

Alexandria Commission on Aging Minutes
June 9, 2016

Members Present: Carol Downs, Bob Eiffert , Jane King, Mary Lee Anderson, Charles Bailey, Sharon Dantzig, Alan Dinsmore, Cedar Dvorin, Christine Fulgencio, Elisabeth Palmer Johnson, David Kaplan, Pat Killeen, Michael Kreps, Jim Lindsay, Jan Macidull, Mary Parker, Babs Waters

Members Excused: Joan Dodaro, Lois Lipson, Del Pepper

Liaisons Present: Vanessa Greene, Senior Center @ Charles Houston; Luis Angel, St. Martins Senior Center; Darrell Wesley, Alexandria Adult Day Services Center; Mary Belanich, Virginia Hospital Center; Mitch Opalski, Arlington Commission on Aging; Lori Young, Goodwin House

Staff Members Present: Terri Lynch, Division of Aging and Adult Services

Guests Present: Kiyah Tyler, I Heart Seniors, Inc.; Robin Edwards, Care Patrol; Alexandra Johnson, Old Dominion Home Care; Mary Ellen Knecht, The Medical Team; James Meenan and David Ogilvie, Virginia Hospital Center

Call to order: 4:05

Presentation of Virginia Hospital Center

James Meenan and David Ogilvie

See attached.

The two speakers followed the Power Point. The following are some explanations.

- Leap Frog Star rating system, will soon be similar for government rating of hospitals.
- Observation status – required by Medicare to distinguish from inpatient admission. Consumer protection act sponsored by AARP requires patients to be notified. Patients are notified by this hospital in emergency room. Private pay for rehab if observation status. Some home care is possible to save funds for patients. Detailed conversations by case managers. Some patients can apply for Medicaid.
- Recovery audit contractors – Review of charts up to three years later and money can be taken back from provider or patient. Also company reviews possibility to be admitted as inpatient.
- Bedside assessments – with home health care agencies. 17 people coming into the room, from physicians to cleaners.
- For patients who don't have caregivers and low income or poor, the hospital tries to help meet patients' needs. Adult Protective Services sometimes contacted. This can become a community issue. Villages can be great support. Some staff do home visits. Do have discussions with patients and help apply for Medicaid.

- Quality ratings will be five star as nursing homes are. For home care rating will be in hand of patient. Review of all costs related to an event – nursing home, etc.
- Case managers have to meet with new patients within 24 patients.
- Home care companies can provide someone to be with a patient.
- Health Care Transition Coordinators – Hospitalist required to do warm handoff to primary care physician.
- Medical records accessible with Medical Exchange. Federal government incenting this.
- Uninsured are contacted by financial assistance folks for assessment for Medicaid, clinics, etc.
- Patient ready for discharge – Patient’s caregiver says no. Convene physicians to provide information. Explain what can’t be done in the hospital.
- Appeal rights are distributed on admission and discharge.
- Biggest issue – Education about health care system. Discussions are occurring about much more information available starting at an early age. VHC does an educational seminar each month.
- Choice of rehabilitation center – Will be doing a quality-based referral.

Minutes of May minute: Approved.

Executive committee report: Report previously distributed

Annual report: Committee chairs must report by July 8.

Liaison Reports

Alexandria Police Department: No report.

Housing Affordability Advisory Committee: Bill Harris. Report previously distributed

Division of Aging and Adult Services: Terri Lynch. No report.

INOVA Alexandria Hospital: No report.

Commission for Women: No report.

AHA: No report.

AARP: No report.

St. Martin’s Senior Center: Kathryn Toohey. Report previously distributed.

Virginia Hospital Center: Mary Belanich. Mary noted an upcoming seminar on Advance Directives.

Partnership for a Healthier Alexandria: Mary Parker. Mary reported on upcoming meetings.

Commission on Persons with Disabilities: Mary Parker. See attached.

Senior Center @ Charles Houston: Vanessa Greene. Report previously distributed.

Senior Services of Alexandria: Mary Lee Anderson. Report previously distributed.

Recreation, Parks and Cultural Activities: Margaret Orlando. No report.

Arlington County Commission on Aging: Mitch Opalski. Mitch reported that the Arlington COA is working on joining the AARP/WHO Age-Friendly Community Network.

Successful Aging: Darrell Wesley. No report.

Alexandria Adult Day Services Center: Darrell Wesley. Save the Date for 30th Anniversary Celebration, September 15, 4 to 6 PM.

Committee Updates

Housing: Chair, Jan Macidull. Report previously distributed.

Advocacy and Legislation: Chair, Bob Eiffert. Bob reported on NVAN priorities.

Communications and Outreach: Chairs, Jim Lindsay and Joan Dodaro. No report.

Transportation: Chair, Alan Dinsmore. Alan noted that the Transportation Committee meets right after the COA meeting.

Economic Development: Chair, Mary Lee Anderson. Report previously distributed.

Strategic Planning Committee: Jane King, Chair. Jane reported that most City Council members had been visited and all are supportive of Alexandria's entry into the AARP/WHO Age-Friendly Community Network.

Diversity Committee: Chair, Carol Downs. Carol submitted a written report and noted that she is seeking a new chair for the committee. Report previously distributed.

Other Business: It was moved and seconded that over the summer the COA Executive Committee can make a decision on an issue if immediate action is needed and the Commission members are notified about the issue and the executive committee decision via email.

Meeting Adjourned: 6pm

Alexandria Commission on Aging

James Meenan
David Ogilvie
Virginia Hospital Center
June 9, 2016



VIRGINIA HOSPITAL CENTER

Hospital Overview:

- Not-for-profit, 350-bed hospital
- Only independent hospital
- Served community for 70+ years
- Nationally recognized
 - 100 Top Hospital
 - 50 Top Cardiovascular
 - Magnet Hospital
 - Leap Frog
- Teaching & research hospital
- Over \$30M in community services
- Multi-specialty physician group

Topics of Discussion

- Observation Status
- Caregiver training following a hospitalization
- Discharge planning and relationships with providers
- Experience with Managed Care/Affordable Care/Coordinated Care
- Challenges and areas for improvement

Observation Status

- Effective Wednesday July 1, 2015 a Virginia state law requires all outpatients in Virginia hospitals to be notified of their admission status, verbally and in writing. Informing them they are considered outpatient.
- Congress has since introduced legislation expanding this to all hospitals in the United States.

Background

- Observation status is not new
- AARP Lobbying
- Federal class action lawsuits non-surgical fractures
- Recovery audit contractors

Implications for the Patient

- Patients are responsible for co-payments for doctors' fees, each individual hospital service and the cost of routine drugs.
- Observation status does not support criteria for nursing home care after discharge if the hospital only keeps them in observation without admitting them to inpatient.
- There's also the distinction that in-patient care falls under Medicare Part A, which carries a \$1,288 deductible per episode of care, but then covers the full stay.
- Meanwhile, out-patient care falls under Medicare Part B, which has just a \$166 deductible, but then charges the patient a 20% co-pay.

Care Giver Training following a Hospitalization

- Designation of individual to provide care.
- The name and contact information of the designated individual.
- A description of the follow-up care, treatment, and services that the patient requires.
- Information, including contact information, about any health care, long-term care, or other community-based services and supports necessary for the implementation of the patient's discharge plan.
- Opportunity for a demonstration of specific follow-up care tasks that the designated individual will provide to the patient, including opportunity for the designated individual to ask questions regarding the performance of follow-up care tasks.

Discharge Planning and Relationships with Providers

- Hospital discharge planning policy
- Medicare spending per beneficiary reporting
- Quality transparency
- Monitoring referral and readmission patterns
- Real time dialogue with stakeholders to discuss opportunities

Experience with Managed Care

- VHC payer mix
- Managed Medicare
- Kaiser
- CareFirst
- Health Care Transition Coordinators
- Goal of bridging hospitalists with primary care practice

Affordable Care Act

- Bundled payment for care improvement (BPCI)
- Under the initiative, organizations enter into payment arrangements that include financial and performance accountability for episodes of care. These models may lead to higher quality and more coordinated care at a lower cost to Medicare.

Affordable Care Act

- Products offered on Health Care.gov exchange:
 - CareFirst, Aetna Innovation, Kaiser, United Health Care
- Community Clinics

Coordinated Care

- Department of Medical Assistance Service (DMAS) Commonwealth Coordinated Care
- Medicare and Medicaid Dual enrolled patient population designed to be Virginia's single program to coordinate delivery of primary, preventive, acute, behavioral, and long-term services.
- Anthem, Humana, VA Premier, InTotal Health

Coordinated Care Private Sector

- Privia Quality Network
- Brings together independent physician practices to focus on sharing data, improving care coordination, and collaborating on initiatives to improve outcomes and lower healthcare spending.
- Doctors practicing in Privia Quality Network get access to innovative reimbursement programs that are only available to large, sophisticated physician networks that have the technologies and resources needed to manage population health.

Challenges and Areas for Improvement

- Greater transparency of quality outcomes
- Incentive alignment with LTC providers
- Community based care management

LIAISON REPORT: ACPD MEETING JUNE 8, 2016
Submitted by Mary H. Parker, COA Liaison

The Commission on Persons with Disabilities received presentations from Bernie Caton – City Legislative Director and Helen McIlvaine, Director Office of Housing.

Mr. Caton reviewed the process by which the City of Alexandria determines what legislation will be proposed and or supported during a particular legislative year. He provided the Commission with a schedule of dates by which the City legislative agenda is developed. He suggested how the Commission might develop legislative proposals of particular interest and expressed his willingness to work with a Commission committee during the Summer on legislation of interest.

Ms. McIlvaine provided an extensive review of Alexandria's housing programs, particularly those to assist low income individuals and persons with disabilities or other special needs. She discussed how the Office of Housing is working with the Office of Human Services, Community Services Board to comply with the new housing waiver service requirements for individuals moving back to the community from institutions and for individuals within the community who have intellectual and developmental disabilities. Members of the Commission asked many questions regarding low income housing programs and the possibility of assistance to individuals with intellectual disabilities and their families to have independent housing within Alexandria and possibly ownership of housing with family assistance. Commission member Mark Friese provided information from his work with Bank of America and with families with autistic children.