

# **PLAYBOOK for HEALTH CARE PROVIDERS AND POLICYMAKERS**

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

Featuring Case Studies from  
Gary and Mary West PACE  
Avera eCARE Senior Care  
Landmark Health

# Who This Playbook Is For

Health care providers and policymakers who are creating innovative virtual health care that increases access and equity for older adults.

# What This Playbook Offers

- **Learnings and lessons** from older adults' experiences of virtual health care during the pandemic:
  - ★ **How older adults' experiences** can guide virtual care model design and policy development
  - ★ **Barriers and concerns** older adults encountered when accessing virtual care, and how to address them
  - ★ **Three care model approaches** to integrating virtual care within the older adult population
- **Recommended action steps** that reflect patient priorities and ensure an equitable future through virtual care
  - ★ **Implementation and policy goals** that 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.

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**West Health** 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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# *Older Adults' Experience of Virtual Care: Action Steps to Increase Access and Equity*

## **Definitions** for the purposes of this Playbook:

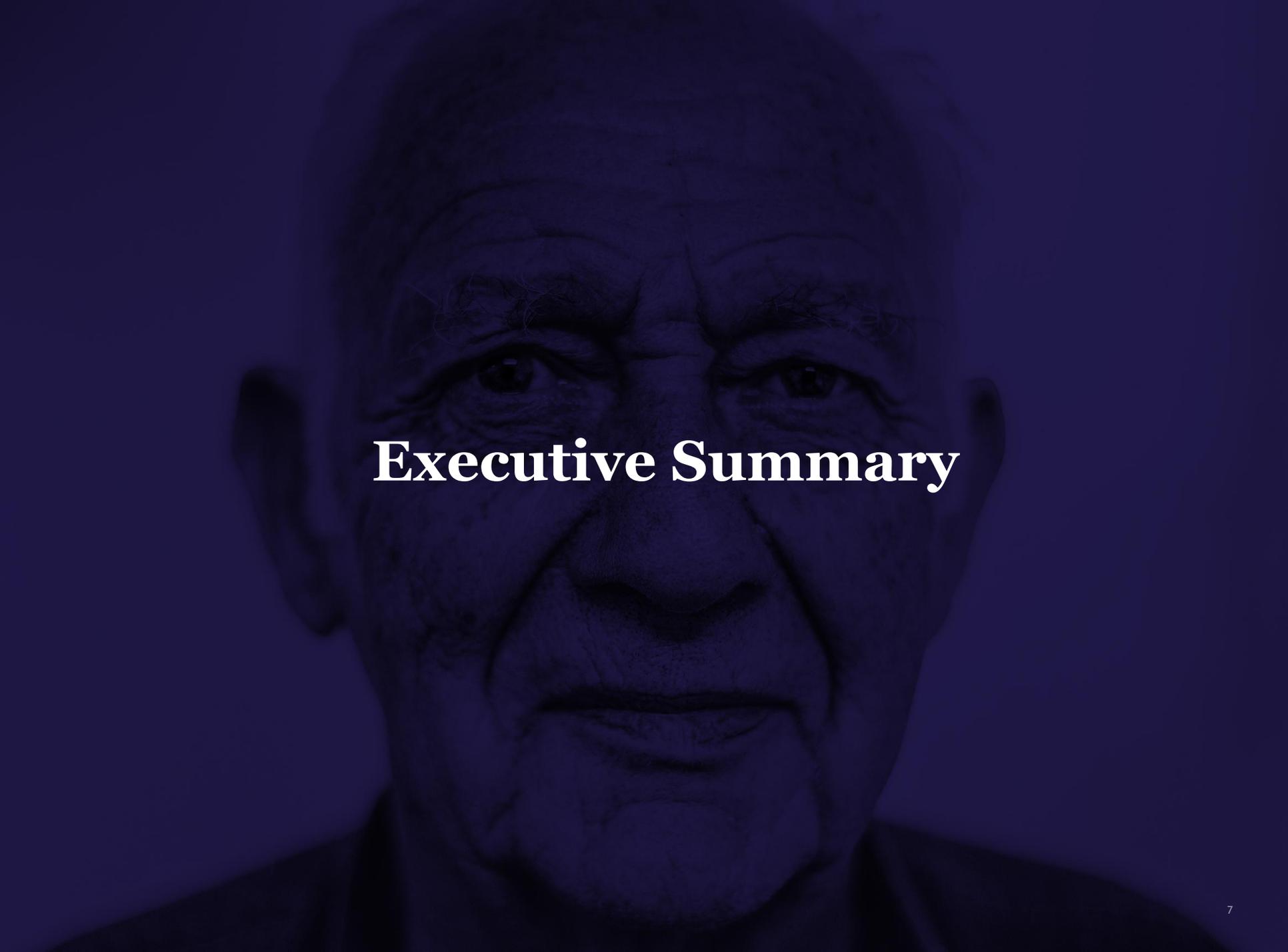
**Older Adults:** Adults ages 50+ across the United States.

**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: not-in-real-time store-and-forward).

**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.

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# **Executive Summary**



# How can Virtual Care Close Gaps in Equity and Access to Care 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. Planning beyond the pandemic, virtual care has the potential to increase access to health care services and reduce inequities.

# 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:

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

**Step 2. Investigated older adult care models that have integrated virtual care into their care delivery**, eventually focusing on three case study models that have effectively reduced barriers to care:

- **Gary and Mary West PACE**
- **Avera eCARE Senior Care**
- **Landmark Health**

**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.

# Our Findings

- During the pandemic, virtual care proved critical to maintaining the health of older adults. To access virtual care, older patients have had to adapt to online platforms.
- *Older adults who have participated* and have the resources to do so strongly support using virtual care. *Older adults who have not participated* primarily say they have not needed it.
- Older adults are sometimes uncomfortable with virtual care technology— but they need to overcome this challenge to participate in the virtual care experience.
- If given a choice, older adults would not replace in-person visits with virtual care. Instead, they would utilize a combination, or else return to in-person visits altogether.
- Barriers and concerns that older adults encountered when utilizing virtual care include:
  - Lack of Comfort Using Technology and Digital Literacy
  - Reliable and Accessible Internet
  - Quality and Personalization
  - Accurate Assessment

# Understanding Older Adult Barriers to Virtual Care and Patient Concerns

 <p>Comfort Using Technology and Digital Literacy</p>	<ul style="list-style-type: none"><li>● Lack of comfort or unfamiliarity with technology including computers, tablets, and remote monitoring devices</li><li>● Lack of comfort or unfamiliarity with online platforms including downloading software and online forums</li></ul>
 <p>Reliable and Accessible Internet</p>	<ul style="list-style-type: none"><li>● Limited, inconsistent, or no access to internet service</li></ul>
 <p>Quality and Personalization</p>	<ul style="list-style-type: none"><li>● Concerned there will not be a personal connection to a provider via virtual care</li><li>● Concerned their unique health care needs will not be met</li></ul>
 <p>Accurate Assessment</p>	<ul style="list-style-type: none"><li>● Concerned their provider would miss something in an exam</li><li>● Concerned their provider could not conduct a thorough physical exam</li></ul>

## Key Learnings from Case Studies

- ★ Training all staff — both in-person and virtual — on virtual care practices and procedures would have helped to avoid confusion among staff and improve communication with patients and families.
- ★ Utilizing tele-presenters supports patients' experience and comfort with technology.
- ★ Identifying resources and creating a plan early on for evaluating virtual care was challenging but necessary in the midst of the the pandemic.
- ★ Understanding what is best for your population may mean shifting care approaches, but will ensure you are best meeting their needs.
- ★ Although some models have returned to in-person care, all have retained some virtual care services because it provides a convenient way for some patients to access the care they need.

# Key Insights for Health Care Providers

- ★ **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 for 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 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 — will decrease confusion and increase comfort with and understanding of technology and its role in a patient's care plan.

# Recommendations for Policy Action

USofCare and West Health recommend the following policy actions. If implemented when and where clinically appropriate, they can reduce gaps in virtual care access and help build better, more equitable health care for older adults as we emerge from the COVID-19 pandemic.

- **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. Providers should have the flexibility to offer virtual care without any geographic barriers for the provider or patient.
- **For individuals with complex needs, identify additional support to enable virtual care.** This could include 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.

# Conclusions

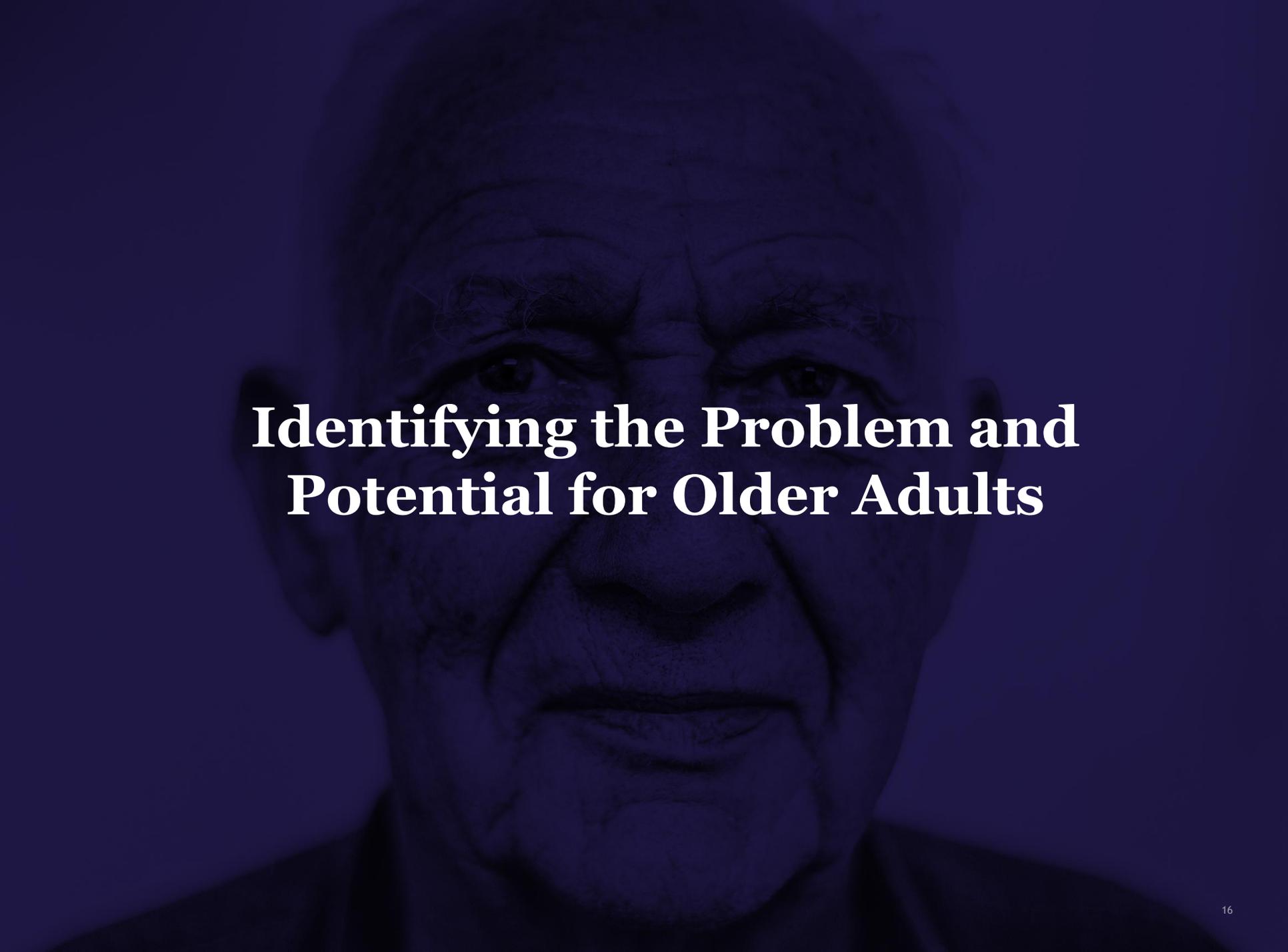
## *During the COVID-19 pandemic...*

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

## *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:

- **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.**



# **Identifying the Problem and Potential for Older Adults**

# Growing Needs, Shrinking Services

Rapid demographic shifts are increasing pressure on over-stretched health care services for older adults...



**Health care providers are decreasing:** there is a projected physician shortage of between 46,900 and 121,900 physicians by 2032.



**The population is aging:** the number of Americans ages 65 and older is projected to more than double over the next 40 years.



**Life expectancy is rising:** by 2060, the American life expectancy is projected to increase by about six years.

# Creating Higher Barriers to Access

## Older adults have faced barriers to accessing health care, including:

- Misunderstood communication with providers and caregivers
- Cost of medical bills
- Transportation
- Street safety

## Resulting in underutilization of health services:

- ★ 23% of older adults said that they had not visited a doctor when they were sick, had skipped a recommended medical test or treatment, had not filled a prescription, or had skipped doses because of cost.
- ★ 22% of older adults said they did not always or often hear from their regular doctor on the same day when they contacted the doctor with medical concerns.

# Virtual Care Was Drastically Underutilized

- In 2001, Medicare reimbursement for telehealth was restricted to “designated rural communities.”
- In 2012, CMS expanded telehealth’s territory beyond rural communities by retitling it “virtual health.” But 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.**

# Virtual Care Surged During COVID-19 Shutdown

The March 2020 CARES Act lifted Medicare's geographic limitations, which allowed providers to charge telehealth visits at the same rate as in-person services, and exempted telehealth from restrictive HIPAA regulations.

- ✓ In April 2020 [43.5%](#) of Medicare primary care visits were provided through telehealth, up from [0.1%](#) in February
- ✓ Between [mid-March and mid-August 2020](#), over 12.1 million Medicare beneficiaries – over 36 percent of people with Medicare fee-for-service – received a telemedicine service.
- ✓ Some health care systems, such as Jefferson and Kaiser, increased their use of telemedicine 20-fold.



# **Listening to Older Adults to Drive Meaningful Change**

# Virtual Care Experiences Among Older Adults

The accelerated adoption of virtual care provided a large cohort of older adults with user experience of telehealth services.

## So we asked older adults:

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

## And we listened:

- ★ 2 National Polls with older adults age 50+<sup>1,2</sup>
- ★ Public Opinion Scans<sup>3,4,5</sup>
- ★ Multiple Focus Groups<sup>6</sup>



## Highlights from the Field: PATIENT SATISFACTION

- ★ Older adults were pushed to use virtual care in the pandemic
- ★ Surge in usage will likely continue
- ★ For those who used virtual care, the majority:
  - Like it
  - Find it safer and more convenient than in-person visits
  - Report that it saves time and money
  - Are able to connect with the provider
- ★ For those who did not use virtual care, most say:
  - Did not need it
  - Would not work for specific health care needs



## Highlights from the Field: **BARRIERS and CONCERNS**

- ★ **Barriers to Access and Concerns**
  - Comfort using technology
  - Internet access
  - Quality and personalization
  - Accuracy
  
- ★ **Population-specific considerations**
  - Rural communities
  - Individuals with disabilities
  - Caregivers

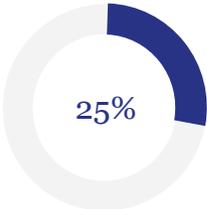
# Older Adults and the Virtual Care Landscape

A vast majority did not use virtual care prior to the pandemic, but now do. Many say they will use it again in combination with in-person appointments, but a number of people also recognize that it depends on the type of appointment if they continue with virtual care.

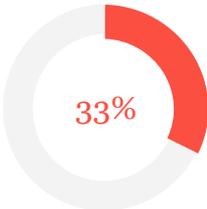
According to the West Health National Poll conducted in December 2020,<sup>1</sup> among adults aged 50+:



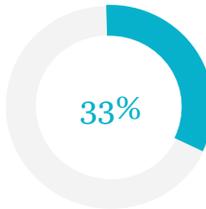
52% used virtual care



25% said they did not receive virtual care because they **did not need it.**



33% would go back to **in-person** visits



33% would use a **combination** of virtual care and in-person visits

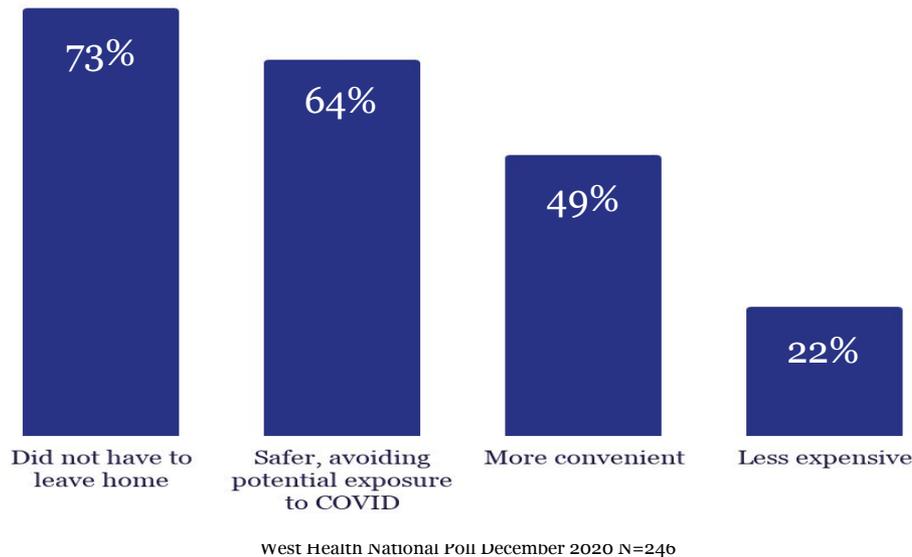
West Health National Poll December 2020 N=476

“I liked it a lot... and I hope they continue it after COVID is done. You know, for certain situations. Maybe one time a year you would go in for the physical and lab work, but the rest could be virtual. It's been a very good experience.”

—67 year old woman with a disability (suburban)

# What is working well with virtual care?

When asked what people liked most about their virtual care experience, a majority mentioned convenience, safety, avoiding the logistics of getting to an in-person visit, and in some cases, it being less expensive.



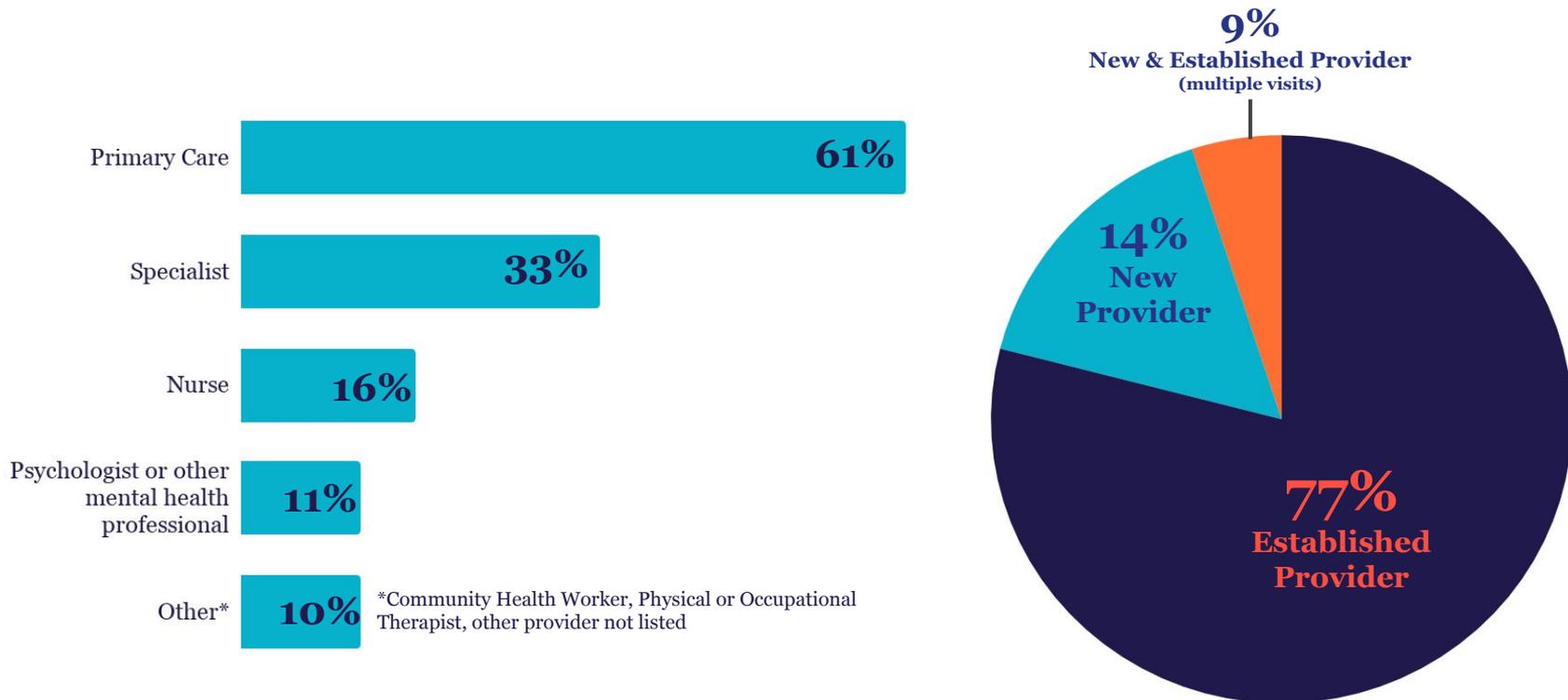
★ Similarly, the **USofCare National Poll** found that **62%** of adults aged 50+ cited **convenience** as what they **liked most** about virtual care.<sup>2</sup>

“ It ended up saving me time in terms of driving, parking, waiting in the waiting room, you know, that type of stuff. So, it was just real quick and easy, you don't have to really get dressed. I didn't have to worry about traffic. I didn't have to worry about finding a parking spot. I didn't think about that initially.

—67 year old female (urban)

# From whom are older adults receiving virtual care?

A majority of older adults saw their **primary care provider** and had already established relationships with their providers when participating in a virtual care visit.



\*Community Health Worker, Physical or Occupational Therapist, other provider not listed

West Health National Poll December 2020 N=246

Across all of the findings, a majority of older adults who participated in virtual care like their experience.

**Barriers and concerns** that have impacted older adults' utilization of virtual care include:



Comfort using technology and digital literacy



Reliable and accessible internet



Quality and personalization



Accurate assessment



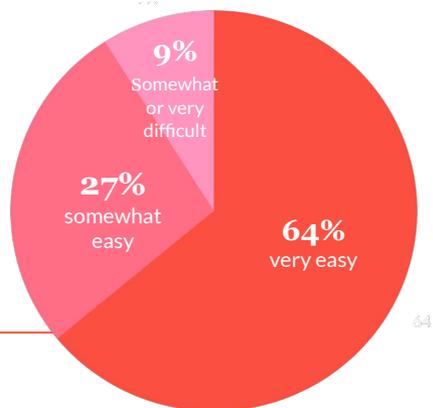
My experience using video conferencing was ok overall. It became a little awkward when my physician needed to do a physical examination. Positioning my camera for my doctor to be able to examine part of my body was not as comfortable as past experiences with in-person health care visits.”



— 57 year old female with a disability

# Comfort Using Technology

**91%** of those who reported having a telehealth visit found it easy.



**11%** increase in comfort with video conferencing technologies (*from 53% in May 2019 to 64% in June 2020*)

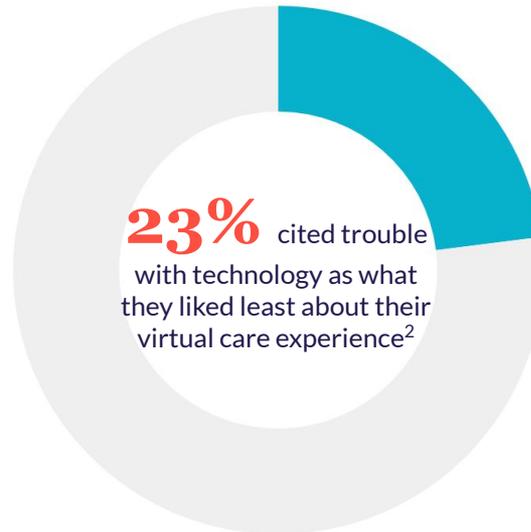
**11%** decrease in the number of people reporting that they have never used these technologies (*from 28% in 2019 to 17% in 2020*)

“  
It's gonna be somewhat of a generational thing because there's still a significant amount of the elderly generation that doesn't even have internet or a computer, and have no idea what to do. They don't want to use it.  
—70 year old male (rural)  
”

Source: [University of Michigan National Poll on Healthy Aging](#), Adults Age 50+

# Comfort Using Technology

Some older adults are not as comfortable working with technology generally, making a virtual care experience challenging.



★ In a 2020 University of Michigan National Poll on Healthy Aging, those who had reported having a telehealth visit were more likely than those who did not to be comfortable with video technologies (74% vs. 60%).

“

I am not a computer user and if I had to use a computer or any other way than a telephone for telehealth then I would not try virtual care because then I would need help from other people and I believe that health care appointments should be private.

—67 year old female with a disability (suburban)

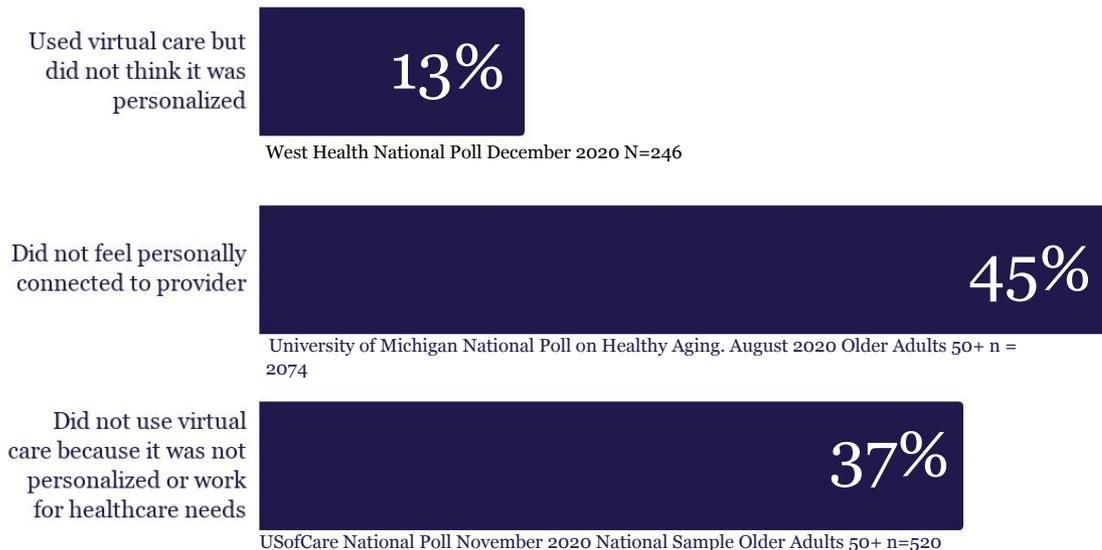
My husband's a perfect example—no clue how to use a computer, doesn't want to know.

—57 year old female (rural)

”

# Personalization of Virtual Care

Older adults participating in virtual care or thinking about participating are concerned that the visit may not be personal to their health care needs.

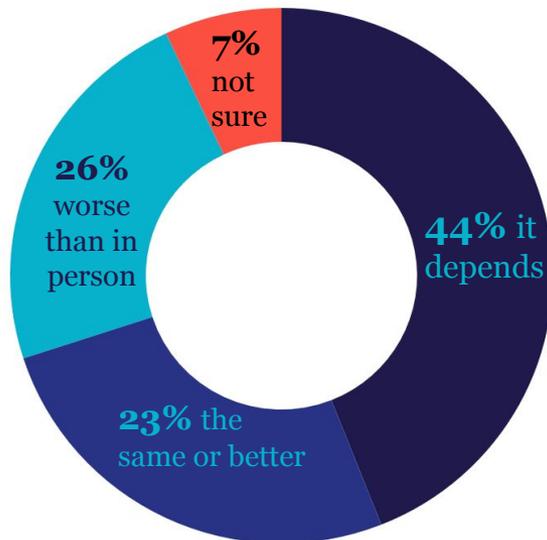


“The doctor had his protocol with in-person visits. He would look closely into my eyes, check breathing, look at the feet—it was the touch element. Even if it wasn't anything, but putting his hand on my shoulder, as we talked, that kind of thing. There was always some tactile experience. In the absence of that kind of experience, I don't think virtual medicine could ever compensate for that.”

—73 year old female (urban)

# Quality of Virtual Care

- ★ In April 2020, more than one in five older adults said they have had a telehealth appointment since the start of the pandemic (21%) and almost half rate the experience as about the same as an in-person visit (49%).<sup>4</sup>
- ★ In December 2020, almost half of older adults said their opinion of telehealth services depends on the type of visit.<sup>1</sup>



West Health National Poll December 2020  
N=476

I was trying to get some questions answered about my husband's declining health from a nurse, nurse practitioner, physician assistant, or doctor, and it was a receptionist or non-medical person that said to send in a picture of the problem that I was concerned about. So I sent it in and followed up and no one received it. It just went into a black hole.

—73 year old female (urban)

# Accurate Assessments and Diagnosis

In 2 national polls, **approximately 20%** of older adults were concerned they would not get an accurate assessment through a virtual care visit.<sup>1,2</sup>

**25%** were concerned that their provider would miss something.<sup>1</sup>

In a follow up to a 2019 poll conducted by the Univ. of Michigan, concerns that the health care provider **could not conduct a physical exam increased** from 71% in 2019 to 75% in 2020.<sup>3</sup>

“

You know, there's certain amount of tests and stuff that you have to do in person. People ignore something and think they can take care of it virtually. They might have a real problem that the doctor doesn't find, where during an in-person visit, maybe the doctor would notice some of those things. So, I guess that's my concern: if somebody had a virtual visit and said everything's fine but there's an underlying problem that they don't tell their doctor, and the doctor doesn't pick up on it either.

—70 year old male (rural)

“If I needed a more thorough exam, I would need to go in and would not trust virtual care for that”

—67 year old female (urban)

”

## Internet access

We cannot assume everyone has access to the internet, which is often essential for participation in virtual care.

Pew research analyses found that only about **60%** of older adults 65+ are home broadband internet users and that rural Americans are **12%** less likely to have broadband at home compared to urban and suburban Americans.<sup>7</sup>

“

“I mean, **we're fortunate we have broadband here** (on the farm). My husband also has one of those new things where you can check your heart rhythm and it's all connected. And it's just a little bitty thing. And it does an EKG. I mean, it's just wonderful...but again, all goes back to broadband.”

— 60 year old female (rural)

“So I would love to be able to access my medical professionals virtually. But **I have unreliable internet access**. I have to wait until I have reliable internet.

— 71 year old female (rural)

”

# Case Studies



## Overview of Our Case Studies

Care providers across the country are integrating virtual care into their older adult models, which was accelerated as part of COVID-19 responses.

We conducted an environmental scan of organizations providing virtual care to older adults and identified ten potential care models as case studies. West Health and USofCare selected three models to conduct key informant interviews and highlight in this Playbook.

We chose these three models because their organizations varied in terms of care settings, geographic location served, and level of patient care needed, among other factors. In this Playbook, we highlight each model's approach to virtual care and describe the unique ways they are addressing older adults' concerns and barriers identified by our listening work.

# Overview of Our Case Studies

## Identified Barriers and Concerns with Virtual Care



Comfort using technology and digital literacy



Reliable and accessible internet



Quality and personalization



Accurate assessment

- ★ **Gary and Mary West PACE:** A comprehensive, fully integrated, provider-based health plan for older adults aged 55+ providing community-based care and services to people who would otherwise need nursing home level of care.
- ★ **Avera eCARE Senior Care:** A full-service virtual care program for older adults in skilled nursing facilities and senior housing, including assisted and independent living, with significant reach in rural areas.
- ★ **Landmark Health:** A program that provides longitudinal in-home geriatric primary care, behavioral health, and 24/7 urgent care for seniors with multiple chronic conditions.

Gary and Mary  
**west** *pace*



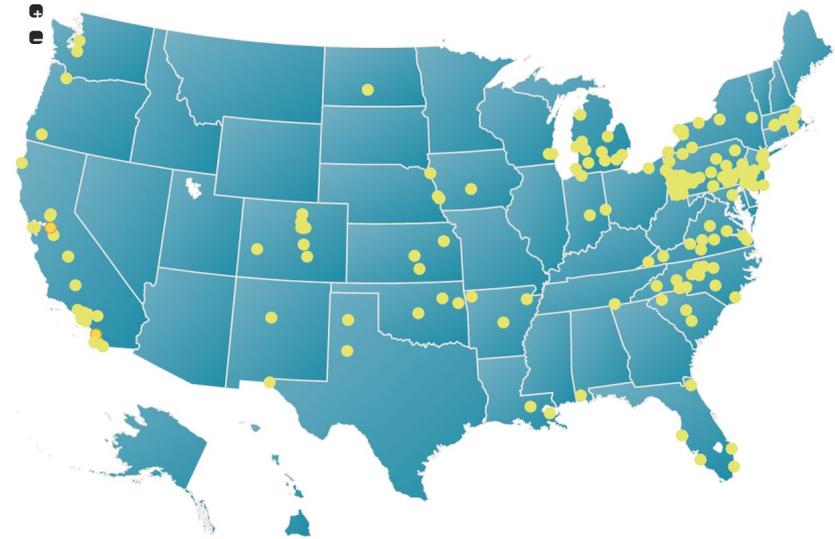
## Programs of All-Inclusive Care for the Elderly (PACE)

### Gary and Mary West PACE, serving north San Diego...

... is one of 138 PACE programs operating in 31 states, serving more than 55,000 participants.

This innovative model enables individuals age 55+, and certified by their state to need nursing home care, to live in their community as independently as possible.

PACE's **interdisciplinary model of care** includes physicians, nurse practitioners, nurses, social workers, therapists, dietitians, care aides and drivers who work together, share information, and solve problems.



**West PACE is unique** in its affiliation with a research arm, the West Health Institute, which conducts ongoing research on PACE quality and process improvement to share and advance the PACE community.

## Virtual Care Works Well Inside a Capitated Model

PACE programs receive a per-member, per-month capitated payment from Medicare, Medicaid and private-pay sources. The PACE organization then assumes full financial risk for the care of the participant. Capitated full-risk models allow flexibility and encourage innovative and creative strategies to maintain and improve the well-being of PACE participants.

**Virtual health is well-positioned to work within the flexibilities of a capitated model.** It can increase access to care, maintain and improve quality and help avoid costs.

Virtual health can also reduce the need for transportation of participants when in-person consultation may not be necessary or optimal due to time constraints, geographic distance, risk related to transportation, and potential disease transmission.



## Pandemic Pivot and Rapid Rollout of Virtual Care



*Prior to the COVID-19 pandemic, West PACE had planned to implement virtual care services as a part of the West Health Institute's ongoing process improvement activities; virtual care tools had been identified, contracts executed, and training materials created.*

*In the wake of the pandemic, West PACE had to close its day center and reduce its in-person clinic visits to comply with social distancing guidelines.*

**To deliver services to its 120 isolated home-based seniors, West PACE rapidly deployed its planned virtual care tools, compressing implementation from 6-8 weeks to 1-2 weeks.**

### Staff Inclusion

Prior to implementation, West PACE achieved buy-in from staff by communicating benefits for participants.

As part of daily interdisciplinary team meetings, staff shared anecdotes about the impact of virtual care visits on participants, discussed challenges, and anticipated future problems.



## Virtual Care Facilitated by In-Person Staff

During the pandemic, West PACE deployed a hybrid model of technological outreach enabled by on-site staff to deliver care to isolated seniors, including:

- ✓ Patient-Assisted Video Visits
- ✓ Artificial Intelligence
- ✓ eConsults

### West PACE Services Enabled via Virtual Care During Pandemic (in Red)

- |                                     |                               |  |
|-------------------------------------|-------------------------------|--|
| - <b>Doctor care</b>                | - Home care                   | - Nutritional counseling                         |
| - <b>Nursing care</b>               | - <b>Physical therapy</b>     | - Social services                                |
| - <b>Medical specialty services</b> | - <b>Occupational therapy</b> | - <b>Geriatric Psychiatry</b>                    |
| - Prescription drugs                | - Adult daycare               | - Spiritual support                              |
| - Nursing home care                 | - Recreational therapy        | - <b>Laboratory / X-ray services</b>             |
| - Emergency services                | - <b>Meals (delivered)</b>    | - Social work counseling                         |
| - <b>Behavioral Health</b>          | - <b>Dentistry</b>            | - <b>Transportation (for staff and patients)</b> |
|                                     | - <b>Triage</b>               |  |

## Tele-Presenters Key to Successful Virtual Care

- West PACE deployed Personal Care Attendants (PCAs) as ‘tele-presenters.’
- PCAs go to patient homes and assist with facilitating the virtual visit, connecting the participant to a remote primary care provider, specialist, or therapist.
- The tele-presenter ensures that the participant can connect with the remote provider during the scheduled time by alleviating connectivity and digital literacy issues and by providing internet enabled technology or an internet enabled tablet.
- The PCA also enhances the video visit by taking vital signs, positioning the camera, adjusting lighting, providing in-person dynamics and assessing the home environment for any hazards (e.g., falls potential).

## Artificial Intelligence (AI), Avatars and Video Visits: Monitoring and treating isolated seniors

- West PACE works with an innovative approach to virtual care that uses tablets enabled with artificial intelligence software **to address social isolation and support health management.** Software and/or a health advocate interacts with participants through an avatar on the tablet while assessing for potential clinical issues.
- If a concern is indicated, a health advocate alerts the West PACE care team to follow-up with the participant. A clinician from PACE will then communicate with the participant and in some cases initiate a video visit from the same tablet, replacing the avatar with a real-time video visit.



Images of West PACE participants with care.coach tablet

## e-Consults

e-Consults are asynchronous documented, provider-to-provider consultations that can be conducted through the EMR or a third-party virtual platform.

West PACE clinicians utilize e-Consults to ask a variety of specialists questions that will help inform clinical care, achieving responses within 24-72 hours without having to send a participant to an in-person appointment.



## Personal Care Attendants Extend the Reach of Technology

Barrier or Concern	Gary and Mary West PACE Virtual Care Solution
<p><b>Comfort Using Technology and Digital Literacy</b></p>	<ul style="list-style-type: none"> <li>- Personal Care Attendants (PCAs) go to a participant’s home as ‘tele-presenters’ to help set up and manage the virtual care visit</li> <li>- AI enabled tablets are designed for ease of use with only one button and limited menu selection</li> <li>- Provide hands on education for participants using an AI enabled tablet and select participants who can benefit from its use</li> </ul>
<p><b>Reliable and Accessible Internet</b></p>	<ul style="list-style-type: none"> <li>- PCAs provide technology that connects to the internet through cellular data for the virtual visit and for some participants, they will leave the technology at their home for health and wellness usage</li> </ul>
<p><b>Quality and Personalization</b></p>	<ul style="list-style-type: none"> <li>- PCAs go to a participant's home during a virtual visit incorporating a social aspect into the visit</li> </ul>
<p><b>Accurate Assessment</b></p>	<ul style="list-style-type: none"> <li>- PCAs take vitals and are present to assist the patient and provider throughout the visit</li> <li>- AI enabled tablet assesses the participant’s responses, engages to address social isolation and monitors patient status, implements medication reminders, etc.</li> </ul>

## Virtual Care Beyond the Pandemic

The pandemic has demonstrated to West PACE the power of virtual care services to extend the reach and richness of participant-provider interactions.

As the pandemic recedes, West PACE plans to continue to expand virtual care offerings to enhance physical, emotional and spiritual health of participants, many of whom will remain isolated and housebound.

Areas of virtual care piloted during the pandemic that West PACE has targeted for expansion in the near-term: **triage, physical, occupational and recreational therapy, mobile and remote dentistry, nutritional counseling, social services, mobile laboratory and radiology.**

# Avera *e*CARE<sup>®</sup> Senior Care

## Overview

- Launched in 2012 out of Sioux Falls, SD from Avera eCARE.
- Partners with skilled nursing facilities, senior housing including assisted and independent living, and medical directorships to **provide 24/7 access to specialized virtual care for seniors** as an extension of the local care team.
- Utilizes a business to business model working to support on-site staff, residents, families, and local physicians.
- Serving 10 states from nearly 200 locations with a **significant reach in rural areas.**
- Conducts an average of 5,000+ encounters per month.



## Patients

- Primarily on Medicare.
- Currently about 10,000 residents on the program.
- 98.8% of patients would recommend eCARE Senior Care services to others following an eCARE video encounter.

## Programs and Services

- **Specialized Care for Seniors:** Including 24/7 access to a geriatric-trained team; urgent care; behavioral health; wound care; advance care planning consultations; assistance with medications; coordinated care with primary care physicians; acute conditions treatment; on-site assessments; oversight from a geriatric-trained physician; and on-site staff empowerment and education to make more confident decisions about care.
- **Care Coordination** for specialized senior care: Including access to geriatric-trained experts and an interdisciplinary medical team including geriatricians, pharmacists, behavioral health specialists, social workers, RNs and more.
- **Senior Living Program:** Provides assisted living and residential care staff with direct access to geriatric-trained clinicians for fall assessments; medication review and consultations; provider consultations; resident changes in condition; resident or family meetings; team training; and more.

## Outcomes

**90%+**

Of urgent care encounters are able to be treated in-place avoiding a costly and typically unsafe transfer to the emergency department/hospital

**9%**

Reduction in emergency department visits for both long-term care and short-stay residents

**\$342**

Total cost of care savings per beneficiary, per month

Sources: [Learn more about Avera eCARE Senior Care](#); [Evaluation of the Health Care Innovation Awards, Round 2: Final Report](#); [Health Care Innovation Awards Evaluation Highlights Successes of Avera eCARE Senior Care](#)

## Pandemic Pivot

Avera eCARE was built prior to the pandemic as an e-platform exclusively utilizing virtual care. COVID-19 caused a ramp up of implementation processes and growth in locations. Additional workflows were also added to account for clinical cases related to COVID-19.

## Care Assessment Process

- On-site staff communicate telephonically with the Avera eCARE Senior Care team to triage and assess the problem.
- If necessary, the care team uses two-way, real-time audio-visual technology to interact with the patient.
- On-site staff coordinate the virtual interaction between the patient and the eCARE provider, as well as assists in the assessment.



## Mobile technology

- All served sites are equipped with multiple Avera eCARE mobile carts which hold Wi-Fi and advanced technology including up-to-date remote monitoring devices.
- Technology runs on Wi-Fi so the mobile carts can move to the patient, rather than the patient needing to be moved to the technology.
- Avera eCARE puts a lot of work into appropriately assessing and testing their IT and connectivity.
- All programs follow HIPAA compliance and CMS requirements.

## Open Communication between Patients and Caregivers

- Holds open houses, patient meetings, and family meetings, that include providers to ensure uniform understanding about their model and how it operates, and **to address any concerns up front.**
- Clinicians provide a detailed walk through of every step with the patient - what they are doing and why.
- Clinicians welcome families to be present during visits if they want, but will ask them to step out if the patient desires.
- For in-home care, they have created an education course for providers that in part trains them to ask “Is anyone else in the home?” or “I see someone else in the background - are you okay with them being there?”

**Avera eCARE**  
Senior Care



<b>Barrier or Concern</b>	<b>Avera eCARE Senior Care Solution(s)</b>
<b>Comfort Using Technology and Digital Literacy</b>	<ul style="list-style-type: none"> <li>- On-site nurses and staff are extensively trained on the technology and manage the technology platforms during a patient encounter</li> </ul>
<b>Quality and Personalization</b>	<ul style="list-style-type: none"> <li>- On-site staff are present in-person during virtual encounters to assist with communication between the patient and eCARE provider</li> </ul>
<b>Accurate Assessment</b>	<ul style="list-style-type: none"> <li>- Clinicians provide a detailed walk through of every step of the exam - what they are doing and why</li> <li>- Utilizes a fine-tuned care assessment process</li> <li>- Utilizes several remote monitoring devices</li> </ul>
<b>Reliable and Accessible Internet</b>	<ul style="list-style-type: none"> <li>- Provides served sites with mobile carts that include Wi-Fi and puts significant effort into appropriately assessing and testing their IT and connectivity</li> </ul>

Expanding into communities and types of services offered: Avera eCARE Senior Care is beginning to include and expand in-home health, palliative care, wound care, and behavioral health care. They are also planning to add additional service areas throughout the country to meet customer demand, and working with skilled nursing facilities, assisted living, independent living, and other Senior Living entities to grow and expand the number of sites served.

Avera eCARE Senior Care is continually monitoring the environment and health care settings to determine other needs and opportunities for innovation.



# Landmark

## Overview

- **Provides longitudinal in-home geriatric primary care, behavioral health, and 24/7 urgent care for seniors with multiple chronic conditions.**
- Holds a philosophy that by designing a clinical model tailored to frail, high-need patients, they can allow the patients to stay in the community.
- Their care is in addition to a patient's primary care and coordinates with the patient's primary care provider.
- Located in 17 states and 51 communities with 130,000 patients nationwide.

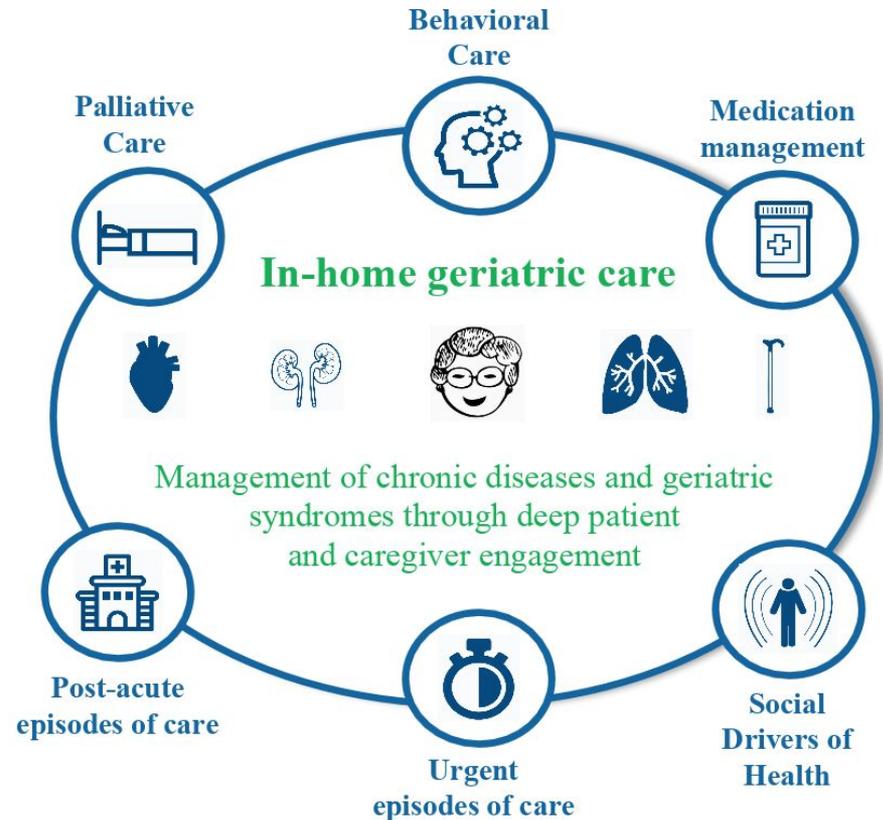


## Patients

- **Average patient is 77 years old and has 9 chronic conditions.**
- Average patient receives 7 provider house calls and 13 interdisciplinary care team touches from nurse care managers, social workers, pharmacists, and/or dietitians a year.
- High patient satisfaction with 90-95%+ consistent satisfaction on key patient experience measures.

## Programs and Services

- Landmark works with risk-bearing entities such as Medicare Advantage plans and capitated provider organizations.
- Members with 6 or more chronic conditions are attributed to Landmark in full-risk arrangements.
- Landmark provides in-home care to the attributed members in coordination with the member's existing providers serving clinical care, behavioral health, and social determinants of health needs.
- A patient's longitudinal provider is also the provider conducting their urgent visits.



## Outcomes

20-25%

15-25%

20%

90%+

Gross Medical Loss Ratio (MLR) improvement

Reduction in in-patient admissions per thousand (APK)

Reduction in medical costs during the last 12 months of life

Patient satisfaction

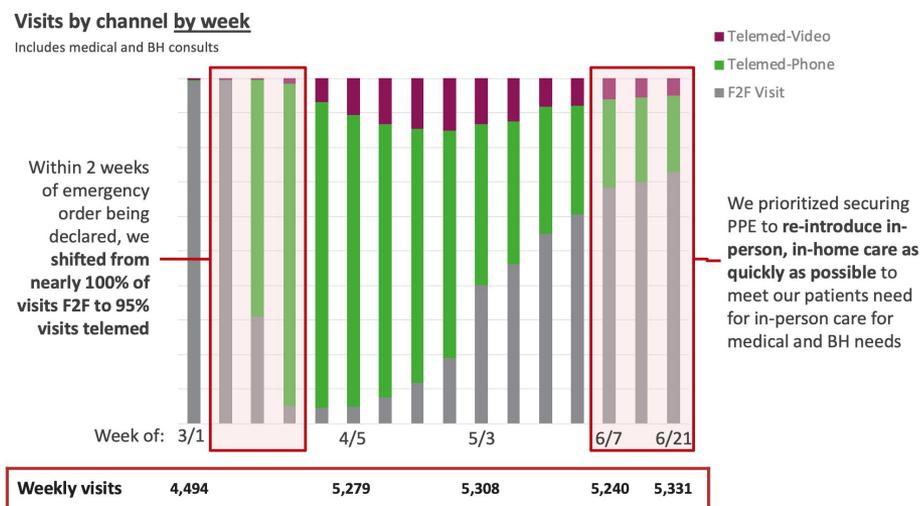
Sources: [APG Case Studies in Excellence 2018](#) and [Landmark Health's In-home Model Extends Life and Reduces Cost](#)

## Pandemic Pivot

Prior to the COVID-19 pandemic, Landmark offered limited behavioral telehealth appointments. They were also exploring remote patient monitoring pilot programs, and began developing a telemedicine app in early 2019.

## Pandemic Care Transition

- In about 2 weeks, Landmark went from 100% face-to-face in-home visits to about 95% being conducted via virtual care.
- Initially they saw overall encounter volume slightly increase, while behavioral health consults dramatically increase by 190%.
- Landmark built up their PPE supplies and began transitioning back to in-person visits. They were able to conduct 85% of visits in-person during the 2nd and 3rd quarter of 2020.



- Landmark Health provides **all of their in-person services** through Virtual Care: longitudinal primary care, behavioral health, and urgent care.
- Landmark offers audio-only visits, video visits, and remote monitoring devices.
- Virtual care services are completed by providers that Landmark patients have an existing in-person relationship with.

## Transition to Landmark Tech Platform

At the beginning of the pandemic, Landmark utilized software familiar to their patients such as FaceTime and WhatsApp. Since then, they have begun transitioning patients over to an in-house telemedicine app.



Landmark Telemedicine App: Landmark has developed their own telemedicine application that is HIPAA-compliant, allows for remote caregiver inclusion, and was built with simplicity in mind.

Health Care Ambassadors: Landmark's experienced community health workers support patients with the virtual care technology by walking through downloading and setting up the application, conducting test video visits with patients, and in certain circumstances physically visiting the patient's home to assist.

Unique Patient Challenges: Many of Landmark's patients have medical conditions that make telemedicine less effective or challenging to use, which is why they were always planning to build up PPE to continue in-home visits:

- 30-40% of patients are hearing impaired
- 10-15% of patients are vision impaired
- ~11% of patients have dementia



Barrier or Concern	Landmark Health Solution(s)
<p><b>Comfort Using Technology and Digital Literacy</b></p>	<ul style="list-style-type: none"> <li>- Utilizing Health Care Ambassadors to walk patients through downloading and setting up software, as well as conducting test video visits with them.</li> <li>- Technology platforms allow for caregiver inclusion to help facilitate technology and communication.</li> <li>- Landmark's App was built with simplicity in mind.</li> </ul>
<p><b>Quality and Personalization</b></p>	<ul style="list-style-type: none"> <li>- Whenever possible, a patient's same in-person provider is also the provider conducting their virtual visits.</li> </ul>
<p><b>Accurate Assessment</b></p>	<ul style="list-style-type: none"> <li>- Deploying remote monitoring devices to patient homes and teaching patients and their caregivers how to operate the devices.</li> </ul>

Landmark plans to continue to use telemedicine going forward **as a complement** to their in-home house call visits. With COVID, more of their patients are comfortable with telemedicine and they see it as a valuable way to add more touchpoints with patients – particularly for post-discharge or urgent care follow-ups where rapid follow-up is important to prevent complications and help with adherence to post-discharge plans. Landmark estimates by integrating telemedicine, their providers will be able to increase the number of visits per patient by **up to ~30%**.

Landmark is working to transition back to a primarily in-person visit model that **will be supplemented by virtual care**. Given the high-needs of their population, they feel that in-person visits can best meet their patients' care needs.



# Key Themes



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Senior Care



# Summary of Key Themes Across Models

Our research has shown that older adults strongly support virtual care and the increased health care opportunities it presents. We also know through our listening sessions that older adults face barriers and harbor concerns that impact their virtual care experience. Our case studies provide examples of how older adult care systems have taken innovative steps to address some of these needs.

## **Commonalities that made these case-study programs successful in addressing patients' concerns and overcoming barriers to care:**

- ★ Leveraged virtual care as tool for extending reach and impact of in-person care
- ★ Operated under a value-based payment structure that gave them added flexibility
- ★ Utilized tele-presenters to support patients' experience and comfort with technology
- ★ Provided clear and transparent communication with families and caregivers
- ★ Had at least a basic virtual care infrastructure which they could build on to meet the dramatic demands of the pandemic to deliver remote services to isolated patients

## Key Learnings from Case Studies

- ★ Training all staff — both in-person and virtual — on virtual care practices and procedures would have helped to avoid confusion among staff and improve communication with patients and families.
- ★ Utilizing tele-presenters supports patients' experience and comfort with technology.
- ★ Identifying resources and creating a plan early on for evaluating virtual care was challenging but necessary in the midst of the the pandemic.
- ★ Understanding what is best for your population may mean shifting care approaches, but will ensure you are best meeting their needs.
- ★ Although some models have returned to in-person care, all have retained some virtual care services because it provides a convenient way for some patients to access the care they need.



# **Recommendations for Health Care Providers and Policymakers**

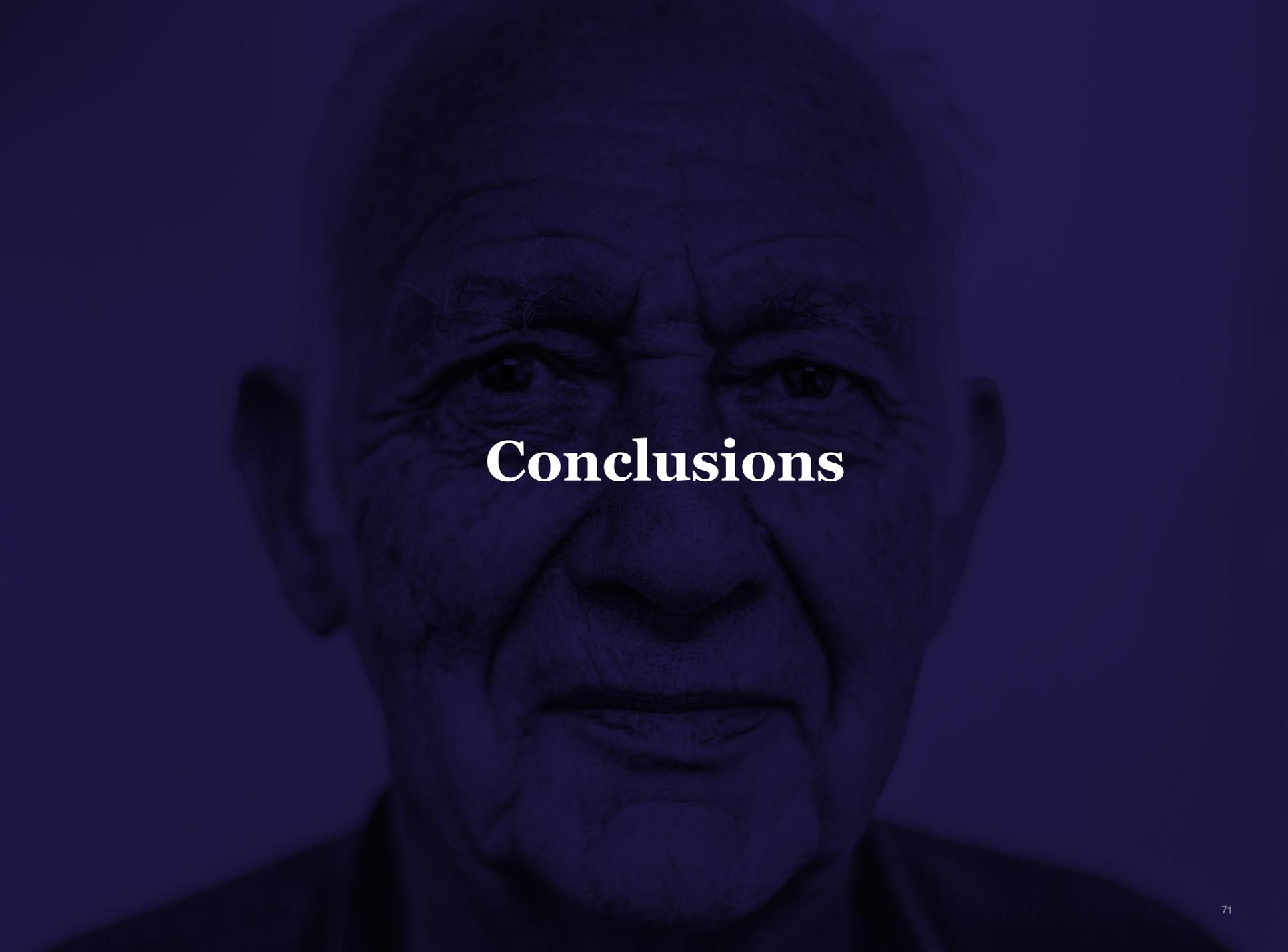
# Key Insights for Health Care Providers

- ★ **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 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 will decrease confusion and increase comfort with and understanding of technology and its role in a patient's care plan.

# Recommendations for Policy Action

USofCare and West Health recommend the following policy actions. If implemented when and where clinically appropriate, they can reduce gaps in virtual care access and help build better more equitable health care for older adults as we emerge from COVID-19 pandemic.

- **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. Providers should have the flexibility to offer virtual care without any geographic barriers for the provider or patient.
- **For individuals with complex needs, identify additional support to enable virtual care.** This could include 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.



# Conclusions

# Conclusions

## *During the COVID-19 pandemic...*

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

## *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:

- **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.**

## For More Information, Please Contact

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### Special Thanks to:

- ★ **Ross Colt**, Medical Director, Gary and Mary West PACE
- ★ **Josh Hofmeyer**, Senior Care Officer, Avera eCARE
- ★ **Deanna Larson**, CEO, Avera eCARE
- ★ **Chris Johnson**, VP, Head of Corporate Development, Landmark Health

# Playbook Created as a Partnership Between West Health and United States of Care

## About West Health



Solely funded by philanthropists Gary and Mary West, West Health is a family of nonprofit and nonpartisan organizations including 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. West Health is dedicated to lowering healthcare costs to enable seniors to successfully age in place with access to high-quality, affordable health and support services that preserve and protect their dignity, quality of life and independence.

## About United States of Care



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.



# Appendix

## Additional USofCare Virtual Care Resources

- ★ [Can Virtual Care Permanently Revolutionize Health Care? Only If We Look At It the Right Way](#)
- ★ [Summary of Virtual Care Legislative Policy Areas Directly Impacting People's Ability to Access Care](#)
- ★ All resources can be found at [unitedstatesofcare.org](https://www.unitedstatesofcare.org)

# Additional Resources

## Gary and Mary West PACE

- [PACE: Providing Quality Care in the Home During Pandemic](#)
- [How to Provide Telehealth to PACE Participants in their Homes](#)

## Avera eCARE

- [Avera eCare](#)
- [Avera eCARE Senior Care](#)
- [Evaluation of the Health Care Innovation Awards](#)

## Landmark Health

- [Landmark Health](#)
- [House Calls in the New Age of Health Care](#)
- [4 Strategies to Make Telehealth Work for Elderly Patients](#)

# Data Sources

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