# Systems for Action National Coordinating Center Systems and Services Research to Build a Culture of Health



Strategies to Achieve Alignment, Collaboration, and Synergy across Delivery and Financing Systems

# Community Complex Care Response Team to Improve Geriatric Public Health Outcomes

Research In Progress Webinar
Thursday, November 2, 2017 12:00-1:00pm ET/ 11:00am-12:00pm CT



# Agenda



**Welcome: Richard Ingram, DrPH,** RWJF <u>Systems for Action</u> National Coordinating Center, University of Kentucky College of Public Health

#### **Presenters:**

Carolyn E. Z. Pickering, PhD, MSN, RN, Assistant Professor, School of Nursing, University of Texas Health Science Center at San Antonio, <a href="mailto:pickeringc@uthscsa.edu">pickeringc@uthscsa.edu</a>

Christopher Maxwell, PhD, MA, Professor, School of Criminal Justice, Michigan State University, <a href="mailto:cmaxwell@msu.edu">cmaxwell@msu.edu</a>

**Fuad Abujarad, PhD, MSc,** Assistant Professor of Emergency Medicine, Yale University <a href="mailto:fuad.abujarad@yale.edu">fuad.abujarad@yale.edu</a>

**Commentary**: **Mariana Chilton, PhD, MPH,** Professor, Health Management & Policy, Center for Hunger Free Communities, Drexel University, <a href="mailto:mmc33@drexel.edu">mmc33@drexel.edu</a>

Questions and Discussion: Moderated by Dr. Ingram

## Presenter





Carolyn E. Z. Pickering, PhD, MSN, RN

Assistant Professor

School of Nursing

University of Texas Health Science Center

at San Antonio

pickeringc@uthscsa.edu

### Presenter





#### Christopher D. Maxwell, PhD, MA

Professor

School of Criminal Justice College of Social Science Michigan State University <a href="mailto:cmaxwell@msu.edu">cmaxwell@msu.edu</a>

## Presenter





Fuad Abujarad, PhD, MSc

Assistant Professor
Emergency Medicine
Yale University

fuad.abujarad@yale.edu

# IMPACT OF SERVICE ALIGNMENT AND INTEGRATION ON GERIATRIC PUBLIC HEALTH OUTCOMES DELIVERED BY A COMMUNITY COMPLEX CARE RESPONSE TEAM APPROACH

Christopher D. Maxwell, PhD Michigan State University

Carolyn E. Z. Pickering, PhD, RN University of Texas Health Science Center at San Antonio

Fuad Abujarad, PhD Yale University

November 2, 2017

# PROGRAM OVERVIEW & SERVICE MODEL

# Program's Location

- Calhoun County, Michigan
- Located in south central, lower Michigan
- 140,000 county residents
- Balance of urban and rural
- Largest City: Battle Creek
- Best known as the home of Kellogg's cereal



#### PROGRAM'S BACKGROUND

2012 OVW

- Calhoun County Elder Abuse Prevention Network
- Identified need to share information between health & human service agencies
- Developed uniform consent form and informal coordinated community response team

2015
Hartford
Action
Award

- Formalized CCR model protocol for coordinated case management
- Developed & piloted electronic case management system along with model protocol & uniform consent form
- Expanded stakeholders to become C<sup>3</sup>RT

2016 RWJF S4A  Field RCT to test primary prevention protocol

2018 OVC  Technology improvements to improve referral system

#### PROGRAM'S GOAL AND AIM

- To impact the social determinants that contribute to community-dwelling-older-adults' vulnerabilities
- Deliver a comprehensive, multi-sector-connectedservice model via a community-driven coordinatedcase-management approach
- Identify and align services that primarily address an older adults' capacity for self care

# Program's Key, Innovative Dimensions

- Service partners share decision making
- Guided by principles of the "warm transfer" and person-centered care
- Based on a more data sharing philosophy (with consents and agreements)

 Enabled by technology to share data and communicate between partners

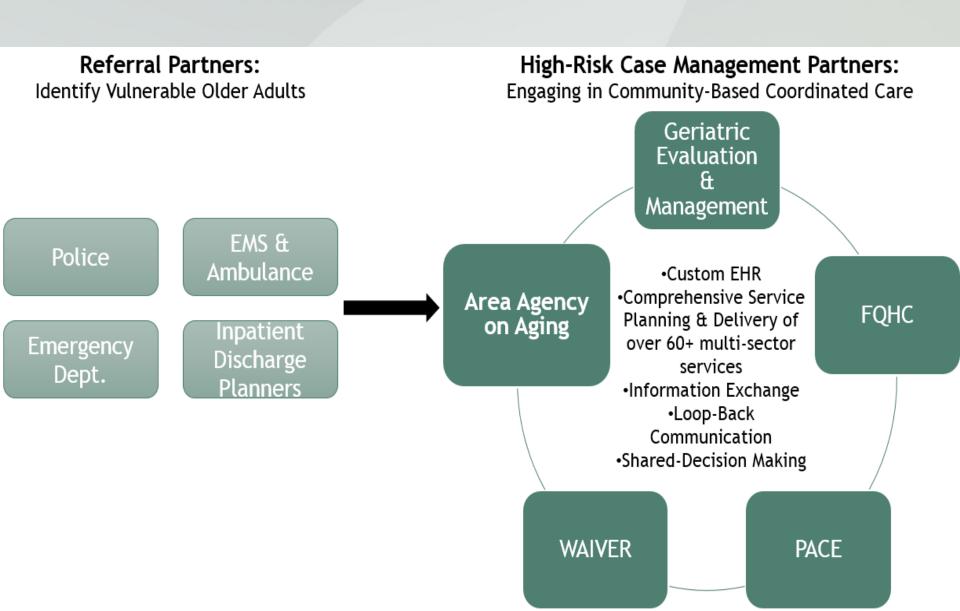
# BATTLE CREEK'S COMPLEX COMMUNITY RESPONSE TEAM ["C3RT"]

# Program's Core Development Partners

- CareWell Services Southwest (Michigan Region 3B Area Agency of Aging), Inc.
- Elder Law of Michigan, Inc.
- Michigan State University
  - College of Nursing
  - Biomedical Research Informatics Core (BRIC)
  - College of Social Science, School of Criminal Justice
- University of Texas Health Science Center at San Antonio,
- Yale University, School of Medicine

# C<sup>3</sup>RT IN PRACTICE

#### CONNECTED SERVICE MODEL OVERVIEW



#### INITIAL CLIENT CONTACT

- Explain why we got the referral and the purpose of the project
- Listen to initial concerns
- Taking into consideration all "known" information, what is the best approach?
- Schedule home visit if necessary

#### SECOND CONTACT

- Home visit is preferred, but client can refuse
- Explains her approach and philosophy
  - Person-centered & compassionate communication
  - Listen to the individual
  - Build rapport with client

# Our Evaluation of C<sup>3</sup>RT Model

#### **RCT Case Flowchart**

#### **Step 1: Referrals**

ED, BPD & EMS identify & refer older adults

#### Step 2: Intake

AAA Screens, Intakes, and Consents older adults

#### Step 3: CCCRT

Coordinated Care
Provided by Core Team
Members

Coordinated Care consists of: Shared communication and information exchange in REDCap

AAA is 'lead' agency responsible for opening and closing cases

Standard I&R
Program
Protocol

#### **Step 4: Evaluation**

- (1) What impact does referral source have on uptake of services?(2) Do C3RT clients have
- delayed incidents have delayed incidents of repeat ED use and/or elder abuse incidents?

How can this model be supported in 'real world' conditions?

## **Key Process and Outcome Measures**

- Key Process Measures
  - More short-term service provisions delivered
  - More long-term service referrals
  - More service enrollments
- Key Outcome Measures
  - Fewer/delayed contacts with Adult Protection Agency
  - Fewer/delayed contacts with the law enforcement
  - Fewer/delayed contacts with EMS
  - Fewer/delayed ED visits

# Program Implementation Challenges

- Law Enforcement & EMS staff are not referring clients
  - 1. Added multi-color reminder posters in headquarters
  - 2. Met with command staff
  - 3. Retrained patrol officers
- Nearly all referrals are from the hospital; many more than expected.
  - Because of main referral source, clients enrolling are systemically sicker than program staff had anticipated based upon pilot data
  - Deploy a two-step process to review services needed
    - 1. Establish client in community setting
    - 2. Once stable, assess client for the long-term services

# **Evaluation Challenges**

- Because participants are sicker than expected; we do not seek verbal research consent at the initial intake.
  - Many clients are not receptive to hearing about the evaluation component when they are in crisis.
- After intake is completed, follow-up with the research consent process
  - This delay is negatively impacting consent rate because we are having difficultly re-contacting them after the initial intact.
- Need to contact them by phone; then send consent by mail; followed by door-to-door recruitment if calls fail.

#### **Enrollment Data**

(@Oct. 2017, after 10 months)

- Program Enrollment
  - 117 potential clients referred to program
  - 3 clients the program could not contact
  - 6 clients not eligible for program
  - 8 clients contacted but refused program's services
  - 105 clients enrolled and randomly assigned to one of two treatment protocols
- Evaluation Enrollment
  - 24 of 105 verbally declined our use of their data (19 initially declined; 5 later when contacted about HIPPA form)
  - 30 HIPPA consent forms returned to MSU signed

# Status of Treatment Group Assignment

Treatment Group	N	%
C3RT	49	44
I&R	56	56

# Stakeholder Interviews & Community Forums

Identify implementation and translational issues of data sharing across health, human and civil service sectors to ensure generalizability and successful dissemination.

# 15 Local Multi-Sector Services Participated

- Regional Health Alliance (Battle Creek Community Foundation)
- City Coordinating Council
- Adult Protective Services
- Grace Health (FQHC)
- Home Care Transitions (home care agency)
- Senior Services (meals on wheels)
- Charitable Union (clothes/household good donations, some voucher programs)
- City Fire Department
- LifeCare EMS
- CentraCare (PACE organization)
- Presbyterian Villages of Michigan (senior housing)
- Legal Services of South Central Michigan (elder law/legal aide)
- Bronson Battle Creek Health system (hospital, post-actue)
- Oaklawn Hospital
- Senior Millage

# Round 1 – Planning Survey

• Quinn, K., & Cumblad, C. (1994). Service providers' perceptions of interagency collaboration in their communities. *Journal of Emotional and Behavioral Disorders*, 2(2), 109-116.

#### Examples:

- The system of service delivery in this community creates opportunities for joint planning across agencies that serve older adults, which leads to a unified direction in planning and activities.
- If any one agency is providing services for an older adult, service needs in other areas usually are communicated to the appropriate agency.

# Round 1 Forums – "Magic Wand Day"

#### 1. Systems Engagement

What type of coordination is required? Does a system currently exist?

#### 2. Buy in to better coordination

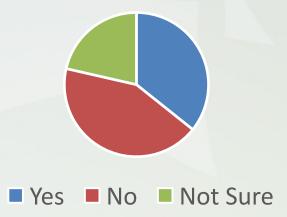
What are the benefits/value of interagency coordination? How can your agency benefit?

#### 3. The ideal system

How should agencies communicate with each other? If we built technology, what would be the most important feature to do your daily job?

# Round 1 - Findings

- Planning survey: no agreement on majority of the survey items
- Ex: Regardless of the agency that first makes contact with an older adult in need of services, clients usually are referred to the appropriate service provider without unnecessary delays.



# Round 1 - Findings

- There were 2 items the community agreed on:
  - The system of services in this community for older adults has historically been well coordinated and has shown evidence of collaboration among agencies. (53% yes!)
  - My agency is willing to share limited data/information about older adult clients for the purpose of coordinating services among other agencies. (93% yes!, 1 not sure!)

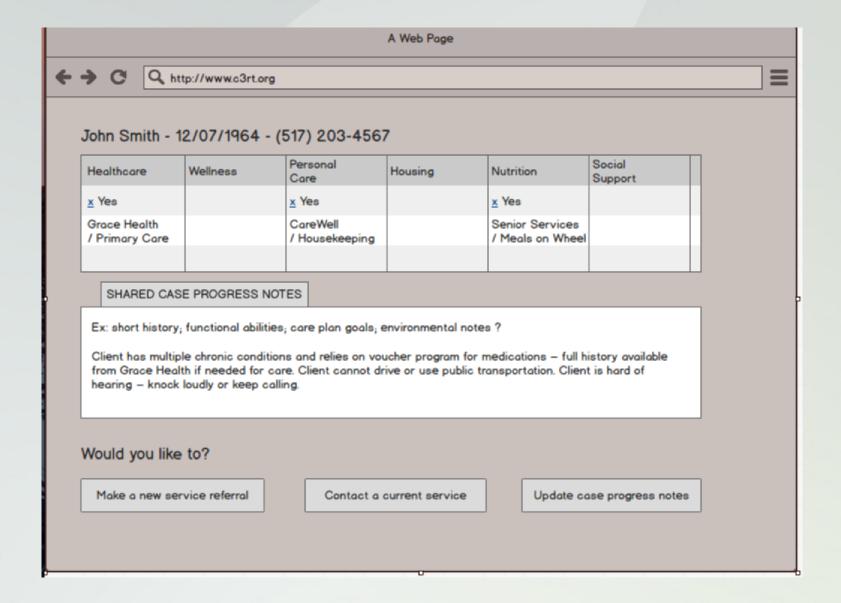
#### What we learned from the discussions...

- Everyone values working together and sharing information for the sake of helping older adults
- There are benefits to the client as well as the agency for working together (efficiency, reduction in service duplication, higher enrollment in services)
- Though some agencies are in competition for clients, there are enough older adults in need to go around with the right system in place
- Identified many circumstances in which data sharing would be useful

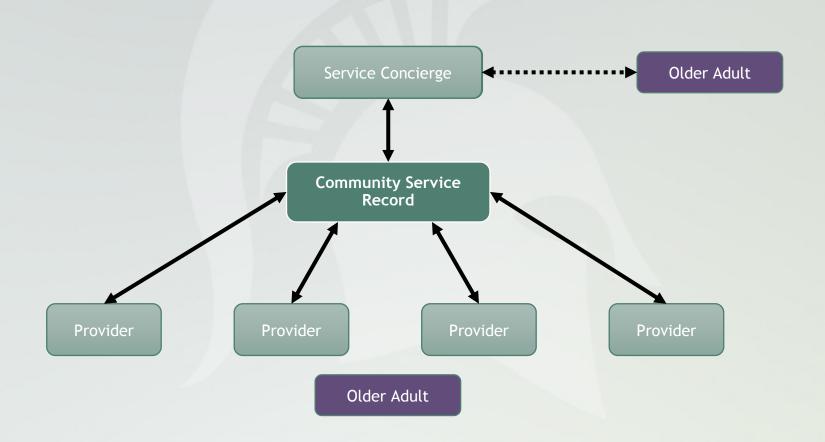
#### Round 2 – Barriers & Solutions

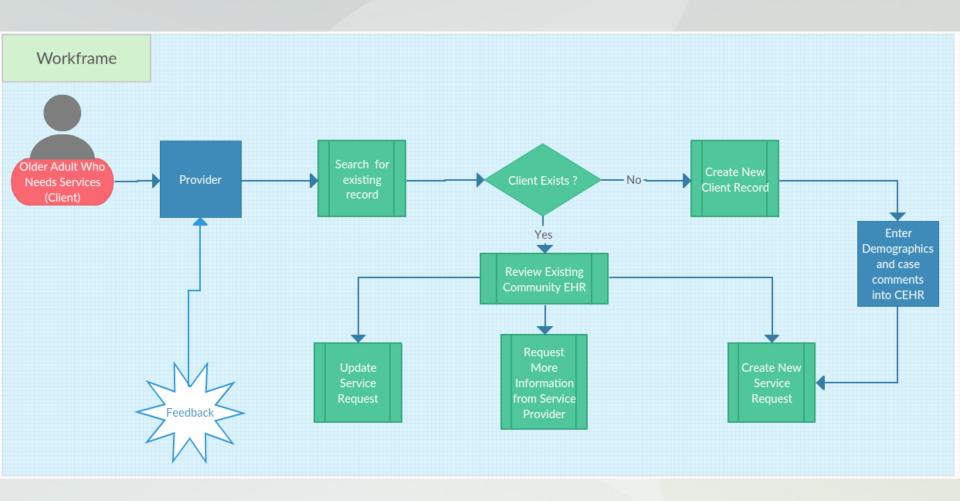
- Big picture barriers to implementing a truly integrated and coordinated system of service delivery
- The Data: How details and why?
- The Process: How will you use it? How will the system work?

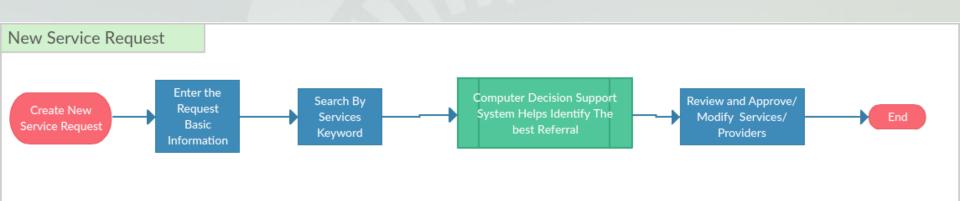
# The Data: How Detailed & Why?

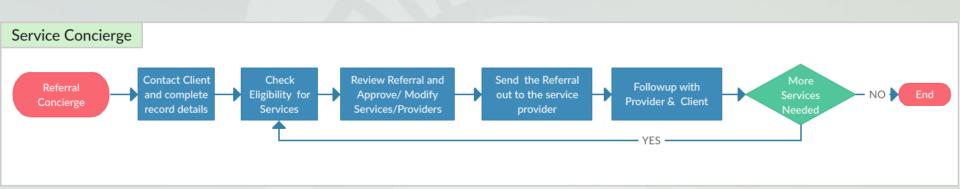


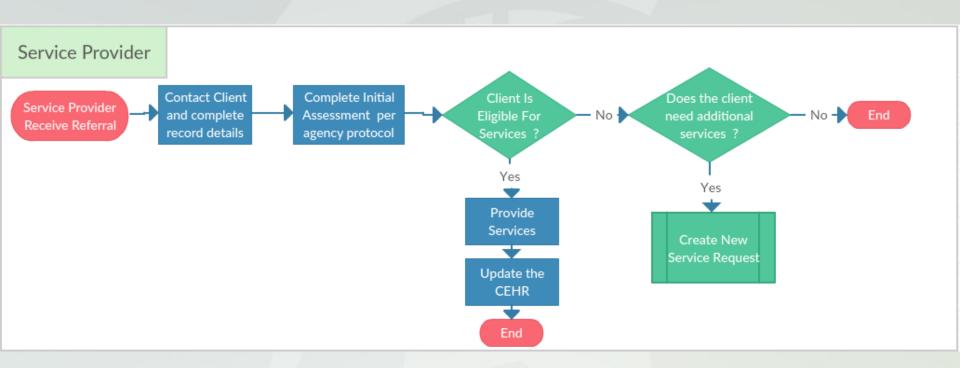
### The Process: Future Service Model?











# Battle Creek's Community Complex Care Response Team

QUESTIONS?

CMAXWELL@MSU.EDU

# Commentary





#### Mariana Chilton, PhD, MPH

**Professor** 

Health Management and Policy
Center for Hunger-Free Communities
Drexel University

mmc33@drexel.edu

### Questions and Discussion

#### Webinars



#### **Archives**

http://systemsforaction.org/research-progress-webinars

#### **Upcoming**

Wednesday, November 15, 12-1pm ET/ 9-10am PT

IMPLEMENTING A CULTURE OF HEALTH AMONG DELAWARE'S PROBATION POPULATION Daniel J. O'Connell, PhD, and Christy Visher, PhD, Department of Criminal Justice, Center for Drug & Health Studies, University of Delaware

Wednesday, December 6, 12-1pm ET/ 9-10am PT

HOUSING FOR HEALTH: CROSS-SECTOR IMPACTS OF SUPPORTIVE HOUSING FOR HOMELESS HIGH USERS OF HEALTH CARE

Ricardo Basurto Davila, PhD, MS, Chief, Policy Analysis Unit, LA County Dept. of Public Health and Corrin Buchanan, MPP, Program Manager, Housing for Health, LA County Dept. of Public Services

Wednesday, December 20, 12-1pm ET/ 9-10am PT

INTEGRATING BEHAVIORAL HEALTH WITH TANF TO BUILD A CULTURE OF HEALTH

Mariana Chilton, PhD, MPH, Associate Professor, and Sandra Places, MD, Department

Mariana Chilton, PhD, MPH, Associate Professor, and Sandra Bloom, MD, Department of Health Management & Policy, Drexel University Dornsife School of Public Health

#### Thank you for participating in today's webinar!



For more information about the webinars, contact:

SystemsforAction@uky.edu

111 Washington Avenue #201, Lexington, KY 40536 859.218.2317

www.systemsforaction.org

# Speaker Bios



**Dr. Pickering's** program of research is on elder abuse and neglect prevention, and aims to understand the dynamics and development of abuse, neglect and high-risk caregiving in order to identify effective intervention strategies. Clinically, Dr. Pickering's expertise and training is in geriatric nursing with an emphasis on public health, with past experience as a Long Term Care Ombudsman. Dr. Pickering is a member of the UT Health Science Center San Antonio School of Nursing "Caring for the Caregiver Program" which aims to help support the local community's caregiving needs through research, service and practice.



**Dr. Maxwell's** research, scholarship, and engagement activities largely focus on understanding and improving how governments and NGOs can prevent and control intimate partner violence and violence against women. He currently serves as a co-investigator of the National Institute of Justice's sponsored *Evaluation of the [U.S. Department of Justice's Office on Violence Against Women] Domestic Violence Homicide Prevention Initiative*. Dr. Maxwell is Professor in the School of Criminal Justice at Michigan State University.



**Dr. Abujarad's** primary research area is in Health Information Technology (HIT). His specific research interests focus on the area of mobile-health technology, human-computer interaction, and systems that provide real-time background searches. His overarching aim is to apply his indepth knowledge and methodological expertise to address major health disparities in vulnerable populations by developing technologies that optimize the human interface of complex systems. Dr. Abujarad is currently the Principal Investigator of AHRQ's "Patient Centered Virtual Multimedia Interactive Informed Consent (VIC)" project. Dr. Abujarad is Assistant Professor of Emergency Medicine at Yale University.