Comments for the Rural Health Services Task Force

From: Jane Catton, CEO, Age Well

August 8, 2019

Ms. Lunge and Committee Members,

Thank you for the opportunity to provide feedback to the committee regarding Care Coordination and how it fits into rural health care delivery in Vermont.

Age Well is Vermont's largest Area Agency on Aging (AAA); serving four counties including Franklin/Grand Isle, Chittenden and Addison. Under the auspices of the Older American's Act we are charged with supporting and coordinating social services for older adults, 60 years and older or those under 60 years of age with disabilities. Our mission is to ensure our older Vermonters are supported through programs that allow them to stay in the setting of their choice- with the focus being their homes- with the right kind of supports that allow them to age with confidence and dignity. We are one of 5 Area Agencies on Aging in Vermont providing much needed social services in our communities. As experts in managing the Social Determinants of Health, we are perfectly positioned to support the work of population health programs and health care reform efforts as a key resource and leader in the aging network. Age Well's services are broad and include:

- **Care Coordination**: Age Well has a Care and Service Coordination division that spans 4 counties. Our Care Managers and Community Health Workers provide key supports to our clients to ensure they are connected to the right support services. They are experts in managing the Social Determinants of Health (SDOH) which as we know, are the biggest barriers to maintaining the health of our populations, especially those in rural settings. Included in these supports are:
  - *Case management*: Connecting our clients to needed services and to their medical homes to ensure strong connection to clinical care and supports through Primary Care and Home Health.
  - *Intake and Referral:* Our HelpLine takes over 24,000 calls per year and our teams are making appropriate triage assessments and referrals to our internal support services, including care management, volunteer services, and health insurance support/coordination.
  - *State Health Insurance Plan (SHIP) Program Support:* We have SHIP counselors who coordinate and educate our clients as needed.
- **Nutrition programs:** Age Well is the largest provider of meal delivery programs within the state. In 2018 we delivered over 225,000 meals to our clients in our service areas and we are on track to exceed this in 2019. These include:
  - **Meals on Wheels.** These are home delivered meals offering Medically Tailored Meals of 8 different varieties e.g. regular diets (heart healthy), diabetic diets, renal friendly diets, gluten free, vegetarian (lacto ovo), lactose free, mechanical soft and puree. We also honor food allergies.
  - **Congregate meals** (at Senior centers and other event locations)
  - **Restaurant Meal** ticket programs: we partner with local restaurants to offer low cost restaurant meals to our clients.

- **Wellness Programs:** Under the purview of our Director of Nutrition Services we are offering health and wellness programs for older adults, such as Tai Chi, Bone Builders and new evidence based wellness initiatives. We have a team of over 200 volunteers teaching these programs around the communities we serve.
- **Volunteer and Transportation Programs:** Age Well is proud to support our older population and clients through the work of over 1000 Volunteers who are affiliated with us. They provide meal delivery services, friendly visitor programs, respite care among other supports to allow our older adults to stay in their homes. Our volunteer retention rate at Age Well is almost 90% and they have provided close to 30 FTE's of service to our clients in the past year.
  We have contracts for Transportation services within our catchment area to provide our older adults with a means to get out of their homes; to medical appointments, grocery shopping or other errands. In 2018 we provided over 100,000 transports for our clients.

Barriers to Transitions of Care and Care Coordination:

The state of Vermont is challenged by geography and resources as we attempt to ensure good community supports for our clients. Some of the greatest challenges we face include:

- ***Transportation infrastructure*** in the rural (and more 'urban') settings: Vermont is very reliant on cars to ensure transportation needs are met. This is a tremendous barrier for many of the older Vermonters we serve. Public transportation systems and a strong infrastructure needs to be part of our global investments.
- ***Episodic care*** within our health care system. While our intentions are good, we are still suffering from a lack of integration within our health care systems including access to important client data. In patient to outpatient/home transitions remain fragmented. This is where the AAA's can play a tremendous role in supporting warm handovers for our patients/clients from health care settings to home. We are highly trained in managing the SDOH and we can provide very robust care coordination for those we serve. I am confident there are ways that new partnerships and collaborations between health care entities, the payors and the AAA's could reduce the overall costs of health care through our care coordination models; reducing hospitalizations and ED visits. Our medically tailored meals program can also support population health outcomes (eg. diabetes management, consistent nutrition/meal delivery, CHF, COPD outcomes), especially if we manage this in partnership with hospitals, health care providers and medical homes as part of a robust transition of care system.
- ***Data Management*:** Disparate data management systems and costly interfaces create barriers to exceptional care coordination systems. We are all using different, very expensive systems and they are not connecting easily or at all. Advancing our HIE for the state will be an important part of the infrastructure for the future.
- ***Greater Focus on Managing the Social Determinants of Health:*** As Health Care and Social Service providers, we must shift our focus to managing population health and vigorously addressing the social determinants of health. Hospitals and acute care providers are experts at disease management, and they are not as equipped as the Community Based Organizations, such as the AAA's and Age Well, to easily address and manage the SDOH. We must promote the continuity and transitions of care by building strong partnerships together to tackle these pressing issues such as social isolation, food, housing, transport and mental health.

- ***Reduce Duplication of Care Coordination Efforts:*** In order for our systems to be cost effective, we must start addressing duplication of efforts that may be adding to the overall cost of care. Identify those community based organizations who do it best, and support them with the adequate resources to provide the services. AAA's are ideally positioned to be the key player in this arena.
- ***Workforce and the Aging population:*** Workforce issues remain a challenge. Our workforce is aging out and we are the 2nd oldest state in the nation. Every day 12,000 older adults turn 65 and we will not be equipped to manage their needs if we don't get creative about our workforce to support their care coordination, social and health care needs of the future. There are many older Vermonters who wish to work. We need to tap into their potential to help us support care delivery in the future.

Thank you for the opportunity to share my thoughts. I am open and ready to assist your efforts as we tackle these challenges together and Age Well is a very willing partner to support positive change for the future.

Best regards,

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CEO,
Age Well