

Advisory Council on Aging and Disability Services

Creating choices for elders and adults with disabilities in Seattle-King County

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MONTHLY MEETING May 9, 2008

MEMBERS PRESENT

City of Seattle	King County	United Way
<input type="checkbox"/> Vacant	<input type="checkbox"/> Vacant	<input type="checkbox"/> Vacant
<input checked="" type="checkbox"/> Barbara Hurst, Secretary	<input type="checkbox"/> Vacant	<input type="checkbox"/> Lorna Stone
<input checked="" type="checkbox"/> Diane Snell	<input checked="" type="checkbox"/> Julie Peterson	<input checked="" type="checkbox"/> Thelma Pegues
<input checked="" type="checkbox"/> Dr. Pierre Loebel	<input checked="" type="checkbox"/> Silversity Madrazo, Member-at-large	<input checked="" type="checkbox"/> Dr. Jonathan Wanagat
<input checked="" type="checkbox"/> Councilmember Tim Burgess, elected official	<input checked="" type="checkbox"/> Kaylene Moon	<input checked="" type="checkbox"/> Don Moreland
<input type="checkbox"/> Marie Cook	<input type="checkbox"/> Rose Finnegan	<input checked="" type="checkbox"/> Phil Pitruzzello
<input type="checkbox"/> Houston Brown,	<input checked="" type="checkbox"/> Art Mussman, V Chair	<input checked="" type="checkbox"/> Michael Miller, AC Chair
<input checked="" type="checkbox"/> Dr. Robert Gross	<input checked="" type="checkbox"/> Kate Slaminko	<input checked="" type="checkbox"/> Midge Levy
<input checked="" type="checkbox"/> Jacqueline Deer-Lord	<input checked="" type="checkbox"/> Cathy VonWald	<input type="checkbox"/> Amy Astle-Raaen

Excused Absence Houston Brown (attended previous Outreach & Advocacy), Rose Finnegan

Guests Dr. Dan Lessler, Jeanette Choate RN, Tia Hallberg RN

ADS Staff Pamela Piering, Rosemary Cunningham, Margaret Casey, Doug Ricker, Maria Langlais, Gigi Meinig, Mary Pat O'Leary, Andrea Yip

United Way Staff Linda Woodall

King County Staff Linda Wells

MINUTES

Michael Miller, Chair, welcomed Advisory Council members and ADS staff to the meeting. He asked those present to introduce themselves.

In association with the Area Agency on Aging for Seattle-King County and sponsored by:



BUSINESS MEETING

Minutes

Action Taken: Diane Snell asked that her name be placed under “Excused Absence”. It was moved/seconded and passed that the April 11, 2008 minutes be approved as amended.

COMMITTEE AND TASK FORCE REPORTS

Sponsors Meeting

No meeting to report.

Planning & Allocations Committee

Art Mussman reported a need to increase the size of the committee. In 2008 the P&A Committee recommended a \$100,000 cost of living (COLA) increase to ADS subcontractors. Pam explained ADS was unable to give a COLA in 2007, but used unspent funds to give the 2008 COLA to subcontractors.

Next year senior centers and day health centers may be at risk of losing a portion of their funding. The Planning and Allocations Committee may want to consider partially making up the shortfall by adjusting other services. Don suggested the Outreach and Advocacy committee may choose to ask service clubs such as Rotary to provide some financial support to senior centers should they lose funding.

Currently, the committee is working with ADS staff Maria Langlais and Terry Light to give feedback during the congregate and home-delivered meal bid process. Committee members are attending meal sites to assess for food quality and surroundings. The RFI or bid process will begin in June. On Monday, May 12th there will be an information meeting from 9 a.m. to noon at the Tukwila Community Center.

Outreach and Advocacy / Health Care Task Force

Don Moreland reported the King County budget will expand by 1/10th of 1% with new tax dollars. While there was additional funding for mental health, the King County oversight committee lacks a senior representative. Given the coming increase in the population of people 60 years of age and older, Don requested that the Committee include a representative of the senior community.

King County provides some funds for Adult Day Health, Adult Day Care, senior centers, volunteer transportation and volunteer chore, although this funding may be cut in the future. There is a need for increased advocacy at the county level for funding for senior programs. The appointment of a County Councilmember to the ADS Advisory Council could provide a better connection with the County Council.

It was moved, seconded and passed to request the King County Executive appoint a County Council member to be part of the ADS Advisory Council.

Universal Design

Art Mussman; No formal report this month.

Legislative Forum

Don reported the legislative forum continues the joint planning process with the Tacoma AAA. The next meeting will be held May 29th at the Renton ADS Case Management office. The committee chose September 17, 2008 from 8:30 a.m. to 3:00 p.m. as the date and time of the forum. It will be held at the Tukwila Community Center with lunch will be included. The committee will continue to work on the agenda, speakers, panels, and advocacy. They expect to bring together an interesting agenda for the forum.

State Council on Aging

Don reported that the next meeting will be an all day retreat on May 27 at DSHS in Olympia. The agenda will focus on roles, responsibilities and the group will develop priorities.

City of Seattle Councilmembers

We were honored to have Councilmember Tim Burgess and Councilmember Tom Rasmussen attend the Advisory Council meeting. Councilmember Burgess said he was delighted to be part the group. He was sorry he missed the Death with Dignity presentation and hoped we would repeat it. He discussed the City Council Budget process timelines and suggested people attend the following community forums designed for citizens to share their opinions and suggestions on funding priorities for 2009-2010.

May 8, 5:30 PM Capital Hill

May 20, 5:30 Ballard

May 22, 5:30 Highpoint

May 29, 5:30 Rainier Valley Cultural Center

While the funding goals were met in 2008, the City Council expects a tighter budget forecast in 2009. Each department was asked to suggest cuts to their budgets. He explained 53% of the budget is for Public Safety (Police, Fire, and Justice). The City of Seattle has always made human services a priority but the department may see some cuts. There will be a public hearing process in the fall and by December 1st the budget will be final.

Councilmember Burgess mentioned his interest in Elder Abuse and asked if the AC Council could place that topic on their agenda for a future meeting. He also talked about an excellent report with information related to reducing elder abuse.

Advisory Councilmembers asked several questions:

Question: Will there be a hiring freeze?

Answer: None is planned at this time.

Question: Has the funding policy on senior centers been decided?

Answer: I don't believe so. However, the Parks department strategic plan is being reviewed by Councilmember Rasmussen's committee. The committee may include some senior center funding through the Parks Levy.

Question: How does the City Council's final budget differ from the Mayor's budget?

Answer: While the Mayor leads the budget process, the City Council provides oversight and may add or make changes. For example the library's mobile book service was reinstated after an outcry from citizens. The Police staffing was increased because of Council encouragement.

Question: What about access to federal funds?

Answer: The Federal government is cutting a number of programs including block grant and federal law enforcement grants. The outcome of the November election could affect human service federal funding.

Councilmember Rasmussen thanked the Advisory Council for their support during his tenure, and he said he appreciates the important work they do. He is now assigned to Parks, Seattle Center and the Zoo. Michael Miller thanked Councilmember Rasmussen for his support of aging programs.

Director's Report

Every four years, ADS bids out the nutrition programs for home delivered and congregate meals. The bid cycle allows for adjustments in services as the market changes and the needs of consumers change.

Pam highlighted thanked Dr. Pierre Leobel for participating in the Pearls provider selection process which will serve veterans. The African American Elders Program and International Drop-In Center will receive funding to serve vets. She also recognized Silversity Madrazo for agreeing to represent King County and the Advisory Council during the Refugee immigrant planning process.

Pam noted that *Art Mussman* received the Boeing Employee of the Year award written up in the *Prime Time* Newspaper. Pam highlighted his role as "a wonderful leader, role model" and more. Pam expressed her agreement with the high praise written in the article.

New Business

Jacqueline Deerr-Lord attended the April 26th Death with Dignity presentation and found it interesting. Booth Gardner and Arlene Hinkley supported the initiative and Duane French spoke against the initiative.

Communications Committee

It was suggested the *Seniors Digest* begin to add articles about disability in the future issues.

PROGRAM: CHRONIC CARE MANAGEMENT: KING COUNTY CARE PARTNERS (KCCP)

Speakers:

Daniel Lessler, MD, MHA is a graduate of Stanford Medical School. He is Associate Professor of Medicine at the University Of Washington School Of Medicine and Associate Medical Director for Ambulatory Care Services at Harborview Medical Center in Seattle, WA. Dr. Lessler serves as Medical Director for King County Care Partners, a consortium of community based organizations and clinics that are working in partnership to improve the care of chronically ill Medicaid patients.

Dr. Lessler also is Co-Director of King County STEPS to Health, a consortium of community groups, health care providers, schools, government agencies and health facilities that have joined together with funding from the CDC to support prevention and control of diabetes, obesity and asthma. Dr. Lessler has been involved in the design and implementation of strategies to improve ambulatory care at Harborview Medical Center. In 2004, the National Association of Public Hospitals recognized Dr. Lessler for his extraordinary leadership as Co-Chair of the Consortium for Improving Chronic Illness Care in Safety Net Hospitals. Clinically, Dr. Lessler serves as an attending physician in the Adult Medicine Clinic at Harborview Medical Center.

Jeanette Choate, RN, BSN, MN is an RN care coordinator with the King County Care Parters Program. She received a graduate degree from the University of Washington and performed in a variety of nursing roles including critical care, community nursing, and as an emergency room nurse.

Tia Hallberg, PhD, RN is an RN care coordinator with the King County Care Parters Program. She has a PhD in medical anthropology and worked in a variety of medical settings.

Pam Piering introduced Dan Lessler as the Medical Director of the King County Care Partners.

DR. DAN LESSLER'S PRESENTATION

Dan thanked ADS staff for helping to get the KCCP program up and running within a year. He said ADS represents an amazing organization.

His presentation on the Chronic Care Model began with a composite patient scenario which encompassed numerous characteristics of *medically vulnerable patients* enrolled in the program defined below:

“Medically vulnerable patients are those whose impediments to care are social or medical, that is, related to culture, education, transportation, language, homelessness, legal status or difficult health problems such as chronic disease, mental illness, substance abuse or HIV.”

T King, et al. Medical Management of Vulnerable and Underserved Populations.
McGraw Hill, New York, 2007

Dr. Lessler paraphrased a quote from Paul Farmer which describes a vision related to the mission of KCCP:

“Noncompliance is not a patient problem, it is a system failure.”

Paraphrasing Paul Farmer

KCCP Mission

“KCCP brings together organizations that serve medically vulnerable Medicaid clients to improve clinical outcomes and decrease unnecessary utilization by providing community-based RN care management that empowers patients and enhances coordination, communication and integration of services across safety-net providers”

The KCCP acts as a core safety net by integrating clinics and hospitals whose mission or legal obligation is to provide care to serve patients regardless of ability to pay with social service agencies who provide the screening (Senior Services) and initial care coordination (ADS). ADS provides project and contract management, while the University of Washington Health Informatics Group has created a shared electronic care record to help with care coordination.

In King County, a large proportion of Medicaid patients receive care from safety net providers. Research shows patients who report greater trust and more collaborative relationships with clinicians have increased adherence to medication, treatment regimens and better health outcomes. T. King, et al. Medical Management of Vulnerable and Underserved.

The KCCP patient interventions reinforce the safety net concept through patient:

- Empowerment via increased knowledge, skills, self-confidence,
- Trust
- Collaboration
- Caring

The health care system reinforces the safety net concept through better:

- Communication
- Coordination
- Connection
- Advocacy

Enrollment and screening

Enrollment happens in two ways:

- Top down: Eligible Medicaid patients identified by DSHS using claims data
- Bottom up: Participating clinic systems identify and refer eligible clients who based on clinical judgment would likely benefit

A list of clients, prioritized by potential risk is provided to Senior Services Information and Assistance (I&A). They send an introductory letter to all eligible clients and contact high risk clients by phone to offer enrollment, and provide additional screening/assessment.

Once patients enroll, they are transferred to an ADS RN Care Coordinator for up to 6 months. The RN's role is as coach, advocate, clinician, and coordinator/facilitator. Specifically the RNs

- Schedule "home visit" and conduct comprehensive assessment with enrolled clients
- Notify patient's medical home Primary Care Provider (PCP) of the client's enrollment in KCCP
- Join client at medical home/PCP visit
- Provide medical home/PCP with RN contact info
- Coach client about setting and attaining self-management goals
- Coordinate care with clinics, other providers especially mental health providers
- Link clients to community resources and disease specific care management as indicated

Evaluation:

This is a State demonstration pilot project and includes an evaluation component led by DSHS who will complete a client satisfaction survey and measure healthcare utilization .

KCCP will also complete a pre and post assessment through client self-reported measures and disease specific measures. In addition, KCCP will integrate quality improvement measures into its system design.

Challenges

Despite the programs initial success, there are still challenges faced by KCCP including:

- Extraordinary burden of disease and psychosocial complexity/deprivation among enrolled clients
- Operational and administrative barriers
- Identification of eligible clients, enrollment, etc
- Resource limitations

Success

According to Dr. Lessler, they will know they have succeeded when an integrated community-based system of care is fully operational, the data shows positive clinical outcomes and utilization rates are reduced. Success will provide an opportunity to extend the program's reach and impact.

PATIENT SCENARIO

PRESENTED BY JEANETTE CHOATE, RN, BSN, MN

Jeanette shared a story about a 44 year old female living in south King County. When Jeanette first met the patient, to complete a High Risk Assessment (HRA) Jeanette found a patient with numerous medical and mental health needs. She had a history of chemical dependency, depression, PTSD, hepatitis C, ulcers, pain, and right shoulder reconstruction. Besides the chronic health problems Jeanette discovered the client had numerous other issues including housing, domestic violence, literacy, and self management skills.

At the end of the assessment Jeanette assisted the client to set self care goals. Under Jeanette's care the patient made amazing progress toward her goals:

1. She applied for and obtained Access transportation to end her social isolation.
2. She increased exercise through regular walking and swimming several times a week.
3. She re-established contact with her daughter and saw grandchildren she never met before.
4. She engaged with a church near her home and began doing service work.
5. She worked with Jeanette to find and establish a relationship with a new PCP.
6. She was referred by her new PCP to several specialists for traditional and alternative treatments

Graduation

The care coordinators held a graduation ceremony for her on the 51st floor of the SMT so the patient could enjoy the view which from her perspective was as good as going to the Space Needle.

PATIENT SCENARIO

PRESENTED BY TIA HALLBERG, PHD, RN

The patient described by Tia moved from the Midwest to Seattle approximately 5 years ago to be near her son and to be treated for lung cancer which resulted in a partial removal of her lung. She is a 64 year old female with numerous health issues including shortness of breath, cardiac problems, pain, osteoarthritis, mobility impairment, acid reflux, migraine headaches, depression, anxiety w/panic attacks, insomnia, addiction to tobacco, and coffee, plus she made numerous visits to the emergency room.

The Initial Home Visit

During the initial home visit the client was anxious, fidgeted, paced and jumped from one topic to the next. Her health concerns were interwoven with the difficulties she faced living on her monthly income of less than \$500/month.

The Intervention

Tia used a relaxation and breathing exercise as a tool to calm the patient. According to Tia the guided relaxation and breathing improves oxygenation and helps expel the carbon dioxide from the lungs. Once the patient became relaxed they were able to successfully complete the High Risk Assessment interview. Together the patient and Tia met with the primary care physician

(PCP) and discussed transferring her care to a provider near her home. The new PCP ordered special medical consultations. Within a month she entered mental health services for depression and continues to work with her mental health provider. She now practices relaxation and deep breathing on a daily basis and says that she uses this technique as many as 10 times a day to improve her breathing and reduce her panic attacks. She says, "Sometimes I'm in a panic and I think I need to go to the ER but I just practice the breathing and I don't have to go". Two weeks after engaging with KCCP her Emergency Room visits dropped to zero.

Update:

The client designed her treatment plan using her own ideas and choices and continues to add new goals. She explored her local senior center and joined a senior water exercise program at a community pool. She visited Elder Place and plans to transfer her health care there by graduation. KCCP helped this client disentangle a web of mental and physical health issues and provided her support and encouragement to carry out her own treatment plan, expand her network of health care and social supports.

Finally:

Tia led the AC Council through the relaxation exercise so they could experience the positive effects.

The meeting was adjourned at 2:05 pm.

NEXT REGULAR MEETING

Friday, June 13, 2008

Noon – 2:00 PM

4060 Conference Room

Seattle Municipal Tower

700 5th Avenue

Seattle, WA 98104

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