

Minutes, January 14, 2019 Meeting of the Advisory Committee of Age-Friendly Bowdoinham

Present:

Gracia Woodward, Patty Melander, Alice Pollis, David Compton, Committee members.

Missy Halsey, Allen Acker and Bill Post (town staff),

Dr. Allen (Chip) Teel, Kim Fenn, Full Circle America

Theresa Turgeon, Joan Smith, Kathy Pizakowski, Seth Berry, state representative (guests)

A quorum was established		
December minutes were approved		
Other items on the agenda were tabled to allow time for Dr. Teel's presentation		
<p>Dr. Teel gave an overview of the services available from Full Circle America. Costs range from \$35 to \$225/month with initial one time costs for technology.</p> <p>Services include visits from volunteers, telephone check ins, monitoring with web cams, and self-monitoring with inexpensive pulse ox meters and pedometers. Involving participants as volunteers is essential so people feel they are giving back as well as receiving services. They initially focused on non-medical needs such as socialization and getting groceries. Insurance companies provide payment for some medical services, so they began to focus on those as well.</p> <p>Full Circle built an Internet based platform to help people keep an electronic log, where needs and availability are monitored, important docs are kept handy, meds can be refilled.</p> <p>If we provided web cams to Bowdoinham residents, Full Circle would monitor them for us.</p> <p>We plan to have Dr. Teel come back to Bowdoinham this spring to make a presentation in an evening, open to the public.</p> <p>A more complete summary of Dr. Teel's presentation is below.</p>		

Talk by Chip Teel and Kim Fenn:

There were not many solutions for at home elders. Funding for services is limited to those who are homebound.

Spent two years designing a program. Solution has to be a two way street – no one wants a handout. Engaging participants in doing volunteer work for the program makes a huge difference in people’s willingness to accept services from the program

The three initial components: people attitude and technology.

People: reconfigure community assets. The number of people over 60 in Bham is growing very quickly. This can be seen as an asset. In Lincoln County if 10% of over sixties contributed 4 hours a week, we’d have a bigger workforce than the largest employer in the county.

Attitude: example ask a 85 year old who is not actively ill, what’s on your bucket list. Take the focus away from medical issues.

Technology: much more wide spread than it was ten years ago, although it is still not available to everyone.

They Initially focused on non-medical needs – socialization, groceries, etc. During last five years there are more articles saying those with unmet social needs are the highest users of medical dollars.

Most older individuals are poor and don’t have enough funds to pay for needs. People cannot afford even a few hundred dollars to pay for support.

Hospitals and insurance companies have money. So Full Circle America began working with medical needs more.

There are many grassroots groups around the country. Full Circle – how can we coach these groups to expand services available? Chip has started many assisted living units. Residents are generally not there of their own free will.

Full Circle now promotes hardware, software and services. Pulse Ox meter is now \$10 and can predict problems early. Pedometer now \$4 also predicts change early. Use both of them as early warning devices and keep individuals out of the ER or hospital. Makes it more likely they can stay home. If I’m over 85, almost half of the time I’m admitted to the ER, I’m admitted to hospital. Then referred to rehab, then skilled care. Lose significant muscle mass every day in bed. Makes it unlikely I’ll be able to go home again.

Alexis is the next generation lifeline button – it will make calls, read to you, get music you like.

Passive monitoring:

There are remotely controlled cameras, can monitor people 4 – 8 times a day. Isn’t this invasive? Yes, but less than moving into a double room in a nursing home.

Need to know the individual --- ex Sarah is always up by six. If she isn’t up by 8 we check on her.

Two way video calls are now easy – Skype, face time. Video house calls are much better than a trip to doctor’s office. Medicaid is now allowing doctors to bill for video house calls. Eliminates the stress of traveling to dr office and waiting for dr to be available.

Software: Full Circle built an Internet based platform to help people keep an electronic log, where needs and availability are monitored, important docs are kept handy, meds can be refilled.

Services – Walmart now delivers groceries. Etc.

Question/Answer session

How many people are paid

Ex one coordinator, a few paid medical assistants (I think) and a few volunteers.

There is a real lack of mental health counseling for elders. With a day or two of training, volunteers can do entry-level counseling.

There’s a program where you have a tablet in a closed circuit connecting two people.

3 down and 1 up broadband. DSL is good enough for these pieces of technology.

How do we get started? Identify a couple of early adopters. Who wants to be a pioneer? Break the ice by serving a few people with high needs. Then word of mouth will work.

Medicare has just authorized remote patient monitoring to be a covered service. Medicaid already allows video house call for same reimbursement you would have if you did it in person.

Full Circle has a menu of services \$35 - \$225 depending on what you get. The technology is one-time expenses. Some caregivers are way more attentive when there are cameras in the house.

They have stickers to put on doors saying “video surveillance on property”

Seth: there is now a caucus on aging at the legislature.

Concern re HIPPA – so long as you have permission from patient, you can involve who ever you wish.

Why not start with Allen Acker’s grandparents.

Chip and Kim would help us set up an initial game plan, starting slowly. They would do the monitoring. Never put technology in without some people periodically visiting the house at the same time.

Caregivers can leave notes for other family members to read.

Can set up a conference call so all family members get the same info at the same time.

Platform can enter vital signs, ask for ride, remind you to take your pills, put your living will on line so it's always available. Can have a log of who has come in and what has happened. Can request a video house call

The least hurdle is using all this to communicate with PCP.—this does not ask PCP to put in extra time.

If you give us your last contact with medical care (dr visit, ER. Hospital stay) we can enter that info into the platform and you determine who has access to that info. \$35/month would cover this. You can have as many people in your care community as you wish. There are different levels of permission – some people can see the vitals but not the cameras for example. Dr could use this for a video house call and bill insurance for it.