Eastern Virginia Care Transitions Partnership

EVCTP

ACL Business Acumen Learning Collaborative

January 29th, 2014

Eastern Virginia Care Transitions Partnership:

A community partnership of health systems, area agencies on aging, independent physicians' groups and other public and private health and human service providers.

AREA AGENCIES ON AGING

Bay Aging – Lead Community Based Organization
Eastern Shore Area Agency on Aging and Community Action Agency, Inc.
Peninsula Agency on Aging, Inc.
Senior Services of Southeastern Virginia

MANAGED CARE ORGANIZATIONS

HEALTH SYSTEMS

Bon Secours
Mary Washington Healthcare
Rappahannock General Hospital
Riverside Health System
Sentara Health Care

EVCTP Hospitals and LCO Regions

Hospitals and LCO Regions

Region
Northwest Region
Central Region
Southeast Region
Eastern Shore Region

1. Stafford Hospital
2. Mary Washington Healthcare
3. Riverside Tappahannock Hospital
4. Rappahannock General Hospital
5. Riverside Shore Memorial Hospital
6. Riverside Walter Reed Hospital
7. Sentara Williamsburg
8. Bon Secours Mary Immaculate Hospital
9. Riverside Regional Hospital
10. Sentara Care Plex
11. Riverside Doctors'

Hospitals and LCO Regions

✚ Acute Care Hospital

Eastern Virginia Care Transitions Partnership

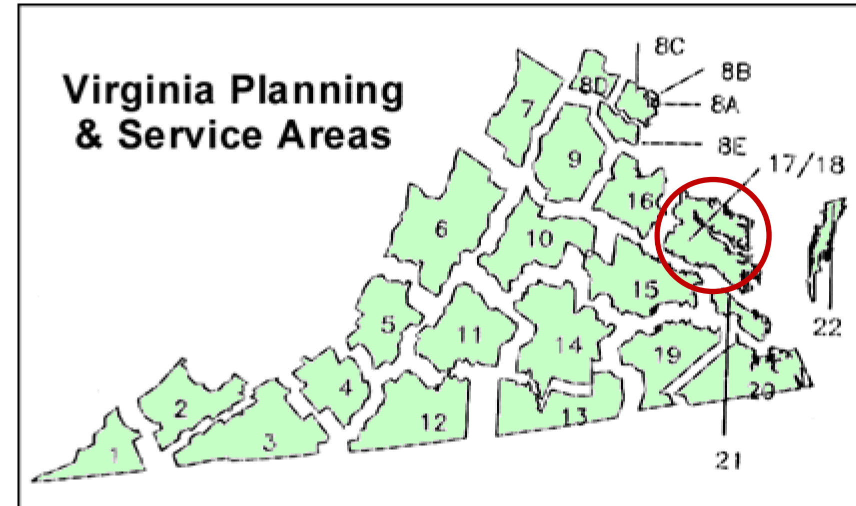
EVCTP Organization

Bay Aging

Lead Community Based Organization

- Senior Services of Southeastern Virginia
  - Board
    - CEO
- Peninsula Agency on Aging
  - Board
    - CEO
- Eastern Shore Agency on Aging
  - Board
    - CEO

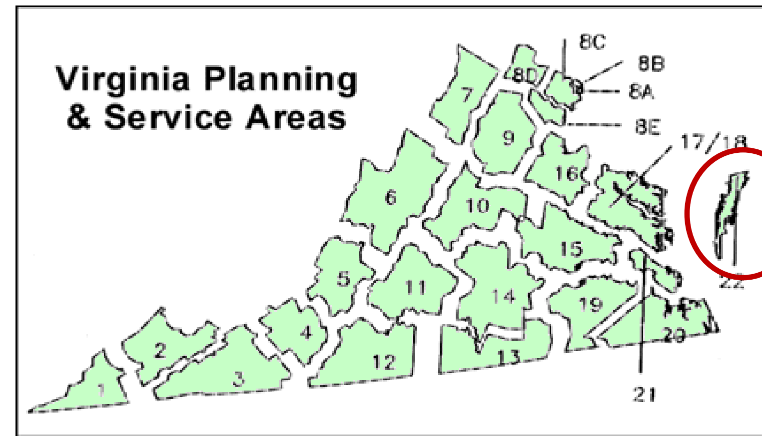
Bay Aging



Planning Districts 17 and 18

- Lead Community Based Organization (CBO)
- Fiduciary Agent for EVCTP
- Technology Provider for EVCTP
- Housing, Medicaid Home Care, Public Transit
- Community Action Agency
- Aging and Disability Resource Center

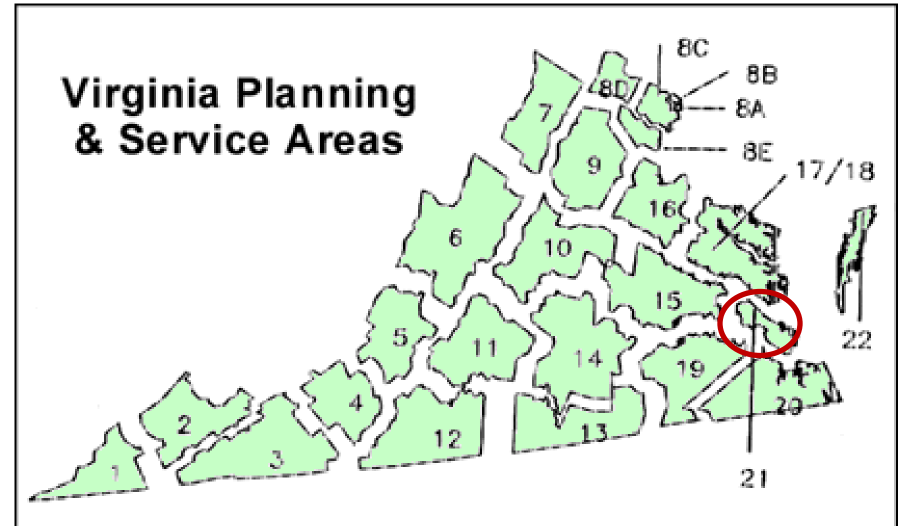
Eastern Shore Area Agency on Aging & Community Action Agency, Inc.



Planning District 22

- Medicaid Home Care Provider
- Community Action Agency and AAA
- Head Start and Weatherization Operator
- Aging and Disability Resource Center

Peninsula Agency on Aging

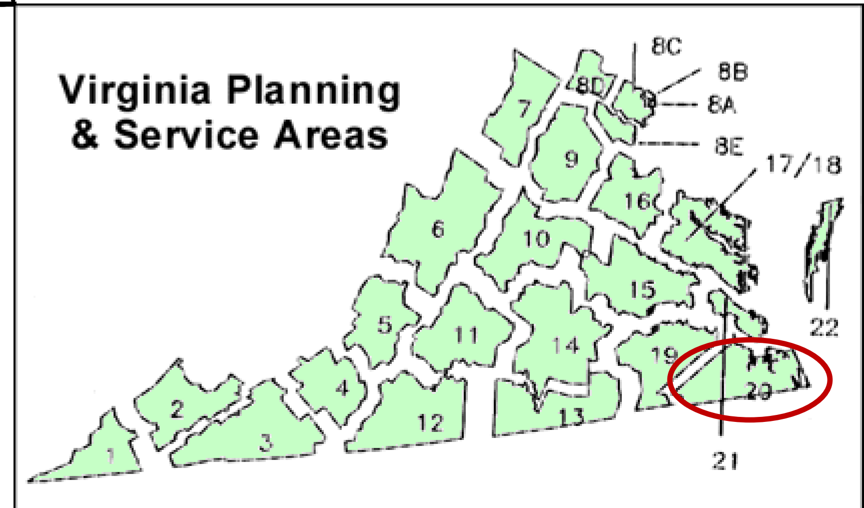


Planning District 21

- Care Coordination Innovator
- Leading Aging Planning Agency in PSA
- 2013 n4a Excellence In Leadership Award
- Aging and Disability Resource Center

Senior Services of Southeastern Virginia

The Center for Aging



Planning District 20

- ❖EVCTP Evidence Based Training Provider
- ❖ 2013 Change Leader Award Winner
- ❖ Transit, Housing, Center for Aging
- ❖ Aging and Disability Resource Center

Privacy, Confidentiality, Security:

Required of all EVCTP Members

- All patient information protected and not divulged
- All patient information securely stored at all times whether digital or physical
- Any proprietary partner information considered confidential unless otherwise agreed to in writing

Secure Information Flow & Storage

MANAGED CARE ORGANIZATION

Secure Email

MCO

BAY AGING

AREA AGENCIES ON AGING

CARE MGMT

FILES & BILLING

FILES

SECURE NETWORK

SECURE NETWORK

HIPPA

EVCTP Bench Strength

FISCAL INTEGRITY:

- UNQUALIFIED independent third party audits
- $34 million Combined Budget
- 14% Average Indirect Costs

GEOGRAPHIC AND POPULATION REACH:

- 6,300 square miles
- 26 Cities and Counties
- 415,000 65+ Population by 2030

STAFFING CAPACITY:

- 600 employees and $12.6 million payroll
- 200 employees working within Case Management/Assessment Staffing
- Nurses, Social Workers, Intake Specialists, Consumer-Directed Options Counselors, Certified Coaches, and Administrative Staff

EVCTP Bench Strength

EXPERIENCE:

- 155 years of service working with other public and private providers
- 41 years of billing, reporting and maintaining quality records
- National Provider Identifiers and Atypical Provider Identifiers available for the State
- Medicaid Agency and CMS
- Secure IT referral, reporting and billing systems for State Medicaid and CMS

SERVICES – FY2012:

- Performed 1,500 intakes using Uniform Assessment Instrument
- 170 Adult Day Health Services clients; unlimited capacity
- 631,000 meals
- 403,000 hours of personal care
- 40,200 hours of respite care;
- Unlimited capacity for direct and referred services
- 300,000 trips: 98,500 medically related;
- 1,000 Home modification and repairs

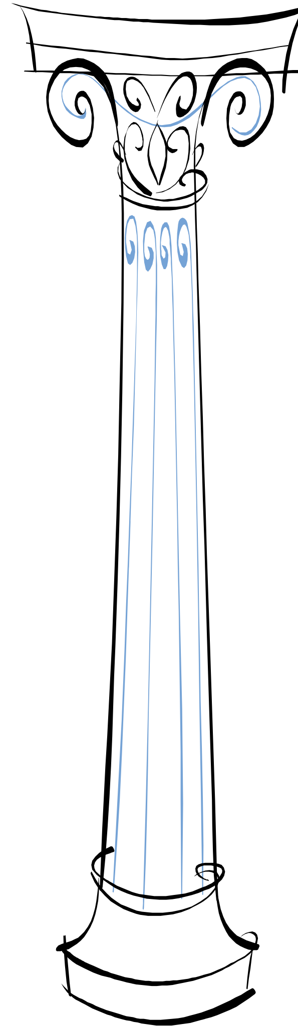
Services Available through EVCTP:

Options Counseling	**Home Delivered & Congregate Meals**
In-Home Care	**Transportation**
Home Repairs	**Care Coordination for the Elderly**
Adult Day Health Services	**Mobility Management**
Veterans Home & Community Services	**Chronic Disease Self-Management**
Insurance Counseling & Medicare Part D	Senior Employment
Money Follows the Person	Senior Centers
This list is not inclusive of all services provided by the agencies. However, this list does represent services having a major impact for older Virginians annually.	

Care Transitions Using the Coleman Model

- EVCTP AAAs use transitional coaching fo reducing readmissions using the Coleman model – **Four Pillars of Care Transitions**
- Coaches are professionally trained and certified through the Coleman Institute Developed by Eric A. Coleman, M.D., M.P.H.

A proven, evidence-based model of reducing hospital readmissions.



- **Medication Self-Management** where patient becomes knowledgeable about medications and has a medication management system.
- **Dynamic Patient-Centered Record** so patient understands/uses a Personal Health Record to improve communication with primary care provider and specialist.
- **Follow-Up** patient schedules and completes follow-up visit with primary care provider/specialist.
- **Red Flags** alerts patient about indications that condition is getting worse and how they should respond.

RESULTS COUNT! In-Home Pilot Project:

- 2011 – Partnered with hospitals to improve hospital to home patient outcomes
- Goal - Reduce hospital readmissions for Dual Eligible (Medicare/Medicaid) people 60 years and over and nursing home eligible
- Included enhanced services to improve quality of life – transportation, Meals on Wheels, chore services and other supports, advanced care planning supports
- Outcomes -
  - 265 patients referred
  - 2 readmissions within 30 days of discharge

98.6% averted

Veterans Directed Home and Community Based Services – 37 of 38 people averted
Adult Day Health Services (day care) – 72 of 73 people averted
Provide Financial Management System to process payroll for client-directed (employer) services

Eastern Virginia Care Transitions Partnership (EVCTP)

A Collaboration of Mary Washington Healthcare, Rappahannock Health System, Riverside Health System, Sentara Health Care, and Bon Secours Health System

AND

Bay Aging, Eastern Shore AAA & Community Action Agency Inc., Peninsula Agency on Aging Inc., Rappahannock Area Agency on Aging Inc., and Senior Services of Southeastern Virginia

OUR COLLABORATION

EVCTP, led by Bay Aging, is a formal coalition of five health systems, eleven hospitals, and five Area Agencies on Aging.

HOSPITALS

Mary Immaculate Hospital
Mary Washington Hospital
Rappahannock General Hospital
Riverside Doctors' Hospital
Riverside Regional Medical Center
Riverside Shore Memorial Hospital
Riverside Tappahannock Hospital
Riverside Walter Reed Hospital
Sentara Careplex Hospital
Sentara Williamsburg Regional Med. Center
Stafford Hospital Center

OUR PREVIOUS EXPERIENCE

EVCTP has over forty years experience collaborating among health care systems, Area Agencies on Aging, and senior service provider networks in Eastern Virginia. In mid 2011, EVCTP successfully collaborated with acute care medical facilities to improve patient post discharge outcomes (Home Instead Program). EVCTP conducted pilot programs using an enhanced Coleman Model intervention during 2012. Numerous other successful programs continue to be managed by EVCTP improving the long term care of seniors in our region.

OUR COMMUNITY

Hospitals and LCO Regions

Northwest Region
Central Region
Southeast Region
Eastern Shore Region

1. Stafford Hospital
2. Mary Washington Healthcare
3. Riverside Tappahannock Hospital
4. Rappahannock General Hospital
5. Riverside Shore Memorial Hospital
6. Riverside Walter Reed Hospital
7. Sentara Williamsburg
8. Bon Secours Mary Immaculate Hospital
9. Riverside Regional Hospital
10. Sentara Care Plex

Hospitals and LCO Regions
◆ Acute Care Hospital

EVCTP
Eastern Virginia Care Transitions Partnership

OUR TARGET POPULATION

Experience as well as Root Cause Analysis (RCA) results indicates a need for a CTI model that employs the Four-Pillars approach as well as enhanced services such as transportation, Meals on Wheels, etc. to address root causes of hospital readmissions. The RCAs also highlighted the disproportionate amount of post discharge issues for those with diagnoses falling in five categories of chronic disease, specifically CHF, COPD, AMI, PNEU, and Septicemia. The target population for our interventions is therefore Medicare FFS beneficiaries (Part A&B) with one or more of the above five diagnoses.

OUR IMPLEMENTATION STRATEGY

Three Root Cause Analysis tools were used – Hospital Readmissions Review, Physician and Staff Expert Panel Review, and Consumer Focus Group Surveys. The key findings contributing to readmissions included end stage disease/co-morbidity, lack of patient compliance with discharge plans, medication mismanagement, lack of follow up with the patient's PCP, and patient acuity. These findings dovetailed with the Four Pillars of the Coleman Model, leading to CTI, supplemented with enhanced services. 40% of patients are expected to require enhanced services. EVCTP partnering hospitals will screen their Medicare patients and refer eligible participants to the serving Area Agency on Aging for coaching including a hospital visit, home visit, follow up phone calls, and coordination of any enhanced services that will improve after hospital care.

Strategic Design Model

Program Experience RCA Findings
Transition Care Intervention Methodology
Tracking Results and MIS
Continuous Quality Improvement Review
Patient Quality of Life
Medicare cost Reduction

Eastern Virginia Care Transitions Partnership

Diana Giles, CFO

Bay Aging

P.O. Box 610

5306 Old Virginia Street

Urbanna, Virginia 23175

804.758.2386

dgiles@bayaging.org   www.bayaging.org