



Older Adult Services Advisory Committee Meeting Minutes

CARE Act/Bridge Model/NH Deflection Pilot Meeting

Date: June 1st, 2016 2:00 – 3:00 p.m. (Minutes approved August 11, 2016)

Conference Call Meeting:

Call in# 1-888-494-4032

Access Code: 5245-164-319

IN ATTENDANCE: Committee Members

Carol Aronson- Shawnee Alliance for Seniors

Amy Brown – CRIS Healthy Aging Center

Robyn Golden – Rush University Medical Center

Jan Grimes – Illinois HomeCare and Hospice Council

Sherry Barter Hamlin – River-to-River Residential Corporation

Lori Hendren – AARP

Michael Koronkowski – UIC College of Pharmacy

Dave Lowitzki – SEIU Healthcare Illinois and Indiana

Phyllis Mitzen – Center for Long Term Care Reform

Susan Real – Caregiver – East Central Illinois Area Agency on Aging

Louis Starmann- Citizen member over the age of 60

Cathy Weightman-Moore – Regional Ombudsman, Catholic Charities Rockford

Ex-officio Committee Members:

Jean Bohnhoff – Director, Department on Aging

Debra Bryars – Department of Public Health

Kelly Cunningham – Department of Healthcare and Family Services

Department on Aging staff

Alex Burke, John Eckert, Sophia Gonzalez, Lora McCurdy

Guests:

Renae Alvarez, Amanda Gronin, Dan Holden, Marsha Nelson, Sharon Post

Welcome & Introductions:

John Eckert welcomed everyone to the meeting and informed everyone that as a result of the interest shown during the last OASAC meeting, this meeting was set up to discuss how to begin coordinating the work of three initiatives aimed at deflecting/reducing individuals from institutional settings: The CARE Act, Bridge Model and NH Deflection pilot.

Discuss Coordination of CARE Act/Bridge model/NH Deflection pilot

Lori Hendren (CARE Act) and Robyn Golden (Bridge model), who have been involved in these initiatives to begin discussion. Lori Hendren shared that AARP will be providing education on the CARE Act at different levels for patients, caregivers and hospitals. AARP has developed a one page handout that is being disseminated. In addition, within the next couple of months they will have ID cards for patients and posters to distribute to hospitals. Hendren also stated that she had just recently heard of the Bridge program in February and is hoping to be able to collaborate with this program to provide education. Robyn Golden mentioned that she is excited about

the work that AARP is doing in this area. Golden stated this Act is important for caregivers that are usually left out even though the hospitals have high expectations for them to do things at home with the discharged family members. Golden stated that hospitals take a long time to adapt to change and that this Act will assist in ensuring that the patients and family caregivers do not fall through the cracks. Phyllis Mitzen stated that patients get lost in terms of their relationships and that the Bridge Model is making sure that everyone is linked to the hospitals. Louise Starmann stated that the Bridge Model will be a natural fit that works with Older American Act Title III-E Respite services and community organizations that identify the caregivers and bridging them to services that they need; Bridge works on keeping people out of hospitals. Hendren shared that the ID Cards will be developed by AARP on “knowing your rights” for patients and that they will also be working with the social media in communicating the CARE Act information to the communities. AARP is working on helping disseminate this information in innovative ways and not only in Illinois but many other states.

Phyllis Mitzen reminded everyone that there has been talk during the last OASAC meeting of identifying the hospitals that are associated with Bridge in IL. Amy Brown stated that the hospitals would be very excited because both The CARE Act and Bridge can be the avenue to take away the awkwardness that the caregivers experiences during hospital discharges. Starmann asked about the turnaround time for the CARE Act implementation and if the length of stay in hospitals would make a difference. Hendren responded that there has been some miscommunication on what hospitals need to provide and the goal is for this communication to happen. Hendren also noted that hospitals are not required to participate according to the law and that there are no penalties for non-participation. AARP wants to create partnerships with the hospital and currently have the support of the Hospital Association. AARP is focusing on launching the information and getting the word out but does plan to work with the Hospital Association regarding the education portion of the Act. Robyn Golden shared that there has been some training with the Hospital Association and Bridge through a BlueCross grant received. Louise Starmann recommended that a meeting be set up with AARP, Bridge Partners, and Hospitals to coordinate. Golden stated that IDoA should be included because she believes IDoA is an important component as well as the Aging network. Lori Hendren stated that AARP will be happy to do so and she can initiate conversations to open great opportunities and work together.

Lora McCurdy stated that the Nursing Home Deflection pilot program also has strong pilot sites that would need to be included in these conversations. Robyn Golden shared that the Bridge program played an important part in identifying partners to participate in the NH Deflection pilot. Carol Aronson shared that Shawnee has worked with both the NH Deflection and Bridge for over six years and she stated that these were natural and easy transitions to do deflections. John Eckert stated that perhaps a cost savings chart should be created for hospitals that would show the savings reflected for those patients who did not have to return to the hospital. Louise Starmann stated that Walter Rosenberg had prepared something similar with information regarding caseloads, costs and return on investment for other meetings and asked Renae Alvarez if she could speak to it. Alvarez shared that Walter would be able to talk on these numbers. Robyn Golden stated that now that everyone has agreed to meet, everyone should be clear on what the goals would be and have an overarching plan. She also stated that the DON has been used for the evaluations and asked what other tools will be used. Amy Brown responded that for Bridge cases, there are high risk and hard to reach persons involved. Susan Real asked about the type of referral system that is used to help identify high risk patients that need the Bridge model. Carol Aronson shared that in Southern Illinois, the LACE screening tool is used. Starmann noted that it is important to ask caregivers how they are addressing Elder Abuse prevention.

Phyllis Mitzen stated that the training curriculum that Bridge coordinators received includes a good set of modules that are used. Susan Real asked if one of the modules could be shared with OASAC. John Eckert asked if the National AARP had developed any training. Lori Hendren responded that Illinois is one of the first states to launch The CARE Act and no educational materials have been developed, but they would be willing to incorporate materials that have already been developed. AARP plans to disseminate information about The CARE Act from July through December. It was noted that caregivers need help in preparing for and taking the lead in providing “hands on” care relative to the health of a family member because hospitals expect caregivers to handle tasks like injections, medication management and wound care. The group discussed developing partnerships with home health agencies on ways that people need to learn how to transfer; holding hospital accountable for re-admissions; and the social detriments of health with the Bridge Program and hospital discharges. Eckert asked if AARP was planning to include videos in their training materials. Hendren stated that they would see what is needed and asked that any related to training materials be shared with her and she will

share with the national AARP office. Mitzen noted that as hospitals become more aware and pay attention to the CARE Act requirements then Bridge will make more sense to people. Mitzen also asked everyone how the CARE Act, NH Deflection and Bridge could be tied together to make everything more effective.

John Eckert asked for additional comments from the group and reminded everyone that during the last OASAC meeting many had shown interest in grouping together and considering how these initiatives could be coordinated. A discussion followed on what immediate goals should be developed including: a) contacting the 26 Bridge sites and informing them of the workgroup's activities; b) coordinating collaboration meetings that include representatives from Bridge, AARP, NH Deflection and the Hospital Association; and c) Developing a Training Module. Golden stated that it would be nice to get together and develop a flow chart. Mitzen shared that the Bridge Model, Hospital Association and IDoA play a role in these collaboration meetings. Lora McCurdy suggested that MCO's be included. Jan Grimes shared that she had a meeting coming up on June 17th and would bring up the CARE Act information during this meeting. Mitzen stated that she agreed with Robyn Golden regarding getting together with a few key persons to develop short, medium and long term goals.

Adjournment:

The meeting was adjourned at 2:50 p.m.