

AJAS Updates Lawmakers on Care Coordination Pilot

Members of the AJAS PPLG Committee visited lawmakers on Capitol Hill last month to present preliminary findings on its Medicaid Care Coordination Pilot project. A group of eldercare professionals participating in the pilot travelled to Washington, D.C., to deliver preliminary project results to Sen. Rob Portman (R-OH), staff from the Senate Finance Committee and Rep. Dave Joyce (R-OH).

The MCCP was developed by Richard Schwalberg, chair of the AJAS PPLG and COO of Menorah Park, earlier this year. The pilot involves a provider-directed program in four states--Ohio, Pennsylvania, New York and California. Pilot participants are six senior care organizations, an acute care hospital system and a managed care organization.

Project results in the first quarter are excellent. Rehospitalizations, falls, pressure sores, ER visits and patient monthly drug costs decreased and were under national averages. Two important factors to note--rehospitalization rates decreased by 5 percent, and drug costs decreased by 9 percent.

Overall goals of the project are to improve care coordination of elderly nursing home patients on Medicaid and save Medicaid and Medicare dollars. The MCCP was developed in response to the fragmentation and duplication in current care systems in many states. In addition, there are no standardized care paths and best practices for nursing home patients.

These preliminary results demonstrate improvement in patient care/quality and cost savings to both Medicaid and Medicare. Extrapolating for metrics and cost saving results nationally, care coordination could offer a potential savings of \$750 million. This would occur through all nursing homes, reducing both rehospitalization and drug costs by 5 percent.

Last year, the AJAS PPLG submitted recommendations about establishing the pilot project to Portman, who serves on the Senate Finance Committee, and Senate Finance Committee staff.

MCCP Process- How the MCCP Works

The MCCP is a centralized provider-driven model run by nursing homes. Care services collaboration occurs between multiple service providers. We developed 10 quality and cost metrics and measured these on a weekly, monthly and quarterly basis. All project participants also implemented standardized weekly patient reviews using care templates. On a monthly basis, all six organizations in the pilot conducted a joint project evaluation.

During the December meeting in Washington, AJAS received unanimous support to continue the MCCP Pilot through February 2019. The legislators recommended expanding the pilot sample and time frame to include more nursing homes over a one-year time period. Specific recommendations for next steps are expected in January, including presenting project results to date to major CMS officials, and other Senate and House Committees.

Attendees at the Capitol Hill meeting included:

- Menorah Park Center for Senior Living, Beachwood, Ohio
- Montefiore Home, Beachwood, Ohio
- Los Angeles Jewish Home
- Jewish Association of Aging, Pittsburgh, Pa.
- New Jewish Home, Manhattan, NY
- Representatives from Leading Age and AHCA
- Chief of Medical Staff Elect, Cleveland Clinic Hillcrest Hospital and Director of Care Source Ohio
- Jennings Center for Older Adults, Garfield Heights, Ohio