Age-Friendly Health Systems Design to Address COVID-19

Overall Aim: Limit exposure of older adults to COVID-19 by reducing their need to present to the hospital, reducing hospitalizations and, if hospitalized or in post-acute or long-term care community, increase the rate of safe discharges.

GOAL IN THE COMMUNITY: Help older adults avoid coming into the emergency department (ED) by providing safe and effective alternatives.

1. Increase capacity for telemedicine urgent, semi-urgent visits, and visits for frail older adults[1]
    a. Defer primary care appointments for well-visits, wellness checks, and non-urgent elective concerns.
    b. Repurpose those well-visit, wellness check, and non-urgent elective slots for urgent/semi-urgent visits and visits with frail older adults.
    c. Use time when people are on hold with their care practices to convey information that improves their care and well-being.
2. Increase virtual triage capacity to best assign patients to telemedicine treatment vs. ambulatory visits vs. coming to the ED[2]
    a. Use telemedicine to triage.
    b. Provide telemedicine visits for the urgent/semi-urgent visits and visits with frail older adults.
    c. Engage outside resources, if needed, to accelerate telemedicine capacity and capability building.
3. Create convenient COVID-19 testing options for all patients, including older adults.[3]
    a. Examples include drive-through testing or walk-through testing where people in line can keep safe physical distance.
    b. Separate acute patient from those who are not.
4. Reliably ask and act on "What Matters" to the older adult including, but not limited to, advance care planning and support for respiratory infection/failure outside the hospital setting.[4]
5. Defer elective ambulatory surgeries to reserve capacity, supplies, and equipment for high-need patients, especially older adults.[5]

GOAL IN THE EMERGENCY DEPARTMENT: Help older adults transition out of the ED as quickly and safely as possible.

1. Create ED triage desk/location prior to entry into ED.[1]
    a. Move triage to the "curb" so that older adults who are not acutely ill can be scheduled on the spot for the now available urgent/semi-urgent appointment slots.
2. Change prioritization algorithms to account for age in addition to usual criteria for time to be seen, beds, isolation rooms, etc.[6]
3. Increase clinical and social work/care coordination capacity in ED to help rapidly serve older adults and reduce time in ED overall, help get patients social supports needed to be treated out of hospital and arrange rapid follow–up appointments[7] [8] including next-day telemedicine visits.

GOAL IN THE HOSPITAL: Help older adults transition as quickly and safely as possible when discharged from the hospital.

1. Defer elective surgeries to reserve capacity, supplies, and equipment for high-need patients, especially older adults.[5]
2. Increase social work and care coordination capacity to help safely transition patients to home and community-based environments with home care in place[9]. Examples include, but are not limited to:
    a. Telemedicine: Link clinicians with patients at home through visits attended at home by community paramedics or paraprofessionals.
    b. Tele-monitoring: Link older adult to clinician through transmission of bio markers.
    c. Paramedics provide care in the home.
    d. Partner more deeply with home health and visiting nurses.
3. Increase collaboration with community-based organizations serving older adults and home care agencies.[10]
4. Reliably ask and act on "What Matters" to the older adult including, but not limited to, advance care planning and support for respiratory infection/failure outside the hospital setting.[4]

GOAL IN POST-ACUTE AND LONG-TERM CARE (PALTC): Reduce the spread of COVID-19 in PALTC settings.

1. When possible, people who were hospitalized and are recovering from moderately symptomatic COVID-19 should be discharged to home care with visiting nurse and home care agencies to minimize spread of the virus in PAC facilities and possible re-infection.[11]
2. Increase capacity and capability to more frequently assess whether older adult is safer at home or in PALTC.
    a. Refer to resources from LeadingAge and AHCA (American Health Care Association).
3. As appropriate, increase capacity and capability to move people home safely.[11]
4. Reliably ask "What Matters" to older adults and their family caregivers including, but not limited to, advance care planning and support for respiratory infection/failure outside the hospital setting.[4]
5. If it aligns with what matters to the older adult, provide end-of-life support that allows older adults who are not able to go home to stay in the PALTC rather than go to the hospital.[4]

Summary of Medicare Telemedicine Services

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99421 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients.

Source: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

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