

# In a Crisis, Lead with Person-Centered Care and Build Lasting Change

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Bruce Chernof, MD, President and CEO of The SCAN Foundation, dedicated to creating a society where older adults can access health and supportive services of their choosing to meet their needs. The Perspectives Series provides opinions and observations about transforming the way in which we age. Follow Dr. Bruce on Twitter [@DrBruce\\_TSF](https://twitter.com/DrBruce_TSF).

The current coronavirus (COVID-19) global pandemic is giving new meaning to the phrase “there are not enough hours in the day...” Rightfully so, the virus is the center point of almost all personal and policy discussions.

Everyone is facing unprecedented challenges, and Americans come to this experience from many perspectives:

- Older adults are at a higher risk if they contract COVID-19 and therefore isolated—often with minimal resources and at a distance from their loved ones and caregivers. Those with complex care needs are particularly vulnerable.
- Family caregivers who were already spread thin are now expected to do it all: taking care of family at a distance, homeschooling children, working from home, and more.
- Health care providers are struggling to get gear they need to protect themselves from contracting COVID-19 in the process of trying to care for people.
- Community-based service providers are being flooded with calls for information and assistance on all topics, from meeting food security needs to addressing inactivity at home, and the list goes on.

We at [The SCAN Foundation](#) stand with older adults, those with complex care needs, family caregivers, and the tireless health care and community-based organization workforce.

We are working closely with California leaders as they deal with the immediate effects of the pandemic. I'm also thinking long term—the learnings that come out of this experience and how the expeditious policy adaptations allowing health systems to respond to the COVID-19 crisis can create lasting change for people with complex care needs.

## Continue to lead with person-centered care

Experts predict, and I suspect, we'll be dealing with different phases of this crisis for several years. It's definitely not the time to forgo person-centered care. When a person's values and preferences are elicited at the beginning and a plan of care is put in place based on those values and preferences, health plans and all their medical providers are better-positioned to serve that person's needs, particularly during crises. The plan was always iterative—poised to address challenges brought on by a change in that person's medical condition, someone transitioning out of their care team, and even a shift in how to provide care within pandemic public health protocols. The rhythm of the care plan will certainly change – and addressing a person's worries related to their care is essential – but I'm confident that care teams can find ways to still honor people's preferences and tackle what matters most over the next days, weeks, and months.

## Use the crisis response to drive lasting transformation

People with complex care needs are at the most risk during this pandemic, and federal policies are evolving daily to respond to the current environment. In the last few weeks, the Centers for Medicare & Medicaid Services (CMS) has issued an array of waivers and rules creating [new flexibilities](#) that allow health systems to respond to the growing challenges brought forth by COVID-19. These flexibilities allow health systems to build off current capacities tested in recent years, as well as implement strategies that have never been done. For example:

1. [Telehealth](#) was slowly being tested and implemented with a restricted set of providers, but now is being used in new ways with [CMS funding telehealth for 80 additional services](#).
  - Older adults are at high risk of contracting COVID-19 and therefore isolated—often with minimal resources and at a distance from their loved ones and caregivers. Those with complex care needs are particularly vulnerable.
  - Medicare is now funding phone-based therapy for mental health services, which wasn't the case even a month ago.

- Home health providers are using telecommunications to monitor people remotely in ways that align with their preferences and plan of care.
2. [Home- and community-based services](#) can assess and deliver services in new ways to support social distancing and reduce risk of exposure for older adults.
- Nurse practitioners, clinical nurse specialists, and physician assistants can now order home health. This regulatory change is intended to remain in place.
  - Home health providers can assess needs and provide support remotely. This will require processes for determining who in fact needs a home visit, and what types of visits are considered essential.
  - Physicians can order home-based services (e.g., home-delivered meals, preventive services, caregiver support services) under the relaxed definition of “homebound” that now includes people staying home due to COVID-19.
3. [Medicaid Waivers](#), as well as a [blanket waiver](#) have been approved by CMS to give states the following emergency flexibilities and more.
- States can enroll out-of-state or new providers more quickly to be responsive to workforce demands.
  - Prior authorization requirements are temporarily suspended to reduce administrative burdens and respond to needs more quickly.
  - Some states are allowing care coordination to be provided remotely, and increasing the number of monthly billable hours for care coordination.

The next few months will be very difficult. However I’m seeing elements of short-term COVID-19 crisis solutions that can, and absolutely should, be leveraged for true transformation. Health systems that have focused on system transformation elements (e.g., care coordination, value-based purchasing, social determinants of health) in recent years are most ready to engage these flexibilities to best serve older adults and those with complex care needs—all the while leaning on person-centered care principles that keep the person at the forefront to guide us through these troubled waters.

*Related versions of this Perspectives were published by the Better Care Playbook on [April 2, 2020](#), and Next Avenue on [April 6, 2020](#).*