

Senior Services Coalition Works with KP and CBOs to Develop Pilot Project to Improve Outcomes for High Utilizers

At the end of 2021, Senior Services Coalition began working with two local Kaiser Permanente hospitals to jointly plan and design a pilot project to address the unique needs of older adults. The Pilot, which launched in July 2022, was a partnership between KP and local community-based organizations to test the impact of resolving the unmet social needs of high-utilizer KP and non-KP members through the Thrive Local Initiative.

Background

Kaiser's mission is to provide high quality, affordable health care services, and to improve the health of its members and the communities Kaiser serves. Kaiser Permanente (KP) has long recognized that when the individuals that Kaiser serves have easy access to good nutrition, a safe environment, physical activity, social connections, and other social determinants of health (SDOH), they are more likely to experience optimal health. For those members who have unmet SDOH needs, local community-based organizations (CBOs) are designed to address them. However, the referral process between KP and CBOs has historically seen various challenges, thus leading to this project aimed at the creation of a more consistently effective method with the goal of providing more person centered care and improving outcomes.

Project Objectives

The Kaiser Oakland and LIFE ElderCare Pilot was designed to test the integration of CBOs into the KP care team through KP's *Thrive Local* Initiative/UniteUs Platform, working with select KP departments and a small group of SSC's member organizations, led by LIFE ElderCare, to address the unmet social needs of KP and non-KP member including need for transportation; food/meals; social connection; caregiver support; and additional supportive services at home.

A second pilot was launched in July of 2022 between Kaiser GSAA hospitals (San Leandro and Fremont) and DayBreak Adult Care, with a target population of higher acuity older adults who were frequent users of the ED and at risk of or literally homeless. This *Highlight* focuses on the Oakland pilot.

Pilot Design Highlights

Initial Criteria of the pilot population:

1. Patients will be identified and referred from the Kaiser Oakland Emergency Department
2. Patients identified by KP as high utilizers using the following inclusion criteria:
 - **Age 60+ with one or more of following:**

Pilot Project for High Utilizers

- Chronic Illness: i.e. Congestive Heart Failure Diabetes, COPD
- Pneumonia
- HX of mental health, depression or substance abuse
- Cardiac Conditions: Such as CVA, MI, CAD
- Cancer (living alone and do not feel well and lack the support system in the home - new diagnosis, feel weak,
- ≥ 1 ADL limitation or ≥ 2 IADL limitations (anxiety, not able to do their chores, not able to bathe, cannot afford additional help in the home)
- **And one or more of the following risk factors:**
 - At risk of institutionalization
 - At risk of falls
 - Length Of Stay > 7 days for most recent admission
 - Limited caregiver support/ Insufficient support/Lives alone
 - 3 hospitalizations and/or ED visits in past 4 months
 - ≥ 12 medications
 - Alzheimer's or Cognitive impairment- Mild, Moderate, Severe
 - ≥ 2 psychosocial needs
- 3. May be **potentially eligible for or enrolled in Medi-Cal**. This includes individuals on both Medicare and Medi-Cal.
- 4. The pilot can include **both KP members and KP non-members**.
- 5. The pilot is **initially capped at a total of 25 participants**.
- 6. KP will refer pilot participants to through the THRIVE Local platform.
- 7. **Success factors/evaluation criteria** that will be utilized to evaluate the pilot:
 - # of referrals made to LIFE for the pilot
 - Was the referral accepted? If declined, why was the referral declined?
 - ED utilization
 - Hospitalizations
 - Follow-up specialty and primary care appointments
 - Connections to community-based services provided and their outcomes
 - Use of Thrive Local Platform
 - # Secondary referrals and # of Referrals by type of service

Facilitated by SSC, KP and LIFE developed the initial referral process workflow together. As the pilot proceeded, this workflow was modified and improved via periodic Multi-Disciplinary Team meetings. The pilot duration was one year. 38 patients were referred; 14 declined service; and 24 clients were enrolled and served for six to 12 months. The pilot reduced the total ED utilization of the pilot participants by 48.6% (based on the prior 12 month utilization), saving \$179,000 after the cost of the pilot (an ROI of 2.4).