



Additional Technology Enhanced Solutions for Delaware

January, 16, 2019, 12-1pm

Uche S. Uchendu, MD

Principal, Health Management Associates

Greg Vachon, MD

Principal, Health Management Associates

Barry Jacobs, PsyD.

Principal, Health Management Associates



Telehealth Learning Lab Webinar Series

Telehealth program design and implementation aligns with behavioral health integration activities, addresses specialty care clinician shortages and concerns identified through the primary care collaborative and transformation work, and provides options for cost savings throughout the delivery system.

All practices and partners are encouraged to join!



Recorded webinars will be posted on <https://www.choosehealthde.com/>

■ DISCLOSURE

HMA does not endorse any specific vendors for telehealth (or digital health) platforms or equipment, though we do endorse the idea that telehealth (digital health) is important and impactful in healthcare transformation. For this reason, we do work with a number of companies in the digital health space.



■ DELAWARE TELEHEALTH LEARNING LAB: Webinar Series

 WEDNESDAY, DECEMBER 19
NOON EST

**Introduction to Telehealth and Opportunities
in the Delaware Market**
<https://healthmanagement.zoom.us/j/421874303>

 THURSDAY, JANUARY 10
NOON EST

Digitally Integrated Primary Care and Behavioral Health
<https://healthmanagement.zoom.us/j/715946640>

 WEDNESDAY, JANUARY 16
NOON EST

Additional Technology Enhanced Solutions in Health Care Delivery
<https://healthmanagement.zoom.us/j/343202752>

 FRIDAY, JANUARY 18
NOON EST

Telehealth Reimbursement and Payment Models
<https://healthmanagement.zoom.us/j/368434599>

 TUESDAY, JANUARY 22
NOON EST

**Telehealth Business Plan Development
and Readiness Assessment**
<https://healthmanagement.zoom.us/j/368526663>

 THURSDAY, JANUARY 24
NOON EST

Vendor and Equipment Selection
<https://healthmanagement.zoom.us/j/562927139>

 TUESDAY, JANUARY 29
NOON EST

Use Cases from the Field
<https://healthmanagement.zoom.us/j/733628596>

■ DELAWARE TELEHEALTH LEARNING LAB: Webinar Series



AMANDA WHITE, MS
Senior Consultant



BARRY JACOBS, PSYD.
Principal



DAVID BERGMAN, MPA
Principal



GREG VACHON, MD, MPH
Principal



**JEAN GLOSSA, MD, MBA,
FACP**
*Managing Principal for
Clinical Services*



LORI RANEY, MD
Principal



MARY KATE BROUSSEAU
Senior Consultant



SAMANTHA DI PAOLA
Research Assistant



UCHE S. UCHENDU, MD
Principal



TECHNOLOGY ENHANCED SOLUTIONS: E-CONSULT & ADHERENCE

UCHE S. UCHENDU, MD

PRINCIPAL

HEALTH MANAGEMENT ASSOCIATES

■ AGENDA : Additional Technology Enhanced Solutions in Health Care Delivery

- Part 1

- Adherence
- E-Consult



Adherence &
eConsult

- Part 2

- Personalized Patient Decision Support
- SMS Text



Patient Decision
Support & SMS Text

- Part 3

- Care Giver Support

- Comments with Q & A

- Next Steps



Caregiver Support

■ TECHNOLOGY ENHANCED SOLUTIONS: MANY OPTIONS

Framing Our Discussion

- Functions

The processes that need to occur to deliver excellent/compliant health care

- Examples: specialty consultation, decision support, care giver support, visits between provider and patient, etc.

- Tools

The things that are used to deliver the excellent/compliant health care digitally

- Examples: SMS text, mobile apps, live video, eConsult platforms, etc.

- Outcomes

The results that are being achieved by performing those functions with the tools

- Example: adherence



Clinician Tools



Caregiver Tools



Patient Tools

■ TELEHEALTH IN DELAWARE

Current State

- Low uptake overall
- Many opportunities and interest to engage further
- Limited adoption in some areas:
 - Behavioral Health follow-up
 - Primary Care episodic visits with non-assigned providers
 - After hours Urgent Care

Desired State – Increased penetration and expanded use in:

- Primary Care beyond urgent care visits including integration of Telehealth Modalities in Medical Homes
- Chronic Disease Management including Care Coordination
- Behavioral Health Integration including Opioid and other Substance Use Disorders
- Population Health Management



TECHNOLOGY ENHANCED SOLUTIONS: AROUND THE WORLD

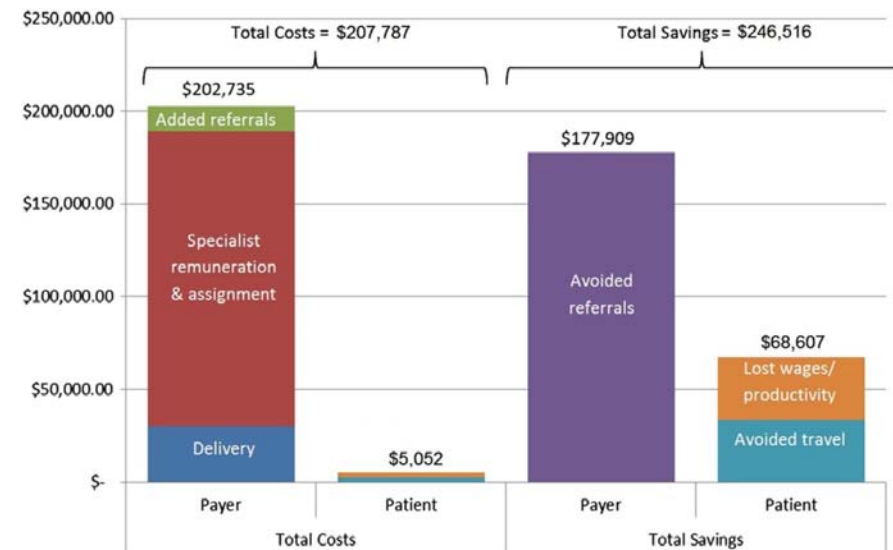
“...eConsult systems are an innovative approach to potentially improve wait times implemented in health regions all over the world, including the **USA**,^{8,9} **the UK**,^{6,10} **Ireland**,¹¹ **the Netherlands**¹² **and Spain**...”*

CANADA: What are the cost savings associated with providing access to specialist care through the Champlain BASE eConsult service? A costing evaluation. *Claire Liddy et al British Medical Journal 2016

IRELAND: A web-based electronic neurology referral system: a solution for an overburdened healthcare system?
L. Williams et al. Irish Medical Journal 2012

NETHERLANDS: Initial implementation of a web-based consultation process for patients with chronic kidney disease. ND Scherpbier-de Haan et al. *Annals of Family Medicine* 2013

SPAIN: Store-and-forward teledermatology in skin cancer triage: experience and evaluation of 2009 teleconsultations.
D. Moreno-Ramirez et al. *Archives of Dermatology* 2007



*Champlain health region in Eastern Ontario, Canada

UNITED KINGDOM: National Health Service (NHS) E-Consult

- Improves GP access for NHS patients via round-the-clock portal
- Allows patients to consult with their NHS GP by completing online form
- Patients can enter their symptoms and receive instant self-help advice & more...

TECHNOLOGY ENHANCED SOLUTIONS: USA

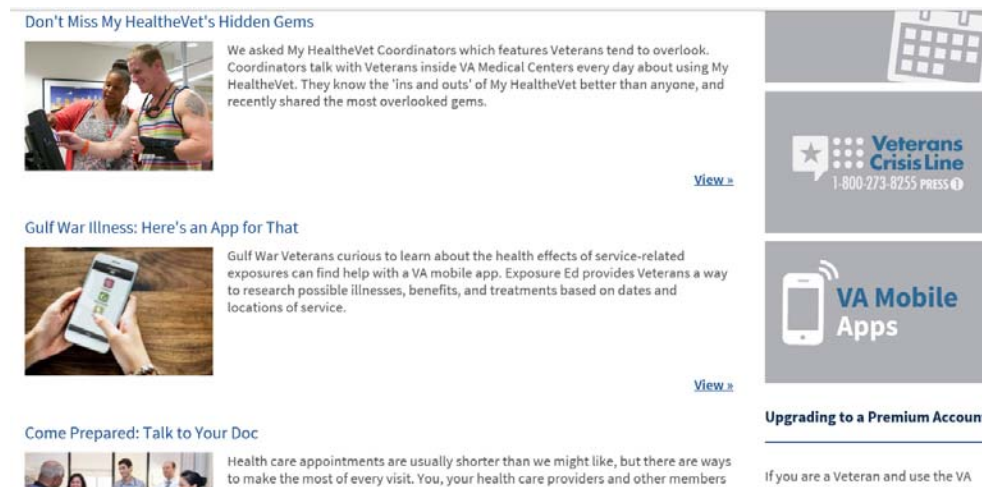
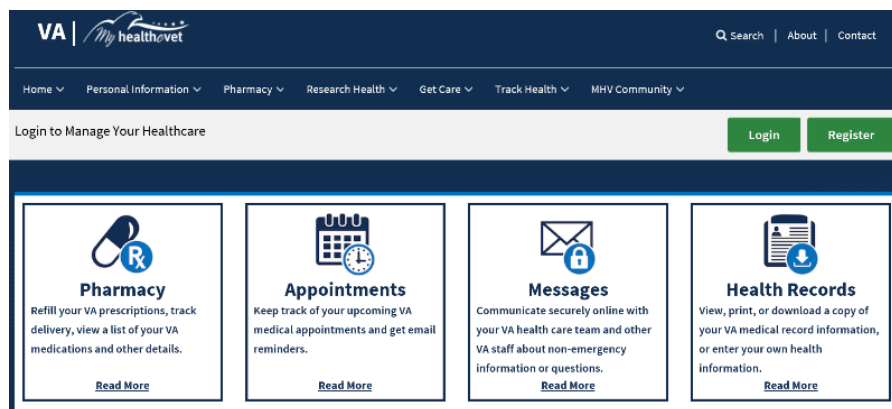
Electronic system lowers wait times for access to specialists

🕒 March 6, 2017 , [Harvard T.H. Chan School of Public Health](#)

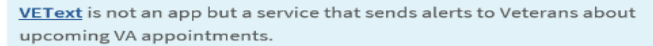
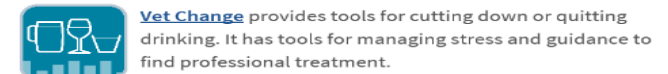
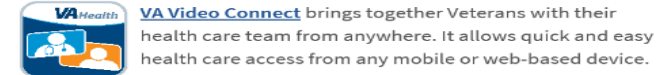
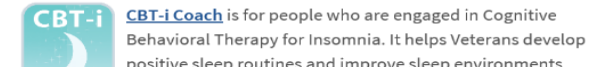
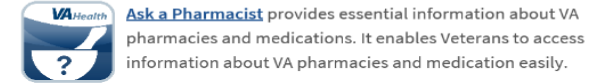
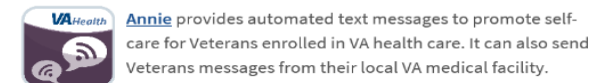
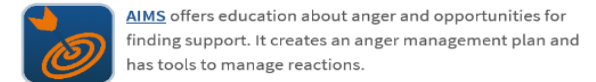
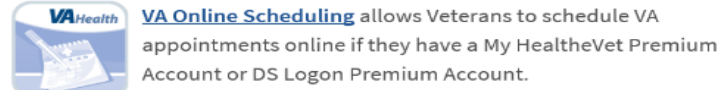
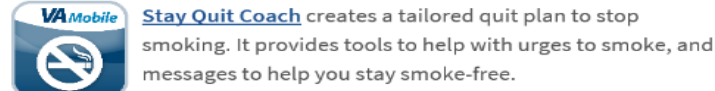
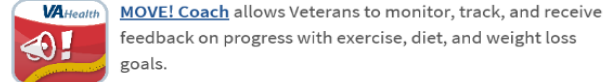
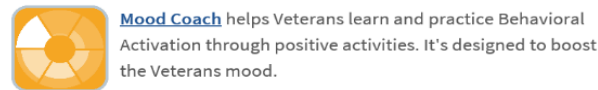
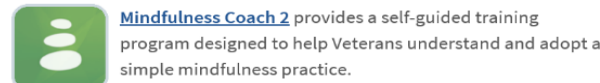
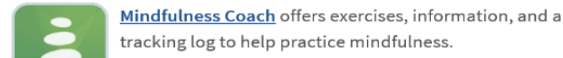
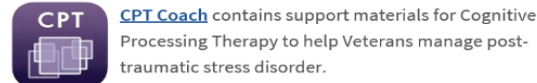
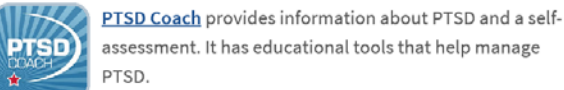
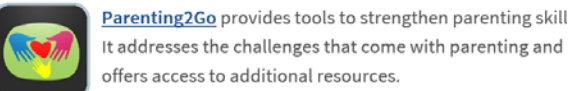
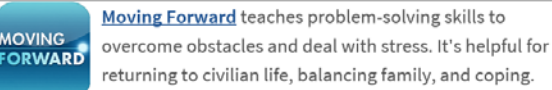
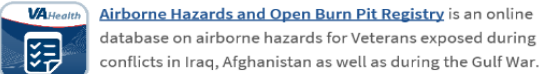
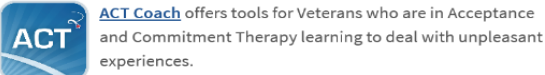
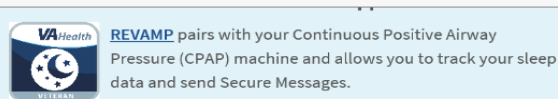
Low-income patients served by the Los Angeles County Department of Health Services (DHS) waited significantly less time to receive specialty care after DHS implemented an electronic system aimed at expediting access to specialists, according to a new study from Harvard T.H. Chan School of Public Health.



In 2012, the Los Angeles County DHS rolled out the "eConsult" system—an electronic system that enabled primary care providers to request assistance from specialists via a web-based platform with rapid specialist review and triage. eConsult replaced the old system of phone calls, emails, and faxes, which often left patients waiting months for face-to-face appointments.



TECHNOLOGY ENHANCED SOLUTIONS: APPS FOR VETERANS HEALTHCARE & WELLNESS



■ TECHNOLOGY ENHANCED SOLUTIONS: APPS FOR VETERANS

Wellness & Self-care

[Annie](#) provides automated text messages to promote self-care for Veterans enrolled in VA health care. It can also send Veterans messages from their local VA medical facility.

[MOVE! Coach](#) allows Veterans to monitor, track, and receive feedback on progress with exercise, diet, and weight loss goals.

[PTSD Coach](#) provides information about PTSD and a self-assessment. It has educational tools that help manage PTSD.

[Moving Forward](#) teaches problem-solving skills to overcome obstacles and deal with stress. It's helpful for returning to civilian life, balancing family, and coping.



Treatment Adherence Support

[REVAMP](#) pairs with your Continuous Positive Airway Pressure (CPAP) machine and allows you to track your sleep data and send Secure Messages.

[Stay Quit Coach](#) creates a tailored quit plan to stop smoking. It provides tools to help with urges to smoke, and messages to help you stay smoke-free.

[Vet Change](#) provides tools for cutting down or quitting drinking. It has tools for managing stress and guidance to find professional treatment.

[Ask a Pharmacist](#) provides essential information about VA pharmacies and medications. It enables Veterans to access information about VA pharmacies and medication easily.

TECHNOLOGY ENHANCED SOLUTIONS: ADHERENCE AND TELEHEALTH



“Adherence is the ableness of a person to comply with a therapeutic program, specifically those comprising drug therapy, guided by a medical professional.” *Psychology Dictionary*

According to World Health Organization, interventions for improving adherence rates to long term therapies include:

- Staff motivation and supervision
- Defaulter action
- Prompts - routine reminders for patients
- Health education - provision of information about disease and the need to adhere to treatment.
- Incentives and reimbursements
- Contracts - agreements (written or verbal)
- Peer assistance
- Directly observed therapy

<http://apps.who.int/medicinedocs/en/d/Js4883e/>

■ TECHNOLOGY ENHANCED SOLUTIONS: ADHERENCE – WHAT IS RESEARCH FINDING?

Telehealth Interventions to Support Self-Management of Long-Term Conditions: A Systematic Metareview* of Diabetes, Heart Failure, Asthma, Chronic Obstructive Pulmonary Disease, and Cancer.¹

Goal: Synthesize evidence for telehealth-supported self-management of diabetes (types 1 and 2), heart failure, asthma, chronic obstructive pulmonary disease (COPD) & cancer to identify components of effective self-management support.

Objectives:

- Assess the impact of telehealth interventions to support self-management on disease control and health care utilization
- Identify components of telehealth support and their impact on disease control and the process of self-management

Results from the highest-weighted reviews showed:

- Blood glucose telemonitoring with feedback + some educational + lifestyle interventions improved glycemic control in type 2, *but not* type 1, diabetes
- Telemonitoring and telephone interventions reduced mortality & hospital admissions in heart failure

Notes:

- Findings were not consistent in all reviews
- Results for the other conditions were mixed
- **No reviews showed evidence of harm**

■ TECHNOLOGY ENHANCED SOLUTIONS: ADHERENCE – WHAT IS RESEARCH FINDING?

Select Sample...

Greater Adherence To Diabetes Drugs Is Linked To Less Hospital Use And Could Save Nearly \$5 Billion Annually¹

Telehealth Interventions to Support Self-Management of Long-Term Conditions: A Systematic Metareview of Diabetes, Heart Failure, Asthma, Chronic Obstructive Pulmonary Disease, and Cancer. ⁴

PRISMS* - Practical Reviews in Self-Management Support demonstrated that self-management support interventions across a range of 14 long-term conditions are

- Complex and multifaceted
- Involve both the patient and health care professional
- Need to be tailored to the individual and their specific condition and context ²

***PRISMS Taxonomy of Self-Management Support** ³

- The PRISMS components could be potentially **delivered via telehealth** under the following headings:
 - Patient education and information provision
 - Remote monitoring with feedback and action plans
 - peak expiratory flow
 - blood glucose monitoring with action plans
 - Telehealth-facilitated clinical review
 - Adherence support
 - medication or lifestyle intervention adherence
 - Psychological support
 - Lifestyle interventions
 - smoking cessation
 - exercise
 - weight loss

1. Ashish K. Jha et al _Health Affairs 2012

2. Stephanie JC Taylor et al _National Institute for Health Research Journals Library 2014

3. Gemma Pearce et al _Journal of Health Services Research & Policy 2016

4. Peter Hanlon et al

■ TECHNOLOGY ENHANCED SOLUTIONS: eCONSULT – MANY QUESTIONS...

What is E-Consult?

“eConsult, sometimes termed eReferral or eCR, emphasizes provider-to-provider communication, making it easier for primary care providers and specialists to communicate about and co-manage patients when appropriate.” ¹

Why?

Who?

Where?



How does it work?

When is it applicable?

What are the Benefits?

December 14, 2016: President Obama signed the [Expanding Capacity for Health Outcomes Act](#) (S. 2873) (the ECHO Act). The ECHO Act was enacted to expand the use of health care technology and programming to connect underserved communities and populations with critical health care services.

Participant Scavenger Hunt : Find dictionary definition of eConsult

■ TECHNOLOGY ENHANCED SOLUTIONS: ECONSULT – STAKEHOLDER PERSPECTIVES

Reduced Cost Of Specialty Care Using Electronic Consultations For Medicaid Patients. ¹

Some Key points:

- Multisite safety-net health center linked PCPs via an eConsult platform to specialists in
 - Dermatology
 - Endocrinology
 - Gastroenterology
 - Orthopedics
- Many consults were managed without need for a face-to-face visit
- Patients who had an eConsult had average specialty-related episode-of-care costs of **\$82 per patient per month less** than those sent directly for a face-to-face visit.

Los Angeles County DHS Implemented eConsult in 2012:

- By 2015, median time to an electronic response from a specialist was just one day, and
- One quarter of eConsults were resolved without a specialist visit ³

Specialty care accounts for a significant and growing portion of year-over-year Medicaid cost increases

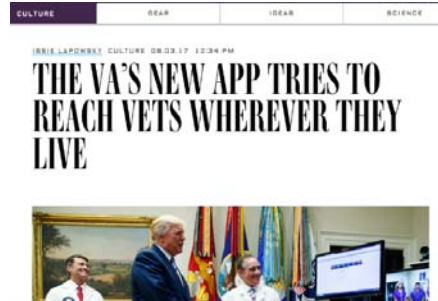
Implementing eConsult in a safety-net health systems is associated with **improved specialty care access but creates new challenges for primary care practitioners** due to an increased burden of work in providing specialty care...

Source: *Primary care practitioners' perceptions of electronic consult systems: a qualitative analysis.*² 2018

■ TELEHEALTH & DIGITAL HEALTH AT THE US DEPARTMENT OF VETERANS AFFAIRS

Clinic-Based Video Telehealth

- TeleMentalHealth
- TeleRehabilitation
- TeleCardiology
- TeleSurgery
- TeleGenomics
- TeleICU
- TeleNeurology
- TeleNutrition
- TelePrimary Care
- TelePulmonology (Sleep Services)
- TeleRehabilitation
- TeleAmputation Clinics
- TeleKinesiology
- TeleOccupational Therapy
- TeleMOVE!
- TeleSpinal Cord Injury/Disorder



Store-and-Forward technologies (Asynchronous)

- TeleDermatology and TeleRetinal Imaging - with the support of VistA Imaging Component of the VA's computerized patient record.
- VistA Imaging enables the communication of clinical images throughout VA.



Home Telehealth with Care Coordination for Veterans who have diabetes, chronic heart failure, chronic obstructive pulmonary disease (COPD), depression or post-traumatic stress disorder.

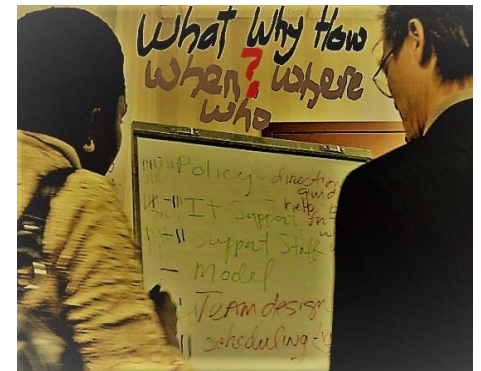
VA Mobile Health Apps: Over 32 Health Apps to monitor health and to connect patients and their care teams

■ TECHNOLOGY ENHANCED SOLUTIONS: eCONSULT IMPLEMENTATION EXPERIENCE

United States Department Of Veterans Affairs

Pro's:

- Improved access to sub specialist
- Shared resources & regional consolidation –E.g. Rural Clinics. Spinal Cord Injury Hub & Spoke, etc.
- Flexible Timing – asynchronous & real-time if needed
- Clinician to Clinician accurate exchange of information
- Cost control – coordinated, aligned ancillary testing & procedures
- Decrease motion waste – travel, clinic space, admin. actions etc.
- Patient, Staff & Caregiver Satisfaction
- Education & Collaboration of Healthcare Providers for better Outcomes ->> ECHO Act 2016
- Electronic health records*



Challenges:

- Policy – Physician Credentialing & Privileges across sites
- Payment/ Reimbursement
- Workload capture for VERA**
- Setting up agreements and terms of engagement
- Lack of Inter operable electronic health record beyond VA

■ TECHNOLOGY ENHANCED SOLUTIONS: TIPS FOR eCONSULT IMPLEMENTATION

- + Assess & understand needs & limitations of your health system's referral process*
- + Identify and align solution to the specific needs
- + Avoid duplication of tasks and schedules - e.g., Concurrently request eConsult & schedule patient Specialty Clinic visit without triage/plan
- + Lessons learned should be used to sharpen the process for the better
- + Secure & Patient-centric approach

- + Collaboration between Primary Care and Specialty stakeholders is critical to Success*
- + eConsult requires shifts in expectations for all involved
- + Clear and Consistent Communication cannot be overemphasized
- + Set clear expectations from the start
- + Consider service agreements

- + Establish well defined processes end to end - e.g., Rereferral → Triage → Decision Feedback /Consult → Test Ordering Team treatment plan → Coordination of care → Contacting Patient → Closing the loop, etc.
- + Allocate appropriate resources for implementation including administrative support
- + Track and Monitor progress within a continuous improvement framework

TECHNOLOGY ENHANCED SOLUTIONS: PART 1 WRAP UP



■ TECHNOLOGY ENHANCED SOLUTIONS: VOICE FROM THE FIELD

Kiosk at designated locations where patients can access a telehealth option:

- Provides Privacy with HIPAA compliance
- Links directly to secure platform
- Alleviates Connectivity & Equipment Limitations
- Conveniently Accessible to Patients





TECHNOLOGY ENHANCED SOLUTIONS: DECISION SUPPORT & SMS TEXTS

GREG VACHON, MD
PRINCIPAL

HEALTH MANAGEMENT ASSOCIATES

■ TECHNOLOGY ENHANCED SOLUTIONS: INTRO

I

Specific function enhanced by digital health:

- Decision Support through Asynchronous Patient Decision Support

II

Specific tool in digital health application:

- Text as a communication tool

■ TECHNOLOGY ENHANCED SOLUTIONS: DECISION SUPPORT

Decision Support Framework

Provider Decision Support

- Purpose is to guide the physician or other provider towards the best option(s) with evidence made available to interpret for the specific patient.
- Usually a tool in the EMR, though many web-based tools exist (e.g. aspirin use as primary prevention) and health plans support through mailings (“your patient is diabetic and should be on statin)

Patient Decision Support

- Patient decision-making style and outcome preferences assessed
- Usually web-based, independent of provider with low use

Integrated Decision Support

- Uses clinical data and *Asynchronous Patient Decision Support* data to guide care team (incl patient) to an individualized decision

■ TECHNOLOGY ENHANCED SOLUTIONS: PATIENT DECISION SUPPORT

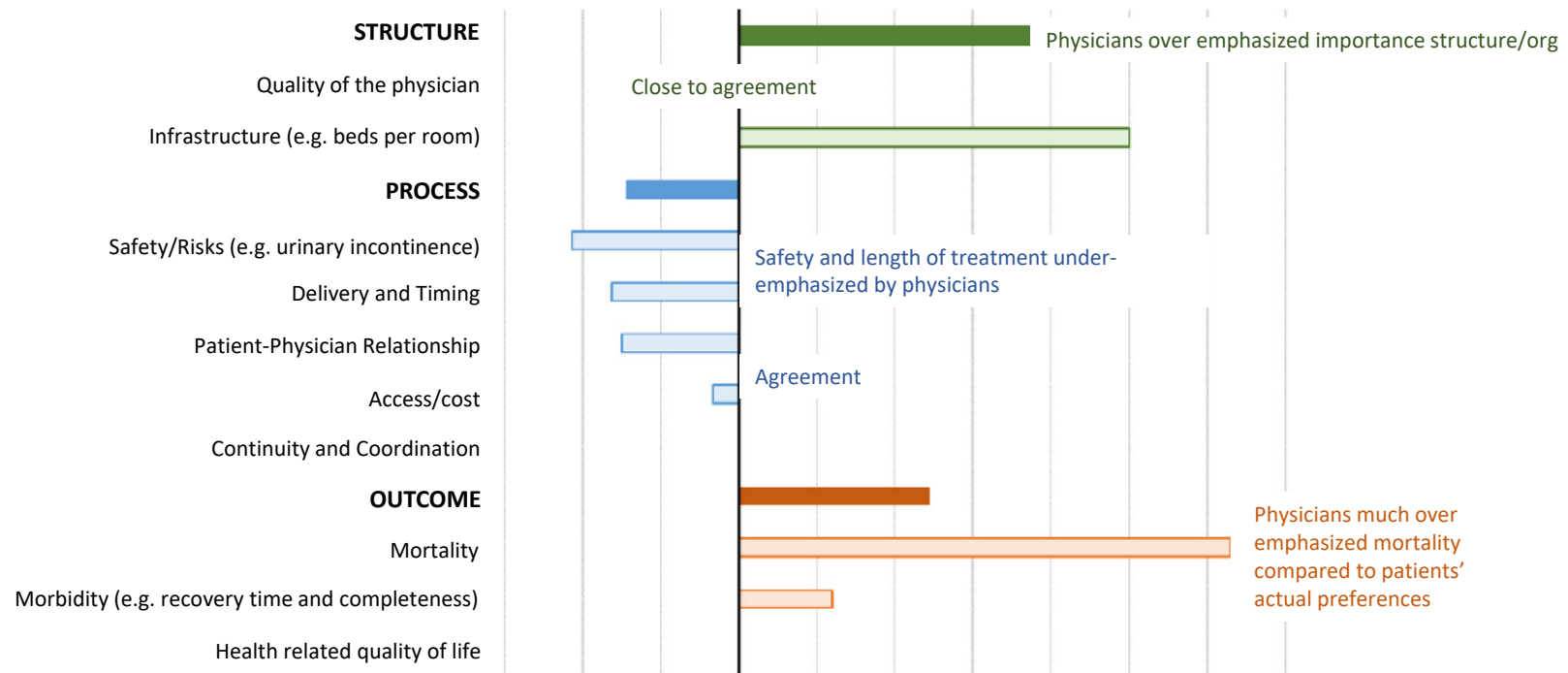
Why PATIENT Decision Support?

- Providers' and patients' perceptions about what matters are different
 - Many studies have shown that in treatment of cancer and chronic disease patients value living as long as possible less highly than providers
- Patients' preferences are heterogeneous
 - The reported +/-1 standard deviation between HRRs for preference to “decline drugs that shorten life even if made feel better” was 16.4% to 47.2% ¹
- Patient-centric decisions result in right outcomes
 - Increased satisfaction is well researched and documented (patient experience of care)
 - Improved costs
 - Better outcomes (Choosing Wisely campaign: informed patients participate in deciding against certain harmful tests)

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4212899/>

■ TECHNOLOGY ENHANCED SOLUTIONS: PATIENT DECISION SUPPORT

Patients, on average, weigh process measures greater; physicians over-emphasize mortality



■ TECHNOLOGY ENHANCED SOLUTIONS: PATIENT DECISION SUPPORT

International Patient Decision Aid Standards

1. Provide info on options in sufficient detail for decision (e.g. describe negative features)
2. Present probabilities of outcomes in unbiased and understandable manner
3. Include methods for clarifying and expressing patients' values
4. Include structured guidance in deliberation and communication
5. Present information in a balanced manner
6. Develop systematically with up to date & referenced material
7. Disclose conflicts
8. Use plain language



International Patient Decision Aid Standards (IPDAS)
Collaboration

Lastly: Ensure decision making is informed and values based

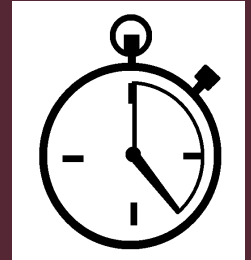
■ TECHNOLOGY ENHANCED SOLUTIONS: PATIENT DECISION SUPPORT

Why ASYNCHRONOUS Patient Decision Support?

COMPLEXITY

Not only are there a lot of parameters (side effects, length of treatment, likelihood of effect, level of evidence, etc.) but each can have both absolute and relative importance (rank) and results in a multitude of preference “buckets”

Time



■ TECHNOLOGY ENHANCED SOLUTIONS: PATIENT DECISION SUPPORT



SOLUTION

Web and mobile app solutions

- Consume patient or member clinically-relevant attributes
- Incorporate cost/coverage/availability into patient decision process
- Present readable/understandable grade-level scenarios that surface preferences through acquisition and use of data in form of patient/member responses
- Report to patient (and care team) the full range of options considered and rank these according to patient preferences
- Allow patient to adjust and notate report since these apps *support* decisions (do not make decisions!)

TECHNOLOGY ENHANCED SOLUTIONS: PATIENT DECISION SUPPORT

Example

- Depression – initial treatment
 - Which is more important?
 - Quick results? Highest chance of success? Nausea avoidance? Chance of sexual dysfunction?
- > 10 legitimate differentiated choices
 - Currently primary care selects among current practices, highly dependent on training and past usage (familiarity)
 - Anecdotes and personal experience trump patient preferences and choice participation
 - Consideration of medication versus cognitive-behavioral treatment is often resource-driven or not considered

SSRIs			Citalopram Celexa®
			Escitalopram Lexapro®
			Fluoxetine Prozac®
			Fluvoxamine Luvox®
			Paroxetine Paxil®
			Sertraline Zoloft®
SNRIs			Desvenlafaxine Pristiq®
			Duloxetine Cymbalta®
			Venlafaxine Effexor®
Others			Bupropion Wellbutrin®
			Mirtazapine Remeron®
TCAs			Amitriptyline or Nortriptyline Elavil® or Aventyl HCl®

Other domains for increasing satisfaction, cost and outcomes



**Cancer
treatment
options**

**Low back
pain**

**Advance
Care
Planning**

■ TECHNOLOGY ENHANCED SOLUTIONS: SMS TEXTS

Automated SMS (short messaging service):

Is it “Telehealth”?

YES!!

- Telephonic
- Regulated by the Telephone Consumer Protection Act (TCPA)
- Important/effective health tool
- Analogous to IVR (interactive voice recognition), particularly when interactive

■ TECHNOLOGY ENHANCED SOLUTIONS: SMS TEXTS

Why is SMS (“texting”) important for health care?

- 97% of American adults text at least weekly
- Text is the most used form of communication for American adults <50 years old
- Text messages have a 99% open rate



Note: SMS text is a specific and near universal standard that is different and distinct from apps that are text-like (short messages) but require sign-in

■ TECHNOLOGY ENHANCED SOLUTIONS: SMS TEXTS

Automated SMS/Texting Uses

Appointment reminders

(55% of consumers prefer
SMS for appointment
reminders* ... and they
work!)

Visit prep

(e.g. “stop eating
now”, “take you
pre-procedure
prep”, etc.)

Prescription reminders

Coaching

(e.g. automated
smoking cessation
coach)

Care gap reminders

Incentive notifications

■ TECHNOLOGY ENHANCED SOLUTIONS: SMS TEXTS

Regulation of automated text services

(will be discussed further in webinar on equipment and vendors)

TCPA

- Very specific requirements, with healthcare specific components
- High potential fines

HIPAA

- Main point: HIPAA is technology agnostic, so can be “HIPAA compliant”, but specific features should be looked for (e.g. encryption up to the point of carrier delivery)
- Process (permissions, choice of communication channel, minimum necessary information, etc.) are as important, if not more important, than technology

■ TECHNOLOGY ENHANCED SOLUTIONS: PART 2 WRAP UP

Asynchronous Patient Decision Support

- + Saves time in performing an under-utilized function
- + Increases patient/member satisfaction
- + Gets the right things done

Automated Text

- + A must-use telehealth tool ... but with risks



TECHNOLOGY ENHANCED SOLUTIONS: CAREGIVER SUPPORT

BARRY JACOBS, PSY D
PRINCIPAL

HEALTH MANAGEMENT ASSOCIATES

■ TECHNOLOGY ENHANCED SOLUTIONS: INTRO

Family Caregiving in America

- Over 40 M Americans engage in some form of caregiving activity in a year (NAC/AARP, 2015)
- Estimated value of \$470 B
- With aging population and increase in home- and community-based services, supporting families seen as means of reducing patient healthcare costs



■ TECHNOLOGY ENHANCED SOLUTIONS FOR CAREGIVER SUPPORT

- Profusion of family caregiver apps/digital platforms designed to be used by family caregivers and/or care managers
- Assist with organization, education, coordination among personal and professional care networks, and self-care
- Makers claim they lead to reduced caregiver stress and depression and decreased patient ER visits, hospitalizations and LTC placements → lower Medicaid costs
- Available from disease-specific organizations and for-profit companies

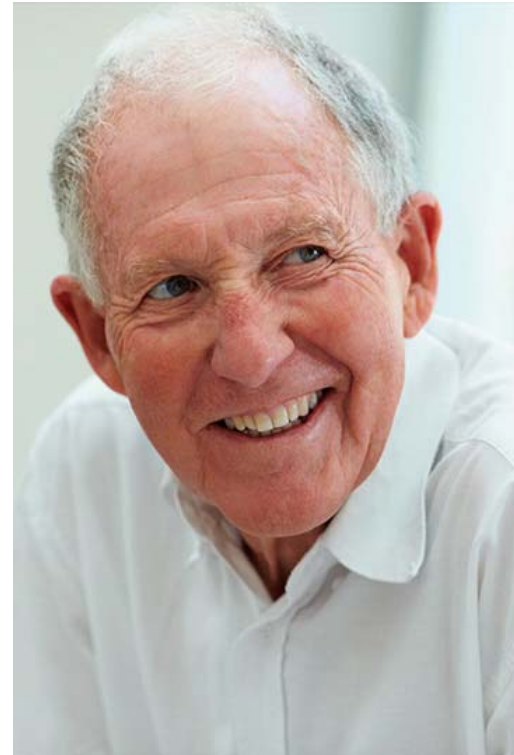
Organization



- Schedule of appointments
- Remembering medications
- Tracking patient symptoms
- Patient medical record
- Insurance and ID cards

Education/Information

- Medical conditions/disease course
- Medications and drug interactions
- Legal and financial info
- Local resources, including in-home assistance
- Training on care tasks



Coordination



- Communication among identified members of personal care network (i.e., caregiving team)
- Communication--including reporting patient symptoms and changes in condition--to healthcare team
- (Most sophisticated digital platforms are vehicles for real-time, 24-hour communication with coaches and care managers)

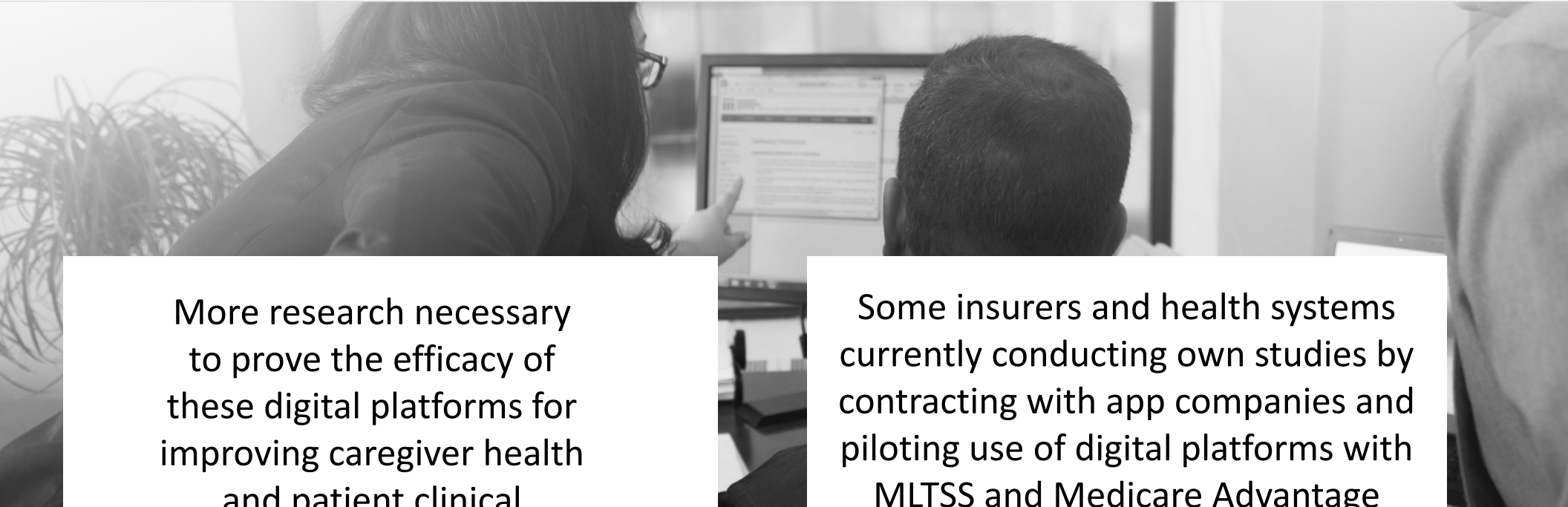
■ TECHNOLOGY ENHANCED SOLUTIONS FOR CAREGIVER SUPPORT

Self-Care

- Connection to online, 24-hour peer supports
- Mindfulness apps
- Information of handling family conflict
- Information on local support groups



■ TECHNOLOGY ENHANCED SOLUTIONS: PART 3 WRAP UP



More research necessary
to prove the efficacy of
these digital platforms for
improving caregiver health
and patient clinical
outcomes

Some insurers and health systems
currently conducting own studies by
contracting with app companies and
piloting use of digital platforms with
MLTSS and Medicare Advantage
patients and their family members in
various markets

Questions? Comments?



UCHE S. UCHENDU, MD

Principal

uuchendu@healthmanagement.com



GREG VACHON, MD

Principal

gvachon@healthmanagement.com



BARRY JACOBS, PSY D

Principal

bjacobs@healthmanagement.com

HEALTH MANAGEMENT ASSOCIATES

■ NEXT STEPS

- Contact us to get on our list for future webinar invites.
- Reach out to the speakers to request additional assistance.
- Look for a follow-up email:
 - Provide input for this and future sessions using the evaluation form.
 - Check the website for the webinar recording – coming soon.
- Save the dates future webinars.
 - **Telehealth Reimbursement and Payment**
 - *Friday, January 18, Noon EST*
 - **Telehealth Business Development and Readiness Assessment**
 - *Tuesday, January 22, Noon EST*

Thank you!