“Use of Technology to help people maintain independence”
Welcome to AgeTech West

AgeTech West advances the delivery of tech-enabled aging and home care services on the West Coast to reach a new standard of person-centered care. Technologies such as care coordination and point-of-care technologies, electronic health records, activity/health vitals monitoring, medication management, emergency response, cognitive fitness and “therapertainment” can enable greater independence and wellness, higher quality of care & service, successful management of chronic disease, early detection of illness, and prevention of hospitalizations while enhancing caregiving and cost efficiency.

Featured Resources
Click on Provider Resources to read the “Link-age Connect & AgeTech West Senior Social Media Survey Report.”

2014 AgeTech West Conference
November 17-18
To Register for the Conference
Click Here

Sync In Seattle:
Transforming the Aging Services Experience

AgeTech West is heading to Seattle for the 2014 AgeTech West Technology Conference & Expo.
2013-14 AgeTech West/Aging2.0 “Pitch-for-Pilots”
Trends in Seniors’ Internet, Social Media Usage

- 1,778 65+ senior housing residents responded
- 67% are online (n=1,187)
- 35% of those online are using social media
- 50% of online users between the ages of 65 and 75 use social media
- Of those online, nearly half (48%) of 70-74 year olds use social media, 38% of 80-84 year olds, and more than a quarter (28%) of 96-99 year olds!
Flurry of Start-Ups

Caring.com
Open Placement
caremerge
ClearCare
INDEPENDA
LIVWELL
BAM LABS
VIDEOCARE
Maya
MedMinder
LIFT labs
QMedic
GeriJoy
Lively
Personal Emergency Response Systems (PERS) “2.0 and 3.0”
Activity/Wellness Monitoring

AgeTech West
Advancing a Technology-Enabled Standard of Care

Lively

Refrigerator

QuietCare

care innovations
an Intel • GE company

BeClose
Multiple Attachments
Fork, soup spoon, keyholder, and more are coming soon.

Stabilizing Technology
Cutting-edge electronics will work to actively detect and stabilize your tremor.

Battery
Ultra-thin rechargeable battery will last for several days on a charge.
Care Management/Coordination

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Care Innovations
an Intel-GE company

LivWell Health
Telehealth in Aging Services: APPLICATIONS

- **Video Consultation**
  - SNF/ AL/ Home Health ↔ Medical Dir/ PCP/ ER/ Specialist

- **Store and Forward**
  - Capture and later analysis of digital images, videos, etc.
    (e.g., wound care/derm, dental care, radiology, etc.)

- **Remote Patient Monitoring (RPM)**
  - Monitor health vitals to manage chronic conditions, post-acute discharge, prevention & wellness
### Home Rehab/Virtual Therapist

#### RespondWell

**Category**
- Falls Prevention
- Senior Wellness
- Pulmonary
- Orthopedic
- Cardiac
- General Wellness

**Workout**
- Falls Prevention

**Environment**
- Fitness Center

**Patient Profile**
- John Smith

**Music**
- Samba Mix

**Challenges**
- 25 min total
- 25 reps each
- 20+ lbs
- 5 min rest

**Duration:** 35 MINS
**Rating:** ★★★★☆

**Trainer:**
- Trainer 1

**Start**
CAST Vision Video:
“High-Tech Aging: Improving Lives Today”
http://www.youtube.com/watch?v=0BYvyOSHmVQ
Convergence of change impacting public policies:

- New ways of providing care now available
- “Least restrictive setting of care” is evolving
- Elder and caregiver norms with technology use are shifting
- 15 million people today in U.S. need care assistance; 30 million by 2050
- Shrinking supply of caregivers
- Escalating health care costs now and in foreseeable future
So what?

- Public policies, regulations and programs designed to support older and disabled adults’ independence must evolve to keep pace with these opportunities and imperatives.

- Win-win: People enjoy prolonged independence and greater quality of life; state stretches financial and human resources.
Near-term:

- Enact enabling (non-fiscal) legislation to broaden the state’s ability to leverage tech-enabled care, giving parity (not a mandate) in all state Medicaid and private plans and removing regulatory restrictions

  California example: “Telehealth Advancement Act of 2011”
  - New definition of telehealth refers to the general technology-enabled delivery of health services rather than a specific medical practice. This shift allows for a far broader range of eligible services than the old law, and includes future telehealth technologies in its definition.
    “Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient is at the originating site [which can be at home] and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.” – California Business and Professions Code Sec. 2290.5
  - Allows all licensed healthcare professionals to use telehealth services

- Incorporate technology-enabled care provisions and preferences into healthcare reform initiatives (i.e., dual eligible care plan packages)
Mid-term:

- Increase flexibility in state HCBS program allowable expenditures to support independence
  - Revise the Community Options Program Entry System (COPES) to include reimbursement for a more comprehensive set of tech-enabled care:

Pennsylvania example: “TeleCare Reimbursement”

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Status Measuring &amp; Monitoring</td>
<td>$10/day</td>
</tr>
<tr>
<td>Activity &amp; Sensor Monitoring</td>
<td>$200/install $79.95/mo.</td>
</tr>
<tr>
<td>Medication Dispensing &amp; Monitoring</td>
<td>$50/mo.</td>
</tr>
<tr>
<td>Personal Emergency Response Systems</td>
<td>$30/mo.</td>
</tr>
</tbody>
</table>
Mid-term:

- Revise WA Medicaid Home Telehealth program to:
  - Broaden the definition of eligible clients from those with an “unstable condition” to include those with “chronic health conditions” or remove eligibility restrictions altogether (other than eligibility for home health)
  - Remove restriction of eligible health professional (RNs or LPNs) to include all health professionals for services within scope of practice
  - Reimburse for “store-and-forward” telehealth for more efficient access to specialist expertise in wound care, orthopedics, dermatology, dentistry, etc.
Long-term:

- Proactively evolve state policies and programs to incentivize care models that utilize available technologies that prolong independence while reducing social isolation and increasing quality of life.

- Leverage care management technologies to coordinate systems of care across acute, post-acute, and wellness programs – enabling effective “care navigators”; require open-architecture (secured) by providers.

- Provide individuals with true “least restrictive” options.
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“SYNC IN SEATTLE: TRANSFORMING THE AGING SERVICES EXPERIENCE”
NOVEMBER 17-18, 2014
SEATTLE, WA
syncinseattle2014.com