Executive Office of Elder Affairs

State Innovation Model Grant (SIM-Grant)

Stakeholder Meeting

Update on Community Links Portal

Monday, September 29, 2014

2:00PM - 3:30PM

One Ashburton Place
Video Conference Room, 10th Floor
Boston, MA

Agenda

Project Context

- Current EOEA sub-projects under SIM-Grant
- SIMS – Senior Information Management System

What is Community Links Portal (CLP)?

- Vision: Bridging the gap & changing perspectives
- Patient information visible on portal
- Administration & Consent

CLP Demonstration

Implementation & Challenges

- Pilot Group
- Matching Patients to Consumers
- Standardization & Promotion

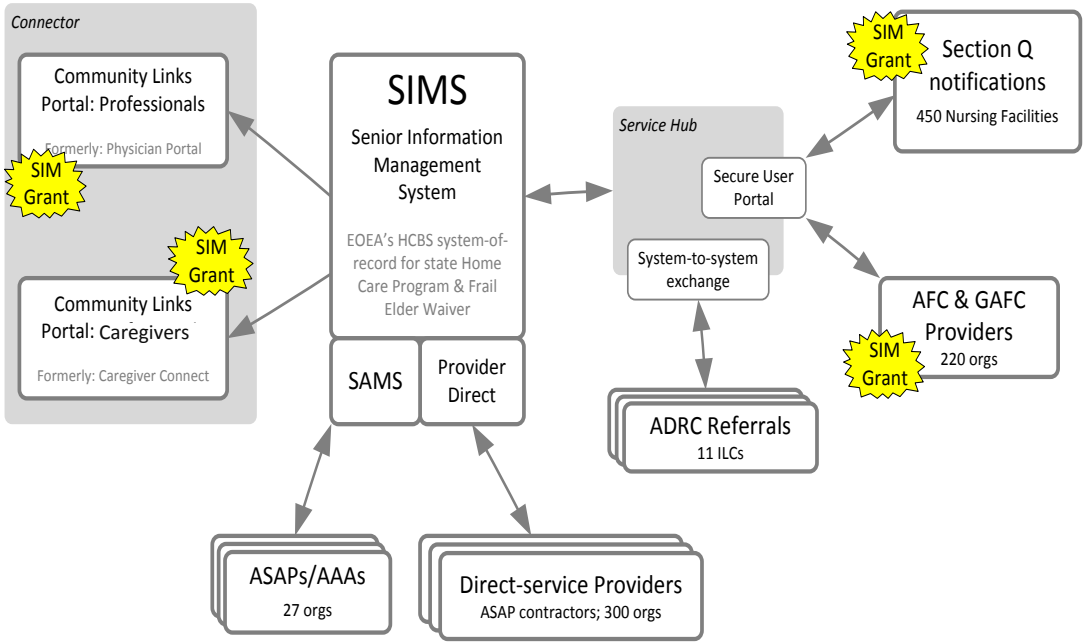
Lessons Learned (so far…)

Current Project Status

Questions?

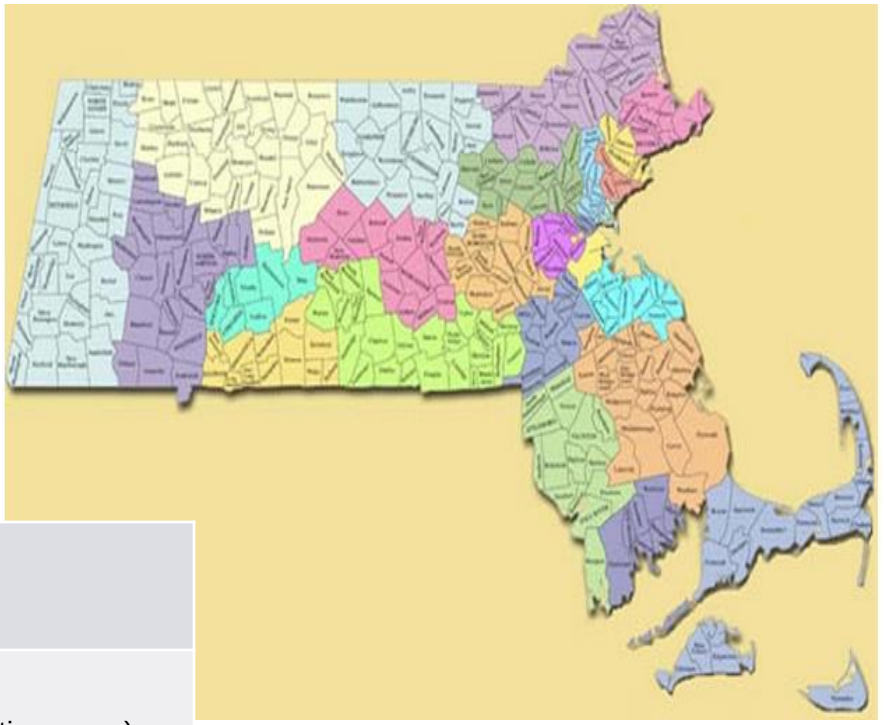
Four (4) EOEA projects under SIM-Grant

- **AGD – AFC/GAFC Determination Streamline**
- **Section-Q Reporter**
- **Community Links Portal**
  - Professionals
  - Caregivers



SIMS (Senior Information Management System)

- Statewide consumer database
- Administered centrally
    - Standardized data
- Managed locally by ASAPs



27	Aging Services Access Points	(ASAPs)
2,900	SIMS users: Case Managers, RNs	(5,500 total active users)

42,000	Active Home Care consumers	Average per month, active state/Waiver programs

What is the Community Links Portal?

Vision: Bridging the gap & changing perspectives

- HCOs have limited knowledge of ASAP system & function
- Value of ASAP comprehensive data source
- CLP was ASAP group initiative (Mass Home Care)

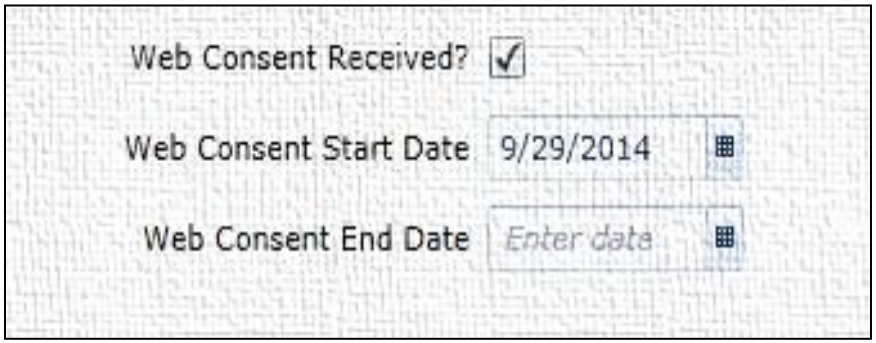
Patient Information Visible on Portal

- Based on regular Home Visits (180 days or less)
- Consumer information, including informal supports
- Service Plan
- Clinical information: self-reported meds, ADLs & IADLs
- High-quality documentation, with interdisciplinary case review at ASAP

What is the Community Links Portal?

Administration & Consent

- ASAPs – easy data update to make patient info (in)visible
- Light support burden
  - Easy for ASAP to add org
  - User management is delegated to Health Care Organization
- CM gathers consent, updates record to make it visible in CLP
- New standardized protocol: Informed consent forms updated for all home-care



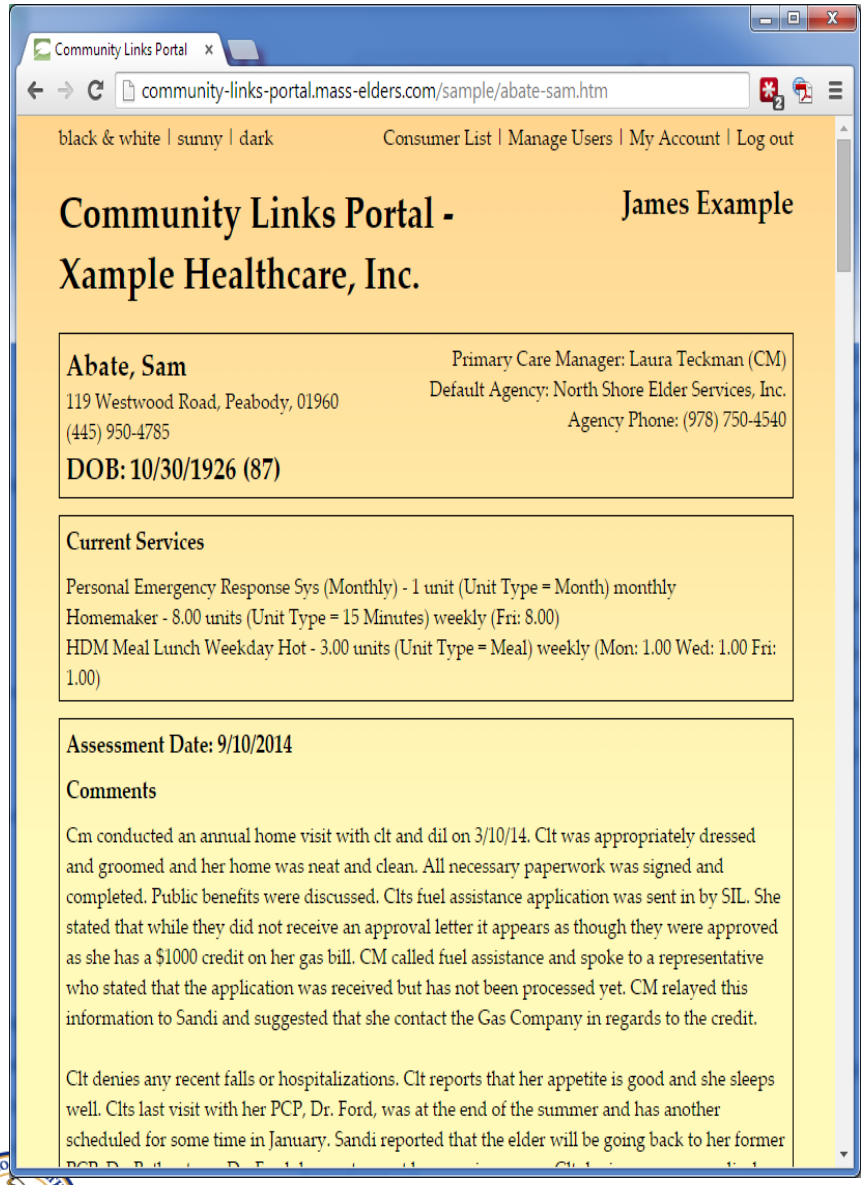
CLP Demonstration

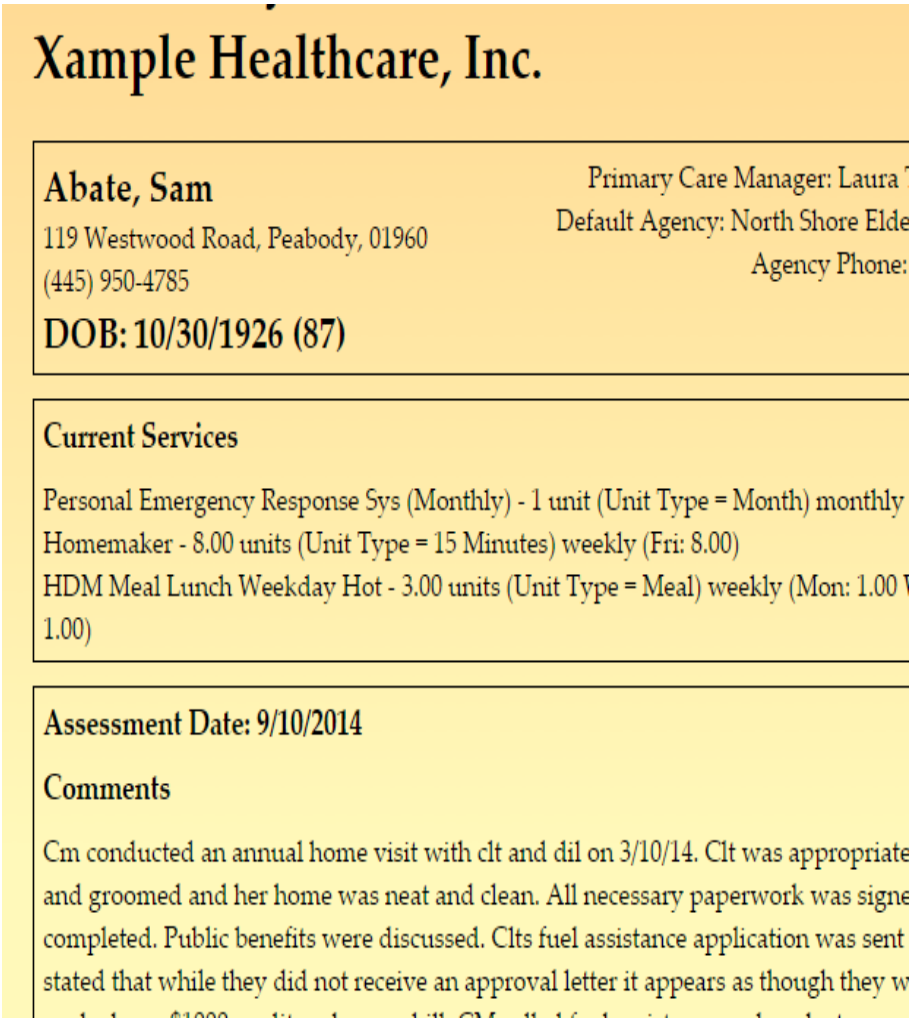
Community Links Portal: Screenshot #1

Screenshots of the Community Links Portal

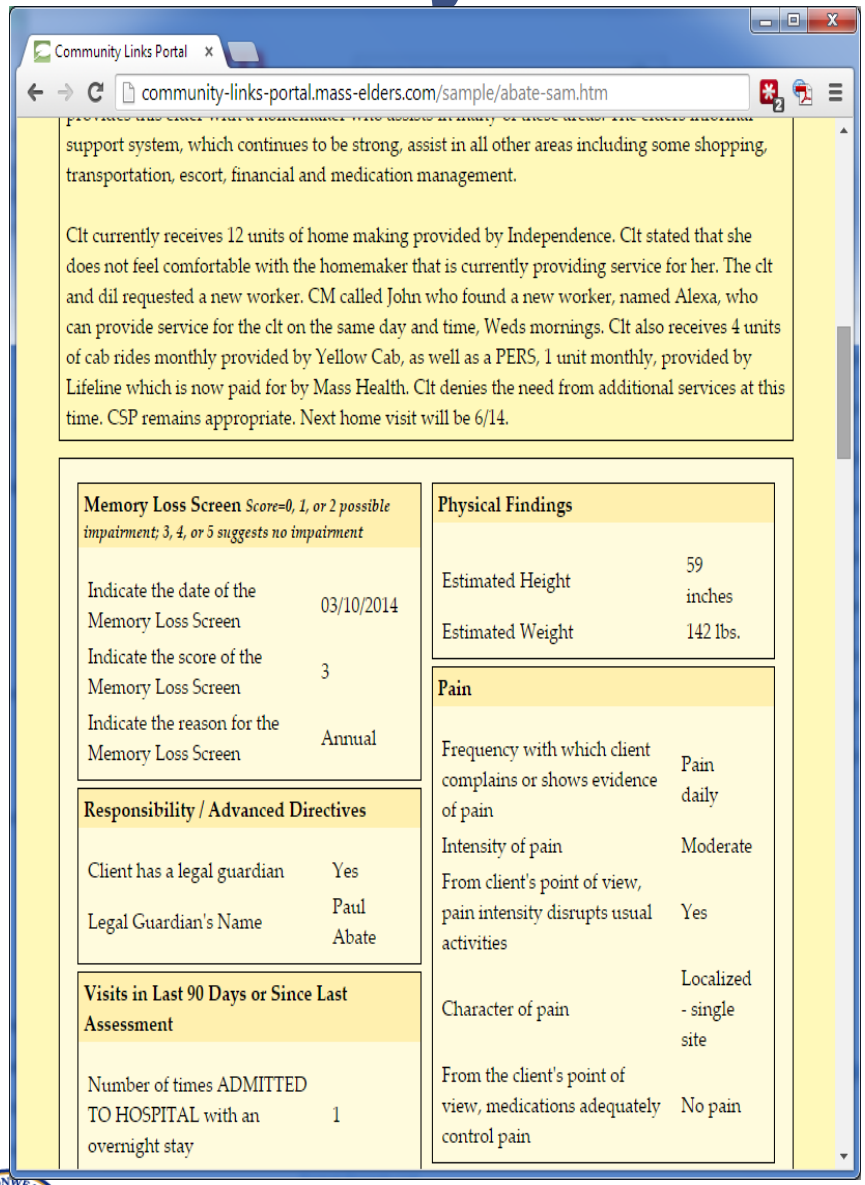
- **Left-hand: full frame view of the portal (7 total)**
- **Right-hand side: same screen, cropped & zoomed to better show content of interest**

Community Links Portal: Screenshot #2





Community Links Portal: Screenshot #3



can provide service for the clt on the same day and time, Weds mornings. Clt also receive
of cab rides monthly provided by Yellow Cab, as well as a PERS, 1 unit monthly, provide
Lifeline which is now paid for by Mass Health. Clt denies the need from additional servic
time. CSP remains appropriate. Next home visit will be 6/14.

Memory Loss Screen *Score=0, 1, or 2 possible impairment; 3, 4, or 5 suggests no impairment*

Indicate the date of the Memory Loss Screen	03/10/2014
Indicate the score of the Memory Loss Screen	3
Indicate the reason for the Memory Loss Screen	Annual

Responsibility / Advanced Directives

Client has a legal guardian	Yes
Legal Guardian's Name	Paul Abate

Visits in Last 90 Days or Since Last Assessment

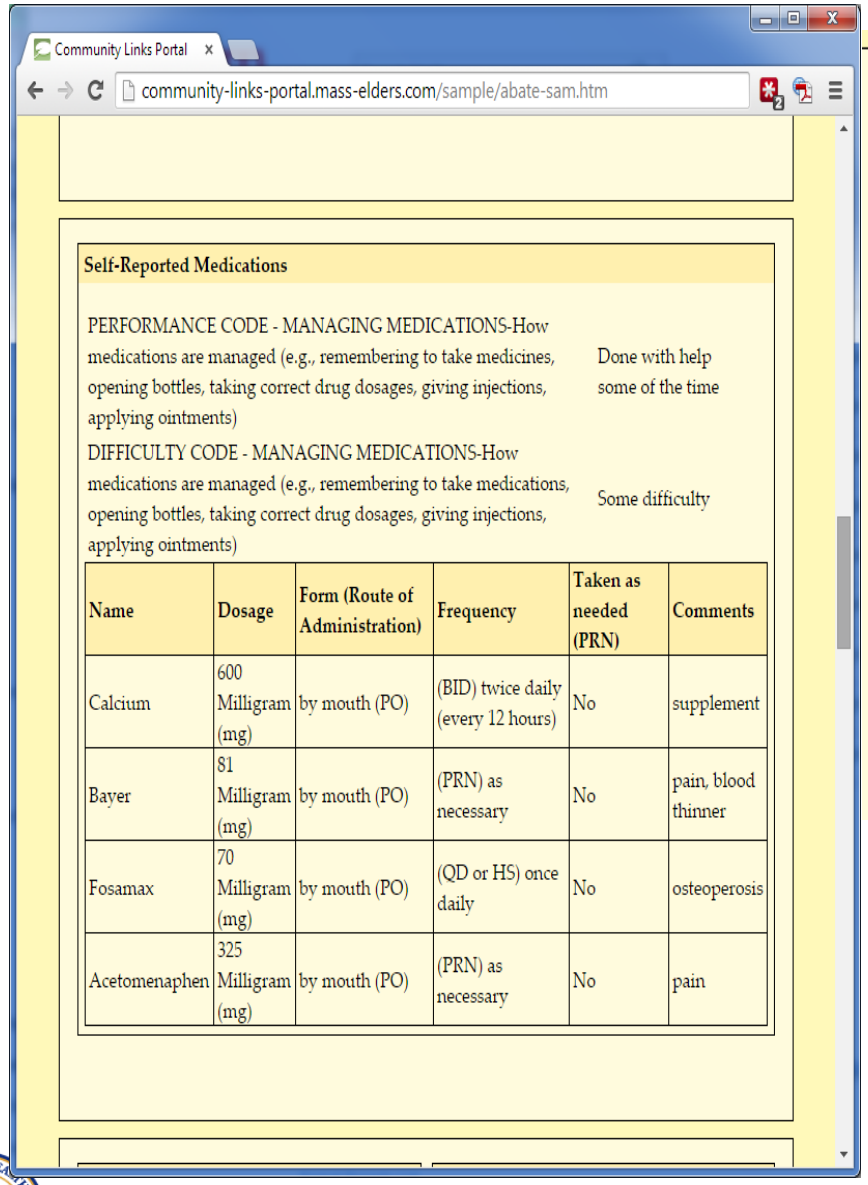
Physical Findings

Estimated Height	59 inch
Estimated Weight	142 l

Pain

Frequency with which client complains or shows evidence of pain	Pain daily
Intensity of pain	Mod
From client's point of view, pain intensity disrupts usual activities	Yes
Character of pain	Local - sing

Community Links Portal: Screenshot #4



Self-Reported Medications

PERFORMANCE CODE - MANAGING MEDICATIONS-How medications are managed (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments)	Done with help some of the time
DIFFICULTY CODE - MANAGING MEDICATIONS-How medications are managed (e.g., remembering to take medications, opening bottles, taking correct drug dosages, giving injections, applying ointments)	Some difficulty

Name	Dosage	Form (Route of Administration)	Frequency	Taken as needed (PRN)	Comments
Calcium	600 Milligram (mg)	by mouth (PO)	(BID) twice daily (every 12 hours)	No	supplement
Bayer	81 Milligram (mg)	by mouth (PO)	(PRN) as necessary	No	pain, blood thinner
Fosamax	70 Milligram (mg)	by mouth (PO)	(QD or HS) once daily	No	osteoperosis
Acetomenaphen	325 Milligram (mg)	by mouth (PO)	(PRN) as necessary	No	pain

Self-Reported Medications

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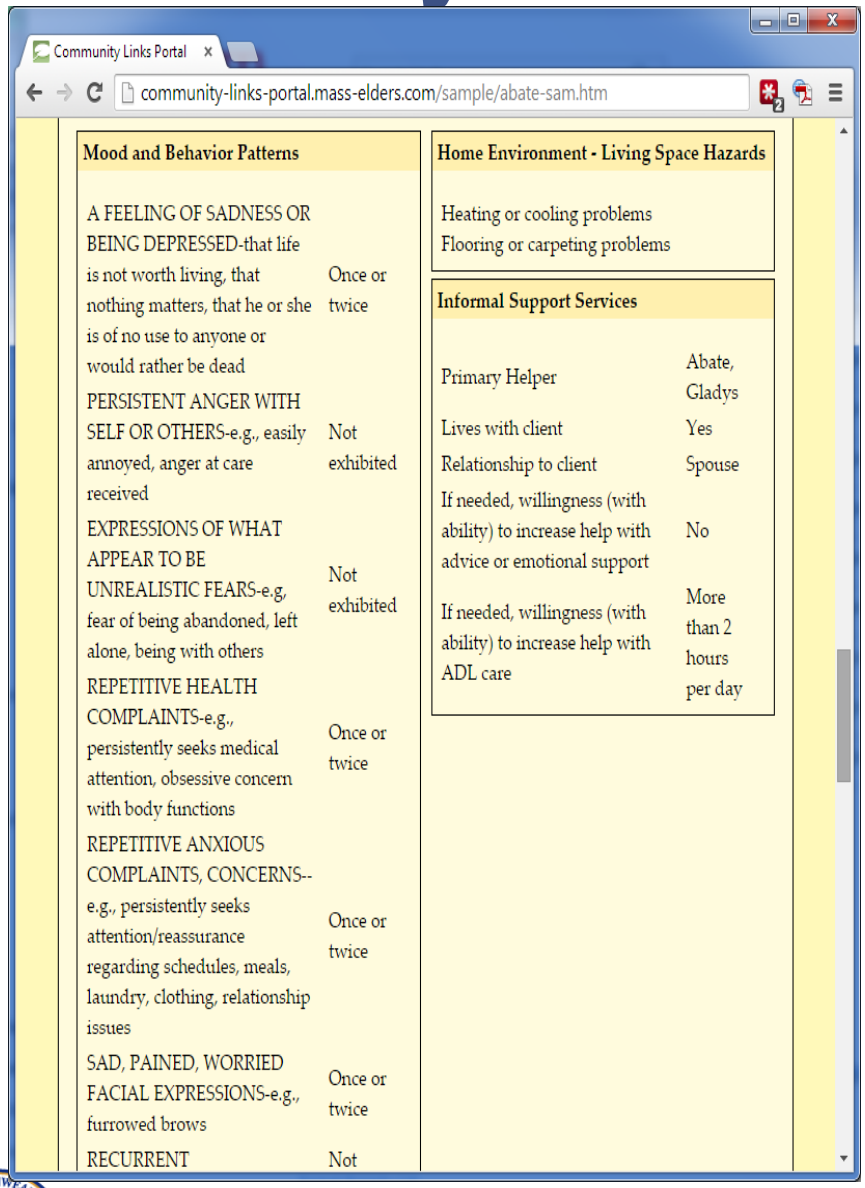
	81				

Community Links Portal: Screenshot #5



Mood and Behavior Patterns

A FEELING OF SADNESS OR BEING DEPRESSED-that life is not worth living, that nothing matters, that he or she is of no use to anyone or would rather be dead	Once or twice
PERSISTENT ANGER WITH SELF OR OTHERS-e.g., easily annoyed, anger at care received	Not exhibited
EXPRESSIONS OF WHAT APPEAR TO BE UNREALISTIC FEARS-e.g, fear of being abandoned, left alone, being with others	Not exhibited
REPETITIVE HEALTH COMPLAINTS-e.g., persistently seeks medical attention, obsessive concern with body functions	Once or twice
REPETITIVE ANXIOUS COMPLAINTS, CONCERNS--e.g., persistently seeks attention/reassurance regarding schedules, meals, laundry, clothing, relationship issues	Once or twice
SAD, PAINED, WORRIED FACIAL EXPRESSIONS-e.g., furrowed brows	Once or twice
RECURRENT	Not

Home Environment - Living Space Hazards

Heating or cooling problems
Flooring or carpeting problems

Informal Support Services

Primary Helper	Abate, Gladys
Lives with client	Yes
Relationship to client	Spouse
If needed, willingness (with ability) to increase help with advice or emotional support	No
If needed, willingness (with ability) to increase help with ADL care	More than 2 hours per day

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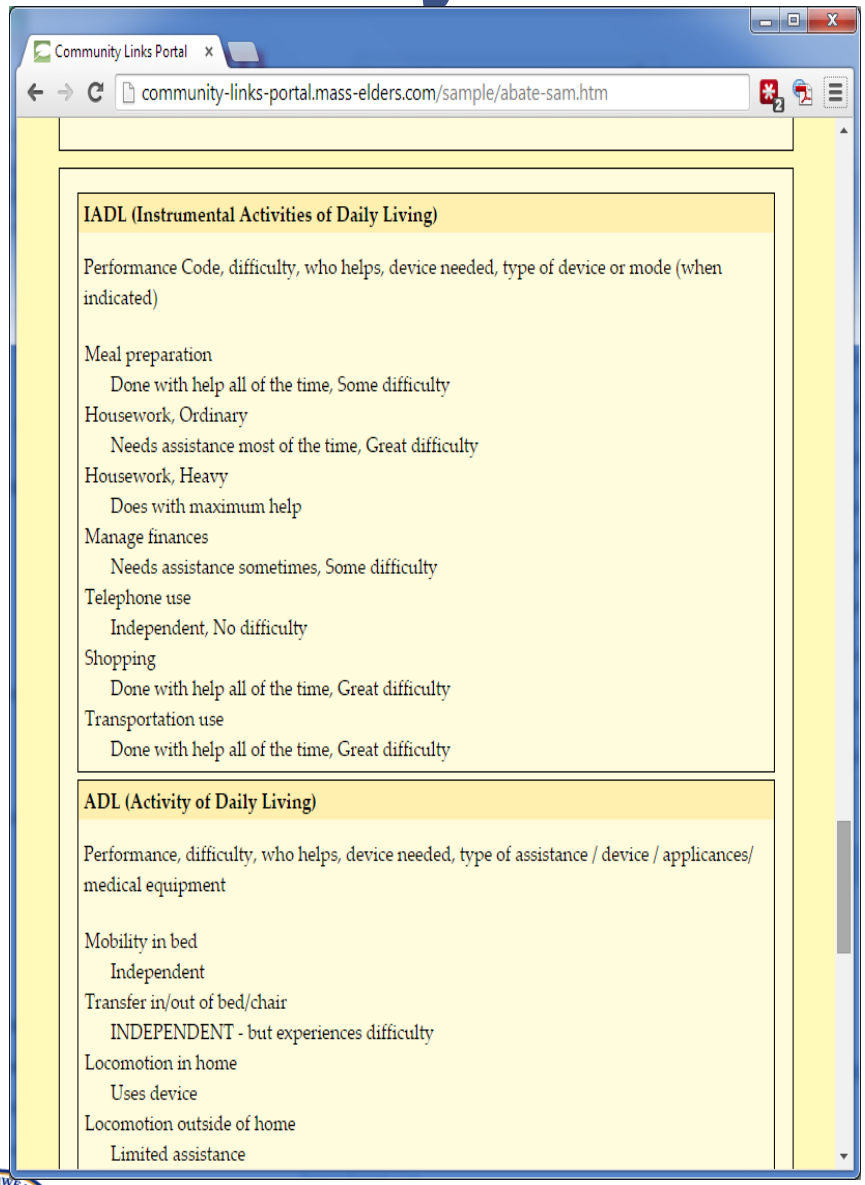
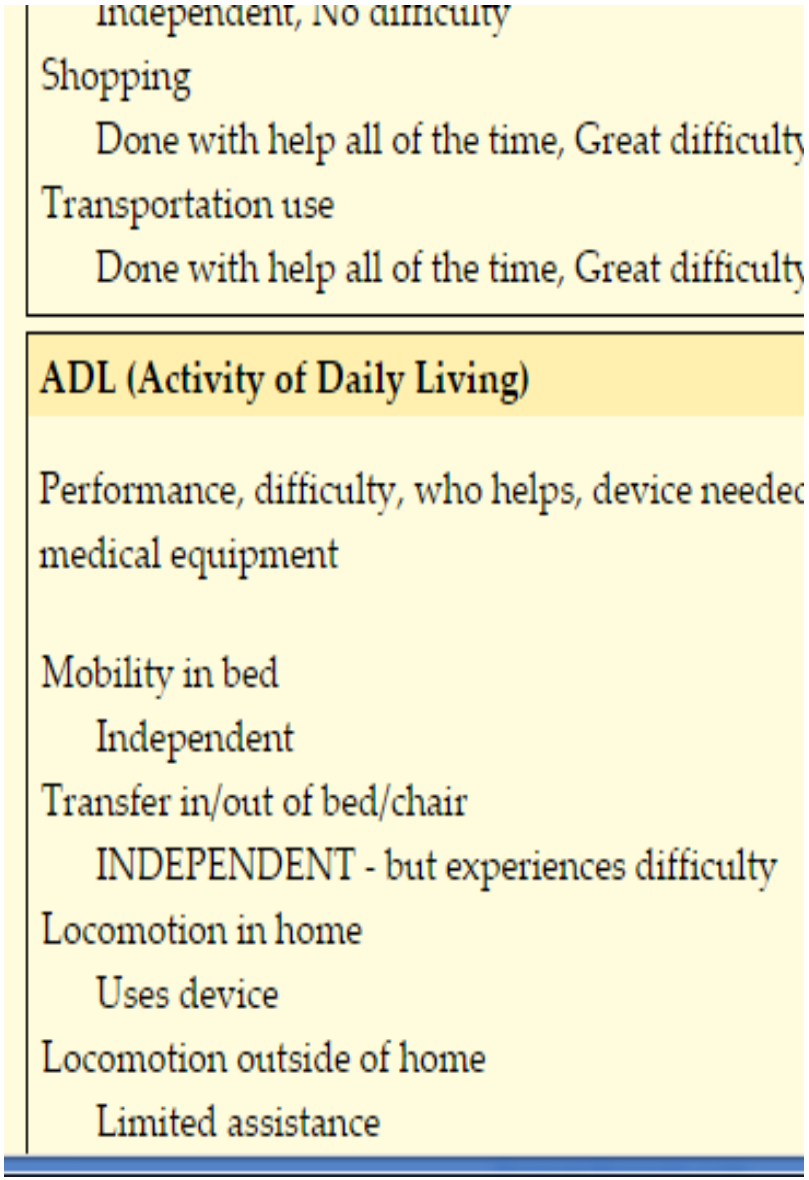
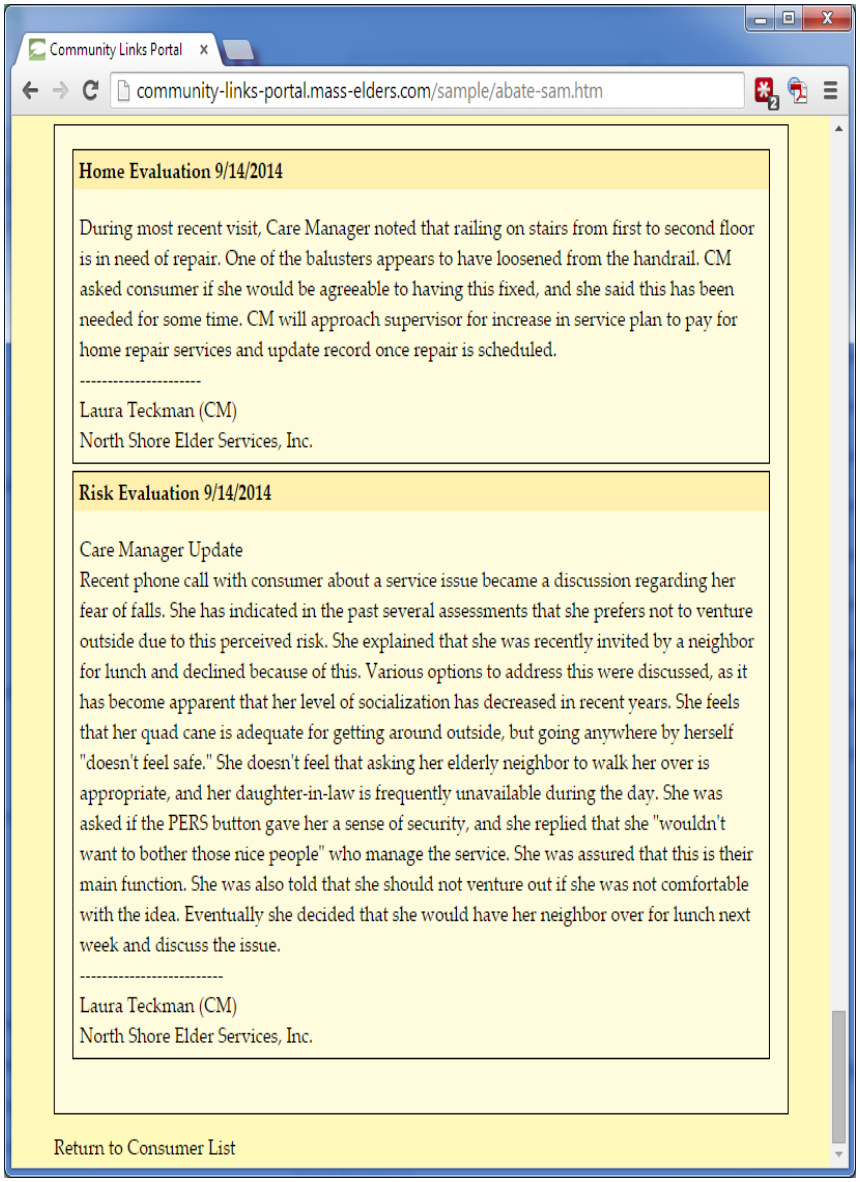
Community Links Portal: Screenshot #6





Community Links Portal: Screenshot #7



Implementation & Challenges

ASAP initiates contact -> Signed Organizational Agreement -> Submits to EOEA

Pilot Group

- 10 signed organizational agreements
- Varied group of HCO types & plans for usage
- Implementation pace dictated by partners (with EOEA's encouragement)

Matching Patients and Consumers

- Challenge #1 – no quick and easy method
- ASAPs can initiate process with database reports
- Small starter group / Initial larger batch / ongoing process

Standardization & Promotion

- Evolving "Quick Start" implementation
- ASAPs must see benefit outweighing effort (project lead, gathering consent..)
- Existing relationships key

Lessons Learned (so far…)

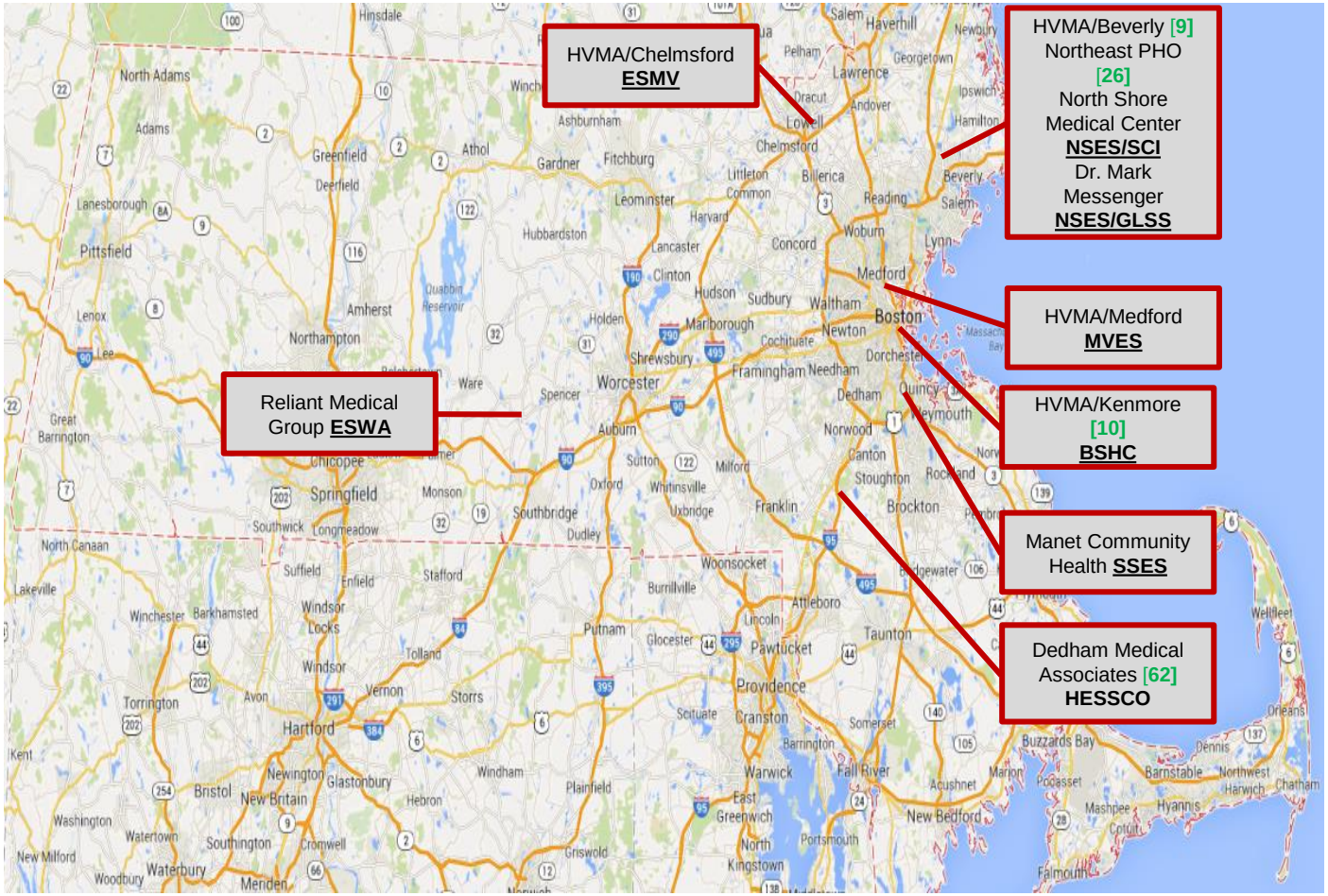
- CLP – Health Care Organization Types:
  - Standard Physician's Practice
  - Community Health Centers
  - Large Providers with Multiple Sites
  - Hospitals

- CLP – Different Applications:
  - "Standard" Use – Physician's Office
  - CCTP Tool (Boston Senior Home Care)
  - New Program Initiative (Elder Services of Worcester)

- Feedback
  - Recognized as high value information
  - HCOs love up to date service data!
  - Dedham Medical Associates:
    - CLP part of routine roster reviews (standard operations) with MDs, SWs
    - Nursing Managers use CLP information to supplement phone contact with ASAP

Current Project Status

10 Signed Partnerships (ASAP – HCO)



Questions?

Thanks!

Contacts

EOEA Project Leads:

Jim Ospenson
James.Ospenson@state.ma.us

Andy Grigorov
Andy.Grigorov@state.ma.us