

Care Planning, Technology and Integration: Bright Spots & View from On-the-Ground *Frail Elderly People*

Putting the Person at the Center Workshop

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Sad Tale – NY Times Sept 28, 2014

http://www.nytimes.com/2014/09/26/nyregion/ Fighting to Honor a Father's Last Wish: To Die at Home Sign In

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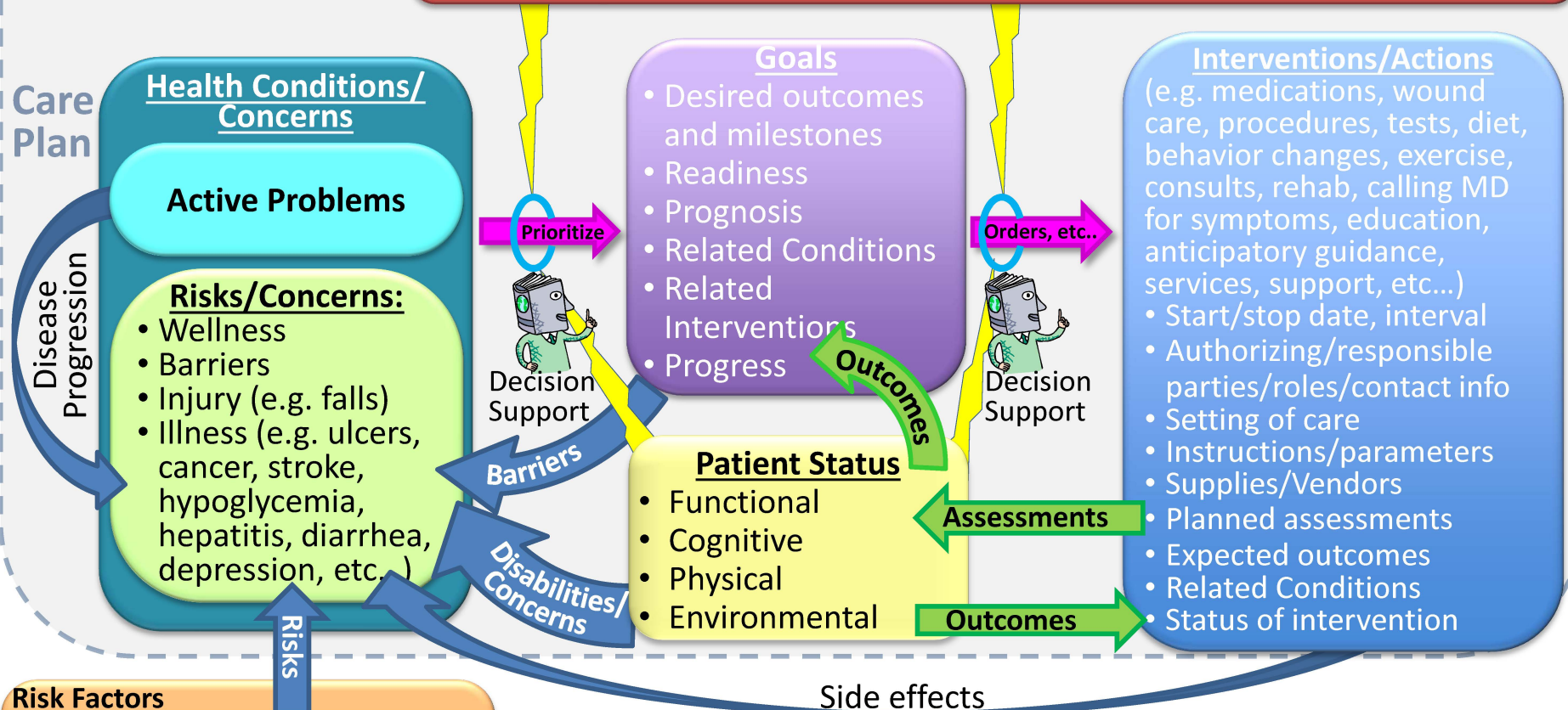
Fighting to Honor a Father's Last Wish: To Die at Home

By NINA BERNSTEIN SEPT. 25, 2014

The *MediCaring* Service Delivery Model:

- 1. Frail elders enrolled in a geographic community:
(>65 w/2+ ADLs or dementia, or 80+)**
- 2. Longitudinal, elder-driven care plans**
- 3. More efficient medical care tailored to frail elders (including at home)**
- 4. Incorporating health, social, and supportive services**
- 5. Ongoing monitoring and improvement guided at the local level by a Community Board**
- 6. Using core funding derived from Medicare savings in a modified ACO structure**

- Care Plan Decision Modifiers**
- Patient/family preferences (values, priorities, wishes, adv directives, expectations, etc...)
 - Patient situation (access to care, support, resources, setting, transportation, etc...)
 - Patient allergies/intolerances



The Care Plan (Concerns, Goals, Interventions, and Care Team), along with Risk Factors and Decision Modifiers, iteratively evolve over time

Disaster for the Frail Elderly: A Root Cause

Social Services

- Funded as safety net
- Under-measured
- Many programs, many gaps

Medical Services

- Open-ended funding
- Inappropriate “standard” goals
- Dysfx quality measures

~~No
Integrator~~

Inappropriate

Unreliable

Unmanaged

Wasteful “care”

Challenges and Opportunities

- ▲ Adequate understanding of individual situation
- ▲ Adequate prognostication of likely courses
- ▲ Frail elder (and family) goals and priorities
- ▲ Limitations in the services available
- ▲ Converging on a plan
- ▲ Making it available and dynamic and efficient
- ▲ Feedback on care plan performance
- ▲ Aggregating care plans and performance for a population to create a management instrument!!