Responsive Transitional Care Ad Hoc Study Committee Report

Executive Summary

Findings on the capacity of home and community-based services supported by the Area Agency on Aging 1-B to be initiated within 24 to 48 hours after a referrals are received for patients discharged from hospitals, skilled nursing facilities and skilled home care providers

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Historically, Area Agency on Aging 1-B (AAA 1-B) home and community-based long term care services have been provided in response to needs related to long term chronic conditions, and referred participants were not in urgent need of supports and services. However, AAA 1-B long term care services are increasingly being recognized as having preventive benefits that contribute toward positive health outcomes, and are being integrated into older adults' acute and rehabilitative care plans by hospitals, skilled nursing facilities, physicians, skilled home health care agencies, health plans, etc. If AAA 1-B long term care services are to achieve their full potential to improve health outcomes and bend the cost curve of Medicare and Medicaid health care expenditures, they must be readily and immediately accessible for high risk populations such as patients discharged from all health care providers, including hospitals, skilled nursing facilities, skilled home care, accountable care organizations, Physician Health Plans, and patient centered medical homes. The fast paced nature of such transitions requires that services be available on short notice, often within 24 or 48 hours of a discharge/referral. This level of urgency is a new expectation for Aging Network programs, and the expectation must be met if the existing AAA 1-B provider network will continue to be the default option for publicly supported home and community based long term care supports and services.

This report assesses the demand for prompt service initiation, determines the Aging Network's capacity to meet this expectation, and recommends strategies to improve responsiveness to the transitional care needs of health care organizations and patients. The study included identification of five Aging Network services most essential to supporting successful transitions:

- Home Delivered Meals
- Care Management
- Medication Management
- Information and Assistance
- Community Living Program (includes personal care, homemaking and in-home respite)

The investigation found wide variation in the performance of the five programs when measured by the time required to initiate services, and for purchased or contracted services, there was significant variation among service providers of the same service. Among the identified barriers to more responsive service initiation were demand exceeding supply (wait lists), intake, eligibility determination and service authorization regulatory requirements, information communication lags, service delivery logistics, and adequate resources to design service models that are more responsive. The Committee concluded that with some exceptions, the five identified services generally do not respond to referrals for persons in transitions quickly enough. It is believed that a more prompt initiation of services would contribute to better transition and health outcomes for patients. The AAA 1-B's strategic plan calls for increased collaboration with health care providers and payers, and it will be

necessary to fulfill the pace expectations of health care organizations, in order to be an attractive partner.

While increased responsiveness of service initiation is clearly a needed advancement in the Aging Network's service delivery system, it is recognized that the current environment of state and federal funding reductions, and increased demands among service providers with no extra compensation, will make meaningful changes difficult to achieve in the near future. Nevertheless, the Committee has developed the following recommendations for system advancement that should be acted on by the AAA 1-B and other regulatory entities as time and resources allow:

- The AAA 1-B should reassess home and community-based long term care service standards for the five key services to consider requiring or encouraging shorter standards of promptness. This process of development must include input and participation by the directly affected service providers and other interested stakeholders.

- The AAA 1-B should consider designation of high risk populations in transition as a high priority group for determining eligibility for key home and community-based services, including those with a wait list.

- The AAA 1-B should consider utilizing the agency's existing strategy of a time limited offer of access to subsidized or discounted home and community-based long term care services to all high risk transition patients.

- The AAA 1-B should consider encouraging or requiring home delivered meal providers to make available shelf stable emergency meals/food as an alternative when a traditional hot meal cannot be provided within 24 hours after referral/discharge.

- The AAA 1-B should design and seek support for a pilot demonstration project partnership with local hospitals, skilled nursing facilities, Accountable Care Organizations/medical homes, home and community-based long term care service providers and other care transition stakeholders. The goal will be to test innovative communication, referral, reimbursement structures, and service initiation protocols that will improve patient transition outcomes by initiating needed community supports and services promptly, often within 24 or 48 hours.