National I&R Support Center
Webinar: Public-Private Partnerships at Work
November 29, 2017

Please stand by for realtime captions. >> I want to welcome everyone to this afternoon's webinar. We will get started in one more minute to let folks join the webinar. >> I want to welcome all of our listeners to today's webinar on Public-Private Partnerships at Work in Tampa Florida. To help better connect people in the community to services that they need. My name is Nanette Relave. I manage the national information and referral support center here at NASUAD with support by the Administrative for Community Living. Before we get started with our presentation let me cover a few housekeeping items. These slides , audio recording, and transcript from today's webinar will be posted to the NASUAD website within the next several days. You can visit the section of our website where we have the I&R support center. We have a webpage on monthly calls. As this is where we archive all of our recent webinar publications. You can also see that there is the same web link in the chat box for your reference as well. All of our listeners are on mute during the webinar to help reduce background noise. But we welcome your questions and comments. And you can submit these through the Q&A function which is available on your screen. Please feel free to submit your questions at any time during today's presentation. And we will address questions following the presentation. We also have real-time captioning for today's webinar on your screen on the right-hand side. You should see a media viewer panel. This is on the bottom right. Where the captioning will appear. You can have this panel open or you can minimize it. You may need to enter your name and organization and click submit in order to view the captioning in the media viewer. Additionally, if you're having any difficulty with the media viewer, there is also a webpage where you can go and view the captioning as well. And that web link is also available to you in the chat box. I am really pleased to welcome our three presenters today. Katie Parkinson and Zeke Barbosa , who are both with the Senior Connection Center in Tampa. And Anna Wenders, who is at the University of South Florida. This webinar is a session that was given at the 2017 -- AIRS conference. A good and timely topic and we are really pleased to have our presenters joining us again to share this presentation. This webinar format. There is so many things that are interesting in the presentation. We will hear so much today about social determinants of health. In our aging and disability field we have been doing this for a long time. Helping to connect people to the health and social services that they need. And engaging with healthcare partners really provides an important mechanism for doing so. And also providing education to medical professionals which I think is critical. It's also part of the work we will be sharing more about. Additionally this webinar was rescheduled due to disaster response and relief in the wake of hurricane Irma. I really do want to recognize the senior connection center for being a resource to the community during that time and the aftermath. And of course continuing to support older adults and people with disabilities who are impacted. So with that, I'm going to go ahead and turn it over to our presenters to get us going. So Katie, I will turn it over to you.

Thank you so much. Thank you NASUAD for bringing this forward. Again I'm Katie Parkinson I'm the chief operating officer here at senior connection center. I am joined by Zeke Barbosa who is our information and referral manager. He oversees our older -- Elder health line function at the senior connection center. We also have Anna Wenders. With the University of South Florida . And we are going to be presenting on a program that we have implemented and are into year three. It's very excited. We want to share some of what we have learned through this public-private partnership working as a nonprofit organization ourselves with the University system and the Federally Qualified Health Center. We want to share those benefits of that collaboration. And how that has worked. As well as what partnerships can bring to help strengthen some of those relationships you might have in your community. And especially some of the benefits of what those public-private partnerships can do for your organization. Especially when we look at the need to diversify funds. Regardless of what organization you might represented, rather in a very on agency or another type of nonprofit organization out there, or in University. Hopefully, you will get something from this presentation on how you might be able to approach other entities within your community that maybe you have had making inroads with and be able to further goals that you both are pursuing. I think this project did allow that for us. We also wanted to discuss some of the positive impacts that this program has had on the community in regards to how it educates the medical professionals on available resources. This is getting -- getting to the doctors can be a start. This program allowed us the opportunity to get the doctors early in their career so that they understand what the social network and aging service networks look like for their community.

Briefly some of the topics we will talk on as we go through our presentation will be who are they partners in the project. What is the program. I will referred to our GWEP program. Our Geriatrics Workforce Enhancement Program program. Before bash what we had to do to be able to start it off. Before we could begin, what were some of the steps we had to undergo to launch things successfully? What everyone's roles are. From the FQHC to the University to our organization operating as the Area Agency on Aging and local Aging and Disability Resource Center. What are our roles within this project? How does the partnership act truly work what have the results looked like thus far? What the benefits are in going through those results with you. And as Nanette said, we will have this -- we will have some time to answer questions.

At first I will start off and talking about who are the project partners in this project. I will introduce our organization. The senior connection center. A private nonprofit, 501(c)(3). We are the area agency on aging and the Aging and Disability Resource Center for the West Central Florida area. We cover an area six in the state of Florida. There are 11 area agencies on agency throughout Florida. We are geographically separated throughout the state. We serve Hillsboro, Manatee, Polk, Highlands, and Hardy counties. From very urban settings to rural settings. Depending where you move throughout our planning and service area. Our mission is to help older adults and

persons with disabilities live with independence and dignity. I think this is a fairly consistent mission throughout the nation for area agent -- Aging and Disability Resource Center, and Area Agency on Aging. In our area to give you an idea of what our demographics look like, we have approximately 556,000 seniors that have been identified as 60 years of age or older. And we have approximately 11% of the states elder population. So we are split up geographically among the other 10 area agencies on aging in Florida. That gives you an idea that we are 1/11. We have a very high volume of actual referrals and calls that come in and out of our organization. I want to say earlier this week, Monday, we had 250 calls in one day coming throughout our elder help line. Also to where SHINE department. Which is nationwide. And our long term care services department. We get a high volume of calls and work closely with the eldercare locator at the national level. Helping to make sure those referrals get back to where they need to be throughout the nation. I'm going to go ahead and turn it over to Anna who will talk about the role of the -- introduce the University of South Florida. Hello everyone and as Katie said, I am with the University of South Florida. Go Bulls. In the USF Health is our college of medicine. Our college of nursing. Our college of pharmacy. The school of physical therapy and our new school of physician assistant program. So together our schools which are located on the north campus of USF in Tampa, we have over 50,000 students in the USF system within USF Health we have approximately 10,000 of these students throughout our different programs. What we aimed to do with [Indiscernible], it was an opportunity for our schools within USF Health. Each one has separate calendars. We have very different courses. And we don't have an awful lot of overlap in these programs. [Indiscernible] gave us an opportunity to work together and to collaborate with community partners to train a specific set of our medical students, are pharmacy and physical therapy students and our nursing students as well as medical residents. Those are the students who have completed medical school and are now physicians who are learning in their specialty areas. So we are working to train them. Our faculty instructors and also working with clinical providers both on campus and in the community to better care for older adult patients and their caregivers. So we have five aims with GWEP that help us to accomplish

this goal. First we want to do practice transformation. Which really involves improving workflows. Retraining electronic health records. Providing training in geriatrics. And other things that can help clinical practices run more seamlessly. We also are creating and have created a referral and follow-up system that helps our physicians and the patients get connected with a community-based services and long-term care. Access to long-term care programs. And get that follow-up back to the clinician so they know where patients are at in the system. We also are training our faculty. And our leaders to know more about geriatrics in order to better teach geriatric competency to our students. And provide better care to older adult patients. And finally we are also making sure that our curriculum and our service learning opportunities and our simulation -- stimulation exercises have geriatric competencies built in. Finally we want to also make sure that patients and caregivers in the community know about different resources and what kind of services are available through senior connection

centers and our Alzheimer's disease and related dementias center referred to as the Alzheimer's Institute. I'm also going to talk now about our community clinical partner. Which we have two inner GWEP program. We have an important part of this project centered on Tampa family health centers which serves the city of Tampa proper. And Suncoast community health centers. Which serves the southeastern part of Hillsboro County. Which is a more rural slightly agricultural area. It's further from Tampa proper. And it's more difficult for patients and caregivers to get to our urban providers. The FQHCs, so everybody understands what a FQHC is, these are primary care clinics that receive an enhanced reimbursement fee from Medicare and Medicaid to help them care for medically complex, underserved populations. Perhaps uninsured, low income, working poor, maybe homeless patients, mentally ill, so they get a reimbursement that's a slightly enhanced. So that they can care for these more challenging patients. -- The FQHCs also work on a sliding scale . Meaning they don't turn people away because they don't have an ability to pay. They will work with them and provide essential services with primary care. And those essential services include preventative health care dental services, mental health and substance abuse, and when I say treatment it's really counseling. Transportation can be arranged for patients . And they often have pharmacies, labs, x-ray facilities, they can provide screenings and immunization. It's a one stop shop for the patients. Which makes it very convenient. So these FQHCs also have ongoing quality assurance programs. And the quality assurance aspect is a real important part of the GWEP program. Now GWEP is the geriatrics workforce enhancement program. In a nutshell GWEP is a primary care

workforce training. Primary care is internal medicine, family medicine, not in this can bash not in this case, pediatrics, psychiatry, and the goal is to integrate more geriatrics into the training of primary care providers. I think many of you know that the U.S. population is aging much faster than our ability to turn out geriatricians, physicians who are specially trained to care for older adults. So HRSA, awarded some 34 programs around the country. These grants to teach more geriatric competencies to health profession students. So you SS provides a medical nursing, pharmacy, PA in physical therapy students as well as medical residents. And we train them in geriatrics. And work with community partners to help train existing primary care providers. Doctors and nurse practitioners, PAs, who work within the FQHCs. To reach out to older adults and caregivers who can benefit from these services that are provided by our community partners. This is the critical role played by senior connection center. I talked a little bit about what we needed to do to get started. The University of South Florida was awarded the grant and they were looking at the community for who their partners would be. They had already identified the Federally Qualified Health Center they were working with but they also knew they needed integrated community partner as well. So that they could focus on that aging network. And deal with those people entering the system and helping them navigate more successfully. Also providing some resources for the Federally Qualified Health Center and medical professionals to help link their patients with some resources in the community that were not standard medical types of resources. That they could already provide directly. So those types of things that we work with as the tran 12 on a regular

basis. In trying to link their patients up with those. So we looked -- we had been trying to work with our local that -- Federally Qualified Health Center for quite a while. Any of you have been in similar positions, may have found they are quite busy. And it can be hard to get in front of them. We know that one of the things we do on a regular basis is provide that advocacy. We wanted to do as much outreach and education in the community as we can so that when people need us, they know we exist. They know what we can do for them and they know how to reach us. It's all about trying to get that education ahead of the crisis. And we know that this is a place where people who are seeking medical care that are on some of the fringes of society that are more low income, a lot of minority individuals, those individuals that we really want to target and help because they are more at risk in our community, to reach them and make sure they know about us as a resource. And get with those medical professionals as well so that they know how to do those linkages. And this program brought that about

We will go more into that role in the GWEP program. To start things off I want to talk about what we had to do to get things moving so we could launch that GWEP project and the collaborative effort between us and the University . And they've Federally Qualified Health Center that we work with . We had to come up with some agreements. Specific memorandums of understanding so we could share information. We could have the ability to talk about private health information as well as making sure we are protecting HIPPA at all times. We needed to make sure we knew who was going to be a point of contact. It sounds like a no-brainer but sometimes that can be miss. You need to make sure that everyone has their designated roles. And all the players at the table know how to reach that person and what their role is. We develop a referral form. That could be used by the Federally Qualified Health Center to send us over request for assistant for the patient that they were seeing. When we did some training with them and we let them know what our organization is, we provided outreach to their staff, they understood what we were bringing to the table. What our Elder health can do. What our long-term services department can do as far as screening people and helping them get linked to long-term care services. And helping people with health and wealth -- wellness evidence-based programs and classes. With our SHINE program. Helping them with their Medicare counseling that they need assistance with . We provided that level of overview and assistance to them. And education. And provided them with a referral form they could use to send over there request when they found individuals that needed that help. The GWEP helped us fund a part-time position that could be fully dedicated to this project and work on the referrals that were coming. So we could communicate back and forth with the medical center. They healthcare Center about the status of their patient they were working with that they were concerned about. And making sure of a partners understood the aims of the project and what their roles were. So everyone knew what GWEP was trying to attend. What our processes were forgetting. That was spelled out white well in the grant. We had that as our basis and foundation to move things forward.

One of the things that we developed as a mechanism to collaborate and share data it in a very live time way was the use of a shared

spreadsheet. That both the Federally Qualified Health Center and our staff here had access to. So if they sent a referral of our they could see we had received the referral and it would be logged on the spreadsheet. And they would have the information with regard to who had been contacted. When we contacted them. Who the staff person was here. That designated the individual. That was here in our office that had me that contact. And if it was successful. What do they provide to them? This was a mechanism that we would share with them. This evolved more recently in the last month. We started a SharePoint file sharing system now. It's much more streamlined ability to share information back and forth between ourselves and our Federally Qualified Health Center. They actually opened up a portal for us to access their filesystem. Their share filesystem online. And they can send us documents and we can upload documents back to them. So that it is very easily to track the status of any referral they sent over to us and they can see exactly what has happened with that case. And it also links it directly back to that patient's file. It makes it easier on them. The law that we had started with was something they would have to go back to the client record and transpose that information into the client record. Sometimes it could be challenging for them to find that client, that record because you can have multiple people by the same name. It made it easier for them. Moving into the share filesystem. We agree, we think it is a wonderful evolution of the project. We are very excited about that.

I will move on to now everyone's roles. And the various different partners. I will turn it over to Zeke who will talk about the rolled of aging. Hello everyone. I will talk about the partners roles. We the partners had to have a clear understanding of each other before we could start working together. So we did and I will explain this role. I will start with the role of the ADRC at the upper level of management. Senior management. Had to address and review and sign the documents. Needed for the project. Some examples are subcontracts, budgets, agreements, we also the senior management also had to work on the financial peace. Especially in our case when a grant was involved. So also to approve the hiring of additional staff. In our case we were able to hire a new staff for this program. Also our outreach manager in our agency is also a community liaison. She provided presentations to the other partners. So that they can enhance the knowledge about our ADRC. The I&R we hired new staff. In this case we will able to do that. We also needed to monitor the referrals, review reports, monitor reports, and another piece of something we did was to provide overview presentation about the ADRC. Also to provide shadowing for the tran -- FQHC staff, University medical residents, pharmacy students, and nurse practitioners spirit now the I&R GWEP specialist we hired, her job is to receive the referrals from the clinic. Then log the referrals on the shareable document that Katie showed to you. Also she had to log the information in our own software. The ADRC software. After she did that she contact the clients, records the outcome on the contact in the shareable document as well as the ADRC software system. After she made a contact a few weeks later she followed up with the clients and she prepares a monthly status report.

By the way, our I&R specially -- specialist for the web program is a graduate from the University of South Florida. She has a Masters in gerontology. This is a sample of the status report that her step -- specialist -- prepares every month. It shows how many referrals we received. How many contacts were successful and so on.

I will turn back to -- I will turn it back to Anna.

In the interest of time and keep things moving I won't go into all of the reporting that we do. We do a ton of reporting. [Laughter]. That's the University chief role. Collecting data. Submitting reports. Making sure everything is on schedule and accurate. And that leads me to just mentioning that we do not have 10,000 health professional students. We have over 6200. So in the spirit of being accurate and giving good data to you all, I wanted to clarify that. And move on to much more interesting work. That is being taken on by our Federally Qualified Health Center. We are working specifically with Suncoast community health centers here. Suncoast has geriatric clinics which are staffed by USF physicians. And these physicians also see students as well as taking care of patients. But our FQHC has to make sure that all of our physicians are credentialed to work within their setting and are trained on their AMR's. When they look at their EMR is, when they look at reports our FQHCs are careful to identify different measures that they feel could use some improvement. So they select what kind of quality indicators they want to focus on. And we work with them with some very rapid PD essays, plan, do, study, act cycles where we help them identify challenges and help streamline their practice flow. So that they can improve their measures but also really the intent is to improve patient care. And one of the chief goals of this work was to make sure that we had a process in place so that the FQHC patients being seen by the internal medicine physicians from USF, that they could be referred to senior connection center for access to long-term care, assessment, and I&R services from Tracy. Tracy is our I&R specialist here at the senior connection center.

She is dedicated. That's an important piece of this. Tracy works directly with the FQHC and works with specific people at the FQHC to make sure that everything is handed off and that we have a good transition for this referral process. Now I will turn it back to the partnerships that work. Spent I have to say something Anna and I were talking about earlier, the focus, and Tracy being able to be dedicated to this project and be able to focus on these referrals really helps for quality and consistency. And helps to provide a certain level of assurance to our partners that they are getting the attention that they really feel they need for their clients that they are referring to us. It has been wonderful to have that ability to do that. In this particular project. I will turn it over to --

I would like to point out that as we said the real interesting work is what is done at the FQHC in the clinic setting. So we have trained our physicians. We train students and residents they are to work with patients. And we train staff at the FQHC to query patients who are older adults to find out if there are any special needs that I may have. Maybe we want to make sure they have advanced care plans on

files. That they have perhaps been assessed for quality is, and other kinds of age-related special instant bash special circumstances that we want to make sure that they have been seeing, assessed for, and referred of they need additional support to our community partner. So the providers, the physicians, will make a referral and that goes into the FQHC's electronic health -- health record. That triggers a referral. A fax referral or an email referral to senior connection center. Then here at this end it is the I&R and special work and team here. Sub -- picks up the baton and works with the patient and their family members to get them resources.

Once the I&R referring -- receives a fax is the email from the Federally Qualified Health Center, in chronological order, we record these referrals on both the shareable document that is available to the partners as well as our internal software information referral. After that the I&R specialist makes the attempt to contact the client. She does up to three attempts if needed. After the attempts are made and she is able to speak with the patients or the clients, she records the outcome of the contacts in both documents again to record the information. At the end of the month she prepares a monthly report and the monthly report is shared with all of the partners involved. So both the agency and the Federally Qualified Health Center refer to the shared spreadsheet. They are able to make sure the numbers are in agreement with both partners.

At -- again at the university level, we collect a lot of data. Again on our internal messaging residents and the students who go through to make sure that we are familiarizing them with the services that are available through Suncoast senior connection center. And that they understand the roles of Suncoast community health center in providing primary care. And that they have a better understanding of what kind of teamwork is involved in caring for older adult patients. And that has been a very significant development at USF. The partnership -- the curriculum we have has been developed by faculty experts in medicine, nursing, pharmacy, but they have very -- they had very little input from community partners to know how things work in the real world. To better train her students, we worked with senior connection center to make some of our training modules much more realistic and inclusive. And we have created a learning packet for students. An online module. That is called Rose’s story. Rose actually be model that senior connection center uses to familiarize the community with the services they provide. So we adapted with their help, we've adapted Rose into a case study that the student teams have to review and work together on to create a case plan. A treatment plan or a discharge plan that will meet Rose’s need and follow along with her wishes of staying in the community as long as possible. Instead of going into a long-term care facility. Or some other type of situation that is not what she would prefer. So that is good -- so that has been a very big development.

I'm sure you want to know what the results are after all of these coordinated work is performed. I will give you some numbers. In our case, the ADRC we have received over 500 referral so far. And these numbers are growing. Because every week we do receive referrals from the community clinic. Out of these referrals we have had more than 100

clients that I've worked with assistance with transportation and senior rides. This is the number one need that we have received. From this partnership. Also over 100 clients were referred to our long-term care services. So we scheduled screening for the long-term care department. For in-home services or general long-term care services. Another result is that dozens of medical residents, and pharmacy students, nursing students from the University of South Florida have received the presentation about the ADRC and also they have listened to some calls that come to the help line and some screening from the long-term care department.

I just really would like to tag on that I can express how valuable it is to be able to have an interaction with medical professionals prior to them being released into the community. To privately in the industry so they know what an aging and disability resource Center does. So they know how it is we can help their patient. So that when our senior presents themselves for caregiver presents himself having said issues and they really need, not a scrap, they need some help navigating the aging network. They know that's what we do and that is our job is hard to get in front of doctors. I am sure you have had that experience. This allows us to get in front of doctors before they are officially released by the University to see medical professionals 100%. So it really has been valuable to us to have that opportunity to work with them through this project. Spin normally after we present we provide the presentation about the I&R -- Trent ADRC medical profession. I asked them if they knew about the agency, most of the time they say they did not know about this resource I asked the second question, are you ready to refer people to us? They say definitely, we will do that. So it is an eye-opening experience for the medical professionals.

And we also make sure that the medical residents or students all understand that the ADRC are national. That where ever they end up, they are not all staying here in -- here when they finish their residencies. Wherever they end up they have an ADRC, Area Agency on Aging that is there at their beck and call. Or at least within the network of the healthcare setting and -- that they landed. Spin the benefits. I believe you said one of them. The additional exposure to the community. People know more about the medical professionals. They know more about the agency as well as the patients from the Federally Qualified Health Center. Another benefit is extra income streaming during the GWEP program. Our agency was able to hire more staff. We acquired some new equipment. That's a plus.

Also we improved our relationship with the partners. And the collaborative partnership enhances the understanding of the medical profession about the whole aging network. This is part of our presentation to the medical profession.

The FQHCs provide provide a report cards on indicators that they have measured and these are often tied to reimbursement. One of the big benefits that FQHCs
is they are very pleased to see some of the quality improvement indicators beginning to change. Beginning to improve. Working on

completion of advanced care plans. Offering welcome to Medicare and the annual Medicare wellness visit for older adults. Doing fall risk assessments. Memory screenings. These numbers are improving. Which ultimately improved their funding as they are able to be reimbursed at higher levels. And they are patient centered medical homes being able to assure that the patient -- patients are involved in the care plan is another area that they are very happy to see this improving.

For the University, I have mentioned some of the great benefits that we have had in terms of training our students. And providing a realistic simulation for undergraduate students. But we are also doing evaluation and writing up articles for publication. We are doing poster presentations. And this foundational work is being used for additional grants. We are already looking with new partners on a rural outreach program for GWEP. We started talking -- just begun talking with senior connection center about perhaps looking into some future opportunities. So all of that is a great benefit to the University. To have this kind of collaboration.

We have had opportunity to work at the University of South Florida in the past. But the GWEP project came along and provided a formal method in which to do that. To expand our reach within the community. And to strengthen those relationships with his various partners. So it has been a wonderful, opportunity for us moving forward. And in conclusion we want to go through some what we have taken away from this. One of the things we were able to do with of us develop a tracking system to make sure we could follow a client who has needs and receive the appropriate referrals. That does require for Federally Qualified Health Center knew the status of the referrals as they were moving through our organization. And what help they were ultimately able to get from that referral back to us.

It resulted in improved coordination of care for their clients. So they have a much deeper understanding of what it is we do. Much more retuning -- routine and regular exposure to that and are able to have constant communication. We are talking at her regular basis at this point. So that has been a really wonderful way to see our partnership with them grow. The training , we can't speak highly enough. Being able to have that professional training opportunity as a resource in the community with the medical professionals. It is been invaluable to us. In making sure the community, the people most at risk, are going to have access to medical professionals who will know more about direct that geriatric trick -- geriatric care. And how the aging network operates within their community. And recognition by HRSA who provides a grant. They have appreciated what we have brought to the table. They feel that the approach way of taking his innovative. They are help -- they're hopeful to be able to replicate this pilot. That's exciting to us. As we plug away at this plan. I know we are looking forward to the potential of being able to expand. To help with caregiver support and things of that nature. We are looking at how this grant an opportunity can be used to grow and flourish and move into his -- move into its next phases. It's wonderful. She hears of these things that she thinks about us. That they leadership within the University knows what to do. When opportunities for funding come along, we are on their mind. They

think of us. So that is something I hope I can impress upon you all. Look for opportunities. There's a slide here to show you where to go on grants.gov to look for potential grants that might be available in your community. Look and see if there are partners that you think might be helpful in your area that you could work more closely with. You have shared goals. Shared missions. You think that there is just -- it could make sense. And you want to try to -- develop that relationship sooner rather than later. Start having those conversations and talking about how you might be able to work together. So that when a grant comes along, you guys are ready to go. You had enough work -- we have had enough work with the University of South Florida. We have been part of their advisory Council. We made sure we have hosted interns in our office. We made sure we had strong relationships already. We have those types of relationships. We want to deepen those. You want to again try to look for however you can diversify funding. That's something we can't -- everyone is looking to how do we not be so reliant upon state and federal funds? What are some other things we might be able to do to try to work together in creative and innovative ways? This is allowed us that opportunity to do that. I have have to say that we have done this presentation a few times before. It's always been in front of a live audience. We've always run out of time. I think it has helped us with our pays to not be in front of you all and not be getting your body language and all of that. I think at this point we can look to see if we have any questions. >> Thank you. I want to thank the three of you so much for joining us. And sticking with the rescheduling of the webinar. There are so many facets of this partnership that I think bring so much value with aging and disability. And also to the many medical professionals who are being touched by this work. So we do have some comments and questions. We will start there. Again, I want to encourage our listeners, if you have any questions or comments, please go into the Q&A function and share those.

The first one is a comment from one of our listeners. Knows they have a similar
program with one of their teaching hospitals. The students and residents are always amazed by what they learned from working with older clients and their caregivers. That really prepares them to work for this population. And I'm guessing you are having some similar experiences with the medical professionals that you're working with. You also talked about the job shadowing as medical professionals. With your ADRC. In that capacity has there been anything that you've observed that is surprising you when you've done the job shadowing? That has surprised the medical professionals when they join you for job shadowing?

This is Anna. I would like to say I think a lot of us take for granted or overestimate what our providers know. What people graduate medical school, or nursing programs, knowing about community resources. And even concepts like Medicaid and Medicare, they are far into our students. Even the residents. They don't understand the complexities. And it's very eye-opening for them to get out into the real world and find out all of these different programs that are available. In a program like this gives them a real good foundation. They do not know where to turn or what to do if there is a a social worker. Where is the

social worker? Because the social worker would typically handle all of this in a hospital setting. And in a lot of the clinical practices that they routinely go to. So this has been very eye-opening for them to learn something like this over -- overarching message we want them to walk away is that there is a ADRC in every state. You don't need to know the services. That's their job. They will get your older adults, or disabled patient into the system. They will begin that process.

Zeke or Katie anything you have seen on this and when the medical students are pharmacy students are coming through here with her eyes open question mark any teachable moments question my

I would definitely say that they definitely say we are going to use that. They take cards from the agency. They say it's a good experience. They like what they learn. They are ready to use when they use the -- leave the agency.

We are trying to read some questions here.

I think we can go ahead and move along. I have to say my colleague and I are reeling from the owed -- don't understand Medicare and Medicaid. That's a significant factor in the home and community-based services. We do have a question that might also interest other members. You are talking through your process and one listeners says they are curious about what software system the ADRC uses for its -- I&R tracking. It sounds like there's double tracking or double entry to record contacts for both the ADRC system and the FQHC. Are you able to share more information. You mentioned moving to SharePoint. Perhaps that is helping to facilitate some of the double working.

Right. First we have our internal system we use. We use ReferNet. It is very common.

Also the other document we share we use Google documents. We are able to share that and make sure it is a secure place to share. Moving into the sheriff out.

The share file is the Federally Qualified Health Center database. They have provided us with access. That is helping to streamline things a great deal.

Great. We have one question that asks about funding. And I think again there are probably other listeners will wondering about this as well. You mentioned you're having additional funding. For example in allowing you to bring in the I&R web specialist. It does this funding come to you because comes through the federal grant or do you have some contract relationship with the FQHC where you receive fee-for-service or other kinds of dollars from the FQHC? A listeners says so there's no funding or payment by the FQHC to the ADRC. I guess I would ask more broadly how those funding mechanisms work in terms of being able to bring some new resources to the FQHC. -- To the ADRC.

The University of South Florida was funded through HRSA funding the GWEP project. We are contracted by the University of South Florida.

For the part-time -- USF also directly contracts with the Federally Qualified Health Center that I've worked with this project during the course of it. During the course of operation. So we are not getting any kind of fee-for-service through the Federally Qualified Health Center. Our services are being supported from the grant. The HRSA grant that the University received. The University intern contracted with us to disperse those funds.

One of the things I would like to say with regards to opportunities that might exist with the Federally Qualified Health Center potentially paying for services is you show what a value you are to them with their patients and they see that they are having improved outcomes with their patients. That point you really impress upon them the value of the relationship. We are looking at what kind of health enrollment evidence-based programs we might bring. Those are the things they could pay for that we put under the roof that could help to stabilize clients, improve their health, improve overall outcomes for the people they are seeing. So there are opportunities to be able to work directly with the FQHCs in the future where they would see value in what we can bring to the table. And the services we may be able to provide them to help them with their goals and their aims and personal outcomes with their organization.

Great. Thank you. We are almost at the top of the hour. We have one last question. From one of our listeners who asked about any partnerships with American Indian programs such as Indian health services outreach or anything happening in that area?

Unfortunately, we don't have anything through our area did at this point in time. It is in the area that we do try to outreach. The American Indian community that is around and there services. But we have not been able to the successful in launching anything at this point.

At the university level I know that GWEP are looking -- nationally are looking at trying to make better inroads so the older Native American population can also benefit from this. But we currently, unfortunately, do not have that kind of relationship with our local group.

But if you already have a relationship with your Native American population, I would say look at the grandson see what you can do. There is definitely opportunity there.

Great. I want to thank you so much. We have received such nice comments throughout the webinar. So we know this has been really interesting and valuable information for our listeners. Thank you for joining us. For sharing the resources and the presentation. Which will be on our website within the next several days. So we want to thank all of our listeners and our presenters. And wish everyone a very good holiday season. Thank you. >> [Event concluded]