Care Delivery in Assisted Living Facilities (ALFs) and Adult Foster Homes (AFH)

KP Northwest
KP Colorado
KP Southern California

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Population

- Approximately 500 adult foster home patients in the Portland metropolitan area
- Frail elders
- Similar in functional status and level of medical complexity to residents in custodial care nursing homes
- High use of hospital, SNF and ED care
- Mortality rate of 20-25% per year
Challenges facing patients

- Difficulty accessing clinic services due to functional and cognitive impairments
- Caregivers often unable to attend clinic visits
- Telephone and appointment access is problematic
- Appointment time in clinic is not proportional to patient/caregiver need
- Care is subject to fragmentation
Intervention

- Home visits by MD and NP post hospitalization, ED and SNF to assure plan of care is properly interpreted in the AFH
- PRN and scheduled follow-up home visits
- AFH RN Coordinator - telephone advice, follow-up, appointment making
- End of life care planning
- Geropsych care
- Referrals to home health and hospice
- All services Monday thru Friday 8 – 4:30 pm
Results
Reduction in hospital, SNF, ED and ambulance use
*Annual costs: $132K
*Annual cost avoided: $322K
High consumer satisfaction (patients, families, caregivers, physicians)
*2005 data

Success factors: ease of access, integrated electronic medical record, accounting for cost avoidance.
- 500 facilities (>50% under 20 beds) / 15,000 residents
- Non-medical assistance provided (includes med administration)
- Therapies & nursing care allowed *if* provided by outside licensed home health agency
- Larger facilities usually have LPN during the day; no healthcare staff in smaller facilities
41 facilities / 384 residents (about half our AL members)

Average Patient:
- 85 yo, FIM 96, 50% chance demented (avg MMSE 20)
- 7.4 chronic dx (4.1 added by rounding team)

3 MD (1.0 FTE), 1 PA, 1NP, 1MA/coordinator

Services:
- Initial Assessments
- Group visits
- Acute visits
KP/ALF: Outcomes

- Service
- Quality
  - Vaccinations
  - Advance Directives
- Resources

<table>
<thead>
<tr>
<th>Service</th>
<th>Quality</th>
<th>Resources</th>
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<tbody>
<tr>
<td></td>
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<td>Emergency Dept: -10% PMPM</td>
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<td></td>
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<td>Savings: $29,222</td>
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<td></td>
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<td>Inpatient: -58% PMPM</td>
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<td>Savings: $950,859</td>
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<td></td>
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<td>Ambulance: -14% PMPM</td>
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<tr>
<td></td>
<td></td>
<td>Savings: $14,548</td>
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<td></td>
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<td>Nursing Home: -57% PMPM</td>
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<tr>
<td></td>
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<td>Savings: $353,882</td>
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<tr>
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<td>Total Intervention Group Savings (270 patients)</td>
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KP/ALF: Future

- Expansion
- Proxy access for Web resources
- Telemedicine
- Policy and regulation improvements
  - Training
  - End of life care
Replication KP Colorado model as 6 month pilot

Rounding service in one Assisted Living Facility (ALF) which provides housing for many KP members.

Provide on-site primary care by a physician and nurse practitioner team & includes evaluation of medical problems, advance care planning; function, depression, fall risk, and cognitive status assessment

Visits are a mix of one-on-one visits and group visits.
Description of Setting & Sample

- Lakewood Park Manor
- Lakewood Park Gardens
- 23 KP Members
- Physician & RNP Model
- Visits:
  - Group- Monthly
  - Individual- PRN

- Ages ranges from 65 to 98
- 80% Female
- 55% White, 35% African-American, 15% Latino
ALF resident satisfaction with KP care was measured at baseline (prior to program) and again at 6 months following.

- Scale range: 14 (low satisfaction)-56 (high satisfaction)
- Staff and facility also highly satisfied

\[ P < .01 \]
Service Utilization

Figure 5. Mean Service Visits by Members (n=20)

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<th>HH</th>
<th>MD</th>
<th>ED</th>
<th>INP</th>
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<tbody>
<tr>
<td>Pre Intervention</td>
<td>2.2</td>
<td>1.8</td>
<td>0.4</td>
<td>1.5</td>
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<tr>
<td>Post Intervention</td>
<td>5.6</td>
<td>3.7</td>
<td>0.2</td>
<td>1.0</td>
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Figure 4. Percentage of Service Utilization by Members Pre & Post ALF Program (n=20)

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<th>ED</th>
<th>INP</th>
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</thead>
<tbody>
<tr>
<td>Pre Intervention</td>
<td>20.0%</td>
<td>25.0%</td>
<td>85.0%</td>
<td>45.0%</td>
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<tr>
<td>Post Intervention</td>
<td>30.0%</td>
<td>15.0%</td>
<td>30.0%</td>
<td>15.0%</td>
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</tbody>
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MD visit decline only significant change but all appear trending down
**Business Case**

- Cost neutral – small sample limits efficiency
- Chronic disease code capture an important element
- $156,700 in new or unrefreshed codes: $6,800/member
- ROI 20:1

**Figure 6. Mean Cost of Care (N=20)**

\[ p = .83 \]