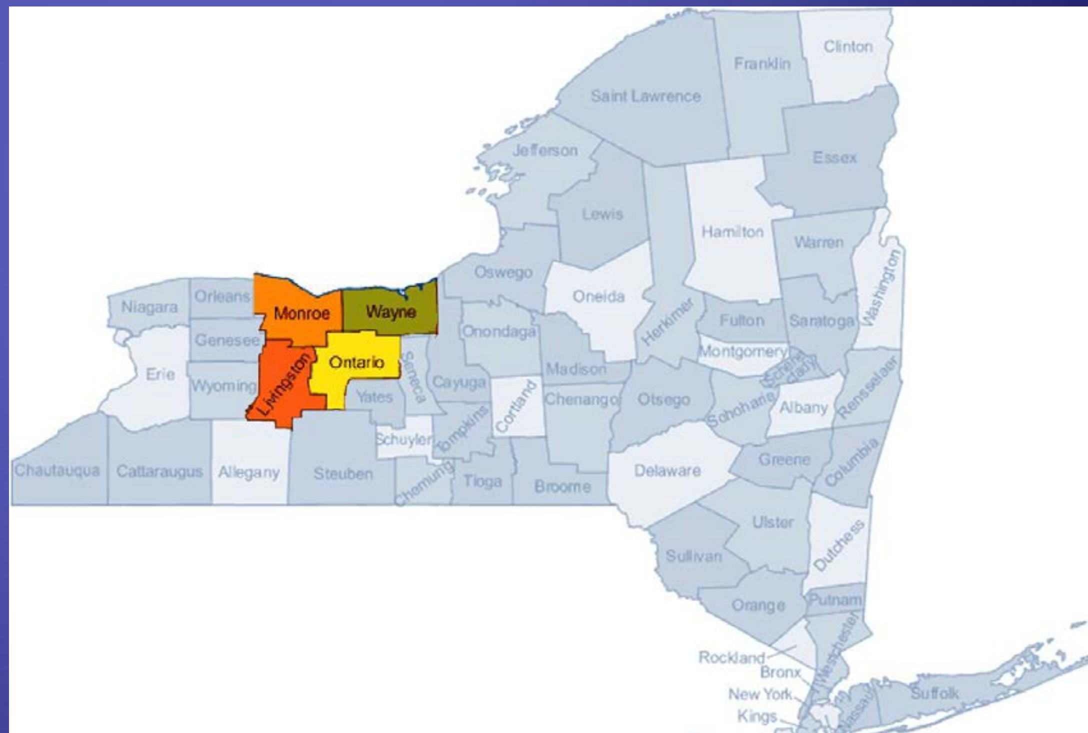
"Implementing Managed Long Term Care in NYS and What You Need to Know"

"The Rochester Experience - Journey"

Albany Guardian Society

April 18, 2013



About Lifespan of Greater Rochester

A community-based aging service provider providing more than 30 non-medical services (inc. care management, elder abuse intervention, Ombudsman, mental health counseling, chronic disease self-management & more) to help older adult take on the challenges & opportunities of longer life.

Aging Service Network in Health & Wellness

- NY Connects
- Chronic Disease Self-Care Management
- Falls Prevention
- Nutrition
- Transportation
- Care Transitions
- PEARLS

The Problem: “Perfect Storm”

- Rochester - Not enough hospital beds – Berger
- The aging boom
- Caregiver decline
- Financial instability
- Workforce shortage
- Disparities

It's About the Money…

- How to save money
  - Coordinating Care
  - Reducing Risk
  - How to shift to home and community-based services (less expensive)

Finger Lakes Health Systems Agency - Only fully functioning health planning organization.

Vision: A local health-care system that makes people healthier and saves money, by delivering the right care, in the right place, and at the right time for everyone in the community.

Mission: We are an independent organization working to improve health care in Rochester and the Finger Lakes region, by analyzing the needs of the community, bringing together stakeholders and organizations to solve health problems, and measuring results.

System Performance	Capacity Management	Community Health
Quality and efficiency—Making the best use of health-system resources	*Infrastructure optimization*—Achieving the right number and type of facilities	*Patient responsibility*—Educating and engaging consumers to improve their own health and require less care
The right care.	**In the right place.**	**At the right time.**

Finger Lakes Health Systems Agency - Community Table for Important Issues.

The 2020 Commission recommended that FLHSA convene the 2020 Performance Commission:

SAGE Commission – Aging and Long Term Care

Health Homes

DISCO's

Mandatory Managed Long Term Care

Systems Redesign

Measures Defined by 2020 Performance Commission

- Agreed Upon Measures for 2014:
  - PQI (Prevention Quality Indicators) admissions: goal to decrease by 25%.
  - Low acuity ED visits: goal to decrease by 15%.
  - Low acuity admissions to Monroe County hospitals: goal to decrease by 20%.
- Implied goal: have the right bed available 99% of the time (this was the measure used to calculate the beds needed to determine bed need).

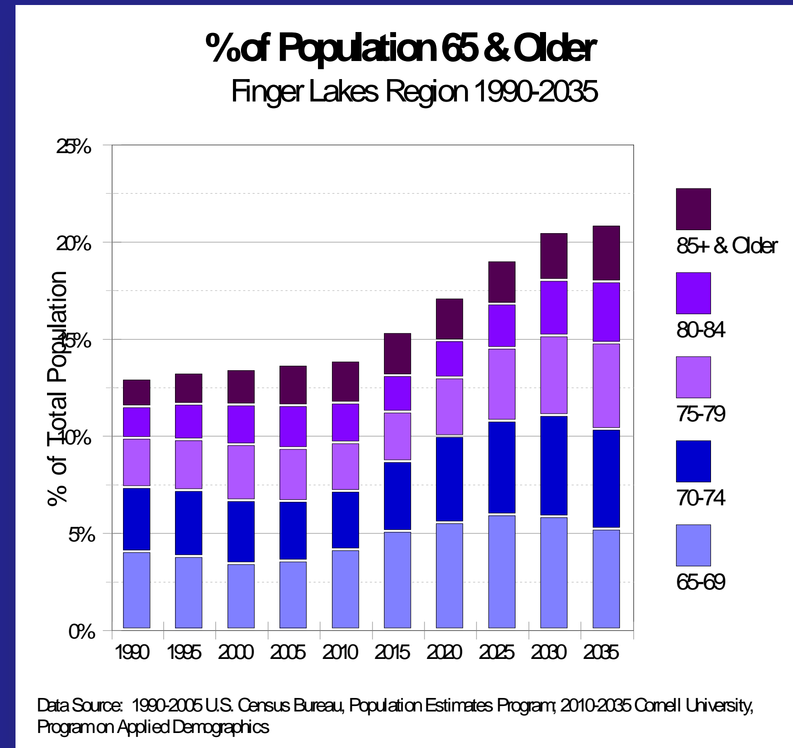
Sage Commission

- Create a vision of a service system to support the older adult population to age well and maintain their highest level of functioning.
- Address the health status and needs of elders with special attention to minimizing disparities in health status and improving access to care.
- A continuum of services should provide:
  - the right care
  - at the right time
  - at an acceptable place
  - by the most appropriate personnel
  - at a cost that is affordable to the person and sustainable for taxpayers

Aging Population Boom
Estimated Population Changes 2000-2035

- Age 65+ population to increase from 13% to 21% of FL region's population

- Age 75+ population to increase from 6% to 10% in FL region



August 1, 2014

FLHSA Regional Hospitalization Rates

3 Year Average by Age

Hospitalization Rate per 100,000 Pop.

50000
40000
30000
20000
10000
0

Under 15 | 15-24 | 25-44 | 45-64 | 65-74 | 75+

Age Cohort

Source:New York State Department of Health SPARCS File

Community-Based Services and Health Care Did Not Interact or Intersect - Breaking Down the Siloes of Care

Historically siloed systems

Health Care Blind Side – what happens on the other side of the health care door impacts health & safety.

Aging Service Network did not have any direct contact with health care. Worked in isolation of health care.

Rochester is preparing for the new realities of health care

- Care Transitions Program – Dr. Eric Coleman. Lifespan is the lead.
- Center for Medicare and Medicaid Innovation (CMMI) – $26 million. Largest in the nation. Lifespan's role…

In addition….

- Health Homes
- DISCO's
- Mandatory Managed Long-Term Care
- Expansion of PACE

Measuring Success in Rochester

Population Health

- Readmissions

Experience of Care

- Access
- CAHPS surveys

***Per Capita* Cost**

- ED use
- PQI admissions
- Admissions from outlying communities

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Why the Aging Network/ Community Based Services

- Assessment
- Identifying resources
- Focus on the Caregivers – after all, they make it work.
- Cost-effective services
- Person centered – person directed

Shift has worked in other States

- Wisconsin
  - Single-point of entry
  - Counseling
  - Prevention
  - Early intervention
- Massachusetts
- Oregon
- Vermont

Managed Long-Term Care

Social Adult Day – For persons with DD

Home Modifications

Care Coordination

Family/ Caregiver Support

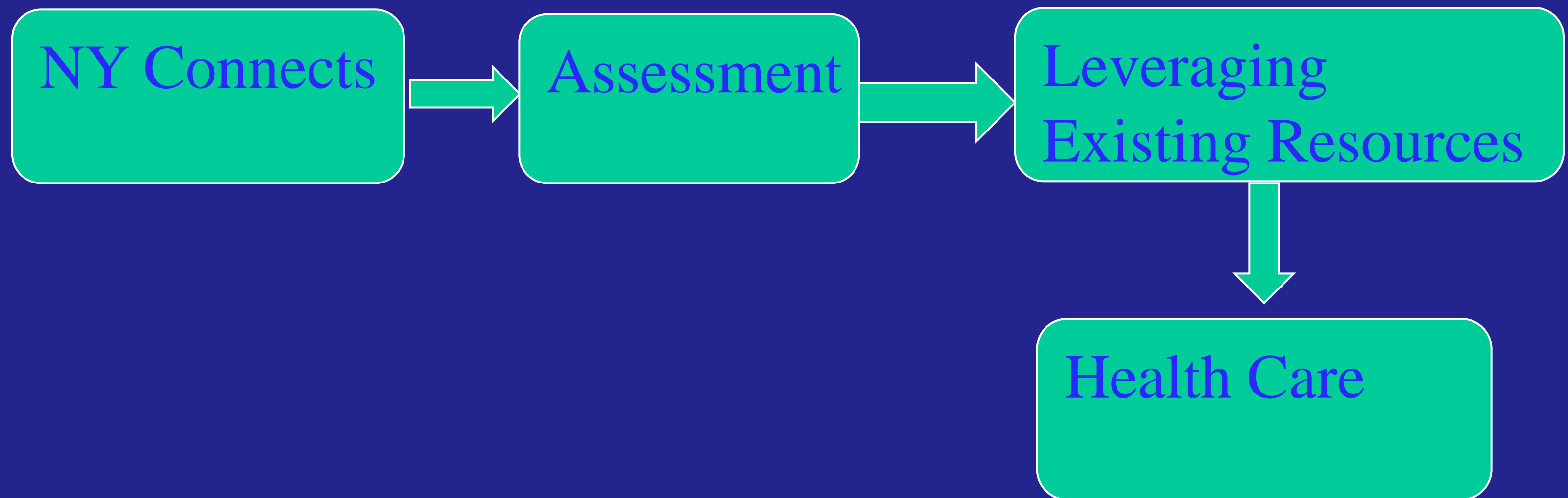
Expansion – use of NY Connects

Chronic Disease Self-Care Management

Lessons/Challenges

- Health care community does not know what to do.
- The health care – community service divide is bigger than I thought.
- Managing Risk
- Care management across systems – hospitals, nursing homes, home
- Home care agencies think they do what we do.

How do we integrate?



Lessons/Challenges

- There are multiple stakeholders with the same goal of reducing readmissions. This requires ***frequent communication.***
- We do not have our per unit costs like health care. Work in progress.
- We do not have health care outcomes.

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