



Joint Commission on Healthcare Healthy Living/Health Services Subcommittee

Robert H. Brink, Deputy Commissioner

James A. Rothrock, Commissioner

Sept. 9, 2015



VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES

1



VA Governor's Conference on Aging



2



Conference Goals

1. To communicate openly and effectively the Commonwealth's public policy as well as age wave initiatives at the local and regional level for enhancing the health and well being of Virginians as the population ages.
2. To create a platform for citizens, government, business, academia, and the non-profit sector to share ideas, strategies, and resources to identify best practices that enhance the health and well-being of Virginians as they age.



Conference Themes

1. Culture Change in Long-Term Services and Supports
2. Safety and Financial Security: Older Adults in the New Virginia Economy
3. Livable Communities: Overcoming Barriers and Sharing Strategies



Virginia Public Guardian & Conservator Program

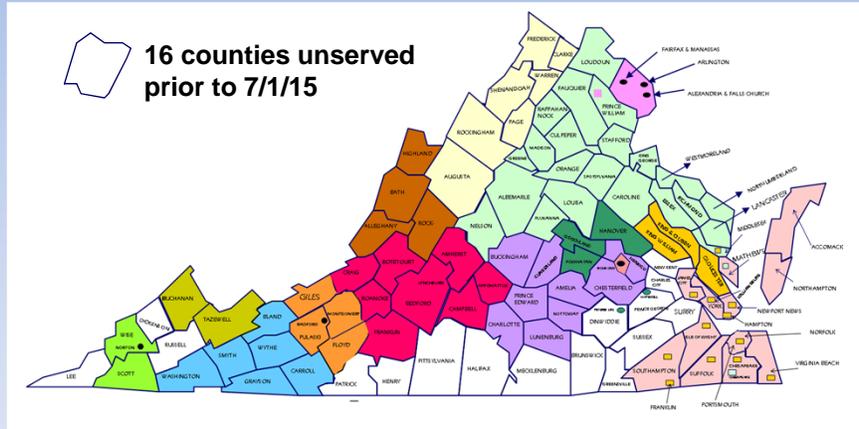


What is Public Guardianship?

- A state-funded program of “*Last Resort*” that serves *incapacitated adults* who are indigent and do not have any other person willing and able to serve as their Guardian.
- Only a Circuit Court can make a determination that an individual is incapacitated and needs a Guardian. Once appointed, a Guardian is usually required to serve for the life of the individual unless a Circuit Court determines that a Guardian is no longer needed.
- The Public Guardian Program, in collaboration with other state agencies and valuable community partners, has successfully assisted in transitioning individuals from state-funded training centers to the community (including individuals impacted by the Department of Justice (DOJ) Agreement).

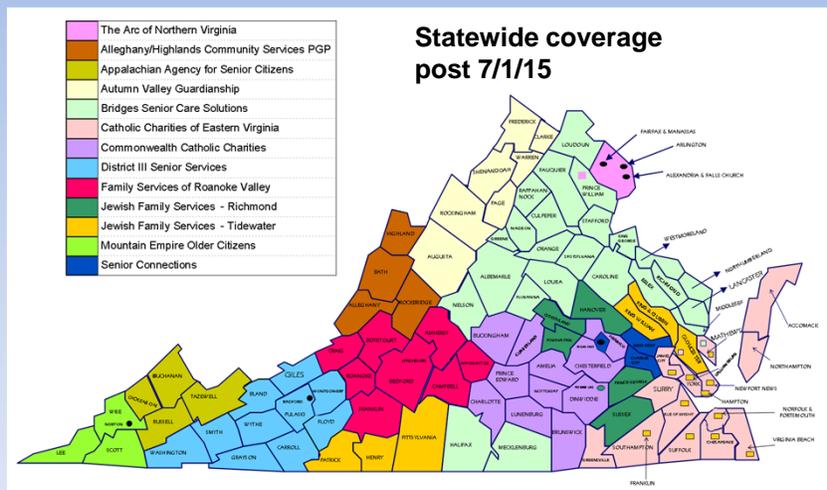


Virginia Public Guardian & Conservator Programs Service Areas



7

Virginia Public Guardian & Conservator Programs Service Areas



8

Chronic Disease Self-Management Education Program (CDSME)

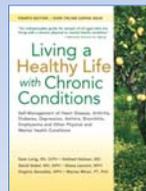


Chronic Disease Self-Management Education

- Evidence-based disease self-management programs
- Developed and researched by Stanford University
- 6 week workshop, 2.5 hour sessions

Tools and skills to:

- ◇ Deal with symptoms
- ◇ Manage common problems
- ◇ Participate more fully in life



Why Self-Management?

People spend 99 percent of their time outside the health care system — and what they do outside largely determines their quality of life. This prepares them for the 99 percent.

Kate Lorig

Stanford University Patient Education Research Center



The Critical Role of the Patient in Managing Chronic Disease

Informed, Activated Patients have:

- Goals to improve their health
- A plan to improve their health
- The motivation, information, skills, and confidence necessary to manage their illness well

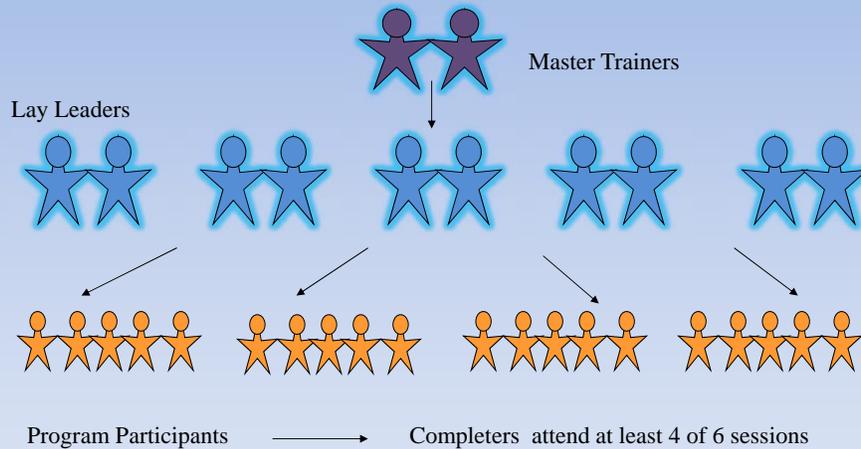
Redesigning Chronic Illness Care: The Chronic Care Model

Ed Wagner, MD, MPH

12/10/2007



“Train-the-Trainer” Model



Long-Term Research Findings

Improved/Enhanced	Reduced
◆ Energy	◆ Fatigue
◆ Physical activity	◆ Limitations on social role activities
◆ Psychological well-being	◆ Pain symptoms
◆ Partnerships with physicians	◆ Emergency room visits
◆ Health status	◆ Hospital admissions
◆ Self-efficacy	◆ Hospital length of stay



National Study Findings: Better Health

	Baseline Mean	12-Month Mean	% Improvement
Self-assessed health (1~5) <i>(Lower scores = Better health)</i>	3.2	3.0	5%
Days per week being moderately active (0~7)	2.4	2.8	13%
Depression (0~3)	6.6	5.1	21%
Quality of life (0~10)	6.5	7.0	6%
Unhealthy physical days (0~30)	8.7	7.2	15%
Unhealthy mental days (0~30)	6.7	5.6	12%



National Study Findings: Better Care

	Baseline Mean	12-Month Mean	% Improvement
Communication with MD (0~5)	2.6	2.9	9%
Medication compliance (0~1)	0.25	0.21	12%
Health literacy (Confidence filling out medical forms) (0~4)	3.0	3.1	4%



National Study Findings: Lower Health Care Use

	Baseline	6-Month	12-Month
Percentage with any emergency room visits in the past 6 months	18%	13%	13%
Percentage with any hospitalization in the past 6 months	14%	11%	14 %



National Study Findings: Lower Health Costs



- \$714 per person saving in emergency room visits and hospital utilization.
- \$364 per person net savings after considering program costs at \$350 per participant.
- Potential saving of \$6.6 billion by reaching 10% of Americans with one or more chronic conditions.



CDSME in Virginia

2005 Introduced by Virginia Department of Health.

March 2010 Two-year grants to states from U.S. Administration on Aging to disseminate CDSM to older adults.
Virginia receives \$1,040,000 – one of the highest awards.

Sept. 2012 Virginia one of 22 states awarded a 3-year grant under the Prevention and Public Health Funds, Affordable Care Act.



CDSME in Virginia

- DARS is lead state agency
- Area Agencies on Aging are local leads

Low average cost: \$350 per participant!



Benefits to Virginia

- Reduced health care costs.
- Improved self-management and health outcomes for older adults and adults with disabilities.
- Conducted in Virginia Correctional Centers, where chronic health conditions are growing exponentially.
- Integrated into the Life Skills program at Wilson Workforce and Rehabilitation Center, reaching younger audience with disabilities.
- Reaching low income populations.



Update on Care Transitions

- The Eastern Virginia Care Transitions Partnership
- 5 Area Agencies on Aging, 4 health systems (11 hospitals), and 69 skilled nursing facilities
- EVCTP's service area covers 20% of Virginia – a unique blend of rural and urban populations



Update on Care Transitions

- Between February 2013 and June 2015, EVCTP coaches have touched 17,359 patients
- EVCTP coaches visit over 900 new patients per month in their homes
- The beginning 2010 baseline readmission rate of 18.2% was effectively reduced to 14.8% while the baseline readmission rate of 23.4% for the target group now averages 7.9%



Thank you!

