

Uncharted Territory: Using Technology to Successfully Navigate the Pandemic in Home Based Care



It is hard to imagine how anyone, only a few short months ago, could have predicted the emergence of COVID-19 as the most significant global, public health catastrophe in recent memory. And yet, here we are in the midst of an unprecedented crisis that has, in just weeks, altered nearly every facet of American life.

The United States now leads the world in reported COVID-19 cases. As we investigate the impact of COVID-19 thus far on the US, the virus is currently concentrated in a dozen States that accounted for 80% of all reported cases as of April 6th. While the news media has been focused on total cases across the country as the most meaningful measure of COVID-19's penetration in the US, there is a significant correlation between these 12 States with the highest case counts and their overall ranking in terms of total elderly Medicare beneficiaries. It is this relationship that suggests that, in the States where COVID-19 is most prevalent, there will be a significant surge of Medicare patients by mid to late April. The question becomes how to adequately care for all of them.

As COVID-19 cases escalate, many patients will be hospitalized, then discharged, likely short of an optimal level of recovery to recuperate from the virus at home. As cases peak, it is possible that some sick patients in areas where hospitals are already at capacity will not be admitted to the hospital at all. Rather, they could be either triaged and referred for sub-acute or home health services or, alternatively, counseled by inpatient palliative care teams on the advisability of considering end-of-life hospice treatment. One fact is inescapably clear. No matter how COVID-19 unfolds, there will be a very significant patient surge for both home health and hospice providers that will follow on the heels of the preceding hospital surge.

COVID-19 CASES IN THE U.S. <i>(Source: CDC 4/19/20)</i>		
STATE	COVID-19 CASES	RANK - TOTAL MEDICARE BENEFICIARIES
NEW YORK	238,138	4
NEW JERSEY	85,301	11
MASSACHUSETTS	38,077	16
PENNSYLVANIA	32,284	5
MICHIGAN	31,424	8
ILLINOIS	30,357	7
CALIFORNIA	28,963	1
FLORIDA	25,598	2
LOUISIANA	23,928	26
TEXAS	18,923	3
GEORGIA	18,721	10
CONNECTICUT	17,962	30
TOTAL	589,736	

This virus has changed how healthcare will be delivered in America - probably forever. Post-acute providers will need to change, as well, and quickly.

Changing Dynamics and Altered Relationships in Home Based Care

People infected with COVID-19 are being hospitalized in record numbers. As patients are discharged, most will be anything but recovered. Many will be severely deconditioned and weak with continuing symptoms and skilled care needs. This will present an unprecedented challenge for home-based care providers who are already struggling with capacity issues of their own.

For newly referred, and even current, home health and hospice patients, media reporting on the COVID-19 threat has contributed to an altered perception of the benefit of healthcare at home versus the risk of exposure while receiving it. This fear of infection is causing patients and their families to refuse care in record numbers.

The result has been confusion on the part of home health and hospice providers as to how best to protect their patients without actually visiting them. Clearly, there is concern around reimbursement for diminished levels of service, but for most providers the far greater issue is the well being and safety of their patients.

Fortunately, on March 29th, CMS invoked several measures designed to help home health and hospice providers cope with the need to alter practice patterns to accommodate patient and family requests around reduction of in person visits. Home health and hospice providers are now encouraged to use telehealth and other types of remote applications in lieu of in-person visits as long as the Plan of Care is clear about the intent to combine both in-person and remote services as a means of reducing unnecessary contact and potential virus exposure.

At the time of publication of this paper, telehealth and remote services cannot be billed or reimbursed for either home health or hospice. However, CMS is blessing more pervasive use of remote encounters to help with infection control. This opens the door for providers to remotely monitor a patient's health while providing only the visits that are absolutely necessary. In practical terms, for home health that means meeting the LUPA threshold to ensure full payment and for hospice, performing the visits required to update the Plan of Care at least every 21 days while the pandemic emergency is active.

The number of actual visits by providers is going to go down precipitously and, we think, the number of hospital transfers for home health and hospice patients who have foregone

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the opportunity to receive home based care because of infection risk concerns will go up unless providers are able to effectively monitor patients between in-person encounters that will become fewer and further between.

Simultaneously, while the need to protect patients is of paramount concern, for many if not most providers, the need to protect staff carries even greater significance. In the early weeks of the virus's escalation, many staff members were unable or unwilling to visit patients based on exposure fears of their own. Many were dealing with the aftermath of school closures and children at home without childcare options. Some were, in fact, exposed to the virus and found themselves with a need to self-isolate. Others were on the front lines, caring for patients, only to be exposed with positive testing for the virus later.

As the expected patient surge peaks in the coming weeks, many post-acute providers will be dealing with the reality of a significantly diminished work force that exactly coincides with an unprecedented demand for services. It will be the classic collision between supply and demand, and when it happens agencies must be able to stretch available staff as far as possible. This will mean cross-training for some staff members who are not needed for home visits. It will also drive growth of telehealth, remote patient monitoring, video chats and messaging services aimed at fostering better communication and addressing changing patient care requirements without the need for a physical visit.

In Search of Solutions to Bridge Emerging Care Gaps

Providers have an emergent need to address the pandemic in creative and new ways that will allow for protection of staff, better communication, delivery of needed care to patients, regulatory compliance and preservation of revenue. It is a tall order.

To solve the unique problems imposed by the pandemic, home based providers need to adopt solutions that will enable them to address and solve the newest, and most pressing, patient care challenges. Among them:



- 1.** Protection of front-line staff from unnecessary exposure while extending their reach to as many patients as possible.
- 2.** Protection of patients and their families from unnecessary exposure.
- 3.** Preservation of patient privacy and protection of patient personal and medical information.
- 4.** Acquisition of required forms such as treatment consents, elections of benefits, change of care notices and notices of non-coverage executed online through a remote, rather than in person, encounter.
- 5.** Facilitation of patients' and caregivers' full understanding of the care plan, patient rights and patient responsibilities for achievement of goals.
- 6.** Facilitation of timely care collaboration among agency clinicians and certifying or attending physicians simultaneously keeping patients and caregivers informed of treatment plans and scheduled services.
- 7.** Timely notification of physicians and others such as DME providers and pharmacies of patient supply and equipment needs.
- 8.** Tracking and recording patient changes in a manner that enables prompt identification of adverse trends and dissemination of information to the entire care team to promote timely, focused and coordinated follow-up care.
- 9.** Facilitation of remote, patient or family initiated, conversations when there are questions or immediate health changes that should be addressed.

Pivot or Perish – Adjusting Our Approach to Care Planning and Service Delivery

For agency clinical teams, the approach to care planning, service delivery and patient/family communication must evolve into a more diverse set of tactics less reliant on visits alone and more focused on a combination of in person encounters together with other modes of follow up, teaching and health monitoring opportunities.

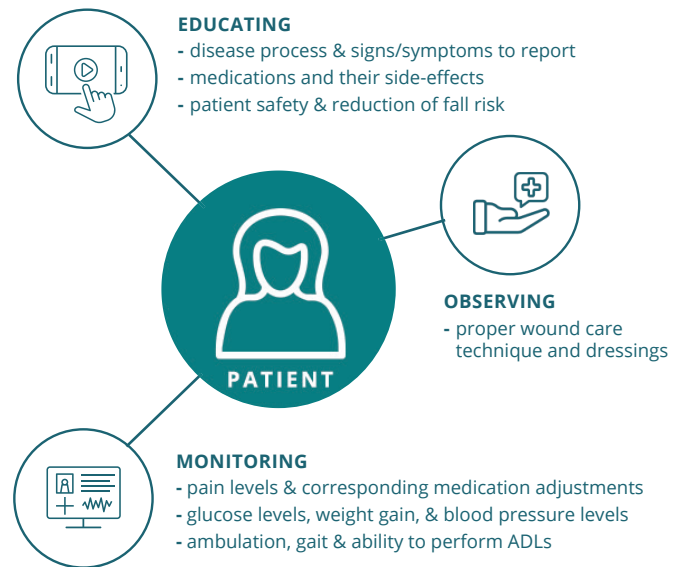
By assessing each patient's unique teaching and hands on care needs, clinical managers can determine how best and through what means service should be delivered. Patients, caregivers and family members can be given tools for reaching out when unanticipated events and circumstances occur and with the use of technology, the agency and the patient are generally no more than a few seconds or minutes apart when it comes to effectively managing care.

The ability to have a combination of services with on-demand communication after the admission process has concluded is certain to improve communication, clinical outcomes and patient/family satisfaction even in the face of a public health crisis.

When it comes to visits that could be considered non-essential, those that are devoted to sharing information on required forms for signature by the patient or patient representative are some of the first to come to mind. Visits devoted exclusively to getting a form signed could be eliminated if the agency has access to an application that would enable disclosure of content, the ability to answer questions and provision of a means for the patient or patient representative to execute the form electronically.

There are many other types of patient interventions that can be performed without a physical visit. For example:

Patient Interventions Without a Physical Visit



The key consideration here is that such teaching and monitoring activities must be, at a minimum, clearly documented in the record to attest to the fact that the agency's clinicians have delivered the interventions in the Plan of Care. While remote encounters cannot take the place of ordered visits, there is no prohibition for delivering teaching and other services through a means other than a visit as long as the agency does not bill for non-visits. For that reason, care planning at the outset must take into consideration the types of services that are being delivered in person and those that are being delivered through another means.

Especially for elderly patients with comorbidities who have tested positive for COVID-19, remote monitoring, instant messaging, live video sessions and the ability to communicate in real-time makes inherent sense. These are patients whose conditions must be tracked every day, and sometimes multiple times during the day, to ensure that their symptoms are not worsening to the point of requiring more intense care. That could mean checking to ensure that the patients are stable, being appropriately cared for and, importantly, that their caregivers are able to continue without adverse health consequences of their own.

Technology that Meets the Need

Technology solutions that enable remote patient care and support on-the-go, from anywhere and any device, are not just nice to have now – they are a necessity – not just during the pandemic, but for the foreseeable future. And, even though CMS has relaxed some of the privacy and HIPAA compliance rules with respect to mobile communications, providers should not settle for short term fixes that are subject to security breaches and incapable of delivering long-term solutions to patient engagement and care coordination.

It is true that the virus will, at some point abate. It is also true that patient and family expectations around care delivery and communication may never return to more

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simpler times that were with us just a few weeks ago. Patient care modalities and expectations have changed forever thanks to the pandemic, and every post-acute provider will need to adapt – and adopt – to thrive.

As providers consider how to get from their current state to where each needs to be, the solutions that are considered must fulfill seven critical requirements:



ENSURE PROPER CARE IS GIVEN

Solutions must support communication among patients, clinicians and others on a platform that is comfortable for the patient and/or primary caregiver – and capable of ensuring the correct level of care and timely response each patient deserves.



COLLECT CRITICAL INFORMATION

Solutions must have the ability to monitor, measure and permanently record interventions and outcomes as care progresses.



PROTECT PATIENT PRIVACY

Solutions must be HIPAA compliant. Even though some HIPAA rules have been temporarily relaxed during the pandemic, nothing can replace compliant messaging and data exchange.



COMMUNICATE IN REAL TIME & IN THE PATIENT'S OWN LANGUAGE

Solutions must enable delivery of messages in real-time and in the patient's or caregiver's preferred language. Video and real-time chat capability will also be important to address concerns before they become problems.



SUPPORT PATIENT AND FAMILY

Solutions must enable family members designated by the patient to be in the loop as care plan changes are contemplated.



EFFICIENT BROADCAST MESSAGES

Solutions must provide ability to instantly and efficiently broadcast important information, emergency announcements and the like to all patients & their families or appointed representatives.



EDUCATIONAL SUPPORT

Solutions must make it possible for patients and their family members to access educational materials at any time.

THE CITUS HEALTH PLATFORM

Citus Health has the only fully integrated solution for care team collaboration and caregiver, patient and family engagement.



HIPAA-COMPLIANT MESSENGER



SECURE VIDEO CHAT



REFERRAL & INTAKE



WEB EMBEDDED FORMS



ESIGNATURE



CONFIGURABLE PLATFORM

Fully Integrated Platform Solution

Citus Health solutions meet every one of the critical requirements previously listed to securely link clinicians in the field, physicians, caregivers, family members and patient representatives to receive and act upon patient needs and requests in real time.

Melissa Kozak, founder and CEO of Citus Health saw first-hand the need for this technology when treating her home infusion patients and coordinating complex care decisions for them. Now, Citus is being used by home health and hospice organizations, specialty pharmacies and HME providers around the country to provide this real-time access

and remote patient care that will lead to higher quality care outcomes. Digital information that is exchanged through the Citus solution can be securely sent to any EMR and preserved in each patient's record to create a data trail reflective of decisions made and outcomes achieved for each patient. Required forms and electronic signatures can be handled with ease. And, as information about the patient's changing condition is gathered, up to the minute decision support is well within reach. During the pandemic emergency period and long after, Citus will deliver critical value to providers, their patients and families alike.

By interspersing a reduced number of in person visits with remote encounters, using the Citus Health solutions, agencies will be able to achieve the staff and patient safety goals and care delivery efficiencies that are crucial right now, and for the foreseeable future. Continuity of care and timely response to patient family and caregiver questions, issues and even potential health setbacks will be within reach. Achievement of treatment goals will be possible, even with fewer visits, and preservation of each agency's ability to continue to provide excellent care in very trying times will be significantly strengthened using Citus solutions.

Especially in times like these, staying connected for the benefit of patients and care providers alike is crucial. Indeed, **"When we're better connected, everyone wins."**

For more information on how Citus Health can help you better connect your care team, caregivers, patients and families, visit us at www.citushealth.com.

START TODAY: Contact us at 800-863-9130 or visit CitusHealth.com