



Delivering on the Objectives of the Triple Aim: Type B Area Agencies

In the Wizard of Oz, Dorothy had to go to Oz and back before she realized what she was looking for had always been in her own back yard. As Oregon looks at redesigning its delivery of acute and long term care services, we cannot afford to lose sight of the entities currently delivering cost-effective, person-centered long-term care services in our own backyard—Oregon’s Area Agencies on Aging & Disability.

Much of the current success of Oregon’s Long Term Care (LTC) program is due in a large part to the integrated, cost-saving service delivery the Type B Area Agencies on Aging & Disabilities have been providing for decades. The Type B Area Agencies carry over half of Oregon’s LTC caseloads while operating Aging & Disability Resource Centers and a variety of community programs.

The Type B Area Agencies operate in a manner that delivers on the objectives of the Triple Aim:

Better Health: Type B Area Agencies are impacting health and wellness through evidence-based disease prevention, chronic disease self-management and medication management programs. They provide thousands of meals monthly to our older citizens through home-delivered meals and dining centers. In coordination with new grant funding for Aging & Disability Resource Centers (ADRC), Type B Area Agencies are developing evidence-based care transition models that improve health outcomes and implementing a stronger single-entry point system to alleviate costs and promote better outcomes. These efforts are focused on better health outcomes for current clients as well as outreach to our communities to enable better prevention of chronic conditions and promoting better health long-term.

Better Care: Type B Area Agencies have been successful in supporting an individual’s preference to remain in their home and community for as long as possible, providing clients care in a setting that promotes their quality of life while they live with their chronic condition or disability, preventing unnecessary nursing facility admissions at a higher cost and returning cost efficiencies to the state budget. Information & Assistance provided through our single point entry systems (ADRCs) provides easy access to the information individuals and their families require to make informed decisions about services that best meet their needs to use their own resources and natural supports as effectively as possible and promote self sufficiency. Type B Area Agency staff coordinate transportation to ensure an individual can follow through on their care needs and offer support to family caregivers, a critical element of our system.

Lower Costs: Type B Area Agencies operate at lower funding levels than state offices and reduce Oregon’s LTC costs by assisting people into lower levels of care and less expensive settings within the Medicaid system as well as diversion and delay to entering the Medicaid system altogether.

LTC services, as administered by the Type B Area Agencies are a fully integrated LTC system, delivering all aspects of long-term services and supports. The Type B Area Agency structure insures that local resources are engaged in providing services and supports, including building partnerships with hospitals, hospice, housing programs, food banks and homeless shelters to name a few. We are constantly building new partnerships and resources to meet changing needs and funding realities, utilize volunteers and soliciting community donations for many of our programs--we are experts at coordinating community supports to keep seniors & people with disabilities in cost efficient home & community based care for as long as possible.

In the November 2010 Profiles of State Innovation: Roadmap for Improving Systems of Care for Dual Eligibles, the Center for Health Care Strategies, Inc. (CHCS) looked at core strategies for designing programs for dual eligibles based on the state’s current strengths and capacity. The recommendation is that a state with both a strong medical care



system and a strong LTSS program should build a bridge between these two systems, integrating the services. Oregon is such a state. Building a bridge to connect the two systems would allow our state to take advantage of its nationally recognized LTC delivery system, a system that many states look to as a model delivery system, and work to replicate those successes.

How do we do this? Type B Area Agencies have already started efforts to build this bridge between the acute and long-term care systems through a number of new efforts around partnering. The Oregon Transitional Care Collaborative is an action-oriented effort composed of teams of staff from hospitals, skilled nursing facilities, home health agencies, physician practices, community-based long-term care settings and Type B Area Agencies. The goal of these groups is to promote partnerships among local health care providers and community services that ensure quality transitions and enable patients and their families to participate more fully in their healthcare, especially when they are leaving the hospital or a skilled nursing facility. Other current efforts underway include pilots/projects in developing best standards for LTC Options Counseling, Hospital to Home models and expanding education outreach to Medicare consumers.

The role of “Integrator” (The agency that assures that all health care and support services are delivered in an integrated manner) is very much embedded in the operation of the Type B Area Agencies. Oregon can build on this existing integrator role, utilizing the Type B Area Agencies to bridge the acute and long-term care system by leveraging their extensive and long established partnerships, creating regional multi-disciplinary teams that would work collaboratively to achieve positive, coordinated outcomes for common clients.

Data currently being reviewed by the Oregon Health Policy Board indicates that 20% of Medicaid/Medicare patient/clients are driving 80% of the costs. Working collaboratively as a team, acute care members can identify the highest-use/highest cost patients with potentially preventable high-cost services and work with their Type B Area Agency and their established partnership to see how these patients intersect with their own services. Together this group can develop a holistic plan to care and case manage the individual for a low cost yet high impact intervention.

This model of regional collaborative teams will open new avenues for sharing information and coordinating across disciplines, improving everyone’s ability to provide clients with opportunities for better health outcomes and cost efficient care.

Direct coordination with the Managed Care Organization by the Type B Area Agencies will provide opportunities to save dollars through flexibility to create low cost interventions not currently allowed under current regulations and perhaps lower the paperwork burden we currently face in administering LTC programs. This model would allow current partnership, agreements and proven programs to work with the acute care system and ‘hit the ground running.’

Implementing this concept with shared highest-cost patients, such as dual eligibles, with preventable high cost services would be an excellent starting point to evaluate the impact of interventions and scalability. This is a unique opportunity to build on successful models of integration within the social / human services organizations.

The Type Bs innovative ideas, proven pilots and current integrated models of coordinated care are flourishing in Oregon’s backyard. We are what you are looking for.