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:

- 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](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 TIIIB 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](http://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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