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Huntington Hospital Senior Care Network

Perspective

A NEWSLETTER ON AGING AND SERVICES *for* OLDER ADULTS

Meeting the Complex Care Needs *of Vulnerable Adults*

Leticia Cochico, a client in the Assisted Living Waiver program, receives assistance in keeping with her unique needs, challenges and preferences that allows her to be safe and remain in the community.

Adults with disabilities and multiple chronic conditions are a unique population. Increasing in number as the nation ages, they are among the highest at risk of losing their independence and being institutionalized, and also among the highest cost if their needs are ineffectively addressed. Their care needs are complex and resist a one-size-fits-all approach to keep them living safe at home. As new strategies are introduced to manage the healthcare of large populations, the special needs of these individuals, which include the frail elderly, are being overlooked.

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"They are the most vulnerable of community-dwelling elders, yet current mainstream models are not designed for this specialized population," asserts Eileen Koons, MSW, director of Huntington Hospital Senior Care Network (HSCN). "Managing the individuals we're working with in the same way as the general population of older adults doesn't work."

Conflict free case management.

At HSCN, programs that attend to the whole person have allowed clients with extensive care needs to be safe and remain in their community. The publicly-funded **Multipurpose Senior Services Program (MSSP) and Assisted Living Waiver (ALW)** are proven, cost-effective models where a person-centered focus has been a successful strategy to help highly vulnerable individuals succeed.

"This population is much more likely to find solutions to their problems in programs like MSSP and ALW that are run at the local level, have a personal relationship with their clients and are accountable for their work," says Koons.

A person-centered approach is the essence of conflict free case management, part of a federal mandate to help states move vital long-term care services from institutions to the home and community. The charge is to "deliver services to an individual in a manner that facilitates ultimate choice and consumer direction, while ensuring the overall care system is coordinated and free from conflict," according to an October 14, 2014 issue brief from Justice in Aging, formerly National Senior Citizens Law Center **(www.justiceinaging.org)**.

In conflict free case management, a care manager or coordinator is the key to a planning process that focuses on the personal goals, preferences and supports of the individual. At the core is the goal of developing a care plan that is person-centered and avoids bias, such as incentives for over- or under-utilization of services, provider convenience or financial interest.

"It's critical to attend to the whole person and have accessible services. We need to ask, what does accessibility mean when you're 93, frail, homebound or cognitively impaired?"

The challenges of aging.

Healthcare strategies that only consider low-cost solutions for a high-cost population will not meet this standard, maintains Koons. "We know about the challenges of aging and how complex the needs and concerns are. The problems we see with our clients cannot be adequately addressed by applying usual care solutions. It's critical to attend to the whole person and have accessible services. We need to ask, what does accessibility mean when you're 93, frail, homebound or cognitively impaired?"

Clients are often stymied by how to make transportation benefits work for them, for example, which can be essential for doctor visits and obtaining medications. They may have the wrong telephone number, not call soon enough or discover that the definition of "door-to-door service" leaves them at a curb with no assistance to get into the doctor's office. Incontinence supplies delivered late or broken medical equipment that seems no one's repair responsibility become significant barriers that strain quality of life and independent living.

Navigating a maze of requirements is often possible only because of their care coordinator's personalized assistance. Clients who were previously able to access needed services with a little guidance and coaching are now rendered completely dependent on their care coordinator to assist them.

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"More accessible approaches within the healthcare system are needed for people with a high probability for failure to stay healthy, fall or wander due to cognitive impairment," says Koons. "I'm hoping that these accessibility issues gain recognition and we're moving toward a world where you do not suffer unnecessarily and can easily access the assistance needed to remain in your community when you're frail, have multiple chronic conditions or have dementia. These are complex issues, but the need to attend to them and arrive at acceptable community-based solutions is urgent." ‡

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Senior Care Network at 30:
Reflections on Changes in Healthcare

People living longer and with a higher incidence of chronic disease are among significant changes in healthcare in the last 30 years.

In late 1984, following a generous bequest to Huntington Memorial Hospital from the Margaret Bundy Scott Trust, an ambitious proposal to support wellness and independence for older adults in the community was launched. Huntington Hospital Senior Care Network (HSCN) became a reality and soon developed a national reputation for excellence and innovation.

A program to keep frail older adults at home and out of institutions was a new concept in those days. Fast-forward three decades and the healthcare landscape has shifted dramatically. We asked past and present Huntington Hospital administrators and HSCN directors to offer perspective and describe the most significant change they've seen in the last 30 years relevant to older adults and healthcare. Here are their insightful responses. >

Living into the 90s

The most significant change I have seen is the simple fact that seniors are living much longer, productive lives well into their 80s and 90s! From a healthcare perspective, advances in medicine and technology have allowed seniors to live longer and now instead of severe and limiting acute conditions, such as heart disease, certain types of cancer and orthopedic problems, seniors in later life are dealing with chronic diseases, such as congestive heart failure, pulmonary disease and Alzheimer's disease/dementia. That the patients we see and treat are not in their 70s and 80s but often well into their 90s has caused us to really understand quality of life and not necessarily simply extending life. End-of-life care is now much more mainstream and important for seniors.

Stephen A. Ralph
President and CEO,
Huntington Hospital

Ahead of the Industry

Senior Care Network has been ahead of the hospital industry since it began. It has been a thought leader and innovator for 30 years. Hospital length of stays have shortened, which has increased the essential value of navigating access to care.

Jane Haderlein
Senior Vice President,
External Affairs,
Huntington Hospital

Managing Chronic Disease

From my perspective, the most significant change would have to be that healthcare has radically shifted from treating acute conditions to being dominated by chronic disease. Whether we're talking about younger persons or older adults, the challenge of managing chronic disease has come to shape not only the daily lives of individuals but also their families, healthcare providers and the greater community. I think we still have yet to fully understand the implications of this shift. Thirty years ago Huntington Hospital launched Senior Care Network on the principle that people need specialized help and resources readily available from trusted sources when complex healthcare and psychosocial needs arise. At that time, this principle was cutting-edge; it is even more relevant today, especially due to the prevalence of chronic conditions and disabilities. Senior Care Network is committed to serving our community as a trusted source.

Eileen Koons, MSW, ACSW
Director, HSCN

More Education and Service Needs

Several changes stand out for me. With the increasing number of long lived and healthy seniors, there is an obvious need for good education and social activities for them. On the other side, there are also more frail elderly who need services at a time when it is getting harder and harder to find funding to keep them at home and as well as they can be for as long as possible. >

Neena Bixby, MSW, LCSW
Retired Director, Senior and
Community Based Services,
Huntington Hospital

Paying for Value Instead of Volume

The most significant change I've seen is the reform now being implemented under the Affordable Care Act and the move of Medicare and Medi-Cal toward paying for better health outcomes rather than more health interventions — paying for "value" instead of "volume." This is the "triple aim" of better coordinated care at lower cost with better health outcomes. As a result, services provided by community-based organizations and programs (CBOs) like Senior Care Network are finally being recognized for what they have been all along — the most effective means of addressing the social determinants of health. Some CBOs are contracting with healthcare providers to provide in-home assessments for those most at risk. CBO community care transitions programs are coaching high-risk patients after discharge from hospital or nursing home to reduce hospital readmissions. Efforts that serve as the "eyes and ears" of medicine to identify social, environmental and medications issues are vital to helping physicians optimize care outcomes. Another community-based effort fueling change is evidence-based health self-management education to empower those with chronic conditions to better cope with and manage their conditions, thus improving their health and quality of life. Senior Care Network has been a pioneer in many of these areas that are becoming mainstream elsewhere in the nation.

June Simmons
CEO, Partners in Care Foundation; former Administrator, Huntington Hospital; founding Director, HSCN

Managed Care with Service Coordination

A major — and very important — change in healthcare over the past 30 years is the growth of managed care with attention to service coordination. Specifically, with more than 50 million individuals enrolled in both public and private plans, because of the diversity of these individuals, we are seeing an interest on the part of managed care organizations in coordinating care, including community-based, non-medical services, for their vulnerable populations. Demonstrations and pilot projects throughout the country are acknowledging the benefits of working with case and care managers from a wide array of health and psychosocial disciplines. In this way, access to resources that help individuals remain as healthy and independent as possible is proving to be more efficient and cost effective. While we still have a long way to go, the path to service integration may finally be ahead, hopefully before another 30 years.

Monika White, PhD, MSW
Adjunct Associate Professor, USC School of Social Work, Davis School of Gerontology; former Director, HSCN

Special Healthcare Needs

In the last two decades, I've seen growing recognition of the special healthcare needs of older adults and that "one size" does not fit all seniors — something Senior Care Network has always known. The healthcare system is slowly catching up to HSCN's model, trying to help older adults age with dignity, both in the hospital setting and out in the community, and giving seniors a voice in their own care. >

Cathi Chadwell
Executive Director, Public Affairs, Huntington Hospital

Older Adults Are Taking Charge

Over the past 30 years, cultural, economic and technological changes have empowered seniors to take charge of their lives and healthcare decisions. Today seniors are more educated, proactive and forward thinking about their health and well-being than ever before. Older adults have achieved unprecedented awareness and political influence through organizations such as AARP. A focus on fitness, preventative care and more effective management of chronic disease has resulted in improved health outcomes, greater patient satisfaction, and heightened respect for older adults. Huntington Senior Care Network has been at the forefront of providing senior advocacy, education and services and offering a safety net for the most vulnerable older adults in our community. Congratulations to HSCN on 30 years of excellence and achievement.

Gretchen Brickson
Senior Director, Managed Long Term Services and Supports, L.A. Care Health Plan; former Director, HSCN

Convergence of Medical Care and Home/Community-Based Services

Thirty years ago healthcare and a network of home and community–based services (HCBS) were growing apart and neither side saw value in integration. Gradually things began to shift. The nurse case management program at Huntington Hospital — with nurses following patients into the community — and Senior Care Network's hospital and physician liaison initiatives — that brought the world of HCBS into the hospital and into primary medical care — are reflective of that. The convergence of these two worlds has shifted how the federal and state governments view a comprehensive, inclusive healthcare delivery system as seen with the state's Coordinated Care Initiative for dual eligibles right here in Los Angeles County and at Huntington Hospital. The gradual evolution of health/medical care from the institution to the community and the movement of HCBS to healthcare laid the groundwork for such bold integration. Huntington Hospital led the way with innovative initiatives and I believe will continue to lead toward an integrated healthcare delivery system that includes "the best of both worlds." ‡

Ed Walsh, MSW
Commissioner, California Commission on Aging; former Director, HSCN

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Paying attention to social needs is an integral part of helping high risk adults remain independent.

Why Healthcare Shouldn't
Ignore the Social Side of Health

Healthcare providers are challenged as never before to meet the needs of people who are living longer with a higher incidence of chronic disease (see story, page 1). But too often a crucial factor goes missing from the healthcare discussion — the role of social services in keeping people healthy.

The issue is highlighted in "The Giant Problem American Health Care Ignores," an online conversation **(www.vox.com)** with Yale University professor Elizabeth Bradley and Harvard Divinity School scholar Lauren Taylor, authors of *The American Health Care Paradox: Why Spending More Is Getting Us Less*. Their work has led them to believe that social service spending, such as housing and food assistance, is "a missing piece in the health reform discourse."

Looking at certain metrics, they found that ignoring the social >

side of health results in high healthcare costs with middling or worse health outcomes in many cases. "The issue of not appreciating the non-medical side of health plays itself out in all levels of society," says Bradley.

Multiple complex needs.

The inter-connection between complex medical and social needs that threaten independence is evident in clients at the time of their enrollment at Huntington Hospital Senior Care Network (HSCN), such as Mrs. M. She lived alone in an upstairs apartment with no elevator and had limited family support. Her medical conditions included coronary heart disease, diabetes, asthma and urinary incontinence. She had had two heart attacks and a stroke and had a pacemaker. Her diabetes was poorly controlled. She had memory problems and had fallen numerous times. In the evenings and on weekends, she had no assistance.

Mrs. J, another client at similar risk for loss of independence at her enrollment, lived alone after the recent death of her husband, which had left her deeply depressed. She had many health issues, but could not give reliable information about her care. A test showed brain shrinkage that was considered related to her memory loss. Despite many falls in the past, she refused to use a walker or cane. She was inconsistent in taking her multiple medications. There was a long flight of stairs to her apartment that she could manage only with assistance. A family member provided minimal help.

Not many supports.

"We see many people who are living with complex medical conditions and not many supports to manage their care," says Chris Garcia, LCSW, HSCN clinical supervisor. "Many get overwhelmed and don't pursue all of their doctor's recommendations. They continue on, but not with good quality of life."

HSCN care coordinators provide personalized assistance to help such high-risk clients address the full range of their needs and stitch together necessary supports. With this help, clients like Mrs. M and Mrs. J are much more likely to remain safe in their own home and avoid institutionalization.

"More and more of healthcare management is getting pushed to the patient, but often that is the person least able to manage complex care needs," says Garcia. Healthcare efforts that fail to consider the role of social issues in obtaining good healthcare outcomes put vulnerable individuals like HSCN clients at added risk. When the social side of health is recognized, everyone benefits. ‡

"More and more of healthcare management is getting pushed to the patient, but often that is the person least able to manage complex care needs."

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Lois DiSanto:
Leaving a Legacy of Independence

Lois DiSanto hosted a gathering of her team so the people she relied on to keep her independent could meet one another.

Lois DiSanto prized her independence and was determined to maintain it. Armed with a strong will inherited from her Italian immigrant father, she approached life with a can-do attitude that only deepened when faced with aging issues and loss of loved ones. Upon her recent death at age 96, she continued that legacy through an endowment to Huntington Hospital to provide ongoing support for Huntington Hospital Senior Care Network (HSCN) and the emergency department.

"She was a remarkable woman who lived her life on her own terms," says Louanna Law Bickham, long-time friend and trustee of DiSanto's estate. "She saw Senior Care Network as such a valuable service for seniors and recognized the need for a strong emergency department."

A need for an advocate.

DiSanto, a librarian who worked into her seventies, was passionate about social issues, from women's rights to the homeless, and actively participated in numerous service organizations, Bickham says. She embraced the computer with gusto in her eighties and eagerly learned new programs. But as losses of family and friends mounted over the years, DiSanto realized that she was alone and needed an advocate if she was to remain independent. Her search led to HSCN.

Although increasingly frail, she refused a recommendation that she have full-time in-home care. "She needed her space and wanted time to herself without interference," says Bickham. "I admired her fierceness, but she did not always accept what was needed for her safety."

DiSanto was able to manage until a hospitalization last year when she wanted to revise her caregiving arrangement. Chris Garcia, LCSW, HSCN clinical

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supervisor, consulted with DiSanto to help her figure out how to achieve a caregiving situation she would like.

"There were many people in her life, but they were not pulled together," recalls Garcia. "She needed a good care team in place that she felt met her needs and was compatible with her wishes." Garcia introduced the idea of a team that knew about each other and explored resources with her. A list of contacts was assembled and sent to the contacts. "This is your team," she told DiSanto.

Gathering her team.

"Our role is about client empowerment," Garcia explains. "By assisting her with tools to pull together a group, she was able to effect what was important to her. It got her back on her feet. She was more independent and that's what she wanted."

Six weeks before her death, aware that she was getting weaker, DiSanto decided to formally gather together her team, the nearly dozen people she relied on to maintain the life she wanted to live. Printed invitations were mailed to the group, many of whom had never met each other.

"It was a typical gesture for Lois," says Bickham. "This was her family and everyone came. She served sandwiches, dessert and coffee and everyone just jumped in and started visiting with everyone else."

DiSanto lived her life as a model of aging well. Even as her needs increased, her fierce desire for independence remained. By surrounding herself with a team, she was able to continue living her life on her own terms. ‡

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Huntington Hospital

Huntington Hospital Senior Care Network *provides access to a complete range of medical, social and personal services for adults and older adults with disabilities and their families. Support comes from public and private funding and proceeds from* ***The Huntington Collection****. For more information, call (626) 397-3110 or (800) 664-4664 or visit our website at* ***www.HuntingtonHospital.com/SCN****.*

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