The Role of the Home Care Aide in Telehealth

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WORKSHOP ON THE PERSONAL CARE WORKFORCE: PREPARING FOR THE FUTURE

PART TWO: CREATING ADVANCED ROLES

IOM-NRC FORUM ON AGING, DISABILITY, AND INDEPENDENCE
Independence Care System, Inc. (ICS)

- Members must require 120 days or more of home care services and be eligible for home care. “nursing home qualified”
- 98% live at home
- Members receive an average of 8.5 home care hours per day
- Home Care Services represent 70% of our medical expense
- Home care aides have frequent contact with members which gives them a unique advantage to help our members improve their health.
- Home care aides are usually the first person to know if the member is experiencing a change in their health.
Improving the Quality and Efficiency of Care: Evaluating Telehealth Roles for Home Care Workers in New York City

• Pilot Program launched at ICS in March 2014

• United Hospital Fund (UHF) awarded a grant to Paraprofessional Healthcare Institute, Inc. (PHI) to exploring how telehealth technology can be used to capture the home care aides assessment, in order to improve member’s care, enhance the home care aide’s participation on the care team and improve health outcomes

• Learning collaborative with ICS, Cooperative Home Care Associates (CHCA), Jewish Home Lifecare (JHL) and Senior Health Partners
The lay of the land prior to launch

• Fragmented communication system:
  – MLTC contracts out for home care services
  – If a problem arises, the home care aide calls the coordinator at their organization, who then reaches out to their contact at the MLTC, who then contacts the member

• Opportunity to intervene is delayed and the information provided can often be diluted or limited

• No systematic way of collecting the observations of the home care aide.
Member Selection

• Members who were selected to participate had the following criteria:
  – Currently received home care services from CHCA
  – Had stable home care services
  – Had a recent hospitalization for either a respiratory issues (e.g. COPD) or a pressure ulcer

• 33 members selected to participate

• Used a technology called Care at Hand
  – Home care workers answer simple surveys. Algorithms trigger alerts to nurse coordinators.
How it works

• The home care aides use a special tablet equipped with Care at Hand mobile technology, which provides questions tailored to the member’s diagnosis (Respiratory or Wound), treatment and risk factors. General health and medication questions were also included.

• If a member’s responses indicate that there is a decline in health status, the system sends real-time alerts to ICS nurses, who helps the member and home care aide address the issue.

• Alerts are stratified based on risk (Low, Moderate, or High)
Getting ready for roll out: training for the home care workers

• CHCA conducted four training sessions (2/20, 2/27, 3/4 and 3/19) on site. Trainings were in Spanish and in English

• 72 aides participated in the four training sessions.

• After the initial cohort of aides were trained in the home, any additional training sessions were conducted in the home (e.g. when a new replacement home care aide has been identified for the case).
Preliminary findings (as of 5/31/14)
Successes: what we have seen so far

• Changes in members health condition are being identified early
• Aides and members receive responses from nurses in a short time frame.
• Interventions are commonly outpatient (skilled nursing or visit to MD office)
• Home care aides are reporting feeling valued “What I see matters ...”
Challenges

• Member buy-in: many members chose not to participate. Did not want something/someone “watching them”

• Set up was time consuming:
  – Questions had to be tailored to those with physical disabilities.
  – Every member had 2-3 home care aides.
  – Devices had to be deployed by CHCA.
  – Questions needed to be translated into Spanish

• Comfort level of the home care worker in using technology varied

• Limited access to medical utilization to determine health care savings
Further Development

• Expansion of program
  – Member selection
  – Length of time that technology should be in the home
  – Looking how it can be deployed as an intervention/tool that is utilized by the transition team
  – Adding a dedicated nurse coordinator to triage calls
  – Use of senior aides to support this initiative
Questions

• Thank you!

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