Cigna

Aging and Disa

BUSINESS INST

Connecting Communities and He

EBLC

Pre-Conference Inter
New Directions and Opportunit
Evidence-Based Programming I
Innovating Together: *Talking the*
and Walking the

Courtney Baldr
Corporate Relation
Business Developm
Consultant,

Chronic diseases and conditions are a
most common, costly, and preventable
problems.

PROVIDES OPPORTUNITY TO IMPROV

In the United States, chronic diseases an
conditions and the health risk behaviors
them account for most health care costs.

Eighty-six percent of the nation's $2.7 tri
health care expenditures are for people v
chronic and mental health conditions

Evidenced Based Programs

Health Outcomes + Cost Savir
Contracting Opportunities

How Do AAAs take Evidenced I
Programs and turn them into sus
services contracted by the bro
integrated care system?

Michelle Bentzien-Purrington, Vice President, Managed Lon
Services and Supports, Molina Healthcare Inc.

Donald R. Smith, Vice President, Community Development
Director, Area Agency on Aging, United Way of Tarrant Coun

Carol Zernial, Executive Director, WellMed Charitable Found

Doni Green, Aging Director, North Central Texas AAA

Johnny Gore, MD, Senior Medical Director, Star+Plus, Cigna

Texas Healthy at Home (1 of 3)

Program funded by Cigna HealthSpring, provide
Medicaid only members by association of Area
on Aging and Local Authority:

- Care Transitions Intervention (CTI)
- HomeMeds

Goal: Reduction of potentially preventable reac

Texas Healthy at Home (2 of 3)

Challenges:

- Access to hospitals (particularly for facilities o network)
- Access to hospital data feeds
- Interagency communication/reporting
- Limitations of CTI with members who have poo controlled severe mental illness, cognitive imp

Texas Healthy at Home (3 of 3)

Next Steps:

- Monthly meetings between Cigna service coo
  and Healthy at Home transition coaches
- "Safe at Home" (behavioral health pilot)
- Disease management intervention, with enroll
  extending up to one year
- Advanced CTI training to better serve family c

Illinois Pathways to Health

n4a Pre-Conference Intensive

July , 2017

Savannah, Georgia

Current Funding

Funding Type	Details
Federal Grant Funding	• ACL CDSME • Partnerships to Improve Community Health (through Cook County Department of Public Health • Title IIID Older Americans Act
Community Foundation Funding	• Community Memorial Foundation
Corporate Support	• CVS Pharmacy (Grant)
Fee for Service	• Illinois Health and Hospital System (Training and TA for DSMP with hospitals) • Telligen (implement DSMP)

New and Continued Funding Prospects

Funding Type	Details
Federal Grant Funding	• ACL CDSME (applied for new 3 year grant) • Title IIID Older Americans Act
Community Foundation Funding	• Hospital Conversion Foundations • Other Foundations
Corporate Support	• CVS Pharmacy (Grant) • Corporate sponsorship (of books, workshops, etc.)
Fee for Service	• Illinois Medicaid Pilot (4 MCOs, one contract in process, 18 workshops) • Telligen (implement DSMP) • Medicare billing DSME & MNT (AADE recert. in progress • Medicare billing HBAI (exploring) • Hospital/Health Clinic DSMP purchase (proof of concept pending) • Department of Corrections

Overall Goal - Referral translates "community as part of the care continuum" into reality

Traditional Community Referral

•Brochures given to patients to self-refer

OR

•Paper form completed and faxed to community group

•Outreach only during clinical visits

•No feedback to clinical setting

Point of Care Referral

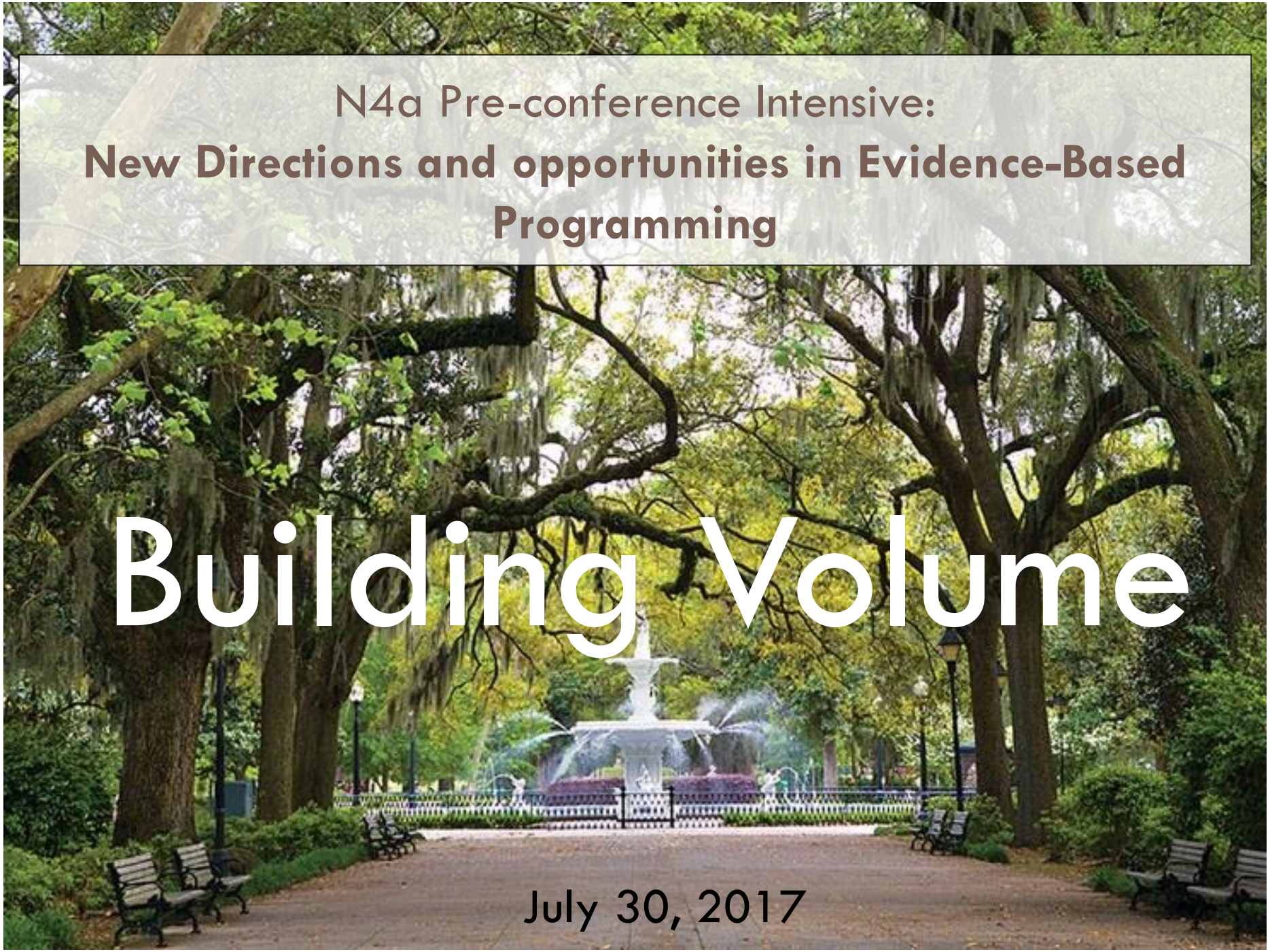
•EHR Community Referral
•Transmitted like other specialty referrals
•AgeOptions with HIPAA compliant processes and "secure messaging" capabilities

Registry Referral

•List of patients generated through population health IT transmitted to AgeOptions to support outreach
•Engages patients outside of clinic visit
•Does not rely on providers to initiate the process

Evidenced Based Programs

Health Outcomes + Cost Savin
Contracting Opportunities



N4a Pre-conference Intensive:

New Directions and opportunities in Evidence-Based Programming

Building Volume

July 30, 2017

Presenters

Paige Denison, Director, Health and Wellness, Sound Generations

Stephanie Fallcreek, CEO, Fairhill Partners

Susan L. Hughes, PhD, Co-Director, Center for Research on Health and Aging Institute for Health Research and Policy and Professor, Community Health Sciences, School of Public Health, University of Illinois at Chicago

Maripat Gallas, Director of Implementation, Consortium for Older Adult Wellness

Melissa Pruitt, Wellness Services Coordinator, Boulder County AAA

Amy Adams, Training and Technical Assistance Director, HomeMeds, Partners in Care Foundation

Mary Anne Foley, Chief Operating Officer, Jewish Association on Aging

Building Volume

EBLC Presenters:

- Paige Denison, Director – Health & Wellness and Project Enhance: EnhanceFitness/EnhanceWellness, Sound Generations, Seattle, WA

- Stephanie Fallcreek, CEO – Fairhill Partners, Cleveland, OH

- Susan L. Hughes, PhD – Developer of Fit & Strong!, Co-Director, Center for Research on Health and Aging, Institute for Health Research and Policy Professor, School of Public Health, University of Illinois at Chicago

Evidence-Based Leadership Council

The mission of the Evidence-Based Leadership Council (EBLC) is to increase delivery of evidence-based programs to measurably improve health and well-being of diverse adult populations.

www.eblcprograms.org

Building Volume:

Developing Partnerships for Sustainability

Successful Strategies for Partnering

- Program Administrator Perspective

  Enhance®Fitness and Enhance®Wellness

  Large Nonprofits with Sub-Distributor Licenses

  Medicare Advantage Plan Reimbursement

- Multi-Service CBO Perspectives

  Local Networks

  Community Clinical Linkages

Building Volume:
Leveraging Multiple Evidence-Based Programs to Create Demand

Fostering an Environment for Growth/ Capacity Building to Meet Demand

- Program Administrator Perspective
  - Training Strategies and Support
  - Streamlining Fidelity/Data Systems

- CBO Perspective
  - Inclusion
  - Referrals – EBP to EBP, Physician, Participant

Developer Case Study

Fit & Strong! overview

- 8 week physical activity/disease management program for persons with arthritis and mobility challenges
- Building Capacity
  - Most Successful Strategies
    - Collaboration with larger organizations and systems
    - Developing the capacity for a lay leader model and training
    - Multiple certifications- it takes effort but pays off
      - CDC Arthritis Division, NIH/NIOSH RTIPS, ACL/NCOA; American Physical Therapy Association

Key Partners

- AAA example- Cook County- in all City of Chicago Sr. Centers and satellites, Cook Co and multiple sites in collar counties

- Catholic Charities, MN- very rapid start up; Catholic Charities has partnerships with multiple sites in So MN; access to Senior Volunteers; lay leader model trains instructors in multiple programs

- National Recreation and Parks Association in collaboration with CDC Arthritis initiative; 4 site pilot, plans to expand to 14 more sites/states in fall

Building Demand

- Webinars
- Conferences
- Word of Mouth (priceless!)
- Collaborating with licensed sites that have good ties to the community
- Local media coverage

We want to hear from you!

- Top strategies for building volume in your CBO?
- Who have been key partners/ why?
- How have you built demand or worked with partners to build demand?
- How would an AAA/CBO build volume for multiple programs?

- **How can we help you build capacity and increase access to EBPs in your community?**

Your EBLC Resource

- Program Developer members have national view on what works in different communities and parts of country
- CBO members reach an amazingly array of program participants with many kids of partnerships. From single site programs to regional and statewide networks, they can help you identify and address the challenges of building volume and delivering multiple evidence-based programs.
- EBLC can team you up with a Developer, a CBO or both to address challenges you may experience

Find out more!

- EBLC
  - www.eblcprograms.org
  - eblc@eblcprograms.org

- Paige Denison | paiged@soundgenerations.org
- Stephanie FallCreek | SFallCreek@fairhillpartners.org
- Sue Hughes | shughes@uic.edu

Referral Process

BCH Provider uses letter for self-management follow-up with patient .

COAW/AAA/BCH meet to discuss self-management.

BCH Provider/clinic staff introduce CDSME opportunity to patient.

Patient agrees to referral .

HIPAA Referral form sent to COAW-secure email or fax.

COAW/AAA contacts referred patient and enrolls in workshop.

COAW/AAA communicates with BCH regularly regarding patients who enroll or decline.

Patient attends CDSME workshop.

As part of the CDSME program, patient writes a letter to BCH Provider describing impact of workshop.

Boulder County AREA AGENCY ON AGING Community Services Department

Consortium for Older Adult Wellness

CONTACT INFORMATION:

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Boulder County AREA AGENCY ON AGING Community Services Department

Coaw Consortium for Older Adult Wellness

HOMEMEDS

An Innovative Approach to Medication Management

Partners in Care FOUNDATION
changing the shape of health care

PRESENTED BY:
Amy Adams, Partners in Care
Mary Anne Foley, RN MSN, Jewish Association on Aging/AgeWell Pittsburgh

AgeWell Pittsburgh

Jewish Association on Aging
Celebrating 110 Years
1906 2016

Why HOMEMEDS?

- Unidentified medication related problems can result in increased ER visits and hospitalizations.
- Nearly 50% of older adults living at home report inappropriate medication use.
- Medication errors are:
  - Serious
  - Costly
  - Common
  - Preventable

Partners in Care FOUNDATION
changing the shape of health care

AgeWell Pittsburgh

HomeMeds℠ Endorsement

HomeMeds℠

- an approved *Disease Prevention and Health Promotion* program.
- Included in the *National Registry for Evidence-based Programs and Practices*.
- *Strong evidence rating on the US Agency for Healthcare Research and Quality (AHRQ) Innovation Exchange.*
- *Implemented in over 20 states*.

Successfully implemented in area agencies on aging, senior centers, post-acute care transitions programs, home-delivered meals programs, fall prevention collaboratives, care management programs, and assisted living.

WHO IS AGEWELL PITTSBURGH

A Collaboration between Jewish Association on Aging, Jewish Community Center of Greater Pittsburgh and Jewish Family & Children's Service

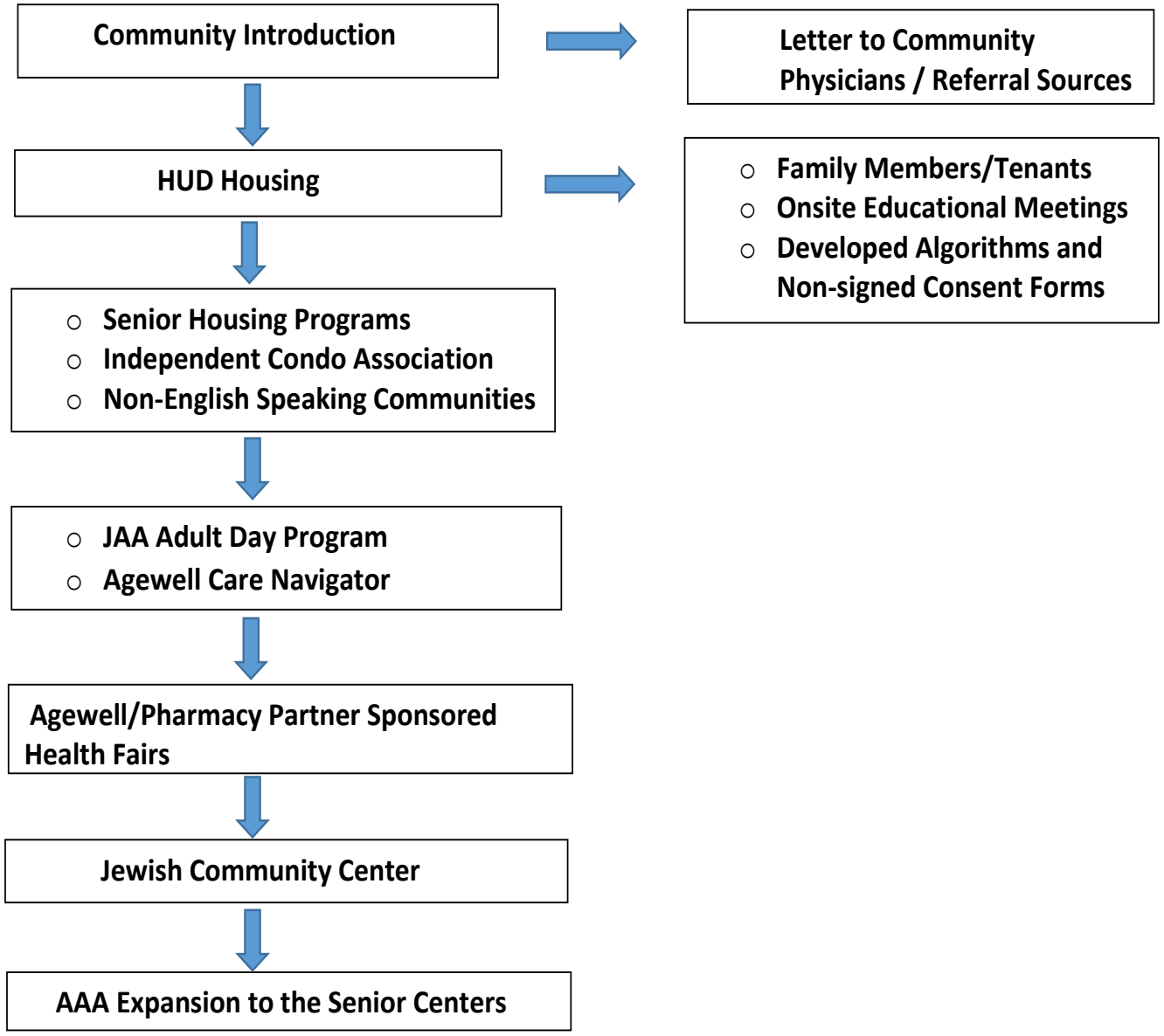
- **Mission**: Helping older adults continue to live independently in their own homes
- **Goal**: Identifying seniors at risk of losing their independence and helping them connect to services.

JEWISH ASSOCIATION ON AGING
Celebrating 110 Years
1906 2016

JCC PGH

JEWISH FAMILY & CHILDREN'S SERVICE OF PITTSBURGH

Agewell Pittsburgh HomeMeds History



WHY Partner with AAA's

- More expansive reach through various programs
- Client/consumer centered
- Improved care coordination through collaboration
- Title III-D reimbursement

Partners in Care FOUNDATION
changing the shape of health care

AgeWell Pittsburgh

Best Practice Protocols Established

- **Local pharmaceutical partner**
- **Meet the Pharmacist presentation**
- **Outreach and marketing**
- **Instructions for participants**
- **Informed Consent Form**
- **Offered monthly**
- **Hotline**

Partners in Care FOUNDATION
changing the shape of health care

AgeWell Pittsburgh

Success Stories

Contact Information

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HomeMeds Director
Partners in Care Foundation
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Jewish Association on Aging
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Best Practices Established by Agewell Pittsburgh

HomeMeds: Medication Management Improvement System
Informed Consent

You are invited to participate in a nationally acclaimed, evidenced based medication safety program, called AgeWell Pittsburgh HomeMeds in collaboration with The Center for Pharmacy Services, operated by Duquesne University, developed by Partners in Care Foundation. You may participate in this program if you are an older adult, living at home and taking medications. HomeMeds is designed to address medication safety and quality-of-life issues by screening for and resolving certain medication problems (either actual or potential).

Program Description: AgeWell Pittsburgh HomeMeds staff will enter your information gathered during the medication assessment, which is done one on one with you and one of our staff, into a computer and notify you if there are any potential medication problems. A nurse and/ or possibly a pharmacist will review the information and, in some cases, follow-up with your doctor(s) to help resolve certain issues such as duplication of medications. A copy of the information you provide to our staff during the interview will be provided to you for your reference. In addition, you are encouraged to take that list to all of your doctor's appointments.

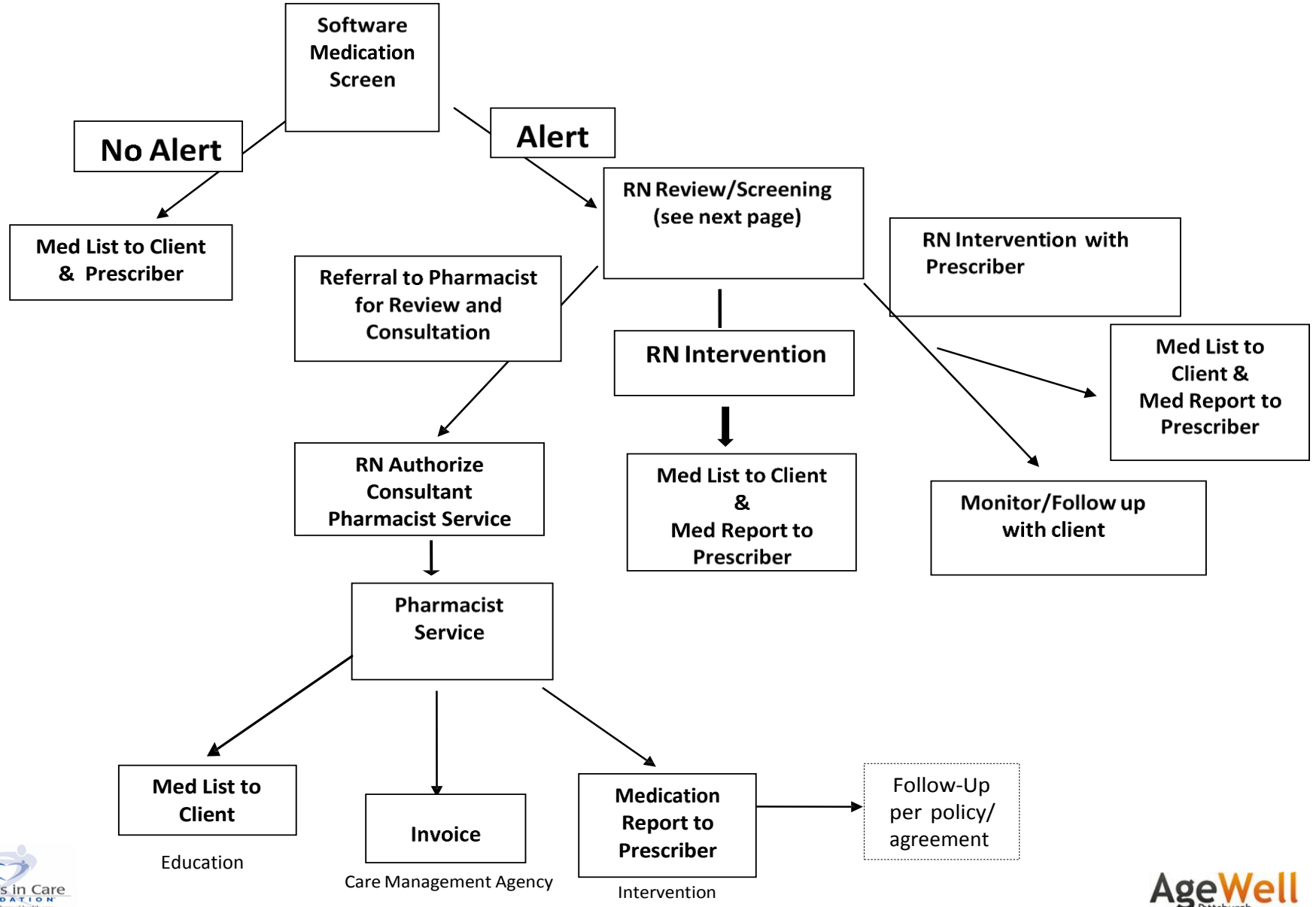
Discomforts and Risks: AgeWell Pittsburgh HomeMeds addresses a limited number of medication problems only. If your information does not result in an alert about potential problems this does NOT mean necessarily that you have no problems with medications. Always take your full medication information with you to doctor's appointments. It is also possible that HomeMeds will identify a potential problem medication that turns out to be acceptable-you and your doctor and/or personal pharmacist must decide about the right medications for you. Staff in the AgeWell Pittsburgh, HomeMeds program do not have the authority to make changes to your medications without the written approval from your physician.

Benefits: You may benefit from participating in this program by learning new information about your medications, such as which medications are duplicative of other medications you are currently taking, or learning about symptoms or problems that could be caused by your medications.

Confidentiality: AgeWell Pittsburgh has taken rigorous steps to keep your information confidential. Any information that is obtained in connection with HomeMeds and that can be identified with you will remain confidential and will be disclosed only to your doctor(s) and the HomeMeds pharmacists, except with your permission or as required by law. Your information will only be shared with agencies that we have a Health Insurance Portability and Accountability Act (HIPAA) Business Associate confidentiality agreement with. Partners in Care may make use of data about medication use but only after removing your personal information (name, date of birth, and any other identification).

Right to withdraw: You have the right to refuse to participate in this program at any time. Whether or not you choose to be in the program will not affect any personal consideration or right you usually expect. Any services you currently receive will not be affected nor will names of participants be revealed to any personnel not currently involved in your care. You may choose not to answer certain questions that you do not want to answer. You may withdraw your consent at any time and discontinue participation. You are not waiving any legal claims, rights, or remedies because of your participation in this program.

By completing this medication assessment you consent to participate in the AgeWell Pittsburgh HomeMeds program. Please keep this letter for your reference. Questions: If you have any questions or concerns about HomeMeds, please feel free to ask now. If you have any questions in the future please contact Maxine Horn at 412-422-0400 or mhorn@jfcs.org.


Software Medication Screen
No Alert
Alert
Med List to Client & Prescriber
RN Review/Screening (see next page)
RN Intervention with Prescriber
Referral to Pharmacist for Review and Consultation
RN Intervention
Med List to Client & Med Report to Prescriber
RN Authorize Consultant Pharmacist Service
Med List to Client & Med Report to Prescriber
Monitor/Follow up with client
Pharmacist Service
Med List to Client
Education
Invoice
Care Management Agency
Medication Report to Prescriber
Intervention
Follow-Up per policy/ agreement

We recommend sending a copy of medication report to the prescriber per agency policy/procedure

No alerts:

- RN does client health /medication education as needed, e.g. management of high-risk medications such as Coumadin

ALERTS generated:

RN Screens alerts → RN Intervention: RN reviews and resolves alerts (regimen therapeutically appropriate).

Alert: Potential therapeutic duplication:

- ✓ Action: a) Review and rule out medications that are appropriate combinations, e.g. routine and prn pain medications b) resolve alert*
- Scenario #1: Client is taking a routine opioid pain medication and a prn opioid for breakthrough pain that alerts for potential therapeutic duplication. RN clarifies that the client is using the meds appropriately and that pain is controlled.

Alert: NSAID use with risk factor (e.g. concurrent use of warfarin, a high-risk medication):

- ✓ Action: a) Verify with client that prescriber is aware of use, particularly OTC NSAID use. b) Resolve alert in software.
- Scenario #2 Patients is using an OTC ibuprofen and also takes warfarin daily. RN verifies that the warfarin is being monitored monthly at an anticoagulation clinic, and that the patient has told clinic about the NSAID use.

We recommend sending a copy of medication report to the prescriber per agency policy/procedure with notes about actions taken.

RN screens alerts → Intervention Needed by prescriber →RN contacts the prescriber directly

Alert: Therapeutic duplication –

- ✓ Action: Clarify orders; request discontinuation of duplicate medication
- Scenario #1: Patient recently hospitalized is taking Lisinopril/HCTZ received at discharge and HCTZ dispensed a month ago, both from the same prescriber. RN contacts prescriber to clarify orders for HCTZ.
  If MD discontinues HCTZ, RN should update med list, removing HCTZ(it will archive and should remove alert).
- Scenario #2: Client is taking Nexium mg from MD#1 and prevacid from MD #2 (2 protein-pump inhibitors).
  The RN calls/faxes primary physician's office asks if one can be discontinued. If faxed, MD's office will call client with new orders. CM should follow-up with client at next scheduled contact about changes in meds. CM resolves alerts. *

Cardiac alerts: See HomeMeds protocols for specific alerts and follow-up. Some cardiac issues might require pharmacist review.

Other Alerts: NSAID use with risk factor: Can send MD report to PCP with FYI about NSAID use for further review.

Fall/confusion: Can send MD report to PCP with recommendation to review psychotropic use/dosing if not a complex case.

We recommend sending a copy of medication report to the prescriber per agency policy/procedure with notes about any actions taken or follow-up needed from prescriber.

RN Screens alerts → Pharmacist Review and consultation indicated:

Alert: Therapeutic duplication: complex cases, e.g. use of 2 or more psychotropics (e.g 2 antidepressants to control depression).
Alerts: Falls and confusion possibly related to psychotropic medication use

- ✓ Action: Discuss in care planning; refer to consultant pharmacist for review and follow-up with prescriber.
  - Scenario #1: Client recently discharged from hospital states she's had recent falls. Her medication regimen includes numerous medications including several psychotropics for chronic depression and insomnia. Her blood pressure is low, and she is somewhat sedated Software alerts for potential problems with falls and concurrent use of anti-depressants and sleeping medications.
    The RN confers in care conference, includes referral to consultant pharmacist as part of the care plan.

Other(non-alerts): Complex medication regimens: Multiple medications, doses, need for medication adherence device.
Other cases where medication issues seem to be impacting function, ability to remain at home.
Consultant will send a copy of medication report to the prescriber per agency policy/procedure with notes about any actions taken or follow-up needed from prescriber.

Alerts, complex situations or medication regimens to consider for pharmacist referral:

- Lack of available community pharmacist to assist with identified potential medication issues
- Alert: Confusion possibly related to meds
- Alert: Falls possibly related to meds
- Alert: Multiple alerts for potential therapeutic duplication of same drug classes or multiple prescribers
- Alert: NSAIDs and concurrent Coumadin and/or steroid use
- Complex medication regimens: Multiple medications, doses,; need for medication adherence device.
- Other cases where medication use seems to be impacting function, ability to remain at home.

Consultant Pharmacist Review:

Comprehensive medication review, targeted review, patient/caregiver phone call, follow-up, home visit, etc.
Likely includes communication of review to primary care physician and/or other prescribers

Quality improvement: Alert HomeMeds team if you identify any false positives or false negatives or other issues with the software.

* As of 10/30/12 therapeutic duplication alerts cannot be resolved directly in HomeMeds software using drop down menu.

Sample Outcome Report