

# VOICES

## Russ DePriest, SVP / GM Skilled Nursing, PointClickCare

*This article is sponsored by PointClickCare. In this Voices interview, Skilled Nursing News sits down with PointClickCare Vice President and General Manager of Skilled Nursing Russ DePriest to learn why he views the response of skilled nursing facilities (SNF) to COVID-19 “superhuman,” the biggest challenge SNFs are facing during the pandemic and the most important lessons SNFs have learned that will be applicable over the next 12 months.*



**You’ve been with PointClickCare for a decade. Prior to that, you spent 22 years as president of a boutique software consulting firm that specialized in post-acute care. Tell us about your professional journey into PCC.**

My first job out of college in 1981 was working with Evanston Hospital Corporation outside of Chicago. I was helping implement a new health information system, primarily used for billing, and everything was entered into that system via punch cards. That dates me a bit. I’ve stayed in health IT my entire career, and started my own firm in 1988 doing similar work but focused on the post-acute space. I was working with a company in Baltimore called Integrated Health Services on a system evaluation and selection project in September of 2001. That’s where I met Dave Wessinger and the rest of the nucleus of the PointClickCare team.

I continued to bump into the guys from PointClickCare on other projects but they were still a small player in the space. I think it was 2003, while working with HCR ManorCare that we decided to replace the legacy systems they were using with PointClickCare. At that time, even though the PointClickCare software was not fully developed, the prospect of taking systems out of the buildings, and moving everyone to a web-based, single instance of software was so compelling that HCR decided to take a gamble and go with PointClickCare. It’s turned out for them to be a great thing. I got to know the PointClickCare team really well through that experience, and ultimately joined the company in 2010.

**You mentioned meeting everyone at PointClickCare in September 2001, which obviously was a time that changed the world. We’re in another one of those times now. Describe your mission, your daily work and how that’s changed over the past four months since the pandemic took hold in the U.S.**

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Interestingly, apart from working remotely, it hasn’t changed that much. The mission of the company, and mine as an individual, is to leverage technology to make a meaningful impact on the lives of millions. Those

millions include patients, caregivers, families, the operators of facilities, all of their staff. So the pandemic has sharpened our focus on how best to help customers given this new set of challenges, but that mission of leveraging technology to make a meaningful impact remains unchanged.

In my role as general manager of the skilled nursing market, I have three primary responsibilities. First is making sure that our product and services strategy aligns with our customers' goals, so that we're focused on solving the problems that are most important to them. Second, it's making sure that the people inside the company are aware of what the broad sweep of goals are among skilled nursing operators, and that they understand the market pressures that impact and influence our customer base.

Then finally, it is to ensure that our skilled nursing strategy and solution set is fully integrated with the other parts of our business. PointClickCare offers solutions that cover the entire continuum of post-acute care from the connection with health systems to full EHR (electronic health record) capabilities for home health and senior living. Ensuring seamless integration across all of those markets is a core focus.

So if you think about how things have changed or not changed, the fact that it's my primary responsibility to know what's going on in the market, and how we can best help — that really hasn't changed.

**COVID-19 has affected every area of life, including skilled nursing. Looking at SNFs just from a human level, what has been your reaction to how the industry has responded to COVID-19?**

I think we've seen almost a superhuman kind of response from SNFs in the face of COVID. They, by definition, are caring for the most vulnerable part of a population: the frail elderly. They had to do so, especially in the beginning, without access to adequate testing or their fair share of PPE (personal protective equipment) supplies.

When you care for someone in a skilled nursing facility, you're with that person for a long time, and you're with them every day. Death is not an uncommon experience in that setting, but it's certainly never been the way that it is now. To see it happen to the people they care for and for that to be exacerbated by death among staff members who've contracted COVID is really difficult.

**What is the biggest challenge that SNFs are seeing around the pandemic, and what is the top way that they're having success confronting that challenge?**

I think that if there is one top challenge, it's dealing with the staffing issues. That started at the beginning and it remains one of the most difficult things they're dealing with. COVID has also forced facilities to really restrict, if not eliminate, outside access to their buildings in order to protect the residents. That goes from families to physicians and other practitioners. They've had very limited in-person access to patients.

That's where I think facilities that have embraced technology have been able to fill that gap, such as the use of telehealth. CMS granting the waiver, allowing telehealth to be used and paid for where in the past it hadn't, really helped with continuity of care by allowing practitioners to meaningfully connect with their patients without having to show up in the building. Then other things, like keeping families and friends engaged through technology, whether it's social media or other specific applications.

I know we've introduced specific tools that help caregivers in the facilities provide timely information to family members. That's been huge. The use of electronic records for practitioners, to be able to review charts, write orders, sign orders, without having to show up in the building and to be able to communicate securely among their peers about the specific care needs of a resident, has been a great application of technology, again, magnified by the lack of access to the buildings.

Then, simple things, like electronic document management that allows families to sign the admission agreement remotely, seems like a pretty simple tool but it really has made a significant impact. We've seen our customer base really embrace that type of technology even pre-COVID.

**It seems so long ago now, but 2020 was set to be the year of PDPM. That is still at play, but obviously it's no longer the year's central narrative. Having said that, how has the prep around PDPM set the groundwork for the skilled profession's ability to adjust to the unique challenges of the pandemic?**

That's a great question. It's interesting: We spent countless hours in 2018 and 2019 getting ready for PDPM, making sure that all of the regulatory requirements were addressed by the software and working with our customers and our toolset to help them tighten up processes. They re-examined nearly every clinical process and largely all of the business office processes in preparation for PDPM. They made sure that they were patient-focused – "patient" being the operative word.

You had to get all of the diagnosis comorbidity information right on that admission MDS (minimum data set) if you were going to be reimbursed appropriately. That additional attention paid prior to admission was the perfect preamble for being ready for COVID. You need to know as much as you can about a patient coming into your building in the era of COVID, to make sure that you and your staff are aware if they've exhibited any signs that would suggest that they may have been exposed to the disease.

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**Going along with that, what is the most important way that PointClickCare is helping SNFs respond to the challenges of COVID?**

It sounds cliché, but we really do pride ourselves on being partners to our customers. I think the first thing we focus on is trying to be a good partner, recognizing the strain that everybody is under, and doing whatever we can do to help. From a software perspective, we've reacted a couple of ways. We put together the tools that we thought would be most helpful in this space and labeled it a "Crisis Readiness and Response" package. The package includes Practitioner Engagement for remote order management and chart review, Secure Conversations to enable messaging among staff and Document Manager to allow families to provide remote signatures available to all of our customers at no charge through the course of the pandemic. We have seen broad adoption of the package and have heard overwhelmingly that the tools have been very helpful during the crisis.

We already had plans this year to introduce an infection prevention and control module, but because being able to track and identify infections became so critical with COVID, we reallocated resources to pull that work forward and get it done earlier. We released Infection Prevention and Control in the spring and again have heard from our customers that it has been a huge help in light of COVID.

Another way we've tried to help has been to work closely with AHCA / NCAL and to a lesser extent, with the CDC to apply some population health analytics against the data that we have. Sixty-five percent of the SNFs in the country use our products, so when you think about the breadth and depth of our solutions, we arguably have the largest health dataset for seniors. The data scientists on our team examined that data to identify correlations that would suggest a facility was likely to experience COVID within their building. What we found was no real correlation between Five Star rating, quality measures, or previous survey tags and the likelihood that a building would have a COVID issue.

The only strong correlation was that if COVID was significantly present in your community, there was likely to be COVID in your building. That type of work is not something that customers necessarily see, but I think it's something that's helpful to the senior population at large.

“ I hope SNFs will focus on standardizing the way that they capture that data.”

**We hear a lot about the importance of aligning an organization's people with its process and tools. Why is that so important during a pandemic in particular, and what is the biggest benefit that mastering this alignment will have post-pandemic?**

I think that's something that we focus on just generally, that alignment of people, process, and tools. If you have great people, but they don't have a consistent best practice approach to their work, they're going to be uncoordinated and they're not going to be very effective. The flip side of that is, you have a perfect process and the best people, but you don't have tools to help them, they're just not going to be as efficient as they might otherwise be. Getting all of those three things aligned streamlines workflow, it keeps people in sync and it hardens the system, to the stress that comes when you're faced with something like COVID.

I think that investing in all three of those areas is a key part of the formula for a happy and successful staff. I don't think the COVID pandemic is the last time we're going to be faced with something like this. It's likely to happen again. Getting better alignment among the staff, the clinical process, and the technology tools that support them is going to prepare a facility for that next occurrence.

**That being the case, what is the most important lesson that SNFs will learn or are learning that they should focus on over the next six to 12 months?**

I'm hopeful that through this, facilities have seen the value that they get from having well-implemented software that's part of their normal workflow, as opposed to a less integrated system where documentation happens outside the workflow – at the end of a shift for instance. If technology is a key part of a care provider's normal routine, hopefully they've seen not only how it helps them in their role, but also how it helps their managers make better, faster decisions about most effectively directing resources to the patients that need them.

Getting information into an electronic health record is a great first step – everyone knows where and how to find the chart, which was not so easy back in the days of paper. Over the next six to 12 months, I hope SNFs will focus on standardizing the way that they capture that data. That evolution from simply capturing the data to capturing the data in a very standardized way supported by evidence-based best practice is where I hope people focus next. Standardized data unlocks the door to the true power of technology – analytics, machine learning, and ultimately, artificial intelligence.

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**Editor's note:** This interview has been edited for length and clarity.

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