ADRN SUMMIT: Reaching the Medical Community

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Columbus, Ohio

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Crisis in Quality

Absence of Patient-Centered Care

- Multiple Visits
  - Multiple Docs
  - Multiple Rx Fills
- Duplicate Tests & Procedures
- Inappropriate Rx
- Too Frequently Hospitalized
- Too Frequently Readmitted to Hospital
- No One to Find & Arrange Non-Medical Services
- Little or No Info upon Discharge
The Problems

- Absent care plan
- Limited care coordination/Fragmented care
- Health system is confusing and difficult to navigate
- HCBS/LTSS system is confusing and difficult to navigate
- The health care and long-term care systems are not well connected, even though people use both
Why involve the Primary Care Provider (PCP)?

- Remains an important source of health system info
- Viewed as a reliable and authoritative source
- Aware of the clinical needs of the person
- May be aware of the functional needs of the person
- May be aware of the social needs of the person
- Evolving concept of the Patient Centered Medical Home
Why is it so difficult to engage the PCP?

- PCPs are busy
- PCPs, until recently, did not receive revenue for chronic care management
- PCPs, until recently did not engage their office staff as team members
- PCPs may not be aware of community-based services
- PCPs may not know a social worker
- PCPs don’t know where to call
- PCPs don’t receive feedback when they do refer
Barriers - Summary

- Knowledge
- Motivation
- Time/money
- Communication
Strategies: Knowledge

- Office visits – must meet with more than the MD
- Engage office staff
- Large groups: start at the top
- Simple descriptions of your services – Intake and referral or more narrow focus
- Leave client focused materials for nursing staff and waiting room or tear off “prescription pads” with contact number
SENIOR RESOURCE CARD
Hotlines for seniors and their families

For more cards fax 541-0099 or write: SRC, 5300 Hamilton Ave. CintI, OH 45224

Consumer Protection .......... 352-3971
Elder Abuse
Hamilton Cty. Dept. of Human Services 421-5433
Health Insurance
Medicare Information .......... 1-800-282-0530
Ohio Sr. Health Info—OSHIPP .1-800-686-1578
Home Care Referral—COA ........ 721-7670
alzheimer’s association

the compassion to care, the leadership to conquer

Greater Cincinnati Chapter
644 Linn Street, Suite 1026 • Cincinnati, OH 45203

For Assistance Call:

Rx (513) 721-4284
     (800) 272-3900

Information and referral • Support groups • Education Program
Family care conferences • www.alz.org/grtrcinc

Referred by: __________________________
Strategies: Motivation

- How can your services help the PCP solve care problems?
- How can your services reduce trips to the ER or hospitalizations?
- How can your services decrease workload/burden on PCP?
- How can your services deflect calls to the PCPs office?
Strategies: Time/Money

- ACA Initiatives to Pay PCPs to help manage care:
  - Complex chronic care management fee ($42/mo.)
  - Advanced Primary Care Initiative – 8 states/not Ohio
  - Comprehensive Primary Care Initiative – 75 practices/276 PCPs in SW Ohio and Northern Kentucky
  - Federally Qualified Health Center Demo – 469 sites, several in Ohio
Strategies: Communication

- ADRNs – “No wrong door”
- Current technology: simple FAX referral form
- Near future: integrated with PCP HER
- Integrating HCBS staff into PCP Office
- Importance of providing communication back to PCP
Caring About Aging Patients Effectively (CAPE)

Request for Community Support Services

Complete this form if a PATIENT OR CAREGIVER would like to receive a call providing information from a community support agency listed below. The Patient or Caregiver must read and sign the following:

I give my permission to release the information below to one of the following agencies so they may contact me within the next ten (10) days. I understand the purpose of this call is to provide information about support services, and that there is no cost to me for the agency to contact me with information.

(Signature of Patient or Caregiver)

Patient: __________________________ County of residence: __________________________
(Person over 60 or Caregiver)

Family Caregiver’s Name: __________________________ County of residence: __________________________

Family Caregiver’s Relationship to Patient: __________________________

Person for agency to call first (circle one): Patient or Caregiver

Best time to call Mon-Fri, 8 AM to 6 PM: ___________ Best phone number at that time: (____) _______

OFFICE TO COMPLETE THIS SECTION FOR INITIAL REQUEST & FAX

DATE: ______/____/____

FAX TO: Check one of the following (see reverse side for a brief chart of agency services)

☐ Alzheimer’s Assoc. of Greater Cincinnati 513-345-8446 j.milne@alz.org
☐ Caregiver Assistance Network 513-241-4333 miannaci@catholiccharities.org
☐ Council on Aging of Southwestern Ohio 513-721-2528 info@help4seniors.org
☐ Jewish Family Service 513-766-3358 rfs@jfsclin.org

Identify any specific support needs you would like the agency to address for this patient/caregiver:

______________________________

FAX FROM: (The referral was completed by)

Sender: __________________________

Office/Practice Name: Wyoming Family Practice  Phone Number: 821-0275

Phone Number: 821-3621

Thank you!

Version: 7/1/2013
Community Service Providers for the Elderly: What Can Each Agency Do?

<table>
<thead>
<tr>
<th>Service</th>
<th>Council on Aging</th>
<th>Catholic Charities</th>
<th>Jewish Family Services</th>
<th>Alzheimer’s Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Support</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Caregiver Education</td>
<td>Yes</td>
<td>1:1 – No Seminars – Yes</td>
<td>1:1 – Yes Education Events – Yes</td>
<td>1:1 – Yes Groups - Yes</td>
</tr>
<tr>
<td>Help with Transportation</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Meals on Wheels</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Home Aides</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Home Nursing</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Respite Care</td>
<td>Yes</td>
<td>Yes via &quot;Companions&quot; No Over Nights</td>
<td>Yes via &quot;Companions&quot; No over nights</td>
<td>No</td>
</tr>
<tr>
<td>Financial/Legal Assistance</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Community Service Provider Agencies: Area of Service

**Council on Aging**
Ohio: Butler, Clermont, Clinton, Hamilton and Warren Counties

**Catholic Charities**
Ohio: Butler, Clermont, Clinton, Hamilton and Warren Counties

**Jewish Family Service**
Ohio: Butler, Clermont, Clinton, Hamilton and Warren Counties

**Alzheimer’s Association**
Ohio: Adams, Brown, Butler, Clermont, Clinton, Gallia, Hamilton, Jackson, Lawrence, Scioto, Vinton and Warren Counties
Indiana: Dearborn, Franklin, Ohio, Ripley and Switzerland Counties
Kentucky: Boone, Bracken, Campbell, Gallatin, Grant, Kenton, Owen and Pendleton Counties
Caring About Aging Patients Effectively (CAAPE)

Summary Report to Primary Care Physicians

Date: 

To: ___________________ (Primary Care Physician)

FAX: ___________________

Re: Patient Name ___________________ Patient DOB ____________

From: ___________________ (Primary Agency Contact) Title: _________

Primary Agency Contact Phone Number: ___________________ Agency FAX: _________

This is a summary of services currently being coordinated by:

☐ Council on Aging of Southwestern Ohio
☐ Jewish Family Services
☐ Catholic Charities of Southwestern Ohio
☐ Alzheimer’s Association of Greater Cincinnati
☐ Other: ________________________________

Summary of services our agency is currently coordinating for your patient:

☐ Home delivered meals ________________________________
☐ Homemaking services ________________________________
☐ Personal care services ________________________________
☐ Medical equipment ________________________________
☐ Transportation ________________________________
☐ Support of family caregiver ________________________________
☐ Other services ________________________________

Additional services to consider for your patient:

______________________________

If you have any questions or concerns, please call or fax to the primary agency contact listed above.

Thank you!

Version: 7/1/2013
Can Integrated Financing Lead to Integrated Care: My Care Ohio

- Demonstration to test integrated care and financing model for individuals with Medicare and Medicaid
- May 2014 to December 2017
- Federal, State, Health Plan Partnership
The Promise

- Single Point of Contact
- Single ID Card for all Medicare and Medicaid Services
- All beneficiaries assigned to care manager
- Comprehensive assessment of needs
- Web portal for PCPs to access care plan and care manager
- Partnership with Ohio Association of AAAs
To Achieve the Triple Aim: Better Care, Better Health, Lower Cost

Must form a partnership of Health Care Providers; Home and Community-Based Providers, and Public