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Key Findings

- Over half of AAAs have put health care provider representatives on their board/advisory council, calculated unit costs for services, measured service outcomes and trained staff regarding health care systems, language or health care topics.
- Three in 10 AAAs have implemented care transition programs from hospital to home and from nursing homes to home/assisted living facilities.
- The most common formal partnerships are ADRCs, transportation providers, other county or local human services organizations, individual hospitals and disability organizations.
- The most common partnership activities, regardless of organization, are giving and receiving referrals, exchanging HIPAA compliant client/patient transmissions, and giving and receiving training and technical assistance.
- The most commonly reported major barriers to collaboration with the health care community are: achieving financial sustainability of initiatives, a lack of data sharing, and/or a lack of shared/compatible technology.

BRIDGING THE AGING NETWORK AND MEDICAL COMMUNITY: SURVEY RESULTS

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Background

Older adults often need a full complement of services and supports to help them live independently while maintaining their physical or mental health needs. Preventive care, management of chronic illnesses and a person-centered holistic approach to service delivery for adults of all ages can best be managed in a system that is coordinated across the multiple settings where individuals receive care. Recent federal and state initiatives such as the Affordable Care Act (ACA) have expanded the opportunities for Area Agencies on Aging (AAA) to be partners in acute care and health care system coordination. AAAs have opportunities to add value to the health care system through collaborations with the health care community in a number of areas. Examples include care transitions among and between different care settings, prevention of avoidable hospital readmissions, and evidence-based health promotion and disease prevention.

With a grant from the Administration on Aging (AoA), the National Association of Area Agencies on Aging (n4a) partnered with the Scripps Gerontology Center to conduct the 2012 Bridging the Aging Network and Medical Community survey of all 627 AAAs in the nation. The survey was designed to describe the connections between the Aging Network and the health care community.

The survey was launched in March 2012 and data collection concluded in May 2012 with 56% (350) of AAAs responding. This brief report provides key findings from the survey as they relate to the following topics:

- Organizational infrastructure and capacity
- Involvement in key programs and services
- Partners and partnership activities
- Opportunities and challenges
- Training and technical assistance needs

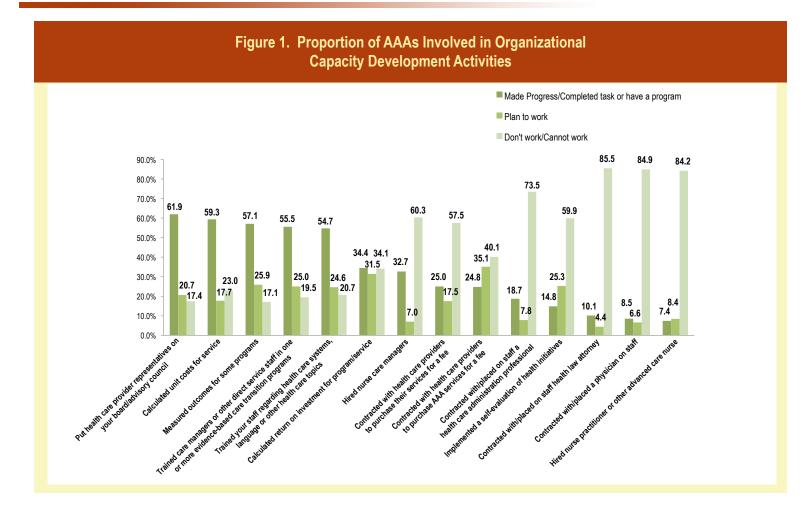# Organizational Infrastructure and Capacity

Organizational Infrastructure

There is great variation among AAAs particularly in the areas they serve, the governance structures of the organizations, and their size as reflected in staff and financial resources. The characteristics of the AAAs responding to this survey are shown below. While our respondents are slightly more likely to be urban or suburban, or independent not-for-profits than the Aging Network as a whole, these differences are not significant.

Area Served – proportion of AAAs that serve the following areas:

- Urban - 6.7%
- Suburban - 5.8%
- Rural - 38.7%
- Remote or Frontier - 4.1%
- A mix of urban and suburban - 10.8%
- Mix of suburban and rural - 10.2%
- Mix of urban, suburban and rural - 23.7%

AAA Full- and Part-Time Staff

- Full-time staff - Average 39.5   Range 0 - 400
- Part-time staff - Average 18.35   Range 0 - 540

Structure – proportion of AAAs that identify their structure as the following:

- Independent, non-profit - 39.9%
- Part of city government - 2.6%
- Part of county government - 27.7%
- Part of COG or RPDA - 25.7%
- Other - 4.6%

Budget – proportion of AAAs that reported the FY 2012 total operating budget ranges:

- Less than 499,000 - 2.9%
- 500,000-999,999 - 3.2%
- 1,000,000- 4,999,999 - 48.3%
- 5,000,000- 9,999,999 - 22.5%
- 10,000,000-Over 100,000,000 - 22.8%

Organizational Capacity

Initiatives that engage the health care system often require AAAs to develop new areas of knowledge and competence. Figure 1 shows the extent to which AAAs have undertaken a range of activities to develop their organizational capacity for opportunities with the health care community. Involvement ranged from "Do not plan to work on this" to "have completed task or have a program in place."

- Over half of AAAs have put health care provider representatives on their board/advisory council (61.9%), calculated unit costs for services (59.3%), measured outcomes for some services (57.1%) and trained their staff regarding health care systems, language or other health care topics (54.6%) (see Figure 1).
- Areas which may be beyond the current scope and mission of most AAAs are those where a majority of AAAs have little or no current involvement and no plans to move forward. These include contracting with or placing a physician on staff, hiring a nurse practitioner or other advanced care nurse, contracting with or placing a health care administration professional on staff, and contracting with or employing a health law attorney. Respondent comments indicate that many do not have funds to contract with or employ medical professionals, while others felt that their programs were not sufficiently developed to justify the position. One respondent said, "At this point in time...I don't see us working with the individuals/groups indicated. As we get further into this we may find that we need to work with them...and we will give it serious consideration at that point."

Figure 1. Proportion of AAAs Involved in Organizational Capacity Development Activities

Legend:
- Made Progress/Completed task or have a program
- Plan to work
- Don't work/Cannot work

Activity	Made Progress/Completed	Plan to work	Don't work/Cannot work
Put health care provider representatives on your board/advisory council	61.9	20.7	17.4
Calculated unit costs for service	59.3	17.7	23.0
Measured outcomes for some programs	57.1	25.9	17.1
Trained care managers or other direct service staff in one or more evidence-based care transition programs	55.5	25.0	19.5
Trained your staff regarding health care systems, language or other health care topics	54.7	24.6	20.7
Calculated return on investment for program/service	34.4	31.5	34.1
Hired nurse care managers	32.7	7.0	60.3
Contracted with health care providers to purchase their services for a fee	25.0	17.5	57.5
Contracted with health care providers to purchase AAA services for a fee	24.8	35.1	40.1
Contracted with/placed on staff a health care administration professional	18.7	7.8	73.5
Implemented a self-evaluation of health initiatives	14.8	25.3	59.9
Contracted with/placed on staff health law attorney	10.1	4.4	85.5
Contracted with/placed a physician on staff	8.5	6.6	84.9
Hired nurse practitioner or other advanced care nurse	7.4	8.4	84.2

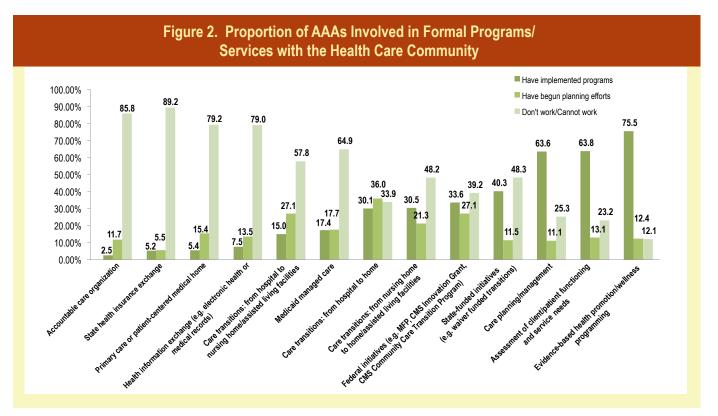# Involvement in Key Programs and Services with the Health Care Community

Programs and Services

The Affordable Care Act and other initiatives provide the Aging Network with new opportunities to use their expertise in long-term services and supports to collaborate with the health care community to create a more comprehensive and integrated system of care for older adults.

AAAs were asked to choose the extent of their involvement with each program on a list of 14 programs and services. Involvement ranged from "do not plan to work on this" to "have implemented program for all eligible clients in our PSA." AAAs were determined to be involved in a program if they had implemented it with some or all of their clients. On average, AAAs are involved in 3.8 programs or services with the health care community.

- Over 60% of AAAs are using their traditional programs and services to connect with the health care community, including: conducting assessments of client/patient functioning and service needs (63.8%), care planning/management (63.5%) and evidence-based health promotion/wellness programming (75.5%) as shown in Figure 2.
- Traditional programs provide an important foundation to build on. About one-quarter (22.9%) of AAAs provide two or fewer medical community programs and services in addition to the three core programs of assessment, care planning and evidence-based programming. Twenty-four respondents do not provide any services with the medical community in addition to those three services.

- The Centers for Medicare & Medicaid Services (CMS) Community-Based Care Transitions and the Money Follows the Person funding initiatives are reflected in the types of programs and services provided by AAAs. Three in 10 AAAs have implemented care transition programs from hospital to home (30.1%) and from nursing homes to home/assisted living facilities (30.4%). An additional one-third (35.9%) of AAAs have begun planning for transition programs from hospital to home and two in 10 (21.3%) are planning for transitions from nursing homes to home (see Figure 2). The most common evidence-based care transition models offered across all types of care transition programs are the Care Transition Intervention (Coleman Model) and Better Outcomes for Older Adults through Safe Transitions (BOOST).

- Figure 2 also shows there are a number of programs and services AAAs are not currently involved in, nor are strong planning efforts underway. These programs and services include primary care or patient-centered medical homes, accountable care organizations, state health insurance exchanges, and health information exchanges.

- The most common formally recognized evidence-based health promotion programs used by AAAs continue to be the Chronic Disease Self-Management Program, A Matter of Balance, Diabetes Self-Management Training, EnhanceFitness and Healthy Eating for Successful Living.

- Four in 10 (40.2%) AAAs indicated they are involved in state-funded initiatives and 33.6% indicated they are involved in federal initiatives that support their collaboration with the health care community. These federal initiatives include Money Follows the Person (81.4%), CMS Community-Based Care Transitions Program Funding (42.4%), Veterans Administration Community Living Programs (35.5%), CMS Health Care Innovation Grants (18.5%) and Community Transformation Grants (5.3%).
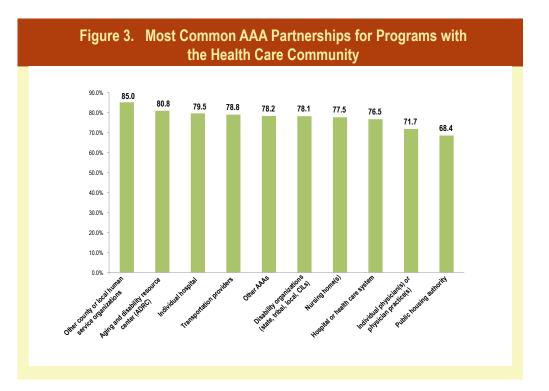

Figure 2. Proportion of AAAs Involved in Formal Programs/Services with the Health Care Community

Partners and Partnership Activities

Connections to the Health Care Community

The landscape of health and long-term care systems is shifting in response to federal initiatives that emphasize access, integration and options. Because of their positions in their communities, AAAs are key partners in collaborations that strengthen services for older adults and other groups with integrated long-term and health care needs. Participants were asked to indicate, from a list

of 34, which organizations they partner with to provide their health-related programs and whether the partnership is a formal working partnership with some form of legal agreement or an informal working partnership. Nearly nine in 10 (87.7%) participants indicated they have one or more formal or informal partnerships; the average number of partnerships was 17.5.

- On average, AAAs have eight formal partnerships and 14 informal partnerships with other agencies or organizations.
- As shown in Figure 3, over seven in 10 AAAs have either formal or informal partnerships with other county or local human service organizations, aging and disability resource centers (ADRCs), individual hospitals, transportation providers and disability organizations, among others.
- The most common formal working partnerships are ADRCs, transportation providers, other county or local human services organizations, individual hospitals and disability organizations. The most common informal partnerships are nursing homes, individual hospitals, hospital or health care systems, other county or local human services organizations and ADRCs.
- Among AAAs that have a partnership with a hospital or a hospital/health care system, the hospital staff positions that are most likely to be their primary liaisons are administrative level positions (e.g. Vice Presidents, CEOs, CFOs) or discharge planners/coordinators, with about 40 AAAs indicating each of these choices.
- The least common partnerships are with state-level organizations. AAAs are least likely to partner with state hospital associations, state health insurance exchanges, and state associations of nursing homes. In addition, accountable care organizations and health information exchanges/electronic health record consortiums are rarely in partnership with the AAAs.

Figure 3.   Most Common AAA Partnerships for Programs with the Health Care Community

Different programs and services often engage AAAs with different partners. An examination of the different partners AAAs reported for several different services shows that some partners are common, regardless of the service or program, while others are chosen for the particular activity they are engaged in.

- Over a third of AAAs who indicated they have care transition programs have a formal partnership with individual hospitals, a hospital or health care system, an ADRC, managed care organization or disability organization.
- All of the AAAs that indicated that they have Medicaid managed care services have a formal partnership with a health information exchange/electronic health record consortium.
- Over half of AAAs have a formal partnership with ADRCs regardless of the programs or services they provide.

- As shown in Figure 4, the most common partnership activities, regardless of which organizations AAAs are partnering with, are giving and receiving referrals, exchanging HIPAA compliant client/patient transmissions, and giving and receiving training and technical assistance.

Opportunities and Challenges

The Aging Network is expanding its role in the long-term services and supports and health care systems through collaborative initiatives between the Aging Network and the health care community. Their work faces challenging economic times and historic policy shifts in the health and aging services arenas. To accommodate these shifts, AAAs must work to integrate care across multiple settings, with multiple partners, while maint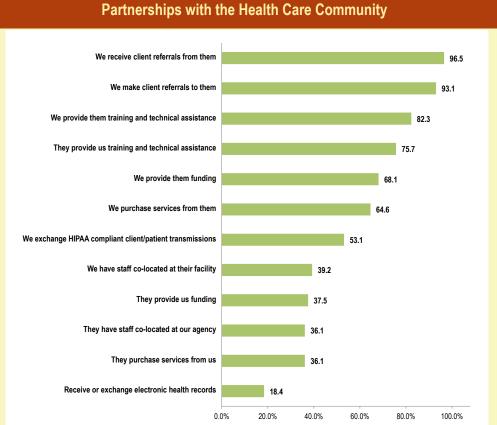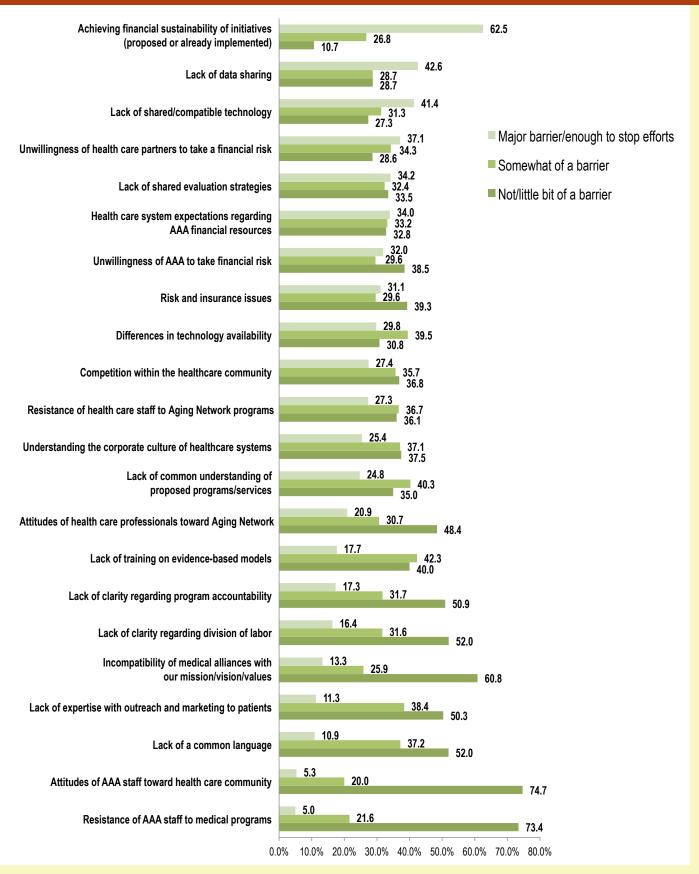aining their core services. This situation creates a number of challenges while providing opportunities for growth and change. Respondents were asked to indicate, from a list of 23 potential issues, barriers to their collaborative efforts with the health care community. Respondents indicated the extent to which each item was a barrier, ranging from "not a barrier" to "enough to stop efforts." Figure 5 shows the responses grouped into categories of "not a barrier or a small barrier," "somewhat of a barrier," and "a large barrier."

Figure 4. Most Common Activities Resulting from Partnerships with the Health Care Community

Activity	Percent
We receive client referrals from them	96.5
We make client referrals to them	93.1
We provide them training and technical assistance	82.3
They provide us training and technical assistance	75.7
We provide them funding	68.1
We purchase services from them	64.6
We exchange HIPAA compliant client/patient transmissions	53.1
We have staff co-located at their facility	39.2
They provide us funding	37.5
They have staff co-located at our agency	36.1
They purchase services from us	36.1
Receive or exchange electronic health records	18.4

- As illustrated in Figure 5, the most commonly reported major barriers to collaborative efforts with the health care community are: achieving financial sustainability of initiatives (proposed or already implemented) (62.5%), a lack of data sharing (42.6%%), a lack of shared/compatible technology (41.4%), health care system expectations regarding AAAs financial resources (34.0%) and unwillingness of the AAA to take financial risks (32.0%).
- The shift in organizational culture that is required for bridging the social and medical models may not be as much of a concern as often thought. About three-quarters of AAAs indicated that the resistance of AAA staff to medical programs (73.4%) and attitudes of AAA staff toward the health care community (74.7%) did not pose barriers to collaborative efforts (see Figure 5).

Legend:
- Major barrier/enough to stop efforts
- Somewhat of a barrier
- Not/little bit of a barrier

Achieving financial sustainability of initiatives (proposed or already implemented): 62.5, 26.8, 10.7

Lack of data sharing: 42.6, 28.7, 28.7

Lack of shared/compatible technology: 41.4, 31.3, 27.3

Unwillingness of health care partners to take a financial risk: 37.1, 34.3, 28.6

Lack of shared evaluation strategies: 34.2, 32.4, 33.5

Health care system expectations regarding AAA financial resources: 34.0, 33.2, 32.8

Unwillingness of AAA to take financial risk: 32.0, 29.6, 38.5

Risk and insurance issues: 31.1, 29.6, 39.3

Differences in technology availability: 29.8, 39.5, 30.8

Competition within the healthcare community: 27.4, 35.7, 36.8

Resistance of health care staff to Aging Network programs: 27.3, 36.7, 36.1

Understanding the corporate culture of healthcare systems: 25.4, 37.1, 37.5

Lack of common understanding of proposed programs/services: 24.8, 40.3, 35.0

Attitudes of health care professionals toward Aging Network: 20.9, 30.7, 48.4

Lack of training on evidence-based models: 17.7, 42.3, 40.0

Lack of clarity regarding program accountability: 17.3, 31.7, 50.9

Lack of clarity regarding division of labor: 16.4, 31.6, 52.0

Incompatibility of medical alliances with our mission/vision/values: 13.3, 25.9, 60.8

Lack of expertise with outreach and marketing to patients: 11.3, 38.4, 50.3

Lack of a common language: 10.9, 37.2, 52.0

Attitudes of AAA staff toward health care community: 5.3, 20.0, 74.7

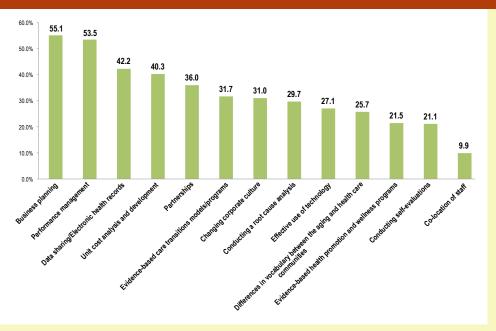Resistance of AAA staff to medical programs: 5.0, 21.6, 73.4

Training and Technical Assistance Needs

AAAs were asked to identify training and technical assistance areas that would most benefit their organizations in enhancing their ability to bridge the Aging Network and the health care community. As shown in Figure 6, the most commonly sought training and technical assistance areas include: business planning (55.1%), performance management (53.5%), data sharing/electronic health records (42.2%), unit cost analysis and development (40.36%) and identifying and formalizing partnerships (36.0%).

Figure 6. Proportion of AAAs that Identified Training and Technical Assistance Areas that Would Most Benefit Their Program

Conclusions

The results of our survey show that AAAs are making significant progress towards the provision of a holistic, person-centered system of care for persons who have needs for both social supports and medical services. Partnerships with the health care community are varied and plentiful, and they reach the high-level decision-makers within health care organizations. Since these data were collected programs that build on collaborations between the Aging Network and the medical community have continued to grow. Additional states have moved forward with Medicaid managed care for long-term services and supports, and additional grants for care transitions programming—many involving the Aging Network—have been awarded by CMS. In other cases, resource limitations continue to pose challenges, and still other AAAs are waiting for some of the shifts in the landscape to settle before beginning efforts in earnest.

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