

McKnight's
POWER PANEL

**SUCCEEDING DESPITE
THE 2020 PANDEMIC**

Senior living and care professionals
cannot afford to wait for the coronavirus
public health emergency to 'be over'

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PANELISTS



James M. Berklan
Executive editor at McKnight's Long-Term Care News, served as the event's moderator.

Senior living and skilled nursing providers, months into the pandemic, continue to face challenges relating to the health and welfare of their residents and staff, along with ongoing regulation, reimbursement and cost concerns. The goal is not to return to work "as we were," but to create better lives for caregivers and residents — most notably by leveraging technology and data. At the recent *McKnight's* Power Panel, a virtual roundtable held in June, five industry leaders shared their insights and predictions for the future.



Jennifer Amis
President and CEO, Encounter Telehealth

Encounter Health provides mental healthcare to long-term care communities over a telehealth platform, collaborating very closely with facility staff on total patient care.



Gerry McCarthy
CEO, eSolutions

eSolutions provides best-in-class Medicare and multi-payer revenue cycle management, workflow automation, data analytics and revenue integrity tools that deliver unparalleled transparency so providers get paid quickly and accurately.



Bud Meadows
President and General Manager, ABILITY Network

ABILITY is the provider-facing business unit of an Inovalon — a provider of cloud-based platforms empowering data driven healthcare across the healthcare ecosystem. ABILITY helps providers simplify the administrative and clinical complexities of healthcare through its applications and data analytics.



Hilary Forman
Chief Clinical Strategies Officer, HealthPro Heritage

HealthPro Heritage provides healthcare services, including therapy management, clinical reimbursement, market analytics, clinical programming, staffing, consulting and pediatric therapy services.



Russ DePriest
SVP and GM of Skilled Nursing, PointClickCare

PointClickCare's cloud-based environments offer a suite of fully integrated applications powered by an electronic health record and revenue cycle management platform, to help care providers connect and collaborate within their care network.



HOW OPTIMISTIC ARE YOU ABOUT THE FUTURE OF SENIOR LIVING; WHAT ARE YOUR CONCERNS GOING FORWARD?

Jennifer Amis: Our partner facilities were underfunded pre-COVID. When the virus hit, the gross increase in expenses for PPE and the reduction in move-in rates all had a harsh impact. Last year in Nebraska, where we're based, we saw 15 facility closures. I'm also really concerned about not only the mental health of our residents and facility staff, but across the board, so we are very focused on improving access to mental healthcare using a telehealth platform.

What I'm optimistic about is the expanded access to care through telehealth platforms and the expanded insurance coverage. The waivers from CMS are removing restrictions like geographic and site requirements and I do not see these going away.

Gerry McCarthy: When I see what's happened not only with provider organizations stepping up, but the embracing of technology ... I think that's going to bring real change to the way providers deliver care, and how patients engage and interact with their providers.



Hilary Forman: We've seen the impact of COVID in all of our post-acute settings. We provide services on the frontline. Our therapists are in the facilities, working side-by-side with the nurses and physicians in the buildings, providing the actual care.

I'm super excited about the telehealth platforms in the therapy world. We had to redesign our services; we're used to providing therapy in gyms, so we had to change our path quickly and be incredibly nimble.

Russ DePriest: The aging population is growing at a rate that exceeds the rate of investment in healthcare. We see technology as the way to bridge that gap. If I'm optimistic about anything, it's that the industry has allowed us to accelerate the adoption of technology. Our goal as a company is to be a great partner to our customers, and to the industry as a whole. The challenge ahead is that we all worry about a second wave, but we've learned a lot through the first one so we remain upbeat about our ability to manage it.



WHAT DOES THE 'NEW NORMAL' MEAN FOR PROVIDERS?

Bud Meadows: COVID-19 was both an accelerant for moving forward with things that were already underway, and a spotlight on the importance of those issues. We had started the development of our ABILITY INFECTIONWATCH application more than a year ago, and when it came out, we already had providers leveraging it to meet the challenges of regulatory compliance reporting. The pandemic highlighted how important something like this was. As we think about the "new normal," the recent situation is the type of challenge that our skilled nursing facilities will continue to face. We will continue to see disease states that require monitoring, so having the right tools and the right data in place to help enhance infection control surveillance and improve quality outcomes is going to be more and more important. And as organizations implement the processes around the tools, it will support and complement the work they've already been doing.



Gerry McCarthy: There are a lot of things that we've tried to hardwire into the health-care system and specifically into skilled nursing for many years. And sometimes it takes events like COVID-19 for those things to become hardwired and actually enact change. eSolutions has seen a 1,000% increase in telehealth visits and claims eligibility checks through our system. I also believe "the new normal" is an opportunity for us to improve on training, not only for our providers and caregivers, but also in engaging with patients and their families to make sure they understand that the focus is on patient safety and outcomes.

Q WHICH CMS WAIVERS HAVE THE BEST CHANCE OF REMAINING, AND WHICH SHOULDN'T WE COUNT ON STAYING?

Russ DePriest: The waiver allowance was huge, and I hope that doesn't go away because I think it's demonstrated its value through the crisis. I am very optimistic about telehealth and believe we're going to come out of this pandemic seeing that technology is one of the fundamental tools that can make caregivers more efficient when they're under stress.



Gerry McCarthy: There was also a major change with PDPM (Patient Driven Payment Model) starting January 1 — 90% of the facilities were actually receiving a higher level of reimbursement under PDPM for the first quarter of this year. We're not just looking at waivers but also how our reimbursement structure overall continues to work. Right now, there are no changes to PDPM, but it's something that is on the table and that we're going to continue to watch.

Q HAVE ANY PREVIOUSLY UNDERAPPRECIATED BENEFITS OF TELEHEALTH EMERGED?

Jennifer Amis: I read numerous articles on healthcare systems that have grown their telehealth encounters exponentially since March — from 700 in a month to 7,000 in a week — which shows that the adoption on both the provider and patient side is going to potentially become the primary delivery platform. Certainly this is going to be the case for long-term care, as we look to limit the individual's risks — especially those with compromised systems who go to the doctor's office and are exposed to other individuals.

Many people bring up the generation gap when it comes to technology and whether older patients will be able to adjust to telehealth. Study after study has shown that it really just doesn't make that much difference. Older people acclimate quickly to the ease of telehealth services, and if they can't, they often have a nurse, social worker or care provider there to assist with the technology. Many of our residents get excited about their telehealth appointments. We have heard reports of many of our elder female clients going to a hair appointment to look nice when they see Dr. Beckett.

One of the things our business has always been focused on is bringing psychiatric and mental healthcare to rural communities where there is no care. We are usually the first provider going in, and now we can work with these individuals more specifically on their ongoing plan and their hyper vigilance to help reduce that risk of exposure.

“OLDER PEOPLE ACCLIMATE QUICKLY TO THE EASE OF TELEHEALTH SERVICES, AND IF THEY CAN'T, THEY OFTEN HAVE A NURSE, SOCIAL WORKER OR CARE PROVIDER THERE TO ASSIST.”

— JENNIFER AMIS, ENCOUNTER TELEHEALTH

Hilary Forman: Telehealth allows us to expand our specialty services. We have therapists across the country with highly specialized skills — wound care, low vision care, neuro care — and while we don't have them in all of our facilities the way we would like, telehealth gives us the opportunity for a patient to access those skills or special assessments. We never considered that before, but now that we have, we would hate to go back.

Q WE'VE GOT \$4.9 BILLION DEDICATED TO NURSING HOMES. IS THIS ENOUGH OR IS IT JUST A SHORT-TERM FIX FOR A LONG-TERM PROBLEM?

Gerry McCarthy: Making sure you're capturing all the information you can, then using that data and analytics to prevent denials — it's not just management, it's ensuring you're capturing everything to maximize reimbursement. When we're looking at submitting COVID-19 claims, when organizations are accurately filling out that data and information, they're receiving a higher reimbursement rate.

It's amazing to me how many people in senior care organizations are forced into value-based care and partnership arrangements. There's oftentimes little understanding about the cost accounting that drives the cost structure side of care delivery as you're accepting those patients under the umbrella of those contracts. This is another key area for you to utilize data and analytics tools to help you better understand; not only your reimbursement side, but your cost structure side.

As far as the \$4.9 billion? No, it's not enough. I think this is an opportunity for us to really turn around and see where care is being provided, how it's being provided and the real cost. So, as an industry we can come together and lobby CMS and other players in the market at the reimbursement level to show what those true costs are so we can be properly reimbursed.



Q WHAT DO PROVIDERS NEED TO DO TO COPE WITH INFECTION CONTROL CHALLENGES AND PROBLEMS GOING FORWARD?

Bud Meadows: There's no social distancing for the providers in a care setting, so it really comes down to reinforcement, solid education for the staff and the adherence to safety protocols.

Hilary Forman: I think it has to do with your strategic partnerships — what do your partners bring to the table, how do they adapt, how nimble are they and what solutions can they bring? None of us can solve this by ourselves; we all have to rely on each other and work together. For example, most people know us as a therapy provider, but we ended up being a PPE broker because we needed it for our staff. Looking at data solutions, looking at ways your partners are willing to expand their service packages and add services to help you is a more cost-effective way to operate. You might end up with fewer vendors and partners, but more valuable ones.

Q HOW CAN PROVIDERS DEAL WITH THE LABOR SHORTAGE; WHAT'S GOING TO MAKE THINGS BETTER FOR THEM?

Bud Meadows: For us, it's about making the caregivers' experience easier as they work with their facility in what is a very high-stress time. The mobile technology of our workforce management application allows healthcare organizations to be more flexible with the scheduling process, which helps them better manage their time and engage with their staff.

“IT'S ABOUT MAKING THE CAREGIVERS' EXPERIENCE EASIER.”

— BUD MEADOWS, ABILITY NETWORK



“THE TRUTH IS, IT'S A DOG-EAT-DOG WORLD TO RECRUIT FRONTLINE CAREGIVERS RIGHT NOW.”

— RUSS DEPRIEST, POINTCLICKCARE



Russ DePriest: We don't really have a workforce management solution, but what we do have is a focus internally on caregiver workspaces. We try to design software that is compatible with the workflow for each particular caregiver experience during the day. The truth is, it's a dog-eat-dog world to recruit frontline caregivers right now.

Q HOW ARE PROVIDERS ADAPTING TO THE USE OF DATA? WHAT SHOULD PEOPLE BE DOING MOVING FORWARD?

Russ DePriest: It's important to know before a person comes into the building whether or not they have COVID-19, or may have been exposed. The insidiousness of the virus, and the fact that it doesn't necessarily manifest for several days, makes that tougher. But capturing data before someone enters a building so you can isolate them and not spread it to the rest of the population is hugely important. We see that as a requirement going forward.

One of the ways our technology complements telehealth tools is by providing physicians access to health records that allows them to write and sign orders and review charts. We have seen a big uptick in the adoption of that technology. People can keep an electronic copy, never having been in the building, and act on them appropriately. That is sort of a perfect marriage with telehealth, from our perspective, and I would expect to see that continuing as we go forward.



Bud Meadows: We have about 300 million covered lives of what I would call "closed data," which is the full patient view of their clinical history from all of their claims sources for up to 10 years. This really allows a provider to do analysis prior to the patient encounter with a more complete history, share information, and direct and help inform the appropriate approach for clinical care. As we move into telehealth, that data can be injected at the point of care for providers to really help them be more informed about the individual patient's history.

Our AI is also helping providers predict what type of staff they should have in their skilled nursing facility by bringing data analytics capability to workforce management. Where it gets exciting is when you think about the data and use cases and can apply AI at the point of care where people are challenged to assimilate a tremendous amount of information to support evidence-based decisions. We can help support providers by providing information from a depth of data sets, making it available at their fingertips. That helps inform their decisions.

Q WHERE'S THE FUTURE PROFIT TO BE FOUND BY PROVIDERS? THERE ARE MANY SOURCES, BUT WHERE'S THE SMART MONEY TO GO FIND SOME PROFIT AND DO THIS WELL?

Jennifer Amis: Honestly, it's brutal. We have to charge our skilled nursing facility partners additional funds in order to have a sustainable organization and pay our providers at a competitive rate. Our psychiatric providers ... we have less than half of what we need in this country, and those CMS rates just aren't going to foot the bill. We've actually started to go out into other long-term care communities, such as corrections, to help balance what those revenue dollars ultimately look like.



Bud Meadows: We've seen a few things. First, facilities are continuing to better manage their receipts, and drive toward efficiency. Second, is that they are making sure no rocks are unturned in terms of revenue diversity, and that is in the areas where there are other financial responsibility opportunities. And then third is that providers are really understanding where issues are presenting themselves and implementing new strategies around data and analytics to more effectively manage them.

Hilary Forman: We're starting to see a lot of people adopt pay-for-performance. I think that several people here today have the data that would allow people to start putting a better structure to that; without that data, you couldn't even think to go at risk on any of your quality areas — but I think that has to be the way of the future.