

# Medical Home

## NEWS

## MeHCA--The Model eHealth Community for Aging: Delivering Healthcare Services to Underserved Older Adults in Non-medical Settings

By Davis Park

**T**he Front Porch Center for Innovation and Wellbeing (fpciw.org) is a California-based nonprofit that explores innovative uses of technology to empower individuals to live well, especially in their later years. We believe that technology innovation has an important role to play in enhancing each individual's ability to "live life my way" in the place he or she calls home, and our goal is to harness technology solutions that support and enhance wellbeing and help each of us thrive in mind, body and spirit.

In 2011, we had the unique opportunity and privilege to embark on a comprehensive, multi-intervention technology initiative to put to test our values and perceptions of healthcare services, wellbeing, and aging. The Model eHealth Community for Aging (MeHCA) was one of 15 California eHealth projects funded by University of California, Davis and the California Telehealth Network (caltelehealth.org), with an equipment grant totaling more than \$250,000 from August 2011 to June 2013.

MeHCA was the only telehealth project that exclusively targeted underserved older adults, and its proposal to deliver these services in non-medical settings through technology -- affordable housing communities and community service centers -- constituted a new and emerging model of healthcare.

MeHCA introduced health interventions across two low-income housing populations (managed by Front Porch affiliate CARING Housing Ministries) and two senior centers (St. Barnabas Senior Services and the ERB Foundation) throughout the Greater Los Angeles Area. The goal of the project was two-fold: (1) to use broadband-enabled technology to proactively support health and wellness needs and improve access to care for an underserved population of seniors in Los Angeles; and (2) to empower a community of providers to extend existing business models and services to create a coordinated and comprehensive eco-system of health and wellness resources.

We enlisted the support of more than 20 partners in the MeHCA project that included affordable housing, community clinics, senior service centers, universities, health educators, technology companies, and aging services networks. With the support of project partners and a team of over a dozen volunteers, MeHCA provided services to more than 1,000 seniors in English, Korean, Spanish, and American Sign Language.

The project was divided into four areas of activities: (1) "Self-Health Knowledge"-digital/computer health literacy and cognitive fitness training; (2) "Big Screen Health"-video conference workshops to promote health and wellness education; (3) "Know Your Health!"-remote health monitoring of blood pressure and weight using mobile kiosks, and live tele-podiatry consultations; and 4) "Pass on the Paper" -- coordinating EHR implementation support for community clinics undergoing electronic record migrations.

University of California, San Francisco researchers produced a study highlighting the impact of this project on the community and its participants. Using pre- and post-intervention survey tools and the collection of focus group data, the study's results indicated high acceptance rates and satisfaction with MeHCA interventions among participants.

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Pre- and post-surveys revealed positive outcomes on measures of familiarity with and knowledge of several processes integral to utilizing online health resources. All-in-all, the MeHCA project demonstrated a high level of engagement with community members and providers.

During its first two years of implementation, 417 adults enrolled in computer and health literacy workshops that trained community members on reputable health-information websites. More than 1,000 participants attended culturally and linguistically sensitive video conference workshops on a number of topics that included cancer prevention, diabetes, chronic disease management, and depression. A total of 91 seniors across four communities participated in a remote patient monitoring study, and 42 adults participated in live telehealth consultations with a podiatrist over video conference.

Our researchers found that 88 percent of respondents either agreed or strongly agreed that they felt more knowledgeable about their own health after our workshops, and that the workshops were relevant. Participants, on average, also responded “yes, I think so” to the statement that tele-consultation was just as good as going to the doctor’s office, and most respondents said “yes, I think so” or “yes, definitely” to recommending tele-consultation to others. These findings and other responses lead us to believe that tele-consultation could be an appropriate, cost-effective, and accepted way for older adults to consult with health professionals from the comfort of their communities.

Older adults who participated in our remote monitoring intervention reported high levels of patient satisfaction. Recording their blood pressure readings at least once a week with the health kiosk, participants noted they were more aware of their health and took active steps to keep their blood pressure low through better dieting. And the convenience of taking their vitals in the comfort of their home or community was key. One person remarked, “Before RPM, every time I wanted to check my blood pressure, I had to commute from my place to Kaiser. It takes time and by the time I reach there, I am exhausted, and then my blood pressure is high.”

High satisfaction with the remote monitoring program also translated into tangible health benefits. Overall, participant blood pressure readings by the end of the six-month pilot were significantly lower than at baseline.

Sustainability has always remained an important goal of the MeHCA project. While originally an equipment grant, the project’s aim was to build an infrastructure that enabled new opportunities to leverage our learnings and partnerships. The project has, for example, provided us with the context and experience to pilot a small study on telemental health, underwritten by the LeadingAge Innovation Fund and evaluated by a University of Southern California researcher.

Targeting 30 older adults across three affordable housing and senior service communities in English, Korean, and Spanish, the MeHCA project is currently wrapping up a pilot to test telemental health services for people experiencing depression, drug/alcohol abuse, and other mental health conditions. Using mobile tablet computers and video chat software, participants connect with therapists and counselors over an average of 10 weekly sessions in the comfort and privacy of their own home or community location. The preliminary results are hopeful, reflecting high levels of satisfaction and engagement with the telehealth service.

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This ambitious project certainly hasn’t been without challenges. Cultural and language barriers introduce a complicated and myriad set of issues that require our attention. If there is one thing we’ve learned from this project, it’s that one must commit the resources to ensure successful adoption and engagement for these important programs, and to seek out partners familiar with the communities. The availability and affordability of quality broadband necessary to enable and deliver most of these services remains a key problem, even in a large city such as Los Angeles. These are certainly difficult barriers to the delivery of care to an underserved, aging population, but they don’t come close to the challenges we will face if we don’t begin taking advantage of telehealth initiatives and the broadband-enabled tools we have at our disposal.

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