MARYLAND'S PARTNERSHIP TO DEMONSTRATE THE ROI OF EVIDENCE-BASED PROGRAMS

MARYLAND LIVING WELL CENTER OF EXCELLENCE

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CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR PATIENTS (CRISP)

Craig Behm, Maryland Program Director

Maryland Living Well Center of Excellence Who We Are/What We Do

Non-Profit Area Agency on Aging covering 4 rural counties on Maryland's lower eastern shore

- *Success in implementing CDSME at the local level resulted in 'hand-off' of statewide license and database from Maryland Department of Aging*

- *2015 ACL CDSME grantee as the Living Well Center of Excellence*

  - Partnership with Maryland's AAAs

  - Opportunities to contract with hospitals

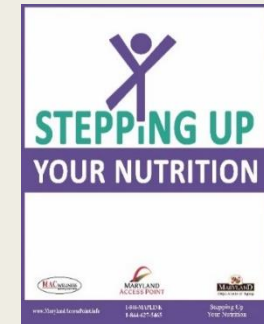 - Partnership with CRISP, Maryland's Health Information Exchange

Evidence-Based Programs

Walk With Ease

CHRONIC DISEASE
SELF-MANAGEMENT
EDUCATION PROGRAMS:
Cancer Thriving and Surviving
Chronic Disease
Chronic Pain
Diabetes
Home Toolkit
Spanish Chronic Disease Tomando
Spanish Diabetes Programa De Manejo

LWCE Services

- Statewide License for CDSME Programs: Chronic Disease, Diabetes, Pain, Cancer, Spanish Chronic Disease
  and Diabetes, CDSMP Toolkit and wCDSMP (worksite)
- Statewide License for Stepping On, EnhanceFitness, EnhanceWellness and PEARLS
- Statewide oversite for PEARLS
- Learning collaborative and trainings for CDSME, Stepping On and PEARLS
- Centralized referral, workforce certification and fidelity monitoring, and HIPPA-compliant training and processes
- EBP workshops on MDH statewide calendar/registration/referral website
- Quarterly reports on patient activation, engagement, and long term goals
- Participant satisfaction/engagement and quality assurance monitoring of leader competency
- Expanded consent to collect individual and population health outcomes
- Tracking of pre-/post- clinical measures

Maryland Hospitals receive a single payer, capitated rate and are required to provide population health

- CMS announced in 2019, Maryland will expand to an All Payer Model that will include outpatient **services.**

- **Maryland** will be the first state to be fully at risk for the total cost of care for Medicare beneficiaries.

- The Maryland Total Cost of Care (TCOC) Model, which is built upon the state's inpatient all-payer model, sets a per capita limit on Medicare total cost of care for the state.

- CMS said TCOC will save Medicare more than $1 billion by the end of 2023 and "creates new opportunities for a range of non-hospital health care providers to participate in this test to limit Medicare spending across an entire state."

Major Opportunities for CBOs Delivering Evidence-Based Programs

- Evidence-based Programs provide a unique opportunity to implement skill-building, behavior-change programming to mitigate, reduce and/or avoid hospitalization.
- Maryland healthcare partners are focused on their Return on Investment (ROI).
- Research outcomes on evidence-based programs are important, but organizations want to know about their own patients and costs.

Using Data to Tell Your Story

- Data is used to demonstrate long-term outcomes in hospital and ED utilization for individuals referred to EBP at 6-months pre- and post-workshop attendance.
- These reports provide the hospital and LWCE with real time information on changes in costs of care.
- Since all Maryland AAAs can become 'care providers', this opens the door to potential partnerships between AAAs providing EBPs and services and local hospitals, providers and insurers.

Using Data to Tell Your Story

11 Hospital Health System Results

200+ enrolled from April- December 2017
  67% participants reporting increase self-management
  69% participants reporting program satisfaction
  60% participants reporting weight loss
  64% participants reporting decrease in BP
  52% participants reporting decrease in % body fat

94 lay leaders trained, with 63% retention rate
Readmission/cost analysis currently underway (CRISP/claims data)

Using Data to Tell Your Story

- Local hospital increased budget for FY2019 CDSME, reporting that referrals from transitions of care nurses to EBP has resulted in **reduction in readmissions**

- Implementing Living Well with Hypertension and CDSME demonstrates controlled hypertension at an estimated cost savings per patient $460

- Depression Screening and enrollment into PEARLS results in an average $1100 savings in health care costs per patient

Patient-Specific Information demonstrates the value of prevention/self-management

The Maryland LWCE has an innovative partnership with a local hospital and the state's Health Information Exchange - CRISP (Chesapeake Regional Information System for Patients). **CRISP tracks patient admission/re-admission to all Maryland hospitals and Emergency Departments (EDs).**
Under our contract, LWCE is able to:

1. Embed referral to evidence-based programs (EBPs) and other nonclinical services;
2. Report patient engagement/enrollment/completion in EBPs;
3. Document provision of programs and services; and
4. Alert providers of patient's condition, gaps or needed services.

These reports provide the hospital and LWCE with real-time information on changes in cost of care.

CRISP

CRISP Partnership

- CRISP/Hospital/LWCE 6 month pre/post hospital and emergency department utilization after completion of evidence-based program (EBPs) to establish ROI.

- Partnering with CRISP to begin tracking Social Determinants of Health and referrals to EBPs and community-based services.

About CRISP

- **Regional Health Information Exchange** (HIE) serving Maryland, West Virginia, and the District of Columbia.

- **Vision:** To advance health and wellness by deploying health information technology solutions adopted through cooperation and collaboration

Service	Typical Week
Admit, Discharges from Hospitals and Ambulatory	4,200,000
Laboratory Reports Received	950,000
Received Transcriptions/Reports	200,00
Received Radiology Reports	160,000
Encounter Notifications Sent	620,000
InContext Requests for HIE Registry data	700,000
Delivery of Registry into EMRs	450,000
InContext Requests for PDMP Data	730,000
Delivery of PDMP Data into EMRs	240,000
Patients Searched	90,000
Patients searched in ULP Portal	65,000
Patients searched from an EMR	25,000
Images Viewed	350
New data sent to MPI	2,000,000

Core Services

1. **POINT OF CARE:** Clinical Query Portal & In-context Information
   - *Search for your patients' prior hospital records (e.g., labs, radiology reports, etc.)*
   - *Monitor the prescribing and dispensing of PDMP drugs*
   - *Determine other members of your patient's care team*
   - *Be alerted to important conditions or treatment information*

2. **CARE COORDINATION:** Encounter Notification Service (ENS)
   - *Be notified when your patient is hospitalized in any regional hospital*
   - *Receive special notification about ED visits that are potential readmissions*
   - *Know when your MCO member is in the ED*

3. **POPULATION HEALTH:** CRISP Reporting Services (CRS)
   - *Use Case Mix data and Medicare claims data to:*
     - Identify patients who could benefit from services
     - Measure performance of initiatives for QI and program reporting
     - Coordinate with peers on behalf of patients who see multiple providers

4. **PUBLIC HEALTH SUPPORT:** Partnerships with Maryland MDH, District of Columbia DHCF, and West Virginia through the WVHIN

5. **PROGRAM ADMINISTRATION:** Technical and administrative support for Care Redesign Programs

Key Data Elements and Architecture

1. Real-time visit notifications (ADTs)

   – *Show events for patients as they progress through the continuum of care*

2. Master Patient Index (MPI)

   – *Link patients in disparate systems together based on probabilistic matching*

3. Provider Panels

   – *Track health care relationships to send ENS alerts, create more transparency across programs, and audit CRISP search activity*

4. HIE Registries

   – *Provide critical information in fast, scalable, and flexible ways*

5. Clinical Documents

   – *Display patient health information from multiple sources*

6. Administrative Data Sets

   – *Enable CRISP Reporting Services and Total Cost of Care Model support*
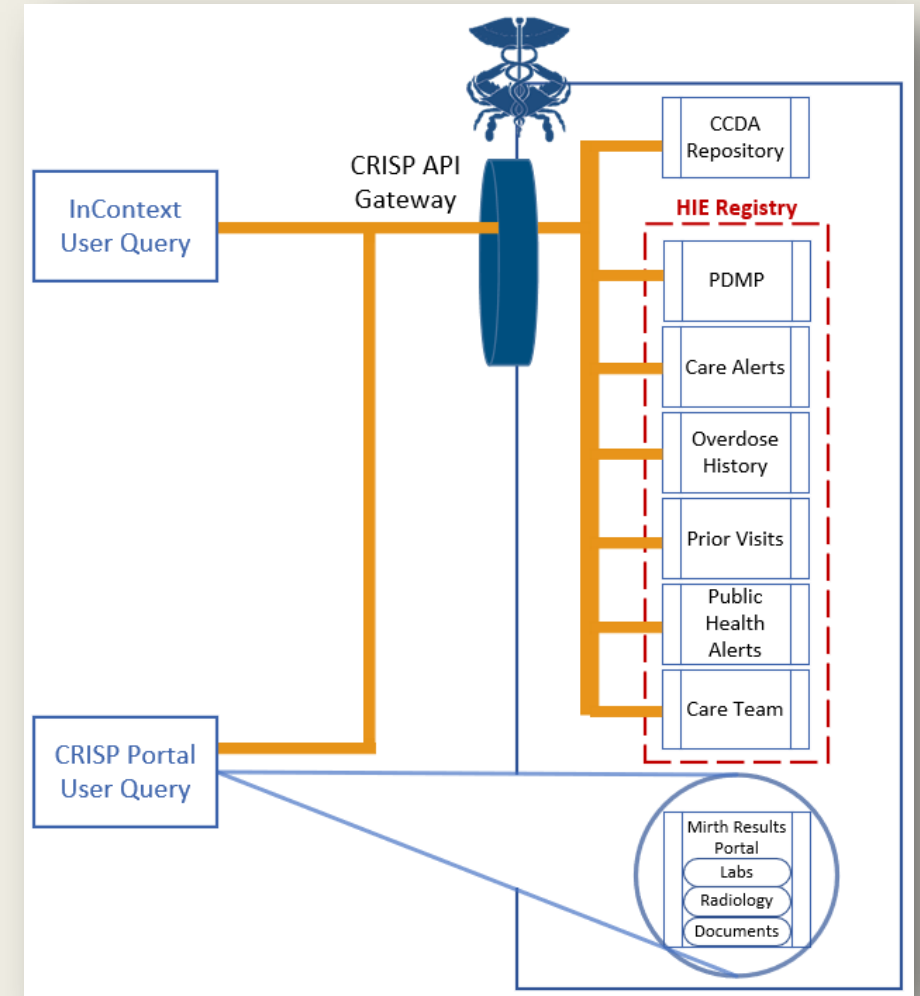
Service Example: Patient Snapshot

- View of critical patient data including care alerts, care teams, and prior visits with customizable widgets

Service Example: Encounter Notification Service

■ Real-time or batch alerts to appropriate providers based on treatment and care management relationships

InContext Program Information

QUESTIONS?

embodied labs

From Safety Goggles to Virtual Reality Headsets
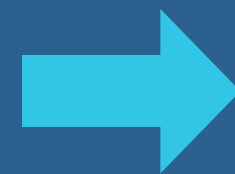
OUR VISION

A world where every member of the care team is **heard, equipped, & valued**.

THE MISSION

We activate transformational **cultural change** in long term care, home health, government, non-profit, and academic organizations by changing the way professional and family caregivers view — and care for — older adults.

EMBODIED LABS AT A GLANCE

As an Embodied Labs subscriber, your organization has received an out-of-the-box all-in-one solution that includes:
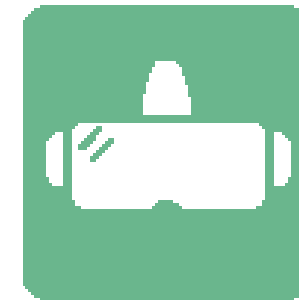
A hassle-free VR Kit

Platform & VR Content

Support & Services

EMBODIED LABS LEARNING FRAMEWORK

prepare

Get ready for your VR experience

embody

Have an embodied experience in VR

reflect

Talk about what you know, feel, or understand better

apply

Use what you learned in real life

OUR PLATFORM & VR CONTENT
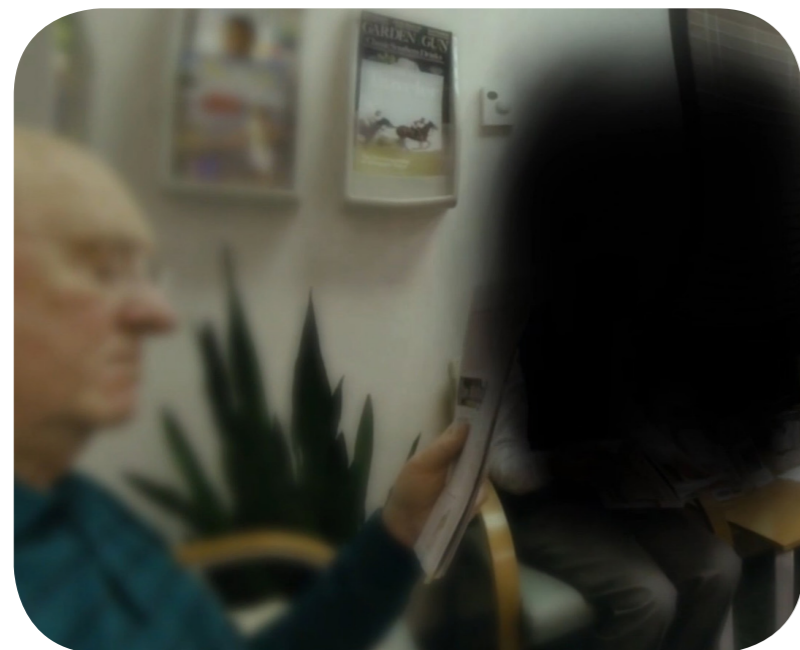
The Alfred Lab
Hearing & Vision Loss

The Beatriz Lab
Alzheimer's Disease

The Clay Lab
End of Life Decisions

Up Next in 2018-2019:

Lewy Body Dementia,

Transitions to Senior Care,

& Parkinson's Disease

Interactive, immersive narratives that are grounded upon patient and subject matter expert input.

WHY VIRTUAL REALITY?

1. Transport to any perspective
2. Switch back and forth between perspectives
3. Time travel, rapidly!
4. Scale between micro & macro
5. Trick your brain into living "real"experiences
6. Immersive learning that combines embodied learning & cognition.

INDIVIDUAL VS. GROUP MODE

Use individual mode when:

- It is vital that each person understands each learning outcome from having an Embodied experience

- There is time for everyone to have 15 minutes per modules

- You have a quiet environment
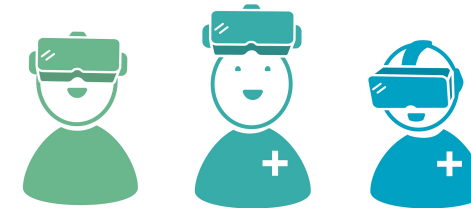
Use group mode when:

- It makes sense to have one person "drive" the embodied experience and the others watch

- You have time constraints that will not allow time for each person to complete a module.

- You have a somewhat noisier environment

Details at: www.embodiedlabs.com/customer-portal password: "portal"

USE CASES

Marketing

Family Education & Outreach

Caregiver Education & Training

Gain perspective, join the movement.

RIGHT NOW

- Senior living communities
- Home health organizations
- Academic libraries
- Located in the US, UK, Ireland & Australia
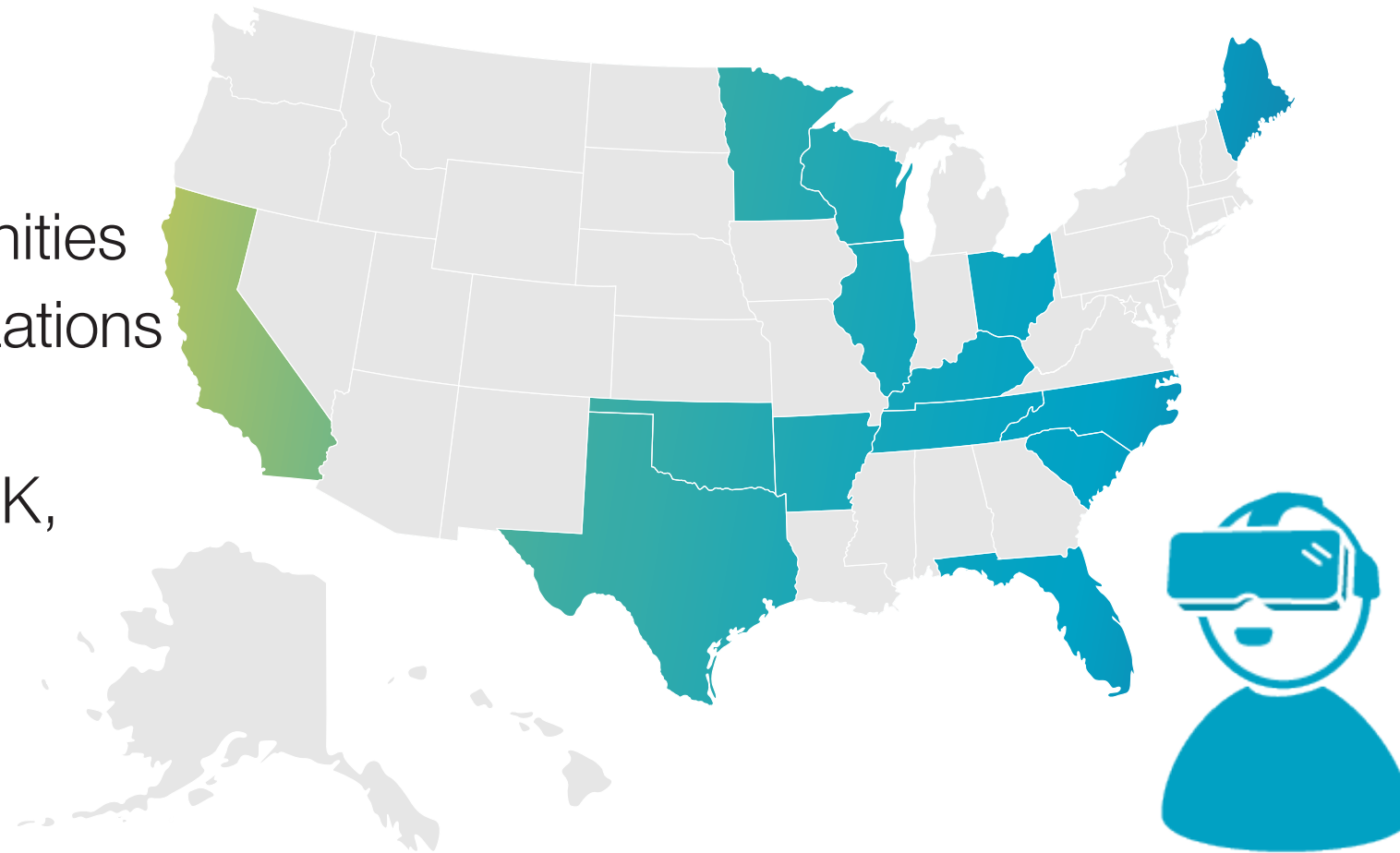
THE FUTURE

- Hospital systems
- Public libraries
- Community centers
- VR is widely adopted & available directly to caregivers everywhere

With **2000** care partners, **14** states, and **4** countries, Embodied Labs has helped:

↓ **Ageism and negative stereotyping**

↑ **Understanding of conditions that impact our elders**

↑ **Care practices across the globe**

RECOGNITION

EDSiM

EDSim Challenge

Finalist
1 of 5 in the Nation

United States
Department of Education

UnitedHealthcare

**Caregiving for Dementia
Challenge**

**Most Viable
Solution**

openIDEO
AARP

AARP

**Caregiving & Innovation
Challenge**

1st Place

SILICON VALLEY
BOOMER VENTURE
Summit

Professional Caregivers

"**Embodied Labs connects the head with the heart.** It's the connection between what we learn in our training and how we should treat people as we care for them in practice."

*Staff Member
Nurse Care North Carolina*

Trainees

"The VR experience helped me not only understand disease processes better, but **understand what a patient goes through.**"

*Nursing Student
CSU Channel Islands
Nursing Program*

Family Members

"**I was moved by how you're enabling people to learn.** After Beatriz's story, I sat, stunned. My mom passed away in January (dementia) and I wish I could've better understood her experience."

*Family Member
of Memory Care Resident*

embodied labs

21st Century Community Based Organizations Maximizing Technology to Drive Efficiency and Better Outcomes

Part of the Aging and Disability Business Institute Series- a collaboration of n4a and ASA

September 18th , 2018 ASA Roundtable Washington DC

Aging and Disability
BUSINESS INSTITUTE

The "Business Institute"

The mission of the Aging and Disability Business Institute (Business Institute) is to successfully build and strengthen partnerships between community-based organizations (CBOs) and the health care system so older adults and people with disabilities will have access to services and supports that will enable them to live with dignity and independence in their homes and communities as long as possible.

www.n4a.org/businessinstitute

Aging and Disability
BUSINESS INSTITUTE

Partners and Funders

Partners:
- National Association of Area Agencies on Aging
- Independent Living Research Utilization/National Center for Aging and Disability
- American Society on Aging
- Partners in Care Foundation
- Elder Services of the Merrimack Valley/Healthy Living Center of Excellence

Funders:
- Administration for Community Living
- The John A. Hartford Foundation
- The SCAN Foundation
- The Gary and Mary West Foundation
- The Colorado Health Foundation
- The Marin Community Foundation

Aging and Disability
BUSINESS INSTITUTE

21st Century Community Based Organizations Maximizing Technology to Drive Efficiency and Better Outcomes

Ginna Baik is Senior Care and Aging Technology Strategist and practice leader for CDW Healthcare, a leading provider of technology solutions for healthcare organizations nationwide. Baik is responsible for leading CDW Healthcare's strategic business initiatives in the senior care market, defining the necessary technology solutions for senior care providers. She builds creative solutions and innovative practices that enable older adults to engage with technology for better quality of life and longevity, and serves as a trusted advisor to leading Senior Living Communities and Aging Providers to best care for their residents and set themselves apart through the use of technology

Objectives

- Participants in this webinar will better understand the industry technology trends impacting community based organizations (CBOs).
- Participants in this webinar will be able to identify the three fundamentals in developing a technology strategy.
- Participants in this webinar will learn how to prioritize and organizations needs in order to prioritize technology solutions along a phased approach.
- Participants will learn how to develop an RFP process for their organization

Aging and Disability
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Technology Trends

Virtual reality experiences that drive improved outcomes in elder care

embodied labs

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Millennials lead on some technology adoption measures, but Boomers and Gen Xers are also heavy adopters

% of U.S. adults in each generation who say they ...

Own a smartphone

- Millennial Born 1981-96 — 92%
- 85 Gen X Born 1965-80
- 67 Boomer Born 1946-64
- 30 Silent Born 1945 and earlier

2011 · 2018

Own a tablet computer

- 45 · 64
- 34 · 54 · 52
- 31 · 17 · 25

2010 · 2013 · 2018

Use social media

- 81 · 85
- 64 · 75
- 40 · 57
- 15 · 23

2005 · 2012 · 2018
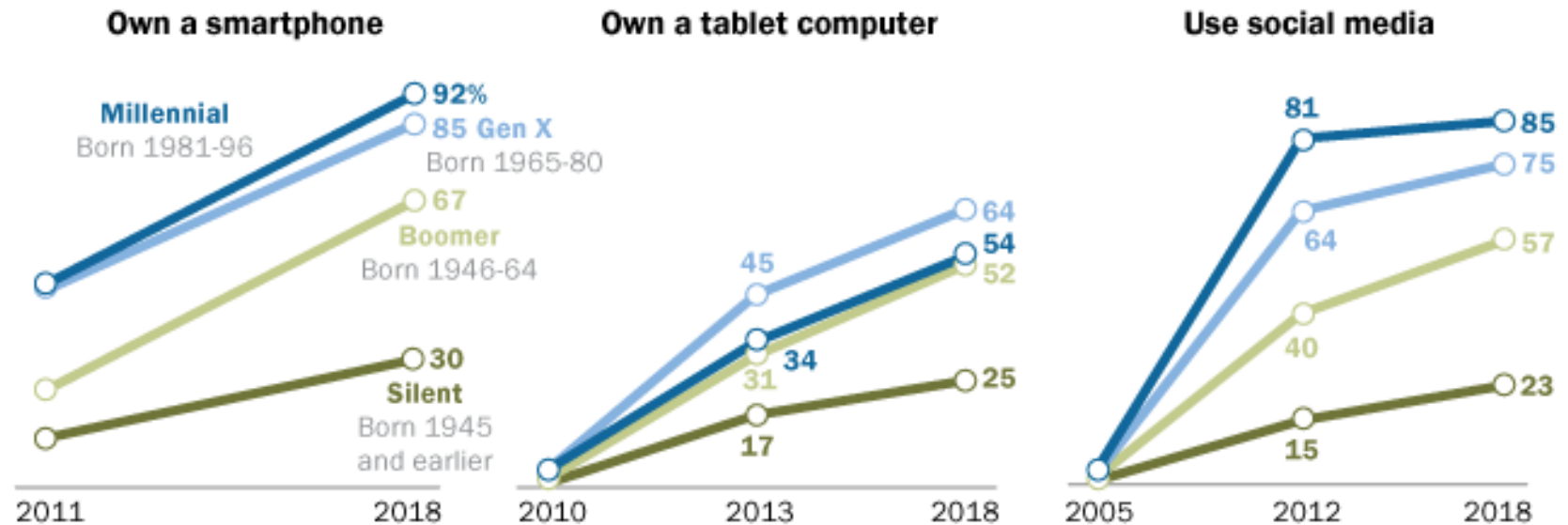
Source: Survey conducted Jan. 3-10, 2018. Trend data are from previous Pew Research Center surveys.

PEW RESEARCH CENTER

CDW HEALTHCARE

Aging and Disability BUSINESS INSTITUTE

Internet Usage

67% ⟵ ⚠ CAUTION DIGITAL DIVIDE ⟶ **97%**

Secret to living Longer-Better Protected
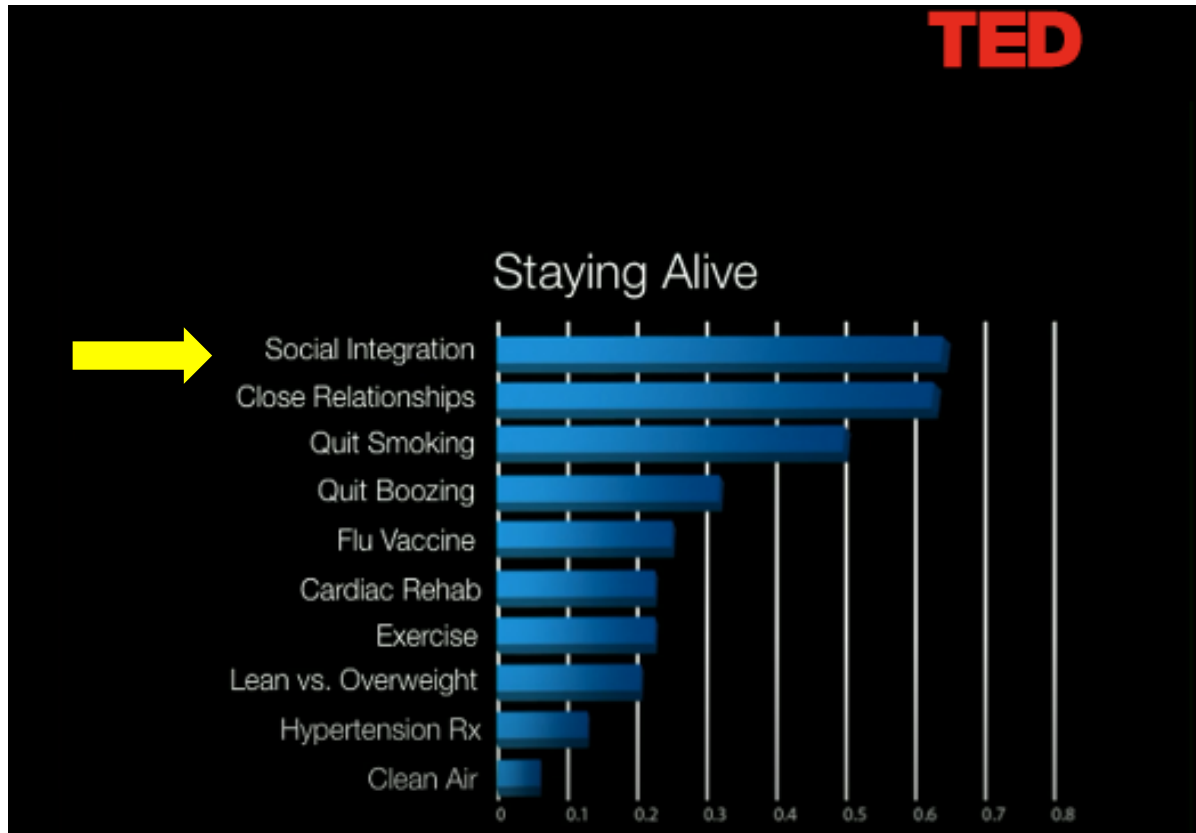
"Face to face contact brings a cascade of neurotransmitter, lower cortisol, oxytocin, and dopamine" evidence from U of Maryland study

Ted Talks 2017: Susan Pinker https://www.ted.com/talks/susan_pinker_the_secret_to_living_longer_may_be_your_social_life#t-592223

25%-30%
of those 65 &
older
live alone

1 in 2 Grandparents live 100+ Miles Away from their Grandkids

AARP Grandparents Study March 2012

Social and Purpose Lead Adoption

The #1 reason that aging adults use technology today is to **stay connected with their families.**

Internet use and broadband adoption among seniors varies greatly by age, income and education

% of U.S. adults ages 65 and older who say they use/have the following ...

Roughly three-quarters of internet users ages 65 and up say they go online daily

% of U.S. internet users who say they use the internet ...

Legend: ■ About once a day ■ Several times a day ■ Almost constantly

	About once a day	Several times a day	Almost constantly
Ages 18-29	6	47	41
30-49	7	50	31
50-64	14	48	19
65+	17	51	8
65+ smartphone users	14	65	12
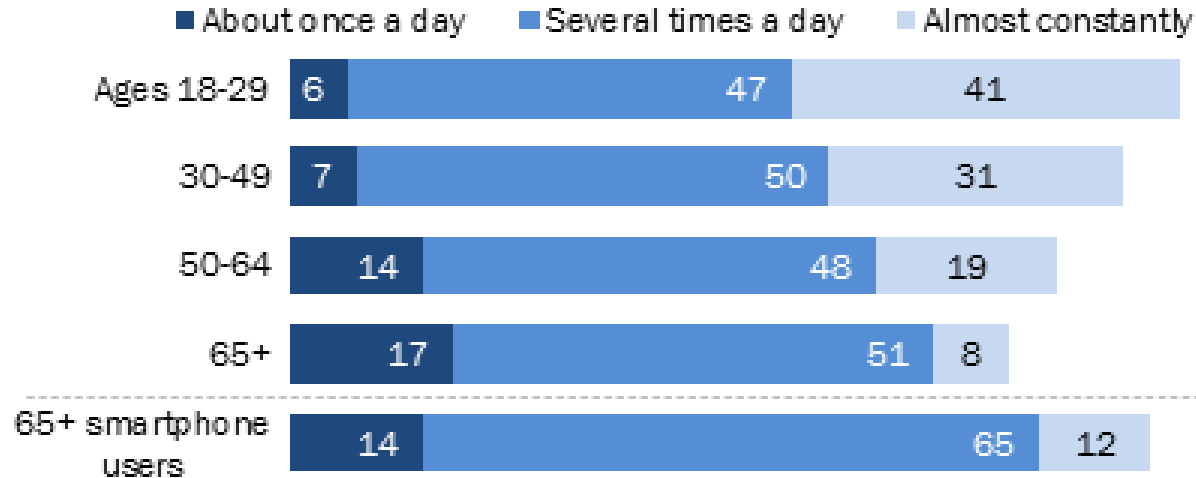
Source: Survey conducted Mar. 7-April 4, 2016.
"Tech Adoption Climbs Among Older Adults"

PEW RESEARCH CENTER

Disabled Americans are less likely to have home broadband, tech devices

● Any disability   ● No disability

	Any disability	No disability
Desktop or laptop computer	61	81
Smartphone	58	80
Home broadband	57	76
Tablet	36	54
All of the above	25	42

0   20   40   60   80   100

Source: Survey conducted Sept. 29-Nov. 6, 2016.

PEW RESEARCH CENTER

Regardless of age, disabled Americans are adopting tech at lower rates

% of U.S. adults who say they have ...

	Ages 65+			Ages 18-64		
	Any disability	No disability	Diff	Any disability	No disability	Diff
Desktop/laptop computer	50	66	-16	67	84	-17
Smartphone	32	45	-13	70	87	-17
Home broadband	36	57	-21	66	80	-14
Tablet	21	36	-15	44	57	-13

Silver Tsunami

Demographers estimate that **by 2050, the number of older persons in the world will exceed the number of young individuals for the first time in the history of mankind** – a shift that has already taken place in Japan, Italy, Germany, and other countrie
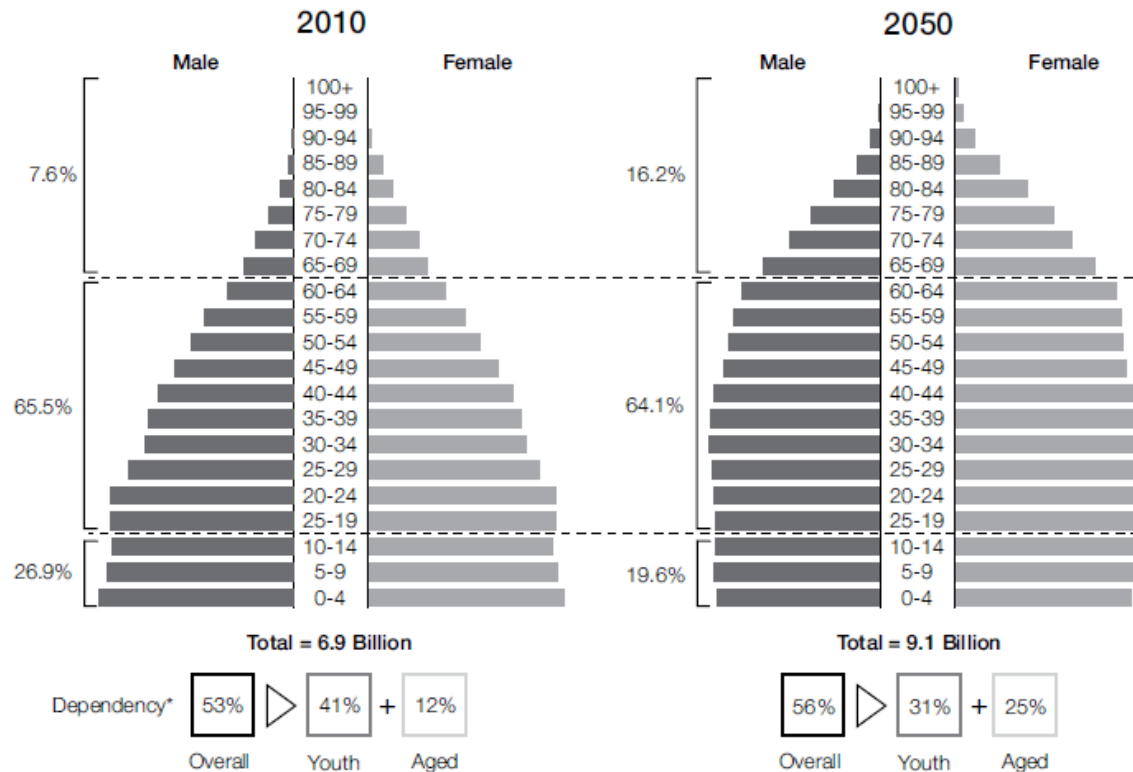
Caregiver Crisis

2016

7:1 The ratio of available caregivers between 45 and 64 to care for recipients 80+ years old.

2030

4:1 Due to demographic shifts, this ratio drops dramatically, triggering a need for new approaches to caregiving, including proactive services and prevention-driven self-care tools.[4]

According to another AARP report, there are fewer available family caregivers to shoulder the responsibility and burden of caring for aging family members.

Internet of Things (IoT)

Question 2:
What emerging technology will help manage the aging process the most? Total responses 396

Ad Hoc Survey done by IBM Global at SXSW

Robots / robotics
15% 59 responses

Mobile patient monitoring
19% 75 responses

Artificial intelligence
18% 73 responses

Smart homes (IoT)
38% 152 responses

Wearables
9% 37 responses

Kaiser CEO: Telehealth Outpaced In-Person Visits Last Year

52 percent of last year's patient transactions at Kaiser Permanente were conducted online, by virtual visits or through the health system's apps, CEO Bernard Tyson says.

Wearables

24 Hour Activity

Revision on U.S. Fitness Guidelines
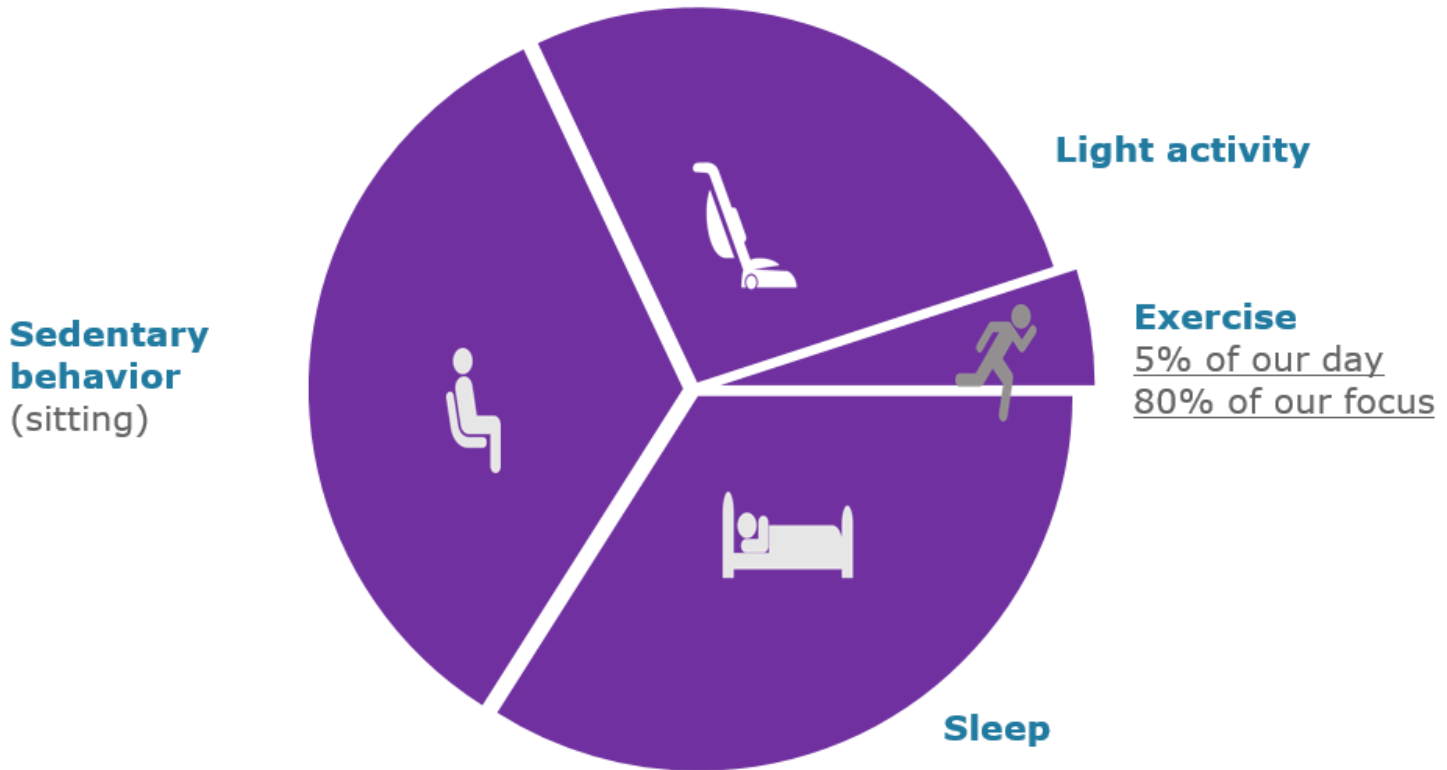
STANFORD CENTER ON LONGEVITY

Light activity

Exercise
5% of our day
80% of our focus

Sedentary behavior (sitting)

Sleep

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Wearables in Market designed for/by Older adults and adults with disabilities

'Easy, accurate, continuous vital signs monitoring at your fingertip.' The first cuffless, wireless, continuous, accurate blood pressure, heart rate, respiration rate and SpO2 monitor.

SensoSCAN®

SENSOGRAM
TECHNOLOGIES

Fall detection and vital signs monitoring that can ensure safe, independent living from anywhere in the world.

SensoSOS®

The ultimate in design and functional remote vital signs monitoring including: blood pressure, heart rate, respiration rate, SpO2, hydration and more.

SensoRING®

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Spectrum of Connectedness

Fully Integrated	Connected	Stand Alone

Fully Integrated

SmartThings Hub and Sensors

Breezie Tablet

Billy App on Samsung Galaxy S9

Connected

Connected Thermostat

Connected Light bulb

Connected Door locks

Connected Light switches

Stand Alone

Samsung Smart Fridge and Induction Cook Top

Voice First Devices
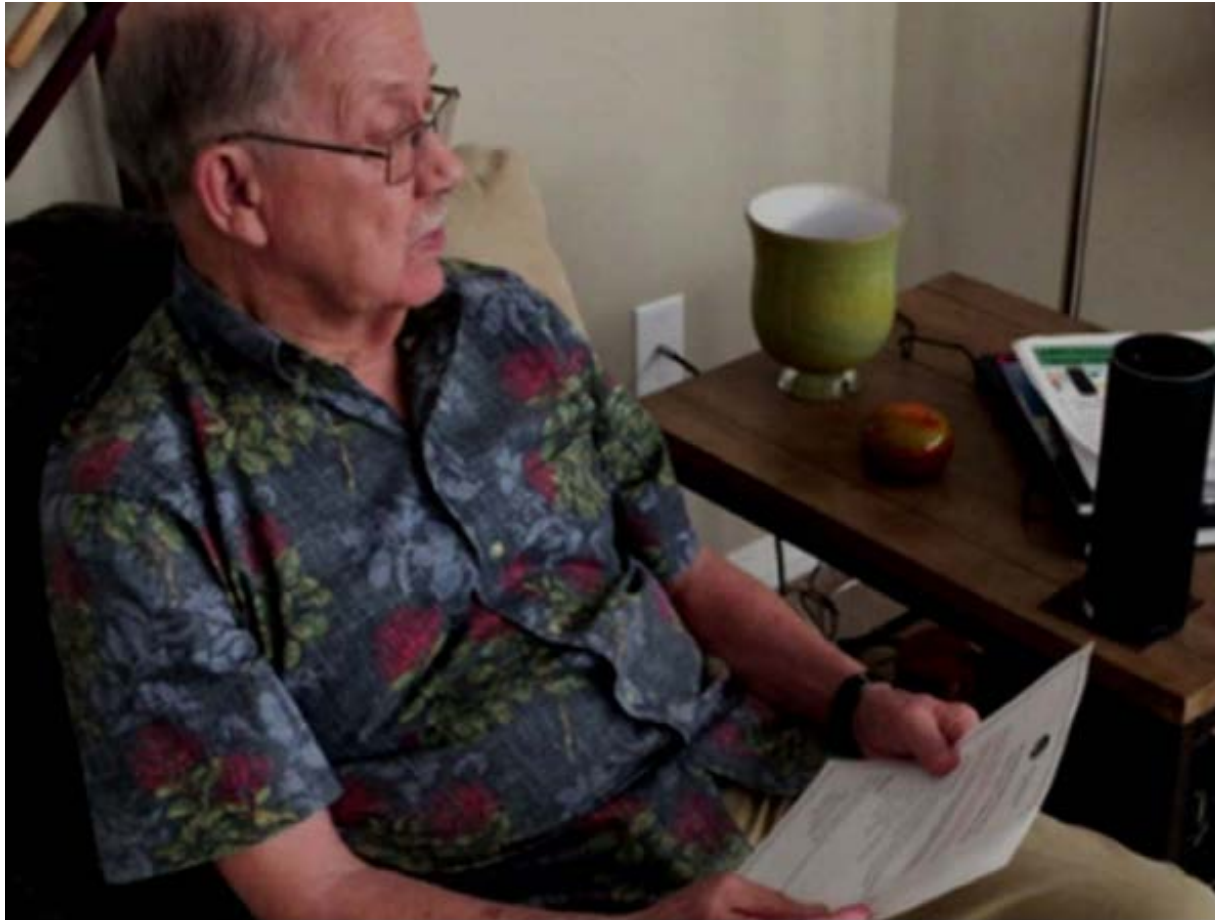
Personalized VR Content

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"The Embodied Labs experiences resonated with me. I have noticed that I am more patient with residents."

-Ivette, CNA

Chicago Methodist Senior Services

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Three Fundamentals in Developing a Tech Strategy

Continuum of Technology Success

FOUNDATION

INFRASTRUCTURE

· Network
· Data security and backup
· Healthcare–grade wireless
· Telephony and utilities

APPLICATION

ORGANIZATION **APPS**

· EMR/EHR
· Nurse call
· Resident portal
· Digital signage
· Telemedicine

INNOVATION

DIFFERENTIATION

· Provide tablet to every resident
· Smart apartment
· Wearables — RFID bracelets for
  senior living

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Bridging Organizational Priorities with Tech Needs

"Heirarchy of Purpose"

- **Purpose.** What is the purpose of the organization and how is that purpose best pursued? What is the strategic vision supporting this purpose?

- **Priorities.** Given the stated purpose and vision, what matters most to the organization now and in the future? What are its priorities now and over the next two to five years?

- **Projects.** Based on the answers to the first two points, which projects are the most strategic and should be resourced to the hilt? Which projects align with the purpose, vision, and priorities, and which should be stopped or scrapped?

- **People.** Now that there is clarity around the strategic priorities and the projects that matter most, who are the best people to execute on those projects?

- **Performance.** Traditionally, project performance indicators are tied to inputs (e.g., scope, cost, and time). They are much easier to track than outputs (such as benefits, impact, and goals). However, despite the difficulty companies have in tracking outputs, it's the outputs that really matter. What are the precise outcome-related targets that will measure real performance and value creation? Reduce your attention to inputs and focus on those instead.

https://hbr.org/2016/12/how-to-prioritize-your-companys-projects Antonio Nieto-Rodriguez   DECEMBER 13, 2016

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Aging and Disability **BUSINESS INSTITUTE**

"Project Prioritizing 101"

1. **Establish Clear Alignment With Business Strategy**
2. **Rank Projects According To Impact And Effort** (High Impact/Low Effort)
3. **Anticipate Setbacks And Assess Potential Losses** (Do you have a contingency plan?)
4. **Attack The Most Time-Sensitive And Highest-Impact Projects First**
5. **Understand Your Team's Bandwidth**
6. **Always Put The Customer First** (Direct, Indirect and internal)
7. **Implement An Effective Delegation Strategy**
8. **Consider Your Important Metrics**
9. **Find Ways To Balance New External Features With Internal Optimization**
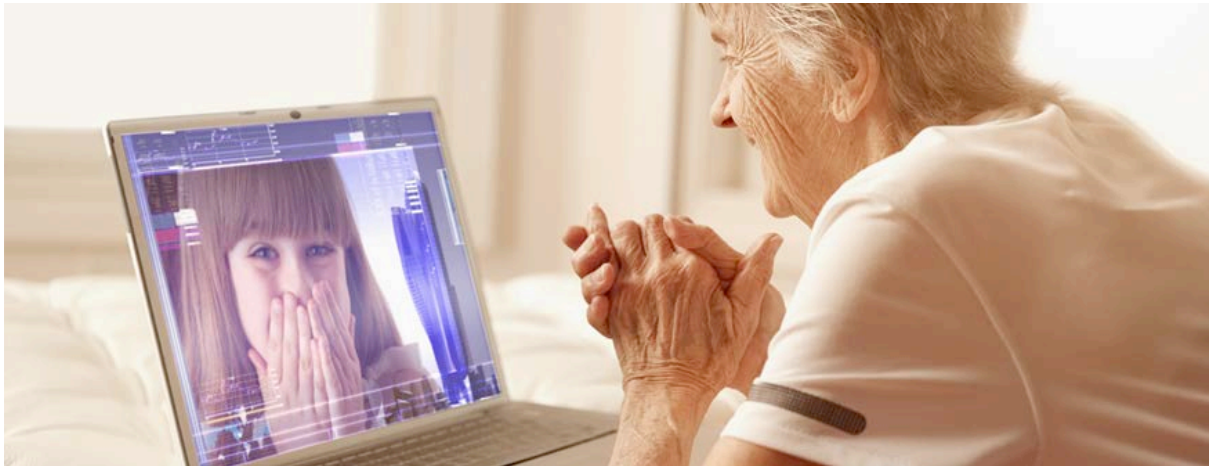10. **Make Time For Projects That Support Your Long-Term Future**

https://www.forbes.com/sites/forbestechcouncil/2018/03/29/project-prioritizing-101/#7655f21fe091

Successful CIOs, CTOs & executives from Forbes Technology Council offer firsthand insights on tech & business. March 28, 2018

Categorization Example

Engagement and socialization	Improve workflow	Prepare for the future (ROI)
▪ Digital signage (ADA-compliant) ▪ Internet cafés for seniors ▪ Mobility resident ▪ Resident portal for communication and family engagement	▪ Communication-care coordination ▪ EMR/EHR ▪ Sensor/nurse call ▪ Dining platform — create POS app/inventory management	▪ Healthcare-grade wireless ▪ Internet content filter/security ▪ Desktop as a Service/LTC mobility bundle ▪ Unified communication ROI calculator ▪ Backup of data — doctor as a service

TECH FEE

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Developing an RFP Process

What is an RFP?

A request for proposal is a document that solicits proposal, often made through a bidding process, by an agency or company interested in procurement of a commodity, service, or valuable asset, to potential suppliers to submit business proposals. Wikipedia

RFP Template

- *Project Name or Description:*
- *Company Name:*
- *Address:*
- *City, State, Zip Code:*
- *Procurement Contact Person:*
- *Telephone Number of PCP:*
- *Email Address of PCP:*
- *Fax Number:*

- -

- **1. Background/Introduction**
- **2. Project Goals and Scope of Services**
- **3. Anticipated Selection Schedule**
- **4. Time and Place of Submission of Proposals**
- **5. Timeline**
- **6. Elements of Proposal**
- **7. Evaluation Criteria**
- **8. Possible Roadblocks**
- **9. Budget**

SAMPLE Solution Overview

XXX seeks to deploy a Resident Portal capability ("Resident Portal") that meets its core business, functional, non-functional and technical requirements; is scalable to support growth; integrates with MS Office applications and is perceived to be 'user-friendly' to train, manage, and support. **This section requests your solution overview.** Use sections 4, 5, and 6 as a reference for more information on Emeritus' requirements and environment.

Describe Proposed Solution

Provide a brief summary description of the proposed solution, highlighting its strengths and suitability as a solution for XXX needs.

1. **Feature/Function overview**

List key features and functions especially addressing the requirements provided in this RFP, sections 4 and 5.

2. **Technical overview**

Describe key technical architecture and integration capabilities (including application development environment, databases, operating systems, and network environments supported). Address the openness, scalability, reliability, and configurability of the solution.

3. **Implementation overview**

Provide an overview of your implementation approach, and key strengths of your approach – such as characteristics of the planning, processes, resources, testing, or other factors. Also discuss the options of using vendor supplied staff versus Emeritus staff.

4. **Support overview**

Provide an overview of how you will provide the support XXX needs, highlighting how you will educate, train and leverage the XXX team.

Needs and Requirements

SAMPLE for Organization Rating for RFP

Resident Portal - RFP Analysis   March 2014

		Scorecard Legend			
	🟢		4	Best (100%)	Best (100%)
	🟢		3	Good (80%)	Good (80%)
	🟡		2	Fair (60%)	Fair (60%)
	🟡		1	Poor (40%)	Poor (40%)
	🔴		0	None	None

ID	Criteria/Requirements	Vendors Requirements								
		Must Have	Wgt		Raw	Wgt'd		Raw	Wgt'd		Raw
	FUNCTIONAL REQUIREMENTS - RESIDENTS										
F1	Access to Internet – from apartments via wireless	Y	1		4			4			4
F2	Access to Internet – from computer workstation lab / area	Y	1		4			4			4
F3	Access from PC's, Tablets, MACs, Smartphones, cell phones	Y	2		1			4			3
F4	Solution that is easy to learn and use by residents / family members	Y	3		2			3			2
F5	Solution that provides Help and training information	Y	1		2			3			1
F6	Provides access to Calendar and activities information	Y	2		4			4			3
F7	Provides access to Menu / dining information	Y	1		4			4			2
F8	Provides access to Newsletter information (and general community announcements)	Y	1		4			4			2
F9	Provides messaging capability for residents to communicate with:	Y	3								
	- Other residents				4			4			1
	- Relatives / family				4			4			2
	- Friends				4			4			1
	- Other contacts				4			4			2
F10	Supports touch screen functionality / devices	Y	1		4			4			4
F11	Supports web camera feature for video chat (Skype like)	Y	3		1			4			1
F12	Provides Life Enrichment tools	Y	3		2			4			0
F13	Supports access to and interaction with social media sites	Y	1		4			0			3
F14	Can accommodate visitor or friend sign in	Y	1		0			4			0
F15	Protects security of any resident sensitive information (PHI)	Y	1		0			4			4
F16	Allows user ability to edit basic information	Y	1		4			4			1

Weighting Values:
3 = Extremely Important
2 = Very Important
1 = Important

Questions & Answers:
Please Submit Using the "Questions" Box

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Questions about the Aging and Disability Business Institute?

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