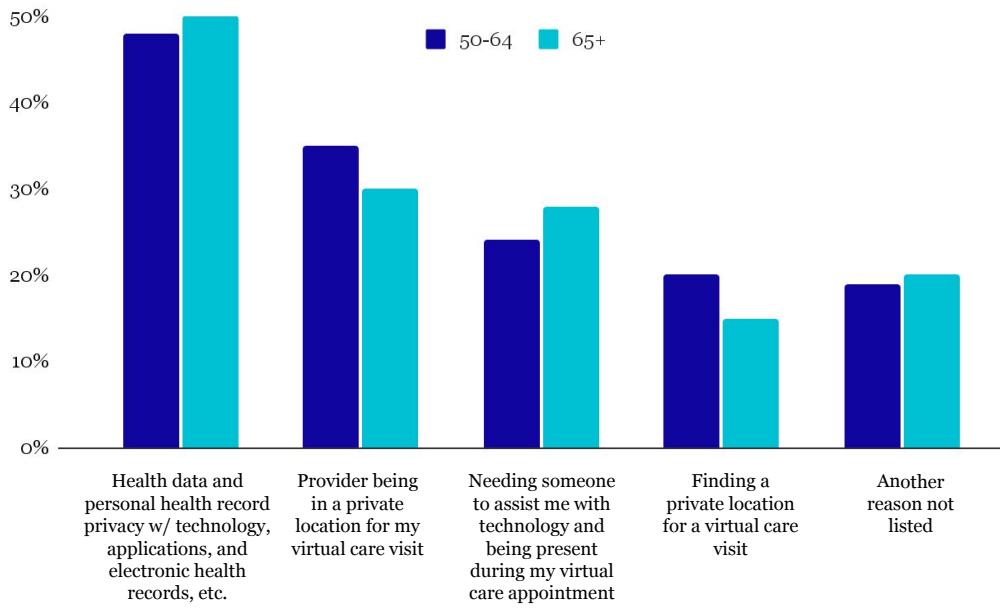
Concerns: Privacy

Health Data Privacy

An increasing concern among older adults who **had not participated in virtual care** in this playbook and other studies,[16] was around the privacy of their health data and integration with electronic medical records. The second leading concern was that the provider could not be in a private location for the visit, followed by needing assistance from another person – hindering privacy. Some of these concerns are felt slightly more among adults 65+.

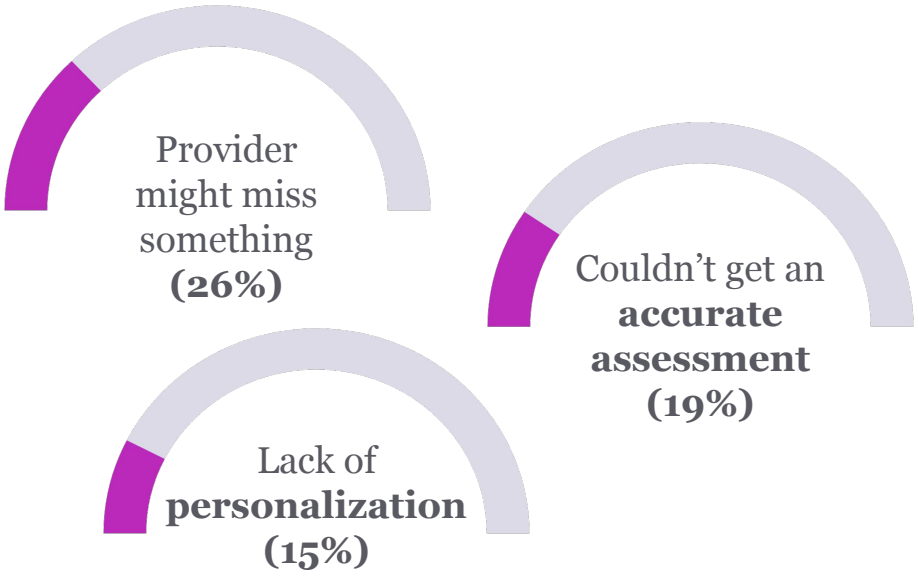


West Health/USofCare National Poll of Older Adults and Virtual Care February 2022
participants that had not used virtual care N=456

Concerns: Accurate Diagnosis, Assessment, and Personalization

Quality and personalization

Accurate assessment



"There's nothing better than looking eye to eye at somebody. You can feel the pressure over the phone, but it's not, like when you're in an office, it's just different, a personal visit. You know, it's different. They are looking at you they can see stuff, you know, that you can't see over the phone."

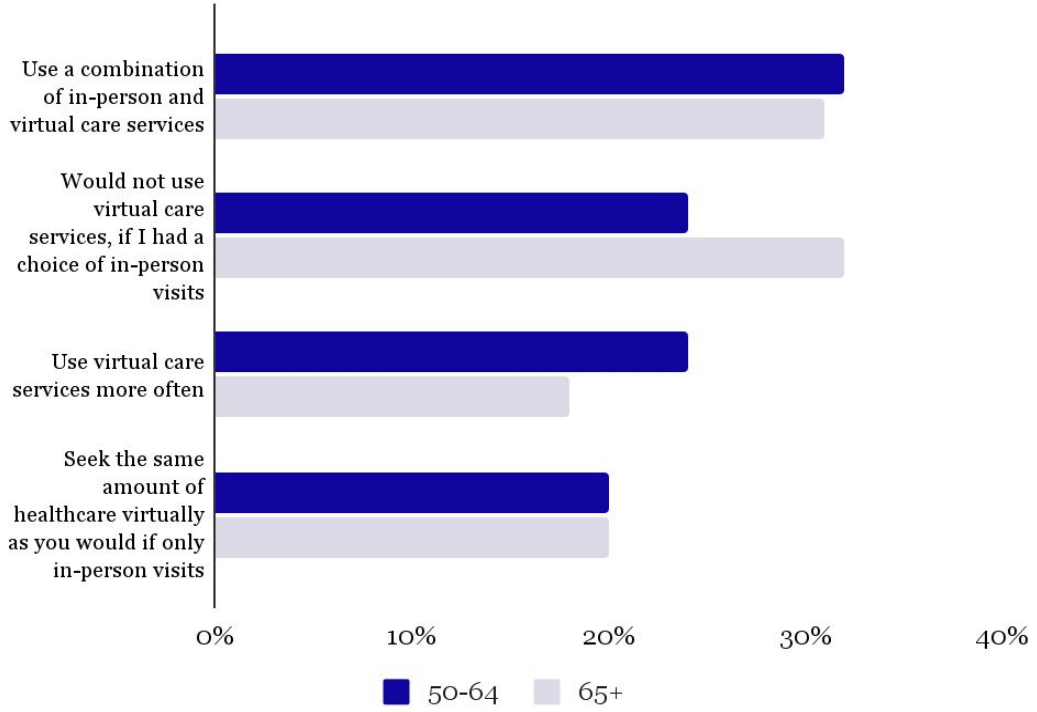
~ 72 African American male living in a rural community

West Health/USofCare National Poll of Older Adults and Virtual Care February 2022
participants who have used virtual care N=626

Post Pandemic Utilization

About a third of older adults aged 50-64 and 65+ say they would use a combination of in-person and virtual care services–a blended care model–after the pandemic. However, despite older adults having to pivot to virtual care and liking it overall, **about a third (32%) of older adults age 65+ say that they would <u>not</u> continue use virtual care services** after the pandemic if they had a choice of in-person visits. On the contrary, **about a quarter (24%) of respondents age 50 - 64** said that they would **use virtual care more often** to seek healthcare services if given a choice between in-person visit.

***Q**: "If your provider continues to offer virtual care services and in-person healthcare visits after the pandemic, would you:" (n = 1082)*



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West Health/USofCare National Poll of Older Adults and Virtual Care February 2022
total sample N=1082

Summary of Research Findings

The use of virtual care among older adults has increased significantly over the the last two years often through necessity. Our **national survey and focus groups** yielded the following insights on virtual care usage among older adults throughout the pandemic:

Consistent Trends Throughout the Pandemic

- ★ Overall, older adults who have participated in virtual care enjoy their experience.
- ★ Barriers with internet and technology and concerns of quality assessments and personalization continue.

Emerging Trends in the Last 12 Months

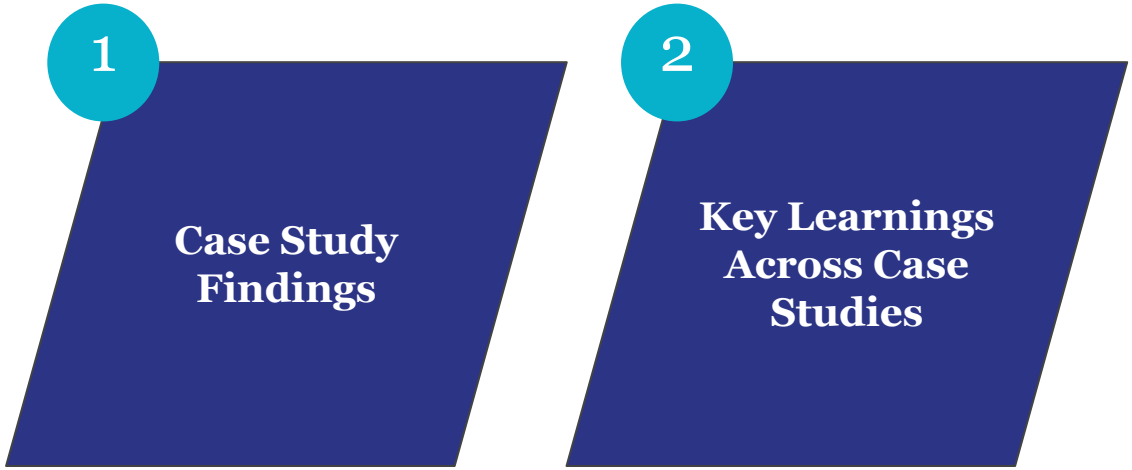
- ★ As more older adults use virtual care two years into the pandemic, there is growing concern around two aspects of privacy:
  - ○ Data privacy through various technology platforms
  - ○ Privacy of physical location for patients and providers
- ★ Older adult age differences play a large role in the type of providers seen through virtual care and post pandemic utilization.
- ★ Older adults continue to like the option of a combination of virtual and in person visits that meets their unique needs.

PART III
Case Studies: Organizations with Successful Use of Virtual Care for Older Adults

Overview: Case Studies

Between January-February 2022, we conducted **interviews with five organizations** that use innovative virtual care models to reach older adults. These organizations vary by care settings, geographic location served, and level of patient care needed, among other factors.

Our case studies and key insights are organized as follows:



Geisinger | Medically Home | Gary and Mary West PACE | AVEL eCare SENIOR CARE | Landmark

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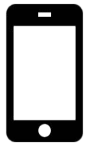
Guide to Barrier Icons

In each case study, we provide an **overview of each virtual care model and its key features**. We also discuss the solutions that each organization has developed to address **key barriers that patients face to using virtual care.** Throughout this section, look for the following icons that represent each of the four barriers:



Comfort using technology and digital literacy

Reliable and accessible internet

Quality and personalization

Accurate assessment

Case Studies: At a Glance

	Geisinger	Medically Home	West PACE	Avel eCare Senior Care	Landmark
Patients	General population	High acuity patients; average age is 81 years	Nursing home eligible older adults aged 55+	Older adults (primarily on Medicare) in skilled nursing facilities and senior housing	Seniors with multiple chronic conditions
Model of Care	Fully integrated health system, including 9 hospitals and multiple clinical facilities	"Hospital-at-home" model that delivers hospital-level care to high-acuity patients in the home	Comprehensive, fully integrated, provider-based health plan	Full-service virtual care program	Longitudinal in-home geriatric primary care, behavioral health, and urgent care
Location(s)	45 counties in central and northeastern Pennsylvania, 31 of which are a part of Appalachia	Operates in 9 states, with an additional 9 states expected to launch in 2022	Northern San Diego, California	Operates in 35 states overall, with senior care in 16 of those states. Significant reach in rural areas.	Operates across 21 states
Virtual Care Approach	**Hybrid: In-Person and Virtual Care** Geisinger at Home (video, audio, and remote monitoring) and On Demand Virtual Care	**Hybrid: In-Person and Virtual Care** Multi-path redundancy model for patients to communicate with Command Center clinicians and remote monitoring capabilities	**Hybrid: In-Person and Virtual Care** E-consults, digital relationships platform, virtual artificial intelligence platform, tele-psych, audio-only	**Virtual Care Only** Telemedicine across a wide range of services for seniors	**Hybrid: In-Person and Virtual Care** Blended model with 25% of healthcare visits occurring virtually

Overview

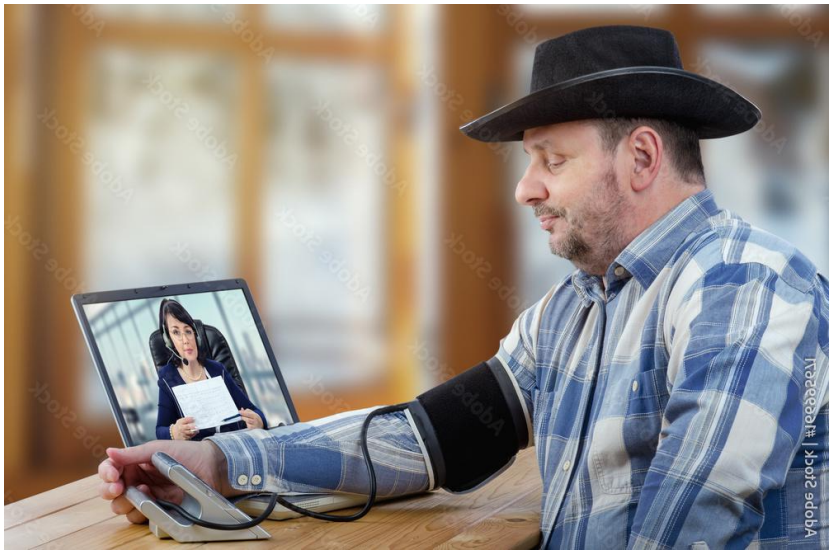
- Geisinger Health System (Geisinger) and its affiliated entities serve 45 predominantly rural counties throughout central and northeastern Pennsylvania, 31 of which are a part of Appalachia.
- Fully integrated health system, including 9 hospitals, multiple clinical facilities, and a 600,000 member health plan
- Provides virtual care services across over 60 specialties
- Conducts an average of 25,000+ virtual care visits per month
- The demographics of the counties Geisinger serves, according to the Center for Rural Pennsylvania, include:
  - About 21% of rural residents were eligible to be enrolled in Medicaid.[17]
  - In 2015, per capita personal income in rural Pennsylvania counties was $40,938, or $12,030 less than in urban Pennsylvania counties.[17]
    - This gap has more than doubled since 1970, when the inflation-adjusted, rural-urban income gap was $5,491.[17]
  - From 2007 to 2017, rural Pennsylvania lost more than 96,100 jobs, while during that same period, urban Pennsylvania gained about 145,200 jobs.[17]

Geisinger

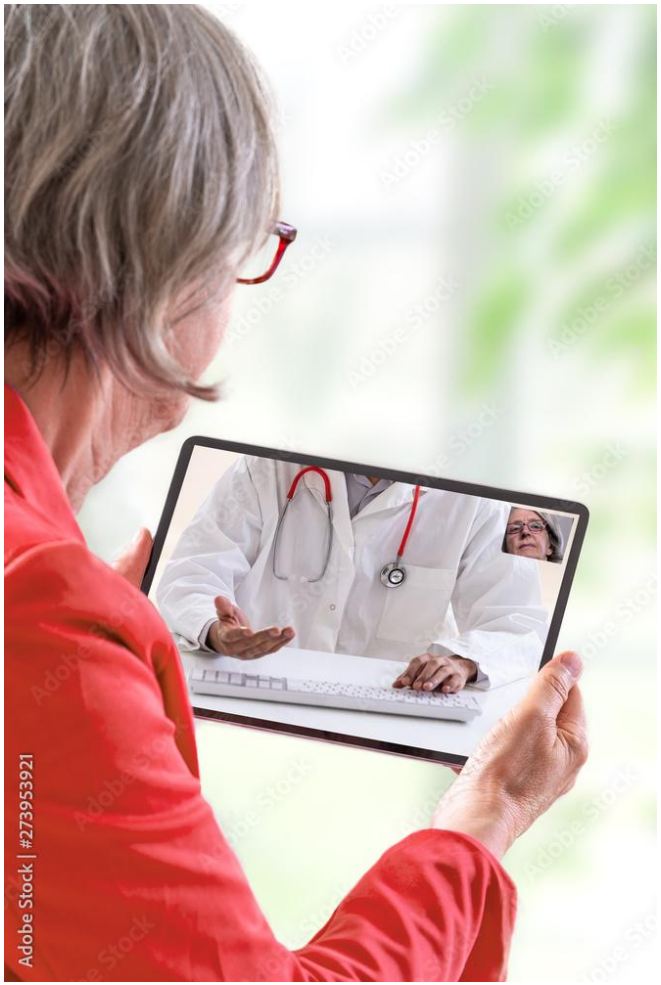
Geisinger offers **multiple virtual care programs and services** to connect patients with providers, for older adults and the general population. Within these programs, 98% of Geisinger's virtual care visits occur with the patient at home.

Geisinger at Home

- Program targeted to Geisinger Gold Medicare Advantage patients
- Nurse or Community Health Assistant (CHA) travels to patient's home to check on medical issues, coordinate social services, and facilitate virtual care visits
- CHAs bring a tablet and WiFi hotspot to the patient home to facilitate a virtual visit with a clinician
- Virtual visits include use of peripherals, including digital stethoscopes, handheld cameras, and otoscopes to use with tablets to obtain important biometric information
- Program is highly scalable and popular with patients and clinicians



Geisinger



On-Demand Virtual Care

- Launched in 2021 to act as a virtual "urgent care" program for Geisinger's general patient population
- Virtual care assistants match patients with Geisinger clinicians to provide same-day virtual care

Community Outreach to Expand Virtual Care Access

- Through grant funding, Geisinger equips some patients with a broadband connection and technology like tablets in their homes, allowing for patients to access virtual care without a nurse or CHA present
- Geisinger has equipped skilled nursing facilities (SNFs)–inpatient treatment and rehabilitation centers staffed by medical professionals–in specific regions with tablets to allow clinicians to conduct virtual care visits with SNF patients

Geisinger

Virtual Care Expansion In Response to Increased Demand

- Geisinger scaled from conducting 800 to 70,000 virtual care visits per month at the onset of the COVID-19 pandemic, eventually leveling out to the current average of approximately 25,000 virtual care visits per month
- In 2021, Geisinger also expanded the number of specialties offering virtual care from 20 to over 60
- To scale virtual care programs, Geisinger developed streamlined training programs for providers, including demonstration videos and online training courses.

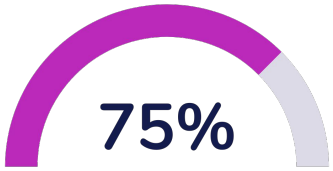
Geisinger scaled from **800** to **70,000** virtual care visits per month at the onset of the COVID-19 pandemic

Geisinger

Data Collection and Outcomes Measures

- Geisinger at Home program demonstrated $2 million in savings in the first year of the program
- Geisinger patients reported high satisfaction with virtual care:

Over 80% of patients aged 65-79 expressed overall satisfaction with virtual care



Over 75% of patients aged 80+ expressed overall satisfaction with virtual care

- Half of Geisinger's patient population had at least one virtual visit by the beginning of 2022
- Patients reported benefits of virtual care including avoiding unnecessary travel and not having to sit in waiting rooms

Geisinger

Geisinger continues to develop **innovative solutions** to **address barriers and challenges** that patients face in accessing virtual care:

Barrier or Concern	Geisinger Health Solution(s)
Comfort Using Technology and Digital Literacy	- Patients receive a link via text or email to easily join the virtual care "room" with one click to see a clinician - Virtual care assistants help with technical troubleshooting
Reliable and Accessible Internet	- Geisinger offers the option for patients without broadband to travel to the closest satellite clinic to their home and conduct a virtual visit with their provider of choice using their local clinic's facilities and technology - Geisinger at Home program provides technology and mobile WiFi to patients - Offers audio-only virtual visits to mitigate disparities in access to technology and broadband
Quality and Personalization	- Focuses on transparent, patient-centered messaging about which types of services can be offered via virtual care and why - For most visits, patients see their regular provider

Geisinger

Access to Virtual Care

- Continue to expand access to virtual care to patients in rural areas, including providing technology and broadband, as additional federal grant programs become available, for patients to use in their homes
- Expand virtual care offerings in SNFs now that many facilities have technology to support it

Programs and Services

- Expand use of telemedicine adoption through patient education and improved patient navigation workflows

Outcomes Data

- Continue to analyze and publish effectiveness and outcomes data regarding use of virtual care across patient populations, specialty services, and virtual care modalities
- Aim to collect data that allows the industry to track downstream effects of virtual care

Medically Home: Background

Overview

- Launched in 2016
- A technology-enabled services company that provides all necessary tools to allow medical providers to offer high acuity care in the home through a "hospital-at-home" model
- Medically Home coordinates patient care using their Cesia Continuum® technology and managed rapid response services, enabling health system partners to build their own hospital-at-home Command Centers
- 1,500+ hospital substitution patients and 1,500+ ED/urgent care substitution patients treated over the last 6 months

Patients

- Predominantly serves elderly population; average patient age is 81 years old for select provider systems
- Patient eligibility criteria includes:
  - Have a qualifying diagnosis, such as heart failure, COPD, or pneumonia
  - Meet criteria for inpatient, hospital-level care
  - Have payer coverage

Programs and Services

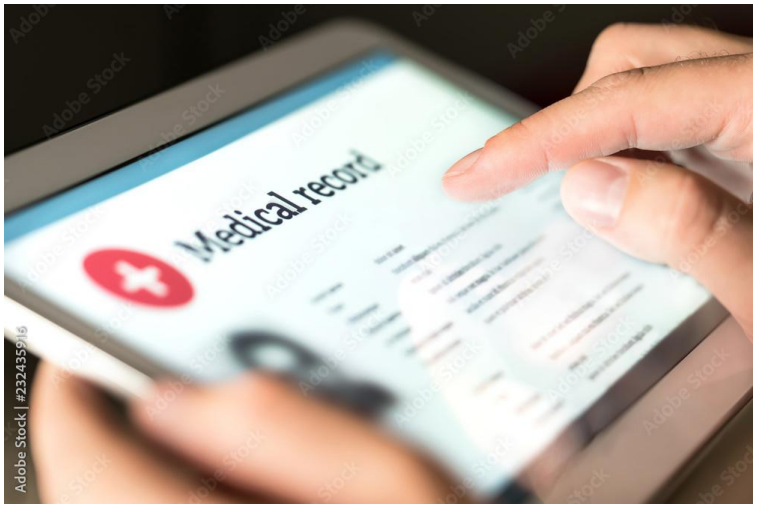
- The Medically Home model focuses on acute care services, providing an inpatient level of care for patients who are in their home or residence
  - Also supports post-acute care, episode prevention, and remote monitoring
- Patient experience begins with acute care services and treatment continues in the home until patient achieves full recovery during a 30-day episode
- The health systems partnering with Medically Home are responsible for staffing the hospital at home model, while Medically Home provides the hospital at home infrastructure and technology
- Acute rapid response services brings everything patients need to the home on demand

Command Center Model

- Medically Home uses Command Center technology to keep patients and families connected to providers 24/7
  - Staffed by MDs/NPs and RNs that can support high acuity care at home
  - Command Center providers communicate with patients through multiple redundant means on inbound, emergency, and outbound basis

Data Collection and Dashboards

- Care data is organized into real-time information that can be shared by whole care team using Cesia Continuum® software
- Medically Home's data collection is integrated into the partnering health system's electronic health record
- Cesia software analyzes and creates dashboards for the following metrics:
  - Timeliness of care and operational excellence of interactions between Command Center clinicians and patients
  - Reliability, timeliness, and care experience of Rapid Response Services (RRS) to the home



Outcomes: Clinical Trial Results

Medically Home

Medically Home's clinical trial of the hospital-at-home model yielded the following results:

30%	50%	100%
Reduction in cost to deliver care	Reduction in readmission rates	Top-box* hospital recommend patient satisfaction[18]

*The "top-box" represents the most positive responses to HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey items.

Medically Home: Barriers and Challenges to Virtual Care

Medically Home

Medically Home continues to develop **innovative solutions** to **address barriers and challenges** that patients face in accessing virtual care:

Barrier or Concern	Medically Home Health Solution(s)
Comfort Using Technology and Digital Literacy	- Command Center provides 24/7 support - Blended model allows for virtual and in-person care - Use of multi-path redundancy and patient-friendly form factors, including easy to use landlines and call buttons
Reliable Access to Technology and Internet	- All equipment and services are brought to the home on demand through acute rapid response services
Quality and Personalization	- Model provides more care over longer period of time to integrate acute and post-acute care - Conduct needs assessment to determine whether home is appropriate for acute care
Accurate Assessment	- Use of biometrics and remote-monitoring

Opportunities to Expand the Model

- Develop more use cases for Medically Home model, including potential patient groups like oncology patients and pediatric patients
- Expand Medically Home model to include new avenues for reaching patients, including through urgent care and primary care
- Continue to prioritize supporting new provider systems through change management to help streamline their adoption of the Medically Home model
- Expand geographic reach while streamlining logistics of managing hospital beds with a wide geographic distribution

Program of All-Inclusive Care for the Elderly (PACE) Model

- 138 PACE programs operating in 31 states
- PACE uses an interdisciplinary model of care that brings physicians, nurse practitioners, nurses, social workers, therapists, dieticians, care aides, and drivers together to deliver patient care
- Pre-pandemic, the PACE model included attendance at a Day Center, which facilitated frequent in-person touchpoints with participants
- Serves over 55,000 participants

Gary and Mary West PACE

- Serves north San Diego area
- West PACE has a unique affiliation from a research arm, the West Health Institute, which conducts ongoing research on PACE quality and process improvement to share and advance
- Serves over 230 participants

For more details about West PACE, see the first edition of the playbook.

Accessible and Adaptable Technology

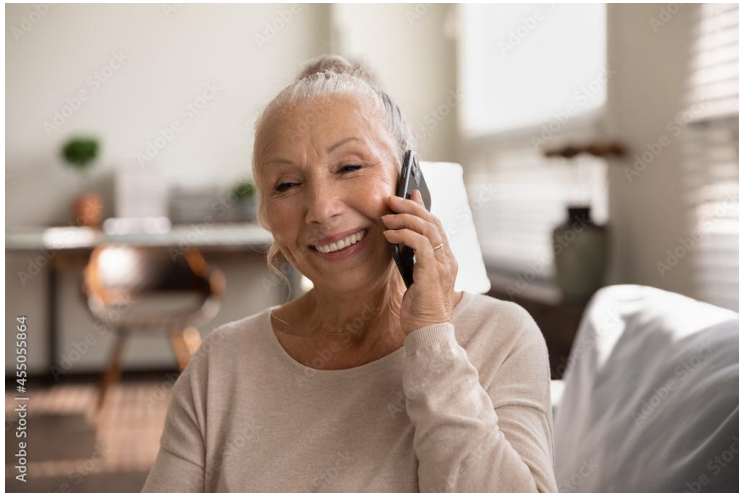
- West PACE primarily offers virtual care through e-consults, a digital relationships platform, and tele-psych
  - West PACE uses a digital relationships platform that allows for video visits and engages users with an avatar companion to decrease loneliness and isolation
  - PACE participants receive a tablet with a simplified user interface to access an avatar that is part AI and staffed by care counselors
  - The digital relationship platform helps address social isolation, supports health management, and alerts the West PACE care team if there is a concern or issue

Tele-Presenters Continue to Be Key to Successful Virtual Care

- West PACE uses personal care assistants (PCA) as “tele-facilitators” to visit participant homes and assist with facilitating virtual care visits
- West PACE is planning to expand its tele-facilitator workforce to aid with virtual care delivery and increase use across clinical disciplines
- Expanding the tele-facilitator workforce will improve staffing and scheduling challenges while continuing to provide technical support and personalized care for participants
- Staff feedback also indicates that there may be benefits to training tele-facilitators to assist with monitoring vitals or physical/occupational therapy during home visits that include a virtual component

Mitigating Disparities in Access to Technology

- West PACE mitigates disparities in access to virtual to care for patients who lack reliable and accessible internet by:
  - Deploying cellular-enabled tablets into the participant's home
  - Using tele-facilitators to co-conduct home visits, assessments, and supply the needed technology
  - Offering virtual care through multiple modalities, including audio-only visits, for patients who lack sufficient technology infrastructure or digital literacy



Flexibility and Adaptability During the Pandemic

- West PACE's model provides adaptability in types of services offered through virtual care in response to changes in quarantine and social distancing guidelines, including virtual primary care visits

Commitment to Provider Training Across Virtual Care Modalities

- West PACE offers additional provider training for each type of virtual visit to ensure quality of care

Virtual Care Can Reduce Response Times

- Having tablets in patient homes has allowed West PACE to eliminate the time between when a patient has an adverse health event, such as a fall, and when a provider can begin to assess the patient and provide support
- Caregivers who visit patient homes are able to quickly contact West PACE through virtual care platforms if they observe that a patient needs help

Integration with EMR System

- West PACE continues to streamline provider workflows for recording details from virtual care visits into the EMR to reduce clinician burden and improve analytics

Data Collection and Outcomes Measures

- West Health Institute has developed a comprehensive dashboard in order to visualize virtual visit data such as utilization, and impact on costs such as transportation
- West PACE and West Health Institute continue to collaborate on virtual care research
  - The research focuses on identifying and enhancing models of care that maintain and improve outcomes, enhance operational efficiencies and avoid unnecessary costs

Launch of Avel eCare

- Avel eCare launched a stand-alone telehealth system and is no longer integrated with Avera
- Operates in 35 states and offers senior care in 16 states
- Still provides telehealth services to Avera patients, as well as a number of other customers
- Continues to provide all equipment to facilities

Utilization and Outcomes

- In 2021, responded to 1,965+ encounters per month across 65+ facilities
- 96% of urgent care encounters are able to be treated at the long-term care (LTC), skilled nursing (SNF), and assisted living (AL) facilities with Avel eCare instead of the emergency department

For more details about Avel eCare (formerly Avera), see the first edition of the playbook.

Flexible Modalities for Virtual Care

- Avel eCare offers audio-only virtual care options to those who lack the digital literacy to successfully conduct video visits to mitigate disparities in virtual care

Connecting with Patients Who Lack Reliable Internet

- Avel eCare mitigates disparities in access to virtual care for patients who lack reliable and accessible internet by:
  - Expanding the use of audio-only virtual care, especially in home health settings, to support patients who face technology constraints
- Avel eCare assists SNF/AL facilities with setting up IT infrastructure, including:
  - Helping facilities find funding for improved technology
  - Adding broadband access points throughout the facility
  - Conducting wireless assessments to help facilities understand their areas of connectivity concerns

Expanding Services to Meet Patient Needs

- Avel eCare plans to expand their existing specialty service areas, which will be a unique offering that further differentiates Avel from other virtual care providers
  - Existing specialty service areas to be expanded include: behavioral health, wound care, advance care planning, palliative care, and pharmacy
- In 2021, Avel eCare developed a mobile set-up for hospitals to offer increased flexibility to accommodate altered workflows during the pandemic

Continued Responsiveness to Pandemic

- Plans to launch a grief and loss education series in 2022 to support those who have experienced loss during the pandemic
- Continues to monitor changing regulations and restrictions on virtual care as public health emergency progresses and adapt care delivery model to accommodate policy changes and provide ongoing high-quality care to patients

Utilization and Outcomes

- Satisfaction scores for both patients and staff members engaging with Avel eCare average between 97-98%

Support Patients by Supporting Caregivers

- Avel eCare includes informal caregivers in care delivery process through virtual care, especially for palliative care patients
  - Avel eCare has received positive feedback from caregivers about the alleviation of stress and anxiety that virtual care provides
- Avel's technology now allows for multi-way calling to help us include family members and decision-makers from across the country in necessary video conferencing

Provide High-Quality Training and Technical Support

- With high staff turnover during the pandemic, a simple onboarding process for using virtual care is needed to ensure new staff are quickly brought up to speed. Avel eCare offers the following training options to ensure that staff are equipped to support high-quality virtual care:
  - 1:1 coaching for new staff who are onboarding through the Avel eCare "hub"
  - A 1-hour robust training video, several short summary videos, and assessment checklists
  - Nuanced training for facilitating audio-only visits

Triaging Patient Calls

- Avel eCare staffs the "hub" that triages patient calls
  - Process begins when patients call the hub
  - The hub is staffed by clinicians (mainly Registered Nurses and Advanced Practice Providers) who triage calls to determine level of care needed
  - Clinicians determine whether the concern can be addressed in a video visit

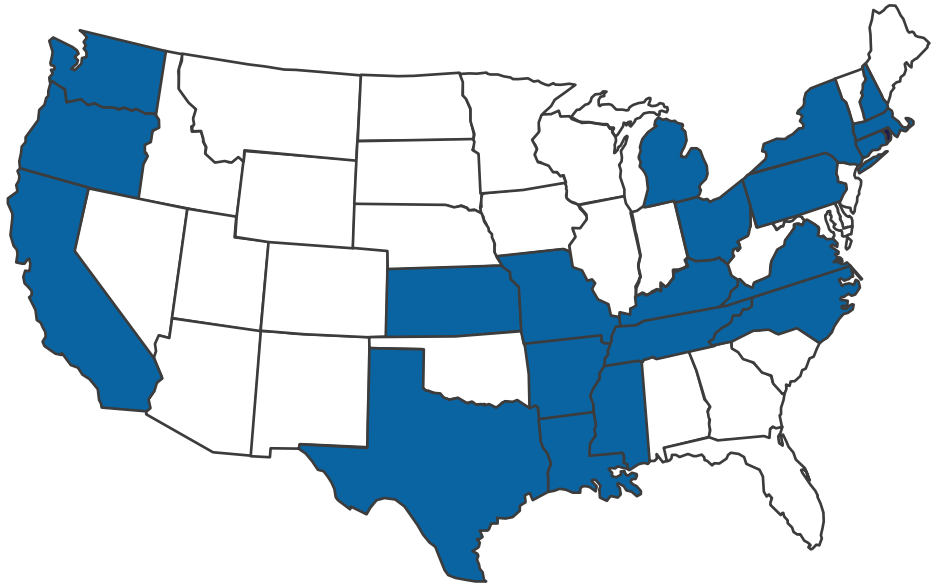
Use of Supplementary Technology

- All SNF/LTC/AL patients have access to remote monitoring devices (e.g., blood pressure monitors) to assist with further assessing needs during a video visit

Landmark Overview

- Landmark provides longitudinal in-home geriatric primary care, behavioral health, and urgent care for seniors with multiple chronic conditions
- Utilizes a blended care model with about ¼ of visits happening virtually
- Operates in 170+ MSA's across 21 states
- Serves 250,00 patients nationally

For more details about Landmark, see the first edition of the playbook.



Utilization and Outcomes

★ Admissions

↓ 20%

reduction in hospital and SNF admissions on qualifying Landmark patients*

★ Mortality

↓ 26%

reduction in mortality based on the first 12 months of engagement**

★ Patient Voice

↑ 97%

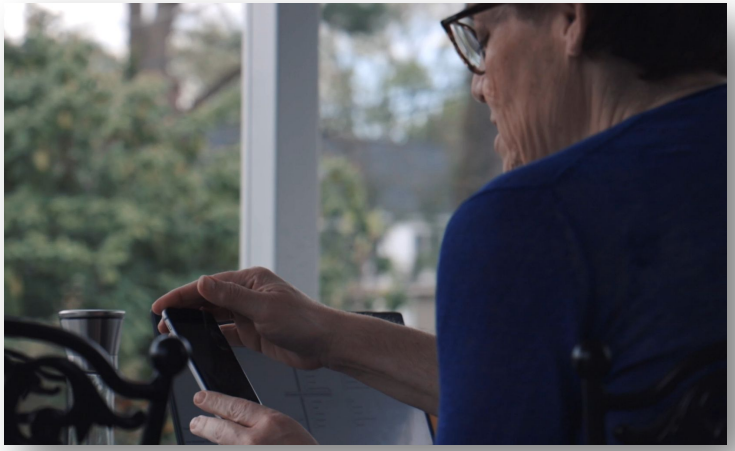
Patients state that Landmark helps to keep them **out of the hospital and emergency room*****

* 2021 Data Science and Analytics, Landmark
** 2018 Data Science and Analytics, Landmark
*** 2020 Annual Patient Satisfaction Survey

Landmark

Flexible Modalities for Virtual Care

- Landmark offers audio-only virtual care options to those who lack the digital literacy to successfully conduct video visits to mitigate disparities in virtual care



Technical Support

– Landmark is piloting a program to use "ambassadors" to assist patients with conducting virtual visits. Ambassadors:

- Are non-licensed staff who assist with virtual care technology and occasionally visit patient homes to provide hands-on assistance
- Ask patients a list of questions during home visits to determine whether there are any concerns that need to be elevated to a nurse care manager
- Bring laptops and other technology to facilitate video calls between providers and patients
- Often work in pairs to conduct home visits in a given location efficiently

Landmark

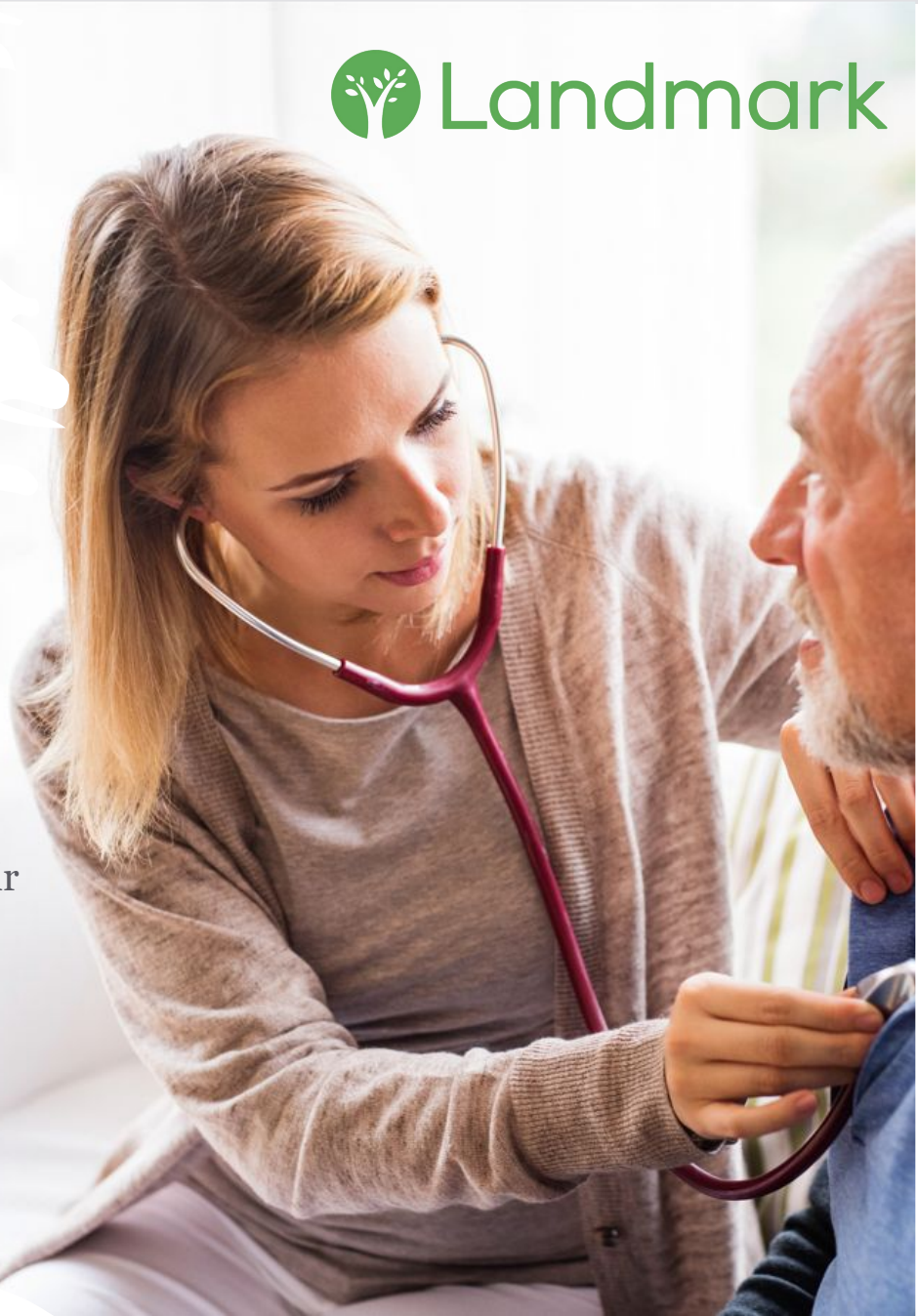
New Product Launch for Improved Patient Navigation

- Landmark plans to launch a new platform that emails patients a link to join a virtual care environment instead of downloading a mobile app to improve patient navigation
  - Landmark is exploring ways to integrate interpreter services into this new platform to mitigate barriers that patients face who do not speak English as a first language

Landmark

Connecting with Patients Who Lack Reliable Internet

- Landmark mitigates disparities in access to virtual care for patients who lack reliable and accessible internet by:
  - Using audio-only virtual care, especially in home health settings
  - Deploying “ambassadors” to bring additional technology to patients
  - Eliminating the need for technology by bringing providers directly into the home performing 75-80% of their visits face to face in the comfort of the patient’s home



Landmark

Blended Model of Care

- Landmark uses "urgentivists", often LPNs or paramedics, to visits patient homes as a supplement to a virtual visit. Urgentivists:
  - Work in tandem with providers (e.g., nurse practitioners)
  - Support providers who conduct virtual visits with patients by traveling to the patient home to perform in-person services, such as retrieving samples for labs ordered by the provider virtually

Virtual Care Enables Greater Patient Support

- Through the use of virtual care, Landmark is able to devote more time to patient education to ensure that patients understand and are comfortable with their care plan
- Landmark gains insights into patients' home conditions through the use of virtual care video visits, which allows Landmark to further personalize patient care
- Virtual care enables Landmark to see more patients per day
- Landmark is able to see patients earlier by using virtual care, mitigating health issues in early stages to prevent serious outcomes later

Landmark

Support Patients by Supporting Caregivers

- Landmark includes informal caregivers and family members in the care delivery process through virtual care
  - By connecting patients, providers, and family members, Landmark uses virtual care visits to improve communication about patient health goals and plans

Provider Training and Workflow for Virtual Care

- Landmark supports providers to deliver high-quality virtual care:
  - Providers have dedicated “virtual days” to conduct virtual visits to minimize inefficiency and distraction of switching between providing virtual and in-person care
  - Landmark offers training for providers to help them provide high-quality medical care and maintain professionalism during virtual visits

Landmark

Strategic Mix of Virtual and In-Person Care

- Many Landmark patients use a combination of virtual and in-person care
- High acuity patients who see providers frequently often alternate between in-person and virtual visits
    - Given that many of Landmark's patients are frail and high-need, Landmark prioritizes in-person care for new patients and for patients who see providers infrequently to ensure that they are able to make accurate assessments for necessary physical examinations. Virtual care is used to supplement in-person care where appropriate for these patients.
- Landmark offers psychiatric care through both in-person and virtual care modalities

Provider Workflows

- Landmark developed a streamlined workflow that allows providers to easily document complete and accurate information about each virtual care visit
    - This information is submitted to care facilities either via fax or EMR, depending on the facility's preference

Summary

Geisinger

Medically Home®

Gary and Mary West PACE

AVEL eCare | SENIOR CARE

Landmark

Case Studies Summary

- In response to the COVID-19 pandemic, health care organizations **pivoted to focus on using virtual care** as a means to getting their older adult patients the care they needed at a time when in-person interactions were limited.
- Two years into the pandemic, the case studies in this playbook illustrate how healthcare organizations have **recognized the value of using virtual care** to help meet their patients' care needs.
- Healthcare organizations have embedded virtual care into their practices through a **blended model of virtual care and in-person care**, and continue to find **innovative ways to address barriers** patients face to accessing virtual care.

Key Learnings from Case Studies

- **Maintain a blended care model.** Blended or hybrid models allow flexibility for the provider, the patient, and the caregiver, as well as increasing access to care.
- **Train providers on virtual care.** Training all staff on virtual care practices and procedures and will minimize inconsistency among staff and improve communication with patients and families.
- **Virtual care is enhanced with a caregiver's presence.** The convenience of a virtual care visit allows for more caregivers to be present, which leads to better continuity of care, eases burdens on the patients and their families, and opens lines of communication between providers, patients, and families.
- **Strengthen and integrate data collection processes.** Data collection and analysis, especially integrated with EMR systems, will be a key component of demonstrating the efficacy of virtual care models.
- **Use tele-presenters to facilitate virtual care.** Utilizing tele-presenters supports patients' comfort with the experience of a virtual visit.
- **Audio-only care mitigates barriers.** Audio-only virtual care visits are a solution to reaching patients who face challenges with digital literacy and reliable internet.
- **Expand virtual care by adding new speciality areas.** There is increased demand for virtual care in many specialty areas, and expanding into new service areas is a promising way to scale virtual care programs.

PART IV
Recommendations for Policymakers and Health Care Providers

Overview: Recommendations

We conducted an overview of the **state and federal policy landscape in 2021** and identified key actions policymakers continue to explore, including a focused look at the federal public health emergency (PHE). Based on our listening research findings and case study learnings, we provide **updated policy recommendations and insights for health care providers**, as outlined below:

1. **Key Policy Activities in 2021**
2. **Spotlight on the PHE: Implications for the Future**
3. **Proposed Policy Actions: Blended Care**
4. **Insights for Health Care Providers**

Key Policy Activities in 2021

Throughout 2021 state and federal policies continued to adapt to the impacts on the health care system of both the COVID-19 pandemic and the federal Public Health Emergency (PHE), while lawmakers began setting the groundwork for the long-term role of virtual care.

State

- ★ States continue to explore making permanent telehealth flexibilities for Medicaid and commercial plans enacted during the COVID-19 PHE in state legislation. At the time of publication, 37 states enacted legislation making PHE flexibilities permanent, including [19]:
  - **Permanent removal of reimbursement restrictions on where patients and providers are located** (referred to as the "originating site" and "distant site") to receive and give care, particularly in rural areas
  - **Coverage parity** between virtual and in-person services
  - **Expansion of provider types** permitted to provide care via virtual care
  - Increased **utilization of audio-only** technology

Key Policy Activities in 2021

Federal

- ★ Lawmakers continue to **explore permanent removal of geographic and originating site restrictions** for the provision of telehealth services in Medicare.
  - Provisions enacted include removal of reimbursement restrictions to allow for a patient's home (referred to as the "originating site") to be the site of service for behavioral health care
- ★ Congress included **significant investments in broadband and infrastructure funding** in various COVID-19 relief legislation with the goal of making virtual care accessible to communities that faced access challenges previously.

Spotlight on the PHE: Implications for the Future

The Federal PHE declaration has allowed for flexibility in virtual care policies since January 2020.

- ★ The PHE has enabled states and providers to experiment with innovative virtual care policies
- ★ Uncertainty around the longevity of the PHE has informed many states' decisions to make virtual care flexibilities permanent[19]
- ★ Congress continues to explore opportunities to extend Medicare coverage of virtual care flexibilities beyond the end of the public health emergency to promote continued access to virtual care
- ★ Increasing the amount of time that virtual care flexibilities are allowed will:
  - **Improve knowledge** of virtual care benefits to improve state decision-making
  - **Provide stability** (as flexibilities are not approved 90 days at a time)
  - **Inform federal decision making** surrounding long-term virtual care usage

Recommendations for Policy Action Emphasize the Importance of Blended Care

USofCare and West Health surveyed the virtual care policy landscape over the past year and recommend the following policy actions, with an emphasis on the importance of providing care to older adults **via the most appropriate care modality.**

If implemented when and where clinically appropriate, these recommendations can reduce gaps in virtual care access and help build better, more equitable health care for older adults beyond the COVID-19 pandemic.

Our recommendations highlight key themes to ensure appropriate care is delivered in the right setting at the right time

- ★ Invest in **value-based payment models** that prioritize improved health outcomes while containing cost
- ★ Remove **geographic and originating site restrictions**
- ★ Meet individuals where they are by **providing flexible care** through video, audio-only, and/or with assistance from trained professionals
- ★ Promote data collection and measurement activities that **take into account existing disparities** in analyses of cost, quality, and virtual care outcomes

Recommendations for Policy Action
Emphasize the Importance of Blended Care

- **Within a value-based payment model, offer a mix of in-person and virtual care (video, asynchronous, telephonic, and remote monitoring).** When clinically appropriate, older adults should have the flexibility to choose whether to receive in-person or virtual care.
- **Remove geographic and originating site restrictions for virtual care visits.** Providers should have the flexibility to offer virtual care via video or audio-only technology to meet the needs of the visit without any geographic barriers for the provider or patient when clinically appropriate and while ensuring care is necessary and not additive.
- **For individuals with complex needs, identify additional support to enable virtual care.** This could include making an audio-only option available, using tele-presenters to facilitate patient access to virtual care platforms, and incorporating strategies for patient-centered health care.
- **Research the quality, cost, and equity implications of virtual care models compared to and/or in addition to in-person care, for different populations and geographies.** Consider lessons learned from value-based payment models when developing reimbursement models for virtual care services for older adults under a fee-for-service structure. Ensure to account for existing disparities in data collection and measurement activities.

Insights for Health Care Providers

Page 1 of 2

In this section, we **outline key insights for health care providers** based on our case studies:

- **Adopt a value-based payment model.** Value-based payment models, which reward providers based on patient health outcomes achieved rather than the number of services provided, offer maximum flexibility to provide virtual care services to your older adult population.
- **Identify which older adults will benefit from virtual care.** Virtual care can increase access to care for older adults who previously faced barriers, though some patients in certain circumstances, an in-person visit may be the best course of care.
- **Consider including a tele-presenter as part of the care team.** A tele-presenter from the provider team can help facilitate the virtual visit from the patient's location when needed. The tele-presenter can bring appropriate technology (such as an internet enabled tablet) and assist in facilitating the assessment of the patient.
- **Educate patients and providers on virtual care services.** Create opportunities to talk with patients and caregivers about how virtual care will meet their care needs. Imbed virtual care protocols into training programs for all staff -- including those providing virtual care services, in-person services, and administrative staff – to decrease confusion and increase comfort with technology and its role in a patient's care plan.

Insights for Health Care Providers

Page 2 of 2

In this section, we **outline key insights for health care providers** based on our case studies:

- **Participate in nuanced training on each virtual care modality.** Allowing for flexibility in the modality of virtual care–video vs. audio-only–can mitigate barriers to patient access. To ensure high-quality and personalized care across modalities, providers should take advantage of virtual care training that is tailored to the appropriate modality.
- **Include caregivers and family members in care delivery planning.** Virtual care can create opportunities for informal caregivers and family members to be included in patient care and to engage in shared decision-making, with prior consent from the patient. Using virtual care platforms that allow for conference calls can alleviate burdens on caregivers and family members and increase patient satisfaction.
- **Expand research and data collection.** Build data collection and documentation protocols into provider workflow to help measure and track outcomes that can be used to determine effectiveness of virtual care services. Support streamline processes to integrate data collection with EMR systems.
- **Create transparency for a successful blended care model.** Communicate clearly with patients which types of services can be conducted virtually vs. in-person and why. Transparency about blended care decisions builds trust in patients that they are receiving the highest quality of care.

PART V
Conclusions

Our Conclusions

In the early days of the COVID-19 pandemic…

Virtual care expanded rapidly, demonstrating its potential to improve care, increase access and address long-standing inequities

Two years into the pandemic…

People continue to use virtual care to access the care they need while providers are finding new ways to address barriers older adults face in using virtual care

Planning beyond the pandemic…

While further research is needed to fully understand its long-term impact on care delivery to older adults, we've concluded:

UNITED STATES of CARE | westhealth

- **Virtual care is not a stand-alone solution or a replacement for in-person care for older adults.**
- **Health care providers and policymakers should create a blend of virtual and in-person care by:**
  - **Identifying virtual care best practices, and then,**
  - **Expanding on them as part of a combined care approach.**

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Data Sources

1. Medicare Beneficiary Use of Telehealth Visits: Early Data From the Start of the COVID-19 Pandemic. (2020) https://aspe.hhs.gov/sites/default/files/private/pdf/263866/hp-issue-brief-medicare-telehealth.pdf
2. CMS Expands Medicare Telehealth Coverage With 11 New Billable Services. (2020) https://www.hcinnovationgroup.com/policy-value-based-care/medicare-medicaid/news/21158917/cms-expands-medicare-telehealth-coverage-with-11-new-billable-services
3. 3 surprising trends in seniors' telemedicine use during the pandemic. (2021) https://www.statnews.com/2021/08/30/three-surprising-trends-seniors-telemedicine-use-pandemic/
4. Telehealth Visit Use Among U.S. Adults. (2021) https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/08/SSRS-Telehealth-Report_confidential_FINAL_08.02.21-1.pdf
5. How Covid-19 transformed virtual care preferences, according to our 7,000-patient survey. (2021) https://www.advisory.com/blog/2021/01/covid-19-telehealth
6. Okoye SM, Mulcahy JF, Fabius CD, Burgdorf JG, Wolff JL Neighborhood Broadband and Use of Telehealth Among Older Adults: Cross-sectional Study of National Survey Data Linked With Census Data J Med Internet Res 2021;23(6):e26242 URL: https://www.jmir.org/2021/6/e26242 doi: 10.2196/26242
7. An evaluation of telehealth use by Medicare beneficiaries in 2020. (2021) https://ihpi.umich.edu/sites/default/files/2021-09/Policy%20Brief.Medicare%20Trends.pdf
8. Geography Spotlight: Technology Transcends Zip Codes. (2021) https://www.aarp.org/content/dam/aarp/research/surveys_statistics/technology/2021/2021-tech-trends-geography.doi.10.26419-2Fres.00420.009.pdf

Data Sources

9. Some digital divides persist between rural, urban and suburban America. (2021) https://www.pewresearch.org/fact-tank/2021/08/19/some-digital-divides-persist-between-rural-urban-and-suburban-america/
10. Medicare and Telehealth: Coverage and Use During the COVID-19 Pandemic and Options for the Future. (2021) https://www.kff.org/medicare/issue-brief/medicare-and-telehealth-coverage-and-use-during-the-covid-19-pandemic-and-options-for-the-future/
11. Ng BP, Park C. Accessibility of Telehealth Services During the COVID-19 Pandemic: A Cross-Sectional Survey of Medicare Beneficiaries. Prev Chronic Dis 2021;18:210056. DOI: http://dx.doi.org/10.5888/pcd18.210056
12. Ryskina, KL, Shultz, K, Zhou, Y, Lautenbach, G, Brown, RT. Older adults' access to primary care: Gender, racial, and ethnic disparities in telemedicine. *J Am Geriatr Soc*. 2021; 69(10): 2732- 2740. https://doi.org/10.1111/jgs.17354
13. APA 2021 Public Opinion Poll: Access to Care. (2021) https://www.psychiatry.org/newsroom/apa-public-opinion-poll-2021-access-to-care
14. Telehealth and Equity. (2021) https://apnorc.org/projects/telehealth-and-equity/
15. Personal Tech and the Pandemic: Older Adults Upgrading for a Better Online Experience. (2021) https://www.aarp.org/research/topics/technology/info-2021/2021-technology-trends-older-americans.html
16. Topical Spotlight: Digital Privacy. (2021) https://www.aarp.org/content/dam/aarp/research/surveys_statistics/econ/2021/2021-tech-trends-digital-privacy.doi.10.26419-2Fres.00420.007.pdf
17. Rural Quick Facts. https://www.rural.palegislature.us/data/rural-quick-facts.cfm

Data Sources

18. HCAHPS Summary Analyses. (2022) https://hcahpsonline.org/en/summary-analyses/#:~:text=The%20%E2%80%9Ctop%2Dbox%E2%80%9D%20response,%2C%20%E2%80%9CYes%E2%80%9D%20for%20the%20Discharge

19. States Making Pandemic Telehealth Policy Changes Permanent. (2022) https://www.lexisnexis.com/community/insights/legal/capitol-journal/b/state-net/posts/states-making-pandemic-telehealth-policy-changes-permanent