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Fast-track Innovation: Area Agencies on Aging Respond to the COVID-19 Pandemic

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ABSTRACT

Millions of older Americans depend on services provided by Area Agencies on Aging to support their nutritional, social, and health needs. Social distancing requirements and the closure of congregate activities due to COVID-19 resulted in a rapid and dramatic shift in service delivery modes. Area Agencies on Aging were able to quickly pivot due to their long-standing expertise in community needs assessment and cross-sectoral partnerships. The federal Coronavirus relief measures also infused one billion dollars into the Aging Network. As the pandemic response evolves, Area Agencies on Aging are poised to be key partners in a transformed health system.

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Introduction

The nation's 622 Area Agencies on Aging (AAAs) are community-centered organizations that currently serve more than 11 million adults aged 60 years and older per year.[1] Established in 1973 under the Older Americans Act, AAAs plan, coordinate, and deliver social, nutritional, and long-term services and supports that help older adults live independently in their own homes. From the outset of the COVID-19 pandemic, which has been particularly challenging for older adults, AAAs had to quickly make major adjustments to meet the growing and shifting needs of the population they serve. As confirmed cases of COVID-19 spread across the US, states began to impose restrictions on social gatherings in March 2020. Even before states issued stay-at-home orders for the general public, federal and state governments implemented measures to limit the spread of COVID-19 to older adults, such as restricting visitors to nursing homes (Centers for Medicare & Medicaid Services [CMS], 2020a) and closing down the in-person services offered by AAAs including congregate meals, evidence-based wellness classes, and other

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group social activities. Examples of new modes of service delivery quickly emerged in the network of AAAs.

In this *Perspective*, we discuss how AAAs' rapid response to COVID-19 was enabled by their long-standing expertise in assessing and meeting community needs, their cross-sectoral partnerships, and an infusion of federal funding for a network that was positioned to respond when needed. We also argue that the AAAs' roles in reducing potentially avoidable health care use and spending takes on critical importance during the pandemic. We conclude that AAAs are a key partner to ensure continuity of care in the COVID-19-transformed health system, in particular through their ability to manage and support transitions from hospital or nursing facility to home.

A rapid shift to meet older adults' basic needs

Meal provision is one example of AAAs rapid response as COVID-19 profoundly altered daily life. Prior to the pandemic, the most recent national data about AAA (2017) services showed that 1.5 million older adults regularly attended congregate meal sites to meet their nutritional and social needs, receiving over 76 million meals at these community sites. In addition, more than 860,000 older adults received nearly 144 million home-delivered meals funded by the Older Americans Act (AGID, 2017). When congregate meals were no longer an option for those millions of older adults who had been going out into their communities to share a meal with others, AAAs shifted resources to meet the skyrocketing requests for home-delivered meals (Brewster et al., 2020).

One challenge AAAs faced to meet this increased service demand was a dwindling volunteer pool. For meal delivery and other services, AAAs often rely on volunteers, many of whom are older adults themselves and at higher risk of complications from COVID-19. To overcome this sudden shortage in volunteers, the methods and modalities used to deliver services had to change. Strategies included delivering shelf-stable or frozen meals to reduce the number of trips, offering drive-through meal collection, and redeploying staff. For example, at Elder Services of the Merrimack Valley, a Massachusetts AAA, staff redeployed from providing in-person program delivery to conducting telephonic wellness checks and delivering meals. Like many AAAs, they reported an increase in referrals due to social distancing and COVID-19 concerns.

The legislated community-centered mission of AAAs set the stage for this kind of response. Their position as a hub for community-based service planning and coordination requires AAAs to routinely assess and respond to the needs of older adults in their areas. This role keeps AAAs in touch with their communities and makes them attentive to evolving situations that can influence the needs and well-being of the older adults

in their communities. In addition to this long-held responsibility for monitoring and supporting the needs of older adults in their areas, two other factors enabled AAAs' to quickly shift their work in response to COVID-19.

First was an infusion of new federal funding that acknowledged the life-sustaining importance of the services provided by the Aging Network. As part of the three initial coronavirus response bills, the federal government invested over one billion dollars in the Aging Network. The Families First Coronavirus Response Act, which was signed into law on March 18, 2020, included 250 USD million designated to the Administration for Community Living (ACL) to support Older Americans Act nutrition services (Dawson & Long, 2020). The Coronavirus Aid, Relief, and Economic Security (CARES) Act on March 27 allocated 955 USD million to ACL, of which 820 USD million was earmarked for activities authorized under the Older Americans Act, including 200 USD million for Title III B home and community-based services, 480 USD million for Title III C nutrition services including home-delivered meals, 20 USD million for nutrition and related services for Native American Aging Programs under Title VI, 100 USD million for support services for family caregivers under Title III E, and 20 USD million for Title VII elder rights protection activities (Wexler et al., 2020).

A second factor that enabled the AAAs' agile response was the existence of partnerships, collaborations, and contracting relationships between AAAs, health care entities, and other service providers in their communities. Previous research has shown that AAAs are often local leaders in connecting health care and social service organizations (Brewster et al., 2019). Their long-standing experience at the intersection of health and social care has resulted in AAAs becoming a key partner in managed- and integrated-care systems. Seventy-four percent of AAAs report a partnership with a hospital or health system, and 62% have a partnership with a health plan or managed care organization (National Association of Area Agencies on Aging, 2020).

Contracting between health care and social service organizations represents a formalized partnership, and provides an opportunity for more people to receive supportive services and for AAAs and other community-based organizations to be compensated for this work. The most recently available data shows that 42% of AAAs have a contract with a health care entity to provide services, and that the most common services provided through contracts are case management (55%), care transitions (46%), and nutrition programs (40%) (Kunkel et al., 2018, 2017). Recognizing that AAAs may play an important role in integrating health and social services, the Older Americans Act reauthorization, Supporting Older Americans Act (2020), added clarifying language that states: "Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through – (1) contracts with health care payers . . . "

What now? Building on AAA-health care partnerships

Now that the initial crisis response has created a "new normal", AAAs are shifting attention to additional ways their expertise can meet new COVID-19 related demands and opportunities. As of May 1, 2020, some states are beginning to "reopen" in various ways. The next 12–18 months will bring a continuation of social distancing to minimize risk of transmission, in particular for those most susceptible to serious illness. What does this mean for our systems of support for older adults in the community?

By providing services that help older adults remain safe and independent in their own homes, AAAs help these individuals limit their potential exposure to SARS-CoV-2. Previous research suggests that AAA partnerships help to prevent unnecessary hospitalizations and nursing home admissions (Brewster et al., 2018, 2020), locations that can increase risk of exposure. In the COVID-19 era, reducing unnecessary admissions has taken on even more importance than before for several reasons. First, as health systems prepared for a possible surge of COVID-19 cases, they sought to free as many beds as possible; this may be required again in the future as the number of COVID-19 cases ebb and flow in different regions. Second, the usual chain of care transitions may need to be adjusted to address concerns about introducing COVID to the facility. Skilled nursing facilities may refuse or be reluctant to admit new consumers for this fear. The resulting lack of skilled beds can create a backlog that slows down release from the hospital to rehabilitation.

As one means to address this situation, the Centers for Medicare & Medicaid Services (CMS) have instituted the Hospital Without Walls initiative which, among other flexibilities, allows hospitals to bill for outpatient services that are provided in temporary expansion sites, including patients' homes (CMS, 2020b). Delivering hospital services in patients' homes and other non-health care settings requires strong partnerships between health care entities and community-based service providers. In many regions, AAAs are logical partners to provide remote monitoring, case management and care coordination, meal services, discharge planning, and care transitions services (Aging and Disability Business Institute, 2020).

One example of a AAA providing these services is the Council on Aging of Southwest Ohio (COA), a AAA that provides care management and home and community-based services for over 25,000 individuals in the Cincinnati region. Beginning in 2012, COA provided care transitions with funding from the CMS Community-based Care Transitions Program (CCTP). When CCTP funding ended, COA built on this experience and launched their FastTrack Home care transitions program in 2017, which is now in place in

skilled nursing facilities and most large hospitals in Cincinnati, Ohio. The program provides an in-person pre-discharge assessment to determine the type, frequency, and duration of in-home support services needed. A care manager works with the individual and family to set up and manage the services, which might include meal delivery, transportation to medical appointments, and homemaking.

The Council of Aging of Southwestern Ohio has responded to the COVID-19 crisis by adapting its FastTrack Home model to support patients leaving skilled nursing facilities and hospitals encountering a surge in demand. Faced with challenges of limiting in-person contact and meeting increased demand, COA has implemented the following emergency-response innovations to the FastTrack Home model:

- Changing the referral and coaching model by establishing telephonic coaching protocols, dropping hospital coaching presence and adding an intake queue;
- Ramping up capacity by shifting staff resources and training, and expanding days of operation to seven days a week;
- Developing provider guidance and protocols to ensure services continue to be provided safely and in alignment with guidelines from the Centers for Disease Control and Prevention;
- Expanding home-delivered meals availability to seven days a week; and
- Adapting services that are especially needed by those coming out of the hospital in the following ways: Durable Medical Equipment (deliver pre-assembled equipment so installer does not need to enter the home), Emergency Medical Response Systems (switch to GPS/wireless devices that do not require installation), and transportation to primary care appointments (drivers have PPE and sanitize hard surfaces after each trip).

Conclusion

The pandemic crisis highlights the importance of meeting social needs to support community health and has increased awareness of the value of services that AAAs provide. AAAs were designed as locally-responsive organizations to assess and plan for community needs. Since their inception, they have repeatedly demonstrated that they can design, adapt, and innovate in response to government mandates, community demand, health care partner needs, and emergency situations. The federal COVID-19 response has included a huge infusion of funding into the Aging Network to provide nutrition, home and community-based services, and support for caregivers. The examples shared in this article demonstrate not only the critical role that AAAs play in meeting older adults' basic needs, but also in their ability to rapidly adapt and innovate to meet situational and delivery challenges.

Key Points

- Area Agencies on Aging (AAAs) quickly adapted services to meet the basic needs of older adults during COVID-19.
- AAAs responded by offering innovative service provision and delivery during the pandemic.
- AAAs leveraged expertise in community needs assessment and planning, supplemented by federal relief.
- AAAs are a key partner to ensure continuity of care in a transformed health system.

Note

1. AAAs were established in a 1973 amendment to the Older Americans Act (OAA) of 1965, and given a very specific role in their communities. The most recent reauthorization of OAA signed into law on March 25, the Supporting Older Americans Act of 2020 (Robertson, 2020), reaffirms the initial enabling legislation that gave the Aging Network the community-centered mandate to design and deliver services that best meet the needs of older adults in their local area with agility, flexibility and adherence to shared underlying principles. For background on the role and evolution of the OAA and AAAs, see (Applebaum et al., 2018; Kunkel, 2019).

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