The Aging Network

Area Agency on Aging District 7, Inc.
Serving Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Ross, Scioto and Vinton Counties in Ohio

www.aaa7.org **Helping You Age *Better*!**

SPRING 2011

AAA7 Hosts Legislative Meeting in Columbus

Staff from the Area Agency on Aging District 7 (AAA7) traveled to Columbus on Tuesday, February 22, 2011, to host a meeting with State Representative John Carey at the offices of the Ohio House of Representatives. Guests included representatives from all of the state legislative offices in the AAA7's 10-county district.

During the hour lunch meeting, AAA7 staff shared the Agency's mission and the impact home and community-based services have for so many in southern Ohio. The Agency's new PowerPoint presentation was featured and advocacy packets were distributed to all who attended.

Advocacy with legislators is always a vital component of the AAA7's operations. Having support at the state level is important for legislation and funding surrounding home and community-based services. The recent gathering in Columbus was an important meeting. AAA7 staff were very pleased with the attendance and participation from all who attended.

Pictured are AAA7 staff who were present for the meeting. Front row, left to right, Nina Keller, Vicky Abdella, Emily Gano, Becky Simon, Linda Stacy, Debbie Gulley, Pam Matura and Kelli Meredith. Back row, left to right, Jenni Dovyak, Bonnie Dingess, June DeMoya, Jack Fout, Joe Scurlock and Mark Turner.

Legislators in attendance included, Representative Danny Bubp and his Legislative Aide, Erica Wilson; Representative John Carey and his Legislative Aide, Laura Padgett; Representative Terry Johnson and his Legislative Aide, Scott Evans; Representative Bob Peterson; Senator David Daniels' Legislative Aide, George McNab; and Senator Tom Niehaus' Legislative Aide, Trisha Whatley.

In addition, staff had another opportunity to advocate at the state level during the Ohio Association of Area Agencies on Aging (o4a) Annual Advocacy Conference held in Columbus during April. Staff from all four office sites were well represented with 21 AAA7 employees attending the event.

Featured during the conference was a Legislative Reception where elected officials and their staff were invited for light refreshments and an opportunity to engage in conversations with staff from the twelve AAAs throughout the state.

A similar event was held at the national level in Washington, DC, also in April,

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during the National Association of Area Agencies on Aging (n4a) Annual Aging Policy Briefing and Capitol Hill Day. Jenni Dovyak and Nina Keller attended the event to learn more about budget issues at the federal level and to meet with Ohio's senators and representatives on Capitol Hill.

The AAA7 joined other Ohio AAAs at meetings with US Senator Rob Portman's Aide, US Congressman Bob Gibbs, US Congressman Bill Johnson and US Congresswoman Jean Schmidt to discuss budget concerns affecting aging and disabilities at the federal level.

n4a will host its annual conference during July in Washington, DC, where additional advocacy on Capitol Hill can take place.

*Meeting with **US Representative Jean Schmidt** (pictued right) included **Jenni Dovyak** and **Nina Keller** of the AAA7 and **Polly Dornan** of the AAA1 in Cincinnati.*

*Meeting with US Representative Bill Johnson (pictured second from the right) included **Jenni Dovyak** and **Nina Keller** from the AAA7, **Jim Endly** from AAA9 in Cambridge, and **Rick Hindman** from AAA8 in Marietta.*

Fair Care Ohio - Let Your Voice Be Heard!

Did you know that the Ohio Business Roundtable estimated that if Ohio would just hit the national average for home and community-based long-term care, the state could save $900 million annually?

Most of us agree that older adults and those with disabilities want to stay at home for as long as possible. Surprisingly though, home and community-based care isn't afforded the amount of state funding needed to truly give seniors a fair choice in where they receive their long-term care. If Ohio's budget were structured to evenly balance long-term care options for seniors, Ohio could save $750 million over the next three years! Whether the choice is a nursing facility or home and community-based services, all seniors should have options when it comes to their long-term care. By ensuring adequate funding for all long-term care options, seniors and those with disabilities have a greater opportunity to make decisions that better support their wishes and needs.

Our state association, the Ohio Association of Area Agencies on Aging (o4a), recently launched a website to educate the community on the home and community-based option and why this balance in services is so vital for seniors and the state. Click on **www.faircareohio.org** where you can learn more. The website gives you the opportunity to send a message to your state legislators asking for their support in creating a long-term care system that is more compassionate for seniors and more cost-effective for taxpayers.

So, how can you help?

1) Visit **www.faircareohio.org**. Go to "Take Action" and send an email to your state legislators. The website is very user friendly and easy to navigate through. You can also call or write if you prefer.

2) If you have a personal Facebook account, make sure to add Fair Care Ohio to your "Likes."

3) Help us forward information about Fair Care Ohio along to groups and individuals who understand and support our cause as well as your family, friends, community connections, professional colleagues, etc.

Let your voice be heard!

www.faircareohio.org

Successful Grant Program Showcases Area Agency on Aging's Ability to Achieve Money Savings to Ohio through Self-Directed Care Managed Programs

by Vicky Abdella, RN
Director of Community Services

In October 2008, the Area Agency on Aging District 7, Inc. (AAA7) was chosen by the Ohio Department of Aging to participate in a national movement funded by the Administration on Aging. Featured was the creation and administration of a new program for individuals who were at-risk for nursing home placement and spend-down of their assets to Medicaid.

The program in Ohio named **"My Care, My Way,"** is now one of the 26 successful programs across the nation that offers a home and community-based consumer-directed program for those not on Medicaid. These Community Living Programs across the nation allow individuals to continue living in their communities while strengthening the capacity of states to reach older adults before they enter a nursing home and spend down to Medicaid. This helps support the long-term care rebalancing efforts in states.

Over the course of one year, from September 2009 through September 2010, 50 older adults were admitted into the program. They were provided with the opportunity to receive options counseling from a care manager for assistance with hiring their own workers to receive personal care and other supports to remain safe and independent at home. Participants in the program were chosen through a "targeting tool" which identified those who were most at-risk for entering a nursing home through factors such as age, living arrangements, support systems, health, and previous hospital and nursing home admissions. Risk management plans were then developed utilizing a person-centered approach to help decrease the likelihood the participants would enter a hospital or nursing facility.

The project, which served participants from September 2009 through September 2010, produced a very successful diversion rate of 93 percent. Only four of the 50 participants ever entered a nursing home over the year and only one participant stayed in the nursing home permanently. Through analysis of the data for the project, other significant, favorable outcomes were achieved which resulted in money saved for the state of Ohio since participants in the project remained at home, did not spend down their assets, and were able to stay off the Medicaid program. Hospital admissions also decreased by 44 percent, which created a savings of $339,850.00 over the course of one year. In addition, emergency room visits decreased during the project period by 48 percent and nursing home admissions went from 21 to eight, projecting a savings of $63,180.00.

The project analyzed data for 19 participants who received a full year of care on the My Care, My Way Program and determined that if the participants continued to receive care at home through the program with a cost of only $1,200/month per participant, the total cost for them at home would be $273,358.32. If the same participants entered a nursing home, their care would cost $1,108,080.00/year. Allowing individuals to receive home and community-based services and continue receiving care where they desire in a safe and effective manner produced a savings of $834,721.70/year.

The AAA7 has long recognized the value of family caregivers and the role they play with care assistance for their loved ones at home. The My Care, My Way program also collected data related to the number of hours family caregivers give freely to contribute to the success of home and community-based care. Through the project year, primary family caregivers of the 50 participants provided an average of 358 hours/month to their loved ones. The value of this is estimated to be $179,000.00/month. The success of the project could not have been achieved without the family caregiver.

The My Care, My Way program continues at the AAA7 in a very limited capacity due to state budget cuts in 2010-2011, but the principles learned in the program related to person-centered care, risk management, and the cost effective quality care management continue throughout all programs at the agency. Additionally, the work of the project is being utilized to create a similar program for veterans in the area.

Monthly Newspaper Column Topics

Log on to www.aaa7.org to read our monthly newspaper columns. You can find a list of all of our news releases, including the columns, under the "News Releases" link.

January - *"Being Prepared for Emergencies"*

February - *"Introducing Fair Care Ohio"*

March - *"AAA7: A Resource to Assist You"*

April - *"29th Annual Art Show is Approaching!"*

AAA7 and SOMC Partnership "Bridges" the Discharge Process for Older Adults

by Jenni Dovyak
Communications Manager

After a hospital stay from a brief or extended illness, surgery, or injury, patients often look forward to going home for recuperation around familiar things and comfortable surroundings. For some older adults, the thought of going home might be accompanied sometimes with unsettling feelings. Individuals may require assistance upon their return home in order to continue with their recuperation and extended care, and might feel scared or concerned once they are removed from the hospital care environment.

A system to help make this transition a little easier is in place at Southern Ohio Medical Center (SOMC) through a partnership with the Area Agency on Aging District 7 (AAA7) which covers ten counties in Ohio.

The "Bridges" program, which began in 2004, focuses on those specific patients who may benefit from follow-up by the AAA7 upon their discharge home. These patients, who are identified by SOMC social workers and express an interest in learning more, have care needs that are expected to increase once they return home. Typically, these arrangements can be made through the AAA7 by the hospital through the telephone or fax, but having the benefit of someone onsite allows the opportunity for the AAA7 staff member to work directly at the hospital with SOMC social workers and the family so that services can be arranged in a more timely manner to benefit the patient.

Through the partnership, the AAA7 staffs a specially-trained registered nurse on-site at SOMC who works directly with hospital social workers, providing them with immediate access to PASSPORT services, valuable resources, and reliable methods for patient follow-up in the community. "Bridges" provides patients and their families with direct access to the AAA7 network for education and community resources that can prove a big advantage in post-discharge care and possibly aid in the reduction of re-admissions or recurring health issues. Services the AAA7 can provide to assist with this process include personal care/homemaking, care management, transportation, home-delivered and community center meals, as well as information, referral and assistance to community services that can assist individuals with remaining safely and independently in their own homes.

*Pictured front row, at the left, is **Marie Schmidt, RN,** an employee with the Area Agency on Aging District 7, who is assigned full-time at Southern Ohio Medical Center to assist SOMC social workers with patients who qualify for the programs the AAA7 provides after discharge. Also pictured are SOMC social workers, front row, **Mandee Cyrus, LISW**; **Jessica Bryant, LSW**; and **Teresa Bryan, LISW**. Back row, left to right, are additional SOMC social workers **Ann Fankell, LSW**; **Barb Bawazer, LISW**; **Julie Triggs, MSW**; and **Tessa Cooper, LSW**.*

"We have social workers who develop a comprehensive discharge plan for every patient age 60 and over, so they have a good idea of what patients need before they are discharged," said Teresa Bryan, LISW, administrative director of Social Work Services at SOMC. "Our staff assists in arranging after-discharge needs such as home care, medical equipment and supplies, and rehabilitation placements."

Since 2009, Marie Schmidt, RN, has served as the AAA7 staffer with the full-time presence at SOMC to assist those individuals who could benefit from knowing more about community resources and Agency programs and services. Her on-site location at SOMC is significant in that it has served as the only partnership of its kind in the district that provides the AAA7 with the opportunity to provide more individuals with the information and assistance they need to make important decisions about their care.

The AAA7 is excited to begin establishing similar relationships with other hospitals in the area including Adena Medical Center in Chillicothe and Holzer Medical Center in Gallipolis, and hopes to add more medical facilities to the list in the future.

"Working on-site at the hospital and having an opportunity to see clients

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Staff Attend Training on Care Transitions

Earlier this month, 36 Area Agencies on Aging staff members from throughout Ohio participated in Care Transitions Intervention Training at the Ohio Association of Area Agencies on Aging (o4a) in Columbus.

The Care Transitions Intervention Training, informally called Coleman Training after its founder, Eric A. Coleman, MD, MPH, is based in the Divisions of Health Care Policy and Research and Geriatric Medicine at the University of Colorado Denver. The training is part of a Care Transitions Program that aims at improving quality and safety during times of care "hand-offs." Care transitions are the transfers patients make between health care providers and settings as their condition and care needs change during an illness.

As a result of the training, the Area Agency on Aging (AAA) network now has certified Care Transitions coaches throughout the state.

Attending from the AAA7 were Linda Green, RN; Connie Montgomery, RN; and Joy Polley, RN. The AAA7 is currently working to form partnerships with local medical facilities Adena Regional Medical Center in Chillicothe, Holzer Medical Center in Gallipolis, and Southern Ohio Medical Center in Portsmouth (see article on Page 4) to work toward improving health outcomes for consumers.

By completing the Care Transitions Intervention Training, AAA staff members are prepared to coach consumers through successful transitions between care settings, ensuring them a better quality of life and saving money by reducing costly hospital readmissions. Care transitions intervention work is not a new concept for AAAs; however, it is receiving increasing attention under the Affordable Care Act.

The intervention focuses on coaching patients in four areas, referred to as The Four Pillars:
1) Medication Self-Management: Patient is knowledgeable about medications and has a medication management system.
2) Use of a Dynamic Patient-Centered Record: Patient understands and uses the Personal Health Record (PHR) to facilitate communication and ensure continuity of a care plan across providers and settings. The patient or informal caregiver manages the PHR.
3) Primary Care and Specialist Follow-Up: Patient schedules and completes follow-up visit with the primary care physician or specialist physician and is empowered to be an active participant in these interactions.
4) Knowledge of Red Flags: Patients are knowledgeable about indications that their condition is worsening and how to respond.

During the course of an illness, a patient might receive care from a primary care physician or specialist, then transition to a different physician and nursing team when admitted to the hospital, then move to another care team at a skilled nursing facility. Finally, the patient might return home, receiving care from a visiting nurse. Each of these shifts between care providers and settings is a "care transition." This process is fraught with difficulties as hospitals shorten lengths of stay and the care that follows hospitalization is fragmented.

A 2009 article reported that, on average, 19.6 percent of Medicare fee-for-service beneficiaries discharged from a hospital were back in the hospital within 30 days and 34 percent were readmitted within 90 days. The

Pictured Top: *At the right are AAA7 employees **Linda Green, RN,** and **Connie Montgomery, RN**.* Pictured Bottom: *At left is **Joy Polley, RN**, of the AAA7.*

Centers for Medicare and Medicaid Services (CMS) reports that Medicare patients experience greater dissatisfaction related to discharges than to any other aspect of care. Readmissions, many preventable, are expensive. Hospital readmissions within 30 days accounted for $15 billion of Medicare spending. Dr. Coleman has said, "Care transitions is a team sport, and yet all too often we don't know who our teammates are, or how they can help."

Aim of the Care Transition Program

Support patients and families.

Increase skills among healthcare providers.

Enhance the ability of health information technology to promote health information exchange across care settings.

Implement system level interventions to improve quality and safety.

Develop performance measures and public reporting mechanisms.

Influence health policy at the national level.

More information about the Care Transitions Program is available at www.caretransitions.org.

AAA7 Training Calendar

DRIVE
May 11 - AAA7 Portsmouth
8:30 am - 4:00 pm - Cost: $40

Ombudsman Provider Conference
May 19 - AAA7 Portsmouth
8:30 am - 12:30 pm - Cost: $10

"Be Aware, Be Safe! Personal Safety on the Job"
June 15 - Comfort Inn, Piketon
9:00 am - 12:15 pm - Cost: $40

"Perspectives of Grief and Bereavement for Health"
July 13 - Comfort Inn, Piketon
9:00 am - 12:15 pm - Cost: $40

"The Teachable Moment - Finding It and Effectively Using It to Empower Older Clients"
August 30 - AAA7 Portsmouth
9:00 am - 12:15 pm - Cost: $40

"Tough Choices: Assisting Families with Long-Term Care and Driving Decisions"
August 30 - AAA7 Portsmouth
1:00 pm - 4:15 pm - Cost: $40

Sensitivity to Aging
October 5 - AAA7 Portsmouth
9:00 am - 12:15 pm - Cost: $35

DRIVE
October 26 - AAA7 Portsmouth
8:30 am - 4:00 pm - Cost: $40

AAA7 Board Meetings
June 20
August 17
October 19
December 21

Need More Information?

For more information regarding details and continuing education hours available for the courses listed, please log on to www.aaa7.org and click on "Training," or call Debbie Crawford at 1-800-582-7277, extension 209.

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before they are discharged home is such a help for the client and their family," states Schmidt. "Having a face-to-face discussion helps so much with answering questions and concerns and clearing up any misconceptions that might exist concerning the programs and services that are available. I can walk through the assessment with the client and determine what they might be eligible for. If they qualify for PASSPORT, we can help them complete the Medicaid application and send it through. Once eligibility is confirmed, we can begin with services so that all the details are addressed and ready upon their discharge home."

"Many times, patients are reluctant to allow strangers to come into their homes," Bryan said. "The ability of AAA7 staff to meet the patients at the hospital prior to discharge has allowed us to increase our referrals from two referrals weekly to 10 referrals a week."

Any SOMC patient who is over the age of 60 and would like to learn more about the Bridges program should speak to a hospital medical social worker. For those individuals who have been discharged from the hospital, learning more about the services provided through the Area Agency on Aging is as simple as dialing toll-free at 1-800-582-7277 (TTY 1-888-270-1550) or e-mailing info@aaa7.org. For those individuals who are not in the hospital setting, a specially-trained nurse or social worker can help explain the services available and offer an in-home consultation at no cost to assess needs and determine what programs can best serve the individual's needs.

The Area Agency on Aging District 7 Remembers

Bob Allen 1931-2011

Robert "Bob" Allen was a member of the Area Agency on Aging District 7 Advisory Council from 1996 until he passed away on January 13, 2011. During his tenure on the Advisory Council he served as a member of the Personnel Committee, Proposal Review Committee and By Laws Committee. He served as Treasurer from 1999 - 2001, Vice President from 2004-2006, and President from 2008-2009.

Bob will always be remembered as a gentleman and very active member of the Advisory Council. He would often attend statewide conferences on behalf of the Agency and enjoyed participating in advocacy efforts organized by the AAA7 which included a number of statehouse rallies. The Area Agency on Aging District 7 will always be grateful to Bob for his years of service and dedication. He will be missed.

Local Couples Honored at "Joined Hearts in Giving"

First Lady Karen Kasich and the Ohio Department of Aging honored 22 couples recently for their dedication to marriage and volunteerism at the twelfth annual Joined Hearts in Giving celebration at the governor's residence in Columbus. Held in observance of Valentine's Day, Joined Hearts in Giving honors Ohioans at least 60 years of age who have been married 40 years or longer and share a commitment to volunteerism.

Paul and Sharon Reiser

James and Wilma Rockwell with their daughter, Jamie, and son-in-law, Aaron.

"The devotion of these couples is truly heart-warming," said Mrs. Kasich, the event's host. "Their commitment to each other and their passion to help others is a model we can all take to heart."

"Ohio is a better place because of the efforts of these great people," said Bonnie Kantor-Burman, director of the Ohio Department of Aging. "Through the hours and hard work they volunteer, they embody all that makes this state exceptional."

Locally, representatives from the Area Agency on Aging District 7, Inc., were in attendance to celebrate the recognitions of couples who reside in the Agency's district which included Paul and Sharon Reiser of Portsmouth, and James and Wilma Rockwell, also of Portsmouth.

According to their nomination form, Paul and Sharon Reiser have been married 60 years. They deliver Meals on Wheels, donate blood, and are active members of their church where they volunteer on a weekly basis in community outreach activities such as the church food pantry. In addition, Mrs. Reiser enjoys volunteering her time knitting for the Warm-Up America charity and Mr. Reiser has been a member of the Masonic Lodge for 54 years. They are the proud parents of seven children, 15 grandchildren and four great-grandchildren.

James and Wilma Rockwell have been married 56 years. As mentioned on their nomination form, they have volunteered with local school organizations such as the PTA, Girl Scouts, and band boosters for more than 30 years, and with their church for more than 40 years. Mr. Rockwell is active in the American Legion and the Masonic Lodge and both have been active with the Hill View Retirement Center. They are the proud parents of eight daughters and have 15 grandchildren and ten great-grandchildren

Governor Names New ODA Director

Bonnie Kantor-Burman, Sc.D.,was recently named the director of the Ohio Department of Aging by Governor John Kasich.

For nearly two decades, Kantor-Burman has advocated for new approaches that emphasize quality and person-centered care while realizing cost savings. Her goals are to reform and enhance the quality and efficiency of our health care system, and to strengthen long-term care options that give elders more choices about their care. She believes in the concept of preventive gerontology, a wellness and behavioral driven model of life and care across the lifespan.

Before coming to the department, Director Kantor-Burman was the executive director of the Pioneer Network, a national center for the development of person-centered long-term care delivery systems. She drove consistent and creative public policy change at the highest levels of state and federal government. Prior to joining the Pioneer Network in 2007, Director Kantor-Burman was the director of the Office of Geriatrics and Gerontology at The Ohio State University.

Bonnie Kantor-Burman

Dr. Kantor-Burman earned her doctorate in health policy and management from The Johns Hopkins Bloomberg School of Public Health. She currently resides in Gahanna with her husband, Robert Burman.

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Your local Area Agency on Aging District 7, Inc. serves the following counties in Ohio: Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Ross, Scioto and Vinton. Services are rendered on a non-discriminatory basis. Those interested in learning more about the services provided through the Area Agency on Aging District 7 can also call toll-free at 1-800-582-7277. Here, individuals can talk directly with a nurse or social worker who will assist them with information surrounding the programs and services that are available to best serve their needs.

29th Annual Senior Citizens Art Show May 16-20 and May 23-27

Public Invited to Attend Gallery Hours and Recognition Tea - Seniors from 10-County Area Among Artists

The artwork of local seniors will be showcased at the Area Agency on Aging District 7's (AAA7) 29th Annual Senior Citizens Art Show that will be held May 16 through 20 and May 23 through 27 at the Esther Allen Greer Museum and Gallery, located on the campus of the University of Rio Grande in Rio Grande, Ohio.

Talented Ohio residents age 55 or older, who have entered artwork in the Show, will have these items on display at the Gallery daily from 10:00 am until 2:00 pm Monday, May 16 through Friday, May 20, and Monday, May 23 through Friday, May 27. The public is invited to visit the Gallery at anytime during the days and times mentioned to view the artwork and also vote for the Show's People's Choice Award. In addition, a special Tea to recognize the participants and award-winning art pieces will be held at the Gallery on Friday, May 27 from 1:00 pm until 3:00 pm. All participants, their guests, Museum and Gallery visitors, and the public will be welcome to attend.

Examples of art categories that were entered in the Contest include acrylic, charcoal, counted cross stitch, mixed media, oil, pastels, pencil, and photography. Judging themes include abstract, animals and birds, cartoons, floral, landscape, portraits (humans), seascape, and still life. In addition, an essay/poetry category was also available with these entries included as part of the display at the Gallery. Participants in the variety of categories represent the counties served by the AAA7 which include Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Ross, Scioto and Vinton.

For more details about the Art Show, please call the Area Agency on Aging District 7 toll-free at 1-800-582-7277 (TTY 1-888-270-1550).

Greer Museum