

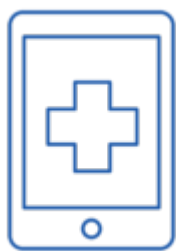
The push for home health is coming from all fronts - the patients, the providers and the insurers. There are also multiple federal policies being discussed in Washington, D.C., including an extension of some [telehealth benefits](#) that have been included in the Public Health Emergency. With all of that said, once the decision has been made that a patient can return to their home, providers need to provide clear discharge instructions in order to prevent unnecessary readmissions. But there are many barriers that could put a stop to recovery.

So what is a way that providers can better connect with their patients? The answer might be found in your pocket.

A Pew Research Center [survey](#) found that 61% of U.S. people age 65 and older owned a smartphone. There's no questioning that seniors can handle the latest technological advances. The only question that continues to linger is surrounding costs. Could seniors be reimbursed for technology that could help save their life?

## **CMS revisiting potential coverage for technology**

In recent news, the Centers for Medicare & Medicaid Services (CMS) and private insurers offering Medicare Advantage plans are [beginning](#) to recognize the benefits of such devices. Although traditional Medicare doesn't cover any of the cost of personal emergency response systems (PERS), some Medicare Advantage plans are beginning to do so.



*HealthLeaders* shed some light on the changing landscape in a November 2021 analysis: “CMS first recognized remote patient monitoring in 2019, with a handful of CPT codes aimed at covering remote physiological monitoring, or the gathering of physiological data—such as heart rate, blood pressure and blood sugar—from patients at home. Those codes—also called RPM—have been tweaked each year to expand coverage incrementally, and with the recent release of the 2022 Physician Fee Schedule, CMS is adding new coverage for what it calls remote therapeutic monitoring (RTM), or the tracking of certain

non-physiological data, such as medication or therapy response and adherence and pain level.”

The benefits from a clinical perspective are clear. Devices that help patients take medications at the right times, monitor their heart rate, track their sleep and so on give clinicians insight into their lives and information they wouldn't otherwise have.

## **(Provider and patient) benefits to smart technology**

As technology improves and becomes more appealing to seniors, it's useful to consider the benefits for both clinicians and seniors. A smart watch can be just a nice piece of jewelry if it isn't used appropriately as a medical alert system or for other health purposes. Apps that just sit on a phone don't really provide value.

A systematic review and meta-synthesis [published](#) in June 2021 evaluated older adults' use of wearables, concluding: “The added value of a wearable device is the resulting balance of motivators (or lack thereof), device features (and their accuracy), ease of use, device purpose, and user experience.” In other words, a constellation of factors must come together for the device to be beneficial.

When that happens, the result is an improved quality of life for the senior, and actionable insights for clinicians and caregivers. A device that monitors heart rate, for example, may help a clinician understand patient-reported symptoms.

One of the clearest benefits is that a combination of wearable technology, [telehealth](#) and mobile health (mHealth) can help seniors age in place. AARP [reports](#) that “three in four older Americans want to stay in their homes and age in place, and technology that allows them to get help in an emergency or track their health virtually can be critical to helping them achieve that goal.”

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In this episode of the SOAP Notes podcast, **Dr. Monique Reese, senior vice president of home and community care at Highmark Health**, talks about the long-term impact of COVID-19 on the future of care at Highmark Health including the patient and provider response to telehealth and the role of care coordination technology. [Click here to listen.](#)

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## Emerging barriers to technology

An emerging barrier for seniors is concern about data privacy. Some feel safe in sharing health information directly with providers, but around [30%](#) would prefer to not share that information at all. “(T)he ability of the wearable devices to track, store, and transmit patients’ health information raises concerns about data security and privacy, inhibiting their use by the older population,” says a November 2021 [report](#) in *Health Informatics Journal*.

Seniors who better understand how their personal information is stored and transmitted and used by clinicians are more likely to agree to using technology for health purposes.

Operability and interoperability remain barriers to seniors adopting wearable technology. It’s [crucial](#) for patients, their families and caregivers to be able to use devices. Designers and manufacturers of wearables and other technology targeted at seniors are becoming better at meeting their needs, and seniors themselves are increasingly technologically capable. In addition, [providers say](#) that before they adopt a technology, it must be integrated into their electronic health record (EHR) system, but only 10% of those in a 2020 Deloitte survey reported having integrated data from wearables into their EHRs.

However, according to the Healthcare Information and Management Systems Society (HIMSS), an HIMSS survey indicated that more than half of providers found wearable healthcare technology [useful](#) in monitoring their patients. They cited uses such as monitoring health conditions and vitals, tracking medications, following the recovery of postoperative patients, and tracking sleep.

## Encouraging use for seniors

For providers who would like to see more patients using technology like wearables to monitor their health, a few key factors come into play. Discussing the possibility of using technology to improve health with the patients who are most likely to benefit is a good beginning. Technology can be targeted to [appropriate populations](#) just as treatments are.

Socioeconomic status makes a difference. A patient who is not comfortable with tech in general likely won’t do well with a wearable device, even if one is provided. Asking questions about how patients use technology before suggesting wearables is a useful first step.

The health conditions the patient has make a difference. Someone with dementia is less

likely to be successful in using tech than someone who is tracking diabetes. Patients with chronic conditions that need to be monitored, such as diabetes or heart disease, may benefit the most.

In general, patients who are comfortable with telehealth tend to be more successful in using technology to monitor their health. The pandemic helped encourage many people to become more comfortable with telehealth, and that can provide a jumping-off point for discussing using technology more comprehensively for health tracking.

Making sure structures are in place to train patients and caregivers to properly use the technology may be the most crucial step in successfully encouraging the use of wearables and mHealth technologies. If they have questions, there should be some way to address them.

Finally, discussing how technology can enable patients to meet their personal goals is crucial. For a patient determined to age in place, understanding how technology can enable that goal can go a long way toward encouraging its use. A patient who wants to continue a particular activity may be more willing to use technology if it allows them to do so.