

# PLANNING COMMITTEE MEETING

## SUMMARY NOTES

WEDNESDAY, FEBRUARY 11, 2004 · 10:30 – 12:00 P.M. · SHARP HEALTHCARE

### I. Welcome and Introductions

Welcome by Evalyn Greb, Chief, Long Term Care Integration, followed by self-introductions of the other 28 stakeholders in attendance.

### II. Announcements

- Physician Strategy kick-off meeting following this meeting at Aging & Independence Services (AIS), 12:30-2:00 in Training Room
- **Next Planning Committee Meeting: Tuesday, March 9, 2004, County of San Diego, 8965 Balboa Ave., Conference Room, San Diego CA 92123**
  - ◊ Agenda: Mental Health & Substance Abuse Workgroup Recommendation Discussion and Kick-Off Meeting for LTCIP Community Education Workgroup

### III. Where Are We Now?

LTCIP is progressing toward integration through our three combined strategies. Our vision continues to be a system of chronic care management across health and social services, and across Medicare and Medi-Cal funding for those dually eligible.

**#1 Network of Care (NoC) Strategy:** Perform Beta testing with consumers and caregivers, community based organizations, other providers, & Call Center staff to (1) Develop a “continuous quality improvement” program/ LTCIP Community Education Workgroup (2) Enhance use of NoC as communication tool and (3) Measure behavior changes of providers and consumers. Update: Funding Letter of Intent submitted 1/9/04 for latest round of RWJF funding for Community Partnerships. The project will be notified in March if selected to submit a full proposal.

**#2 Physician Strategy:** Dr. Mark Meiners provided the group with a brief overview (see discussion section below and Physician Strategy meeting notes & handouts on LTCIP website for more detail).

**#3 HSD Health Plan/Pilot Projects:** Develop pilots to do small, voluntary models of care integrated across the health, social, and supportive services continuum. Examining MassSCO-type model for Healthy San Diego Health Plans+ to develop pilot (consultant support); also examining the potential of partnering with a Medicare Demo for “duals” for a second pilot.

### IV. New LTCIP Community Education Workgroup to support all three strategies

Goals of the workgroup include:

- Developing a broad-based information warehouse within NoC
- Identifying best practices across the health and social services continuum that emphasize
  - Self-care management
  - Disease management protocols
  - Preventive chronic care management strategies and tools
- Chair: Betty London, Ed.D

- **The kick-off meeting will be a part of the next Planning Committee meeting on March 9, 2004, 10:30 to noon, 8965 Balboa Ave, San Diego 92123.** All interested parties are welcome to attend to learn more and sign up to participate.

#### V. **FY 2003-04 Consultant Team**

- Program Development consultant: Dr. Mark Meiners, UMD, MMIP
- Administrative Action Plan (AAP) consultant: Mercer Government Human Services Consulting. Branch McNeal, representing the Mercer team, provided the group with a brief overview of Mercer's expertise in helping other large counties and states progress toward the integration of health and social services for aged and disabled individuals eligible to Medicaid and/or Medicare, including MassSCO and the Arizona Long Term Care Services (ALTCS) program.
- Consultant Team Deliverable: AAP that identifies and describes the necessary program design elements to guide in preparing for and implementing LTCIP (due June 30, 2004). The AAP will address key elements such as phase-in timelines, budget neutrality, resources needed, and responsibilities of the County, State and Feds. Draft AAP will be distributed to stakeholders by May 2004 for comment before going to the LTCIP Advisory Group and Board of Supervisors for final approval. All stakeholders are strongly encouraged to provide feedback.

#### VI. **Discussion & Comments**

- The Physician Strategy (PS) is a research and program development effort focused on improving the health and well-being of elderly and disabled persons by expanding the community's ability to promote healthy behaviors, manage chronic conditions, and create new relationships in health care where consumers and professionals work better together. Physicians, consumers, caregivers and other community-based providers will be engaged in learning sessions to help identify, implement and test strategies for making improvements these areas.
  - LTCIP was awarded a one-year planning grant from California Endowment to support the PS.
  - The PS builds on managed fee-for-service (MFFS) thinking that has emerged in other states that are working towards integration, but have recognized the need to developed non-captitated managed care models.
  - The PS will focus on improving access to/coordination of both medical and non-medical services.
- The most immediate target population for the PS and HSD Health Plan Pilots Strategy is SNF level Medi/Medi's (dually eligible to both Medi-Cal and Medicare), but LTCIP ultimately wants to improve care coordination across all populations.
- Many LTC consumers will be unable to receive necessary services due to projected cuts in the In Home Supportive Services (IHSS) program. The situation points to the need for immediacy in developing and implementing integrated programs like LTCIP, which envisions a streamlined and coordinated system of chronic care management where consumers are able to receive all necessary wrap around services across the health, social and supportive services continuum.
- Improved care coordination is a central theme for all 3 strategies. Case managers (nurses, social workers, etc) play an important role in this area and should always be solicited for input to ensure that integration strategies/activities are planned, developed and implemented in an effective manner.

- The NoC has the potential to evolve from an I&R framework to a coordinated system of chronic care management where the care team can effectively interface with one another in a variety of ways (web-based, telephone, in-person, etc).
- Lessons can be learned from other health care initiatives and service delivery models that have a similar focus on developing coordinated and/or integrated wrap around services for at-risk populations (E.g., San Diego's Children's Mental Health Initiative, Adult Day Health Care model, PACE, Wisconsin Partnership Program).
- Lower Medi-Cal reimbursements, budget cuts and lack of available funding in CA pose financial feasibility challenges for implementing a long term care integration program in San Diego.
- The Hospital Association recently came out against the State's notion to mandate all Aged, Blind and Disabled (ABD) Medi-Cal beneficiaries into Medi-Cal managed care (for primary and acute care only).
  - o This type of mandate would not include LTC services, leading to increased health care costs and fragmentation.
  - o It was clarified that the Hospital Association does support systemic improvement efforts, such as LTCIP, that are aimed at developing an improved system of care for both consumers and providers.
- A majority of low-income elderly consumers in San Diego are Hispanic; it's already very difficult to find enough bilingual case managers to serve this population. Language barriers and cultural competency issues need to be adequately addressed in order to ensure success in any type of LTCI effort.
- Case examples from other states can provide LTCIP with ideas and strategies in developing and implementing culturally competent and innovative programs, services and materials (E.g., Minnesota's LTCI program and the Hmong population).
- Target educational/academic institutions to increase awareness of language/cultural competency needs in healthcare and offer students opportunities to gain experience and interest in the field.

## VII. Adjourn

**NEXT PLANNING COMMITTEE MEETING:**  
**TUESDAY, MARCH 9, 2004\***  
**10:30 TO NOON**  
**COUNTY OF SAN DIEGO**  
**8965 BALBOA AVE., CONFERENCE ROOM\***  
**SAN DIEGO, CA 92123**

\*Due to scheduling conflicts, the day and location were changed for this meeting. In April, the Planning Committee will resume its regularly scheduled meeting time (2<sup>nd</sup> Wednesday of every month, 10:30 – Noon, Sharp Healthcare Auditorium). If you have questions or would like more information, please call (858) 495-5428 or email: [evalyn.greb@sdcounty.ca.gov](mailto:evalyn.greb@sdcounty.ca.gov) or [sara.barnett@sdcounty.ca.gov](mailto:sara.barnett@sdcounty.ca.gov)