

Virtual communication, telemedicine critical for wellbeing of elderly amid pandemic

By AMARIS ELLIOTT-ENGEL

As Episcopal SeniorLife Communities shifted its health and wellness initiative to fully online because of the COVID-19 pandemic, Courtney McGinness, vice president of marketing and community engagement for ESLC, says that this shift has broken down barriers between the ESLC's seven sites.



McGinness

Someone in ESLC's Greece facility can now become friends with someone at ESLC's community in Honeoye Falls, McGinness says. Previously, each facility had its own separate programming.

"We have had people through this Neighborhood Program make new friends," McGinness says. "Usually each facility would be unto itself. Our boundaries are kind of endless now."

The Neighborhood Program is the organization's health and wellness initiative, and it is open not only to residents, but to seniors who live in their own homes and want the social connections to other seniors.

The impetus to train ESLC's residents and its Neighborhood Program community members on how to use video conferencing technology and to move the entire Neighborhood Program online was the concern that they would stagnate cognitively, socially and physically without it, McGinness says.

Meditation is offered every morning, and exercise classes are offered five days a week. There is an ongoing group about mental health that was kick started by a National Alliance on Mental Illness program focused on 10 ways to self-care, she says.

"People have found it so valuable to talk about where they are emotionally throughout this COVID journey," McGinness says. "We have had that class or that group referred to as a lifeline."

Travis Masonis, chief information officer and vice president of information technology for Jewish Senior Life, concurs, saying that the COVID-19 pandemic has accelerated the use of mass communication technology to provide virtual community programming for residents to keep them socially engaged while protecting their health.

Jewish Senior Life offers virtual programming such as religious ser-

vices and live music.

Masonis says Jewish Senior Life has been employing a student from Rochester Institute of Technology through a project called TekHub to provide technical support to Jewish Senior Life's residents as well as training about cybersecurity. Meanwhile, RIT is collecting data as part of the project to understand the technology struggles that seniors face.

Masonis dubbed the RIT partnership a "genius bar for residents."

"We're seeing far less 'How do I do this?' and far more 'What is available to me?'" he notes.

Dr. Suzanne Gillespie, associate chief of staff for geriatrics and extended care rehabilitation at the Canandaigua VA Medical Center, says there were concerns that "technology was outside the grasp of older adults. Through this experience, what we've seen is older adults are more savvy than we thought and assumed. Most are willing and end up being capable of adopting technology."

Both Masonis and McGinness say that videoconferencing technology has been crucial to keep residents connected to their families. McGinness refers to it as a best practice that will outlive the pandemic.

"The need for human contact is never going to go away, so hopefully we do have more in-person contact a year from now," Masonis says. "Even if we do, a lot of residents who have become accustomed to videoconferencing can have more frequent visits. It'll still be valuable."

Senior living communities are also using technology for virtual health care visits.



Masonis

Gillespie and Dr. Dallas Nelson, medical director of UR Medicine's geriatrics group, say the governmental regulations loosened to allow for the expansion of telemedicine in the 15 nursing homes and the 33 assisting living or independent living facilities that UR-MC provides care for.

Telemedicine has been an important tool so providers do not run the risk of spreading COVID between different buildings at facilities, as well as to reduce the need for more personal protective equipment, Nelson says.

Nelson adds it has been a challenge figuring out how to obtain vital signs of



Jewish Senior Life has teamed up with Rochester Institute of Technology for a project dubbed TekHub, which offers technical support for residents as well as cybersecurity training.

Photo provided



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Vera, a 99-year-old resident at Jewish Senior Life, communicates virtually using a smartphone.

patients during telemedicine visits; however, most staff at facilities have been willing to assist.

Another challenge, Nelson says, is getting staff members to aim the cameras where providers need them to point. She says they have a grant to be able to obtain computers where doctors will be able to aim and angle the cameras themselves.

Gillespie and Nelson both say they had already studied if the use of telemedicine during a time when senior residents were going through a "changing condition" could reduce the number of emergency department visits. Nelson notes that most assisting living facilities and senior living facilities do not have any doctors or registered nurses on staff to be able to assess a resident's changing medical condition. Typ-

ically, these facilities would send their residents to the emergency room, Nelson says.

Over three years, telemedicine visits during weekday hours resulted in a 16 percent reduction in the utilization of emergency rooms and the reduction was even larger for people with dementia, Nelson notes.

They hope the benefits of telemedicine have been demonstrated during the pandemic and that more health coverage payors will cover telemedicine and government regulations will allow telemedicine more broadly.

Nelson notes it is disruptive to residents who have dementia to have to leave the nursing home to receive care, and telemedicine can keep them in place.

Gillespie says telemedicine also is important because of the shortage of geriatricians available to treat residents in senior living settings.

Nelson says "my whole business is go to people who can't go out," but that telemedicine can help her get to patients' bedsides more readily if, for example, she is in Monroe County but a patient needs to be seen in Livingston County or Ontario County.

"We would love to have medical necessity dictate teleservice," Nelson says.

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