



Building the Continuum Essential for Success in Post-Health Care Reform

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Jewish Home Lifecare Overview

- 166-year-old, nonprofit, New York City Metropolitan Region
- Three nursing home campuses:
 - 230 post acute beds (24%)
 - 1,400 long-term care SNF beds (15%)
- 550 units housing (7%)
- Community programs: LCHSA, waived home care, medical model day, care management (55%)

Jewish Home Lifecare Today

- In 2010, JHL served over 10,142 elders
- 190 referring partners in 2010; largest include: Montefiore, Mt. Sinai, St. Luke's-Roosevelt, White Plains, JHL's own divisions, Neighborhood Shopp
- Our diverse population of elders reflects the melting pot of New York City:
 - Hispanic 27%; White 44%; Black 23%; Other 6%
 - Female 69%; Male 31%
 - Jewish 24%; Catholic 36%; Protestant 20%; Other 20%
- Elders served by more than one program; 38% of elders were served by more than one JHL program in 2010, a solid demonstration of how JHL provides a continuum of services and care for the elderly
- National rankings in 2010:
 - JHL was ranked the third largest nonprofit provider of nursing home care nationally by the AAHSA/Ziegler 100
 - That same report also named JHL the largest provider of combined independent living, assisted living, and nursing home beds in New York State and the 26th largest provider of those services nationally

Triple Aims of Health Care Reform

- Improve access to care:
 - CVS partnership
- Increase quality/satisfaction:
 - 48-hour post-discharge calls
- Reduce costs:
 - Partnerships with Mt. Sinai, NYU, St. Luke's-Roosevelt, NYP, Montefiore, White Plains Hospital, and Greenwich Hospital to reduce rehospitalizations using telehealth

JHL's Health Care Reform Process: Steps Taken in 2011

- Six-month process with outside consultants to develop a forward-thinking strategy for health care reform (HCR) readiness
 - Health Dimensions Group (HDG)
 - Continuing Care Leadership Coalition (CCLC)
- Internal HCR subcommittee prepared JHL for future reform processes and implementation
- Staff and Trustee retreats explored the impact of HCR:
 - Management retreat on June 24, 2011
 - Trustee retreat on July 15, 2011

JHL's Seven Strategies for Health Care Reform Readiness (Based on Board Management Planning)

1. Post acute services are critical and become a distinct service line

- Current nursing home subacute units and Medicare home care included in the model now
- ✓ Hire director of post-acute services
- Corporate director of medicine
- Consistent protocols within system; referring hospitals

2. Re-conceptualize the continuum to build a strong system to effectively manage patients and residents

- Create care navigator program
- Develop evidence-based pathways across the continuum: hospital, post acute, home care
- ✓ Best practices for congestive heart failure (CHF) developed; JCAHO accreditation planned 7/1/12
- ✓ CVS demo

JHL's Seven Strategies for Health Care Reform Readiness

3. Enhance our relationships with key hospitals and health systems

- Collect and report data showing cost-effective, high-quality outcomes and a positive experience for patients and families
 - ✓ Increased outreach to hospitals
 - ✓ Detailed hospitalization reports for major hospital partners

2011 Hospitalizations: Montefiore Medical Center

1/1–6/30/11				Rehospitalization Rates		
	Montefiore Division	Hospitalizations	Admissions	Overall	30 Day	3 Day
All Levels of Care	Moses	118	315	34.70%	12.38%	3.40%
	North	5	7	57.10%	28.57%	0.00%
	Weiler	7	24	26.10%	12.50%	0.00%
Subacute Care	Moses	57	224	23.36%	15.98%	1.59%
	North	2	6	33.33%	33.33%	0.00%
	Weiler	4	20	20.00%	15.00%	0.00%
Long-term Care	Moses	61	91	24.59%	10.25%	6.59%
	North	3	1	50.00%	0.00%	0.00%
	Weiler	3	4	15.00%	10.00%	0.00%

- Continue to invest in business development for hospital partnerships with telehealth and care transitioning
 - ✓ Telehealth kiosks present on subacute floors
 - ✓ NYU pilot of 45 CHF patients; 30-day rehospitalization rate of 17.65% (down from NYU CHF rate of 22.9%)
- Care pathways, care navigators, and supportive transitions become distinct ways to connect with hospitals

JHL's Seven Strategies for Health Care Reform Readiness

4. Redesign our CSD home care system for a capitated Medicaid payment method that replaces fee-for-service and considers risk sharing

- ✓ Partner with an insurer or provider to become the Medicaid case manager and preferred provider (MLTC, Medicare Advantage)—Senior Whole Health, Mass.—exclusive care coordination; preferred provider

5. Develop a new day care model that can be effective under Medicaid managed care

- ✓ Advocate with the state to approve a new enhanced social day model
- ✓ Work for day care to be able to provide Medicare (rehab) services

6. Continue to focus on long-term care and our person-centered model

- Manhattan master plan
- Bronx “powder puff” renovations
- Sarah Neuman small house/“Green House” renovations
- Enhance end-of-life palliative care for patients and residents

7. Private pay business opportunities continue to be important

- Scale up telehealth to full business potential; develop and prepare for significant growth in telehealth in elders’ homes, post acute units, senior housing, and hospitals
- Expand Geriatric Care Management and Solutions at Home

Appendices

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- 166-year-old, nonprofit, New York City Metropolitan Region
- Three nursing home campuses:
 - 230 post acute beds (24%)
 - 1,400 long-term care SNF beds (15%)
- Housing (7%)
 - 183 HUD, 202 units
 - 295 moderate income
 - 72 Medicaid assisted living in construction

Community Programs (55%)

- Licensed home care agency:
 - 725 home health aides
 - 1,245,849 hours of service in 2011
- 3 medical model day centers evolving into enhanced social model (800 clients)
- 2 waived home care programs (long-term home health care, nursing home without walls – 1,100 clients)
- Contract with Senior Whole Health—care coordination; provider; risk share

Telehealth: Combination of Vital Signs, Dialogue, and RN Follow-up

- Individual at home units – 498



Hello Mary.
What is your weight today?

120

Less More

OK

Reminder: A weight gain may be a sign of fluid retention. Be sure to take your medicines and call Dr. Jones if your weight goes up more than 3 pounds.

OK

Daily Health Quiz: What is the best way to avoid feeling thirsty?

1. Drink water constantly
2. Save your fluids for mealtime and when you are feeling very thirsty
3. Eat more salt

1 2 3

Telehealth

- Kiosks in seniors housing – 213 persons
- Kiosk units in all JHL subacute units – 13 persons



Post-Discharge Phone Calls – Safe Transitions: Selected Results to Date

1. How well do feel you were prepared for discharge? **62% very or extremely well prepared**
2. Do you have the medications at home, including those that were prescribed at discharge? **94% had the medications at home**
3. Are the home care services (such as home health aide, visiting nurse) you expected to receive in place? **88% yes**
4. Do you have the equipment (if any) that was ordered for your discharge? **50% awaiting delivery**
5. Do you have an appointment to see your physician? **(67%)**
6. During your stay at Jewish Home, do you feel the staff treated you and your family with respect and dignity? **QIS – 87% said always or usually**
7. What number would you use to rate how quickly the nursing home staff came when you called for help? **76% (always/usually)**
8. What number would you use to rate how well the nursing home staff helped you when you had pain? **82% answered “4 or 5” on scale of 1–5 (5 being highest)**
9. Overall, what number would you use to rate the nursing home? **81% gave JHL a 4 or 5 (5 being highest)**
10. Would you recommend the nursing home to others? **92% said definitely or probably yes**