Written Testimony for Little Hoover Commission

Study of Long Term Care in California to explore best practices and potential solutions to the many problems identified in long-term care over the course of the Commission's study.

Describe the work of the Partners in Care Foundation including:

Overview of the organization – what you do and how do you do it – types of programs within the foundation.

Who We Are

- Located in the City of San Fernando, Partners became a freestanding non-profit organization in 1997 and now operates with an $8 million annual budget.
- The mission of Partners is to serve as a catalyst for shaping a new vision of health care by partnering with organizations, families and community leaders in the work of changing healthcare systems, changing communities and changing lives**.**
- Partners works to develop more effective, more efficient approaches to improve quality of life for diverse individuals and communities, targeting the most at-risk.
- Partners is a nationally recognized leader in promoting innovative community and home approaches in geriatric care management, health promotion, chronic disease management, end of life care, addressing ethnic health disparities and introducing and driving positive practice change**.**
- Partners is a leader in research and evaluation, development and testing of new models of care, technical assistance to organizations and delivery of direct services to vulnerable and underserved populations.
- Partners collaborates with health plans, community agencies, hospitals, health care systems, social service agencies, public and governmental organizations, academic institutions and universities.

What We Do and How We Do It

The work of Partners in Care is best expressed through the values that guide our work. Our values include: Collaboration, Innovation, and Impact. Efforts to promote health system and health care reform are the focus of our work. We hold to the belief that we can improve health and quality of life for individuals and communities through disease prevention and health promotion education and programs. We believe that through teaching self care we can help individuals live with chronic illness and reduce its impact on their lives. We also believe that individuals and families need affordable local options to help them access health care resources that allow them to remain in their homes and in their communities.

Our Programs

- *Health Innovation Programs* help people better manage their diabetes, arthritis and heart disease and lessen the physical and financial damage resulting from chronic illness.
- *Health Promotion Disease Prevention Program* provides health screenings, health education, nutrition and social engagement for widely diverse low-income communities across Los Angeles.
- *Multipurpose Senior Services Program (MSSP)* brings critical services to low-income, frail elderly which allows them to age successfully at home and avoid nursing homes.
- *Adult Day Health Care Program* provides support and rehabilitation services to individuals who require daytime supervision due to aging, brain injuries and strokes.
- *Adult Day Programs* provide respite and education for families caring for aging loved ones. Program participants benefit from quality social exchange, nutritious meals and beneficial activities ranging from mental fitness games to physical activities and music and crafts.
- *Our HomeMeds Medication Management Improvement System (MMIS)* is designed to reduce the devastating outcomes that can result from medication errors at home. We work with numerous community agencies to improve critical safety and quality of life issues by reducing home medication errors.
- *Family Care Partnership* coordinates and integrates a network of services and brings together "under one roof" all of the necessary social and health services to aid seniors, frail elders, veterans and people with disabilities. The goal is to promote quality of life, expand choice, enhance family life, reduce caregiver burn-out and promote independence for the growing population of veterans, seniors and adults with disabilities--and those who care for them.
- *Family Care Network* provides individual charitable services to families and individuals facing extreme medical and financial hardship. Since 2001 more than $1.9 million in services and support has provided for critical needs such as wheelchair ramps, dental care, emergency housing, and for critical medical treatments such as chemotherapy.
- *Institute for Change Research Center* provides comprehensive advisory services, program evaluation, quality improvement and technical research capabilities that create, test and implement evidence-based new models of health care and social services. The Institute also disseminates key findings for replication.

How does your foundation help to integrate long-term care services in California?

How do you become involved in a particular project and in what ways do you coordinate with state and local long-term care programs?

Partners has reviewed the existing programs and services available to aging individuals, people with disabilities and veterans both young and old across our state. We have found that collectively these populations share many of the same concerns, the same needs and many of the same challenges when it comes to accessing services. While these are groups may be comprised of very diverse individuals – they share a common need – ready access to quality, affordable health and social services. We know that most of those we serve and family members we come in contact with want the same thing for their loved ones – to remain at home in the community. Yet their search for answers and resources confronts a highly fragmented and dispersed set of services, spread through

a host of public and private agencies and settings. Coordination and integration, shared intake systems and full collaboration between agencies are needed to build a useable system for these challenged individuals and families.

Our long term care programs must be responsive to these needs if we are to truly serve these populations

Partners in Care is the designated program office for California's Department of Aging grants to spread evidence-based self-management programs for chronic conditions across the state. We are also the home of an initiative to build the Family Care Partnership, funded by the SCAN Foundation, to create a model for an integrated inter-agency collaborative to serve those at risk as one and under one roof. As such we are keenly aware of the complexities and challenges of California's aging services programs.

I Chair the Advisory Committee for the federal-grant-funded California Community Choices program which pursues many of these same answers. The Committee's work is documented in a report issued in November 2009, conducted by the National Academy for State Health Policy. The report puts forth multiple recommendations. The Committee commissioned this in-depth review of California's current long-term care infrastructure including laws, regulations, policies and payment methodologies. I believe the recommendations set forth by the report address many of California's challenges and serve our state's aging, disabled and veteran populations well. I offer the following recommendations selected from the Committee report:

1. Create and implement a California strategic plan for aging and disability services with intent and a philosophy that reflects that diversity and true sensitivity of a caring and compassionate society.
2. Address the major financial inequities and barriers to accessing quality long-term care (waivers, case-mix reimbursement for nursing facilities, etc.).
3. Encourage more integrated home and community-based care models (transitions).
4. Create a Department of Long-Term Services and Supports to integrate this work.
5. Create Single Entry Points (SEPs) to Access Services for Aged/Disabled Beneficiaries (with access to eligibility and application assistance) – a statewide system of ADRCs (Aging and Disability Resource Centers).
6. Create a Unified Long-Term Care Budget and a Long-Term Care Data Base.

In addition, I recommend strong efforts to protect and preserve MSSP, Adult Day Health Centers and IHSS to assure sufficient community services to safely prevent avoidable nursing home placement and hospital admissions, streamlining these programs to optimize administration, cost-effectiveness and quality of care.

What can the state do to encourage more private-sector collaboration on long-term care delivery?

The state can adopt key reforms noted above. In addition, California could lead an effort to establish Comprehensive Community Care Networks to bridge the public and private services available to older adults, persons with disabilities and veterans. This will be more feasible as part of the effort to adopt and implement the proposed 1115 waiver.

California is home to thousands of small community-based nonprofit agencies and organizations providing services to a variety of populations and communities. While these agencies are likely providing valuable services to their local populations, this patchwork of services combined with the silos of care created by public funding and eligibility regulations are what lead to fragmentation and competition for funding. California should structure and encourage more integration and coordination at the local level to establish a more integrated approach to service delivery; this would could result in lower cost and better quality of care through a Comprehensive Community Care Network model, widely deploying models similar to ADRCs. A unified statewide approach like we see in Washington has been proven to expand choice and lower public costs for care.

Additional Topics the Commission would like to hear about include:

Emerging work to expand the Healthier Living with Chronic Conditions program into the newly named ***Better Choices, Better Health initiative – what is the program aiming to accomplish and how is it funded?***

So much of the health outcomes we see are the results of social determinants of health and modifiable risk factors; protecting and maintaining health and recovery lies in the hands of individuals, families and communities. But they need to be resourced and empowered to achieve success. California's Department of Aging is a leader in the nation in spreading proven programs of this type throughout our communities. Partners in Care is the official program office of the Department of Aging, licensed by Stanford University to disseminate the CDSMP program across the state. Designated staff are responsible for outreach, training and data collection. To date the program has trained hundreds of coaches in 30 counties sponsored by a wide variety of organizations. Over 7,000 have been served through these workshops in recent years. Yet much more is needed. With an aging population of 4,000,000 and many more with disabling conditions, 2/3s of whom have chronic conditions, the need and opportunity are great. The research at Stanford to develop this model provided evidence that the CDSMP program does significantly enhance self-care and thus improves quality of life for participants and measurably reduces the financial impact of chronic illness on families and overall health spending.

The Departments of Aging and Public Health have received funding from the Administration on Aging and the CDC and most recently from the American Recovery and Reinvestment Act for expansion of CDSMP. Partners is working in partnership with the California Department of Aging and state Department of Public Health and Health Care Services to expand availability of the program to a greater number of older Californians living with chronic illness. Covering this program as a medical benefit, incorporating it in the 1115 waiver and other steps are needed to assure sustainability and growth.

What other innovative actions could the state take to expand the capacity to care for our seniors and people with disabilities?

A strong state strategy for managed long term care is needed; this should include efforts to inspire and lead expanding the existence of Aging and Disability Resource Centers to more counties and local communities. This model has proven invaluable in other states for older adults, individuals with disabilities and veterans in need of services. In addition to these public settings, private

partnerships to this purpose such as Family Care Partnership are essential to maintaining health and community living for our rapidly growing and very diverse aging and disability communities.

The recent changes in federal health policy through the Affordable Care Act have also opened new pathways to create strong linkages between medical care and supportive community resources. So much of health status is the result of modifiable risk factors and problems in the system of care. For example, 20% of Medicare patients discharged from hospitals are re-admitted within 30 days, due to inadequate planning and supports in the community. Evidence-based models are available that can cut this rate in half or better, preventing suffering and reducing expenditures dramatically. These need to be rolled out systematically across our communities, in partnership with hospitals, physicians, health plans, ADRCs, ADHCs, PACE programs, palliative care, home health and hospice, as well as integrated into primary care through the medical home concept.

These and many other opportunities exist to enhance health and quality of life while reducing wasteful and avoidable expenditures on health issues.

W. June Simmons
President and CEO
Partners in Care Foundation

Nationally recognized for her leadership in the administration of health care organizations, W. June Simmons is a visionary in developing innovative approaches to health care delivery. Throughout her distinguished career, she has been instrumental in creating, funding and operating forward-looking health and social services research and programs.

As founding President and CEO of Partners in Care Foundation, Ms. Simmons strongly believes that health care and social delivery of services need to change, especially in community and home settings. She takes an active role in developing initiatives and pro-active programs to meet the mutual needs of patient populations, providers, and health care delivery networks to encourage cost-effective, patient-friendly integration of care from hospital to home and community. Partners is the California state office and recognized leader in bringing evidence-based self-care and prevention programs to thousands of Californians; Partners is the bridge between providers, health plans and the community.

Ms. Simmons currently serves as a member of several national advisory councils including: National Advisory Council to the National Institute on Aging (NIA); National Leadership Council of the National Council on Aging (NCOA). She also serves as Advisory/Mentor of the Practice Change Fellows Selection Committee and leads consultation to managed care and hospital organizations through Partners.

Ms. Simmons began her career at Huntington Memorial Hospital in Pasadena, California. Following her tenure at the hospital, she served as CEO of the Visiting Nurse Association of Los Angeles. She has since served as founder and CEO of Partners in Care Foundation.