



# COVID-19: Broadening Telehealth Solutions

*How telehealth can reach a broader patient population*

INTERVIEW WITH DONNA DEBLOIS, RN, BSW, MSB, MBA, AHCA, PRESIDENT OF MAINEHEALTH CARE AT HOME, SACO, MAINE



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**REMINGTON REPORT:** Donna I appreciate you sharing how MaineHealth Care at Home is optimizing telehealth solutions for COVID-19. MaineHealth Care at Home began using telehealth in 2001. Today, telehealth is an important solution in your home health, palliative care, hospice, and community health and wellness initiatives. We thank-you for taking the time to also share how your organization is expanding telehealth services to reach a broader base of patients.

**REMINGTON REPORT:** How is COVID-19 changing best practices for telehealth?

**DeBLOIS:** For MaineHealth Care at Home, (MHCHA) there is no question that COVID-19 is driving the change for best practices in both delivering and leveraging the tools of telehealth. Obviously, the need for home health and hospice care during COVID-19 presents inherent risks for patients and for clinicians who must enter the homes. We have seen apprehension from both parties; patients, often older adults with serious chronic conditions, are wary of any potential for transmission from outside sources; and for clinicians, the everyday task of entering the homes of patients – environments that are not nearly as well-controlled as health care facilities – presents additional risks. Our challenge is to mitigate these risks while insuring that patients receive essential home health and hospice services.

As the rest of the country, Maine anticipates a shortage of healthcare providers, hospital beds, ventilators, masks, and other essential elements to address COVID-19. Now, more than ever, this health crisis requires

healthcare providers to triage acuity of needs with careful allocation of our scarce and finite clinical resources. The challenge is compounded with the surge of “lower-risk” COVID-19 patients that is predicted to overwhelm our health system; while simultaneously maintaining services for current patients. To help meet this challenge, MHCAH has expedited the leasing of additional tablets and blue-tooth peripheral devices for its current patient base and has secured a new platform to address the needs of less at-risk patients. This suite of telehealth platforms will include screening tools, education, and action steps in response to COVID-19.

**REMINGTON REPORT:** How is telehealth supporting caregivers, patients, and their families?

**DeBLOIS:** Since 2001, we have used a range of telehealth platforms to augment our skilled home health and hospice services. Our current telehealth program serves individuals with one or more chronic/acute conditions to include medically fragile infants, children, and adults enrolled in our Home Health Pro-

gram. These patients receive 4G Samsung tablets and blue-tooth peripheral devices that allow for monitoring of vital signs, virtual assessment, consultation, customized care plans, and educational clips. In our Hospice and Palliative Care Programs, we have developed a structure that benefits both patient and family caregivers. These family caregivers receive medical support delivered through telehealth connectivity, customized educational clips, and as-needed, peripheral devices to monitor the health status of patients. This project plans to include End-of-Life Care discussions, Advance Directives, and Palliative Care consultations. We also launched ConnectedCare Clinics, a community health and wellness initiative that provides on-site nursing services augmented with a 24/7 telehealth kiosk and bio-metric monitoring devices. These clinics serve older adults and families residing in low-income senior housing facilities and on remote islands that have limited access to health care. The telehealth platform is embedded with a wide range of educational clips, assessment tools, and 24/7 access for virtual connection to MHCAH nursing services.

**REMINGTON REPORT: Describe new solutions telehealth is presenting under COVID-19.**

**DeBLOIS:** Our agency urgently needed telehealth solutions for the patient population currently not enrolled in our Telehealth Program. Specifically, we needed solutions for a broader base of patients that included: Parents with newborn infants; Patients with less at-risk chronic health conditions; Patients diagnosed with COVID-19 who exhibit only minor symptoms.

With the support of a community donor, we received funds to secure a software license that offers the functionality of the telehealth tablet, at no cost, to patients. The telemedicine software can be downloaded on Wi-Fi and Data enabled iOS or Android devices, allowing patients to contact clinicians through voice calls, video calls, and text messages. The product supports manual biometric entry with plans for Bluetooth integration that is projected for May 2020. Patients can access video clips on more than 30 disease presets including COVID-19. Within a week of purchasing this license, we were deployed

and virtually connecting with new patients. In the last few weeks, we have accelerated grant writing and other fundraising activities that includes the submission of a RUS-USDA Distance Learning Grant with MaineHealth.

**REMINGTON REPORT: How is telehealth assisting other stakeholders under COVID-19?**

**DeBLOIS:** Maine’s Governor, Janet Mills, signed an executive order that allows physicians, physician assistants and nurses licensed in Maine to provide services through all methods of telehealth, including video, audio and other electronic technologies. Mills also signed an order that requires insurance companies to provide coverage for clinically-appropriate services delivered by telephone or other secure application. These are positive measures; however, the level of reimbursement remains uncertain for home health and hospice agencies.

MaineHealth, our integrated healthcare system, has postponed elective procedures and non-urgent medical appointments. In response, MaineHealth has expanded its telehealth efforts to support consultations among healthcare providers and virtual assessment to patients.

**REMINGTON REPORT: How do you foresee the future of telehealth changing after COVID-19?**

**DeBLOIS:** As leaders in the home health industry, we are encouraged by the changes at CMS that include waivers and rule suspensions, and relaxed HIPAA enforcement allowing platforms like Skype, FaceTime and Zoom to be used for telehealth. CMS allows home health agencies to provide all necessary telehealth services during this public health emergency, but we are unable to secure payment equivalent to the costs of our face-to-face visits. Without reimbursement, home health and hospice agencies absorb the associated clinical costs to provide telehealth services. As advocates, we are hopeful that reimbursement through CMS for home health and hospice providers will be a reality in the near future. We need to keep these advocacy efforts strong. ■