

Innovations in Workforce Policy & Technology to Help People Age In Place

South Carolina Institute of Medicine & Public Health
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AARP Public Policy Institute
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A Vision

- People, as they grow older, having
 - Choice of where to live
 - Access to high quality care provided by a range of clinicians, certified & skilled, caregivers
 - Caregivers include family, neighbors, postal deliverers, friends, colleagues, shop owners, etc
 - Certified & skilled team members including EMT, home health, LPNs
 - Clinicians include MD's/DO's, APRNs, RNs, Pharmacists, Social Workers, PT, Others

Workforce Policies

- RNs, Home Health, Family Caregivers – they all matter, what they do interrelated
 - Delegation and Home Health
 - AARP LTC Scorecard
 - Interstate Licensing Compacts

Consumer Access to RN Care

Nurse Delegation

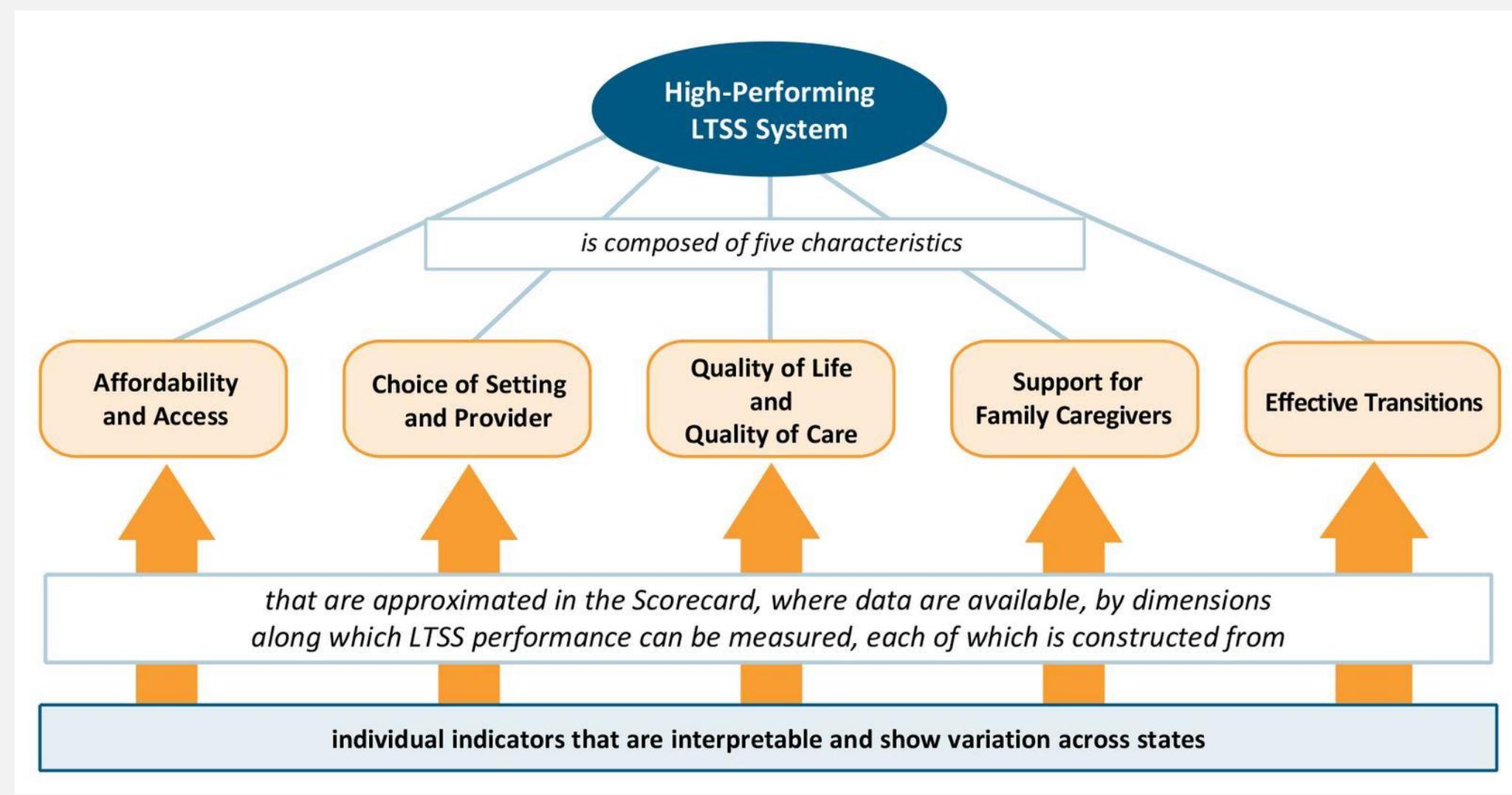


Longterm Care Scorecard

Framework for Assessing LTSS Performance

www.longtermscorecard.org

Report Authors: Susan C. Reinhard, Jean Accius, Ari Houser, Kathleen Ujvari, Julia Alexis, and Wendy Fox-Grage



Consumer Access to RN Care

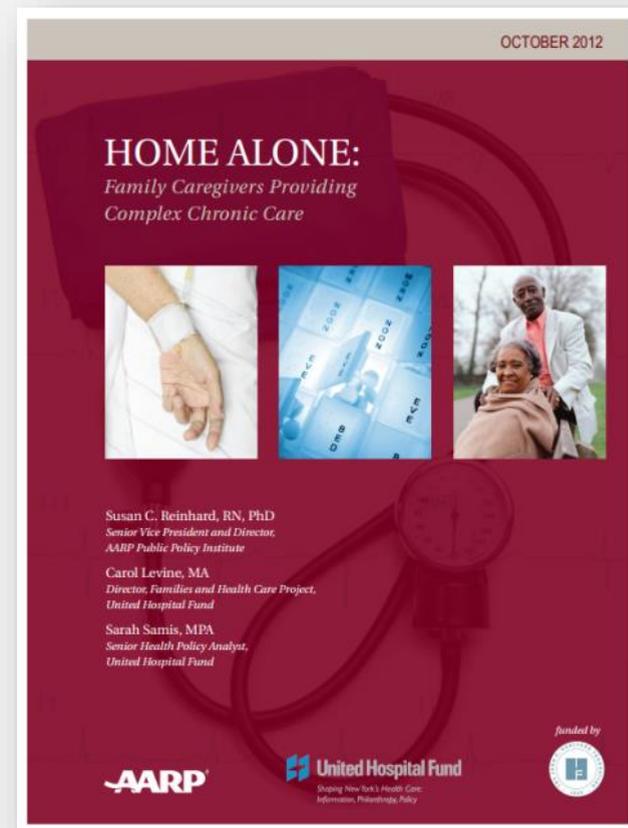
LTC Scorecard & Nurse Delegation

- Transfer and positioning ✓
- Vital signs ✓
- Medication Administration
 - Oral medication*
 - PRN Medication*
 - Pre-filled insulin/insulin pen*
 - Draw up insulin*
 - Other injectable medication*
 - Glucometer testing*
 - Medication through tubes*
 - Insertion of suppositories*
 - Eye/ear drops*
- Wound care/dressing changes
 - Non-sterile/clean
 - Sterile
- Tube feedings
 - Nasogastric
 - Gastrostomy*
- Enema administration* ✓
- Bladder regimen
 - Intermittent bladder catheterization*
 - In-dwelling catheter care ✓
- Ostomy care (skin care, change appliance)* ✓
- Respiratory Care
 - Nebulizer treatment*
 - Oxygen therapy*
 - Oral suctioning
 - Tracheostomy suctioning
 - Ventilator care*

AARP's Home Alone Report

AARP PPI surveyed 1,677 family caregivers and found:

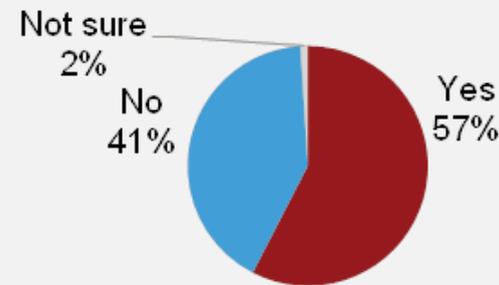
- Family caregivers perform complicated medical/nursing tasks and medication management
- Training is limited
- Most care recipients do not receive home visits by health professionals
- Performing medical/nursing tasks may prevent nursing home placement
- Quality of life is affected



Home Alone slides by Susan C. Reinhard, RN, PhD, FAAN

Medical/Nursing Tasks

Base: Caregivers of Recipient Age 18+ (n=1,248)



% Yes	
Hours Caregiving per Week	
0-20 (n=826)	21+ (n=416)
45%	83%*

In addition to ADLs and IADLs, family caregivers are increasingly performing tasks that nurses typically perform. Known now as medical/nursing tasks, these skilled activities include:

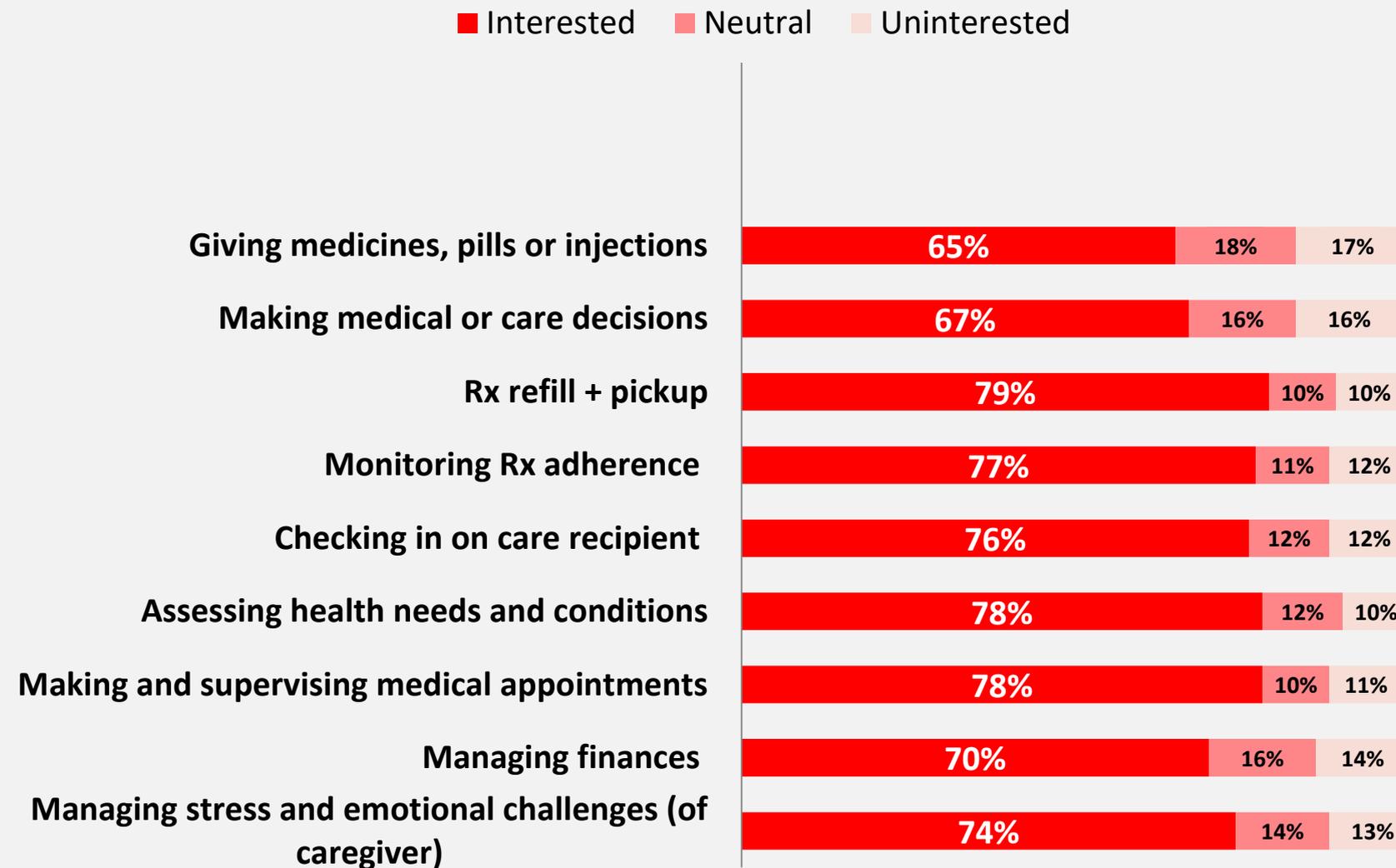
- injections,
- tube feedings,
- catheter and colostomy care, and
- many other complex care responsibilities.

Higher-hour caregivers are more often performing these tasks

Breakout of Higher-hour caregivers by Ethnicity:
 White: 28%, AAPI: 37%, African American: 39%, Hispanic: 40%

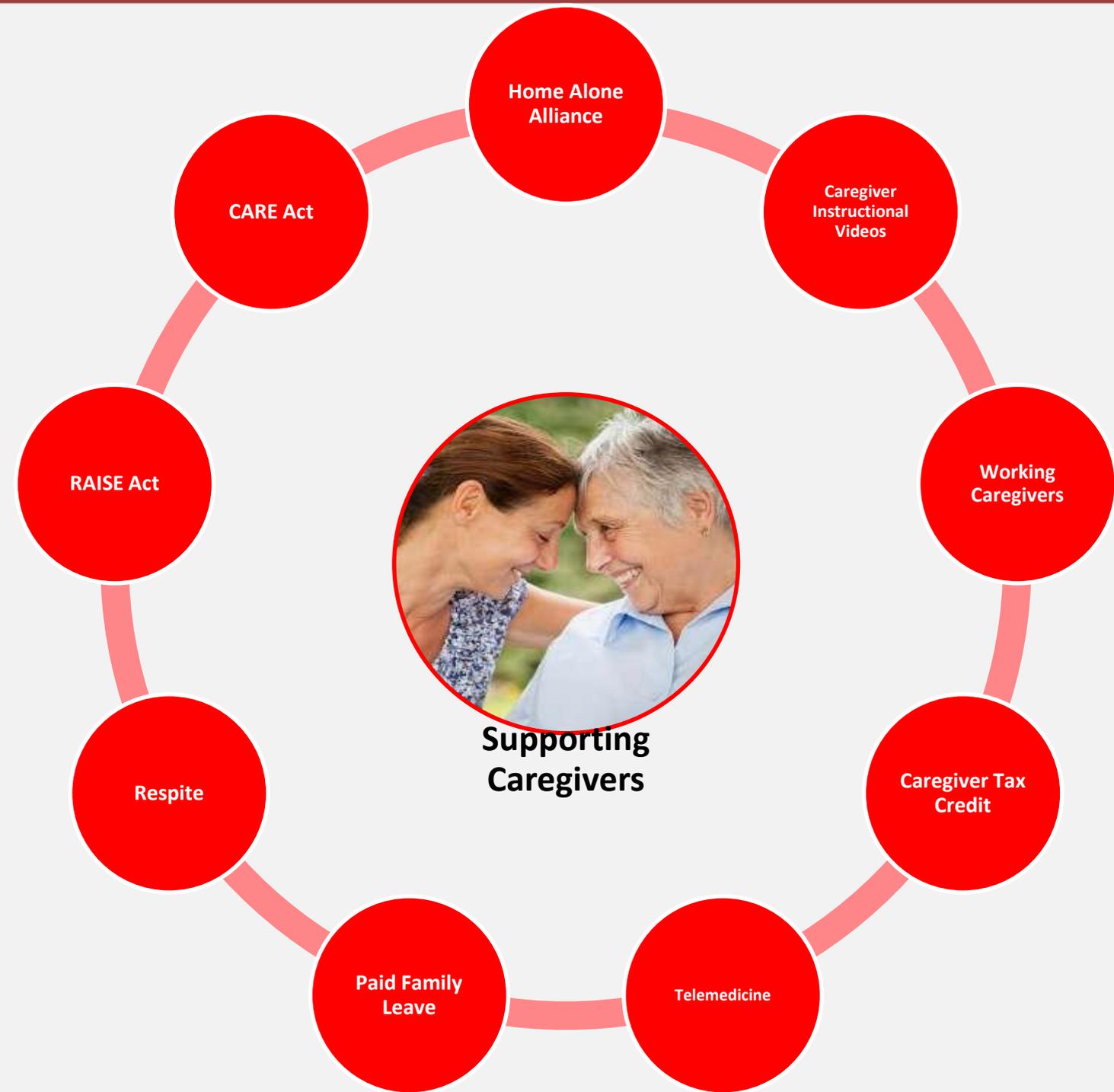
Source: Caregiving in the U.S. 2015 (Bethesda, MD: NAC; Washington, DC: AARP, June 2015).

Interest in Technology, By Task



Source: Project Catalyst AARP (Caregivers and Technology: What they Want and Need)

A Call to Action



The CARE Act

- Opportunity for patient to identify a family caregiver to include in the patient- and family- centered care process...in the record
- Notification of discharge
- Teaching/anticipatory guidance for family caregiver expected to perform medical/nursing tasks

Caregiver Instructional Videos

- Preparing family caregivers to perform a variety of medical/nursing tasks including: medication management, mobility, nutrition, wound care and more
- Dual purpose: Instruct Family Caregivers on the task; Instruct Nurses/Students on how to teach the family caregiver
- Initial series on Medication Management is a collaboration between AARP Public Policy Institute, UC Davis Betty Irene Moore School of Nursing, United Hospital Fund, and Family Caregiver Alliance



Telehealth & Tech Innovation: Policies, Potential, & Privacy

- Help people live at home
- Connect people to care and to services
- Connect family caregivers to clinicians and family
- Teach family caregivers
- Allow the consumer and the family caregiver to remotely socialize, exercise, meditate, have fun



Telehealth and Its Use at Home and in the Community

- Remote Patient Monitoring
- Live
- Recorded



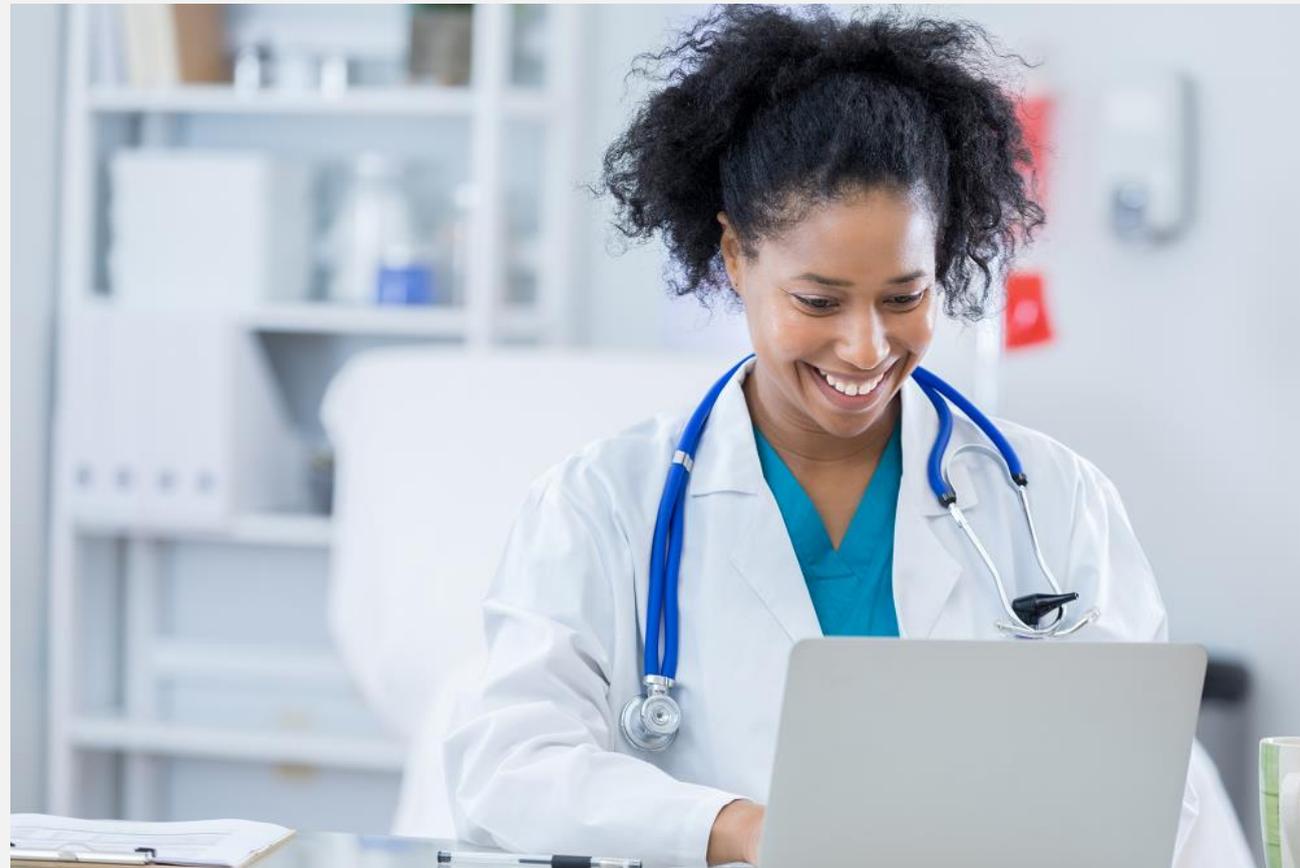
Telehealth – What is It? What Will it Look Like?

- Current Tools
 - Telephone
 - Email
 - Video
- (Very Near) Future
 - Augmented Reality
 - Virtual Reality
 - Voice activated artificial intelligence
 - Robotic



Telehealth's Questions

- Quality of Care
- Not as a Substitution
- Quality of tools
- Affordability
- Privacy



Telehealth Legislation

- Hundreds of bills dealing with telehealth (or telemedicine) were introduced in almost every state in 2017-2018.
 - Requirements for patients to access telehealth
 - Reimbursement for additional modes of telehealth
 - Services reimbursable through telehealth
 - Provider types eligible for reimbursement
 - Geographic limitations
 - Provider licensing

Telehealth and Caregiving

- Provides access to specialists, reduce travel time
- Allows them to join critical conversations—virtually
- Enhances ability to make informed decisions
- Bridges language gaps through technology
- Educates on medical tasks, conditions in real time
- Improves emotional health of caregivers

MAY 2018

Insight on the Issues

Using Telehealth to Improve Home-Based Care for Older Adults and Family Caregivers

Winifred V. Quinn,
Ellen O'Brien, and
Gregg Springan

Older adults with complex care needs want to live as independently as they can for as long as they can, and limit stress on family caregivers. Telehealth strategies offer the potential to improve access to care and the quality of care, while reducing strain on family caregivers. For health care systems, home telehealth may help address the challenge of rising costs. Though limited today, home telehealth is likely to be implemented more widely as policy makers reduce regulatory barriers and providers focus on improving telehealth strategies to meet the needs of families.

The care of older adults with frailty, chronic disease, or significant disabilities who live in the community is a major challenge for both health systems and families. This care can be sometimes rewarding yet simultaneously difficult for family caregivers to manage because of the lack of coordinated care and because of caregivers' competing obligations. As the nation ages, the number of frail older adults with functional and cognitive impairments who require assistance from others will increase. Consequently, planning for the care of people with complex chronic conditions has taken on greater urgency. Providing higher-quality and more cost-effective care for older adults with complex conditions will require models of care that, among other things, better integrate health care and social services

and improve supports for family caregivers. To help achieve these goals, telehealth services are increasingly included as a component of community-based care for chronic conditions, mental health, and even palliative care.^{1,2} Through telehealth, providers can deliver a wide range of diagnostic, therapeutic, and care management services, as well as services to support family caregivers, such as communication tools with clinicians³—services that otherwise would be delivered in a health care setting or through in-person home visits. Telehealth has the potential to be an effective tool for improving access and continuity, improving outcomes, and lowering costs. This *Insight on the Issues* discusses the promise of home telehealth services to improve care for

AARP
Real Possibilities
**Public Policy
Institute**

Medicaid and Telehealth

Center for Connected Health Policy, April 2018 report:

- 49 states & DC allow some Medicaid FFS reimbursement for live video
- 15 states reimbursement for store & forward
- 20 reimburse for remote patient monitoring



Medicaid and Telehealth

South Carolina, *SC Health and Human Svcs. Dept., Physicians Provider Manual, p. 2-54 (Apr. 2018) & Local Education Manual, p. 2-8 (Mar. 2018):*

- Allows:
 - Live
 - A range of services/clinicians
 - Telemonitoring for Community Choice:
 - limited inclusions and must meet criteria
 - Allows residence as originating site
- Doesn't allow:
 - Store & forward
 - home-based originating site (except for Comm Choice)



Medicare and Telehealth

Fee for Service

ACOs

Medicare Advantage



Telehealth, Privacy, & Other Policy Concerns

Privacy:

- Who owns data, esp with apps

Quality:

- Communication (info/data accurate and timely)

Access & Affordability

- Hardware
- Apps
- Broadband



AARP and Innovation

- Tomorrow's Webinar featuring nursing leaders in telehealth
- AARP's Innovation Labs & The Hatchery
 - Different types of products
 - Shark Tanks, including Nursing Sharktank



Photo credit : Northeastern University

AARP Tech Nest

- University of Illinois, Champaign
- Opened October 2016
- Focus on developing prototypes in the fields of AI, mobile apps, information security, biometrics, and software engineering



Photo credit : University of Illinois

Cross-Enterprise Workgroup(s)

- Policy, Research, and International with
 - IT rep
 - Web Team rep

Goals:

- Identify how tech and innovation could help inform public policy makers
- Identify policy solutions
- Spark broader deployment of immersive tech throughout AARP – increase digital literacy

Thank You!

Questions?

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