

Implementing a Statewide ADRC Care Transitions Program: Tips and Toolkit

Washington State's Community Living Connections Care Transitions Program

Building sustainability through a partnership with the Quality Improvement Organization (QIO)

2013 AIRS Conference: Tuesday June 4th

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Current Status:

Washington State's ADRC Program:

- Branding: *Community Living Connections*
- 13 AAAs in State – 4 are established ADRC pilots
- Washington is building on the Senior I&A infrastructure for ADRC development and expansion
 - AAAs charged with facilitating coordinated ADRC networks – No-Wrong-Door Access and Options Counseling
 - Local tailoring
 - Partnerships
- Approved Five-year Expansion Plan
- Four ADRC pilots: 16 out of 39 counties
 - 2005 AoA ADRC grantee: 1st pilot
 - 2009 AoA ADRC Expansion grantee: 3 new pilots
 - 2010 AoA Option D Evidence-Based CT Grant:
 - 2 of the 4 pilots – but have expanded training and support to 11 AAA PSAs
- Statewide ADRC Expansion:
 - Implementation Tools: Partnership, Marketing, & Standards
 - Fiscal Sustainability Plan and Quality Improvement Plans in Development
 - 2013 ACL ADRC Enhanced Options Counseling Part A Grant
 - 2013 CMS SHIP/ADRC Medicare/Medicaid Options Counseling Grant

Current Status:

Washington State's ADRC Care Transitions Program:

- Model: Care Transitions Intervention[®] (Coleman Model, CTI)
- Coleman Team Coach CTI Training:
 - Over 80 CTI coaches trained:
 - Small group, individual, and 2 statewide trainings
 - Eleven of thirteen AAAs
 - Braided Funding
- Community Care Transitions Program (CCTP):
 - Affordable Care Act Section 3026
 - CMS funded
 - 4 AAAs authorized to receive CCTP funding (one as a partner)
- Published 2nd edition of the *Washington State ADRC Care Transitions Intervention Tool Kit*

ADRC Care Transitions Progress 2009 – 2013

- **2009:**
 - NWRC participates in Qualis Health's 9th Scope of Work project, Stepping Stones.
- **2010:**
 - SE WA ALTC's ADRCs officially open 8/1/2010
 - NWRC's Whatcom County ADRC officially opens 10/01/2010
 - Washington State is awarded a 2-year AoA-funded Evidence-based Care Transitions grant. Two ADRCs participating: NWRC and SE WA ALTC.
 - NWRC ADRC establishes its Care Transitions Program in Whatcom County
- **2011:**
 - NWRC Expands its Care Transitions Program to Skagit County
 - SE WA ALTC initiates its Care Transitions Program in Yakima and Benton/Franklin Counties
 - SE WA ALTC and Pierce County ADRC submit applications for ACA Section 3026 (CCTP) funding.
 - NWRC joins with the Whatcom County Healthcare Alliance to submit a CCTP application

ADRC Care Transitions Progress 2009 – 2012

- **2012-2013:**

- ADSA and W4A sponsored two statewide evidence-based Care Transitions Program[®] (Eric Coleman, MD., et al) Coach Training in 2012: 11 AAAs participated.
- Four Area Agencies on Aging authorized to receive ACA Section 3026, Community Care Transitions Partnership (CCTP) funding: PSAs 5, 9, and 11 as the primary CBO and PSA 2 as a partner.
- Qualis Health partnered with ADSA to produce a Care Transitions Toolkit for organizations and personnel that have completed the Care Transitions Program Coach Training: 2nd edition completed.
- Senior Services Snohomish Co.: Local Grant funds Care Transitions
- Aging & Adult Care of Central Washington: re-allocated current funding: OAA TIII B, D and state Senior Citizens Services Act funds
- Duals Project (Fee for Service) Health Homes: AAA participation
- Duals project Fully Capitated Managed Long-term Services and Supports: 2 counties
- 2012 ADRC Enhanced Options Counseling Part A Grant
 - State-specific Evaluation and Quality Improvement Plan Development
- 2013: continued CTI technical assistance and mentoring by QIO.

Summary: Collaborations Between SUA, QIO, Coleman Team, ADRCs, Hospitals, & Insignia

- Qualis Health (QIO) (<http://www.qualishealth.org>):
 - CTI Training/Mentoring (with Coleman Team)
 - initially under CMS 9th scope of work for NWRC ADRC
 - Later: under the AoA ACA Option D Evidence-Based Care Transitions Grant (No Cost Extension) and OAA TIII B Administrative funds
 - Statewide Trainings: OAA T III B Administrative funds from SUA
 - Care Transitions Toolbox
 - Hospital Relations and ACA Section 3026 (CCTP)TA
- ADRCs: 2 initial under 2010 AoA Evidence-based Care Transitions Grant
 - Northwest Regional Council ADRC (1st & 2nd year):
 - Whatcom County: St Joseph Hospital – Peace Health
 - Skagit County: Skagit Valley Hospital
 - Southeast Washington Aging & LTC ADRC (2nd yr):
 - Yakima County: 4 hospitals
 - Benton/Franklin Counties: 3 hospitals
 - 9 additional ADRCs and related hospital partnerships followed statewide trainings.
- Insignia Health (www.insigniahealth.com):
 - PAM Training and Electronic Score Tracking (CCTP also now)

SUA Perspective: Building Statewide Care Transitions Program Sustainability Through a Partnership with the QIO

- **Thoughtful Participation in Statewide ADRC Planning & Policy Committee**
 - Dialogue, Relationship-Building, and Brainstorming
- **Unique Opportunities from 9th Scope of Work for AoA Option D Grant project:**
 - Existing Framework for Rapid Implementation
 - Trained Coaches and Thorough Knowledge of the Care Transitions Program[®]
 - Shared Knowledge, Excitement, and Commitment
 - Both AAA and QIO invested in having Quality Care Transitions in Pilot Community
- **Taking the Time Needed:**
 - Commitment to Training and Mentoring
 - Troubleshooting
 - Process Thinking
- **QIO Role Expertise**
 - Hospital Leadership, Structure, and Staff
 - Training & Technical Assistance
 - Developing Training Collateral
 - Evaluation and Quality Improvement Processes (e.g. Root Cause Analysis) and Reports
- **Community Care Transitions Program:**
 - 10th Scope of Work Technical Assistance to AAAs and other community-based and healthcare organizations
 - Expanding the concept and understanding of Community-based Providers for Hospitals and other Healthcare providers
- **Trust & Teamwork**

QIO Perspective: Supporting Quality Care Transitions Programs - Working with the SUAs and AAAs

- ***CMS 9th Scope of Work***
 - NWRC roles
 - Lessons Learned
- ***Washington State ADRC Planning & Policy Committee Experience***
 - Learning about the ADRC Concept and Washington State Process
- ***2010 AoA Option D Evidence-Based Care Transitions grant Activities***
 - Initial Work Plan
 - ADRC Training & Technical Assistance
 - Washington State ADRC Care Transitions Intervention Tool Kit
 - Evaluation Assistance
 - Revised Work Plan
 - Post CTI Training: Expand to Additional ADRCs
- ***CMS 10th Scope of Work: Community-based CCTP Technical Assistance***
 - Working with AAAs
 - Application process
 - Forging Relationships with Hospitals
- ***2012 ACL ADRC Enhanced Options Counseling Grant Activities:***
 - Evaluation and Quality Improvement Plan
 - Quality Improvement Training

AAA Perspective: Building Care Transitions Program sustainability through a partnership with the QIO

- **Benefitting from the QIO's relationship with local hospital's leadership:**
 - Continual Program Marketing and Relationship-building
- **Technical Assistance:**
 - AoA 2010 ADRC Evidence-based Care Transitions Grant
 - ACA Section 3026 funding: Community Care Transitions Program (CCTP)
- **Strategies for Success:**
 - Take all referrals initially, and refine later. Reputations are built in the early phase. If someone experiences success they will make more referrals.
- **AAA Infrastructure –No Wrong Door**
 - Integrated LTSS: ADRC, Family Caregiver Support, Medicaid LTSS Case Management, ... Can make referrals to both internal and external programs for future success of clients, and to ensure better outcomes for client and family
 - Anticipated changes: Managed LTSS.

Thoughts for Consideration:

- **Developing/Implementing CT – Overcoming Challenges:**
 - Training resources, relationship-development, and commitment.
 - Culture change
 - Constant training, mentoring, nurturing, adjusting ⇒ quality/fidelity.
 - Selecting/hiring coaches
 - Staff turnover and attrition
 - Conflicting Priorities within both ADRCs and hospitals
 - Variances in language between hospitals and ADRCs
 - No alignment in measures between regulatory bodies
- **SUA/QIO/AAA Partnerships – Key Lessons Learned/Successful Strategies:**
 - Statewide planning & policy development – significant involvement
 - Existing framework for rapid implementation and expansion
 - Initial training; and ongoing mentoring, technical assistance (TA)/support
 - Shared commitment and investment in quality delivery and improvement
 - System level trouble-shooting and process-thinking
 - QIO Role expertise: hospital culture/leadership, CTI Tool Kit, Evaluation, CQI, CCTP coalition development and TA.
 - Show up together as partners

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