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Caring, cost-savings and credibility in the Commonwealth

Editor's note: The SCAN Foundation, The John A. Hartford Foundation, the Administration for Community Living, the Gary and Mary West Foundation, the Marin Community Foundation and the Colorado Health Foundation have united to fund a three-year grant to develop and establish the Aging and Disability Business Institute (goo.gl/nz7ykU), housed within n4a. Under the grant, ASA and n4a are collaborating on a series of articles and case studies in **Aging Today** that will help to prepare, educate and support community-based organizations and healthcare payers to provide quality care and services.



Medicare and Medicaid beneficiaries living in the Commonwealth of Virginia are receiving extraordinary (and convenient) care through a partnership model that has served thousands since its inception two years ago.

The VAAACares (Virginia Area Agencies on Aging—Caring for the Commonwealth) program provides comprehensive care coordination, care transitions and many other services to support the health and well-being of its enrollees. Maintaining an independent database for reporting performance measures, tracking care episodes and patient outcomes and other quality assurance measures, the program is a “one-stop-shop” for referrals, billing, reporting, data analytics, training and quality assurance.

Planning began in October 2015 to launch VAAACares, and by the end of 2017 the program had served 7,000 Medicaid and dually eligible beneficiaries through the Medicaid LTSS program. The network expects to double that number in 2018.

Partnerships Grow from Care Transitions Model

Kathy Vesley, President and CEO of VAAACares, has with her team accomplished more than might seem doable in two years, yet she still wishes there were eight days in a week. That is about how much time she needed, she says, to form her statewide network of area agencies on aging, health system and payer partners.

VAAACares comprises 20 area agencies on aging (AAA), four health systems and five large insurance companies. The network is a spin-off of the Eastern Virginia Care Transitions Partnership (EVCTP), a successful care transitions program serving 10,000 Medicare beneficiaries annually. The Virginia governor's office and the Virginia General Assembly took note of EVCTP's success

and asked Bay Aging, the legal entity overseeing all these partnerships, if they could create a program similar to EVCTP, but across the entire state.

Vesley responded by spending two years' worth of "eight-day" weeks developing the network, until she had 100 percent of Virginia's 25 AAAs supporting the effort, if not directly participating in it. She doesn't take all the credit, however, but bestows it on her advisory council and hard-working staff. One key council member is Dr. Eric Coleman, creator of the original Care Transitions Program.

"His model is the secret sauce," says Vesley. "That's why we've been so successful. Also [helping the program succeed are], Dr. Kyle Allen [a physician on the council who has extensive experience in developing and implementing innovative geriatric care models] and others with the state units on aging, plus Medicaid. The actual worker bees," she adds, "are an R.N. who oversees the project and works hands-on, day-to-day, and other staff who have expertise in health and human services, social services and healthcare administration."

The EVCTP staff worked to reduce 30-day Medicare readmission rates through transition coaching, and setting up care plans by going into patients' homes and developing care goals. In the VAAACares program, staff perform similar work, but for managed care organizations (MCO), as well as provide Medicaid care coordination. Vesley calls EVCTP's work a "middle step," in which Bay Aging built a reputation for success in keeping people out of the hospital. The EVCTP program continues as a regional component to the much larger, statewide VAAACares.

Vesley takes this services provision very seriously, as Virginia has a large and growing older adult population at a time when funding is shrinking. "We needed to find a new way to infuse services and dollars," says Vesley. "We should be helping older adults stay out of the hospital anyway, but this network also offered us access to revenues and resources where we could optimize the services AAAs normally give." She stresses the need for beginning the whole process with a tried-and-true, evidence-based model (in this case, the Coleman model), which can give AAAs quantifiable results and bring added credibility to the program.

VAAACares asked older adults about their goals, if they understood their discharge instructions and, using the talk-back listening method, built on what they needed to form the program's service line. "When we saw a lot of depression, we added the Healthy IDEAS [Identifying Depression, Empowering Activities for Seniors] model or Chronic Disease Self-Management," says Vesley.

"Older adults [wanted] more information. We got tablets, so we could show people what [was] happening in their bodies, and they loved that. There was a lot we added to evidence-based interventions, which allowed us ... to look for new streams of revenue and build out our service system."

Vesley was inspired and motivated to expand the program statewide and share it with other AAAs: "I don't want to sound ... immodest, but [the program] is too good not to share with others, to give them the opportunity, so that 'a rising tide lifts all boats.'"

Going National Is a Goal

Vesley sees potential for replicating the program model on a national level, too, even if it requires a few years to expand. Crediting the National Association of Area Agencies on Aging's (n4a) Aging and



VAAACares President and CEO Kathy Vesley speaks on Capitol Hill in 2017.

Photo: Courtesy of VAAACares

Disability Business Institute and Trailblazers Learning Collaborative (a think tank of successful community-based organizations [CBO]), she says lessons shared nationally with other AAAs have been invaluable. Specifically, Vesley cites Gary Cook's work in Ohio (Cook, the president/CEO of Direction Home Akron Canton Area Agency on Aging & Disabilities, for two decades has partnered with health-care facilities), as well as strong networks in Massachusetts, Indiana, Pennsylvania and California. "In most of these places they have regional systems, but if we connect the dots—and we can—this can, and should, go nationwide."

Recently, a North Carolina AAA called Vesley, expressing interest in forming a similar network, and some Texas AAAs also are forging a model. "It's a real culture shift to be thinking about pay-for-performance and risk-sharing arrangements. It will take health systems and managed care organizations, the payers—they could be private insurance companies—awhile to understand the impact of the social determinants that AAAs can bring to bear," Vesley says.

Vesley suggests AAAs find experts and persuade them to be mentors. "You can't go to one workshop or read one article and say 'yeah, I got it,'" she says. "Every day, new challenges arise, there's a lot of trial and error." Vesley found great benefit in receiving ongoing advice, gained from regular meetings with experienced AAA directors.

"We all help and learn from each other," Vesley says of n4a's Trailblazers Learning Collaborative in which both she and Cook are members. "We all have different strengths, even though I'm statewide and Gary is in a regional setting."

Award Brings Credibility

Vesley's hard work resulted in VAAACares winning the second annual John A. Hartford Foundation Business Innovation Award, given this past July at the n4a annual conference. The award recognized VAAACares "for developing a unique statewide service delivery system to attract major insurers to a one-contract, one-stop shop for referrals, reporting, billing and accountability." Vesley linked this distinction to the VAAACares' ability to collect the verifiable data necessary to succeed in MCO partnerships. "The importance of winning this award is the credibility it brings ... it's external recognition. Third-party recognition, especially from Hartford, helps the credibility of the AAAs and what we're doing in Virginia," she says.

Vesley reports that they are leveraging the award "to talk to members of our General Assembly [and] to members of Congress; it can be parlayed into other [avenues of] political credibility, and convince all legislators that there needs to be a more focused, specified role for AAAs in Virginia," she adds. She challenges those legislators who think healthcare costs are too high to take a look at the VAAACares model, which reduced the 30-day readmission rate in high-risk older adults from 23.4 percent to 14.4 percent and, in Medicaid beneficiaries, from 25 percent to 7 percent, plus saving millions.

She admits that some payers are wary of working with AAAs and other CBOs due to the attendant risk of paying up front to provide services that address social determinants of health. But according to Vesley, "It would be great if some policy makers really paid attention to the impact of these low-cost social determinants." She also believes in working to expand access to services nationwide. "We need to bring ... AAAs across the country up to the same level, so when a healthcare provider asks 'Who can help me with this?', we are ready to go." ■