Transforming Long Term Care through Telemedicine
As ClickCare’s COO and founding pediatrician, it is true that long term care is not where we began in 1995. However, we remember the delight of a working parent who could more easily access care for her child in the school without putting her employment at risk. Now we want to bring that same access to long term care. Clearly there are Opportunities for Medical Collaboration and Telemedicine.

In Assisted Living, more direct communication with the patient is a great boon. It is easy to see how that relieves the feeling of isolation. These cost savings can be analyzed, but, the advantages overall go way beyond dollars and cents.

Making the specialist available by Store-and-Forward telemedicine in long term care will clearly decrease frustration. Not only would readmissions be decreased, but an uncomfortably long wait on a gurney in the ER could be completely avoided. Problems can be “nipped in the bud” instead of waiting for yet another week…and then missing the doctor on a particular day and starting the cycle again. Folks in long term care don’t have time to waste, nor should they!

As a physician, Store-and-Forward telemedicine again helps with the problem of needing to be in two places at one time. As a consultant for wound care or geriatrics, I could triage a patient’s problem on days different than my “regular visit” and yet still be on time to pick up my children from sports.

Lawrence P. Kerr, MD, FACS, ClickCare’s CEO, also invites you to take a look through the stories that follow. Since his work in New York and at the University of Pennsylvania with surgical trauma patients, he has been passionate about generalists collaborating with specialists, and about using technology for better care delivery. Dr. Kerr, who blogs weekly for ClickCare, is always searching for how to improve care for patients of all ages.
Chapter 1

Opportunities for Medical Collaboration in Long Term Care

It may be a cliché to say "two heads are better than one" but it’s a cliché because it’s true. In fact, "putting our heads together" with other medical providers has been one of the best parts of our career. It's good medicine and it's good for us as medical providers -- almost across the board. In particular, though, we find medical collaboration crucial when:

- There are several different providers that need to coordinate care for a single patient
- Length of stay and readmissions are key metrics for the organization
- There are providers at different points in the spectrum of care who need to communicate and ring-in on care (e.g., an aide, a nurse, and a specialist)
- A single patient may have several, intersecting medical issues

Medical collaboration can greatly help the interdisciplinary team formulate their care plans. When we speak with Long Term Care leaders about telemedicine and medical collaboration, they often express prioritization of all of the above.

That's why we believe that there are significant opportunities in Long Term Care Communities to use medical collaboration, including:

- **Better patient care.** When providers collaborate effectively, it prompts better care coordination, fewer delays in care, and more nuanced treatment plans. And when those things happen, better care is the result.

- **Cutting risk.** Risk management is a big part of Long Term Care communities. Because the prioritization of patient independence is fundamental to their work, there is always a balancing of risk with wanting to avoid unnecessary interventions. Medical collaboration can effectively cut risk by providing the reassurance of multiple provider opinions.
• **Improved patient satisfaction.** Patients and families are happier when patients stay off the examining table. Because medical collaboration can avoid unnecessary visits to the doctor and because it can improve communication with patients and their families, it often also increases satisfaction.

• **Decrease healthcare provider burnout.** Studies show that the more isolated that providers feel, the more burned out they become. So beyond all the patient benefits, medical collaboration also benefits providers by helping them feel connected and supported.

• **Compliance with regulatory issues.** Good medical collaboration and care coordination cuts length of stay and slashes readmissions -- so it will also help Long Term Care facilities keep their community members in their homes and lives -- and out of the hospital.

Need a little inspiration or help getting started?

Check out our Medical Collaboration guide with real success stories, ways to fight burnout and increase metrics.

Download the Quick Guide to Medical Collaboration
Supporting Medical Collaboration through Telemedicine

There may be specialties that have more fanfare or higher profiles. But long term care is unique, fundamentally important, and complex for two reasons. First, it is the only specialty in medicine that affects every person -- both as a family member and as a care recipient -- at some point in their lives. Second, it invariably involves many collaborators, at all points in the continuum of care, and needs the focused collaboration of the family.

For instance, even in the simplest of long term care cases, all of the following people, and more, will likely need to be involved:

- Physician Assistant
- Nurse
- Home care aide or other caregiver
- Cardiologist
- Physician
- Therapists
- Wound Care Nurse
- Family
Managing, coordinating, and supporting these interdisciplinary teams can be time-consuming, risky, and difficult. Communication is great, but the more people that get involved, the more risk there is that something could fall through the cracks. Many teams actually choose to limit the number and type of people that collaborate on a given case. This is not an ideal solution, however.

**Effective collaboration among every provider on the continuum of care is really the only way to ensure the best results for the patient.**

Increasingly, the Long Term Care community is acknowledging this complexity and emphasizing the use of Interdisciplinary Teams (IDT) as a means to support the best patient centered care. And when it comes to Medicare reimbursement and submitting correct MDS data, an interdisciplinary approach is not just "nice to have" -- it is absolutely essential.

So how does a team providing Long Term Care coordinate and collaborate without letting any balls get dropped? We know it’s not easy, so we recommend using tools to help make this kind of medical collaboration effortless. We know -- technology can sometimes make our lives more difficult. But deciphering stacks of handwritten notes and playing phone tag is not effortless. That’s why we created iClickCare -- we knew most teams need an effortless, easy-to-use way to collaborate that works with, not against, the flow of their lives and work.

---

**What is Telemedicine?**

Telemedicine is a subset of eHealth -- it is one way eHealth happens. The American Telemedicine Association defines telemedicine as “the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status.”

Increasingly, healthcare providers - hospitals, nurses, physicians, and many others among them - are using telemedicine to care for their patients while also working within regulatory and expense parameters. The more spread out, rushed, and isolated we are, the more we depend on telemedicine to help us connect and serve.

---
Want to see Telemedicine in action?

A member of the iClickCare team can answer your questions and provide a custom demonstration.

Speak with a Member of the iClickCare Team Today!

In a Long Term Care setting, using a telemedicine tool for medical collaboration can help you:

- Communicate efficiently and quickly to make better informed decisions.
- Create, share, and implement care plans.
- Quickly send notes, photos and video clips to others and get efficient consults.
- Include the family in care decisions in meaningful ways.
- Avoid unnecessary doctor’s visits and care delays.
Chapter 3

Surprising Ways Telemedicine Helps Assisted Living

Telemedicine is often associated with very remote areas, access to super-specialized providers, or cutting-edge technology. However, some of the most heart-wrenching and interesting uses of telemedicine have been with ordinary people in ordinary circumstances.

In particular, telemedicine can make Assisted Living Communities more efficient and more resident or person-centered.

Assisted Living is often part of a transition from full independence to full support: a person finds a midpoint between living at home and skilled nursing care. Of course, the lines are blurry -- home care, independent living, assisted living, and full support care like memory care or skilled nursing. What all of these care services have in common, though, is the prioritization of excellent care and the maintenance of a patient’s lifestyle and independence.

Traditionally telemedicine has served Assisted Living by technological replacement of human visits and by home monitoring. Significant gains in health have been documented by monitoring weight, medication adherence, blood pressure and activity. Medical collaboration tools like iClickCare bring another level of support. Tools like these can have a significant impact on senior care by enabling simple, secure care coordination and collaboration with the family, the resident (often a senior), and their caregivers and providers. HIPAA compliance is a given.
The creativity and commitment of Assisted Living providers is astounding -- and for that reason, they are innovating evermore ways of using telemedicine in their practice.

Here are just a few of the ways that Assisted Living Communities use telemedicine to improve care and decrease costs and hassle:

• Measuring key patient indicators like weight or blood pressure without the resident having to leave their home

• Efficient, remote collaboration with team members, specialists or key providers from nearby hospitals or practices

• Aides and nurses, even family members, for more background history and also private pictures or video clips

• Decrease in ER and OR visits due to surgeons and other providers evaluating remotely whether a procedure is required

• Several kinds of provider "touch points" on a single case, since geriatric issues often involve more than one specialty

What about HIPAA?

Whenever a discussion of electronic communications come up, concerns and confusion about HIPAA also arise. So, here are some key points to keep in mind:

• HIPAA enforcement and penalties are stricter than ever. One example of this is that from now on, HIPAA investigates every breach, regardless of whether damage occurred from the breach

• Emails and texts are not secure – period. Even with SSL encryption, you're simply not HIPAA-compliant if you're sharing or discussing patient information via text or email.

• Telemedicine is not inherently less secure. Good telemedicine software will have both physical and electronic safeguards against loss or theft of information. For instance, iClickCare doesn't store photos in your phone's camera roll, so even if that device gets in the wrong hands, you're still safe.

• Solutions that are HIPAA-secure will say so. If the solution you're considering is unwilling to say directly that they are HIPAA-compliant and HIPAA-secure, then they probably aren't. And that's not a risk worth taking.
Chapter 4
Solving for Isolation Challenges through Telemedicine

For older people in our country, particularly in today's economy, it is hard to put together a care plan that balances good medical care with needs for independence -- and interdependence. Costs are higher than ever and with people living longer, more productive lives, these decisions are increasingly important.

An Assisted Living Community can be fantastic, but if seniors wait too long, it can be hard to get into one. Living at home supports independence but can be isolating and is very expensive if there are medical needs to attend to. And skilled nursing facilities may be a higher level of care or cost than many people are ready for.

There are some trends showing that the number of Americans living in multi-generational households is increasing dramatically. NPR's fantastic series on these families is illuminating and puts a face to the 51.4 million people who are now living together in this way (the highest rate of Americans living inter-generationally in modern history.)

However, despite the increase in families living in multi-generational homes, and despite the growth of Assisted Living Communities, most older Americans are living alone -- and isolation is often a part of their experience. For these individuals, isolation does not just affect happiness and well-being. Isolation in older age also makes medical care very challenging. For instance, a study cited by NPR shows that "people with dementia who are cared for at home are more likely to get unwanted treatment than if they are in a nursing home."

Living at home can be great for many things, but isolation and increasing medical demands require sophisticated management.
Let’s take the case of Edna, an 89-year-old firecracker of a woman who loves crochet, seeing her grandchildren, and baking pies with unusual flavors like vanilla-blueberry-lavender. Edna has been in great health her whole life, lives in an Assisted Living Community, and has a caregiver who stays with her during the day. Her caregiver, Librada, is extraordinary, loving, and adored by Edna. But when Edna has a question about a sore, pain, medication, or shortness of breath, Librada doesn’t have the medical background to make a call. So Librada usually contacts Edna's family (who can be hard to get ahold of, with burdensome work schedules), then takes Edna for a just-to-be-sure check with one or more physicians. These checks often turn into round-robbins of medical visits, at the end of which Edna is exhausted, frustrated, and feels worse than ever.

So what is the solution for seniors living at home, receiving home-care, living in Assisted Living communities, or even for those in skilled nursing facilities? We’re finding that Store-and-Forward telemedicine can play a key role in achieving these goals. By using this telemedicine platform for coordination of care and medical collaboration, the people and providers caring for seniors can coordinate in ways that break through isolation, limit transportation, limit unnecessary medical visits, and manage long-term conditions in sophisticated ways.

We think that any solution for older patients should prioritize 3 things:

1. Limiting unnecessary visits to medical providers
2. Ensuring coordination of care among caregivers, family, and medical providers
3. Sophisticated management of conditions that take into account the patient's priorities, lifestyle, and end-of-life plan.

When Skilled Nursing Facilities or Assisted Living Communities use telemedicine, the platform allows providers like aides and caregivers to consult with physicians, nurse practitioners, and specialists -- which means better care and integrated care coordination. For the providers, this coordination means dramatically decreased costs. And for Edna, access to telemedicine would have meant faster and easier communication with her family, the possibility of visiting the local community center and having an aide consult with a physician -- meaning she’s back home, with peace of mind, before lunch. And that means more time to bake pies or to be with the newest grandkid.
Chapter 5

The Costs of Not Using Telemedicine

The people we know who run long-term facilities are fantastic folks. They’re creative, caring, and clear-eyed. The need to be, too, because the pressures they face in providing long-term care grow every day:

- Access to specialists is shrinking.
- Regulatory parameters get stricter (and sometimes less logical) every day.
- New changes with the Affordable Care Act create both pressure and uncertainty.

Even when everything is going smoothly for the patient, costs can be difficult to manage. But when a patient needs to be brought to a visit with a medical provider, or a series of visits with medical providers, costs can really soar.

Of course, studies have repeatedly shown that telehealth can help bring down the cost of these types of incidents. For instance, the January 27, 2001 article in the Journal of Gerontological Nursing showed that for a rural nursing home, telehealth reduced the cost of the consult by half.

In our experience, however, the cost of the consult is negligible when compared to the full set of costs incurred when someone in long-term care gets sent to the ER or the doctor.
Aside from impacting the patient, it is important to embrace Managed Care to be successful in Long Term Care. Managed Care, ACOs, and Pay for Performance systems have all been circulating in our world for years now. But for many hospital systems and long-term care facilities, adoption and management of these practices has been uneven. And research is showing that some ACOs are floundering to succeed in this new system.

These are a few examples of the problems with a "let’s just send her to the doctor or the ER" approach:

- Patients often experience pain, frustration, and discomfort when traveling to receive care.
- Aides need to attend, often shaking up schedules and complicating care for other patients.
- Concomitant issues like dementia can be exacerbated when a patient is removed from her routine and home.
- The family must also attend (or be excluded from the information and decisions at the visit), causing:
  - Missed work.
  - Distraction and stress.
  - Travel.

Aside from impacting the patient, it is important to embrace Managed Care to be successful in Long Term Care. Managed Care, ACOs, and Pay for Performance systems have all been circulating in our world for years now. But for many hospital systems and long-term care facilities, adoption and management of these practices has been uneven. And research is showing that some ACOs are floundering to succeed in this new system.

That is about to change, one way or another. Managed care and pay for performance are here to stay, especially in long-term care settings.

Recent reports document that Medicare wants 30% of all payments to go through models like ACOs by the end of next year, and 50% by the end of 2018, up from about 20% now. Of course, there are already incentives and for performance in place, such as penalties for hospitals when patients get readmitted. These nudge providers to improve care, even if they’re still getting paid in a traditional fee-for-service system. The government wants 90% of all Medicare payments to include such incentives by the end of 2018.

The government’s first goal is for 30% of all Medicare provider payments to be in alternative payment models that are tied to how well providers care for their patients, instead of how much care they provide – and to do it by 2016. Then, alternative payment models need to get to 50% by 2018. So what does this mean?
In alternative payment models, providers are accountable for the quality and cost of care for the people and populations they serve. This of course moves away from the old way of doing things, which amounted to: “the more you do, the more you get paid.” In a Patient Centered Medical Home model, instead of doctors working separately in their own silos, care coordinators oversee all the care a patient is getting. That means patients are more likely to get the right tests and medications rather than getting duplicative tests, procedures, etc. These medical homes typically offer patients access to a doctor or other clinician 7 days a week, 24 hours a day including through extended office hours on evenings and weekends.

The second goal is for virtually all Medicare fee-for-service payments to be tied to quality and value; at least 85% in 2016 and 90% in 2018. Most providers will be tying at least some of their payments to quality and value—even those who are not yet ready to fully transition. Providers will need to link nearly all payment to quality and value, in some way, to see that we are spending smarter.

As Murphy-Barron’s and Fitch’s paper summarizes: “Provider organizations need to be aware the managed long-term care plans are funded using a capitation mechanism in which they receive a lump sum per member from which they must pay most long-term care and other ancillary expenses. The risk shifts from the Medicaid program to the plan. Running a successful managed long-term care plan therefore requires significantly more investment in risk management, financial management, and strategic planning than do fee-for-service arrangements.”

We’re, of course, always advocating for the use of "good old fashioned" common-sense medicine as well as savvy use of technology to support these changes. But the one thing we know for sure is that it will take all of our efforts to find the way forward.

**Case Example:**

<table>
<thead>
<tr>
<th></th>
<th>Legacy</th>
<th>Time</th>
<th>Quality</th>
<th>iClickCare</th>
<th>Time</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Out Patient Referrals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral to Ortho</td>
<td>$300</td>
<td>5 Wks</td>
<td>Worry</td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Appt with neurologist</td>
<td>$200</td>
<td>8 Wks</td>
<td>Frustration</td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>MRI Ordered</td>
<td>$1,000</td>
<td>3 Wks</td>
<td>Worry</td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>$16,000</td>
<td></td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Neurosurgery Consult</td>
<td>$4,000</td>
<td></td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Extended Hospitalization</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>ICU Stay or Transfer</td>
<td>$12,000</td>
<td></td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>SUBTOTAL</strong></td>
<td>$33,500</td>
<td></td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>Home Care</strong></td>
<td>$8,000</td>
<td></td>
<td>Paraplegia</td>
<td>$500</td>
<td>Normal Post-op</td>
<td></td>
</tr>
<tr>
<td><strong>Physical Therapy</strong></td>
<td>$2,000</td>
<td></td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>FINAL TOTAL</strong></td>
<td>$43,500</td>
<td></td>
<td></td>
<td>$4,500</td>
<td></td>
<td>-</td>
</tr>
</tbody>
</table>

Transforming Long Term Care Through Telemedicine
Who is ClickCare LLC?

ClickCare LLC developed ClickCare Classic in 1995, when a pediatrician needed to advise and assist her nurse practitioners in an off-site school clinic. At the same time, email utilization began spreading, secured lines from schools became a reality, and digital cameras had just become commercially available. From the consultations with the nurse practitioners, an archive of medical cases was assembled manually to show others the idea of being able to transmit pictures and communicate securely using the Internet. Healthcare professionals started getting excited by the idea. After trying the then-available telemedicine systems, it became clear that any useful system would need to be inexpensive, accessible via the web, and very user-friendly to be widely accepted. Providers love the workflow of Store and Forward. Since its beginnings in upstate New York, the mission of ClickCare LLC has always been to improve patient access, provider collaboration, and student education.

What is iClickCare?

iClickCare®, launched in 2010, is a subscription-based app for medical professionals that takes the capabilities of ClickCare Classic to a whole new level. With the wide adoption of the iPhone and iPad by healthcare organizations, iClickCare was developed both as a mobile iPhone/iPad app and an application that can be run in a standard browser on a computer – all accessing and displaying the same set of HIPAA secure data.

For more information or to see a demonstration, contact a ClickCare Consultant today!