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

Aging & Independence Services (AIS)
Long Term Care Integration Project (LTCIP)
Update for the Health Services Advisory Board (HSAB)
October 15, 2015

The goal of the Long Term Care Integration Project (LTCIP) is to improve the delivery of health care and long term services and supports for older adults and persons with disabilities. To achieve this goal, three different strategies were established: (1) The Aging and Disability Resource Connection (ADRC) (2) TEAM SAN DIEGO and (3) An Integrated Acute and Long Term Care Service Delivery Model (the Coordinated Care Initiative, which includes Cal MediConnect).

Aging and Disability Resource Connection (ADRC)

San Diego County's Aging and Disability Resource Connection (ADRC), one of the LTCIP's strategies to increase access to long term services and supports (LTSS), is a shared, core partnership between Aging & Independence Services (AIS) and Access to Independence, the local Independent Living Center (ILC). Since 2004, the ADRC has provided persons of all ages, abilities, and incomes, their caregivers and service providers with free, comprehensive information about LTSS in San Diego County and provides a no wrong door access to other important entitlement programs, resources, planning and communication tools. In addition to providing information and assistance, the ADRC delivers care transition support, care management, and options counseling.

The ADRC Advisory Committee, a subcommittee of the AIS Advisory Council, held their quarterly meeting on Monday, September 14th. The meeting agenda included updates on San Diego County's ADRC core services, as well as information about the activities undertaken by the newly-formed California ADRC Advisory Committee. San Diego County's ADRC, with support from The SCAN Foundation and the Administration for Community Living (ACL), has been evaluating the feasibility of expanding existing ADRC core services to include assessment, care planning, short term care management and coordination of home and community-based services (HCBS) for healthcare entities, private pay consumers and their caregivers. With assistance from ACL Consultant, Tim McNeill, a service delivery model was drafted that would leverage Older American Act (OAA) funded programs and provide targeted services through other funding sources including Medicare, Medi-Cal and private pay. In late September, this service delivery model was reviewed and approved by the California Department of Aging (CDA). Further analysis and development of an implementation plan is pending.

The Community-based Care Transitions Program (CCTP)

The San Diego Care Transitions Partnership (SDCTP), a partnership between AIS and Palomar Health, Scripps Health, Sharp HealthCare and the UCSD Health System (13 hospitals) has provided comprehensive, person-centered, health care and social services to over 37,000 high-risk, fee-for-service (FFS) Medicare patients across thirteen participating hospitals since its inception in January 2013. The SDCTP has been remarkably successful in meeting CMS' goals and achieving an unprecedented level of community engagement to transform the delivery of acute and post-acute care for patients who are at high risk for a readmission or adverse healthcare outcomes following an in-patient hospitalization.

The SDCTP was selected to participate in a national research study, Project ACHIEVE. Led by Dr. Mark Williams at the University of Kentucky, Project ACHIEVE (Achieving Patient-Centered Care and Optimized Health In Care Transitions by Evaluating the Value of Evidence) is funded by the Patient

Centered Outcomes Research Institute (PCORI). At the end of the three-year project, Project ACHIEVE will develop recommendations on best practices for patient-centered care transition interventions and provide guidance for scalability and large-scale dissemination. This will include insight into what interventions or combinations of interventions work best, for whom, and in what circumstances.

Telligen, the Quality Improvement Organization (QIO) located in Denver Colorado, was selected by PCORI to conduct site visits to three selected care transitions programs in 2015. A Telligen team consisting of Brianna Gass, Lead Evaluator, and Dr. Christine LaRocca, Medical Director, conducted a site visit in San Diego on September 14th and 15th. Over the course of two days, Ms. Gass and Dr. LaRocca interviewed SDCTP pharmacists, hospital-based nurses, Care Transition Intervention (CTI) coaches, AIS social workers, AIS and hospital partner administrative staff, and Non-SDCTP post-acute providers from hospice, home health and skilled nursing facilities to learn about the impact that the Community-based Care Transitions Program (CCTP) has had on patients, caregivers and the healthcare delivery system in San Diego County. They met with a patient and caregiver who received care transition support through CCTP. They participated in a demo of AIS' data tracking, monitoring and reporting application, ALEX, and learned how the hospitals identify high risk patients to participate in CCTP. At the conclusion of their visit, Ms. Gass and Dr. LaRocca expressed their gratitude to AIS for coordinating a very fruitful site visit. They complemented the SDCTP on all it has accomplished and commented that they have never seen the collaboration and care coordination that is happening in San Diego County anywhere else in the country. They further stated that the rest of the country has much to learn from San Diego County.

The Coordinated Care Initiative (CCI)

As the Regional Aging and Disability Service and Advocacy Coalition for San Diego County funded by The SCAN Foundation, the LTCIP has been actively engaged in the implementation of the Coordinated Care Initiative (CCI) in San Diego County by supporting both the CCI Advisory Committee and the CCI Communication Workgroup. The October CCI Advisory Committee meeting was cancelled, as a majority of health plan representatives and MSSP provider staff were attending a meeting in Sacramento hosted by Department of Health Care Service (DHCS) to advance the planning of the MSSP transition to managed care.

According to DHCS, as of September 1, 2015, 17,359 San Diegans were actively enrolled in Cal MediConnect (CMC). There are 132 pending enrollments for the month of October representing individuals who become eligible for Medicare due to age-ins and SSI waiting period expiration. The overall opt-out and disenrollment rate from CMC in San Diego County still remains at about 65%.

Brenda Schmitthenner, MPA, Aging Program Administrator
Health and Human Services Agency, Aging & Independence Services (AIS)
Manager of the Long Term Care Integration Project (LTCIP)