LeadingAge Annual Meeting 2012

SESSION 182-C

COLLAGE: AN ASSESSMENT TOOL TO IMPROVE WELLNESS OUTCOMES

A membership consortium of aging services organizations, including CCRCs, moderate-income and federally subsidized housing, and home care and community-based agencies who use a holistic, Web- and evidence-based assessment tool and person-centered process to advance healthy aging and improve outcomes of older adults living independently.

What is COLLAGE?

CONSORTIUM

EVIDENCE-BASED ASSESSMENT TOOLS

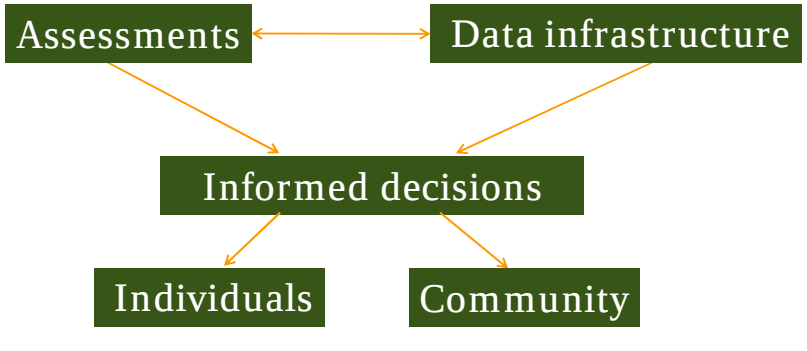
SYSTEM TO IMPROVE HEALTHY AGING OUTCOMES

COLLAGE The Art & Science of Healthy Aging®

Membership States

COLLAGE The Art & Science of Healthy Aging®

How Does COLLAGE Work?



ROI: better healthy aging outcomes

Assessment Process: How?

- *Staff* person one-to-one with resident
- *Once* every 9 months to 1 year
- *In* office or home
- *1 to 1.5* hours for conversation
- *Data* recorded in software (web-based)

Assessment Process: Who?

Who?	• Nursing, social service, fitness, wellness staff • Independent or assisted living residents

Why?	• Improve healthy aging
	  ◦ Individuals
	  ◦ community
	• Target resources to resident goal
	• Inform need for service support decisions
	• Strengthen program planning

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COLLAGE Assessments: Key Features

Comprehensive -- 20 core assessment components

Holistic snapshot of individual

Evidence-based

Part of an *assessment suite* used in over 30 countries

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Impact on Management and Operations

Identifies needed services

Informs decisions about risk (needs) and interests

Promotional advantage

Assists with accreditation

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Personal Wellness Profile, sample report

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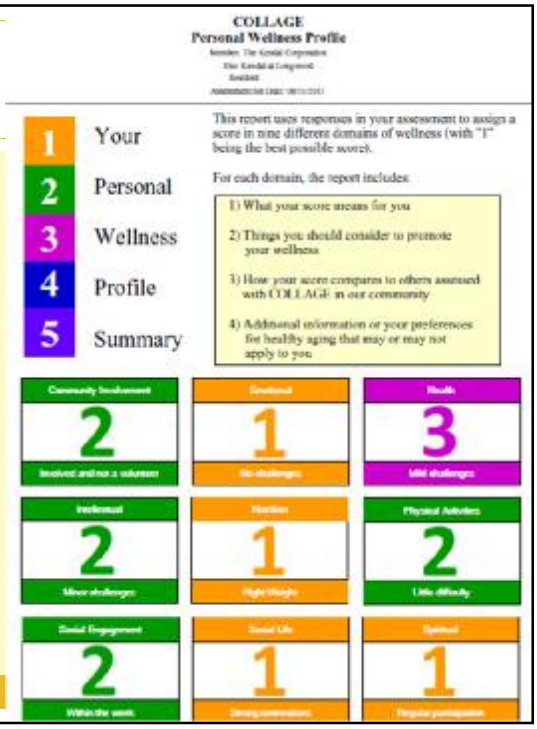

Software Platform

- Web-based software, runs in browser
- Requires internet connection
- No installation required; minimal issues for local IT
- Data for all members stored on single server in secure data center (with access strictly controlled by facility)

COLLAGE
The Art & Science of Healthy Aging®

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Diana Cox, RN, MSN, NHA
Director of Resident Healthcare Services

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COLLAGE

The Journey and the Outcomes



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- Continuing Care Retirement Community in Hanover, NH
- Founded in 1991 with Values and Practices based on the Religious Society of Friends
- Affiliated with Dartmouth Centers of Health and Aging
- Onsite Dartmouth Hitchcock at Kendal Resident Care Clinic

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- 250 Independent Apartments
- Assisted Living Unit
- Assisted Living for the Cognitively Impaired
- Skilled Nursing Unit
- Home Care Program

COLLAGE Adoption

- Began COLLAGE in 2005
- At that time we completed the Community Health Assessment (CHA) on residents in Assisted Living, those receiving Home Care Services; residents deemed "at risk" in Independent Living and prospective residents to the Kendal community

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Changing the Process

- We found the program had no "champion"
- We met as a healthcare team to devise a plan-connected COLLAGE to healthcare team goals and compensation
- Trained 12 staff members who complete the CHA and Wellness tools for assigned residents

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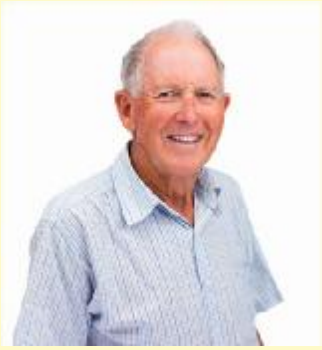
Current Program

- Complete Core/Wellness Assessments every 12 months on the following residents:
  - Independent residents
  - Residents "at risk"
  - Prospective residents



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"At Risk Residents"

- Felt it to be important to complete COLLAGE on this population so we could trend change over time
- Assessment also ensures we are providing residents support to maintain independence

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Resident Response to COLLAGE

- Residents are excited to be part of COLLAGE
- We have educated our residents to the program over time and subsequently to the results
- After 3 full years of completing COLLAGE throughout the community we have a acceptance rate of > 80%

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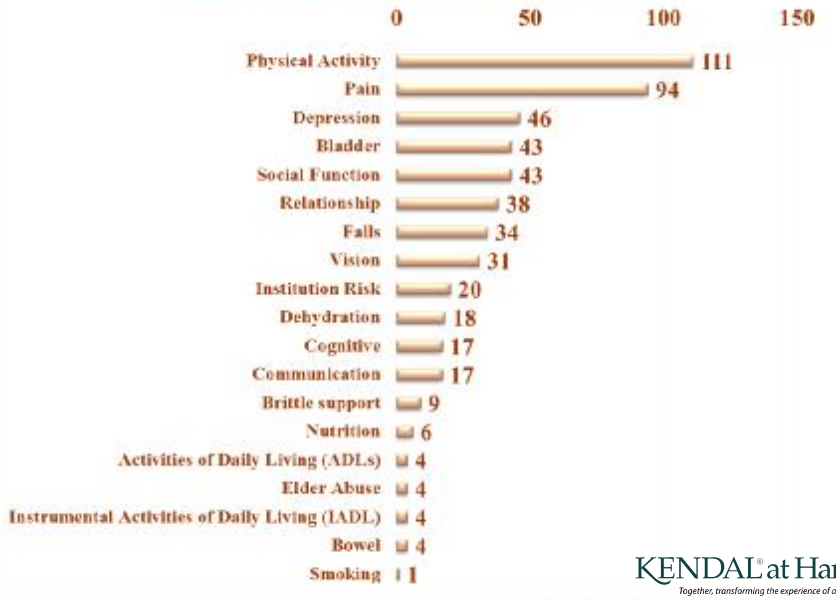
Client Assessment Protocol's (CAP's)



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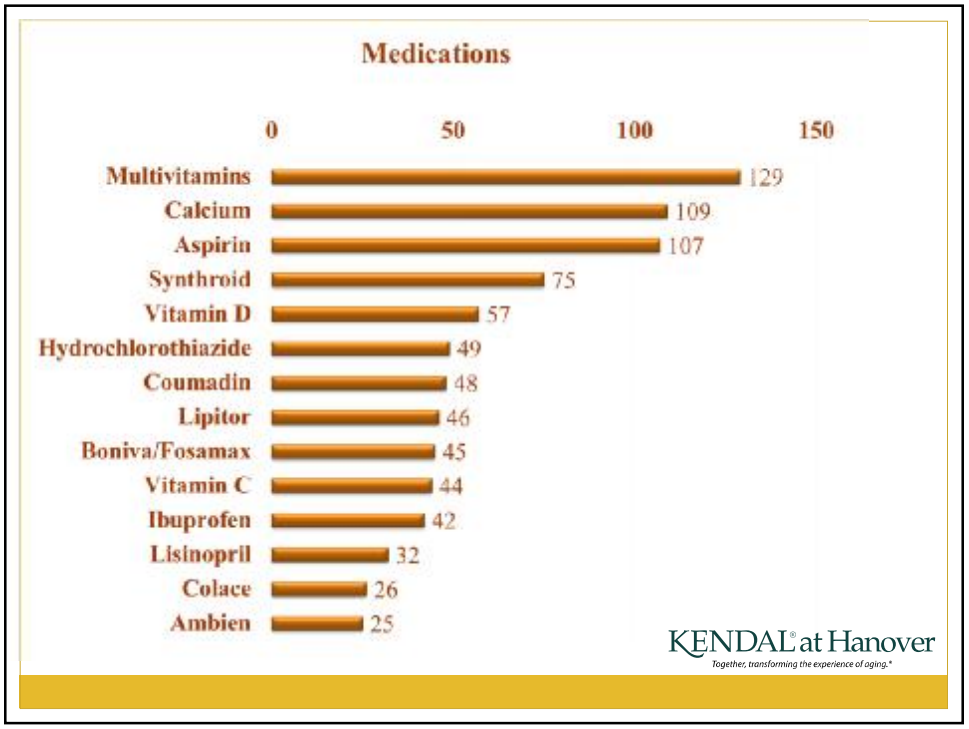
Medications
0
50
100
150
Multivitamins 129
Calcium 109
Aspirin 107
Synthroid 75
Vitamin D 57
Hydrochlorothiazide 49
Coumadin 48
Lipitor 46
Boniva/Fosamax 45
Vitamin C 44
Ibuprofen 42
Lisinopril 32
Colace 26
Ambien 25
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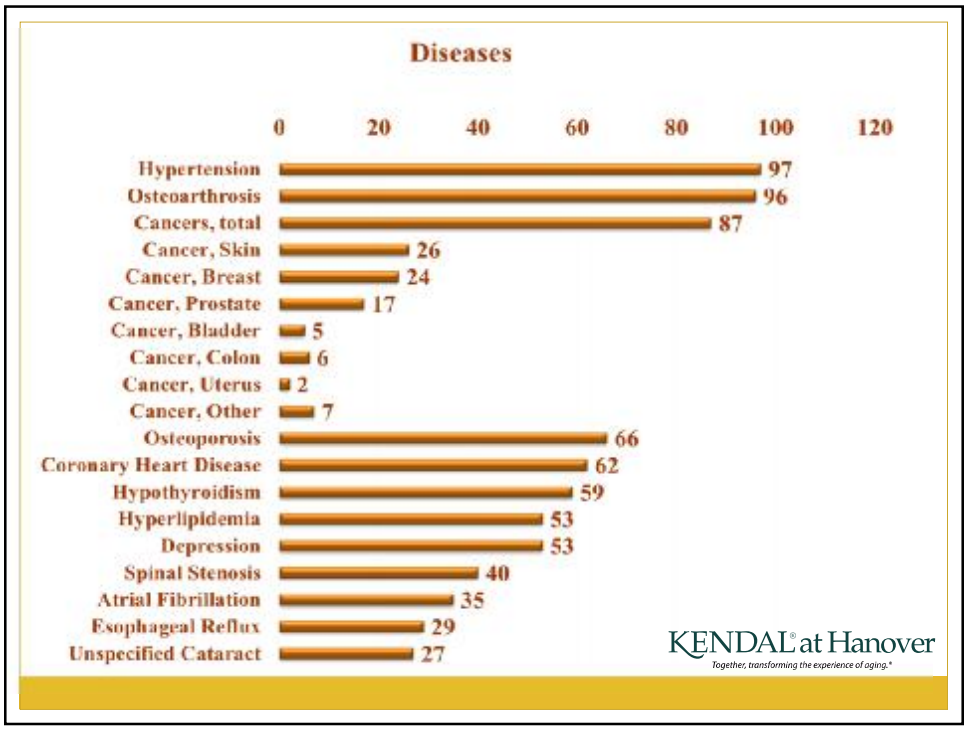
Diseases
0
20
40
60
80
100
120
Hypertension 97
Osteoarthrosis 96
Cancers, total 87
Cancer, Skin 26
Cancer, Breast 24
Cancer, Prostate 17
Cancer, Bladder 5
Cancer, Colon 6
Cancer, Uterus 2
Cancer, Other 7
Osteoporosis 66
Coronary Heart Disease 62
Hypothyroidism 59
Hyperlipidemia 53
Depression 53
Spinal Stenosis 40
Atrial Fibrillation 35
Esophageal Reflux 29
Unspecified Cataract 27
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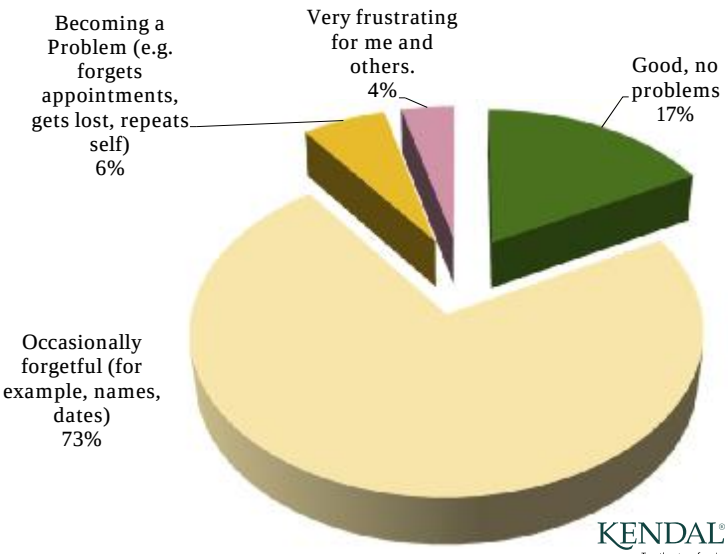
How Would You Rate Your Memory?



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"I'd like to take Ginkgo to improve my memory but I'm still trying to forget the Disco years."

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Data Use

- Use COLLAGE assessment in monthly "at risk" meeting with clinic providers to review residents who may benefit from Home Care services or need to move along the continuum
- Team member completing COLLAGE will encourage resident to make a clinic appointment for health issues such as depression, incontinence and other physical complaints

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Data Use

- Team member will encourage resident to seek out members of the interdisciplinary team for issues related to:
  - Nutrition.....Registered Dietician
  - Functional Ability.....Rehab (PT, OT)
  - Psychosocial Wellbeing.....Social Work or Resident Care Clinic
  - Activities of Daily Living.....Home Care Program

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Outcomes of COLLAGE Programs

- Full Time Wellness Coordinator
- Focus includes Yoga/Joint Freeing, Better Balance, Back Basics, Stretch and Strength
- 15-30 residents per class
- Residents are requesting more classes
- Additional contracted fitness classes

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Psychosocial

- COLLAGE data from 2009 cited issues with psychosocial wellbeing
- Staff became concerned with increased rates of depression, social isolation and cognitive changes
- Social Work offered 1:1 meeting time with residents, a conversational series and continued the group work of "Transitions and Loss."
- Recruitment of full-time MSW to work in the independent community

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Continued COLLAGE Journey

- Started utilizing Core Assessment, Wellness Assessment in August 2012
- Provide residents with their Personal Wellness Profile
- Review their PWP and encourage resident to consider makes changes in their lives
- Function as their coach and "check-in" with them on a periodic basis

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Resident Care Clinic

- Clinic providers have adopted "new" Medicare Wellness Visit
- Visit substitutes for annual physical
- Focus is function, ADL's/IADL's, social history, safety, physical (height, weight,BMI, BP), hearing, cognitive and depression screen

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Clinic and COLLAGE

- Resident Care Clinic plans to review Core/Wellness data
- In conjunction with resident annual Wellness visit
- Data will better assist clinic in seeing any changes in residents over time

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"I want you to switch from motor oil to omega-3 fish oil."

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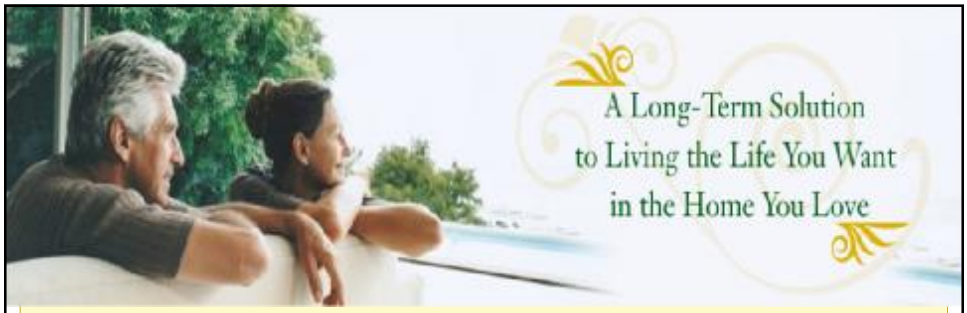
Longwood at Home

LeadingAge Annual Meeting 2012

Joan Krueger, MSW, LCSW
Director of Longwood at Home



Longwood at Home

WHO IS LONGWOOD AT HOME?

- First and only "at Home" Continuing Care Retirement Community in Western PA
- Not-for-profit, Faith-based organization
- Licensed by Pennsylvania Department of Insurance as a CCRC in November 2002
- Guarantees life-long commitment to provide services in home or facility, no matter how health needs change
- Enrolled 285 Members to date
- Currently 233 active members
- Affiliate of Presbyterian Senior Care

Longwood at Home
Positively Living

Presbyterian SeniorCare

- Not-for-profit, faith-based organization established in 1928
- Largest provider of senior living and long-term care in western Pennsylvania
- 56 senior living communities and/or programs at 44 locations across 10 counties of western Pennsylvania.
- First in Pennsylvania to earn accreditation as an Aging Services Network (CARF-CCAC) and third in the U.S.

Longwood at Home
Positively Living

SERVICES PROVIDED IN THE HOME

- Nursing
- Home Health Aides
- Homemakers/Companions
- Emergency Response System
- Meals
- Adult Day Programs
- Transportation
- Biennial Home Inspection
- Portability After One Year

Longwood at Home
Positively Living

MORE SERVICES PROVIDED

- Personal Care
- Nursing center
- Dementia care
- Referral services
- Social, Education and Wellness activities
  - Wellness expo
  - Quarterly Member Meetings
  - New Member Tea
  - Seminars

Longwood at Home
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Demographics

- Average age at Enrollment – 77
- Average age of Members - 84
- Age Range - 62 – 99
- 29 % Male 71% Female
- 107 single members ; 63 couples
- 11 consultative care

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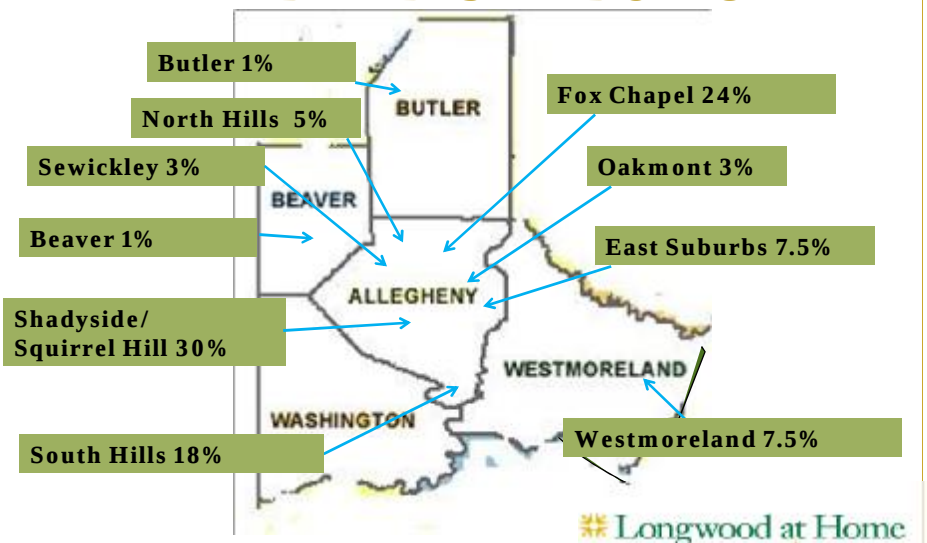
MEMBER DISTRIBUTION



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STAFFING

- Director
- 4 Care Coordinators
- 1.75 Retirement Living Specialists
- Member Coordinator
- Marketing Assistant
- Medical Director
- Board of Directors

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PERSONAL CARE COORDINATION

- Conducts assessments using COLLAGE
- Ongoing communication
- On-call 24-hours/7days a week
- Gets to know member and member's family
- Develops care plan
- Coordinates services
- Schedules caregivers
- Is member's personal advocate

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ASSESSMENT FREQUENCY

- Members receive first COLLAGE assessment at the time of their enrollment in Longwood at Home
- They are reassessed on an annual basis
- Participation in the program is **mandatory**

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ASSESSMENT REVIEW

- Care Coordinators have a minimum of a **quarterly** contact with members and the goals are reviewed at that time

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Cap	Status	Triggering Item
Abusive Relationship	Not triggered	
ADL	Not triggered	
Appropriate Medications	Not triggered	
Cardiorespiratory Conditions	Triggered	Dizziness or lightheadedness, Chest pain
Cognitive Loss	Triggered-prevent decline	Changing decision making, Alzheimer's dementia
Communication	Triggered – potential for improvement	Decision making, Understood, Understands
Informal Support	Triggered	Lives alone or in group setting, Alone - long periods of time, Housework -capacity, Shopping capacity, Transport - capacity
Institutional Risk	Triggered	Decision making, Short-term memory, Understood, Understands, Alzheimer's dementia, Institutional risk count: 5
Pain	Triggered-high priority	Pain intensity
Prevention	Triggered-physician visit	Physician visit (count): 1, Hearing Exam
Under-nutrition	Triggered – risk	Body Mass Index: 20.22

COLLAGE & PERSONAL CARE COORDINATOR SUCCESS

In the 9-year history of Longwood at Home, only 8 members have had to leave home on a permanent basis.

That is less than 3% !

Anna Scott, care coordinator, with Drs. Lawrence & Betty Howard

Longwood at Home
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VALUE of COLLAGE

Consistency
- Inter-rater reliability
- Consistency of Assessment
- Data

COLLAGE becomes the primary assessment tool

The detail of COLLAGE allows care coordinators to remember the subtleties of their 65 members over a period of time

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COLLAGE BENEFITS FOR MEMBERS

- Person-centered approach
- Better outcomes for member – quality of life and independence
- Supports healthy aging
- Facilitates aging in place
- Promotes a partnership with care coordinator
- Relieves awkwardness with sensitive questions

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USES OF COLLAGE DATA

- Data drives wellness programming for members
  - Self-management programs – exercise, nutrition
  - Evidence-Based Programs address triggers
  - Support Groups – single women luncheons
  - Wellness tips in Newsletters and at Member Meetings
  - Tailor wellness programs to members' needs – Five wishes program, Healthy Heart month, Maintain your brain, Matter of Balance
  - Medication recalls and alerts - Fosamax

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CHALLENGES

- Challenges
  - All of our assessments are done in the member's homes
  - Length of time for the assessment
  - Training of staff
  - Resistance of experienced staff due to time constraints
  - Anxiety of members

Longwood at Home
Positively Living

Eaton Senior Communities, Inc.

LeadingAge Annual Meeting 2012

Diana Delgado, MSHSA, CASP
Chief Operating Officer

Eaton
SENIOR COMMUNITIES

Eaton Senior Communities, Inc.

- Mission: To provide affordable housing in a service-rich environment that enables all to live to their fullest potential
- 161-HUD units
- 66-assisted living units

COLLAGE®

- Strategic Initiative: To achieve a demonstrated change to a culture and philosophy of wellness for the organization and those we serve

COLLAGE® in Affordable Housing

- Advance healthy aging and improve outcomes – "aging well"
- Tailor wellness programming specifically to resident needs
- Affordable housing = reliance on government funding
- Grant funding

COLLAGE The Art & Science of Healthy Aging®

Eaton SENIOR COMMUNITIES

COLLAGE®

- Began using the Community Health Assessment and Wellness Assessment in January 2011
- Director of Social Services leads the COLLAGE® effort
- Utilize student interns as Wellness Coaches

Eaton SENIOR COMMUNITIES

Barriers to Implementing an Assessment Tool

- Time it takes to complete assessments
- Trust level of residents – will we think they aren't "independent" enough?
- Personal goal development
- Participation is voluntary

Strategies to Address Barriers

- Core Assessment, Personal Wellness Profile & Healthy Aging Plan
- Support aging in place
- Confidential information
- Personal testimonials
- Incentives to participate

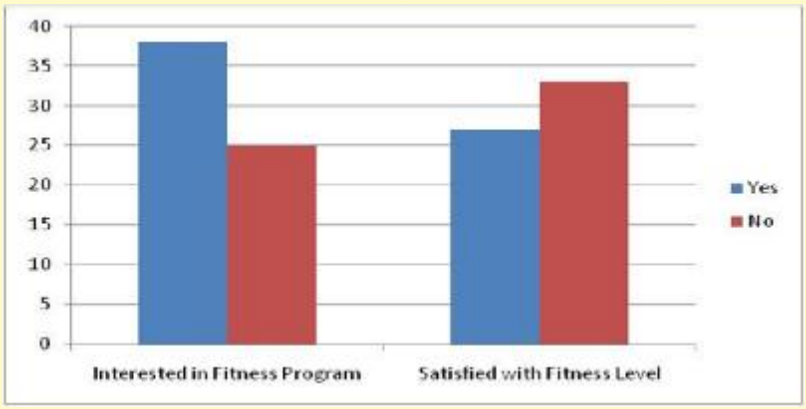
How We Use COLLAGE Currently

- Initial assessments are completed during the opening of service coordination once a resident has moved in
- Annual reassessments are completed upon HUD recertification
- Assisted Living

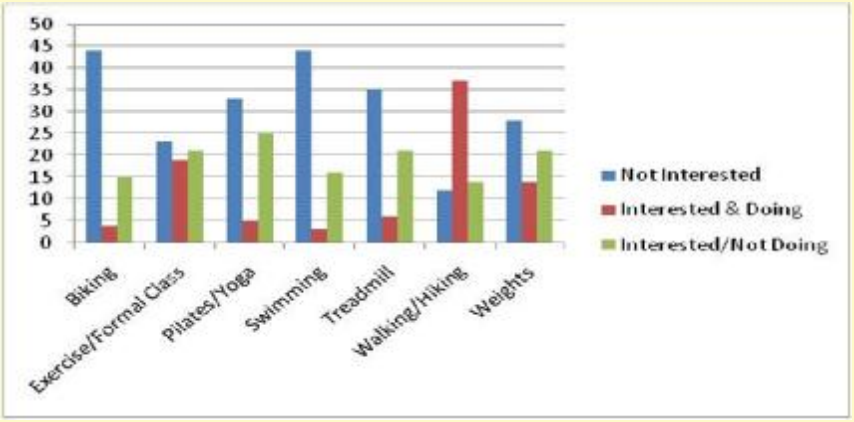
Outcome Data

- What does it mean?
- Aggregate data
- Ad hoc reports
- Repository data

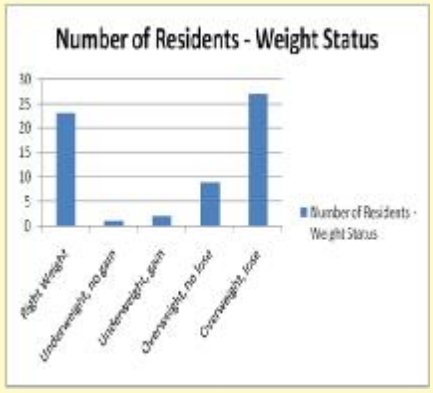
Fitness Data

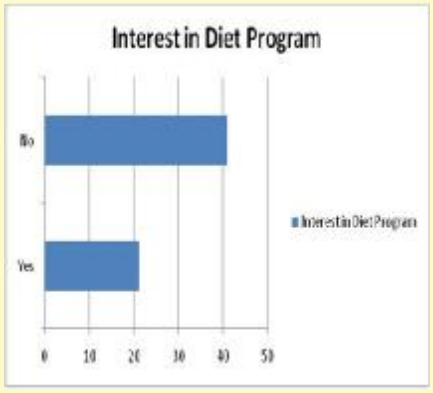


Type of Exercise

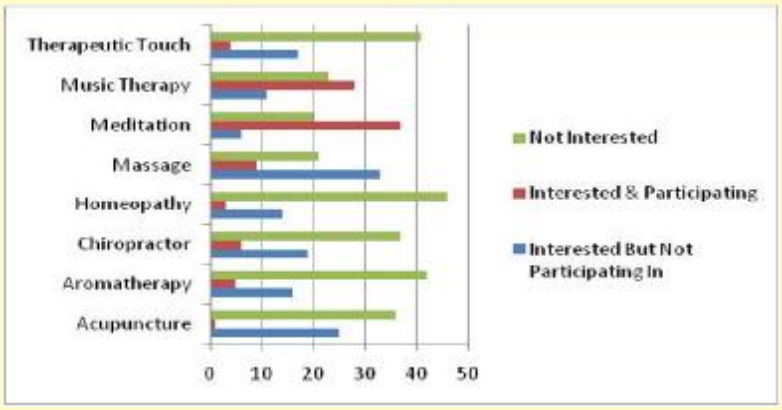


Nutrition/Diet

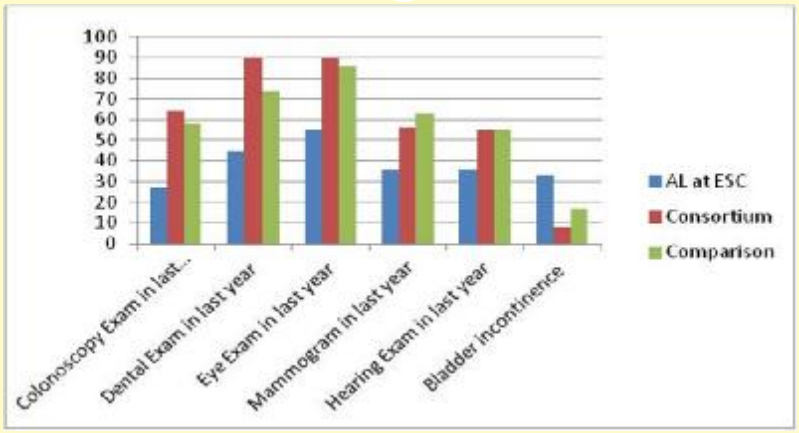




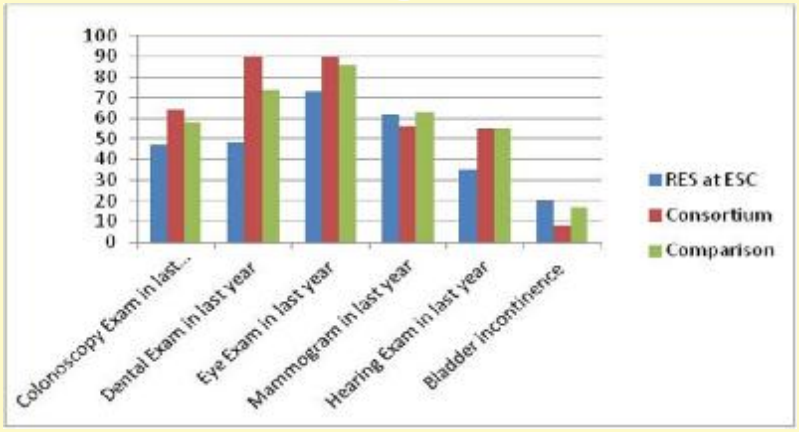
Health and Well-Being



National Repository Reports



National Repository Reports



Future Plans for Wellness Programming

- Preventive Health and Wellness Exams
- Chronic Disease Management
- Continence Management Program
- Balance Program

Benefits of Participation

- Healthy Aging Plan goals
- Support from wellness coach
- Overall improved health and wellness

Resident Testimonial

Eaton
SENIOR COMMUNITIES

QUESTIONS?