

ADHC Without Walls: Benefits, Barriers, and the Business of Telehealth

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1

Introduction and Agenda

- Welcome and a brief review, disclaimer
- Resources available on www.adhcc.org
- Tool kit to be completed and available in July
- Why another webinar on telehealth?
- Each panelist brings unique perspective on telehealth business
- A view from national
- Q&A

2

Schofield ADHC, Buffalo

- Which of your staff is doing telehealth? Solid relationship with finance department
- Willingness to take chances/flexibility/fluidity
- Negotiation with managed care
- Subjectivity/gut feeling; did services constitute payment?
 - Case management
 - Nutrition counseling
 - Mental health support

3

Schofield ADHC, Buffalo

Continued:

- Referrals and follow ups
- Entitlements
- Coordination of transport
- Medication reviews
- Documentation
- Telehealth in the future

4

Name: [REDACTED]

COMPREHENSIVE CARE PLAN

FSP #31: Telehealth/Telephonic Encounters

Need/Barrier:	Goals/Preferences/Strengths:	Approach/Intervention:	Resp Parties:	Outcome:
<p>Reg referred by ADHCP and is currently receiving home care from nursing services r/t medication prefills, and administration since ADHCP is temporarily closed r/t COVID pandemic.</p> <p>[REDACTED]</p> <p>[REDACTED] has long standing MH issue--She becomes anxious, and fearful, at times exhibits increased paranoia particularly when under stress. She needs reassurance that she is safe and support is available</p> <p>T/C from LMSW to regis-- 3/30/20, 4/13/20, 4/27, 5/4/20, 5/21/20, 5/28/20</p> <p>5/28/20 Regis in need of food delivery</p> <p>Dx: Paranoid Schizophrenia, Agoraphobia with Panic D.O.</p>	<p>ADHCP staff will resume medication administration when Reg returns to program per her preference</p> <p>[REDACTED] would like to connect with a food delivery service or have someone shop for her</p> <p>[REDACTED] agrees she benefits from regular phone communication to provide verbal support, reassurance, health and wellness education due to her MH status and ongoing psychosocial needs</p> <p>Continue Telehealth through closure of ADHCP to prevent psychiatric decompensation</p> <p>[REDACTED] would like to have less feelings of anxiety related to her isolation and loneliness during public health crisis</p>	<p>SW will cont to contact regis regularly via phone to offer support and reassurance, assure needs are met and to promote Mental Health Wellness</p> <p>SW will discuss resources and assist with obtaining any needed resources during closure of ADHCP</p> <p>Promote successful coping strategies, and what may have worked for her in the past (i.e. breathing exercises, meditation, sitting outside, reading, journaling)</p> <p>Through Telehealth assist her to identify things that increase her anxiety and fear (i.e. watching news, listening to radio broadcast r/t pandemic, overthinking current experiences)</p> <p>Referral to PUSH Buffalo 5/28/20--they will offer food delivery for [REDACTED] contact info exchanged and need discussed</p>	<p>Nursing- A. Whelan, RN SS--N. Chase, LMSW</p>	

5

Date/Time	Note	Note Taker
	of instructions.	
03/18/20 09:39	Delivered insulin and supplies to [REDACTED]'s residence. Taught/instructed caregiver, Scott on sliding scale and insulin administration. Scott verbalized understanding.	E-Signed B.MALLOY-RN NURSING 03/18/20 09:41
03/18/20 10:52	Nursing informed registrants podiatrist of program temporarily closing during the public health crisis and registrants future appt is canceled. Program will reschedule appt when program reopens.	E-Signed T.PANGBURN-LPN NURSING 03/18/20 10:52
03/18/20 11:18	SW spoke with RN, Joyce, who was concerned about registrant's safety at home. She is an insulin dependent diabetic. Since the closure of ADHC, the RN went to her home to deliver the insulin that was at ADHC. They taught her caregiver to administer her insulin but didn't feel comfortable with his ability to do so. SW left a message with her caremanager, Benny of VNS options requesting a call back to discuss getting a nurse to come in to assist while our program is closed.	M.MOESSINGER-SW SOCIAL SERVICES
03/18/20 13:12	SW spoke with caremanager, Bennie. She reports that she has been in touch with registrant and her caregiver, Scott, who expressed that he was comfortable in administering her insulin. SW advised her to speak with RN, Barb.	M.MOESSINGER-SW SOCIAL SERVICES
03/18/20 15:00	Writer spoke with care manager, Benni (655-0052). Advised Benni that writer went to home to deliver insulin and instruct sliding scale and use of insulin pen. Caregiver, Scott decided to go to dishes when writer wanted to discuss sliding scale and insulin administration. It is the writer's feeling that caregiver was not interested in following medication regime while [REDACTED] is out of program. Writer also spoke with [REDACTED]'s brother, Clyde who also expressed his concern with Scott as a caregiver and following up with blood glucose testing and insulin administration. Benni states she will call PMD for referral for homecare.	E-Signed B.MALLOY-RN NURSING 03/18/20 15:07
05/27/20 09:02	Late Entry: on 5/26/20, SW spoke with both registrant and her caregiver (Scott). [REDACTED] has been receiving nursing services through Schofield CHHA while ADHC is closed due to Covid-19. While Scott reported that [REDACTED] has been quite bored, she denied this and said that she keeps busy. She cooks, cleans, watches TV. Scott reports that all needs are met and they are both well.	M.MOESSINGER-SW SOCIAL SERVICES

6

Social Work Encounters - A
Select all that apply.

<input type="checkbox"/> Form		<input type="checkbox"/> Phone Call
<input type="checkbox"/> Referral		<input type="checkbox"/> Insurance
<input type="checkbox"/> Careplan		<input type="checkbox"/> Transportation
<input type="checkbox"/> Evaluation		<input type="checkbox"/> Conversation
<input type="checkbox"/> Family Contact		<input type="checkbox"/> Agency Contact

7

**Adult Day Services – Pandemic Planning
Wellness Program**

Rola O’Meally
Director for Adult Day and
Dementia Services
St. Ann’s Community

June 18, 2020



ST. ANN’S
COMMUNITY
Full of Life

8

St. Ann's Adult Day Services - Overview

- Located in Rochester, NY – St. Ann's Community provides Adult Day Services at 3 sites
 - Durand – medical/social model
 - Home Connection – Medical Model
 - Home & Heart of Webster/Penfield
- Serves a total of 104 participant through three sites
- The program was placed on hold on March 13, 2020 due to Covid-19 pandemic
- Participants required increased support initially as they were confused with the sudden pause



Participant Risk Assessment

During the first week of program on hold a risk assessment was performed on all the ADS participants via a telephone call – guidelines and form from the Adult Day Health Care Council.

KEY: H = HIGH RISK: Three or more areas needed M = MEDIUM RISK: Two areas of concern L = LOW RISK: One area of concern *If they have a person at home who can help them with everything or can manage on										
Date:										
NAME	LEVEL OF RISK	MED/SET FILLED AT PROGRAM	HAS NO SUPPORT AT HOME	WILL NEED FOOD/MEALS	RECEIVES INJECTION/MEDS AT PROGRAM	AT RISK FOR SKIN BREAKDOWN	REQUIRES HELP WITH DIABETIC MANAGEMENT/IG TESTING	RECEIVES LAB DRAWNS AT PROGRAMS	NOTES: How can you mitigate this risk ?	Critical Care: Will need Program support on going



Results of the Risk Assessment

- We identified that there were 25-30 participant who fell in the high risk category
- Participants very confused overall with the sudden placement of program on hold
- They needed a lot of questions answered related to Covid-19
- These participants had little or no support at home
- They were concerned of meeting their daily needs of nutrition/care support
- They did not know how they would spend their time at home



11

St Ann's Development of an ADS Wellness Program

Organization's Primary Goal

To ensure wellness and safety of the participants, minimizing their use of Emergency Department while the program is on hold



12

Funding to Initiate the Program

This program was put in place with the seed money from an existing grant to Adult Day Services from the **Greater Rochester Health Foundation**



13

Services Provided

- Telephone calls to participants weekly and/or biweekly basis
 - Wellness Coordinator
 - RN nurse – medical participants
- Delivery of meals
- Supplements
- Activity Kits
- Pharmacy Refills
- Digital blood pressure cuffs, thermometers and pulse oximeters provide to high risk participants.
- Incontinent garments



14

Logistics

- As all charts for participants on EMR were on hold. We created call logs for all participants in excel
- Logs have specific information to be filled in by the Wellness Coordinator or nurse
- Life Enrichment Therapist prepares weekly activity packet to engage participants at home. At the first delivery crayons/pencils and pens were provided to the participants



15

Continued...

- Each call by the coordinator and nurse are logged with check marks and comments to the guided questions
- Coordinator tasks:
 - Call all participants once a week. High risk vulnerable participants are called twice a week or as per their needs



16

Continued...

- Maintain call logs
- Prepare lists for drivers to deliver meals
- Prepare packages ready which includes meals, continence care, supplements, medical devices and medication deliveries



17

Continued...

- Assist with setting-up transportation for participants
- Making appointments for participants as needed for doctor's office; Wound Center, Podiatry, Physical Therapy
- Billing:
 - Calls for authorization from insurance
 - Consent from participant
- Processing participant request for prescription refills at the in-house pharmacy



18

Sample Participant Care Plan

Care Plan

Interventions: Provide wellness checks for our participants during this time when ADHC programs are on hold related to Covid-19 virus pandemic; provide social and emotional support, assess for lack of support, identify home bound needs such as food insecurities, ADL challenges, concerns for HTN management, diabetes management, medication management or other chronic condition management. Identify lack of transportation to obtain necessities or attend medically necessary appointments, identify any safety concerns, provide Covid wellness checks (per ADHC questionnaire). Measures taken will help maintain health and minimize emergency usage

Outcome: Participant will remain well and safe at home with adequate support

Plan:

- Provide Weekly Wellness calls
- Assist with access to services Registrant may need, but does not have at home
- F/U with diabetes and asthma management
- Provide 5 meals per week
- Provide activity packets weekly



19

Telehealth Calls – Guideline Questions For Wellness Coordinator

- How is your overall health?
- Do you have home care services visiting to help you with care?
- Have you been checking your body temperature?
- Do you have any symptoms of cold, dry cough, nausea, vomiting and diarrhea?
- Have you lost sense of taste or smell?
- If receiving meals – how have your meals been. Are you satisfied?
- How is your appetite and intake?
- Are you drinking adequately?
- Are you taking the medications as prescribed by your physician?
- Are you enjoying the activity kit?
- Do you feel you have adequate information related to the pandemic – Covid-19. What's happening around you?
- Are there any changes in your health condition that you would like us to follow-up or help you set up and appointment with your physician?
- How are you taking care of yourself at home.
- Who is visiting you?
- Checking on incontinence wear needs



20

Telehealth Calls – Guideline Questions For Nurse

- RN calls are made to participants who have on-going medical needs
- These participants were identified at the initial risk assessment and ongoing additions are made based on needs as identified by the Wellness Coordinator
- Nurse primarily provides direction on using digital devices – thermometer, wrist blood pressure machine, glucometer.
- Direction to participants with diabetes, hypertension and wounds on medication management, dressing change reminders.
- Assessment for psycho-social support is made during the call



21

Benefits of Telehealth

- Coordinator is bilingual so she is able to meet the needs of Spanish speaking participant.
- Developed a connection with the participant. Some participants wait to receive her call
- Good way to check on the physical and emotional health of the participant
- Provide timely update information related to Covid-19 as many are feeling lost
- Last but most important – Ability to provide reminder to stay safe and healthy



22

Challenges of Telehealth

- Technology limitations – some have the phone but do not know how to use it or are unable to while some do not have a device at home to communicate.
- Participants are ignorant of the situation – do not want to be bothered with a phone call
- Ability to hear but not visually see. There could be a gap between what we hear and reality
- Limited time – Making calls to 104 participants requires time. Some participants take more than expected time



23

Participant Feedback

- Majority of the participants receiving services are very grateful of the services supported by the Adult Day Services – Wellness Program
- Many want the continued services but do not want to be bothered by a call. So there is a lot of convincing by the coordinator to receive her calls – reiterating the importance to stay connected



24

Future of Telehealth

- **Next generation online Case Manager...hold promise**
- Given the population that our Adult Day Services serves, for the underserved population warrants a lot of education and they will need the following:
 - Technology in hand – phone/internet
 - Guaranteed access
 - Ability to troubleshoot or receive assistance
 - Education on how to use technology
 - why they need to stay connected with provider



25

Telehealth should be an option based on a case by case evaluation. Adult Day Services provides socialization for the elders which is vital for some to maintain health.

Thank you for giving me the opportunity to present today!



26



27

TELEHEALTH AT ADHC

Striving to serve our registrants at home to maintain their medical and emotional needs while remaining safe in the community.

The slide has a light blue and light grey background. The title "TELEHEALTH AT ADHC" is centered in a white rectangular box with a black border. Below the box, the tagline is written in a teal, italicized serif font.

28

WHAT IS TELEPHONIC SERVICE?

Telephonic Service is conversation via telephone that allows providers the ability to conduct an assessment, monitoring, evaluations and management services where face to face visits are not recommended and are appropriate to deliver.

29

WHAT DOES THIS MEAN FOR ADHC?

ADHC SERVICES WITHOUT WALLS

- Offering and delivering ADHC services to our registrants with in their home environment.
- Changing our mind set on how we will deliver those services.
- Building relationships and utilizing community resources to collaborate services.



30

Get Ready to Start Telephonic Services – ADHC Without Walls! Comprehensive Adult Day Services – Medical Model

- Telephonic Policy and Procedure for ADHC without walls
- Telephonic Policy and Procedure for Qualifying Members
- Telephonic Policy and Procedure for Care Planning
- Telephonic Care Plan Library
- Telephonic Progress Note Template or log
- Verbal Consent Form – Dual Signature and Date from IDT Team
- Create a Schedule board
- Create a **Minute** and billing Tracker Report
- Establish and create a Referral Resource list- Community, Physicians, Professional Health Care Agencies
- Create a MLTC Letter and Authorization Request Form
- Create a Welcome to ADHC with out walls letter –
 - Indicates what services will be offered
 - Indicate what will be included in the Comprehensive Person Centered Care plan
 - Indicating that they can disenroll at any time
 - Contact information on hours of operations and after hours hotline (if applicable)

31

What is Provided With Telephonic Services?

- * Assessments, Evaluations and Monitoring
- * Social services
- * Case management
- * Behavioral health services
- * Nutritional services
- * Health education
- * Medication management
- * Therapeutic activities
- * Reliable referral sources
- * Emotional support during quarantine

32

Actions Related to the Services *but not limited to*

- Monitoring of COVID- 19
- Assessments, Evaluations and Monitoring of current and new onset diagnosis
- Schedule and or refer Physician or Health professional appointments
- Coordinate Ancillary Services such as Labs, Pharmacy and Xray.
- Advocate for needed adaptive equipment and medical supplies
- Coordinate and support insecurities of food supply
- Behavioral Health screening and counseling
- Provide Emotional support and coping strategies during quarantine
- Provide Emotional support and behavioral plans to those with Psychiatric Illnesses
- Registrant and family education
- Mailing of materials or activities
- Arrange for Medical Transportation
- Assist with Medicaid and entitlement issues
- Provide referrals in the community for Physicians or Health Care professionals such as PT, OT and speech.
- Coordinate and facilitate referrals for in home services such as Nurses or Certified Nursing Assistants

33

Identifying Registrants that Will Benefit From Telephonic Services to Remain Safe in the Community During ADHC Closure

- Home support levels (who do they live with, what kind of support do they have with friends and family)
- General health – primary and secondary diagnosis
- ADL and IADL status
- Dietary needs
- Medications administration/support obtaining supply
- Fall risk – adaptive equipment
- Cognitive status
- Emotional status
- Lack of community resources
- Confirm meal provisions are adequate
- Negate any registrant concerns with interruption of services
- Consenting to participate in Telephonic Services – ADHC shall protect and promote the registrants rights and encourage and assist the registrant to exercise these rights.

34

Communication Barriers You may Face

- **Alteration in Communication R/T** (deficits/ impairments/ diagnosis/ mini mental)
 - Communication with care provider to help facilitate registrants needs.

- **Alteration in Communication R/T** (deficits/ impairments)
 - Use other forms of communication such as video or text to meet the registrants needs.

35

Telephonic Services During the COVID-19 Outbreak Verbal Consent

-----ADHC FACILITY NAME -----will be offering Telephonic Services to member's that need continuous support while being home on New York's State Emergency Order from the COVID-19.

Our services will be offered thru non face to face communication thru Telephonic Services. The program will offer services to registrants who are in need of Nursing Assessments, Nursing Monitoring, Case Management, Health Education and Social/Emotional Support during the closure of our program.

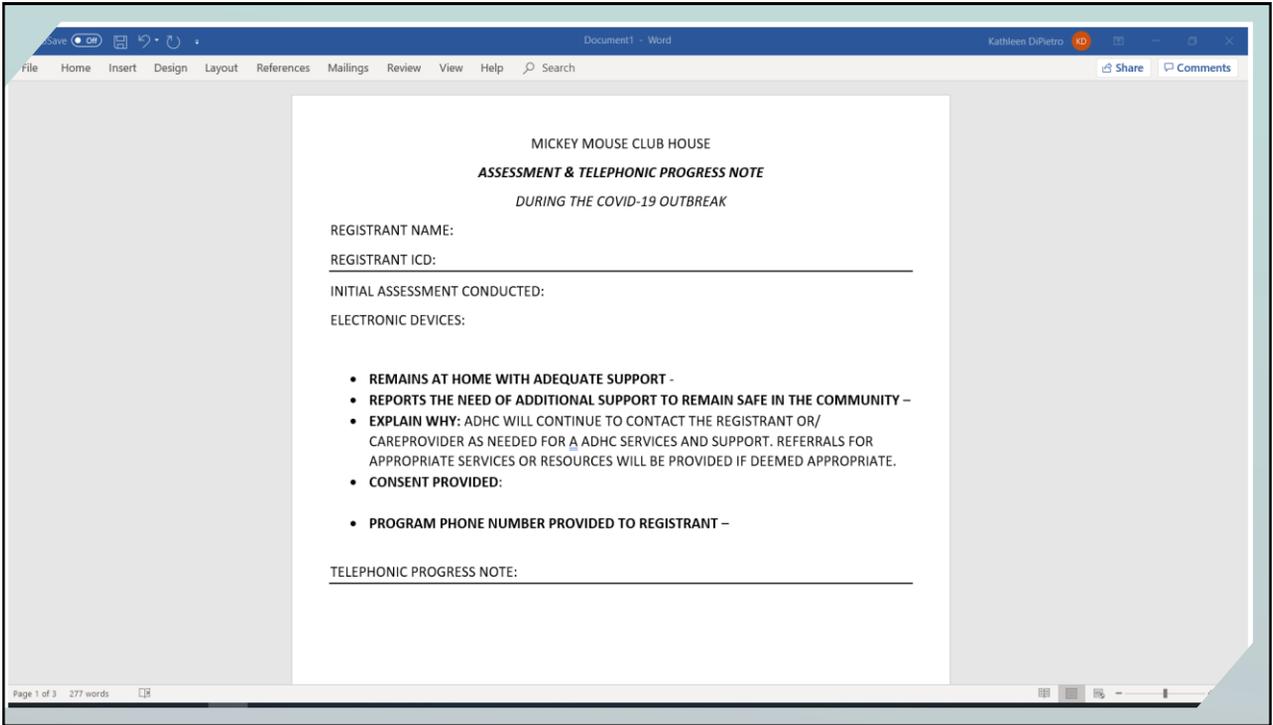
On this date: _____ Registrant: _____ gave verbal consent via Telephone that they accept the telephonic services we can offer, and new plan of care created for this period. Registrant aware that this plan of care is temporary and will discontinue once Full ADHC services resumes operations.

ADHC STAFF WITNESS:

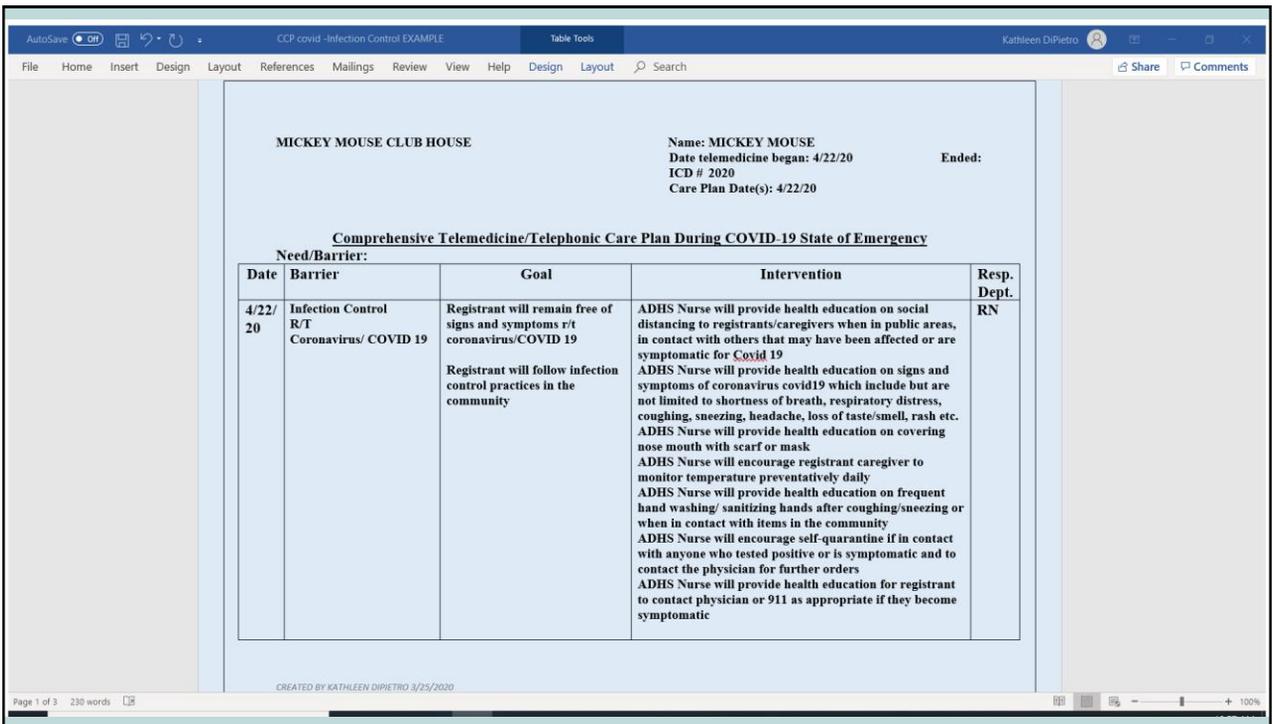
NAME: _____ **SIGNATURE:** _____ **TITLE:** _____

NAME: _____ **SIGNATURE:** _____ **TITLE:** _____

36



37



38

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MICKEY MOUSE CLUB HOUSE

Name: MICKEY MOUSE
 Date telemedicine began: 4/21/20
 ICD # 2020
 Care Plan Date(s): 4/21/20

Ended:

Comprehensive Telemedicine/Telephonic Care Plan During COVID-19 State of Emergency

Need/Barrier:

Date	Barrier	Goal	Intervention	Resp. Dept.
4/21/20	Potential for pain R/T Diagnosis: History of DVT Complaints of pain, numbness tingling to feet	Registrant will be free of pain to foot pain. Pain will be in tolerable range after pain relief medication is administered	ADHS Nurse provided health education on registrant identifying pain and pain scale to discuss on telephonic assessment ADHS Nurse will evaluate registrants pain tolerance and source of pain	RN
4/24/20	complaints of pain resolved continue CCP for potential for and health education	Registrant will seek medical attention in the community for pain to feet if the symptoms persist	ADHS Nurse provided health education to take pain relief medication as prescribed by physician ADHS Nurse provided health education on reporting unrelieved pain to physician if ADHS Nurse is not available at time of occurrence	
5/20/20	Bilateral ear pain	Registrant will be free of pain and seek medical attention to rule out infection	Health education provided to take analgesic (pain) medication prescribed by physician as ordered.	

Page 1 of 3 209 words

39

AutoSave **ON** | EXAMPLE RESP CP - Saved to this PC | Kathleen DiPietro | File Home Insert Design Layout References Mailings Review View Help Search | Share | Comments

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 Date telemedicine began: 4/21/20
 ICD # 2020
 Care Plan Date(s): 4/21/20

Ended:

Comprehensive Telemedicine/Telephonic Care Plan During COVID-19 State of Emergency

Need/Barrier:

Date	Barrier	Goal	Intervention	Resp. Dept.
4/21/20	Potential for alteration in respiratory status related to Sleep Apnea	Registrant will be free of complications related to respiratory status	ADHS Nurse provided health education for self-monitoring respiratory status reviewed signs and symptoms of complications related to changes in respiratory status which include but are not limited to: shortness of breath, wheezing, decreased appetite, difficulty walking, increased confusion, dizziness, palpitations, pale appearance or bluish colored lips, fingertips etc. if these symptoms occur immediately call 911 or your physician for further orders	RN
5/4/20	Registrant states he forgets to put CPAP on	Registrant will receive reminders nightly by community house staff to use CPAP	ADHS Nurse provided health education on taking medications as prescribed 5/4/20 registrant reeducated use of CPAP and on the importance of using CPAP machine as prescribed at HS and system was set up with house manager for reminders at HS med pass to remind registrant to apply the CPAP machine	

Page 1 of 4 312 words

40

The Barriers we Face With Telephonic Services

- Limited ADHC Telehealth guidance from the state
- Supportive Housing limitations on level of assistances
- Registrants not having access to electronic devices to be able to visually see barriers such as:
 - Skin integrity
 - Cuts and bruises
 - Equipment
 - Return demonstration
 - Timely telephonic visits
 - Home obstacles or barriers
 - Communication barrier

41

ADHC Telehealth Quality Tracking

- Tracking quality measures are important for ensuring registrants receive the same standard of care as if they were provided services face to face.
- Create benchmark achievements
- Make necessary improvements to areas that will increase outcomes

	COVID-19 POSITIVE CASES	PERCENTAGE
COVID -19	0	0.00%
HOSPITALIZATION		
FALLS	2	8.33%
DIABETES	0	0.00%
UTI	1	4.17%
COPD	0	0.00%
PNEUMONIA	0	0.00%
COVID -19	0	0.00%
PSYCHIATRIC DIAGNOSIS	0	0.00%
SUBSTANCE ABUSE	0	0.00%
LONG TERM CARE PLACEMENT		
REHAB	2	8.33%
ADL/ IADL CARE	0	0.00%
FOOD INSECURITIES		
FOOD DEMAND	0	0.00%

42

ADHC Without Walls: National Perspectives

Brendan Flinn

Director of Medicaid and HCBS Policy

LeadingAge (national office)



43

43

Intro to LeadingAge National Office

- More than 5,000 not for profit aging services members, business partners and about 40 state partner organizations (like LeadingAge New York).
- Close to half of our provider members offer some sort of home and community-based services, including adult day services.
- Our staff (~90) work in conjunction with state partners to support/serve our members through advocacy and policy work, online education and conferences.



44

44

Trends Before COVID-19 That Remain

- Home and community-based services are on the rise.
 - CDC survey estimates that adult day services recipients in NY increased by 5% from 2014 to 2016.
- Nursing home occupancy is decreasing.
 - A LeadingAge report found that even with more than 550 nursing homes closing from 2015 to 2019, occupancy still decreased by 2 percentage points.
- People prefer to stay in their homes and communities when possible.
- Our 65+ population is set to skyrocket, with huge increases particularly in the 75+ category.



45

45

Telehealth before COVID-19

- Telehealth isn't new, but it has never received as much attention as it is getting now.
- Before the pandemic, there was no strong federal prioritization to expanding telehealth.
- Considered more ancillary to actual face to face services, not a service in its own right.
- Federal policy constrained how telehealth could be used in Medicare, limiting its growth across the market.



46

46

Legislation Affecting Adult Day and Telehealth

- Families First Act (Medicaid FMAP increase, nutrition programs, some telehealth)
- CARES Act (Paycheck Protection, Provider Relief, additional telehealth action)
- Proposed bills and LeadingAge asks



47

47

COVID-19 Changed the Telehealth Policy Landscape

- Following COVID-19, Medicare-funded services have seen a spike in what they can do with telehealth.
- Includes home health, hospice and skilled nursing (rehab).
- For these services, most provider types, including therapies, can conduct virtual/telehealth visits and receive payment.
- Some limits still exist. CMS requires that certain telehealth services must be delivered through audio/video means, limiting who can access it. Routine visits can be held by audio.



48

48

That's Medicare. What about ADHC?

- CMS and Congress are becoming more telehealth-friendly, which could make its way to Medicaid and LTSS.
- The CMS administrator and other key leaders indicating that many of the “emergency” changes expanding telehealth may be here to stay.
- Widespread use among the public may also further the long-term use of telehealth.
- VA has also expanded coverage for ADHC to include telehealth delivery, but has had mixed reviews.



49

49

State Adult Day Actions Rely on Telehealth

- With CMS approval, many states (including New York) have allowed adult day services providers to offer services via telehealth.
- Each state's plan has varied, with some states imposing more stringent requirements on method (e.g., requiring audio/video, requiring some in-home care) and on what can be billed.
- Some states have also created retainer payment policies that include some basic telehealth requirements. Limitations: don't cover full rate, time limited.
- Because each state controls its own adult day policymaking, we are seeing a patchwork of approaches.



50

50

Telehealth as Reopening Supplement

- As states reopen and include adult day services in those plans, telehealth may become a key supplement during the transition back to care.
- Social distancing guidance will likely remain in place, which for ADHC means fewer people can be inside the physical plant at a given time.
- If providers are forced to limit how many registrants can be in a center on a given day, telehealth may help with continuing services for those on “off” days or time periods.



51

51

Role of Adult Day in a Post-COVID 19 World

- Nursing homes and residential settings have been at the forefront of the COVID-19 pandemic.
- While facilities have stepped up to care for their residents (and staff), it is likely that public perception of these settings will take a hit.
- People may be less likely to pursue a nursing home admission, or even less intensive settings (e.g., assisted living, independent living).
- If more older adults are at home, more older adults will likely need home and community-based care. And that's where ADHC fits in.



52

52

Wrap Up...

Has Changed

- Telehealth expansion will likely have lasting influence on all types of services.
- How the public perceives aging services.
- What adult day centers can do within the four walls (e.g., social distancing).

Has Not Changed

- Our older adult population is growing and itself aging.
- More people will need services and supports.
- Public preferences toward community living.



53

53

National Office Resources

- **COVID-19 Resource Website:** www.leadingage.org/COVID19
- **Daily 3:30 PM EST COVID-19 Update Calls**
- **Annual Meeting- Virtual!** <http://leadingageannualmeeting.org/>
- **LeadingAge Learning Hub:** <https://learninghub.leadingage.org/>
- **Member Community:** <https://www.leadingage.org/member-community>



Contact: Brendan Flinn
bflinn@leadingage.org
 585-820-8575

54

54

Thank you for participating in this webinar training.

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*Brought to you by a grant from the Mother
Cabrini Health Foundation*

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