

Risk Insights: Senior Living & LTC

Episode 7

Mitigating risks through effective and efficient technology implementation

Welcome to the *Risk Insights: Senior Living & LTC* podcast, hosted by Tara Clayton with Marsh's Senior Living & Long-term Care Industry Practice. Each month, Tara, a former litigator and in-house attorney, speaks with industry experts about a variety of challenges and emerging risks facing the industry.

Tara Clayton:

Hello and welcome to Risk Insights: Senior Living and Long-Term Care. I'm your host, Tara Clayton. In today's episode, I'm joined by two industry experts to discuss the growing and evolved technology for the senior living and long-term care industry, the importance of technology and sustainability in areas that risk managers and providers should be thinking about when considering or implementing technology. To get into our discussions, I want to welcome the industry experts joining me today. First, we have Liz Jensen, the Clinical Director at Direct Supply Innovation and Technology Center in Milwaukee, Wisconsin. Hey, Liz, thanks for joining us.

Liz Jensen:

Hey, Tara. Thanks for having me.

Tara Clayton:

And we're also joined by my colleague Doris Fischer-Sanchez, the Senior Vice President, Clinical Risk with

the Marsh Senior Living & Long-Term Care Industry Practice. Hi, Doris, thanks for joining again.

Doris Fischer-Sanchez:

Thank you, Tara.

Tara Clayton:

Before we get started into our topic, Liz, can you tell our audience a little bit more just about your background and your role at Direct Supply?

Liz Jensen:

Thanks, Tara, and I'm happy to be here. I've been with the Direct Supply team for about 10 years, but I've been a nurse in the long-term care sector for about 35 years. And my role at Direct Supply is kind of unique as a nurse. I work with our technology designers, our product developers, and then a number of startup companies in the tech space that are looking to get into senior care. And so I get the chance to help connect them to other providers that are delivering care and services and making sure we try to get the voice of the end user into their development cycle as early and as often as possible.

Tara Clayton:

Great. Thanks, Liz. I know you're going to have some great insights for us today on this topic. And then Doris, I know you've joined us on the podcast before, but can you give us just a little bit about your background and your role at Marsh's Senior Living and Long-Term Care Industry Practice group?

Doris Fischer-Sanchez:

Happy to Tara. My background is that I'm also a nurse. I'm a psychiatric and family nurse practitioner by training and practice. I've been with the senior living practice now for a little over a year, but have extensive experience in healthcare as well as a great interest in how technology is affecting healthcare and the senior living industry sector, particularly in the areas of the care that we provide to residents.

Tara Clayton:

Awesome. Thanks, Doris. Liz and Doris, I know collectively the three of us have had a number of

conversations with various industry partners about the kind of, what I'd say is continued evolving and growing use of technology in senior living and long-term care. But I think it's fair to say historically our industry has not been at the forefront at the use or adapting the latest, greatest technology that's out there in the broader healthcare space. But my view is we've seen a shift in that narrative with the use of technology in senior living and long-term care, largely in part due to the pandemic. But I'm curious from your perspective, and maybe Liz, I'll start with you. What are you seeing? What have you seen over the last three to four years related to using technology in senior living and long-term care?

Liz Jensen:

Yeah, I would agree with you, Tara. We have seen a real uptick. When we look at what the data from the CDC shows about the surveys that they do to understand adoption of electronic health records, for example, we definitely have seen an increase in the number of what they call residential care facilities, but which encompasses assisted living in the US — and the adoption of EHRs in particular into that space — from their data shows that from 2016 to 2020, on average, the percentage of adoption increased from 26% up to 41%, and it's significantly higher for larger communities that are more than 50 beds. And so we are definitely seeing that adoption. But to your point, I do think the pandemic really accelerated further adoption and of all sorts of things for telehealth, tablets, different kinds of sensor technologies, engagement technologies to help with reducing isolation, just a plethora of things. And so I think it has been really, this is a good time to have this conversation because there really has been so much that's changed, I think, especially in the last few years.

Tara Clayton:

Understanding the changing dynamic, and I think, Liz, to your point, this is going to be what we're seeing on a go-forward basis, especially when it comes to creating sustainable ways for the industry to continue to grow and be available and provide services to the different residents across the country. Doris, I'll come to you next. Knowing this new frontier, new space that the industry's starting to take under their wing and grow and adapt and evolve into, what are some of the current challenges that the industry is facing? I mentioned from a sustainability standpoint, what are some current challenges that the use of technology could bring some benefits to help the industry on a go-forward basis?

Doris Fischer-Sanchez:

So some of the challenges that I see kind of dovetails back to what Liz was saying about the expansion of the use of tech and digital equipment and programs and applications within healthcare as the larger entity and senior living as a component of that in care. And the reason I'm focusing on that is because when we look at these tech pieces, at least the ones that I've seen in senior living, largely revolve around some aspect of the care of the resident. Certainly there's the financial pieces and the administrative pieces and so on. But when I look at implications for professional liability or general liability issues, I think about that on the care side. And so with that, a point that Liz made so eloquently is that it's a new horizon. And so while EMAR, the management of medication and electronic health records are pretty accepted, and we're used to that across the healthcare spectrum, we weren't necessarily so used to that in this particular area.

And so that's really in its continuing growth phase for senior care. And then on top of that, we're introducing other pieces of tech as well, where maybe in healthcare it was a little bit more of a marching step to first introduce computer order entry, and then the management of medications and electronic health, and then the remaining of what's going on with applications and programs and senior living is getting it all thrust at them at once. And to your point, Tara, about a frontier, I also, from a risk perspective, kind of look at it as a little bit of the wild west because we don't have a lot of policy or guideline or even organization, how are we bringing tech digital assistance, et cetera, into our organizations?

Liz Jensen:

Doris makes such a great point. I think that even though the data show that we've seen adoption, doesn't mean that it's been good. It's more it's all been, or it's all gone well, right? Or that there's been any kind of standardization of how that adoption has occurred in a number of the nursing executives in assisted living that I talked to, I think would agree that there has been a kind of stop and start of rollout over the years and maybe started with a singular module like medication management and then have continued to expand into other areas. But as a result, I think what that gives us is a complicated health record. Then maybe it's still a mixture of both some data as well as some paper copies as well. And I can imagine from a risk perspective, Doris, that as you think about providing

guidance or support for providers in putting that whole picture of their resident record together, that is very complicated because of that.

Doris Fischer-Sanchez:

The hybrid world that you're talking about, Liz does certainly present some interesting challenges for risk management, but I think part of this conversation that's so valuable is kind of giving us, as risk managers or whoever is handling the risk pieces for an organization, the awareness of what's all involved within one resident's record, if you will, and that it isn't just one or another. And that includes even from outside vendors that are coming into the communities, they're in that hybrid world as well.

Tara Clayton:

What are some other kind of high-level challenges that a risk manager really needs to get their arms around looking at the technology that's being implemented?

Doris Fischer-Sanchez:

Well, ideally for me, what I like to think about is instead of the five "why's" that we're used to asking within a quality or safety perspective, I like to think about why are we wanting to use a certain type of technology? When is it going to be used? Where? How? Who's going to use it? What's the data that's being produced from it, and does our policy and practice align with that? And when we look at someone like Liz and what she has to offer, that brings in a different level of maybe comfort or ability to coordinate with someone to give me a lot of those answers out of the gate. But as a risk manager, understanding and knowing those pieces ideally before the tech is ever introduced to the organization and then to the community that would speak volumes as to what might happen in the event of an incident. And me as an end user needing to go back and examine what might have occurred or what might have been involved with an unusual occurrence or an incident.

Liz Jensen:

Great point, Doris. I think I would echo that. You know, I think that we should always go into a situation where there's technology that's part of the care and services that are part of a community with this idea that everyone that's using and engaging with that technology has a different expectation for what it is that it's probably going to give them, right? And yet we get

excited about tech, and I've certainly seen that in providers particularly over the past five years. I think where there, there's been a lot of hunger for innovation in this space because we haven't, we've been a little behind other parts of the healthcare system, as well as assisted living really kind of coming into its own and realizing the role that they play in that continuum of services for our aging population. And the pandemic, I think really elevated that for sure, that and that recognition that this is not just a place that's like a hotel that I'm going to go in and get a few extra services, but this is actually a place that's serving and delivering on a care promise to the residents who are moving into the community.

So being really clear, I think, on what you're expecting the technology to deliver for you. And as a risk manager, if I put my risk hat on, I think understanding how other people in the organization are planning to use the data that's being collected, how they're supporting the implementation of the technology itself and what the technology vendor's value prop is, what are they promising that will be delivered? I think that there's been a, there's this generalized, I think, belief that tech, more tech is better. Tech is going to be kind of the salvation of our staffing problems or our occupancy problems or our revenue generating problems or our risk problems and what we're learning — by a lack of standards and so forth — but what we're learning through just being in the trenches with it is that it's actually not doing those things unless we're being thoughtful about it and really coming at it with a more organized approach on the provider side to have some good structure around it. It can add more, it can add more workflow issues, it can add inefficiencies to the workflow process. The data's still not super clear that technology can deliver on that improved quality outcome promise, either with reducing staff. And so there's a lot that we still have yet to learn about the efficient and effective use of tech, I think, in assisted living.

Tara Clayton:

Liz and Doris. One of the kind of areas and thinking through what a risk manager needs to consider, you know, you mentioned understanding the data and knowing that different users of that technology may have a different outcome or product that they want from the technology. And that makes me think about data. Obviously cyber risk, that's a big topic in the insurance side right now. What are some recommendations or

even just risk exposures that you guys have seen knowing that different members within a provider may be using technology differently, but what does a risk manager need to be thinking through and asking questions about as it relates to the data that's captured from the technology?

Doris Fischer-Sanchez:

Well, I think it has a lot to do with, first of all, application and vendor management. And when that vendor comes into your organization to present their digital product and the tech or equipment that may be associated with it, that you first of all hopefully have a seat at the table so that you understand — prior to this ever being utilized within a community — that you understand exactly what you just mentioned, what's its intended use, what's the data that's derived from it? What's the intended use of it, and who does that data belong to? So I think that all has a part to do with the contract. So even if you don't have that particular authority, certainly it's important that you have conversations with your CFO, COO, CEO, to let them know these are some of the indications that you have interest in, particularly if there's again, an incident on the back end because that's when you'll be asked to look at metadata and audit trails and understanding what data there is and how long is it retained and all of those kinds of things. What was the contribution potentially of the application, the program or the piece of equipment? So I think understanding what it is that this piece of technology is intended to do, number one for your organization, number two for the residents. And the reason I say it that way is because you have to know what's coming into the organization, and as I mentioned before, how and who is going to use it, and then of course what is its effect on the safety and quality of the resident care.

Tara Clayton:

I'd like to start thinking through how a company, knowing the benefits, but also the risk exposures that can come from technology, how should a company be thinking through, hey, this particular vendor's coming to us, this technology sounds great, how do they start getting their arms around whether or not this is a piece of technology that would make sense for their company?

Liz Jensen:

Yeah, I mean all of the things that you just shared, both of you just shared around the issues related to

protecting data, using data, what the intent is behind all of that, all of that is of a domain that should be of a responsibility to more than just one person in an organization. I think, or if you kind of step back a little bit and think from an organizational structure, historically in healthcare and in I think residential care assisted living, we've been organized in according to somewhat siloed levels of responsibility, so dining services, food services, wellness services, those sorts of things tend to have an organizational structure that is hierarchical and within a silo. The use of technology in an organization is, spans all of that. And I think that's where we're seeing, and as I talk to providers that are understanding the real value of having technology review committees or this cross-sectional, inter-professional group of people that are coming together to be on a committee together.

And that should happen at the corporate level, but also at the regional and the facility level as well, because the way that tech will be used and the data that's going to get used will be different at all different levels. However, there should be some themes. There are probably some themes that probably run through each of those lines. And so it really, it's fascinating when I talk to providers that have the "a-ha" moments that they're having in these conversations that there's not one person in an organization that will understand everything that needs to be understood about how that technology's being used or what the potential of it could be in any situation for the organization. But yet we've put a lot of that onus, I think, on the CTOs, on the CIOs to be the core person that's responsible for that.

So those are things that when we have providers that come to visit us at our Innovation and Technology Center, those are some things that we talk with them about is how are they thinking about organizing their tech review committees, and if they don't have them, providing some encouragement as to who are some people that could be a part of it. And I would encourage them, I always encourage them to make sure that they're including nursing assistants. There's representation from dining, housekeeping, nurses and then the residents themselves that are being potentially either using the tech or being impacted by the use of it too. And putting some organizational structure around it, almost as if you would a risk management committee or a QAPI committee, but that this group can really effectively evaluate and share their individual knowledge about what they know about either data security, the use of the data, and work together to

establish good infrastructure for how the data should be used in their organizations and obviously document all of that. I mean, I think those are kind of key things that can really help an organization feel more confident and comfortable about the tech that they're using and how they're using it.

Doris Fisher-Sanchez:

I think that enterprise approach is critical, and I think it's the proactive way of bringing in applications and programs into an organization. It can speak to, just Liz is so eloquently saying, the various entities that have skin in the game, everybody does. And so how much does it cost? Is it truly state of the art? Is it very user friendly? You have varying levels of people coming into our communities, many times agency people as well who are not necessarily part of our structure, but they have to work within it. And is that easily translatable? We have to keep in mind facilities. A lot of our buildings are 20 years plus, and we're talking about high-tech equipment that requires a certain level of capability just from the infrastructure piece. And so I think if you take a look at this from an enterprise perspective, as Liz mentioned, starting with corporate, but filtering on down through regional and community and having those representatives sit at the table will also maximize the opportunity for a particular product to see if it is even having the right type of value that you perceive it's going to have once you hear the realities.

Liz Jensen:

Yeah, Doris, those are such great points. You know, it's so interesting, I think. Even in my prior role before coming to Direct Supply, being asked as a nursing leader to give input into a technology, my background and expertise can look at it through the lens of the nurse and the nursing care that we're trying to deliver and the data and the outcomes we're trying to achieve. I don't have all that knowledge about all of the tech infrastructure or what would be a reasonable cost to put more WiFi into a building. Those aren't things that are within my scope of background or understanding. And yet the responsibility, I think that many feel that they have to have all the answers, right? Because you're sitting in the seat at the corporate office. The nursing executives that I work with now, I think I really encourage them to reach out and be vulnerable and say, yeah, I need help or we need to work together. I've seen the same thing with CIOs that are, they're trying to solve these problems through the lens of a business executive and looking at tech specs or the data that

they'll get out of it but may not understand the implications of the actual systems themselves and the data that'll get generated out of that from a care perspective or a risk perspective. So having those inter-professional groups and those committees is really critical to have that full picture.

Doris Fisher-Sanchez:

I think the other piece of this, too, is taking a look at the population that we serve and in this age group anyway, certainly families are very interested in tech and monitoring and such, but at the end of the day, the tech that we're providing or placing within a community, is it taking on more of the attention than the resident is receiving because staff has to, the learning curve or the implementation pieces or what have you are so kind of taxing that they're even less now able to have those interactions and meaningful relationships with residents. It's a question, and it's one that has to be addressed. I mean, a lot of organizations, certifying bodies, licensing agencies, are talking about ethics as well. And so are we able to explain to our residents what all of this tech is "doing for them" in a way that they, the recipient, find value? So there's a lot of unanswered questions that where we think the latest and the shiniest will make the difference, but at the end of the day, does it really?

Liz Jensen:

The whole issue of artificial intelligence is just at the forefront right now, especially with all of everything that's in the news with chatGPT and open AI and the search engines with Bing and Google and what all that means for the future. And I think that there are so many questions we don't have answers to yet. And the way that we've historically done business when it comes to providing care, making changes, and the amount of evidence, for instance, that we've needed in the past to maybe make a recommendation or a change to a care practice, all of that is getting accelerated and will be impacted by all of this. And so I think the more we, more we talk about it, the more we are open about the questions we have about it and what our expectations are, we just have to really be thoughtful about adoption and use of tech.

Doris Fischer-Sanchez:

You bring up another really good point, Liz, for me as well, and one I haven't mentioned yet, but I think first and foremost, we have to speak the language. We need to understand the terminology and the things that

vendors and developers are talking about in terms of what's the intended outcome and usage. We did mention data, but just the things like you're saying, predictive analytics versus AI, or is it in combination? And what's the intent of that, and how is it driven? Is it based individually for the resident, or is it just a program or an application that's been broadly developed? I mean, we don't know. We don't, unless we ask these things. And I don't think that everyone is going to offer that up unless we ask those questions. Who is asking those questions, however, always, and Tara mentioned that before, but that is the plaintiff's attorney. They're way ahead of the curve. And so it behooves us particularly as risk managers to understand both sides of the coin.

Tara Clayton:

How do you talk to providers who are implementing or have implemented technology and that continued go-forward process of getting the value out of the technology?

Liz Jensen:

Yeah, I mean I think that I can just share a little bit about, I conducted a survey as part of some research I was doing back in 2021, and I did a survey with chief nursing executives and seeking to understand what their priorities were for future investments and what was informing their priorities where they felt like there needed to be focus. And one of the findings that came out of that research suggested that nurse executives were really concerned, especially with what was happening during the pandemic, where I think the structure of how they'd thought about the rollout of tech, and let's talk specifically about electronic health records because I think that was, that's probably the commonality here, the common language, but that the model that was being followed was one of train-the-trainer model, looking for champions, looking for people who could be the trainer on site and then the vendor was training up those staff.

And that was kind of the model they were following as we saw an enormous amount of turnover and a lot of staffing agency use during the pandemic. The learnings that came out of that were that those champions left, and we didn't have a great way of getting another champion up and running very quickly. They lost visibility into what was happening in the facilities because they didn't have those champions that were there to help bridge the gap between the staff and the

corporate office. So I think some of the things that in the conversations I've had with these nurse execs help me understand that they're starting to think about those relationships differently between the vendors that they're working with and how they're providing and supporting ongoing implementation going forward. And I think that as I talked earlier about the role that the tech committee and that everybody, as Doris said, everybody's got some skin in the game that so do the vendors, so do these tech vendors.

They've got a lot of skin in the game about whether or not they're technology's actually doing what they want it to do and whether people are happy with what it's doing or not. And I think that that's really critical that ongoing, that organizations maybe take a step back a bit and reevaluate the relationships they have with their tech providers. And there might need to be some negotiation of some different support to make sure that their staff has the ongoing training and the ongoing support that they need and that the organization, the provider feels supported by that vendor as well. And so those are just some of the things I think I've seen and experienced and learned over the last few years in particular through the pandemic.

Doris Fischer-Sanchez:

I think that what keeps me up at night as a risk manager, or what would keep me up at night, would be taking on technology into communities and here to Liz's point, not having the staff to drive it. And what role did that technology piece kind of either replace or augment that without a driver, you've got it in place, you've got policy and now you can't utilize it and now sadly, something happens as well. And maybe on top of everything else, it's recorded. And so what can be good can also be detrimental. And so I don't feel like it's our role as risk managers to stop progress, but I think ours is to be the voice of reason and to at least know that what we're doing is bringing in tech that's been vetted that, particularly if I'm a mid-level or a smaller organization, that it's got some certifications behind it.

Hopefully it's a tech company that's been around for a while that has good interface with EHR or other type of technology in my community, and that it's easily trained so that if I have agency personnel, I know that they'll be able to work with it and that it adds value for the resident and the families that we're dealing with. And I could keep going, but as you can see, there's so much involved with this. And in a few years maybe these

won't even be pieces of conversation because everything will be interconnected and it comes with a certain type of program or application that's completely full service who knows what the end result is. Or we'll have electronic robots and such that are part of the monitoring and the technology that's devised onsite with communities. And I don't think that's farfetched. I think that might be coming sooner, sooner than we think.

But I think with anything else, it has to have value and it has to have meaning for the people that we serve. And so hopefully, ideally within some of these organizations, in addition to everyone else at the table, that maybe we also do a survey of residents to see if it's something they would even consider having. And the reason I say that is, and Tara and Liz, we, we've had a little bit of this conversation before, but we're always worried about chemical restraint and we're worried about physical restraint. And now as risk managers, we probably have to think about technological restraint as well.

Liz Jensen:

Doris, that point about technology restraint, can you talk more about that? That's a really interesting point.

Doris Fischer-Sanchez:

Yeah, so when we think about, I think about my background from psych, right? And we think about monitoring and so on, and we think about dignity and mental health in general. So if we have all of these electronic monitoring devices or monitors or alerts, where is my privacy? Where is my ability? Is this technology going to, I don't know, what's the limits? Am I allowed to get up? Am I allowed to come out of my room? Who's going to be calling and telling someone that I've done this or that in real time, but considerations based on what happened to my individual? Maybe I'm not a night sleeper. Maybe I want to get up, maybe, I don't know.

Liz Jensen:

Oh my gosh, Doris, that's such a great point. And probably one for, we could talk a long time about the ability of your own independent, having agency around your own, in choices related to tech use. And then when you live inside of a community, the need to have to be able to serve you well. And then we've got the payer aspect of it that's on that end of it too. And the payers that the Medicare Advantage plans that want to be able to better control the whole dollar spend and want to be

able to monitor everything that you're doing as well. And there's a lot, there's a lot for us to grapple with for sure. I think in going forward in the use of technology and what we are working towards, not only for the residents we're serving today, but for ourselves, I mean over the next 30 years. And for those who've come behind us, our kids.

Now is a good time, I think as a provider, where we're at kind of in the pandemic and knowing that the public health emergency's ending, will end this year. The implications that could have on certain telehealth services that potentially could be impacting residents who are in assisted living. But I think now is a good time for providers to reevaluate what they've implemented over the last couple years, to take a breath and ask themselves those questions of are the things we're using helping or are they hindering the outcomes we're trying to achieve? And sometimes less is more, you know, might be able to really hone in on a couple of things or maybe just really zero in on getting your electronic health record in place or really zeroing in on maybe areas where you've seen real value, for instance, like fall technology that you'd like to see in more of your communities. Those are things, I think it's just a good time to take stock.

Doris Fischer-Sanchez:

I think a technology risk assessment for every company is completely in line. I think that's spot on.

Tara Clayton:

Well, and to that point, I think Doris and Liz, again, this was a very high level discussion on a podcast. We can only get so into the weeds on the topic, but obviously there's a lot here when it comes to analyzing, implementing, continued implementation of technology, beginning with risk assessments, forming technology committees, and just all of the factors to think through the cyber exposure. So I'm going to kind of wrap up with saying, I hope to hear from both of you again through a webinar and some other thought leadership, would love to work with you guys. I think you have a lot of information that's helpful for providers as they're navigating, again, this new frontier of how technology really can be helpful is just thinking through with open eyes and educated, taking educated steps as you move through the process.

Again, thanks to Doris and Liz for joining today's discussion providing a high-level overview of the

benefits, but also understanding the exposures and how to think through implementing technology in the senior living and long-term care space. You can find additional information about technology and its utilization by visiting Direct Supply Innovation and Technology Center's website linked in the show notes. And, you can find more information on the impact of technology in senior living and long-term care on our website, including how to conduct a free cyber self-assessment to help identify your cyber exposure. I also wanted to make sure to flag for listeners that our Oliver Wyman and Marsh Senior Living and Long-Term Care 2022 General and Professional Liability Benchmark Report is now available. You can obtain a copy of this study at our website in the show notes. We'll have additional webinars and publications on this study so be sure to look for those communications. Finally, be sure to subscribe so you don't miss any future episodes. You can find us on your favorite podcast platforms including Apple and Spotify. As always, thank you so much for tuning in, and I hope you'll join us for our next *Risk Insight*.