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Creating COVID-19 Work-Arounds for Vulnerable Older Adults

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From the Director, Virginia Center on Aging

By Edward F. Ansello, Ph.D.

Creating COVID-19 Work-Arounds for Vulnerable Older Adults

COVID-19 has affected so many aspects of our daily lives, including the interprofessional geriatrics training that our Virginia Geriatric Education Center (VGEC) has been conducting. The VGEC is a consortium of four institutions (Eastern Virginia Medical School, George Mason University, University of Virginia, and Virginia Commonwealth University) with representatives from nine professions within them.

The VGEC directs the Geriatrics Workforce Enhancement Program (GWEP) that has training initiatives to help strengthen geriatrics expertise among various healthcare providers, academic faculty, pre-clinical students, first responders, and others. But when COVID-19's impact was felt in earnest this spring and our federal sponsor, the Health Resources and Services Administration (HRSA), gave us the opportunity to apply for limited CARES Act funding to try to overcome disruptions caused by the coronavirus, we chose to focus on improving our initiatives that most directly affected the lives of Virginia's most vulnerable older adults.

Of course, almost all of our 21 GWEP training initiatives are now "virtual" events, occurring by means of telecommunication through platforms like Zoom and Google Meet where instructors and learners at different locations try to recreate the give-and-take of the in-person engagement that characterizes adult learning. This virtual arena does allow us to retain some aspects of our planned training and education programs, especially with participants who are working in settings with adequate technologies.

But what about older adults who live marginally in subsidized housing, residents in long-term care facilities, workers who care for these residents, or ordinary family caregivers looking after loved ones with dementia?

We decided to focus our energies on these populations, specifically: low income older adults in the Richmond Health and Wellness Program (RHWP), which delivers healthcare coordination at rental assis-

tance housing complexes in Richmond, who had been receiving regular in-person help from interprofessional teams of faculty and students; residents with dementia and staffs of long-term care facilities who'd been intended to participate on-site in a non-pharmacological dementia care intervention called TimeSlips, as well as family caregivers of individuals in the community with dementia; and older adults in the community who are at risk of opioid medication misuse.

Earlier, our RHWP team responded to limitations imposed by the pandemic. Almost all of the residents at the RHWP housing complexes have multiple chronic diseases and are unable to afford computers, smart phones or similar devices. So, the RHWP adapted to what they did have, telephones, enabling the interprofessional care coordination teams to interact with them in a tele-wellness manner; for some elders, it's their only contact with the outside world.

The RHWP faculty and staff converted the in-person clinics to a hybrid telephone-based and virtual platform, with the virtual learning component to involve the students in the coordination of care. The faculty preceptor initiates a video conference call via Zoom or Google Meet with up to two interprofessional students; they review the participant's previous case notes, view the medication and health history of the participant (housing resident), wellness goals, and any recent care coordination or education that has been provided. The faculty preceptor then initiates a telephone conference call to the participant and students. The video conferencing among students and preceptor is ongoing and facilitates team collaboration by allowing faculty and students to "see" each other during the telephone visit and "talk" to each other via the chat function without interrupting the telephone visit with the participant. When the call is completed, the interprofessional student and faculty team debriefs to review learning needs and apply evidence-based practice to their decision making and interventions.

CARES Act funding is allowing for devices to be provided to some RHWP participants who are patients of VCU Health. We are expanding the model of telehealth in phases in partnership with Virginia Commonwealth University Health (VCUH). It began a telehealth referral platform at the onset of COVID-19, anticipating the need for remote patient monitoring (RPM) for individuals diagnosed or suspected of COVID-19. Those meeting criteria for RPM at discharge will receive a device for patient monitoring in the home. The hospital system provides initial access to complete health care visits, then a tablet will be provided to participants meeting risk criteria, enabling continued health care visits as well as RHWP care coordination and health coaching visits and means to address social isolation.

The goals are to connect vulnerable older adult patients at VCU Health with RHWP nurse practitioners using telehealth technology and to foster longer term relationships with RHWP to address care coordination. The project recognizes that social determinants of health like income, neighborhood safety, transportation, etc. can impede well-being, and it promotes 4Ms Age-Friendly healthcare (What Matters to the individual, Mobility, Mentation, and Medications).

Our George Mason University (GMU) colleagues are developing a virtual TimeSlips intervention using best practices of telehealth. TimeSlips is an approach to dementia care that taps the imagination rather than the memory of the individual. By “Asking Beautiful Questions,” trained family members or staff can tap into creativity remaining within the individual and give it expression. In order to do this, three involved GMU faculty members completed telehealth training in “teleTimeSlips” with the staff at the national TimeSlips organization. They are working with the Northern Virginia Area Health Education Center (AHEC) to advertise and recruit various health professional students and, simultaneously, are recruiting aging services partners to deliver virtual programming. Training for students and health professionals will be ongoing through the fall 2020 and spring 2021 semesters. The GMU team is offering training in virtual TimeSlips and is helping those who want to become certified TimeSlips facilitators. The team is also exploring ways to share this training with community family caregivers.

Our training of older adults and community pharmacists on opioids was supposed to be in person, conducted through our GWEP partner Health Quality Innovators (HQI), a federally supported organization charged with improving healthcare in eight states. HQI has produced a videorecording about opioid safety and medication disposal in a format that can be delivered through the website of another GWEP partner, SeniorNavigator. The pharmacy team has worked with SeniorNavigator (SN) staff and a programmer to build a landing page on SN’s website that explains the rationale for the opioids content, instructions for accessing the program materials, links to resources, and messages that encourage participants to clean out their medicine cabinet and connect with personal pharmacists and health providers.

As well, the pharmacy team is working with Virginia pharmacy associations and Schools of Pharmacy to engage pharmacists in sharing this resource with their patients. We are partnering with HQI, SeniorNavigator, and the Community Coalitions of Virginia to market the program through their social media platforms and networks with consumers, faith communities, community service organizations, and healthcare providers. We plan to collect demographic data on older adults’ intention to clean out their medicine cabinets at the completion of the on-line presentation and follow up later to see whether they did. The program is available at: <http://seniornavigator.org/mindyourmeds>.

We appreciate the support of the Health Resources and Services Administration for enabling us to respond so helpfully to those in need.