THE OREGON
Caregiver
Spring/Summer 2016
A Publication of the Oregon Health Care Association

Innovations in Care

In this issue

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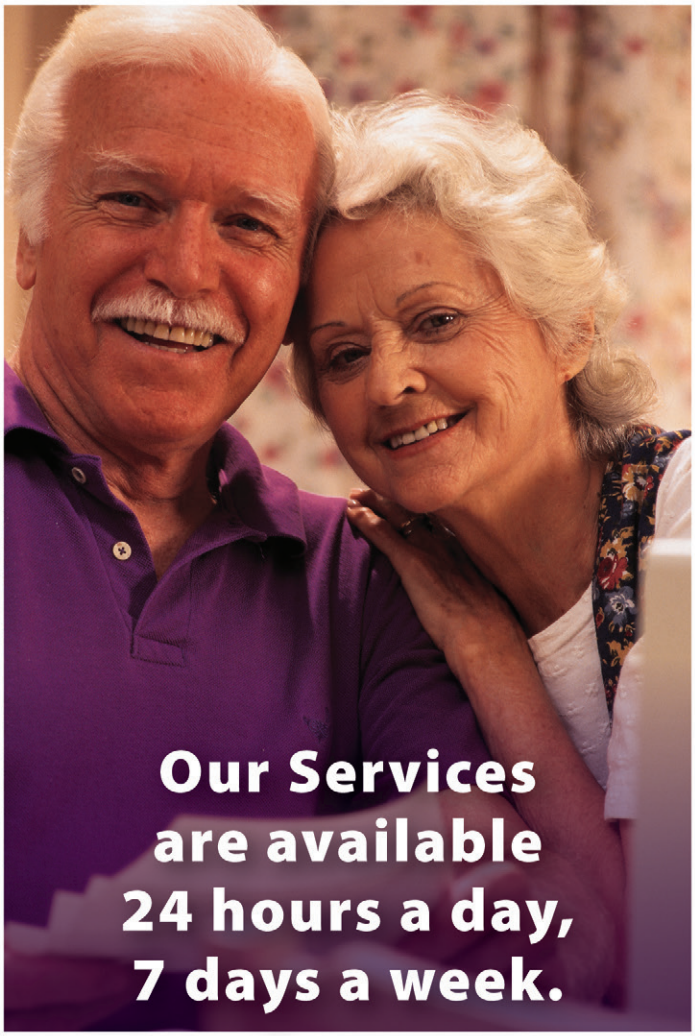

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Organizations across Oregon are making advancements in the long-term care and disability care communities. **Providence Center for Medically Fragile Children**, **Our House of Portland**, and **Prestige Care** are a sample of those implementing innovative care to improve the lives of their patients.

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Welcome to the inaugural issue of *Oregon Caregiver* magazine, the newest publication from the Oregon Health Care Association!

Since its inception in 1950, OHCA has been the leading voice of news about the long-term care profession in Oregon. Now, with *Oregon Caregiver*, we are able to provide our members and consumers across the state with important information about long-term care services and supports, including insightful feature stories, trends in the profession, regulatory and public policy updates, and more.

OHCA's editorial board has worked hard to give the magazine a name that really means something to the community and that highlights and respects the important role caregivers play: taking care of senior and disabled Oregonians. To me, *Oregon Caregiver* does just that!

This issue of the magazine focuses on the theme "Innovations in Care." Innovations in care encompasses the vast array of breakthrough techniques used to provide the highest level of care. It can include care coordination utilizing new technologies, better ways to manage hospital-to-home transitions, and new ways to deliver person-centered care. Really, the list of innovative practices we see from our members is endless and will only continue to grow.

You'll learn about some of the innovative approaches OHCA members are applying to care plans, providing critical services to Oregonians in progressive ways to administer more thoughtful, higher-quality care. You'll understand the significance of Oregon Care Partners and the free training courses they offer to family and professional caregivers across the state. You'll read about the impacts of the new minimum wage bill, the state of Alzheimer's and dementia care in Oregon and around the nation, and regulatory changes impacting vital services for aging Oregonians.

Representative Vic Gilliam, a long time champion of issues relating to older Oregonians, is profiled along with OHCA members Terri Waldroff of Benicia Senior Living and Allen James of Gateway Care and Retirement, who are utilizing innovative care plans and management techniques at their communities.

OHCA members will especially enjoy the OHCA Spring Expo conference recap and photos!

Whether you're an OHCA member, a policymaker, or an Oregonian with a vested interest in long-term care, I'd like to thank you for taking the time to read the first issue of the *Oregon Caregiver*. Happy reading!

James A. Carlson
President and CEO
Oregon Health Care Association

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INNOVATIONS *in Care*

By David Gambill, for *The Oregon Caregiver*

Leaders at Providence Child Center, Our House of Portland, and Prestige Care are listening deeply to the people they serve and helping to implement innovative care practices to improve lives. These forward-thinking organizations are just a sample of the many high-standard organizations in Oregon that are paving the way for strategic care advancements in the long-term care and disability care communities.

PROVIDENCE CENTER FOR MEDICALLY FRAGILE CHILDREN

Innovating With Care and Technology

Janette was brought to the Providence Medical Center for Medically Fragile Children before she was one-year-old. When laying on her stomach, her back arched to such an extreme that the back of her head touched her bottom. With time, and new and advanced therapy and medications, her muscles began to relax, and she could comfortably sit in a wheelchair. Later, aquatic therapy, not commonly used in this setting, was added to her routine. While in the pool, she reached out and put her hands in front of herself for the first time.

Innovations made Janette's improvement possible.

At Providence Center For Medically Fragile Children, children from around the country get care that is unmatched anywhere else. These children can't walk and some of them can't speak. Many of the children are there because of rare diseases, traumatic births, or neurological disorders. Some have been there since infancy.

"We have an interdisciplinary team that provides care for these kids at all levels with the goal of helping them be the best they can be," said Chief Nurse Sally Cochrane.

The staff includes a direct-care nursing staff, physical therapists, occupational therapists, speech therapists, a chaplain, and social workers that work with the kids on a regular basis. There is also a recreational therapy department that organizes field trips and volunteer activities with the children.

Karen Nagao, occupational therapist, leads aquatic therapy for a Providence Medical Center for Medically Fragile Children (CMFC) resident and her mom in the onsite Jacuzzi.

"It's a very holistic approach to how we care for these kids," said Cochrane.

Executive Director of Children's Developmental Health JoAnn Vance said that one of the therapies they have expanded and advanced over the recent years is aquatic therapy. "We're able to use a large Jacuzzi within our own facility and then we also go out to Macadam pool. We have volunteers that come, we have therapeutic rec, and we have occupational therapy involved with that. Some of the outcomes for these kids are that they've actually learned to stand and pivot and, at the age of 21, instead of having to go to an adult group home, they've been able to go home with their families," said Vance.

Keeping the families comfortably connected to their children is another important part of Providence's innovative care plan. The hospital houses an apartment for families that live out of the immediate area and hosts regular family meetings, a family BBQ in the summer, and a family newsletter. Additionally, families are invited to join all the field trips and receive a high amount of contact with the chaplain and medical director.

Providence's care plan includes helping children communicate with their families and with the staff using inventive techniques and new technology. For "yes or no" questions, the children are taught to answer with sign language. For more advanced communications, augmentative computers can help the children speak. Using eye gaze computers and switches, the children can lock in on an icon and then the fixated icon will say a specific word or phrase. "The kids can go through these pictures, or word choices, to say something. 'I want to go to bed,' 'I don't want to go to school,' 'shut up' for the teenagers; there's lots of choices," said Vance.

One technology that the center is preparing to use is telehealth, which allows caretakers to work with the pediatric intensivist for coverage of the children in the

An annual tradition, CMFC has participated in the Jr. Rose Parade for more than 20 years.

A CMFC employee plays music for the kids and their families during a Christmas celebration.

sub-acute unit. It's very similar to Skype. "On our end, we bring in a kind of laptop on wheels, but it has attachments to it. It has a very precise camera that can see details like the bruising on a hand. You're able to attach a stethoscope so the physician on the other end can hear the breath sound and the lung sounds," said Cochrane. She also said there are other attachments such as an otoscope. This technology will allow Providence caretakers to more quickly make diagnoses and give treatment to their patients.

Being involved with the local community is also important for the success of the program and the care of the children. Each year students from Central Catholic High School help support a prom for the children. "All of our children get prom dresses and suits and ties. The girls help them do their hair and makeup. There's chair dancing, good music, and there's always a king and queen," said Vance.

Other regular outings include going to the mall, the movies, the Saturday Market, OMSI, and the zoo and rides on the Max. "Without our volunteers from the community it would be very difficult for us," said Cochrane. According to Vance, Providence usually needs one to two people per kid to make field trips possible.

Some of the kids at the center are even part of Boy Scout and Girl Scout troops. Doing their part to give back, the center's Girl Scout troop serves soup at a homeless shelter a couple times a year. "They serve as much as they can. Sometimes they can't do much but they can push their switch that says 'have a nice day,' or 'merry Christmas,' depending on what the season is," said Vance.

It isn't just the staff and the center that helps the kids at Providence. Each year members of the hospital's professional office park help the kids get ready for the Junior Rose Parade. "The workers create all the cardboard cutouts or the decorations that go on the wheel chairs for the theme," said Vance. They start the parade on Sandy Boulevard and are usually the third or fourth group in the parade. It's a big event for the families and everyone involved.

"We march the kids through the parade and seeing the responses from the observers warms my heart every time," said Cochrane.

NEXT: OUR HOUSE OF PORTLAND »

OUR HOUSE OF PORTLAND

Innovating Transitions to Independence

Jason needed medication. He also needed the bare bones basics, such as a room with windows and easy access to food. Living with HIV/AIDs and also suffering from brain trauma, Jason was ready to die. Jason's case manager referred him to Our House of Portland. He qualified for the Neighborhood Housing and Care Program. Through the cutting-edge care and support he received at Our House, Jason now has a family, a job, and a much happier and healthier lifestyle.

When Wayne Miya became executive director of Our House of Portland, an organization with the vision to "inspire people with HIV to live well," the organization was just beginning to think about starting a new program that would follow people who were leaving residential care facilities and give them support to gain independence in the community. Miya said, "As we began the program, we found out more and more that it really was a basic need of many of the people leaving residential care facilities." This became the Our House Neighborhood Housing and Care Program in 2005.

"It was initially funded by a grant from HUD (Department of Housing and Urban Development)," said Miya, who retired from Our House earlier this month. In addition to the base money from the HUD grant, Our House of Portland used funding from auctions and donations from supporting foundations to build their residential care facility and pull together a cohesive program that used occupational therapy, nursing, and social work to provide intensive care to people in order to provide independence in the community.

In 2010, the Neighborhood Housing and Care Program won an innovation award from the Department of Human Services. Afterward, Our House of Portland put in place a plan to gain more sustainable funding. "With the help of OHCA we approached Care Oregon, Family Care, Kaiser, and then the legislature to really show what the program could do to save money and be in concert with the new health care transformation that was happening," said Miya.

The plan was a success, and the funding came through.

Because of the types of funding Our House of Portland receives, and because they don't depend on Medicare or Medicaid, the organization can offer life improvements that aren't typical. "It gives us the ability to do many different things that we need to help our clients succeed, and allows us to do different types of visits as well," he said. Some purchases for the Neighborhood Housing and Care Program wouldn't be allowed under Medicare funding, like air-conditioners and safety equipment.

Our House CMA Troy pulls meds for resident Anthony.

> "I think the most important thing our clients get from us is that connection." —*Wayne Miya, Retired Executive Director, Our House of Portland*

Wayne Miya, retired executive director of Our House of Portland, speaks to a crowd at the organization's 27th anniversary celebration.

The financial freedoms of the program also allow Our House to spend more time enabling their clients to socialize. Miya said, "I think socialization is really critical to much of Our House's success." One of the keys to building this connection is establishing relationships between the clients in the Neighborhood Housing and Care Program and the clients in the residential facility. "We'll take them on outings, or invite them for a party, or invite them for consultation sessions and all other types of things to really try to help them establish a social connection with either Our House or some of their peers," said Miya.

"I think the most important thing our clients get from us is that connection," said Miya. He said this can be different for each patient. It can be a connection with the staff, or their peers, or back to their family or their caregiver.

This social connection is strong enough that patients who have transitioned from Our House into the Neighborhood Housing and Care Program come back and visit. "A lot of former residents come back and volunteer. One comes back and gives haircuts to people. Another comes back to work in the kitchen," said Miya.

One challenge that faces the program is the rising cost of housing pushing clients outside of the care area that the Neighborhood Housing and Care Program can properly serve. "People have a hard time keeping their apartments because they go above the HUD accepted limits for apartment rent," said Miya. Taking action, in 2015, Miya became part of the Portland Housing Commission. Now they're looking at increasing the number of low-income housing units that would be available in the city. "This year, our budget has increased significantly, from what it was, for housing in the city," said Miya.

The program also tries to take an original approach in how they train their caregivers. Their patients are seeking independence, so teaching the caregivers to educate them on how to maintain their independence is important. "We like to teach people how to do things, not do it for them," said Miya.

NEXT: PRESTIGE CARE »

PRESTIGE CARE

Innovating Through Advanced Care Planning

At the end of 2011 Prestige Care was getting information about the Affordable Care Act that would affect hospitals in terms of readmission penalties. Hospitals also were inquiring about the readmission rates of skilled nursing facilities and how the new rates would affect hospitals.

The executive team at Prestige Care decided they needed a new full-time position, so that they could have an expert on hand whose primary job was to fully understand the Affordable Care Act and the hospital penalties and track them, and understand the readmission rates for Prestige Care at a detailed level. So they created the position of Director of Post-Acute Care Management, filled by former Regional Director Marcia LaMure.

LaMure started scrubbing the electronic health record systems and questioning the validity of the previous reports. She started going through every facility report and monthly medical records reports. What she found was that sometimes the data about the admissions hospitals recorded by the medical records entry staff and nurses was being left blank. "Honestly, up to that point, really for any company, you just needed to know who came in, what their payer is, and when they left; because that's what the billing people need to know," said LaMure.

Another part of the reports that LaMure has put on high alert is the discharge destination to the hospital section. LaMure said, "I need to know, was this a pre-planned admit, like a chemo treatment, or an unplanned emergency. And if it was an unplanned emergency, did they just go to the emergency department and get sent back, or were they admitted as an inpatient in the hospital, or were they under observation at the hospital?" This became a point of emphasis for LaMure because it is the unplanned inpatients that contribute to the hospital readmission penalty.

Today, LaMure looks at the reporting for all people that bounce-back from the hospital because she sees it as a clinical issue. She said, "Even if it doesn't count against the hospital, our goal is to look at this from a clinical perspective. It doesn't matter who it was, if they went back to the hospital and it was because they had a fever and abdominal pain, what did we do about that?"

To improve the bounce-back rates LaMure practices innovative management techniques to continue to educate throughout the organization. Each week she holds a conference call with the Prestige Care clinics with high bounce-back rates. This call includes the regional director and nurse consultant. "We just go through every patient from the past week that bounced back to the hospital and we do root-cause analysis," she said. The whole group gains insights during these conversations because little reminders are brought up throughout the conversations as the group talks through the recent problems.

A Prestige caregiver assists a resident with her therapy routine.

Prestige Care also created a training program called "Transitions" that promotes the Prestige Care initiative

Marcia LaMure trains the Prestige team on the Transitions program which is designed to help patients smoothly transition between the hospital and post-acute setting and reduce avoidable hospital readmissions.

of "eliminating avoidable hospitalization." The program includes a four-hour advanced care planning training for a core group at each facility to become facilitators, which goes through every life sustaining treatment available for chronically ill patients. Then there is a clinically focused, two-hour nurse training for every nurse in the facility. The last step is an all-staff meeting that gives an overview of advanced care planning to everyone and introduces the new assessment tools.

For Prestige, giving patients the facts about their illnesses and giving them all the care choices they might have regardless of circumstance, is an important, progressive, component of ensuring that patients are living as comfortably as possible. This patient-centered tenant is very important because Prestige Care is also trying to take in highly acute patients that some other facilities might not have the means to care for at the time.

An example LaMure gives involves educating patients about CPR. "In our country in general, when people are polled, people think that CPR works about 50 percent of the time. What we know is that CPR at its very highest rate works only 17 percent of the time and that's when you're in the hospital when you code and there's a crash cart and a team there," she said.

"Study after study and all the research say that as people are more educated about their choices in that part of life, they will chose less invasive and life sustaining options and will choose to be comfortable more often than not," she said.

Another goal of Prestige Care is early detection. They want to avoid unnecessarily sending patients back to the hospital within the first couple of days of discharge. This requires being prepared before the patient gets to the Prestige Care facility. Knowing what the labs are before arrival, looking at the medications and notes, and being prepared to take extra measures when the patient arrives are critical in keeping the patient from early hospital re-entry. LaMure asks, "What would the hospital do if the person were to stay there one more day? We would be watching the labs."

Prestige has also been extra fastidious about checking for early detection. They use readmission risk tools and care paths for different diagnoses to be used at the signs of early problems, as well as an early warning tool that can be filled out by anyone and that can alert subtle signs. For example a patient who smiles or high-fives a staff member every morning but then suddenly stops these actions without cause would alert caretakers to a possible issue or discomfort.

This education is continuous. It involves constant conversations and fact checking about the options for their patients. It involves being proactive and observant and discovering more ways to create comfort. It involves saying all the options out loud. ○

Oregon Care Partners: Making Waves in Long-term Care

As Oregon's population ages, our state faces numerous challenges and opportunities related to meeting the needs of its older adults. We're aging faster than the nation, according to Census data from 2014. In fact, between 2010 and 2014, nearly all of Oregon's counties saw their 65 and older population grow by more than ten percent. With this shift comes a growing need for programs that support and educate professional and at-home caregivers, first responders, and others who interface with this population. Meeting this challenge requires an innovative approach. That's where Oregon Care Partners comes in.

Responding to the need for knowledgeable, skilled caregivers in every corner of the state, a group of forward-thinking organizations and nonprofits came together in 2014 to launch Oregon Care Partners. With funding from the state, Oregon Care Partners provides free, high-quality trainings for Oregon's caregivers who dedicate their time to caring for Oregon's most vulnerable population. Since launching, the program has trained thousands of Oregonians to provide safe, effective, and positive care to residents and loved ones. With over 11,000 free in-person and online trainings delivered to more than 5,000 individuals to date, Oregon Care Partners is also changing the way caregiver education is viewed at the policy level—creating interest outside of Oregon in this unique, collaborative solution to the caregiver shortage.

"All of the stakeholders recognized that our state's long-term care community faces a very real and growing need for accessible, affordable caregiver training," said Linda Kirschbaum, senior vice president of quality services at Oregon Health Care Association (OHCA). "Oregon Care Partners is making a significant, positive impact on Oregon's community of caregivers and the people in their care. At OHCA, we're excited to play a role in yet another chapter in our state's long history of innovative, collaborative work towards improving long-term care services and quality of life for our aging Oregonians."

Key to Oregon Care Partners' success is its ability to provide access to trainings for caregivers in the communities where they live and work, particularly in underserved areas where resources are scarce. This is accomplished by identifying and training a team of qualified individuals around the state to conduct trainings, providing free classes in convenient locations such as local community centers and health care organizations, and offering classes both online and in-person. Online classes provide extra flexibility for caregivers so they can take classes at their own pace and on their own time. In-person classes are offered statewide and at various lengths and times, reflecting Oregon Care Partners' commitment to making classes accessible for busy caregivers.

Another important element is the level of collaboration with many statewide long-term care and non-profit organizations who share a vision and concern for the health and quality of care for aging Oregonians.

"In collaborating with Oregon Care Partners we have been able to increase our capacity to educate and support caregivers throughout the state of Oregon," said Sarah Holland, director of programs for the Alzheimer's Association, Oregon Chapter. "It has enabled us to establish an on-going presence in areas where resources have historically been

limited. Through this partnership, our pooled resources and expertise allow us to reach more caregivers than a single organization could reach alone."

The trainings focus on a holistic and impactful approach to timely and topical care subjects—including dementia care and medication safety. The genesis of Oregon Care Partners medication safety curriculum came from a recommendation from the Oregon Partnership to Improve Dementia Care work group as a strategy to help decrease unnecessary medications, including antipsychotics. Although, Oregon nursing facilities have achieved some of the lowest rates of antipsychotic use in the nation, the 2014 Portland State University study on ALF and RCF communities indicated there was room for improvement.

To address the need for improved medication management practices, Oregon Care Partners developed a training utilizing Oregon State University's School of Pharmacy curriculum and the AHRQ evidence-based TeamSTEPPS® methodology. The result is a direct and positive impact on quality of life and care, as well as cost savings through the reduction of unnecessary medications and adverse drug events (i.e. falls and hospitalizations). Additionally, Oregon Care Partners trainings are developed to specifically target top survey compliance citations.

> "Great training!" said one professional caregiver. "I came to check out the quality for my med techs and care staff, and I leave recommending OCP trainings to ALL in my corporation! Very good quality info!"

"Great training!" said one professional caregiver. "I came to check out the quality for my med techs and care staff, and I leave recommending OCP trainings to ALL in my corporation! Very good quality info!"

For family members, community caregivers, and first responders, Oregon Care Partners provides access to education they wouldn't have otherwise. Oregon Care Partners is able to expand access to trainings by partnering with communities to host trainings and share Oregon Care Partners information with their networks.

"I help with my mother's dementia care, and I'm always looking for education and help in understanding this illness and the journey," said a family caregiver after attending Oregon Care Partners' 2015 Caregiver Conference. "This training was helpful on so many levels. Thank you."

What began as an opportunity to enhance senior care and education in Oregon is now an organization that continues to expand its reach thanks to the unprecedented dedication of individuals and organizations that advocate for aging Oregonians. And there's no sign of slowing down. As the state's population aged 65 and over continues to grow, Oregon Care Partners recognizes that nearly every Oregonian is a future caregiver. Oregon Care Partners' ambitious goals include training an additional 10,000 caregivers by June 30, 2017. There's still a lot of work to be done, and word of mouth is essential in reaching caregivers from Oregon's urban centers to the most remote rural areas. Help Oregon Care Partners spread the word about this valuable and free service. Together, we can make a difference in the lives of thousands of aging Oregonians and their caregivers. ○

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The 2016 Legislative Session: Impacts of the Minimum Wage Increase

By Phil Bentley, Oregon Health Care Association

The 2016 legislative session was the busiest and most far-reaching short session to date. Following the session, which ended on March 3, long term care providers in Oregon are now facing a significant new challenge—one of the highest minimum wage rates in the country.

At the beginning of this year, Oregon had the 8th highest minimum wage at $9.25 an hour statewide, which increased annually based on the consumer price index (CPI). Over the past ten years, the minimum wage rose on average 2.3 percent per year, ranging from no increase this year to as much as 45 cents in a previous year.

Prior to the start of the 2016 legislative session, several ballot measures were being circulated for signature that would have asked voters to approve an increase in Oregon's minimum wage to $13.50 or $15.00 an hour statewide in two or three years.

The Governor and Legislature responded to the pressure created by the proposed ballot measures by approving Senate Bill 1532. The bill phases-in an increase in the minimum wage over six years starting July 1, 2016, and creates a first of its kind three-tiered regionalized system.

Under SB 1532, the minimum wage in Oregon will consist of (1) a base or "statewide" rate; (2) a higher "Portland Metro" rate; and (3) a lower rural or "frontier" counties rate. The "statewide" rate applies to medium-sized counties and will increase by 50 cents this July and then incrementally each year up to $13.50 in 2022. After 2022, it will increase based on the consumer price index.

The highest rate will be within the Portland Metropolitan Urban Growth Boundary (UGB) consisting of Multnomah county and portions of Clackamas and Washington counties. This rate will increase by 50 cents on July 1 and will incrementally increase each year up to $14.75 in 2022. After 2022, this region will remain $1.25 above the statewide rate.

The lowest rate will be in Oregon's least populous counties. In these "frontier" counties, the minimum wage will increase by 25 cents in July and will incrementally increase each year to $12.50 in 2022. After 2022, this region will remain $1.00 less than the statewide rate.

The vast majority of long term care workers in Oregon earn more than the current minimum wage, and we work hard to make sure that the significant contributions caregivers make every day is recognized and valued. However, rising base wages poses significant fiscal and workforce challenges in our sector, where labor costs account for approximately 70 percent of fixed operating costs.

The initial increases this year should have a small impact on providers. However, as the rates increase by several dollars over the next two to three years, more and more of the long term care workforce will be captured by the increase. Higher wages will soon be required for many certified and non-certified caregivers, as well as many CNAs and CMAs.

The long term care sector already faces significant workforce challenges. For many, caregiving is a calling, but it is also difficult and backbreaking work. It will become increasingly challenging for long term care providers to recruit workers to the sector when they can earn just as much in retail, hospitality, or food service. This challenge will have the biggest impact on in-home care agencies and assisted living and residential care communities that typically have lower wage scales than skilled nursing facilities.

It will also continue to be a challenge to retain qualified workers, because as long term care providers struggle to continue to pay their workforce above the rising minimum wage, CNAs and nurses may continue to seek even higher wages in hospitals and other acute care settings.

Long term care providers cannot on their own raise rates for Medicare

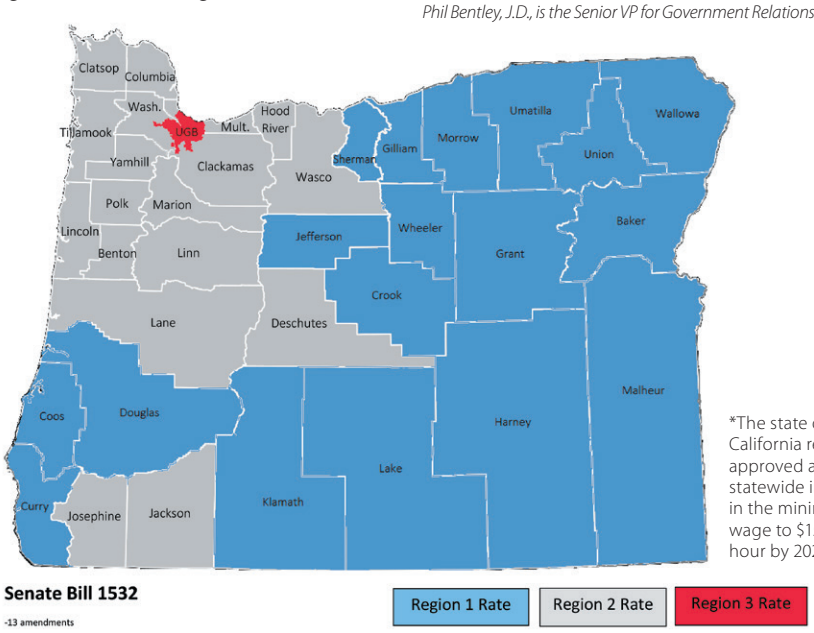
and Medicaid covered services to accommodate increased labor costs. At the same time, long term care is highly regulated by state and federal law, making it very difficult to reduce operating budgets without sacrificing quality of care or being out of regulatory compliance.

In the 2017 legislative session, OHCA will ask the state of Oregon to make a significantly higher contribution toward Medicaid provider rates, which come with the benefit of a 60% federal match, to cover this increased cost for providing Medicaid services. However, seniors and people with disabilities who receive services in the private pay marketplace, many of whom are living on fixed incomes, will have to pay more for their long term care services.

Looking just a few years into the future, it is easy to see how middle class seniors who don't qualify for Medicaid could be priced out of the market for long term care services. Another likely scenario is that middle class seniors will spend down their available resources faster and end up as Medicaid recipients sooner, increasing the need for Medicaid funding in the state budget.

For more information about the 2016 legislative session, please read OHCA's Legislative Report, which will be released soon and can be found online at www.ohca.com/news. ○

Phil Bentley, J.D., is the Senior VP for Government Relations at OHCA.



*The state of California recently approved a statewide increase in the minimum wage to $15.00 an hour by 2022.

Alzheimer's and Dementia: What Providers Need to Know

By Walt Dawson, Oregon Health Care Association

Alzheimer's disease and dementia combined are the sixth leading cause of death in the United States, with one in three older adults dying with a diagnosis of Alzheimer's or dementia. At present, an estimated 5.3 million Americans have Alzheimer's disease or some related form of dementia. The vast majority of these individuals are over the age of 65, although the prevalence of younger onset (those younger than 60) is also increasing for reasons that remain unclear.

In Oregon, approximately 60,000 individuals have a diagnosis of Alzheimer's or dementia. This number is projected to grow significantly in the years ahead as an older demographic will make up an increasing share of the state's population. By 2025, the Alzheimer's Association estimates that over 84,000 Oregonians will have a diagnosis of dementia—a 40 percent increase in less than ten years.

While the vast majority of individuals needing some form of long-term services and supports are cared for by loved ones, those with Alzheimer's and dementia are much more likely to need more formal long-term care services. Currently, 52 percent of all individuals with Alzheimer's and dementia live in a care community.

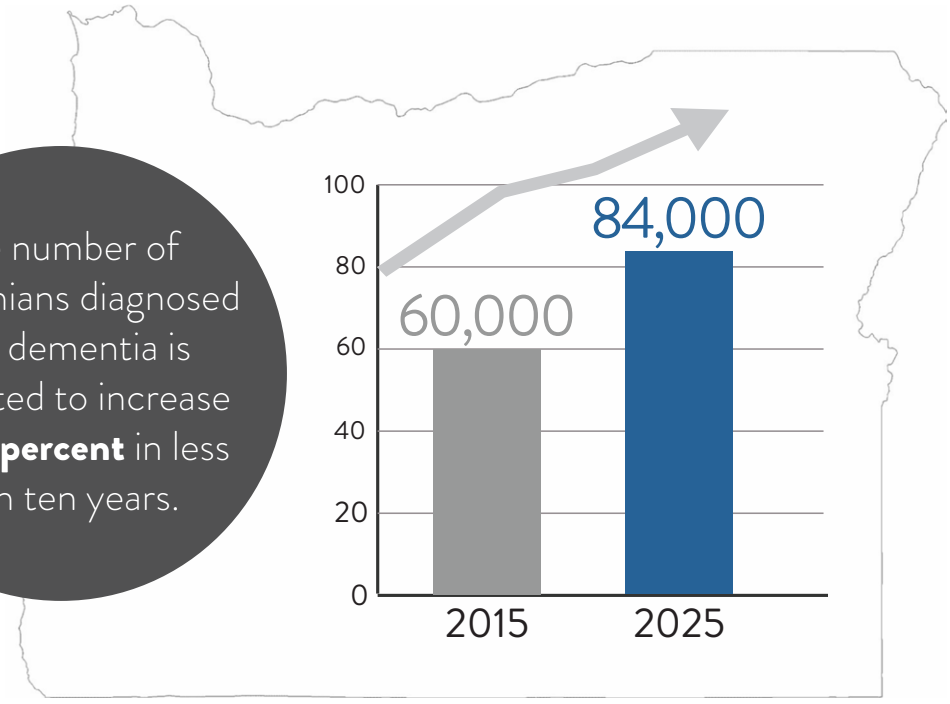
Given the prevalence of this condition amongst community-based care residents, providers need to be aware of recent nationwide trends associated with this illness.

The costs associated with provision of care are significant and likely to increase—both to individuals and to their families and also to payers (Medicaid, Medicare, and private long-term care insurance). In 2015, Alzheimer's and dementia were projected to account for over $226 billion of all health spending in the United States, with half of those costs borne by the Medicare program.

Recent research developments on the causes of dementia as well as possible interventions show promise. An increasing amount of evidence suggests vascular health and the brain are much more closely linked than previously believed. As many as one-third of all cases of dementia may have a lifestyle component suggesting that dementia perhaps could be effectively managed or progression could be slowed. While significant, these developments still leave more questions than answers and provide no effective treatment.

Training caregivers, so they are better prepared to address the challenges of

The number of Oregonians diagnosed with dementia is projected to increase by **40 percent** in less than ten years.



working with people with dementia, is one state-level intervention. Providers must recruit and train individuals that can provide high quality care to residents and clients with dementia. Additional training can help ensure an effective workforce that can better meet the challenges of dementia.

Oregon Care Partners (OCP) has already made a significant impact by providing free in-person and online classes on a variety of topics including caring for those with memory loss. Training has been provided to thousands of professional and family caregivers in every county in Oregon. Continuing to fund training initiatives such as OCP can have a meaningful impact on the care that is provided in this state.

A measured reduction in the use of medications, and antipsychotics in particular, under the guidance of pharmacists and physicians is another avenue to promote higher quality care. National efforts to focus attention on this strategy have gained ground. Members of OHCA's national association, AHCA/NCAL, met their reduction target of 30 percent an entire year early. Yet, more improvement is needed. Again medication training could have a significant impact on reducing the use of unnecessary medications.

Until researchers develop an effective way to either prevent or treat dementia, the impact will be felt by all—individuals and families as well as policymakers and providers. Public policy must support strategies that promote better care, while ensuring sustainable programs. ○

Dr. Dawson, D.Phil, is the director of research & analytics at the Oregon Health Care Association.

Metro Area SNFs to Experience Mandatory Bundled Medicare Payments

By Joseph M. Greenman, Lane Powell PC

On November 16, 2015, the Centers for Medicare and Medicaid Services (CMS) finalized the Comprehensive Care for Joint Replacement (CJR) model, its first mandatory bundled payment initiative. The rule implements retrospective bundled payments for episodes of care for hip or knee replacements in 67 metropolitan statistical areas (MSAs) across the country, including the Portland MSA which includes Clackamas, Columbia, Multnomah, Washington, Yamhill, Clark, and Skamania counties. The program began April 1, 2016.

Through retrospective research, CMS identified the lower extremity joint replacement (LEJR) episode of care as one of the most expensive and highly utilized procedures for Medicare beneficiaries, in large part due to the drastic variation between post-acute care (PAC) referral patterns. In 2014, there were more than 400,000 LEJR procedures in the U.S. (1,938 in the Portland MSA), totaling a cost of more than $7 billion for the hospitalizations alone. The new CJR model will test whether bundled payments to acute care hospitals for the LEJR episode will ultimately reduce Medicare expenditures, while also preserving quality of care.

In cases of LEJR, an episode of care begins with an admission to a participant hospital of a patient who is ultimately discharged under MS-DRG 469 or 470. The participant hospital has sole accountability for the cost and quality of care during the entire LEJR episode, which includes the inpatient surgery as well as 90 days post-discharge. The episode includes all related items and services paid under Medicare Part A and Part B, including PAC services. Using the new CJR model, the bundled payment will be retrospective, based on the FFS Medicare claims submitted throughout the episode and compared to a pre-episode negotiated target price.

Throughout the performance year, CMS will continue to pay hospitals and other CJR providers by the standard Medicare FFS payment system. The difference will be that at the end of each performance year, the submitted Medicare claims payments will be aggregated to form the actual episode payment, the total cost of claims payments for items and services throughout the episode. This number will be compared to the pre-episode established CJR target price.

In performance year one of the CJR model, hospitals will not be at-risk of reduced pricing for LEJR episodes and will be eligible for reconciliation payments. The phased-in repayment responsibility will start in performance year two, when hospitals begin accountability for any excess spending within the episode. CMS believes downside risk, or the financial risk, will incentivize better coordination of care among entities producing higher quality of care but will allow a full performance year to help providers prepare for the risk-based phase of the model. Hospitals will then be able to gain or lose financially based upon their actual episode payments relative to pre-determined target prices. All hospitals will be able to earn up to five percent of their target price in performance years one and two (though will not have downside risk in year one), ten percent in performance year three, and 20 percent in performance years four and five.

CJR hospitals will create agreements and form partnerships with physicians, home health, skilled nursing facilities (SNFs), and other PAC providers. The rule addresses alignment payments, collaborator agreements, distribution arrangements, distribution payments, gainsharing payments, and sharing agreements as methods for aligning incentives between providers. On November 16, 2016, CMS and OIG released a joint notice regarding the waiver of certain fraud and abuse laws (including the Federal anti-kickback statute) for the purpose of testing these types of agreements.

The new CJR model has the potential to drastically change the PAC landscape, in how PACs treat patients, as well as enhance their relationships with hospitals. CJR could have an effect of creating winners and losers among PAC providers, if PACs do not proactively strategize and adjust course in how they manage care for this program. PACs will likely seek opportunity to work more closely with CJR hospitals to develop appropriate networks, care pathways, and delivery patterns and will be expected to draw distinction between those patients who belong to the CJR program and those who receive care under FFS, managing their care jointly on the former. ○

Joseph M. Greenman, J.D., is a shareholder at Lane Powell PC in Portland.

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POLICY MAKER

Rep. Vic Gilliam (R-Silverton)

Representative Vic Gilliam, R-Silverton, is a tenacious champion of elder issues and co-chair of the Oregon Elder Abuse Prevention Work Group. He is widely admired for his integrity and humor. OHCA sat down with Rep. Gilliam to discuss his lengthy tenure in the Legislature fighting for elder Oregonians.

Q When did senior issues and elder abuse prevention become such a passion for you?

A I would answer that two ways. The first would be to tell you that my dad was a minister, and he started something at his church called the Golden Age club. And as a kid, he took me to their meetings, and I had exposure to a hundred surrogate grandmas and grandpas and it really changed my life. I wasn't geographically close to my grandparents so these people opened my heart to their needs and to the value of elders.

Fast forward to the legislature—I got stuck on an elder abuse task force. I didn't ask for it. But after I was on it my eyes were opened. And now 8 years later, I have to declare a conflict of interest because I got old myself.

Q What types of issues have you encountered personally with aging friends or family members?

A In my own family, my mom had breast cancer, and it took her life three years ago.

My dad is struggling with complicated health issues and my family is struggling to help him. He's a very independent guy, but he's having trouble staying in the family home. We are all encouraging him to find long-term care and to find a place where he can be comfortable. We're facing the tension of supporting our dad's wishes while trying to protect him.

Q Tell us about your time on the Oregon Elder Abuse Prevention Work Group.

A It's been a joy to be co-chair of the Work Group. I've never seen a work group come together like this one: trial lawyers, AARP, Oregon Health Care Association—go down the list. We have huge disagreements, but we don't have fights. We figure out a way to shape a bill, and it works because of the stakeholders around the table.

Q You have a reputation for being able to work across the aisle. Can you talk to us about your experience with this and why you think it's important?

A Try another way as a Republican in Oregon.

It's hard, but when the campaign is over you've got to stop the rhetoric. I learned this from my mentor in politics, Mark Hatfield. He knew how to work across the aisle. He stuck to his beliefs, but he also tried to find ways of true compromise—not compromising his values, but compromising to get something done to help people in the state of Oregon.

Q Why does this work well on issues relating to aging but maybe not as well with other issues?

A Because no one has been successful in polarizing or identifying elders as a single political force. It's a very different group. They are a broad spectrum and they have very different needs that aren't always political. So you take someone like my Co-Chair Val Hoyle—her focus is on their best interest not hers, and I hope that's been my focus as well. It's not about getting the elder votes, it's about recognizing that this group is growing in Oregon and nationwide and we've got some problems to deal with—people are ripping them off, people are attacking them, people are ignoring their needs. If that doesn't motivate you, for your parents and your grandparents, I don't know what would.

Q What have been your biggest accomplishments during your time as a legislator?

A My goal has been to get the Speaker of the House to laugh so hard, from the podium, that we'd have to temporarily adjourn. It hasn't happened yet.

But I have to say that the conglomerate of the bills out of the Elder Abuse Prevention Work Group has been my biggest accomplishment. That body of work is the thing I've been most proud to be a part of. Nothing but that body of work means more. ○

LEADER

Terri Waldroff Co-owner of Benicia Senior Living

Terri Waldroff has over 20 years of experience in the healthcare and long-term care profession. She currently provides consulting services through Terri Waldroff & Associates, LLC, and is a co-owner of Benicia Senior Living, which manages the day to day operations of seven senior housing and care communities including a skilled nursing facility.

Q Tell me a about your history in the long-term care profession and how you progressed to where you are now.

A I started in the acute hospital care arena as an RN, then moved into home healthcare and then assisted living. I got my start as an owner/operator in the mid-90's when I opened a long-term care community that had just been built in Tualatin, and it grew from there. I've had my current company for five years and we have seven facilities.

Q Are there any specific challenges you've faced as a female executive in this profession?

A I faced the same challenges that every female faces in an executive position in any business across the country. Women have to be smarter and better than men still, and I don't think that's going to change anytime soon. You have to prove yourself.

Q How did you overcome these roadblocks?

A I ignore roadblocks, and I think most women would say the same thing. You just have to determine what you goal is and what your future is and go for it. I've had failed business relationships, I've had failed projects, I've had all of those things, and you just have a different vision for your future and you work to change all that.

Q You've been in the profession for a while, what are some of the changes you've seen since you began your career in long-term care?

A I think most people would say that there is an increasing amount of regulation, and I'd say that's true for every aspect of our profession, be that independent living, assisted living, memory care, or nursing homes. There is always an ever changing landscape of consumer needs, regulations, and reimbursements.

Q What are some of the biggest challenges you think long-term care executives will face as the profession continues to grow?

A Lenders have come and gone; that's always a challenge for owner/operators. It makes it very difficult to refinance buildings, develop new buildings, and acquire new buildings. Investors come and go. Right now, investors think senior housing is the place to be, so people want to invest in this profession. But that's not always true.

Q What types of innovative approaches to patient care do your communities practice?

A We have a brand new nurse call system on an iPod. It's a wireless system, and it's very interactive and instantaneous. If someone pulls a pull-cord, a response from staff is immediate. And it's all recorded on a computer so response times are determined. It really changes the dynamic of how quickly staff interact with residents.

We've also gone with electronic medical records everywhere. That revolutionizes things. I believe in the long run it reduces your risk because everything is recorded. We also use electronic medical records for our pharmacy, which helps tremendously with tracking and recordkeeping. I think everyone will eventually move toward this.

Q Are there any other technologies that you think would be a game changer for the profession?

A I think the last step in electronic medical records is interfacing with the hospitals records for the same resident that you cared for. It's not here yet, but it will come at some point. ○

LEADER

Allen James

Executive Director of Gateway Care and Retirement

Allen James brings his passion for long term care and his wide breadth of experience, including four years in the Navy, to his leadership role at Gateway Care and Retirement.

Q How did you get into long-term care?

A I fell into long-term care. Long-term care chooses you, you don't necessarily choose it. I was working in methadone clinics as a drug and alcohol counselor. Someone I knew worked in long-term care, and a position became available and I became a co-director of social services.

Q What about before that?

A I was a district manager at Aflac, I was in community mental health, and I was in the Navy for four years, and you'd be shocked how all of these different experiences meld nicely into long-term care. Especially in social services where you have to be able to explain all aspects of a building so that's very similar to submarine life. But at the same time, you have to have heart, you have to have compassion for this profession. I love it and I wouldn't want to be anywhere else.

Q What does innovation in care mean to you?

A Innovation itself is the idea of LEAP, which is our mantra and is based on extreme leadership. With LEAP, you cultivate love, generate energy, inspire audacity, and it requires proof. Last year we did our first LEAP awards. We didn't offer any monetary award and we required an essay, but I got over 250 submissions regarding staffers who displayed love, energy, audacity, and proof.

At Gateway, people are striving to do the best they can for each other, and that's what you get with LEAP.

Q Does your military background play a role in how you approach innovative practices at your facility?

A I pay attention to detail. And I can come off with some pretty strong intensity but people know I do it with heart. My background also helped me constantly be system-oriented and prioritize. Chain of command is also important. I sometimes see myself as a captain of a ship trying to, slowly, get a ship to turn while juggling a lot of different hats.

Q What types of innovative approaches to patient care do you practice?

A We've always been innovative here at Gateway care because we've always had to think outside of the box.

We don't do the typical in-services. We use our orientation for motivation for talking about the culture, for talking about what it means to be part of an organization that cultivates love, which generates energy, inspires audacity, and requires proof.

I've got people that want to be here, that want to fight for you, and they'll go through fire for you. That's how we innovate.

Q How do you see technology impacting care and service delivery?

A We do everything through technology. Siri is my personal assistant. We lead with our technology and we lead with our culture, which has been revitalized by LEAP.

My goal is to change the profession. Here we do things differently. We don't see people as numbers. We always look to praise rather than to be punitive. There's no blame. We are always looking to educate and to teach. And the technology makes this possible. ○

Spring Expo Conference

March 3–4, 2016

Hilton Eugene | Eugene, Oregon

Oh, The Places We'll Go!

Over 400 long-term care professionals from across the state of Oregon attended this year's Spring Expo! With a splendid array of breakout sessions, a keynote speech by Dr. Earl Suttle, a packed trade show, and fun social events, attendees and vendors were able to take advantage of a wide variety of educational and networking opportunities.

One of the many highlights of the conference was the Happy Hour Education Session, where Spring Expo attendees were able to attend quality educational presentations and earn CEUs while enjoying appetizers and beverages.

We hope to see you all again at next year's Spring Expo!


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COMING UP...

2016 EVENTS

APRIL 28

ARMED INTRUDER & ACTIVE SHOOTER IN A LTC FACILITY

OHCA is offering this comprehensive forum for leaders in assisted living and skilled nursing communities, physical plant managers, safety committee members, and staff at every level. This event, presented by an expert in safety, security, and risk management, will introduce attendees to different types of active shooter events and the similarities and differences between them.

MAY 19

MARKETING SYMPOSIUM

This is an intensive training in which professionals gather to learn the newest and most innovative marketing techniques. In partnership with Metropolitan Senior Network, close to 100 professionals participate at this conference, most of which are working in marketing positions in long-term care communities.

MAY 26

FACILITY SERVICES & MAINTENANCE EVENT

The facility management and maintenance departments are a critical part of every long-term care community. Whether preparing for an OSHA inspection or planning for unexpected events, the safety of residents and employees depend on a building that is properly maintained and functioning at optimal levels. Developed specifically for long-term care maintenance and environmental services directors, housekeeping, and vital facility services staff, this one-day event is designed to keep your buildings at their best.

JULY 27

NURSE LEADERSHIP CONFERENCE

Nurses are the backbone of the quality care provided to residents and clients across the care spectrum. This event focuses on ways nurses can become strong leaders and in turn, provide better quality care to their residents. Experienced nurses continue to enhance their leadership skills through participation in this event. This event attracts over 75 RNs, LPNs, charge nurses, and other nurses in leadership roles.

FALL

LIFE ENRICHMENT & ACTIVITIES CONFERENCE

Designed specifically for life enrichment and activity professionals, this one day event allows attendees to create new and innovative ideas for activity programs that can be modified to fit any budget and ability. Attendees can grow and expand their professional knowledge and network by sharing ideas and connecting with other life enrichment directors.

SEPT. 19–20

ANNUAL CONVENTION & TRADE SHOW

OHCA hosts the largest and most well attended long-term care convention and trade show in the state of Oregon. The convention features high caliber education programs, nationally renowned speakers, networking opportunities, and an industry trade show featuring over 150 exhibitors who provide services and products to long-term care providers. With more than 1,400 professionals and business associates in attendance, this event is a great opportunity to network and learn with others in the profession.

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