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Expanding Community Health Services to an Aging Population

Chicago Roundtable | February 2016

In 2016, Capital Impact Partners launched a national conversation focusing on integrated care as the linchpin for providing high-quality, cost-efficient primary and long-term health care for a low-income, aging population.

Our first roundtable was conducted in partnership with Rush University Medical Center and Health & Medicine Policy Research Group, and convened 35 health care experts in Chicago for a discussion on the challenges and opportunities to provide age-friendly, individualized care.

Expanding Community Health Services to an Aging Population: **Challenges and Opportunities**

With the launch of the Affordable Care Act and subsequent increase in dual-eligible patients, community-based aging and human services organizations have begun to re-evaluate their role as service providers to a low-income aging population.

Changes in health care architecture, which include a transition from fee-for-service to fee-for-performance health care delivery, provide an opportunity for Federally Qualified Health Centers (FQHCs) to provide substantially more integrated care to a growing population of aging patients. By establishing partnerships with existing organizations that provide a continuum of medical, social, and economic services to dual-eligible members of the community, FQHCs can assume a significant role in treating the whole person--and thereby reduce costs and improve efficacy of care.

Capital Impact Partners sees integrated care as the linchpin for providing high-quality, cost-efficient primary and long-term health care for an aging population. Thus, we are working to identify best practices for age-friendly, individualized care. We see several major keys for getting there:

- ▶ Empowering health care providers and workers to make decisions based upon patient need and preference
- ▶ Providing expanded community-based care so older patients can age safely where they already live
- ▶ Offering equity of access to quality care through partnerships with hospitals, social services organizations, and other community agencies that offer resources for older individuals



Convening FQHC and Aging Leaders: The Chicago Roundtable

As a mission-driven Community Development Financial Institution (CDFI), Capital Impact strives to create connections that can amplify social impact across sectors. Developing new strategies and innovations for FQHCs to better serve our aging population is critical. Capital Impact and partner organizations are working to establish an overall theory of change for making age-friendly, integrated health care possible and affordable.

To that end, we sponsored a roundtable in February 2016, in partnership with Rush University Medical Center and Health & Medicine Policy Research Group, convening 35 FQHC representatives and policy experts in Chicago for

a discussion on the challenges and opportunities of serving a low-income, aging population.

Chicago roundtable participants from Indiana, Illinois, Ohio, Michigan, Minnesota, and Wisconsin included 25 FQHCs, state-based primary care medical associations, community development financial institutions (CDFIs), government administrators, and capacity-building consultants.

John Feather, president and CEO of Grantmakers in Aging, delivered the roundtable's keynote address, emphasizing the potential for cost savings to be gained through partnerships between FQHCs and community-based social service providers.

Through a series of guided discussions, participants identified key opportunities available to FQHCs under new health care laws and guidance:

- ▶ The opportunity to treat “the whole person” through more integrated care
- ▶ Shared value and risk among partner organizations
- ▶ Potential for reduced costs
- ▶ Improved patient health and reduction in readmissions

Participants also noted an array of challenges facing FQHCs in this new pay-for-performance environment as well. Those included:

- ▶ The need for more adequate reimbursement rates
- ▶ Desire of providers to spend more time with patients
- ▶ Need for new (and potentially costly) technology solutions for population health management

In light of these challenges, roundtable participants moved into problem-solving mode, discussing how to create needed change.

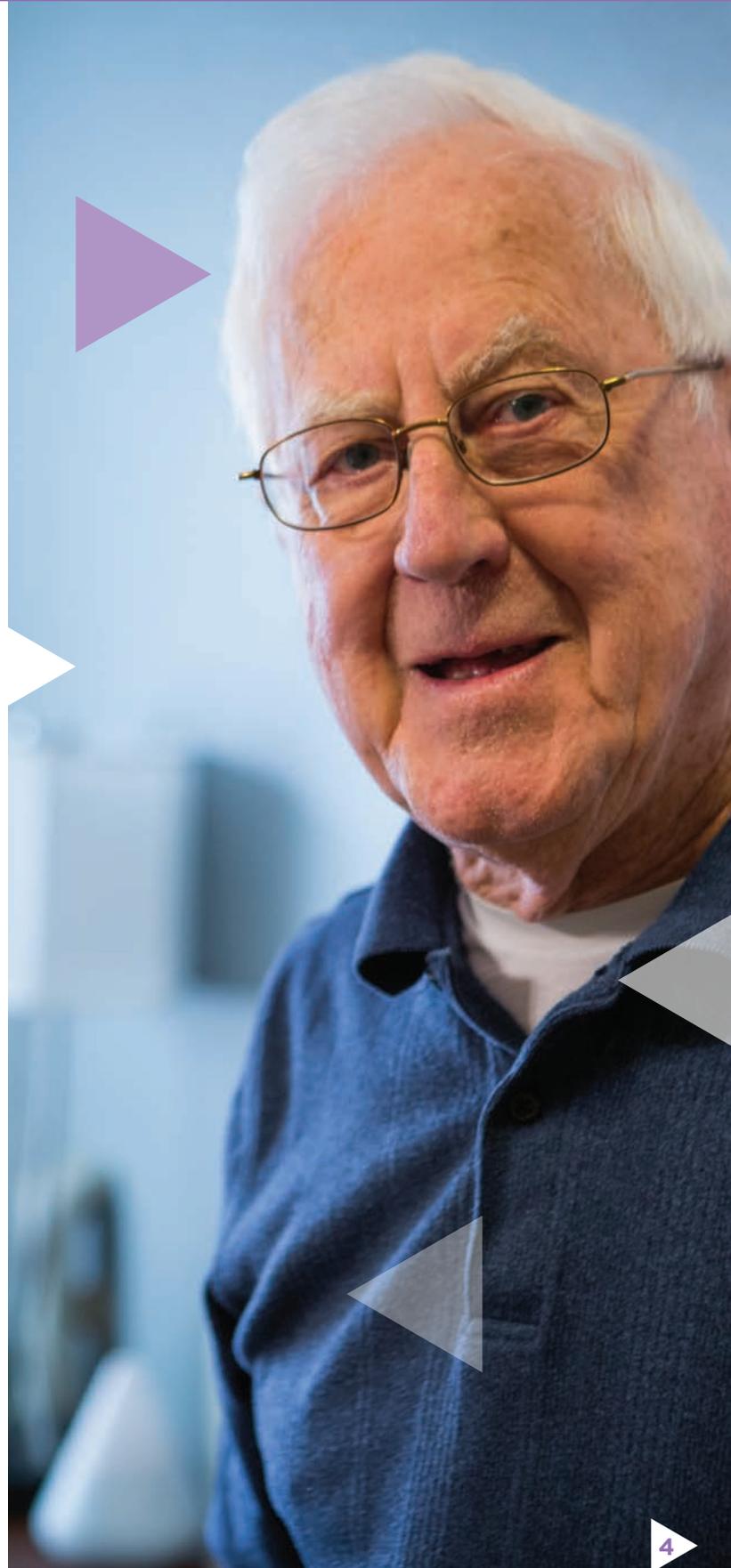


Chicago Roundtable Findings: Starting Points for Change

The Chicago roundtable discussion included perspective from FQHC representatives who had introduced some innovative care models for an aging population by leveraging already existing community assets and the centers' own organizational strengths in primary care provision.

Lina Cramer with Wisdom Exchange, Inc., guided a brainstorming exercise focused on both opportunities and barriers in key operating functions for FQHCs, including marketing, state policy, financing, workforce, partnerships, and technology. That exercise eventually broke into small group discussions in which participants reflected upon concerns around four key issues:

- ▶ Bringing “community” focus back to FQHC operations. FQHCs need to become critical partners in providing health care access and care coordination with a special emphasis on treating the “whole” person and by sharing risks and value with relevant community partners.
- ▶ Breaking down silos. Historically, funding, programming, and regulation have operated independently within FQHCs, hindering their ability to share risk and value. That, combined with health centers' lack of emphasis on geriatric services, leaves them poorly placed for the new model of care mandated by the ACA. FQHCs need to develop partnerships with existing aging service providers and advance organizational capacity through creation of interdisciplinary teams, education in long-term care and aging, and adoption of integrated care models.
- ▶ Establishing solid funding. With the shift from fee-for-service to fee-for-performance health care models, partnering has become more critical than ever, particularly when it comes to serving high-cost, high-need patients. FQHCs need higher reimbursement rates for office visits with older adults and more stable funding sources for supportive services.
- ▶ Enhancing use of technology. FQHCs need to establish centralized, electronic health care information systems to allow for patient information sharing across multiple care providers and social services organizations. Implementing these information technology improvements, however, would require capital for both the systems themselves as well as for the technical expertise, often in the form of consultants, necessary to effectively implement them. Data collection and analysis on this scale would also help health centers' more accurately demonstrate their impact on communities.



FQHCs Serving An Aging Population: Case Studies

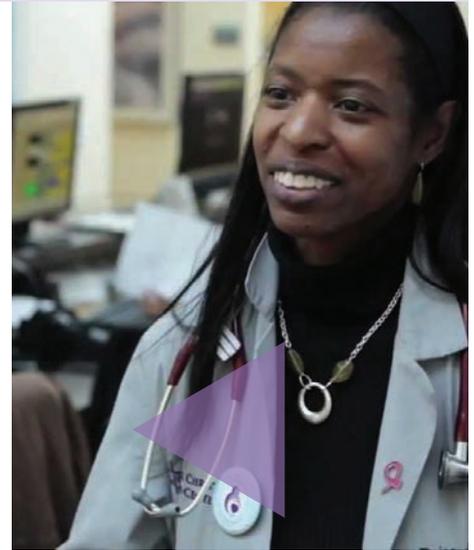
Lawndale Christian Health Center

Lawndale Christian Health Center (LCHC) is an FQHC in Chicago with a mission focused on sharing the love of Jesus through the promotion of wellness and provision of quality, affordable health care in the communities that surround it. LCHC's primary campus and four satellite sites have redefined the patient experience by offering primary health care, job training and placement assistance, a fitness center, cafe, transportation, and conference space.

LCHC also has designed a program of comprehensive care to serve its growing aging population. Each

LCHC patient enjoys the benefits of a team of providers, including a physician, nurse, care coordinator, behavioral health provider, registration representative, and scribe. The center also encourages its older patients to use all facilities, especially those tailored to serve them.

For example, the fitness center offers medically-based classes for older adults like "Exercising with Arthritis." And LCHC's partnerships with area hospitals and long-term care providers allow them to refer patients to specialists and specialty services while still maintaining a critical role in the patient's care team.



Piedmont Health SeniorCare

Piedmont Health Services (PHS) is an FQHC with 12 locations throughout North Carolina. Founded in 1970 by health care professionals from the University of North Carolina at Chapel Hill and local community members concerned by the lack of local quality health care, PHS provides comprehensive health care services and health education. Over the course of the last 44 years, the agency has provided health care services to more than 42,000 patients.

In October 2008, PHS opened Piedmont Health SeniorCare in Burlington, N.C., to serve the generation of volunteers who started the organization over four decades ago. An authorized Program of All-Inclusive Care for the Elderly (PACE) and a certified FQHC, the center helps adults age 55 and older remain in their communities and their homes.

SeniorCare believes in honoring individual patient needs and preferences and understands the importance of familiar surroundings, a sense of autonomy, and maintenance of physical, social, and cognitive function to patient well-being. Each SeniorCare patient enjoys access to a personalized interdisciplinary care team that may include representatives from up to 12 health care disciplines-- physicians, social workers, rehabilitation and recreational therapists, and home care coordinators among them.

SeniorCare provides services at the day health center, patients' homes, or at community locations. PHS opened a second PACE center in Pittsburgh, N.C., in 2014. The PHS PACE centers share resources with the 10 other FQHC sites to provide comprehensive care to over-55 adults throughout North Carolina.



FQHCs Serving An Aging Population: Case Studies

Shawnee Health Services

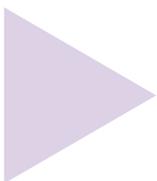
In the 1980s, Shawnee Health Services in Carbondale, Ill., noticed an increase in the number of aging baby boomers in the community and determined that this shifting demographic required an alternative approach to the typical institutional health care models. This occurred at the same time as *Benson vs. Blaser*, a civil action suit in which the court ruled that older adults on waiting lists for community-based services were entitled to timely determination and receipt of services.

To eliminate long waiting lists, Shawnee developed its care coordination unit (CCU) and

opened the Shawnee Alliance for Older Adults in 1983. The alliance provides a network of social services for adults 60 years of age and older and operates with a mission to help aging patients maximize their independence and remain in their homes and communities. The alliance also advocates for older adult patient rights, works to improve their quality of life, and strives to protect them from abuse, neglect, and exploitation.

Services include comprehensive care coordination, counseling, money management assistance, transitional care, access to a long-

term care ombudsman, and elder abuse and neglect protection. Shawnee Alliance also partners with area agencies on aging, other services and programs for older adults, and Memorial Hospital of Carbondale. Southern Illinois health care and Shawnee Alliance jointly operate the Aging and Disability Resource Center (ADRC) at University Mall. In 2015, Shawnee and Rush University Medical Center received a grant to transition a primary care clinic into a specialized geriatric workforce preparation clinic.



Expanding Community Health Services to an Aging Population: **Next Steps**

The Chicago roundtable discussion led to identification of key short-term initiatives FQHCs needed to take to enhance their understanding of and service to an aging population:

- ▶ Identify resources and tools to help FQHCs map long-term care and social service providers in their communities.
- ▶ Develop a readiness assessment to include guidance on establishing partnerships with local aging service providers as well as establish a toolkit for assessing FQHC performance in the aging sector.
- ▶ Develop a state or national learning collaborative to support cross-sector discussion, increase peer-to-peer sharing of promising practices, and identify universally accepted quality measures and outcomes.

FQHCs have a promising opportunity to serve as the primary medical home for an ever expanding population of low-income, aging adults. Doing so effectively, however, will require collaboration with an array of community partners in the aging sector as well as a commitment to sharing value and risk with these partners.

Continuing the Conversation: The San Francisco Roundtable

We will be sponsoring similar roundtables across the country in the coming months, bringing our expertise as well as our experience from Chicago to Berkeley, Calif., in Sept. 2016. Our California roundtable will zero in on issues unique to West Coast FQHCs while also providing an opportunity for us to share innovative solutions we've garnered both from the Chicago roundtable as well as from other FQHCs around the country that are making strides in providing integrated care to a dual-eligible, aging population.



Capital Impact in the Aging Space

Over the last 30 years, Capital Impact Partners has invested more than \$780 million to support innovation and cross-sector coordination to provide better access to care as well as more effective wellness delivery models.

We have a 20-year history in providing financial and educational support to organizations serving an aging population. Our mission in the aging space is to support health care initiatives that treat the whole person, providing quality medical care, mental health and social services support, access to safe and affordable housing, transportation



services, and social interaction. We believe older adults are more likely to thrive when they can age at home in their own communities.

To that end, we provided support to the very first GREEN HOUSE home in Tupelo, Miss., in 2003. Today the GREEN HOUSE project supports 180 small, home-like environments for aging adults in 27 states, and we continue to support the project's growth.

Capital Impact was also integral to the development of the Village to Village Network that began in Boston's Beacon Hill neighborhood. This independent, peer to peer network, which now encompasses 205 Villages in 41 states, enables older adults to age in their homes while remaining an integral part of their communities. The Village to Village Network currently serves more than 25,000 seniors, providing them access to local health and wellness services and programs, transportation, vetted home repair services, and opportunities for educational and recreational programs and trips.

In partnership with AARP, AARP Foundation, and Calvert Foundation, we also operate Age Strong, an investment fund focused on the needs of the low-income, 50+ population. Through Age Strong, Capital Impact has provided financing to FQHCs to help them establish and expand innovative, integrated care services for seniors.

In the course of our work helping FQHCs better serve an aging population, we have identified eight critical domains to inform our discussions on barriers, opportunities, and innovations:

- ▶ Motivation
- ▶ Workforce/capacity building
- ▶ Marketing
- ▶ Finance
- ▶ State/local policies
- ▶ Partnerships
- ▶ Technology

It is through consideration and analysis of these domains that we can help FQHCs incubate new programs and initiatives and ultimately scale.

SUPPORTING AGE-FRIENDLY COMMUNITIES NATIONWIDE

\$28
MILLION+

FINANCING

187
Age-friendly
Projects



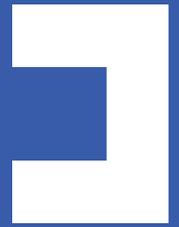
SERVING

14,000
Elders





TRANSFORMING UNDERSERVED COMMUNITIES INTO
STRONG, VIBRANT PLACES OF OPPORTUNITY



Delivering Social Impact Nationwide

Capital Impact Partners builds strong, vibrant communities for underserved people. A nonprofit Community Development Financial Institution, we deliver strategic financing, incubate new social ventures, and support capacity building to help ensure that low-to-moderate-income individuals have access to quality health care and education, healthy foods, affordable housing, and the opportunity to age independently.



506

HEALTH CENTERS

providing health care to more than 2 million patients



228k

STUDENTS

in 219 high-quality charter schools



76

HEALTHY FOOD

retailers providing 1 million people access to fresh food



14k

ELDERS

aging with dignity in 185 communities



35k

AFFORDABLE HOUSING

units in 229 communities



208

COOPERATIVE

businesses serving 850 thousand customers

WE HAVE DEPLOYED OVER **\$2 BILLION** TO SERVE NEARLY **5 MILLION PEOPLE** AND CREATE MORE THAN **32,000 JOBS** NATIONWIDE IN SECTORS CRITICAL TO VIBRANT COMMUNITIES.



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