

- 00:25:06 Kevin Biese: Welcome to the GEDC webinar on tele health for older adults. We will be starting at 3 PM EST. Thanks for joining!
- 00:28:22 Don Melady: Hi John – welcome! I'd be interested in your educational feedback about how to make these webinars better
- 00:28:39 Ula Hwang: Welcome everyone to the GEDC webinar on ED-based Models of Telehealth for Older Adults!
- 00:28:51 Ula Hwang: Please mute your lines and use this chat for questions and comments
- 00:29:17 Ula Hwang: Welcome everyone to the GEDC webinar on ED-based Models of Telehealth for Older Adults! Please mute your lines and use this chat for questions and comments
- 00:30:33 Conor Sullivan: Dear Colleagues, Thank you for participating in the Geriatric Emergency Department Collaborative's webinar, ED-based Models of Telehealth for Older Adults Today's webinar is being recorded and a link the recording and the slides will be on the GEDC website event page, we have added a link to the webinar recording and slides: <https://gedcollaborative.com/event/webinar-may-11-2020/> Check out essential COVID Resources on the GEDC website <https://gedcollaborative.com/article/covid-19-resources/> Many thanks, GEDC team
- 00:32:07 Conor Sullivan: Check out [GEDCOLLABORATIVE.com](https://gedcollaborative.com) Please follow us on Twitter @theGEDC and Don Melady @geri_EM
- 00:32:38 Kevin Biese: GEDC is currently free to join and a great resource to make your ED better for older adults. Join us. [GEDCollabroative.com](https://gedcollaborative.com)
- 00:33:00 Conor Sullivan: Dear Colleagues, Thank you for participating in the Geriatric Emergency Department Collaborative's webinar, ED-based Models of Telehealth for Older Adults Today's webinar is being recorded and a link the recording and the slides will be on the GEDC website event page, we have added a link to the webinar recording and slides: <https://gedcollaborative.com/event/webinar-may-11-2020/>
- 00:34:20 Mark Rhein: Roswell, NM VA Social Worker
- 00:34:23 Melanie Porter-Kunz: Albuquerque, NM Social Worker
- 00:34:23 Dianna Langdon: Albany, NY
- 00:34:24 Patti Pagel: Advocate Aurora Health Care, Milwaukee WI. Senior Services RN
- 00:34:28 Colleen Mcquown: Colleen Mcquown Cleveland VA director geriatric emergency medicine
- 00:34:30 Susan Bower: Mayo Clinic- Rochester
- 00:34:34 Kevin Corcoran: Kevin Corcoram
- 00:34:36 Jeremy Swartzberg: Oakland, CA, ED physician
- 00:34:36 Michael Malone: Milwaukee WI geriatrics
- 00:34:36 John Schumacher: Baltimore, MD, Researcher Educator
- 00:34:37 Joan Reid: William Osler Geriatric Emergency Management Nurse
- 00:34:40 Katie Hester: Denver CO, LCSW
- 00:34:41 Isuri Weerakkody: Toronto, care of the elderly resident

- 00:34:42 Louise Martin: Ireland , senior physiotherapist for frailty team in emergency department
- 00:34:42 Barbara Mackintosh: Connecticut VA, West Haven, Home Based Primary care
- 00:34:43 Olukemi Akande: Kemi Akande, MD - Medical Director Care Management, Yale New Haven Health, New Haven CT
- 00:34:45 Sue Harvey: I am the NICHE Coordinator at Advocate South Suburban Hospital in Illinois
- 00:34:46 Christopher Rubach: Christopher Rubach... Project Coordinator... Senior Services... Advocate Aurora Health, Milwaukee, WI
- 00:34:46 Susan Bower: ED RN Discharge Coordinator
- 00:34:48 Michele Day: Springfield, MO MSU School of Social Work, roles for social work
- 00:34:49 Mary Ellen Miller: Mary Ellen NP Ontario Canada
- 00:34:51 Joanna Hill: Port Colborne ontario LTC md
- 00:34:52 Ann Gallo: Advocate Aurora Health, Senior Services Program Coordinator
- 00:34:53 Jack Mather: NewYork Presbyterian, NYC - Digital Health Team Analyst
- 00:34:58 Suzie Ryer: Advocate Aurora Health Care, Milwaukee WI, Senior Services Physical Therapist/Project Coordinator
- 00:34:58 courtneygenge: Courtney Genge, Toronto- Senior Research Associate.
- 00:34:59 Chris Carpenter: Chris Carpenter, Washington University in St. Louis School of Medicine, Professor of Emergency Medicine, clinical researcher, geriatric EM champion, clinician, journal editor
- 00:35:04 Andrea Garcia: RN, Contract Nursing Home Program, Grand Island NE VA CBOC
- 00:35:11 kelly busch: Kelly Busch Clinical Educator Palomar Medical Center ED
- 00:35:13 Steve Bandy: Charles George VA Medical Center Asheville, NC
- 00:35:28 Kevin Corcoran: Kevin Corcoran Syracuse VA Medical Center Director Geriatric EM
- 00:35:30 Lorraine Trecroce: Follow us on twitter @theGEDC to hear about any new materials on our website including when this webinar recording is posted.
- 00:35:43 Laura Kolp: Milwaukee, WI, Elder Life Specialist , Advocate Aurora
- 00:35:49 Allison Arensman: Allison Arensman. ACOS Education + orthopedic surgeon Columbus Ohio VA Ambulatory Care Center
- 00:36:06 Vivian Argento: executive director of Geriatrics and Palliative Care, Bridgeport Hospital/Yale New Haven Health system. interested in hospital at home. oversee geriatric APP consultants in our GEDA ED
- 00:36:16 Amy Moczynski: Advocate Aurora St. Luke's South Shore Cudahy WI, ED Geriatric Champion, Trauma Coordinator and Educator
- 00:36:50 Conor Sullivan: Check out COVID Resources on the GEDC website <https://gedcollaborative.com/resources/> Slide 4
- 00:37:00 Ula Hwang: Please make sure your chats and questions are being addressed to "All panelists and attendees"

- 00:37:13 Conor Sullivan: Reminder: "WE ARE NOT USING Q and A TODAY AND THE Q AND A BOX WILL NOT BE MONITORED. PLEASE USE THE CHAT ICON."
- 00:37:49 aaron malsch: Aaron Malsch, AdvocateAuroraHealth Senior Services Program Manager
- 00:38:21 Don Melady: Can you switch to all panelists and attendees
- 00:38:54 Emily Simmons: UAB Hospital- RN- Geriatric Programs Coordinator
- 00:39:01 Chris Carpenter: Who ever imagined that the "Iron Bowl" (Auburn vs. Alabama) would be used in a COVID-19 analogy?
- 00:39:25 Ula Hwang: For all your questions and comments to be seen, please be sure to have your chat set to "All panelists and attendees"
- 00:40:02 Don Melady: switch to all attendees
- 00:41:42 Rebecca Stoeckle: Rebecca Stoeckle, EDC Boston MA
- 00:41:46 tess: can we tally up all the deaths from ED avoidance due to fear of infection
- 00:42:39 Conor Sullivan: Reminder: "We are not using Q and A today and THE Q AND A BOX WILL NOT BE MONITORED. PLEASE USE THE CHAT ICON." For all your questions and comments to be seen, please be sure to have your chat set to "All panelists and attendees"
- 00:42:53 Joanna Hill: it seems that some primary care health providers are not advising ED consultation especially in Long Term Care
- 00:44:18 Kevin Biese: Hard to tally up exact number of deaths from ED avoidance, but it is clear that the number of deaths is way up in many areas of the country, and that many of these are not attributed directly to COVID
<https://www.nytimes.com/interactive/2020/04/28/us/coronavirus-death-toll-total.html>
- 00:45:01 Conor Sullivan: KEY MEDICARE TELEHEALTH POLICIES 1. Can be Provided Anywhere2. Equal Payment as In-Person Services3. Same Place-of-Service Code as In-person Services (ED- 23) AND Attach Modifier -95.4. Changes Only Temporary for Duration of Pandemic
- 00:46:12 Leslie Pelton: Leslie Pelton, Institute for Healthcare Improvement, Age-Friendly Health Systems.
- 00:46:21 Ula Hwang: Hi John,
- 00:46:32 Ula Hwang: Can you direct your question to panelists and attendees?
- 00:46:38 Conor Sullivan: Regs & Eggs blog<https://www.acep.org/regsandeggs> for the current edition.<https://docs.google.com/forms/d/e/1FAIpQLScs98SLqfGhpsUSte9ihnej2KsrRBBvPTNcKfD3fo0VVVS7A/viewform> to sign up for the distribution list.COVID-19 Federal Updates <https://www.acep.org/by-medical-focus/infectious-diseases/coronavirus/FederalAnnouncementsandGuidanceRelatedtoCOVID19/reimbursement/>
- 00:47:30 Chris Carpenter: What do panelists recommend for messaging to institutions who fear HIPPA risk too high despite waiver and dissuade telemedicine?
- 00:47:36 John Schumacher: Do these payment apply to non-Medicare plans? For younger patients and health plans.

- 00:48:25 Kevin Biese: These regulations are for Medicare beneficiaries, but many private insurance companies are following CMS lead
- 00:50:14 Conor Sullivan: These codes only apply IF we can get the patient on Video right? Or can we use them also for telephone (audio only) visits?
- 00:50:34 Kevin Biese: Telephone visits can be paid as well. Video not required
- 00:50:39 Joanna Hill: Ontario Canada government pays for “ virtual care”
- 00:53:23 Conor Sullivan: Michael Kurliand West health Resources Page
<https://www.westhealth.org/covid-19-resource-center/> Follow us: @WestHealth Email us: telehealth@westhealth.org
- 00:53:39 Jeffrey Davis: To Jennifer Shook: Yes, for the telephone codes, you can modifier 95
- 00:54:20 Jeffrey Davis: these telephone codes have temporarily been added to the list of Medicare approved telehealth services
- 00:55:38 Kevin Biese: One comment: there is tremendous CMS flexibility in the regs right now. We have to demonstrate responsible use. This means doing our best to maintain security, privacy, using video when important. If CMS see us “abusing” tele health these will be temporary improvements. Also a great time to do studies investigating “value” of these tele health visits.
- 00:57:10 Ula Hwang: Important point by Kevin that It will be important to use telehealth responsibly and also understand differences between virtual versus in person care.
- 00:57:35 Ula Hwang: As more ED and hospitals incorporate telehealth, the flipside is will there be a need for in person care?
- 00:58:05 Kevin Biese: From a payer standpoint (including the government) they need studies showing that the telehealth often replaces in person rather than just adding more visits (and hence more cost)
- 00:58:29 Ula Hwang: Will we undermine the need for outpatient and ED use? Likely we will have more acute patients in the ED and the less acute care can be done by telehealth. How to balance the risk and benefits of telehealth care.
- 00:59:52 Chris Carpenter: What are the geriatric-specific considerations with Telehealth? For example, any adaptations required to the delivery technology (font size for visually impaired, auditory enhancement for hearing impaired)? Also, how does a Telehealth professional safely, accurately, and reliably recognize dementia, delirium, or functional impairment? Have any instruments to assess dementia, delirium, or functional impairment been validated in Telehealth setting?
- 01:00:42 Marlena Tang: Great question
- 01:02:45 Kelly Ko: In terms of screening tools, I'm not aware of any validation studies on screenings delivered virtually, one approach is the onsite provider does the screening and then conveys the results to the TeleHealth provider
- 01:02:53 Kelly Ko: Hi Chris for geriatric adaptations, yes to the above, font size is enlarged, full screen views, and headphones for enhanced audio We also encourage providers to be in a quiet room with few distractions in the background

- 01:02:56 Susan Bower: As telehealth takes off, I would imagine LTCFs would need to have an increase in nursing and care staff to help operationalize the care rendered by the telehealth provider? Many SNF and LTCF are understaffed or have limited education to handle such complex orders ETC> Has this challenged been discussed?
- 01:03:36 Kelly Ko: Also, for geriatric adaptations, yes to the above, font size is enlarged, full screen views, and headphones for enhanced audio
- 01:03:41 John Schumacher: Is anyone designating a dedicated telehealth ED provider on a shift rather than having providers bounce from bedside to tele-health visits all shift.
- 01:04:41 Taneshia Harrison: Some senior living facilities dedicate one dedicated person for telehealth visits
- 01:05:07 Christopher Rubach: Re: hearing-impaired patients... pocket-sized audio amplifiers are routinely used and readily available...
- 01:05:17 Kevin Biese: To John S: yes, if volume high enough many EDs provide tele health by separate provider, if volume low, then no
- 01:08:48 Conor Sullivan: West health Resources [Page https://www.westhealth.org/covid-19-resource-center/](https://www.westhealth.org/covid-19-resource-center/) Follow us: @WestHealth Email us: telehealth@westhealth.org
- 01:09:49 Ula Hwang: Coffee and Donuts to bridge and develop relationships and communications between ED and other services. NHs are key if doing telehealth with LTCs.
- 01:12:31 Chris Carpenter: Telehealth research questions. 1) What outcomes should be assessed to quantify "benefit" of Telehealth relative to in-person ED visit? 2) What confounders should be measured to differentiate ineffective intervention (Telehealth) from some other modifiable factor that if controlled for would identify Telehealth benefits that outweigh "risks"? 3) Who will fund Telehealth research (NIH, AHRQ, PCORI, CDC, CMS)?
- 01:14:33 Ula Hwang: Great future research questions to study general impact of telehealth on patient and process outcomes! How to measure and assess if healthcare more efficient with telehealth medical delivery?
- 01:15:58 Kelly Ko: One way is on resolving the acute condition based on downstream utilization and similar rates of adverse events (i.e., ED/urgent care utilization_
- 01:16:33 Kelly Ko: AHRQ has used ED/Urgent care as one way of tracking adverse events associated with TeleHealth, but not widely studied as an outcome as far as I'm aware
- 01:18:43 Margaret Wallhagen: Need for captioning and care with persons with hearing loss
- 01:19:13 Zia agha: I would urge us to look at the literature for tele-stroke. It's a great example of tele care in the ED setting with meaningful demonstration of outcomes (stroke dx, time to lytics, cost etc).
- 01:19:20 aaron malsch: We have this concept for our system ICUs, so it seems that technical issues are resolved and we could expand to our Eds... Beyond the critical care aspect, I wonder if non critical services such as transitions support from a centralized RN Case Manager would be beneficial for scalable expansion of off-hours' services
- 01:19:49 Leslie Pelton: I am wondering about asking and acting on What Matters? How do you integrate that into the visits?

- 01:21:06 Don Melady: Coffee and doughnuts seems to be an important part of health care
- 01:21:55 Kevin Biese: Great question Leslie. 2 concrete ways (at least): 1) do a n excellent chart review for evidence of prior discussions of advance care planning. 2) Gotta ask. Don't develop a treatment plan without trying to align your plans with the patients wishes. Otherwise, what are we doing?
- 01:22:33 Adam Perry: Rural sites, PALTC, and tertiary care EDs have important differences regarding diagnostic and therapeutic capacity, pace, culture, and language. During Coffee and Donuts, consider collaborating on: multidisciplinary education about each site, important metrics, and an efficient transition/communication protocol.
- 01:23:56 Ula Hwang: Many comments from audience about measuring efficiency, risk/benefit of telehealth versus in person care. Suggestions about how your systems are measuring impact of telehealth care?
- 01:26:15 Leslie Pelton: @Kevin Biese - Thank you!
- 01:28:51 Conor Sullivan: Dear Colleagues, Thank you for participating in the Geriatric Emergency Department Collaborative's webinar on May 11, ED-based Models of Telehealth for Older Adults. On the GEDC event page, we have added a link to the webinar recording and slides: <https://gedcollaborative.com/event/webinar-may-11-2020/>
- 01:29:26 Conor Sullivan: Thank you! GEDC Team. Follow us: @theGEDC. Join the GEDC: laura_stabler@med.unc.edu. URL for the Geriatric Emergency Department's website (<https://gedcollaborative.com/>)
- 01:30:03 Conor Sullivan: Thank you so much! Stay tuned for the GEDC's next webinar "ED-based Palliative Care in the age of COVID" June 1st, 2020. JGEM Vol1 Issue6 Palliative Care Considerations for Older Adults in the Emergency Department During the COVID-19 Pandemic. Martine Sanon, MD, Ayla Pelleg, MD, Claire Ankuda, MD, and Emily Chai, MD. May 7, 2020. The coronavirus (COVID-19) pandemic has only increased the need for geriatric and palliative care expertise in the ED.
- 01:30:46 Kevin Curtis: Well done everybody!
- 01:31:17 Dianna Langdon: Thank You
- 01:31:32 Joanna Hill: thankyou