**Community-based Virtual Care for Vital Brooklyn housing**

**“Telehealth ready”**

Rationale: Virtual care services appeal to all individuals, regardless of mobility, health, or intellectual development. The shift away from strictly brick and mortar services has already begun and consuming many types of Health Care services (medical, behavioral, wellness) at home, virtually, will be the new norm. Preparing new residential construction to take advantage of this technology is as logical as preparing it for air conditioning or using low voltage lighting. It is the future. For high risk individuals, virtual care services can enhance quality of life, support independence and reduce ER visits and hospitalizations.

Examples of virtual care technology:

* E-Consult / teleconsultation: a synchronous, two-way video call between an individual and a provider, using a smart phone, tablet or laptop with a built-in camera. Superior to a phone call, far less expensive and onerous than traveling to a medical clinic or office.
* Remote monitoring: digital biometric devices (blood pressure /heart rate monitor, glucose monitor, scale, pulse oximeter) left in the home, used by the individual to take readings that are transmitted to dashboard monitored by a telehealth coordinator. Monitoring symptoms and intervening before they exacerbate, or catching negative trends, keeps people out of the ER.
* mHealth: which can range from wearables to track activity, to alerts, reminders to take medications or keep an appointment, and educational messages specific to the individual’s condition.
* Diagnostic telemedicine kits that are brought into the home by a “telepresenter” to enable the individual to be assessed and diagnosed by a remotely located provider.
* Sensor based systems related to activities of daily living (i.e., oven on-/off, front door open/close, body sensors for falls, etc)

**Arker Companies can make residences telehealth ready**

The fundamental aspect of making a residence telehealth ready is connectivity. Strong, stable internet and/or cell service is required to enable all of these technologies to operate. T**he optimal situation is wiring with Cat 5 or 6 low voltage cable directly from the router.**  This wiring enables leveraging many additional safety and efficiency capabilities including motion detectors, programmable emergency lighting, and much more.

An advanced consideration would be to install a tablet in each residence, loaded with applications that support telemedicine, monitoring, grocery ordering and delivery, pharmacy, sensors, etc.

**Telehealth Associates Inc. can provide community-based virtual care services**

Over the past 3 years, Telehealth Associates, Inc. (pending New York WMBE), developed and operated a telemedicine enabled urgent care and chronic care model using some of the technology described above. It was funded by a grant from the New York Department of Health for a special needs (intellectually and developmentally disabled) population and delivered very successful results that DOH would like to replicate and expand. As shown in the attached evaluation summary of the grant, we were able to demonstrate:

* 50% faster access to care with telemedicine visits
* Greater than 86% reduction in ER visits due to telemedicine virtual visits
* 25% reduced risk of cardiac events and 37% reduced risk of stroke for hypertension
* Significant reduction in utilization in medical and behavioral in-patient services
* Significant improvement in patient engagement with their health as a result of participation in the telehealth program.

**We can offer a similar program at no cost to the individual, for services that are reimbursable through commercial and governmental insurance.**

Here are some images and description of an application on the tablet used for virtual care.









