Tele-what?
tele-\(^1\)

1. a combining form meaning “distant,” especially “transmission over a distance,” used in the formation of compound words: telegraph.

*(dictionary.com)*
Telemedicine

noun 1. the diagnosis and treatment of patients in remote areas using medical information, as x-rays or television pictures, transmitted over long distances, especially by satellite.

(dictionary.com)
Telehealth

noun 1. (US & Canadian) health care based on consultation by telephone and telemedicine.

(dictionary.com)
What’s the difference really?

It’s all in who’s talking, but our local health care providers are distinguishing them in part based on whether or not a physician is involved.
Where’s this coming from?

Linkages between health and housing driving cooperative efforts in low-income applications
Investing in Affordable Housing to Promote Community Health
Janet Viveiros

Housing as a Health Care Investment
Megan Sandel, John Cook, Ana Poblacion, Richard Shewhart Shewhart
Janet Viveiros and Lisa Sturtevant
March 31, 2016

Addressing Housing as a Health Care Treatment
Janet Viveiros

Affordable Housing’s Place in Health Care:
Opportunities Created by the Affordable Care Act and Medicaid Reform
Janet Viveiros
June 3, 2015

The paper explains how the Medicaid program works and key changes made by the Affordable Care Act (ACA) and prior health care reform efforts have altered the health care sector to focus more on prevention, care coordination, and the social needs of Medicaid beneficiaries.
Where’s this coming from?

USDA has funded telemedicine equipment since 2002
Where’s this coming from?

HUD - Telehealth Programs

“Telehealth is especially critical in rural and other remote areas that lack sufficient health care services, including specialty care. The Office for the Advancement of Telehealth (OAT) promotes the use of telehealth technologies for health care delivery, education, and health information services.”
Where’s this coming from?

“Telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.”
So now you have a telemedicine room – what next?
So now you have a telemedicine room – what next?

Applies to all properties approved under a specific QAP, regardless of resident demographic or location.
So now you have a telemedicine room – what next?

Telehealth services are more readily attainable than telemedicine.
Partnership development

Avesta Housing and MaineHealth Care at Home are committed to pairing healthcare with housing.
Partnership development

Evolution of partnerships – pilot programs, test cases, adaptation
What do we currently offer?

Young Street, N. Berwick:

Telemedicine via York Hospital
What do we currently offer?

Ridgewood II, Gorham: Telehealth via MaineHealth Care at Home
What do we currently offer?

Select other properties: Wellness Clinics (pilot program), with added Telehealth via MaineHealth Care at Home
How is it being used?

Young Street: all residents enrolled, no use

Ridgewood II: residents trained and informed, little use of telehealth services

Wellness Clinics – some use, especially at senior properties
How is it being used?

In the first 10 months of wellness clinics:

<table>
<thead>
<tr>
<th>Top Reasons for Visits</th>
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<tbody>
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<td>General questions</td>
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<td>Wellness</td>
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<td>Influenza vaccination</td>
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<td>INR-Atrial fibrillation</td>
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<td>Mental health</td>
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<td>Medication review</td>
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<tr>
<td>Pain</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
</tr>
</tbody>
</table>

Recommended PCP Follow-up                  20
How is it being used?

In the first 10 months of wellness clinics:
86 new residents seen, 27 repeat visits
What are the roadblocks?

Unfamiliarity with technology, esp. in older residents;
Lack of scale for supportable health care provider presence;
Preference for “own physician”;
Lack of insurance coverage for tele-appointments
What’s next?

Continue partnerships with health care providers;
Expand offerings to include new technologies as they become widely available;
Look for new ways to engage residents;
What’s next?

Allow population to catch up to technology;
Allow insurance coverage to catch up to technology;
Seek ways to focus more broadly on healthcare outcomes with technology serving as a piece of the puzzle.
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What’s next?

Using Health Care Savings to Construct Supportive Housing in New York
Janet Viveiros

July 8, 2015

The Creston Avenue Residence is the first supportive housing project to open using MRT capital funds.
Thank you!

Kim Farrar
VP of Residential Services
Avesta Housing
kfarrar@avestahousing.org