AGING & INDEPENDENCE SERVICES
COUNTY OF SAN DIEGO ■ HEALTH AND HUMAN SERVICES AGENCY
LONG TERM CARE INTEGRATION PROJECT

LTCIP Stakeholder Meeting
June 19, 2013

The Long Term Care Integration Project (LTCIP)

- AB 1040 passed in 1995
- LTCIP began in 1999
- Received numerous planning and development grants from the State
- Stakeholders' vision was for an improved, person-centered system of care

Medical Care

Medical Monitoring

Physician / Primary Care

Therapy/ Ancillary Care

Pharmacy

Diagnostic Services

Mental Health

Acute/ Hospital Care

Dental

Medical Transportation

Education

Vision Care

Supportive Services

Personal Assistance

Protective Supervision
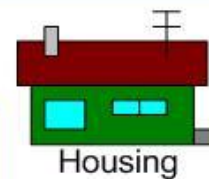
Housing

Shopping

Laundry

Meals

Financial Assistance

Housekeeping

Home Maintenance

Home Modification

Intellectual Stimulation

Pet Care

Transportation

Companionship

Money Management

Recreation

3

Three LTCIP Strategies to Support "Vision"

- ✓ Aging & Disability Resource Connection (ADRC)
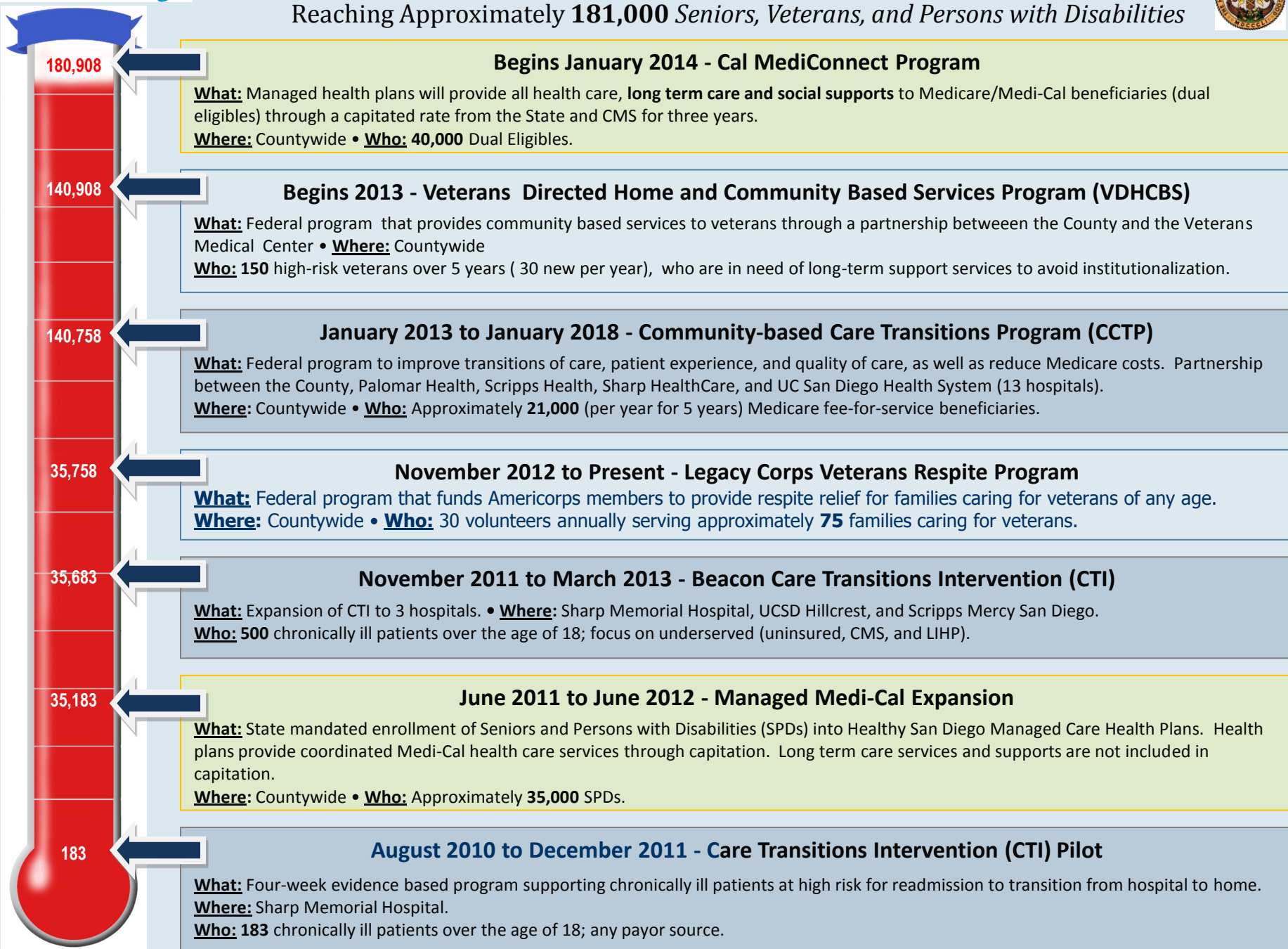
- ✓ Integrated Service Delivery System

- ✓ TEAM SAN DIEGO

Care Coordination Continuum 2010 to 2014

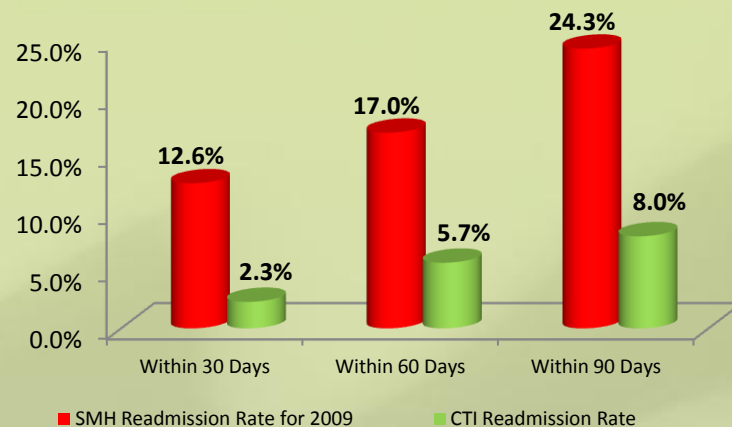## Reaching Approximately **181,000** *Seniors, Veterans, and Persons with Disabilities*

Live Well, San Diego!

180,908

Begins January 2014 - Cal MediConnect Program

What: Managed health plans will provide all health care, **long term care and social supports** to Medicare/Medi-Cal beneficiaries (dual eligibles) through a capitated rate from the State and CMS for three years.
Where: Countywide • **Who:** **40,000** Dual Eligibles.

140,908

Begins 2013 - Veterans Directed Home and Community Based Services Program (VDHCBS)

What: Federal program that provides community based services to veterans through a partnership betweeen the County and the Veterans Medical Center • **Where:** Countywide
Who: **150** high-risk veterans over 5 years (30 new per year), who are in need of long-term support services to avoid institutionalization.

140,758

January 2013 to January 2018 - Community-based Care Transitions Program (CCTP)

What: Federal program to improve transitions of care, patient experience, and quality of care, as well as reduce Medicare costs. Partnership between the County, Palomar Health, Scripps Health, Sharp HealthCare, and UC San Diego Health System (13 hospitals).
Where: Countywide • **Who:** Approximately **21,000** (per year for 5 years) Medicare fee-for-service beneficiaries.

35,758

November 2012 to Present - Legacy Corps Veterans Respite Program

What: Federal program that funds Americorps members to provide respite relief for families caring for veterans of any age.
Where: Countywide • **Who:** 30 volunteers annually serving approximately **75** families caring for veterans.

35,683

November 2011 to March 2013 - Beacon Care Transitions Intervention (CTI)

What: Expansion of CTI to 3 hospitals. • **Where:** Sharp Memorial Hospital, UCSD Hillcrest, and Scripps Mercy San Diego.
Who: **500** chronically ill patients over the age of 18; focus on underserved (uninsured, CMS, and LIHP).

35,183

June 2011 to June 2012 - Managed Medi-Cal Expansion

What: State mandated enrollment of Seniors and Persons with Disabilities (SPDs) into Healthy San Diego Managed Care Health Plans. Health plans provide coordinated Medi-Cal health care services through capitation. Long term care services and supports are not included in capitation.
Where: Countywide • **Who:** Approximately **35,000** SPDs.

183

August 2010 to December 2011 - Care Transitions Intervention (CTI) Pilot

What: Four-week evidence based program supporting chronically ill patients at high risk for readmission to transition from hospital to home.
Where: Sharp Memorial Hospital.
Who: **183** chronically ill patients over the age of 18; any payor source.

Care Transitions Intervention (CTI) Pilots

August 2010-December 2011

Partnership between Sharp Memorial Hospital and AIS

Chart 1:
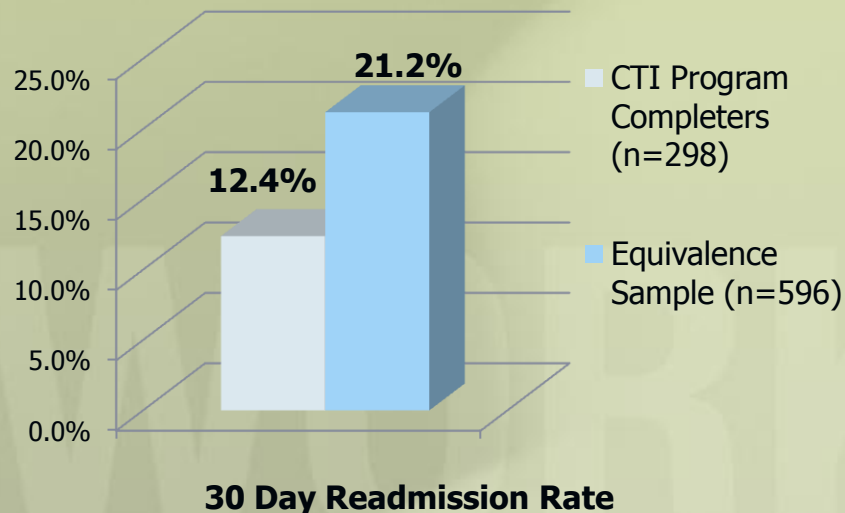- Within 30 Days: SMH Readmission Rate for 2009 = 12.6%, CTI Readmission Rate = 2.3%
- Within 60 Days: SMH Readmission Rate for 2009 = 17.0%, CTI Readmission Rate = 5.7%
- Within 90 Days: SMH Readmission Rate for 2009 = 24.3%, CTI Readmission Rate = 8.0%

Legend: ■ SMH Readmission Rate for 2009   ■ CTI Readmission Rate

November 2011-March 2013

Beacon Community Collaborative

Partnership between AIS and

- ❑ UCSD Hillcrest
- ❑ Sharp Memorial, and
- ❑ Scripps Mercy San Diego

Chart 2:
- CTI Program Completers (n=298) = 12.4%
- Equivalence Sample (n=596) = 21.2%

30 Day Readmission Rate

Community-based Care Transitions Program (CCTP)

- CCTP provides $500 million under Section 3026 of the ACA to test models that improve transitions of FFS Medicare patients from the inpatient hospital setting to home or other care settings.
- CCTP Goals:
  - Improve quality of care
  - Reduce readmissions for high risk beneficiaries -goal is to reduce readmissions by 20% in two years
  - Document measureable savings to the Medicare program
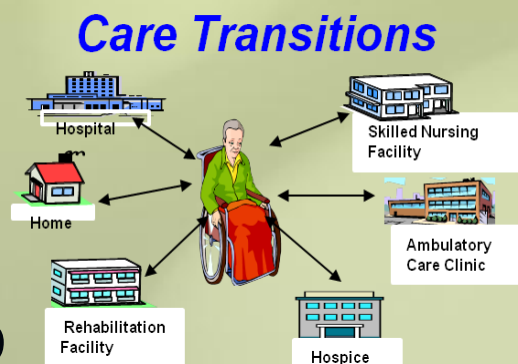
Care Transitions

San Diego Care Transitions Partnership
Transforming Care Across the Continuum

Home Health Agency · Family · FFS Medicare · SNF · Patient · AIS · Hospitals · Community Providers · Hospice

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COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY · Aging & Independence Services · PALOMAR HEALTH · Scripps · SHARP San Diego's Health Care Leader · UC San Diego HEALTH SYSTEM

San Diego's CCTP

CCTP Services

1. **Re-engineered discharge and post-discharge practices** to screen all FFS Medicare patients for high risk of hospital utilization and channel up to 21,390 patients each year into appropriate supportive patient-centered care transitions interventions and provide hand off of patients to post acute providers.

2. **Implemented the Care Transition Intervention (CTI)** to provide patients with tools and support that promote knowledge and self-management and address continuity of care across multiple settings and practitioners.

3. **Providing short term intense care coordination** to the highest risk patients to ensure that their social support needs and barriers to care are addressed through coordinated connection to Home- and Community-Based Services (HCBS) and emergency support services.

4. **Implemented a comprehensive Pharmacy Intervention** aimed at reducing medication discrepancies, adverse drug events (ADEs) and increasing adherence to medication regimen among patients who are high risk due to number, type and complexity of medications required.

5. **Within Sharp HealthCare, implemented the Bridges Program** for patients with advanced chronic illness.

Today's Agenda

- Welcome and Introductions

- LTCIP Overview and Updates

- Coordinated Care Initiative (CCI)/Cal MediConnect Presentation

- CCI/Cal MediConnect Advisory Committee and Communication Workgroup Updates

- The Affordable Care Act: Overview and Implementation in San Diego