ChenMed

Hybrid health care for seniors

PROVEN STRATEGIES TO BALANCE IN-PERSON AND DIGITAL CARE

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The world is learning how to safely manage life with COVID-19, and many vestiges of pre-pandemic life are returning: Indoor dining, concerts, air travel—as well as in-person doctor's appointments.

But many patients and clinicians aren't ready to give up the benefits of telehealth they discovered during the pandemic. These include "access to continuous physiologic data, access to patient-reported outcomes data, easier exchange of asynchronous information, and improved access to care for certain patients," wrote the authors of a **2021 Institute for Health Care Improvement white paper**.

Contrary to stereotypes, senior patients adopted telehealth willingly when in-person care shut down during the pandemic, and they were largely satisfied with its quality. A mid-2020 poll by the **Better Medicare Alliance** showed that

91%

of seniors on Medicare Advantage plans reported **"High Favorability for Telehealth."**

Another 2020 survey by the University of Michigan's **National Poll on Healthy Aging** showed that a majority

91% of seniors "found it easy to use the technology necessary to complete their telehealth visit.

As they look to the future, many health care organizations—including ChenMed, which serves a predominantly low-income senior patient population—are developing hybrid models of care delivery that harness the best components of in-person and telehealth encounters. To be most effective, clinicians need to be well-versed in both modalities and communicate to their patients the reasons behind choosing one over the other for a specific encounter.

What will this white paper highlight?

ChenMed's successful adoption of telehealth among low-income seniors during the pandemic was facilitated by several high-impact practices. Learn how its providers are achieving **positive patient outcomes by delivering a balance of digital and in-person care.**

Successfully serving senior patients through telehealth

Technology, obviously, plays a major role in hybrid health care delivery. But it's imperative that health care organizations balance investments in platforms and tools with investments in the humans who will use those tools and interact with patients.

Get the technology right.

Telehealth is best delivered when an organization's tech tools and platforms are as integrated with one another as possible. ChenMed built a telehealth platform directly into its proprietary electronic health record (EHR). All a clinician needs to do to initiate a telehealth visit is go into their patient's EHR chart and click a camera icon. The telehealth platform launches directly from there. This ensures that "**our physicians have everything they need, in front of them** at the point of care when they're seeing a patient," says Hernando Celada, ChenMed's chief information officer. Their focus is on their patient—not on juggling a half-dozen open windows on their computer screen.

An integrated EHR also helps reduce the chance for clinicians to make errors in a patient's chart. If a clinician has a telehealth visit with a patient, they should enter the information gleaned from the encounter directly into the same EHR that they would use for an in-person visit. But if that's not possible, and the two systems aren't integrated in some way, the encounter information needs to go through a manual transfer process to get to the right place. Maybe the data is written on paper or typed into a word processor with the intent to enter the information into the EHR later. That extra step significantly increases the chance for critical information to be entered incorrectly— or accidentally omitted—from the patient's record. This, obviously, can have negative effects on patient outcomes down the road. Having a single source of truth for patient data that is used both in telehealth and in-person encounters is essential both for efficiency and patient safety.

Get the human part right.

Maintaining a level of human touch throughout telehealth visits plays a major role in ChenMed patients' comfort with this new modality of care.

These efforts begin even before the day of the patient's visit. ChenMed incorporated a technology assessment into its workflow, employing individuals—not instruction manuals or checklists—to ensure patients have the infrastructure necessary to have a telehealth encounter. These staff members, called patient ambassadors, provide support by phone or in person. They check that the patient has an internet connection and a suitable device, arranging to provide necessary resources if the patient doesn't have them. Patient ambassadors then review the appointment process and walk through the telehealth platform, making sure the patient understands how the visit will proceed.

Trust is of utmost importance to senior patients, and they have developed relationships with the staff in the ChenMed centers they visit. ChenMed leveraged those relationships in its telehealth workflow by keeping the process of a virtual visit as close as possible to that of an in-person visit. Patients don't just receive a link via email before their appointment; they receive a call from their center about 15 minutes before their appointment during which the front-desk staff (called a "care facilitator") checks them in and tells them to watch for a link that their nurse (called a "care promoter") will send via text in the next few minutes. When the patient receives the text and clicks the link, the care promoter's face pops up on the screen to greet them before they hand the patient off to the doctor.

There are many ways that technology and telehealth software can automate these steps, increasing efficiency for a medical practice. For some patient populations, taking advantage of those capabilities can be beneficial. ChenMed, however, has learned that incorporating human touches into the telehealth process is important when working with a low-income senior patient population. These procedures have helped make the telehealth experience less sterile and more personal, engendering the trust that's critical to a successful doctor-patient encounter.

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Effectively introducing a hybrid-care approach to seniors

Hybrid models of care delivery are fairly novel. Like many other health care organizations, ChenMed is developing best practices for hybrid care as it pilots the model's use. Yet ChenMed has learned some valuable early lessons that may be useful to other organizations entering this space—particularly those who care for senior patients.

Clearly define which visits are telehealth-friendly—and which are not.

Early in the pandemic, just about all non-emergency visits in the United States were converted to telehealth. Both patients and providers came to appreciate the convenience that telehealth offered—but not every encounter lends itself to a virtual visit. Although there are no black-and-white rules for which visits qualify for one modality and which qualify for the other, Daniel Guerra, ChenMed's associate chief medical information officer, offers this rule of thumb: "Is this an encounter that requires you to touch the patient?" Many diagnoses can be made virtually as long as the doctor has a thorough medical history of the patient. But if a doctor can't accurately diagnose an issue without a physical process, such as listening to the lungs or checking the ears, the patient should be seen in person.

Other kinds of encounters—such as a regular check-in for a chronic condition or a symptom check shortly after a hospital discharge—may be appropriately handled via telehealth, particularly when remote patient monitoring tools are available. Telehealth can be especially useful if a patient faces challenges (requesting time off work, lack of access to reliable transportation) in getting to the doctor's office.

The key is to be consistent in what kinds of visits are used for each modality and communicate clearly so patients easily understand the rationale for those decisions. "Otherwise," wrote Matt Dickson, vice president of Stericycle Communication Solutions, **in a recent Medical Economics article**, "[providers] risk alienating patients who may view virtual care as an unnecessary and costly step when their telehealth appointment results in a required follow-up office visit."

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Recognize and respect patient preferences.

"For hybrid care to be a successful endeavor, it can't be forced on patients," says Shari Samms, a family physician working remotely for the JenCare Senior Medical Center in Portsmouth, VA:

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Ultimately, we want patients to feel like their care is in their control—we're just here to serve them.

This requires understanding the motivations behind patient preferences for certain modalities of care. Many of Guerra's patients, for example, prefer the "old school" practice of medicine: in-person visits. They don't feel that they receive adequate care without a full physical exam; they like to see the "wrinkles in the forehead" as their doctor processes what they're seeing. For these patients, explaining how telehealth can offer an additional value— faster access to their primary care physician, less transportation hassles, etc.—can be persuasive.

Some of Samms' patients developed an intense fear of leaving their homes during the pandemic. Even after they are fully vaccinated and boosted, they may still harbor crippling worries about infection. Validating those feelings while recommending small, progressive steps to build their comfort level is the best way to bring these patients around.

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It's important to meet patients where they are.

One of Samms' patients remained highly concerned about contracting COVID despite being fully vaccinated. This patient was hesitant even to be around her vaccinated family members, and the isolation put her at risk for declining mental health and falling behind on her disease management. To help this patient gradually build confidence in interacting with others, Samms suggested that the patient start by trying to hug one of her vaccinated grandchildren, then going for a walk around her block. Once the patient was comfortable with that level of exposure, Samms recommended a short outing to an indoor store. Finally, she asked the patient to consider coming into the center to resume necessary in-person care.

Hybrid Care Requires a Solid Financial Foundation

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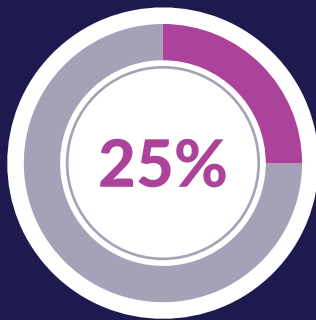
According to the U.S. Census Bureau's population projections, **the number of Americans 65 and older is expected to approach one-quarter of the population**—an estimated **95 million people** —by 2060.

This is happening at the same time we're losing health care workers left and right; an estimated half-million have left the field since the beginning of the pandemic. Finding a way to do more with less is not just an economic mandate for the American health care system—it's an existential necessity. A hybrid approach to patient care, when delivered properly, can help increase efficiencies for providers and access to care for patients. They key phrase in that sentence is **when delivered properly.**

Although the lessons outlined in this paper are generally useful to any medical professional working with senior patients in any setting, they're most effectively deployed in a transformative primary care setting using a full-risk capitation model. In organizations that use this model—like ChenMed—the incentives align with patient outcomes: keep the patient healthy, and the financial benefit will follow. Therefore, as Guerra noted in **a recent article in HealthCare Tech Outlook**,

> **ChenMed has both the wherewithal and the interest in developing and using tools, including technology, that will help teams more effectively prevent or manage health conditions.**

Additionally, full-risk capitation gives ChenMed the financial stability to build full, supportive staffs around their physicians, which facilitates the extra level of support senior patients need to navigate a hybrid health care environment. It also allows ChenMed to provide its care teams with continuous training in best practices for both telehealth and in-person care, ensuring they can move seamlessly between the two. In fee-for-service medicine organizations whose metrics focus on patient volume, not outcomes, there's simply no financial incentive to invest in the resources —technological and human—necessary deliver high-quality hybrid care to senior patients.

To learn more about how ChenMed is investing and innovating to deliver optimal outcomes through hybrid care approaches, visit ChenMed.com.

Unique advantages of telehealth for senior patient care

Getting a better understanding of the patient's living environment:

Telehealth visits can facilitate a bit of the old-time house-call experience. Physicians can see a patient's home, gaining context about how they live in a way that's not possible to do in an exam room. For example, a doctor may have a noon telehealth appointment with a patient—and discover the patient is routinely staying in bed until noon every day. The doctor may also notice the tidiness (or untidiness) of the patient's home or learn whether they're safely storing their medications. These are topics the patient may not talk about—and questions providers may not think to ask—in a clinic visit. Yet this information can provide critical insight about the state of the patient's health and inform their care planning.

Allowing more family members to be involved in patient-care decisions:

Before the pandemic, it wasn't typical for ChenMed patients to come to their visits with family members in tow. But in some cases—especially when there is discussion of challenging topics, such as advanced directives and end-of-life care—it's valuable for spouses, children, and other important people in the patient's life to be involved. That's next to impossible if those people do not live close to the patient or the health care center. Telehealth, however, can bring all these people together in a virtual room to engage in these conversations with the patient, no matter where they are located.

Providing enhanced support for hospitalized patients:

Although ChenMed's goal is to keep patients happy, healthy, and out of the hospital, hospitalizations do occur. Prior to the wide adoption of telehealth, its doctors would typically be in regular contact with a patient's hospital care team. With telehealth capability, however, ChenMed physicians can be more directly involved with a patient's care. Through video, these doctors can take part in rounding with a hospitalist, asking questions, and providing context that may help them better communicate with or care for the patient. ChenMed physicians can also provide face-to-face support for a patient who is facing difficult decisions in an intimidating setting —a more powerful interaction than simply being a voice on the phone.

What should you do when patients don't want to go back to in-person care?

Respecting a patient's preferences for where they have their care delivered is important—to a point. But there are some things a doctor simply cannot do, such as blood work or joint injections, via telehealth. At the end of the day, Samms says, physicians must "understand it's not your job just to make [patients] happy; you have to do what's best for their health. And sometimes what you do is in spite of what they want."

For example, one of Samms' patients adapted very well to telehealth during the pandemic but began using the availability of virtual care as an excuse not to visit their ChenMed center anymore. Samms knew that, without having at least one in-person appointment per year, it would be very difficult to effectively monitor and manage this patient's health conditions. But she also knew that demanding the patient to go into the center would probably backfire.

"I approach these situations with motivational interviewing, just like I would when trying to persuade someone to get a vaccine or quit smoking," Samms says. "I find out what's important to them, then make a tie between what's important to them and what we need them to do in the center."

Another tactic Samms uses to encourage an in-person follow-up visit: Sending a care promoter to join a patient for a virtual visit. This allows the care promoter to schedule the patient's next in-person visit while they are physically with the patient, confirming the date, time, and details before they leave.

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This works better than when you get the nod across the screen and a 'yes, doc,' only to have them 'forget' the appointment later, Samms says.

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