Technology

- Critical Components:
  1. Medical Home Monitoring
  2. Increase awareness of what is available
  3. Security/Scam protection
  4. How to use technology to avoid and not reinforce isolation
  5. Skilled technology workforce needed to create and support services
  6. Evidence-based technology → research
  7. Impact on equity
  8. Cost
  9. Learning new technology (ageist attitudes)
  10. Use technology to create opportunity not increase disparities
  11. Broadband access
  12. Clear on desired outcomes
  13. Functional barriers
  14. Consider language, culture, age, life experience, comfort level
  15. Education to critically access information on web
  16. Accessibility, funding, sensory
  17. Affordability
  18. Sustainability of funding
  19. Fear of technology
  20. Need for education
  21. Useful, useable, and desirable
  22. As sub for labor
  23. Needs IT support
  24. Person-centered evaluation
  25. Connection and others
  26. Tool to connect, inform, involve informal caregivers

¹ The notes are a compendium of participant feedback in 5 workgroups. Workgroups were determined by topics which received the highest number of votes for “most important or important.” Notes are not official positions of MNLCOA or any sponsor.
27. Need Xbox for older adults
28. Intergenerational
29. Technology as a tool for care coordination
30. Personal/high touch (ex. Mechanical cat)
31. How to pay for?
32. Getting systems to pay for it
33. One stop shop vetting and curating
34. Tech as service delivery
35. Younger people as tech mentors to older adults
36. More easy buttons
37. Source of safety and security
38. Low tech vs. high tech
39. Tool to age in place and create green buildings
40. Need interactive/voice-activated
41. Data privacy
42. Need smart ovens and other home appliances
43. Use of virtual reality and artificial intelligence
44. Focus innovation on needs of aging and communities
45. As tool to age in place safely and manage environments

- Examples:
  1. Alexa
  2. Google home
  3. Uber/Lyft
  4. Amazon
  5. Facetime
  6. Augustana Learning Lab
  7. Meeting of Minds conference
  8. CareNexion from Senior Community Services
  9. Minnesotahelp.info testing user ratings
  10. Telehealth – Skype (Good Sam), phones, robotics
  11. PACER Center now a resource for IT for older adults with disabilities
  12. User interface at Grandcare at Knute Nelson (Red Wing area)
  13. State Services for Blind as resource (Path App)

- Policy Steps
  1. Net Neutrality – contact federal reps through 12/14 for public comment
  2. Balance between regulation and innovation
  3. Expand Broadband access and affordability through state legislation
  4. Insurer/public coverage of technology as healthcare solutions
  5. Free access for IT support
  6. Reimbursement for virtual medical care
  7. Skilled technology workforce needed locally to support home tech services and products
Paid Caregiver / Direct Care Workforce

- Wants/needs of person receiving quality care
- Quality and cost of service
- How to balance fair payment and affordability
- Demographic realities – caregiver ratio – labor force issues
- Labor force projections show no growth until 2030. How do we meet care needs?
- Type of work – low skill/low pay/quality position
- Living wage
- Equity for workforce population – immigration policy issues
- Making caregiving an attractive position for workforce
- Additional supports / enticements for worker
- Education clients about workforce and diversity – building trust
- Direct caregiving service direction from direct caregiver (LPN/SW/RN) towards MD instead of MD to LPN/RN
- Expanding what we do with MSHO (MN Senior Health Options)
- Use of technology to maximize workforce in providing care and supports – especially in greater MN
- Bluestone model
- We have pulled RNs/LPNs out of direct care to do care coordination for chronic patients – need to keep LPNs/RNs in direct care (this is due to billing/reimbursement)
- Education credits not transferable (have to start over – CNA credits not transferring to LPN/RN programs)
- Inability to staff complex care with home care services
- How to ensure safety for staff when working with clients (especially in high risk communities). Technology to help? Use to have 2 staff go in for home care.
- Anti-racism work with clients
- Language and literacy with direct care workers
- Pay inequities/needed incentives to have RNs/LPNs stay
- Make working with older adults attractive
- Amount of paperwork required for direct service providers is driving them out
- Lack of direct caregivers in assisted living and elsewhere
- Looking at regulations and scope of practice – who is allowed to do what and be reimbursed
- Community health workers – train the trainer model to educate caregivers and resource navigation
- PCA – paid family members but not paid for all the hours of work
- How do we work with academic institutions to have clinic individual options (i.e., home care) – be part of solution to recruit and teach nursing (nursing staff to teach)
- How to entice people to leave well paying job and take low paying or stay in a job that’s paid low
- Workforce has multiple jobs or students doing as extra
• Easier path to become LPN or RN – move CNAs upward
• Who is training CNAs with collapse in LPN/RN levels?
• So many PCA agencies – not paying staff timely or at all
• What do we mean by paid workforce? How broad? Include housekeeping, chores
• Rural MN – aging faster, less staff, transportation for workforce and workforce not wanting to move there
• Loan forgiveness and other education levels (SW, MD, CNA, RN, LPN)
• Labor protections/unions – pay inequities between certain unions (senior mobility driver contractors vs union metro transit)
• Efforts to promote non-trade care (reflexology, acupuncture)
• Overtime limitations/exemptions
• Housing limitations and lost
• Onsite child care/subsidy for staff (want to work more but will lose subsidy)
• Reimbursement from payer source – too slow, lacking
• Burnout for staff in difficult jobs
• Benefits/guaranteed PTO

Transportation

• Elements
  1. Flexibility
  2. Access
  3. Affordability (provider, rider/consumer)
  4. Accessibility
  5. Liability and safety
  6. Remove state agency silos – funding
  7. Geography
  8. Respect
  9. Training
  10. Human interface/assistance
  11. Destinations
  12. Solo seniors who need assistance
  13. Purpose – to decrease isolation
  14. Quantity
  15. Technology
  16. Time
  17. Not consumer friendly – better way needed
  18. Do we understand needs?
      And are we thinking about how other services will be delivered that way change need for transportation/types/etc.
  19. Appropriate use of transportation related to urgency

• Equity
  1. Put money into consumer’s hands – consumer empowerment
2. Language barriers
3. Cost
4. Availability
5. Geography
6. Accessibility
7. Dignity/respect
8. Limitations caused by rules (Metro Mobility blacklisting)
9. Payer source
10. Cost of service
11. Complexity in use and application – understanding programs
12. Ageist cost structure
13. Type of trip
14. Sourcing
15. Resources
16. Not holistic (medical model now)
17. Risk aversion – trust in systems
18. Education and training about access and use
19. Training – aging issues – diverse people

• Models
  1. Circulator buses (DARTS Dakota County, Brainerd ride schedule, vice mass, text)
  2. Volunteer drivers (rural MN, suburban metro)
  3. Localized
  4. Fixed route
  5. Ride mentoring
  6. ADA constrain or make service delivery overly complex
  7. Federal repository of models – grant funded
  8. Coordination of existing vehicles
  9. Mobility management – broker lowest cost
  10. We-Cab – suburban model
  11. Volunteer drivers using own vehicles
  12. Medical rides
  13. Unsure of technology – opportunity?
  14. Metro Mobility – Arrowhead Transit, etc.
  15. Older adults donate care – credit for rides
  16. Point to point works
  17. Wheelchair
  18. Coordination for events workers – Little Brothers
  19. Dial a Ride
  20. Ride sharing
  21. Silver Uber – caregivers pre-pay
  22. Go-go grandparent
  23. Shared vehicles

• Policy
1. Policy to support and fund come get me type simple services for consumer defined needs
2. Need simplification
3. Volunteer drivers (IRS rules)
4. Increase IRS volunteer driver rate to business rate
5. Leverage need or use of transportation to define and meet other needs
6. Comp Planning underway in metro and other areas – opportunity to focus 10 years
7. Reimburse unload/no load miles in Medicaid
8. Liability – barrier to innovation and partnership
9. Coverage for companion rides
10. Variance from municipality to municipality
11. Write off taxes/financial incentive to be self-sufficient (if appropriate)
12. Providers transporting passengers but not feeling equipped to do so
13. Enhanced training – dementia, ADA, across the board – fairness

**Family/Friend Caregiving**
- Critical components
  1. Empowering families
  2. Understanding cultural impact
  3. Job flexibility to allow for job
  4. Cultural family unit
  5. Visibility
  6. Identifying as caregivers early on
  7. Expand beyond families - informal networks and build community
  8. Educating and training of caregivers including medical based
  9. Person centered
  10. Respite and relief across economics
  11. Cost to caregiver on all levels
  12. Changing our going beyond respite model
  13. Support groups – new ways
  14. Assessment and documentation to care team
  15. Critical information (easier to find info)
  16. Navigate community resources
  17. Different family dynamic – how it comes into play (long distance)
  18. Charge in negative perception
  19. Transparency – for providing support to vulnerable adults/caregivers
  20. Identifying transitioning caregiver role in family
  21. People leaving caregiving role assist with other caregivers
  22. Peer support
  23. Access to support
  24. Employer support
25. Unpredictability of journey
26. Education of the journey – opportunities to communicate
27. Transitions – easy access menu from online toolkit
28. Behavioral implications vs meds
29. Integrating caregiver in care team model
30. Public recognition/perceptions leads to respect of the role
31. Diversity of what/who a caregiver is
32. Quality of life vs medical model – engagement – holistic, social resources, quality

• Implications on Equity
  1. Rural vs. urban
  2. Know what community wants – and expectations
  3. Job flexibility (all wage levels)
  4. Social determinants on health
  5. Health equity - ethnic, LGBT, friends and families
  6. Incarceration
  7. Who can be caregivers
  8. High risk communities
  9. Income/eligibility for paid care
10. Formal or informal designation of caregiver (culturally based)
11. Medical model system – way it channels people not flexible – caregiver future finances are compromised
12. Gender inequities – many times falls to the female
13. Dual diagnosis
14. Who is expected to take the role
15. Single/solos

• Models
  1. Faith in action
  2. Living at home network – draws out community caregivers
  3. Form and informal – key components – pieces of models that are working
  4. Need training models working together
  5. Powerful tools
  6. Adult day
  7. Hospice model
  8. REACH
  9. Caregiver coach
10. Caregiver consultation
11. Angel wings
12. Financing model to replicate
13. FMC
14. Disease education models – replicate evidence base
15. Screening and training volunteers
16. Disability based models
17. Shared economy – Co-op
18. Memory café
19. ACT on Alzheimer’s
20. Wilder awareness campaign
21. Dementia friendly communities
22. REST – respite education
23. Crisis/overnight
24. Mini-respites – libraries
25. Community centers
26. Allina Care Coordination model
27. Intergenerational living
28. Grief counseling

• Policy
  1. Accountability
  2. Zoning
  3. Don’t tie own hands by regulation
  4. Build off the CARE Act
  5. Identify caregiver in Medicaid interview
  6. Tax credit
  7. Finance for transportation (vehicles)
  8. Employer/businesses – personnel policies
  9. Funding across the life span
 10. Increase community based within community health network

**LTSS Funding & Financing**

• Components
  1. Right mix of public and private – include new options especially in Medicare coverage of LTSS
  2. Some element of personal responsibility (e.g., CLASS Act)
  3. Enhanced role of ER – expand family benefits
  4. Right amount of services at the right time – enhance quality care – workforce pay
  5. Complete breadth of services – including social determinants/wellness – clearly define what is covered
  6. Simplify it
  7. Affordability – price, cost, private options to help pay LTS insurance
  8. Ensure affordable product-cover right services
 10. Alternatives to MA
 11. Ensure safety net – especially for those without resources
 12. Better recognition of end-of-life care
 13. Education/planning/awareness
 14. Decrease barriers (e.g., MA application)
15. Demographics – younger users – high utilizers
16. Legal issues (re: use of funding)

- **Equity considerations**
  1. Gender, race, language
  2. Additional minority populations in SNFs, increase in acuity here
  3. Different family structures
  4. Socio/Economic – maybe difficulty in access – including middle class
  5. Metro/rural access
  6. Differences in financial resources across populations
  7. Language
  8. Service provided should be culturally specific – culturally responsive

- **Policy steps**
  1. “Blow up” Medicaid/Medicare with vision
  2. Universal coverage/single payer
  3. Get lawmakers to see as a policy issue not a budget issue (regulation change needed – use right expertise/workforce)
  4. Lump all LTSS spending as one budget and then redesign
  5. Affordable private tools to help pay
  6. Recognize difficulty to inform without data
  7. Minimum wage – build sustainability workforce
  8. Look across full care continuum – capture full cost
  9. Fraud, waste, abuse prevention – proactive vs. reactive
  10. MA eligibility restriction