



TECHNOLOGY GROWS AMID PANDEMIC

While long term and post-acute care (LT/PAC) providers have reconfigured their approach to technology to help meet the new demands of COVID-19, vendor partners have stepped up to the challenge.

Some have accelerated the time frame for new products while others have branched out into new geographic areas, and all have helped customers look at current trends with a hopeful eye toward the future.

One of those partners was PointClickCare, a leading cloud-based software platform for the senior care market that helps manage workflow, remotely track patient compliance, check progress for practitioners, and improve the quality of patient care.

After taking time to connect with customers to understand their challenges with COVID, it became clear that digitizing health records had become more important for providers to understand what was going on. “Many customers realized that without using the technology, they were not able to safely manage resident or patient care or leverage telemedicine effectively,” says Dave Wessinger, cofounder and president of PointClickCare.

Noting the toll the virus was taking on day-to-day life, Wessinger and his team realized their customers would be depending on technology more to alleviate some of the burden. So they decided to speed up the rollout of PointClickCare’s new Infection Prevention and Control solution (IPC) by about six months. The IPC is a clinical workflow and intelligence solution for LT/PAC providers to identify, manage, and report infections in real time.

“During the development of this new product, we leaned on our customer advisory board to make sure we heard their concerns and tailored our technology to address their immediate needs,” says Wessinger.

Marquis Companies, a PointClickCare customer based in Brick, N.J., supports Mid-Atlantic and New England facilities totaling nearly 4,500 skilled nursing

and assisted living beds, as well as more than 2,000 independent living units. The company’s surveillance logs used to be done by infection preventionists only, but with IPC, their nurses are now also able to manage those cases.

Contact Tracing Comes Into Focus

Leaders at Nxtgen Care, which offers customers a business intelligence and analytics platform to optimize care and resident engagement, have seen usage of their products increase since the start of COVID-19. This includes their M-Factor tool, an app that gives staff and family members real-time access to a resident’s daily activities.

“More family members are on the app more frequently and for longer periods of time to ‘check in’ on

their loved one,” says David Burke, founder and chief executive officer. “We have received testimonials from family members near and far from their loved ones sharing their appreciation for the peace of mind our solution provides.”

‘We leaned on our customer advisory board to make sure we heard their concerns.’

— DAVE WESSINGER



Staff have also shared they have gotten greater piece of mind knowing the app provides real-time contact tracing and physical distancing measures, says Burke. Based on the input of Nxtgen Care customers, these are two needed features going forward.

“There is general consensus that pandemic plans moving forward must have effective contact tracing, physical distance monitoring, and isolation strategies,” says Burke. “Effective means there is a real-time monitoring or clinical surveillance functionality verifying these measures are happening as planned and, if not, providing intelligence to all stakeholders about what needs to change or be improved.”

In addition to ensuring clinical surveillance of contact



tracing and isolation, the Nxtgen Care platform also alerts users to residents at risk for the negative effects of loneliness and isolation.

This has always been a priority for care providers, but even more during the COVID-19 pandemic. “There is



‘More family members are on the app more frequently and for longer periods of time.’

— DAVID BURKE

a growing body of research indicating loneliness is a greater health epidemic than obesity,” says Burke.

The platform is designed to help users ensure contact tracing and isolation while, at the same time, alerting care providers to those at risk for loneliness. “This allows our communities to ensure effective pandemic measures while creating meaningful social engagement plans to mitigate loneliness and isolation,” says Burke.

Looking Ahead

TapestryHealth, a multispecialty primary care practice that uses telemedicine to enable models of care in LT/PAC facilities, has expanded its reach since the start of COVID-19. Whereas the company provided services in primarily rural locations, it has quickly expanded into urban locations, based on customer demand.

“There are a lot of facilities in the urban areas where they were never able to afford telemedicine, but now that it’s reimbursed, we are able to change some of the pricing models for those facilities, and that’s been more attractive,” says Mordy Eisenberg, chief operating officer at TapestryHealth.

The company provides portable telemedicine carts

that include a monitor allowing residents, staff, and physicians to see and speak with each other in real time. It also includes a digitally enhanced stethoscope, an otoscope, and a high-definition portable camera to examine the skin. TapestryHealth provides primary care as well as emergency care 24/7 and has a rapid response capability.

Eisenberg says the idea of more providers using telehealth services long-term opens up a whole new world. “There have been so many regulations around telemedicine, and now they have waived them for the duration of this emergency,” says Eisenberg. “I don’t know how you get the toothpaste back in the tube. These waivers are out there, and people realize the efficacy of the program.”

At the same time, customers wonder what will happen if things go back to how they were pre-COVID, with the federal government removing the waivers. “From a business perspective, it always makes planning hard when you just don’t know what the rules are going to be in six months,” says Eisenberg.

“Telemedicine is just a delivery method,” says Eisenberg. “It’s what’s on the other end of that; that’s what you have to really look at—who’s on the other side.”

In other words, just as caregivers inside a facility who are consistently assigned to care for certain patients are more likely to provide better care than those who are not, practitioners on the other end of a video call who are familiar with patients already are able to provide better care better than a practitioner who is not.



‘The waivers are out there, and people realize the efficacy of the program.’

— MORDY EISENBERG