



# USING TELEHEALTH TO PROVIDE CARE TO ISOLATED OLDER ADULTS DURING THE COVID19 PANDEMIC

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# Disclosure

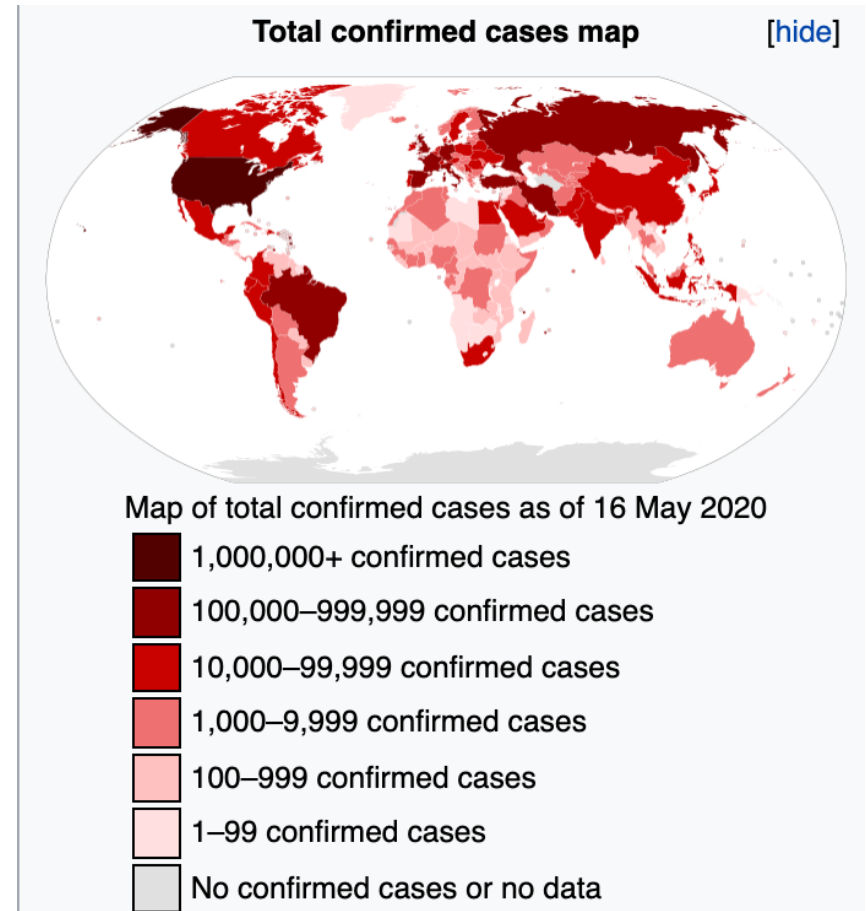
Presenters have no financial relationships to disclose.

# Learning Objectives

- 1. Recognize the consequences of social isolation on an older adult's health and functional status
- 2. Discuss the best practices for delivering care to older adults at home via telehealth
- 3. Identify opportunities for home health teams to provide high quality care remotely

# COVID19 pandemic

- The WHO declared a global pandemic on March 11th, 2020
- As of May 11th more than 4.65 million cases in 188 countries and territories were reported
- Highest mortality rates >60 years old



# Social Isolation and Loneliness

- Loneliness - subjective perception of lack of meaningful relationships
- Social isolation – lack of social engagements and contacts among older adults
- Loneliness and social isolation among the world's older adult population is a global epidemic

**43%**  
of seniors<sup>1</sup>

**feel lonely**  
on a regular  
basis.



There is a  
**45%**  
increased  
risk of  
mortality<sup>1</sup>

in seniors  
who report  
**feeling  
lonely.**



Similar to  
smoking  
**15**  
cigarettes  
a day<sup>2</sup>



**Loneliness** is more dangerous than  
**obesity** and as damaging to health  
as **smoking** 15 cigarettes a day.



## Negative Health Effects of Isolation and Loneliness

Associated with higher rates of:



Chronic health conditions, including heart disease

Weakened immune system



Depression and anxiety

Dementia, including Alzheimer's disease



Admission to nursing homes or use of emergency services

Death

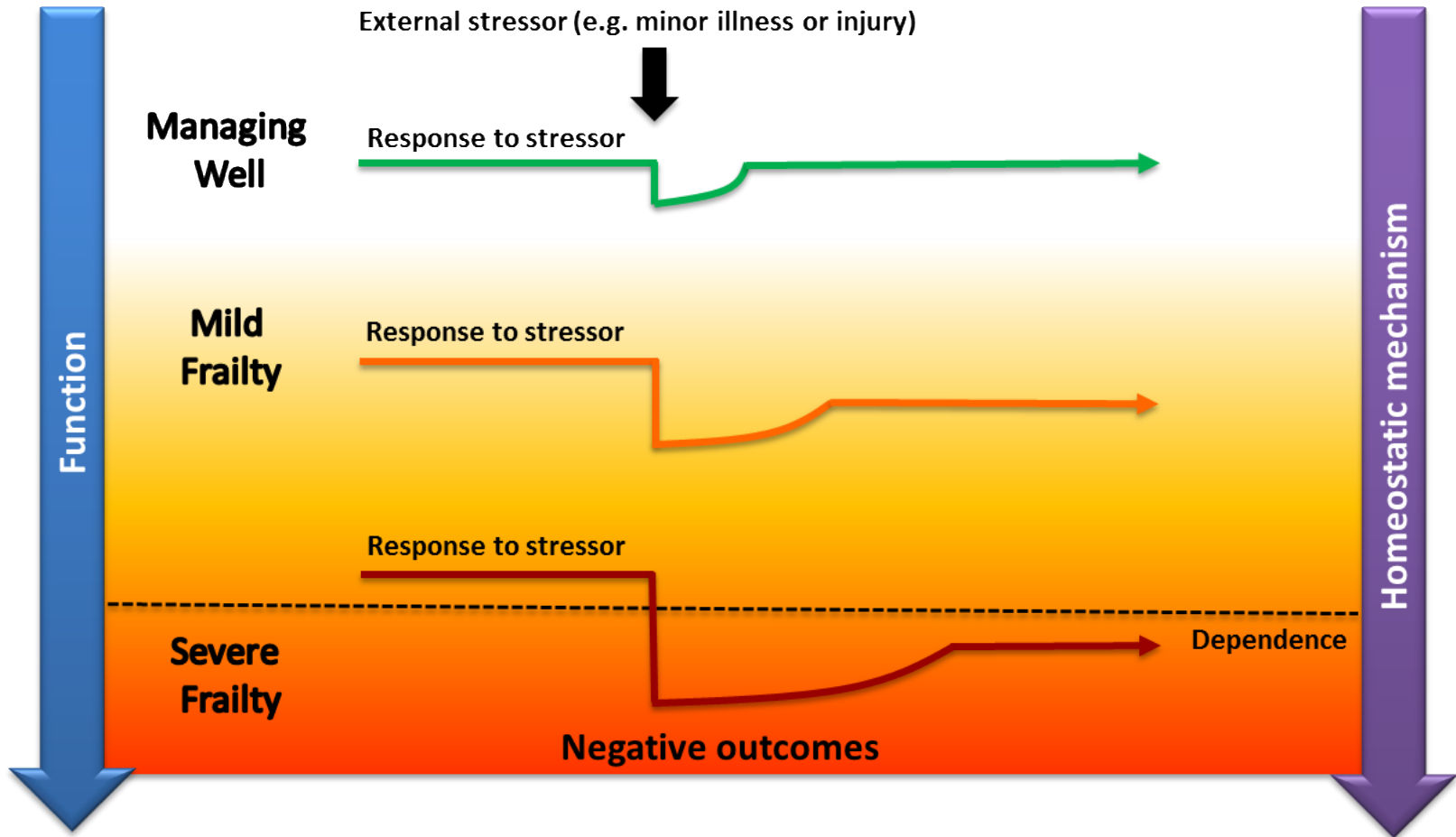


- Predictors for loneliness and social isolation:
  - advanced age
  - living alone or in a rural community
  - poor functional status
  - widowhood
  - female
  - lower income/education
  - depression
  - feeling misunderstood by others



# Adverse Effects of Shelter in Place Orders





The **health care system** is poised  
to develop methods that identify  
**social isolation** and **loneliness**  
in health care settings.

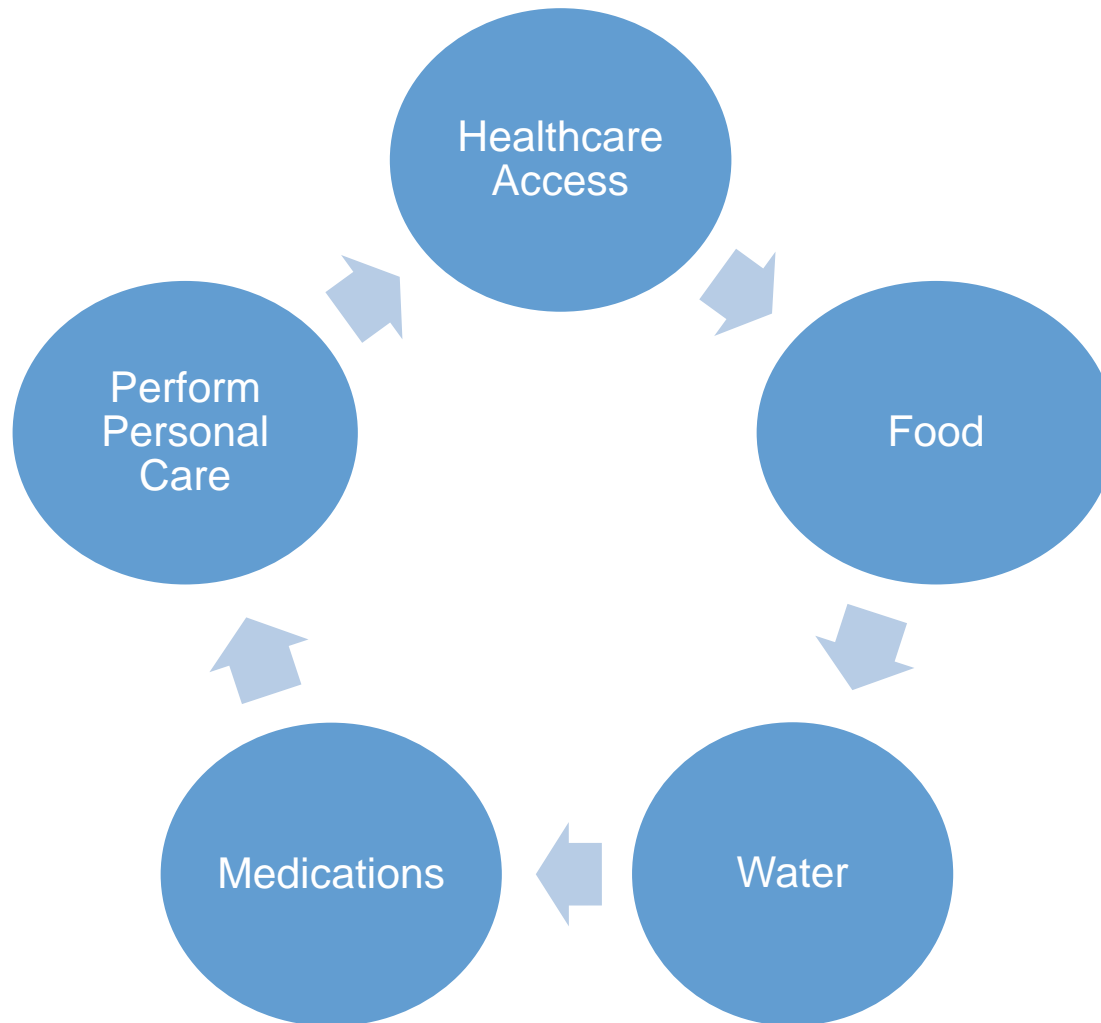
 [#isolationandloneliness](#)



# Intervention

- Identify those at risk for social isolation during an emergency
- Use analytics and predictive models
- Planning and careful execution are the key to communicating effectively with elderly patients

# Prioritize Safety



# Measuring loneliness

- UCLA Loneliness Scale
- 20 point survey
- 3 item survey is more commonly used

<u>The 3-item UCLA loneliness Scale<sup>9</sup></u>			
	None of the Time (1)	Some of the Time (2)	Often (3)
Do you Feel Left Out			
Do you feel isolated			
Do you lack companionship			

\*Increasing score, indicates increased severity of symptoms

- Score 3-5: not lonely
- Score 6-9: lonely

# Measuring social isolation

- Lubben Social Network Scale

<b>LSNS-6 Items</b>
Item 1: How many relatives do you see or hear from at least once a month?
Item 2: How many relatives do you feel at ease with that you can talk to about private matters?
Item 3: How many relatives do you feel close to such an extent that you could call on them for help?
Item 4: How many friends do you see or hear from at least once a month?
Item 5: How many friends do you feel at ease with that you can talk to about private matters?
Item 6: How many friends do you feel close to such an extent that you could call on them for help?

# Four Emergency Communications Objectives

1. Target elderly patients with timely, relevant, and factual messaging that avoids unnecessary disruption
2. Prepare responses for common post-crisis questions - emergency updates and access to healthcare, food and water, and other essential services.
3. Use multiple channels to increase engagement
4. Think of crisis communications as one part of a larger, more comprehensive engagement program



# Best Practice Interventions

- More frequent telephone contact
  - close family and friends
  - voluntary organizations
  - health-care professionals
  - community outreach projects providing peer support
- Cognitive behavioral therapies could be delivered online to decrease loneliness and improve mental wellbeing

# Preparing for a telephone or video visit

- Ensure patients are wearing their hearing aids
- Enlist the help of a family member, friend, paid caregiver, or staff member in advance of the visit to familiarize older adults with video-call technology
- Practice ahead of time to increase utilization of these modalities
- Engage caregivers in a visit through a 3-way call
- Coach patients to be prepared with their questions, medication lists and vital signs prior to the visit

# Utilizing Home Health

- Importance of having a 'preferred agency'
  - Agencies are not all equal
- Communication with HH nurse is key
  - HHRN # is critical
    - googlevoice# for RN communication (if wish to keep cell# private)
  - Can have nurses help perform video visits, perform med rec, relay vital signs, physical exam etc
  - Variable success depending on nurse, but can arrange with office staff
- Shifting Covid-related precautions
  - Clarify ability to care for Covid patients, perform home-testing, infection control policies etc.

# Home-based Diagnostics

- Can either go thru Home Health Agency or private vendors
- Private vendors often very easy to work with directly (especially if no active HH)
  - Fax Insurance info and orders/requests
  - e.g. US Diagnostics for imaging, CCL or Star labs for bloodwork
- Shifting Covid-related precautions
  - Clarify ability of HHA to care for Covid patients, perform home-testing, infection control policies etc.
  - Ask vendors or HHA of any geographical or other restrictions

# Virtual Therapy / Referrals

- Can request therapists to attempt therapy sessions virtually (video/telephone)
- OT: Functional assessments, cognitive testing (limited)
- SLP: Cognitive testing (limited), dysphagia therapy (limited), communication and speech therapy
- PT: Review/recommend home exercise program (limited)
- SW: Maximize home care services (homemaker referral), food insecurity (Meals On Wheels), transportation, teletherapy, community resources

# Conclusions

- Devastating consequences of social isolation, loneliness, and Covid-related stay-at-home orders on older adults
- Delivering care to elders in their homes via telehealth is crucial now more than ever
- Utilizing home health agencies and other home-based therapies/referrals is easy and necessary to provide home-based care to isolated elders



[colemanpalliative.org](http://colemanpalliative.org)