Approaches to Accelerate Your 4Ms Efforts: Partnering with Community-Based Organizations

Age-Friendly Health Systems Action Community In-Person Community Meeting February 2020

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Our mission

The mission of the Aging and Disability Business Institute (Business Institute) is to successfully build and strengthen partnerships between communitybased organizations (CBOs) and the health care system so older adults and people with disabilities will have access to services and supports that will enable them to live with dignity and independence in their homes and communities as long as possible.

www.aginganddisabilitybusinessinstitute.org







How we help

- National resource center
- Training and technical assistance for community-based organizations (CBOs)
- CBO readiness tools
- Outreach and education to health care sector





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About -

Blog

Success Stories

Readiness Assessment

Resource Categories Get Started

Understand the Landscape

Define Your Value

Build Your Network

Manage Finances

Evaluate Contracts

Deliver Measurable Results



Events -

Get Involved



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Q-

Ask an Expert

Why these partnerships are important

For health care providers and payers

- Emphasis on integration of health care & social services
- Increasing recognition of importance of services addressing social determinants of health (SDOH) and community living services for health outcomes
- Drive toward value based care

For CBOs

- Increasing recognition of the value that they bring to health care providers and payers in improving health outcomes and quality of life, and engaging individuals, their families and communities on What Matters to them
- Need for sustainable revenue sources



Overall Contracting Status, by Year







Most Common Services Provided through Contracts by CBOs Contracting with Health Care Entities T2 and T1

Case management/care 49.30% 50.20% coordination/service coordination 29.10% 38.30% Care transitions/discharge planning Assessment for long-term services and 10.30% 30.30% supports (LTSS) eligibility (including level... Nutrition program (e.g., counseling, meal 26.00% provision) Evidence-based programs (e.g., fall 19.70% 27.90% prevention programs, Chronic Disease... 22.00% 27.20% RFI T1- 2017 (n=223) Person-centered planning RFI T2 -2018 (n=287) Home care (e.g., homemaker, personal 26.50% 25.80% assistance, personal care) 14.30% **Options/Choice counseling** 24.70% 20.60% 22.30% Transportation (medical or non-medical) 20.60% 20.90% Participant-directed care 17.90% 20.20% Caregiver support/training/engagement Aging and Disability 0% 10% 30% 40% 20% 50%

CBOs Are Essential Components of Age-Friendly Health Systems

- CBOs address many of the social determinants of health, e.g.
 - Transportation (medical and non-medical)
 - Housing assistance programs
 - Employment related supports
 - Nutritional programs

Source: Fulmer, T. (2018). *Securing Your Role in the Development of Age-Friendly Health Systems*. Presentation/Speech, Chicago, IL.





Aging & Disability CBO Services and the 4Ms





Crosswalk | Evidence-Based Leadership Council Programs & the 4 Ms

The 4 Ms (What Matters, Medication, Mentation and Mobility) are the cornerstones of The John A. Hartford Foundation effort to create Age-Friendly Health Systems (AFHS)



Age-Friendly Health Systems

The Age-Friendly Health Systems initiative is funded by The John A. Hartford Foundation and led by the Institute for Healthcare Improvement, in partnership with the American Hospital Association and the Catholic Health Association of the United States. An age-friendly approach will measurably improve the quality of care for older adults and optimize value for health systems. An Age-Friendly Health System is a health care system in which:

- Older adults get the best care possible;
- · Health care-related harms to older adults are dramatically reduced and approaching zero;
- · Older adults are satisfied with their care; and
- · Value is optimized for all-patients, families, caregivers, health care providers and health systems.

https://www.aginganddisabilitybusinessinstitute.org/wpcontent/uploads/2018/07/Crosswalk-4Ms-508.pdf





PROGRAM

A Matter of Balance Lay Leader Model

A Matter of Balance is a community-based, small-group (eight to 12 participants) program that helps older adults reduce their fear of falling and increase activity levels. It is a train-the-trainer program with Master Trainers training Coaches (lay leaders). Coaches work in pairs to lead small group community classes consisting of eight two-hour sessions. The behavior-change curriculum addresses the fear of falling and engages participants to view falls and the fear of falling as controllable. Participants are involved in group discussion, problem-solving, skill-building, assertiveness training, sharing practical solutions and exercise training.

WHAT MATTERS	MEDICATION	MENTATION	MOBILITY	
A Matter of Balance targets community-dwelling older adults (60+) who are concerned about falls, are becoming socially isolated to avoid falling and are interested in improving their flexibility, balance and strength.	One session of A Matter of Balance includes the role medications play in fall risk. Participants learn the importance of asking their physicians about medications and their own role in taking	buring the eight small-group essions, a supportive network of eers is developed. The structured activities netude group discussion, roblem-solving, skill building, ssertiveness training, videos,	The eight-session curriculum for A Matter of Balance includes exercises to improve strength and balance. Outcomes include:	
Outcomes include:	them appropriately.	sharing practical solutions and	 Reduced falls risk 	
 Reduced falls risk and fear of falling 		exercise training. [®] A small group (eight to 12 participants) and cognitive restructuring are	 and fear of falling Improved falls self- 	
 Improved falls self-management 		critical to understanding the	management	
 Improved falls self-efficacy (personal beliefs in one's ability to engage in certain activities of daily living without falling or losing balance) 		intervention. Outcomes include reduced isolation and increased activity.	 Improved falls self-efficacy and increased physical activity 	
 Increased physical activity 		In the recently released CMS Prospective Study of Wellness		
 Reduced social isolation 		Programs, researchers found		
In 2013, CMS showed \$938 in savings for Medicare beneficiaries who participated in MOB/LLM. ¹ These savings were driven by a \$517 reduction in unplanned hospitalization costs, a \$234 reduction in skilled nursing facility costs and an \$81 reduction in home health costs.		"Falls prevention programs had significant impacts on several mental health measures including the overall mental components summary score, the role emotional subscale, the mental health subscale and the social functioning subscale."		



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Top 5 Challenges in Contracting by Contracting Status

	Organizations with one or more contracts (n=274)		Organizations with no Contracts but pursuing (n=122)		Organizations with no contracts and not pursuing (but tried and were unsuccessful) (n=28)	
1	Time it takes to establish a contract	33.9%	Common understanding of proposed programs/services	39.3%	Attitudes of health care professionals toward your organization	42.9%
2	Common understanding of proposed programs/services	33.6%	Integration of your organization's services into health care system workflow	38.5%	Competing priorities within the health care community	35.7%
3	Referrals and volume	27.4%	Attitudes of health care professionals toward your organization	34.4%	Leadership changes within health care entities	32.1%
4	Attitudes of health care professionals toward your organization	25.9%	Willingness of your organization to take financial risk	27.9%	Integration of your organization's services into health care system workflow	32.1%
5	Integration of your organization's services into health care system workflow	24.8%	Time it takes to establish a contract	27.0%	Common understanding of proposed programs/services	28.6%





Aging and Disability CBO-Health System Partnerships: What Works and Why?

- Finding and nurturing champions
- Shared vision, mission, and language (the 4Ms!)
- Agreements that support that shared vision, and capitalize on partner strengths
- Openness and flexibility
- Culture change in both sectors
- Integrated, efficient work flows
- Adequate infrastructure to support the partnership
- Clearly defined and open data-sharing protocols BUSINESS INSTITUTE

Case Examples

- MaineHealth and Southern Maine Area Agency on Aging
- Anne Arundel Medical Center and Anne Arundel County Department of Aging and Disabilities





Help Us Help You!

Take our survey: https://www.surveymonkey.com/r/AFHSS201 9





Questions?

For more information:

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