

OKLAHOMA POST-ACUTE CARE COLLABORATIVE OFFICE HOURS – JUNE 10, 2020

SPEAKERS: THOMAS ESSEX, DO, CINDAY LONGANACRE, and ANGIE KING, APRN

WEBVTT

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00:00:45.030 --> 00:00:54.360

Sherry Longacre: Just like to kind of see the folks that are on the call with us today and also just share something that relaxes year, I'd have to admit that I just got a puppy on

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00:00:55.050 --> 00:01:09.330

Sherry Longacre: Sunday and that puppy is just has me running ragged, I'm telling you, I kind of forgotten about PUPPY DAY. So please just share with something that you do for fun. And that brings you joy and we'll get started shortly.

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00:02:02.700 --> 00:02:15.180

Sherry Longacre: Thank you everyone. We appreciate you joining our call today to our fourth post acute care collaborative office hours that we've been doing and can everyone hear me okay

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00:02:17.460 --> 00:02:20.130

Sherry Longacre: Perfect. Next slide.

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00:02:22.650 --> 00:02:24.570

JOAN HEFFERAN: So I want to thank you for joining our

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00:02:24.570 --> 00:02:32.640

Sherry Longacre: Call today. My name is Sherry lawmaker and I'm a senior quality improvement facilitator at TV and I will be facilitating the call today.

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Sherry Longacre: So just like I said it's telling them to connect forced post acute care office hours. Call today and we look forward to hearing from physician how call

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00:02:45.270 --> 00:02:58.680

Sherry Longacre: Today, sharing your an innovative solution to providing care during the pandemic and I also have a team of support here today with me. That includes Dr. Jane Brock, one of our outstanding intelligent medical directors.

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Sherry Longacre: And team members Belinda Gina Mary and Kristin as well. So thank you so much for joining us.

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00:03:07.710 --> 00:03:15.000

Sherry Longacre: Now the first thing I want to share is that this is an interactive event, and we encourage you to utilize the chat function.

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Sherry Longacre: To ask questions. Share challenges promising practices and comments as we proceed with our office hours.

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00:03:22.170 --> 00:03:30.360

Sherry Longacre: Because you know that just makes it more fun. And that's how we learn is through communicating with each other. And if you have a question, please ask it. That is

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00:03:30.840 --> 00:03:39.690

Sherry Longacre: We like questions. Also, we do have to give a few disclaimers. Before we get started, because with this rapidly changing information.

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Sherry Longacre: Today's content is going to reflect information as of today, because it is changing daily

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00:03:46.860 --> 00:04:00.120

Sherry Longacre: And so please note that with the constantly evolving changes, it is very important for you to check the CDC most up to date information as well as guidance from your state and local health department as well.

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00:04:00.840 --> 00:04:01.710

Sherry Longacre: Next slide.

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00:04:06.270 --> 00:04:18.840

Sherry Longacre: TV takes all available steps to provide secure use of this video conference platform and we share this disclaimer regarding the links to other websites or third party content.

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00:04:20.310 --> 00:04:21.180

Sherry Longacre: Next slide.

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00:04:24.750 --> 00:04:35.550

Sherry Longacre: So for all of you that are not familiar with TV. I want this kind of gives you a few a little high level overview here. Our purpose is as the

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00:04:37.080 --> 00:04:45.510

Sherry Longacre: For the state of Oklahoma is to improve the efficiency, effectiveness economy and quality of services delivered to our Medicare beneficiaries.

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00:04:46.260 --> 00:04:55.980

Sherry Longacre: We provide technical assistance and convene Learning and Action networks at no cost. So since we are paid up front for the Social Security Act, there is

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00:04:56.250 --> 00:05:04.950

Sherry Longacre: Never a charge to participate in any of our learning event activities or our support that we give and resources.

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00:05:05.370 --> 00:05:16.170

Sherry Longacre: So we have just trying to make it simple for you to connect with us so you can shoot us an email and my name is Sherry Longacre and here is my

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00:05:16.590 --> 00:05:31.140

Sherry Longacre: Email and also Blender Rogers. Here's her email as well. And you can just email us right and just say, I want to join College in July, connect and we can do all of that for you are literally if you go to the

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00:05:33.270 --> 00:05:41.190

Sherry Longacre: Website. It takes about two minutes to do that. So it is quick, so we can get you registered

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00:05:42.150 --> 00:05:53.850

Sherry Longacre: For to participate with it. I also want to share just a little bit about some of the new work that television has been tasked with and that has been our quality improvement.

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00:05:54.360 --> 00:06:06.840

Sherry Longacre: Innovation the queue is that we have been improvement initiative. And so through being that says own internal process, they are identifying nursing homes that need additional assistance.

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00:06:07.170 --> 00:06:22.410

Sherry Longacre: With their infection prevention and control program, they are referring and nursing home to us and we are one of 12 quality improvement organization that CMS. It's free for raising and has contracted for these referrals.

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00:06:23.280 --> 00:06:34.890

Sherry Longacre: For over 3000 nursing homes nationwide and we are receiving those referrals weekly. So if we reach out please know that we are here to help you and to give assistance.

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00:06:36.690 --> 00:06:52.680

Sherry Longacre: These referrals are time sensitive. I want to pass that along as well. They ought. They do need to be completed and submitted to CMS within 30 days. So when we are calling. Please take our call with love to touch base with you and to give us the system.

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00:06:54.150 --> 00:06:58.530

Sherry Longacre: Now, I just wanted to throw that in there and get just a little bit of information about that.

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00:06:59.700 --> 00:07:06.120

Sherry Longacre: So before we start on with our presentation. We want to take a minute and just thank

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00:07:06.660 --> 00:07:13.080

Sherry Longacre: You for your ongoing commitment to the safety of your patients and residents that you give every day.

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00:07:13.470 --> 00:07:27.240

Sherry Longacre: And for setting the bar high with the Oklahoma standard because that's who we are and that's what we do and you and your efforts are always been invaluable and we want to share a quick video for governor Kevin did

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00:07:45.870 --> 00:07:48.420

Sherry Longacre: I don't hear the audio Belinda.

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00:07:59.520 --> 00:08:04.080

Sherry Longacre: We will go ahead and move on to our

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00:08:06.360 --> 00:08:17.100

Sherry Longacre: Once again we are reminded how the Oklahoma standard makes us unique healthcare workers on the front lines saving lives.

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00:08:27.630 --> 00:08:39.420

Sherry Longacre: Hey, now that shows working 24 seven to find answers to deliver solutions public employees at drive thru sites administering tests, helping us fight back.

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00:08:40.650 --> 00:08:44.040

Oklahoma manufacturers and businesses changing operations.

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adapting to new

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00:08:53.460 --> 00:08:55.890

Challenges to deliver critical protective

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00:08:56.970 --> 00:08:59.700

Loved ones finding new to show each other.

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00:09:05.490 --> 00:09:10.230

There that we care and that mental health matters neighborhoods.

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00:09:12.120 --> 00:09:29.970

Slowing down and family staying at home reconnecting and sharing signs of hope from the state of Oklahoma thank you thank you thank you thank you on behalf of the men and women of the Oklahoma National Guard. Thank you.

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00:09:31.020 --> 00:09:43.410

To every healthcare worker helping Oklahomans through this global pandemic. Thank you to every Oklahomans sacrificing so much to protect lives. Thank you.

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00:09:44.760 --> 00:09:49.050

You are why the Oklahoma standard shine so bright. Thank you.

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00:09:57.660 --> 00:10:01.050

Sherry Longacre: Well, I didn't think that video was going to work with us, but it did.

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00:10:02.250 --> 00:10:16.110

Sherry Longacre: We've got through it. And so again, thank you, who are definitely showing that our Oklahoma standard is what it is. We've been so grew so many things and it always it does show bright every single time.

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00:10:16.710 --> 00:10:27.270

Sherry Longacre: So our objective today is that we hope that these office hours accomplish the objectives of identifying collaborative opportunities and facilitating



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Sherry Longacre: The flow of information between statewide peers, so that we can and partners and stakeholders as all strengthening local community networks by sharing, sharing emerging needs and practices as we go through that we are excited about that today. Next slide.

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00:10:48.630 --> 00:10:58.320

Sherry Longacre: We see many challenges and gaps in our rural communities that older adult and more older adults are moving to rural areas at a faster rate than

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00:10:59.580 --> 00:11:05.010

Sherry Longacre: Any other age groups. So there are many gaps to access and care in rural communities.

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00:11:05.610 --> 00:11:12.750

Sherry Longacre: And one of the biggest barriers is providing shortages and younger physician choosing to work in the urban areas.

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Sherry Longacre: So in order to provide quality of care for our older adult population living in rural communities.

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Sherry Longacre: We need innovative models of care to ensure these patients are receiving quality of care. So our guest speakers today are here to share their innovative model in the challenges and successes that they've experienced during this coven 19 proxy crisis.

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Sherry Longacre: So we would like to introduce everyone to physicians health calls and innovative way to provide care to folks unable to access medical treatment or afraid to leave their home to receive treatment during the pandemic.

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00:11:51.510 --> 00:12:01.740

Sherry Longacre: Since then, the majority of their patient population consists of the elderly, we wanted to have them share just a little bit about themselves. Today, on our post acute care collaboration office hours call

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00:12:02.130 --> 00:12:13.770

Sherry Longacre: So we have the pleasure of having with us today, as Dr. Thomas access ethics is a board certified internal medicine physician who has been in practice over 25 years

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Sherry Longacre: Dr. Ethics have practiced in a clinic setting for over 20 years as well as serving as a hospitalist for five years. He is also a minority minority odor of physician health call

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Sherry Longacre: Dr Essex served in the US Army and in the National Guard returned from service in 2012 with the rank of colonel and having been awarded a Bronze Star. He currently serves as a member of the board of directors at Grady Memorial Hospital.

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00:12:43.650 --> 00:12:58.470

Sherry Longacre: We also have Cindy longden anchor, who is a co founder of physician house calls with more than 25 years of experience in the field of hospice and palliative care and she began her career on a hospital oncology unit.

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00:12:58.830 --> 00:13:04.620

Sherry Longacre: In Transition to hospice care. Two years later, a choice, it developed into a long life.

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00:13:05.250 --> 00:13:13.560

Sherry Longacre: Passion for the field. She was named nurse of the year, while working at her hospital position and CO authored the book hospice labor of love.

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00:13:14.010 --> 00:13:24.480

Sherry Longacre: Governor Mary Fallin appointed Cindy to the Oklahoma chemo board in 2012 where she served as the fourth current president in the past, Vice President.

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Sherry Longacre: And we also have Angie King, who is the founder of mobile medical and has been practicing as a nurse practitioner since 1998

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00:13:33.750 --> 00:13:44.280

Sherry Longacre: She was instrumental in bringing the concept of health calls to Kansas and since joining physician house calls have been functioning and the role of director of business development.

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00:13:44.790 --> 00:13:54.000

Sherry Longacre: So thank you so much for joining us. We are so happy to have you here today. Now, I know, Cindy. You're going to give us just a little bit of an overview of

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00:13:54.510 --> 00:13:55.590

Sherry Longacre: The different health fault.

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00:13:56.340 --> 00:14:04.170

Cindy Longanacre: That's correct. Thank you so much. Sherry and welcome everybody to the call today. We're very happy to share with you our innovative model of

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00:14:04.170 --> 00:14:07.140

Cindy Longanacre: Care and not only and our normal care delivery.

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00:14:07.560 --> 00:14:10.590

Cindy Longanacre: And home based primary care, but also in our Telehealth.

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00:14:10.830 --> 00:14:12.420

Cindy Longanacre: That we burned out as a response to

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00:14:13.860 --> 00:14:22.530

Cindy Longanacre: Our home base primary care service is exactly what it sounds like. We provide primary care services to people in their place of residence, wherever that may

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00:14:22.530 --> 00:14:22.770

Sherry Longacre: Be

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00:14:23.700 --> 00:14:25.410

Cindy Longanacre: Oftentimes a private home.

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00:14:25.620 --> 00:14:28.110

Cindy Longanacre: But we serve assisted living facilities.

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00:14:28.620 --> 00:14:29.370

Cindy Longanacre: Independent Living

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00:14:29.760 --> 00:14:33.240

Cindy Longanacre: These and other types of senior living environments.

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00:14:33.690 --> 00:14:47.190

Cindy Longanacre: We do focus on the geriatric population those patients who are very complex, very fragile multiple comorbidities who have difficulty getting into see a physician and oftentimes wind up going through the hospital several times a year.

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Cindy Longanacre: Because they don't have ongoing primary care. And so our goal is to prevent those ER visits and hospitalizations by taking a proactive approach to managing their diseases.

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Cindy Longanacre: We also do provide services, alongside the regular primary care physician in the instances of transitional care management. When someone comes out of the hospital or a skilled unit.

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Cindy Longanacre: Or a rehab unit of any type, then we can do the transitional care management visit in the home setting get things going for the patient in terms of home health or other

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00:15:21.240 --> 00:15:31.590

Cindy Longanacre: Types of services they might need and have been very successful with keeping rehospitalization rates down to less than 10% of the patients that we serve that way. So there's a very

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00:15:32.370 --> 00:15:42.540

Cindy Longanacre: wide variance in the services that we do provide currently we are serving in Oklahoma from approximately Shawnee over to El Reno.

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00:15:42.810 --> 00:15:55.470

Cindy Longanacre: And then from about Guthrie down to Ardmore all along the I 35 court or there although we do also go into the ADA area. And we have two providers actually three sorry and the Tulsa area.

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00:15:56.280 --> 00:16:04.500

Cindy Longanacre: Last fall in September, we acquired mobile medical which was Angie's company that she was very successful in building the same type of

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00:16:04.980 --> 00:16:16.980

Cindy Longanacre: Home based primary care service. And so, Angie stayed on board on board with us to help us grow the company and bring the service to more people. And we're very happy to be here as a part of the team today.

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00:16:22.260 --> 00:16:33.360

Sherry Longacre: Thank you so much, Cindy. So we have just a few questions that we just like to get a little more additional information to and if you have questions in chat, please just

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00:16:34.800 --> 00:16:47.670

Sherry Longacre: Start filling the chat, because we'd love to ask our presenters. The question. So Dr. Dr. Ethics, the first question for you is that Tele health has had a great impact on patient care during this pandemic.

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00:16:48.090 --> 00:16:53.730

Sherry Longacre: So what has the physician house calls called experience in with expanded Telehealth services.

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00:16:54.690 --> 00:16:56.880

Thomas Essex: You know, it's so it's been a great experience for

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00:16:56.880 --> 00:16:58.920

Thomas Essex: The providers that it was a lot of work that

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00:16:58.920 --> 00:17:01.230

Thomas Essex: Happened, a front before we could get started.

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00:17:02.610 --> 00:17:03.390

Thomas Essex: With that

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00:17:04.350 --> 00:17:05.580

Thomas Essex: The rollout was very smooth.

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00:17:05.850 --> 00:17:06.990

Me and the other providers.

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00:17:08.940 --> 00:17:27.690

Thomas Essex: We initially rolled it out in the in the Assisted Living Centers and that worked very well he sent iPads out various assisted living centers that they could so they could use our, our iPads and carry them from room to room, which is great. I mean, it's very convenient for us.

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00:17:27.690 --> 00:17:28.800

Thomas Essex: Because I'm not

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00:17:28.920 --> 00:17:31.320

Thomas Essex: Saying that drive to Anadarko or or



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00:17:31.620 --> 00:17:33.030

Thomas Essex: Ardmore and

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00:17:34.110 --> 00:17:34.500

Sherry Longacre: That

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00:17:34.530 --> 00:17:35.370

That helped

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00:17:36.690 --> 00:17:40.800

Thomas Essex: It's been a little bit more of a challenge in patients homes.

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00:17:41.250 --> 00:17:44.010

Thomas Essex: A lot of the elderly folks that we have are trying to do it on their

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00:17:44.010 --> 00:17:53.610

Thomas Essex: Phones and they struggle with making the technology work. I found that it works a lot better if they have a son or a daughter who can come in and assist them.

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00:17:54.090 --> 00:18:05.130

Thomas Essex: But overall it's been a positive experience. I think we all realize that this is not the perfect visit, you know, not being able to lay your hands on the patient is not ideal.

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00:18:05.970 --> 00:18:15.690

Thomas Essex: And you can pick up a lot more nuances. When you're able to see more than just their face or sometimes with these patients just the top of their forehead, because they can't quite get it.

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00:18:16.770 --> 00:18:26.250

Thomas Essex: But it does serve as a as a measure. That's very helpful in a time when you can't get into see the patients in the assisted living centers.

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00:18:26.670 --> 00:18:36.450

Thomas Essex: And a lot of the home patients are concerned, because we do see the frail elderly patients, you know, they're the people that we are seeing generally are

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00:18:38.520 --> 00:18:43.050

Thomas Essex: On at least 10 medications they have seven to eight different chronic conditions.

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00:18:43.530 --> 00:18:50.100

Thomas Essex: And they they're seeing us, mainly because it's very difficult for them to get out of their home and go to the physicians offices.

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00:18:50.580 --> 00:18:59.370

Thomas Essex: And obviously, in the middle of covert nobody's going to anybody's offices, but this has been a very, very positive experience and

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00:19:00.090 --> 00:19:13.260

Thomas Essex: I know for a fact for my keyhole view of what's happened in the office that it has been a very complicated rollout and there's a lot of work that had to be done before the providers could pick up and start seeing patients.

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00:19:16.290 --> 00:19:36.480

Sherry Longacre: Definitely, will you made lots of great points as well is that you are to assist and rolling it out is that you are providing the iPad, which helps significantly with technology and then also just mentioning the fact that we have all these chronic disease management that you know as

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00:19:37.560 --> 00:19:45.600

Sherry Longacre: Needing to be seen. So in in to be follow through with care. So that's great. Thank you, Dr. Ethics, we appreciate you.

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00:19:46.830 --> 00:19:53.940

Sherry Longacre: Angie as. So what activities or approaches have you put into place as a result of utilizing Tele health in your practice.

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00:19:55.410 --> 00:20:12.930

Angie King: Well, as Dr Essex mentioned we purchased a set of iPads and we are delivering those to our communities and doing training with them on use our sales team has been very instrumental in that they deliver the devices they do the training.

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00:20:14.430 --> 00:20:21.840

Angie King: We have developed very thorough processes for drop off and pick up as well as cleaning. In fact, we

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00:20:22.650 --> 00:20:38.010

Angie King: I'm not sure I can count the hours that our team spent developing several policies and workflows for that process. We did daily training with our staff as dr Essex mentioned prior to rolling this out with the providers in our communities.

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00:20:41.490 --> 00:20:41.970

Sherry Longacre: Thank you.

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00:20:43.980 --> 00:20:44.640

Sherry Longacre: And then

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Angie King: What benefits.

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00:20:47.940 --> 00:20:52.290

Sherry Longacre: And significant shift. Have you experienced related to utilizing Tele health

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Cindy Longanacre: It's definitely a trade off. I think is dr Essex referenced the clinical cares a lot more challenging trying to do that through Telehealth because you can't put your hands on a patient

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00:21:05.910 --> 00:21:14.160

Cindy Longanacre: There were was a situation where he was in conducting a Telehealth visit with a patient who said everything was fine and they lost connection.

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00:21:14.910 --> 00:21:22.740

Cindy Longanacre: That lost the ability to for the video conference, so Dr Essex called him and said, I'm just a couple of miles away. Let me, let me just come over and see you

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00:21:23.040 --> 00:21:32.370

Cindy Longanacre: And was able to find that the gentleman had 102 fever and had a severe infection in his recent amputation. So that might very well have been missed

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00:21:32.670 --> 00:21:38.520

Cindy Longanacre: During that Tele health visit. So we're very cognizant of that and I've been doing additional training with our providers.

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00:21:39.210 --> 00:21:46.230

Cindy Longanacre: To try to make them aware of that at times we try to have a home health nurse or hospice nurse present during the telehealth visit as well.

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00:21:46.620 --> 00:21:57.750

Cindy Longanacre: So that they can help us with that physical exam fee. So that's one aspect of it. However, we have been very fortunate that because of the rollout of the total health, which we did in less than four weeks.

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00:21:58.530 --> 00:22:04.050

Cindy Longanacre: Was able to maintain our business. Most healthcare industry or healthcare organizations.

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00:22:04.380 --> 00:22:12.510

Cindy Longanacre: Had a lot of trouble maintaining their revenue during this time during the pandemic, but we found just the opposite through telehealth, we were able to

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00:22:12.750 --> 00:22:17.610

Cindy Longanacre: Not only continue with the level service we were doing. But we were actually able to increase it somewhat

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00:22:18.000 --> 00:22:26.100

Cindy Longanacre: Not as rapidly as we had originally predicted our growth to be. But still, it will take that at this point how with that. So I think that was

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00:22:26.610 --> 00:22:32.220

Cindy Longanacre: A big challenge, but it was certainly well worth it. We are seeing a downward trend now in the telehealth visits.

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00:22:32.730 --> 00:22:35.760

Cindy Longanacre: Both our providers and our patients prefer and home.

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00:22:36.210 --> 00:22:47.790

Cindy Longanacre: And so, as things are opening up we're beginning to do more in home visits, rather than the telehealth. At this point, although the facilities are still pretty well locked down and a number of those have chosen to continue to help spur the moment

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00:22:51.270 --> 00:23:11.430

Sherry Longacre: Thank you so much. And so next question, I believe, Angie and have you developed any resources or tools as a direct result of the pandemic and how will you be utilizing them moving forward. Should we see a spike in new cases in the fall, or had in the near future.

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00:23:12.540 --> 00:23:30.870

Angie King: We have developed several resources that we're using, ranging from office staff to providers, we've developed to devise cleaning instructions vehicle cleaning instructions Tele health Telehealth device agreements and workflows for our communities that we're working with.

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00:23:31.350 --> 00:23:33.180

Angie King: So we implemented those

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00:23:33.810 --> 00:23:35.370

Angie King: Upfront and we continue

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00:23:35.430 --> 00:23:37.230

Angie King: Continue to use those daily

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00:23:37.650 --> 00:23:44.340

Angie King: If necessary, will will change that workflow, but we've really gotten into our group at this point.

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00:23:46.350 --> 00:23:53.490

Angie King: We, we are continuing to use those on a daily basis. And they're working well.

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00:23:56.190 --> 00:23:56.520

Angie King: Well, that's

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00:23:56.670 --> 00:24:01.050

Sherry Longacre: Wonderful, thank you. Angie and I know that you offer to share

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00:24:01.860 --> 00:24:17.820

Sherry Longacre: tools and resources with the folks on our call. So we will definitely pass those along when we send out the PowerPoint afterwards as well. So thank you so much and anything additional you want to add before we go to questions from our chat.

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00:24:19.230 --> 00:24:23.490

Cindy Longanacre: I might just add sherry that no one knows what the future is for tele health

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00:24:24.210 --> 00:24:25.440

Cindy Longanacre: Remains to be determined.

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00:24:25.770 --> 00:24:35.670

Cindy Longanacre: That consensus seems to be across the industry that it's going to be difficult, but the horse back in the barn. At this point, because it worked so well for both providers and patients and

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00:24:35.880 --> 00:24:47.400

Cindy Longanacre: Some cares better than no care and during the pandemic. Oftentimes, although it does, as we said earlier have its limitations. So we're anticipating that Telehealth is here to stay in some form or fashion, the

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00:24:48.060 --> 00:24:56.880

Cindy Longanacre: Latest consensus is that probably will be reduced reimbursement from the wide open reimbursement. Now we can actually we are paid the same

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00:24:57.270 --> 00:25:05.190

Cindy Longanacre: By Medicare for tele health visit for whatever level of visit it is as we are, if we do it in person, but I do expect that that will probably change over time.

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00:25:06.570 --> 00:25:09.510

Thomas Essex: I saw a question that was asking if you're doing

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00:25:09.840 --> 00:25:11.160

Thomas Essex: A coven 19 casting

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00:25:11.430 --> 00:25:18.240

Thomas Essex: And work stuff to do that. But one of the most interesting thing is, I found in this little debacle, is that

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00:25:19.350 --> 00:25:20.640

Thomas Essex: Everybody locked down

158

00:25:21.090 --> 00:25:34.110

Thomas Essex: I i've seen exactly two patients with a fever in the last six to eight weeks. And, you know, we're just not pass around all the usual stuff along with the coven that we're not passing around so

159

00:25:35.040 --> 00:25:44.730

Thomas Essex: Patients that have been homebound have been locked down in the els seem to be doing very well as long as they can keep away from the cobra then so

160

00:25:44.970 --> 00:25:45.570

It's interesting.

161

00:25:49.620 --> 00:25:53.250

Angie King: Holidays apologize. I see a question about the iPads and the specific

162

00:25:53.340 --> 00:25:54.930

Angie King: Specific technology.

163

00:25:55.230 --> 00:26:00.000

Angie King: We do have them pre set with the app that we're using, which is doxey.me

164

00:26:00.510 --> 00:26:04.830

Angie King: And we did extensive research into the platform that we chose to use

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00:26:05.130 --> 00:26:10.050

Angie King: That platform is HIPAA compliant. So it gives us longevity will be able to continue

166

00:26:10.200 --> 00:26:13.170

Angie King: Using this platform for some time moving forward.

167

00:26:15.660 --> 00:26:16.890

Sherry Longacre: Oh, thank you so much.

168

00:26:16.950 --> 00:26:27.750

Sherry Longacre: Andy So we will go ahead and open it up now for chat questions and have our Medical Director, Dr. Jane Brock JOIN US FOR Q AMP. A so Gina. Are there any questions or chat.

169

00:26:38.730 --> 00:26:39.660

Thomas Essex: Formation on those

170

00:26:40.650 --> 00:26:41.580

Gina Anderson: Oh, sorry. Go ahead.

171

00:26:43.980 --> 00:26:48.750

Thomas Essex: I saw a question about the differences between Assisted Living Centers and independent living centers.

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00:26:50.550 --> 00:27:01.320

Thomas Essex: The big differences in the Assisted Living Centers. We usually have a nurse or usually nurse that who is going from room to room with the iPad and so

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00:27:02.730 --> 00:27:07.320

Thomas Essex: That person knows those patients and can answer questions about what's going on with them.

174

00:27:07.740 --> 00:27:10.230

Thomas Essex: on a couple of occasions, I've had that I've asked them.

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00:27:10.590 --> 00:27:10.980

Sherry Longacre: To

176

00:27:11.400 --> 00:27:12.750

Thomas Essex: Go ahead and listen to their heart or

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00:27:12.750 --> 00:27:30.540

Thomas Essex: Lungs, if there was a problem that was fairly obvious. And that's, that's all worked out very well in the independent living area, you know, you're, you're seeing those patients in their home. And there's there's really no additional people there unless maybe a family members there.

178

00:27:31.560 --> 00:27:34.800

Thomas Essex: Which in the last couple of weeks or last month has been pretty rare.

179

00:27:37.020 --> 00:27:43.830

Sherry Longacre: Well, thank you. OK. Gina. Did you say there were questions in chat. There are some questions.

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00:27:43.830 --> 00:27:45.240

Gina Anderson: In chat. Can you hear me okay

181

00:27:45.930 --> 00:27:46.920

Sherry Longacre: Yes. Okay.

182

00:27:47.280 --> 00:27:54.150

Gina Anderson: There are questions in chat, but there was a couple questions through registration. Would you like me to ask those with you first sharing. Oh, that would be

183

00:27:54.600 --> 00:27:56.220

Sherry Longacre: That'd be perfect. Okay.

184

00:27:56.700 --> 00:28:10.020

Gina Anderson: So what P P should be used on a new admit, who has received a negative coven 19 test 48 hours before admission and I think Sherry, you found some support on that I did so.

185

00:28:10.050 --> 00:28:20.370

Sherry Longacre: I forwarded those questions to the Oklahoma State Department of Health, because you know we we want to make sure we're passing along the correct information and the response.

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00:28:20.910 --> 00:28:34.050

Sherry Longacre: To that is that these admissions and readmission should be coordinated for unknown coded status for 14 days without regard to testing negative part of covert 19 virus.

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00:28:35.520 --> 00:28:49.590

Sherry Longacre: Transmission based precautions precautions that include in 95 respirator or surgical mask is not available face shield or goggles, gloves in gown should be worn for the 14 days on quarantine.

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00:28:49.980 --> 00:29:00.180

Sherry Longacre: And if this group is cold hearted only the gloves and gown need to be changed between residents then discard the P following the CDC guidelines.

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00:29:01.650 --> 00:29:02.880

Sherry Longacre: Okay, next question.

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00:29:03.660 --> 00:29:10.830

Gina Anderson: Okay, the second question was, is what is the recommended recommended timeframe that is required for a negative Cobra 19

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00:29:10.830 --> 00:29:16.080

Gina Anderson: Test before admission or readmission to a skilled nursing facility or long term care.

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00:29:17.400 --> 00:29:18.690

Gina Anderson: OK, so

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00:29:18.750 --> 00:29:29.490

Sherry Longacre: The Oklahoma State Department of Health their response is, there are no CD. The recommendations regarding testing prior to discharge from the hospital.

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00:29:29.850 --> 00:29:40.770

Sherry Longacre: Oklahoma implemented for hospitals to test 48 hours prior to discharge in order to provide a snapshot at time is discharged to a long term care facility.

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00:29:41.160 --> 00:29:55.260

Sherry Longacre: You always have the option to admit or readmit the resident without the test and we recommend that you do. So the 14 day quarantine will apply regardless of the tax results.

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00:29:57.390 --> 00:30:08.940

Sherry Longacre: Perfect. I'm so glad that we have solid resources to provide guidance to do all of our questions on that. So go ahead and give us some question for chat Gina

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00:30:09.210 --> 00:30:19.530

Gina Anderson: Okay. And these ones are going to go to the speaker. So we have an African if our speakers can explain how you work and what is your role with a CEOs in Oklahoma.

198

00:30:24.000 --> 00:30:37.590

Cindy Longanacre: I can take that question and we do, we are participant in an ACL, we were last year as well. We are in a new a CEO. This year called the physician alliance which actually focuses on physician practices.

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00:30:38.580 --> 00:30:47.280

Cindy Longanacre: More than other types of organizations and particularly primary care and especially home based primary care because they see that that is where

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00:30:47.670 --> 00:30:57.930

Cindy Longanacre: Most of the chronic disease management needs to occur and trying to do things to support and bolster those efforts. They've been very innovative and their approach to

201

00:30:58.320 --> 00:31:06.090

Cindy Longanacre: A number of things such as helping us with the telehealth and also offer RPM services remote patient monitoring.

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00:31:06.810 --> 00:31:12.510

Cindy Longanacre: We are getting ready to implement that service as well to kind of keep an eye on our patients between visits.

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00:31:12.780 --> 00:31:24.240

Cindy Longanacre: Although we've chosen to do that outside of the CEO for different reasons, but they are pretty innovative and helping us. They're also developing a panel of consultants of specialists that we can

204

00:31:24.690 --> 00:31:36.630

Cindy Longanacre: Contact to get consultation on our patients who can't make it in to see a specialist, so that we can better manage those diseases that may be a little bit outside the scope of our normal practitioners experience.

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00:31:39.270 --> 00:31:47.400

Gina Anderson: Excellent. Thank you. We have another question from D. And she asks, Are the telehealth visits being covered reimbursed by insurance.

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00:31:50.400 --> 00:31:57.600

Cindy Longanacre: I can take that one, too. Yes, they are almost all commercial insurance payers are paying for some type of Telehealth visits.

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00:31:58.050 --> 00:32:06.870

Cindy Longanacre: Medicare certainly is pain, as I said earlier, they pay the exact same rate at this moment than they do for an in person visit, although doing expect that that will change.

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00:32:07.710 --> 00:32:16.770

Cindy Longanacre: Over 90% of our patients are Medicare. So the other payers are not a big issue for us at this time, but that that is the case where

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00:32:18.180 --> 00:32:19.500

Cindy Longanacre: Our reimbursement has been about the same.

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00:32:21.480 --> 00:32:22.920

Cindy Longanacre: Thank you for that information.

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00:32:23.220 --> 00:32:33.840

Gina Anderson: And the last question we have in Chad is what are your thoughts about the reopening of assisted livings or independent living at and the timing that you perceive this happening.

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00:32:35.610 --> 00:32:37.470

Cindy Longanacre: We should put that one to Dr. Sex.

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00:32:38.610 --> 00:32:39.120

Thomas Essex: You know that

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00:32:40.440 --> 00:32:43.200

Thomas Essex: Tough question like, first of all, is broken.

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00:32:43.770 --> 00:32:45.600

Thomas Essex: But you know, I think.

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00:32:46.740 --> 00:32:49.170

Thomas Essex: Especially for the for the assisted livings

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00:32:50.760 --> 00:32:53.880

Thomas Essex: It's crucial that we not

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00:32:55.110 --> 00:33:05.100

Thomas Essex: In danger those patients because, you know, introducing covered into those facilities is like a bomb going off and as we've seen in other states.

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00:33:05.580 --> 00:33:17.670

Thomas Essex: We've been fortunate that Oklahoma that you haven't had near the numbers of the infected or hospitalized or death that that other places have had. But you know, I would say.

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00:33:19.080 --> 00:33:32.880

Thomas Essex: You know I wouldn't be comfortable before August. And I think that's probably premature, especially since we don't know what's going to happen with this virus in the fall. So I think you could reasonably argue that

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00:33:34.140 --> 00:33:39.270

Thomas Essex: The assisted living centers should stay the way they are until the first of the year.

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00:33:43.770 --> 00:33:46.080

Gina Anderson: Thank you and Sherry. There's no more questions in chat.

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00:33:47.130 --> 00:33:50.670

Sherry Longacre: Okay, perfect. And I will go ahead and

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00:33:51.600 --> 00:33:59.190

Gina Anderson: I'm going to interrupt you real quick. Sorry, one just came through from Brian and he asked, do we perceive in the future that Tele health

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00:33:59.190 --> 00:34:06.330

Gina Anderson: Will remain as a sole basis for chronic care management or for some sub acute related issues in long term care.

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00:34:07.290 --> 00:34:09.450

Thomas Essex: I saw an article yesterday.

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00:34:09.810 --> 00:34:12.330

Thomas Essex: By an oncologist at a medical center, who said

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00:34:12.990 --> 00:34:13.710

Thomas Essex: Will tell health

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00:34:13.740 --> 00:34:16.740

Thomas Essex: Be the death of the physical examination and his

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00:34:17.040 --> 00:34:18.090

Thomas Essex: His argument was

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00:34:18.120 --> 00:34:20.790

Thomas Essex: Well, we have CTS and we have ultrasound and we have

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00:34:21.030 --> 00:34:27.810

Thomas Essex: Mr eyes and we don't really need to put our hands on the patient and I disagree with him on every part of that statement.

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00:34:28.530 --> 00:34:42.780

Thomas Essex: First of all, it's therapeutic for me to touch patients. And if that works both ways. It's also there's also information to be gleaned there that you may not be pick up on some of these more sophisticated exams. But most important for us.

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00:34:44.280 --> 00:34:54.810

Thomas Essex: We're out in the country doing what I call cowboy medicine, which means I've got a few instruments in my eyes and my fingers and that's what I've got to diagnose the patients in the immediate time that I'm

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00:34:56.700 --> 00:34:59.310

Thomas Essex: Sure, I can get laboratory studies and X rays.

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00:35:00.780 --> 00:35:04.290

Thomas Essex: Usually in a fairly timely basis. But I don't think that that

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00:35:05.340 --> 00:35:13.680

Thomas Essex: Telemedicine is going to replace any part of the physical exam or or really the exam. I think it's going to be something that we can supplement

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00:35:14.220 --> 00:35:23.550

Thomas Essex: You know, if, if somebody's sick right now, we may be able and we can't get somebody out there to see them take a tele health visit is is great.

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00:35:24.360 --> 00:35:33.240

Thomas Essex: I think it's also going to be something for our stable established patients that maybe we can do that every month, or sorry, every other month or every third month

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00:35:33.810 --> 00:35:43.170

Thomas Essex: But I think the face to face contact is critical and the opportunity to put your hands on the patient and do the physical exam. This is also crucial.

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00:35:45.090 --> 00:35:49.800

Thomas Essex: When I was a hospitalist we got a sales pitch on

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00:35:51.000 --> 00:36:10.890

Thomas Essex: A computer that had additional attachments, so that you could actually listen to somebody foreign laws and you could actually look in their throat or in their ears and that may happen and and augment this whole process, but I don't see the in person visits going away anytime soon.

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00:36:12.780 --> 00:36:12.960

Thomas Essex: I

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00:36:13.260 --> 00:36:18.690

Cindy Longanacre: Like to add to that to that for us, in particular, going to the patient's homes.

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00:36:18.780 --> 00:36:22.170

Cindy Longanacre: As a tremendous advantage over, seeing them in a clinic setting.

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00:36:22.440 --> 00:36:28.830

Cindy Longanacre: We immediately are assessing those social determinants of health that are very easy to hide from the provider in the clinic.

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00:36:29.520 --> 00:36:35.010

Cindy Longanacre: But we see it all. And we know exactly what is going on with that patient. And that makes us much more effective.

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00:36:35.460 --> 00:36:46.680

Cindy Longanacre: It also our providers. Tell us, and Dr Essex can certainly speak to this develop a much stronger relationship and closer relationship with the patient. So that trust levels even higher than it normally would.

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00:36:46.770 --> 00:36:46.980

Sherry Longacre: Be

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00:36:47.490 --> 00:36:50.280

Cindy Longanacre: And I do believe helps with the compliance with the treatment plan.

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00:36:50.430 --> 00:36:52.020

Cindy Longanacre: Would you agree with that Andrea. Thanks.

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00:36:52.860 --> 00:37:00.330

Thomas Essex: I definitely wouldn't I want to make a comment about the relationship with the patients. I'm know as I read the literature about

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00:37:01.170 --> 00:37:04.890

Thomas Essex: Physician burnout. A lot of the problems that are identified or with



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00:37:05.460 --> 00:37:16.500

Thomas Essex: One. The pace of care. The fact that you've got 10 or 15 minutes with each of these persons and you don't as a partner of mine used to say you don't have time to celebrate your victories or more your losses.

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00:37:17.310 --> 00:37:28.140

Thomas Essex: Because we're going out driving you have a little bit of time to decompress between patients. It also means your schedule can't be so rigid. It just can't be

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00:37:29.190 --> 00:37:45.630

Thomas Essex: But the interesting thing for me is that I routinely get thanked four times every time I see a patient in their home and the lack of patient gratitude and the friction that happens between doctors and patients in the clinic is really

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00:37:46.950 --> 00:37:58.740

Thomas Essex: A huge factor in physician burnout and and i think that this is this is a way to reestablish kind of the old fashioned doctor patient relationship that we we all see is ideal.

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00:38:01.800 --> 00:38:10.860

Sherry Longacre: Thank you, Dr. Ethics, I appreciate you sharing that infinity and bringing up social determinants of care, which are, you know, that is something that definitely being

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00:38:11.550 --> 00:38:30.270

Sherry Longacre: In and being able to witness firsthand new you know you're able to to paint your, your picture just a little bit more about the patient and their needs. So thank you so much. And I think that we have completed all of our questions so Belinda. Next, please.

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00:38:32.520 --> 00:38:37.050

Sherry Longacre: So we always like to end on a positive note. And just to

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00:38:38.250 --> 00:38:55.290

Sherry Longacre: Today we have just a little quote, and there is no one size fits all formula for healing the soul, each of us will need to find the unique path that leads us from grief or despair to healing and I just we love this picture is one of our faith. Next slide.

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00:38:57.450 --> 00:39:09.570

Sherry Longacre: So here are some resources from CDC and CMS that we have included and think are beneficial and you'll be able to access to review these resources when we emailed a slide deck out to everyone.

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00:39:10.260 --> 00:39:17.100

Sherry Longacre: Along with the resources that physician house calls I are sharing with us as well. So, next slide. So, Linda.

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00:39:20.160 --> 00:39:27.900

Sherry Longacre: And I also want to share that our friends at the Oklahoma State Department of Health are having their call today.

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00:39:28.590 --> 00:39:36.960

Sherry Longacre: From one to 230 and here is the call in number and the access code. And this is where they have live Q AMP. A and they're going over

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00:39:37.710 --> 00:39:53.430

Sherry Longacre: All of the regulation and changes that are occurring and they address everything. And it's just a nice way just to stay up to date. And if you have questions that need answered, then you're able to to ask them and get your questions answered. Next slide.

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00:39:56.580 --> 00:40:06.390

Sherry Longacre: Also, just to kind of show you some of our upcoming events we have are proud and so excited that on June the 18th. We're going to have IHI

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00:40:06.660 --> 00:40:27.840

Sherry Longacre: Dr. Ellis Bonner with us for our long term care office hour. We're very excited about that. So please join us and we also have all of our other learning opportunities available to we and that is part of joining and linking liver at TV with our columns and q i connect it so that we can

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00:40:29.340 --> 00:40:36.330

Sherry Longacre: Provide you and and share with you our learning opportunities that are available. Next slide.

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00:40:38.460 --> 00:40:47.820

Sherry Longacre: So if you could please do us a huge favor, we would appreciate this, because we are in quality improvement and in order for us to improve

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00:40:48.270 --> 00:40:55.530

Sherry Longacre: We really need for you to complete the evaluation that will be posted in chat and we so appreciate if you could do that.

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00:40:55.980 --> 00:41:06.060

Sherry Longacre: And we want to thank you and our speakers for joining us to share your experiences all your expertise. I can tell. I mean, it's such a valuable topic and we appreciate you.

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00:41:06.480 --> 00:41:11.070

Sherry Longacre: And a big thank you to everyone who is able to take time out of your day and join us today.

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00:41:11.580 --> 00:41:20.730

Sherry Longacre: And we know your time is Tourettes then you're doing so many things for so many people. So thank you so much we appreciate it. So please, if you can

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00:41:21.150 --> 00:41:35.970

Sherry Longacre: Complete the evaluation that is in chat and reach out. That is what we're here for. We're here to assist to give resources and to connect everyone and being here for the state of Oklahoma and continue on with that Oklahoma standard

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00:41:36.480 --> 00:41:42.900

Sherry Longacre: So please know we're here to support you and reach out and I want everyone to have a wonderful day, and stay safe.

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00:41:44.160 --> 00:41:45.270

Sherry Longacre: Thank you everyone.

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00:41:50.460 --> 00:41:50.880

Sherry Longacre: Bye.