

The John A. Hartford Foundation

Grant # 2000-0381

GRANTEE'S INTERIM PROGRESS REPORT

Grantee: Sacred Heart Medical Center Foundation

Project Title: A Senior Health Center Interdisciplinary Team Approach: Health and Organizational Outcomes

Starting Date: January 1, 2001 Reporting Period: January 1, 2001 through June 30, 2001

OBJECTIVES:

To test if the interdisciplinary team model of a specialized senior primary care center improves outcomes for older adults in an integrated care system. Objectives for the first six months of the project were:

- Organize project team meetings, agendas and communication methods
- Create four-year project work plan, timeline, budget and accounting procedures
- Present project plan and study participant communication packet to Sacred Heart Medical Center Internal Review Board for approval
- Review and finalize research methodology
- Identify potential study participants and begin recruitment process
- Finalize or develop survey instruments
- Select data collection vendor and negotiate sub-contractor agreement
- Develop data requirements, data reporting time frames and sub-contractor agreement with the Oregon Medical Professional Review Organization (Medicare cost data)
- Develop interdisciplinary team training objectives and timelines

ACTIVITIES AND RESULTS TO DATE:

Project Team – The project team (Appendix 1) meets on the third Thursday of every month for four hours. The first team meeting was held on February 8th, 2001 with subsequent meetings on March 15th, April 19th, May 24th and June 21st, 2001. The meeting agendas are developed based on the project work plan and timeline. The meeting minutes (sample provided in Appendix 2) and project work plan and timeline are forwarded to Christopher A. Langston, PhD, Program Officer, John A. Hartford Foundation, Inc. A communication plan (Appendix 3) was developed at the February team meeting.

Project Work Plan, Timeline and Budget – A high-level project work plan and timeline (summarized in Appendix 4) was developed in January 2001 and is reviewed by the team at each meeting to identify tasks and activities to accomplish in the upcoming month. A more detailed project work plan is under development.

Accounting procedures were developed to assure accurate and timely expense tracking and reporting for the project budget. Utilizing the PeaceHealth Oregon Region (PHOR)

budgeting and monthly monitoring reporting system, a detailed budget was created to coincide with the PHOR fiscal year beginning July 1, 2001 and ending June 30, 2002. Expense items are budgeted at the line item level (salaries, supplies, printing, postage, minor equipment, travel and education, etc.) and monthly monitoring reports account for expenses at this level. The reports are reviewed by the Project Coordinator each month to assure appropriate and accurate project expenditures. The Sacred Heart Medical Center Foundation transfers the project funding on a quarterly basis to cover approved expenditures.

Sacred Heart Medical Center Internal Review Board – The required research study project information and study participant communication materials were created and reviewed with the Sacred Heart Medical Center Internal Review Board (IRB) on March 2, 2001. The IRB requested a minor change in the initial letter to potential study participants. The changes were made and the IRB approved the research study on March 2, 2001. Annual IRB reviews of the research study are required. The IRB must also approve any proposed changes in the study design or study participant communication materials.

Research Methodology – The proposed research methodology of a quasi-experimental, intention to treat design will be used as confirmed by Bill Mahoney, PhD, and Sarah Donelson, MA, of the PeaceHealth Methods, Outcomes, Measurement and Statistics Department. The research methodology and study group design are reviewed at each team meeting and reconfirmed as the survey instruments are finalized. There are a total of three study groups. These groups represent three different models of care: Senior Health & Wellness Center, Physician-Care Manager Model (PeaceHealth Medical Group), and traditional Physician Practice (Health Associates of Peace Harbor and South Lane Medical Group). Within each of these practice types, the patients will be sorted into two groups “Low Risk” and “High Risk” as determined by the Health Assessment and Risk Tool (HART) screen with the goal of obtaining 250 “High Risk” patients out of 500 total patients in each study group. Study participants from the Senior Health & Wellness Center are defined to be the intervention study group and patients from PeaceHealth Medical Group, Health Associates of Peace Harbor and South Lane Medical group are the comparison study group.

Recruitment of Study Participants – Initial patient screening criteria included: 1) 66+ years of age at baseline and 2) Medicare Fee for Service as the payer. Only patients meeting these criteria and receiving some level of physician care within the previous 12 months, May 2000 to May 2001, were selected in the prospect list. PeaceHealth Medical Group and the Senior Health & Wellness Center converted to a new computerized medical record and billing system on May 1, 2000. This conversion limited the selection of study participants to those patients who had received services since May 1, 2000. The prospect list included 3,470 PeaceHealth Medical Group patients, 1,470 Health Associates of Peace Harbor patients, 1,322 South Lane Medical Group patients and 458 Senior Health & Wellness Center patients. A decision was made to include additional patient prospects for the Senior Health and Wellness Center to increase the prospect list to 736 patients. Please see **Problems and Prospects** below for a complete discussion of

this process. From the PeaceHealth Medical Group, Health Associates of Peace Harbor and South Lane Medical Group prospect list, we randomly selected and mailed packets to 2,000 PeaceHealth Medical Group patients, 1,000 Health Associates of Peace Harbor patients and 1,000 South Lane Medical Group patients. All 736 Senior Health & Wellness Center patients were mailed a packet. A total of 4,736 patient recruitment packets were mailed out the week of June 18th, 2001. We expect a 60% return rate. The returned HART screens will then be analyzed and patients placed in either the “Low Risk” or “High Risk” category. We will then randomly select 275 patients in each of the six cells to receive a second letter confirming their participation in the research study and the IRB approved *Patient Informed Consent* document for their signature. Patient recruitment is targeted to be complete by August 15th, 2001.

Ron Stock, MD and Principal Investigator for the project, met with the physicians of the Senior Health & Wellness Center, PeaceHealth Medical Group, Health Associates of Peace Harbor and South Lane Medical Group to describe the research study and review the patient recruitment materials. The physicians all agreed to have their patients contacted for potential participation in the research study and co-signed letters with Dr. Stock for the initial patient recruitment packets. The patient recruitment packets included the introductory letter, a HART screen for the patient to complete, an Intent to Participate form, a free membership flyer to Senior Class health and education programs and a postage paid return envelope.

Potential caregiver study participants will be identified using questions answered in the HART screen. The potential caregiver study participants will then receive a letter requesting their participation and a *Caregiver Informed Consent* document for their signature. We will then randomly select 150 caregivers to participate in the Caregiver Burden Inventory and the Caregiver Satisfaction Inventory.

Survey Instruments – All survey instruments have been selected or developed and finalized with the exception of the Patient Satisfaction survey, due for completion by June 30th, 2001, and the Caregiver Satisfaction Inventory, due for completion by July 15th, 2001. The survey instruments are:

1. Health Assessment and Risk Tool (HART)
2. Short Portable Mental Status Questionnaire (SPMSQ)
3. PeaceHealth Physical Function Inventory
4. PeaceHealth Depression Scale (Revised Geriatric Depression Scale)
5. Health Related Quality of Life 28 Scale (Revised SF36)
6. Patient Satisfaction Inventory
7. Perceived Health Competence Scale
8. Caregiver Burden Inventory
9. Caregiver Satisfaction Inventory

Data Collection Plan – A Request for Proposal (RFP) was sent to five research organizations in March 2001. The RFP requested bids to perform telephone surveys using the survey instruments for 1,500 patient study participants and 150 caregivers. The

telephone surveys will be done to collect baseline data beginning in September 2001, 6 month data in April 2002, 18 month data in April 2003 and 30 month data in April 2004.

The project team selected Oregon Survey Research Laboratory (OSRL) at the University of Oregon as the data collection sub-contractor for the project. Dr. Patricia Gwartney is the director of OSRL. The project team has met 3 times with Dr. Gwartney to discuss the data collection process and timeline. The project team will participate in the survey scripting and training of the telephone interviewers. Pre-testing of the telephone survey will be done with patient prospects not randomly selected to be in the research study. The collection of baseline data is targeted to begin on or before September 1st, 2001.

Oregon Medical Professional Review Organization (OMPRO) Data – Study participant utilization and cost data will be obtained from OMPRO. The project team met with Dr. Ruth Medak, Lead Clinical Coordinator for OMPRO, on May 24th, 2001. Discussions were held on patient population criteria, data analysis categories to be defined by CPT and ICD-9 coding and data analysis time frames. Baseline data will be collected for the 12 month period beginning October 1st, 2000 and ending September 30th, 2001. Subsequent data for study participants will be collected for the 6 month period beginning October 1st, 2001 and ending March 31st, 2002, the 18 month period beginning October 1st, 2001 and ending March 31st, 2003 and the 30 month period beginning October 1st, 2001 and ending March 31st, 2004. There is a six month waiting period to obtain data from OMPRO to assure all utilization and cost data has been submitted to Medicare and OMPRO. A contract for OMPRO services to be delivered to PeaceHealth is under development.

Interdisciplinary Team Training Plan – The Senior Health and Wellness Center interdisciplinary team training plan includes:

- Basic Team Training – Completed June 23rd, 2001
- Rapid Process Improvement on Non-direct Patient Care – Completed June 27th & June 28th, 2001
- Rapid Process Improvement on Patient Flow through the Interdisciplinary Team – Scheduled for the Fall of 2001
- Bayer Institute “Clinician-Patient Communication” Training – Scheduled for November 2001

Ron Stock, MD, has reviewed the GITT training manual and aspects of this training will be offered to the Senior Health & Wellness Center interdisciplinary team. A new nurse practitioner was hired in June 2001 and a new geriatrician will start in October 2001.

PROBLEMS AND PROSPECTS:

Recruitment of Study Participants – The patient prospect list for the Senior Health & Wellness Center (intervention study group) containing Medicare Fee for Service patients was insufficient to fill the 250 patient “Low Risk” cell and the 250 patient “High Risk” cell. The project team identified the option of including Senior Health & Wellness Center patients with Regence BlueCross BlueShield of Oregon *Preferred Choice 65*

(PC65) insurance coverage. The inclusion of PC65 would increase the patient prospect list by 278 patients resulting in a total of 736 patient prospects.

PC65 is a cost based Medicare product. Regence BlueCross BlueShield of Oregon contracts with HCFA to provide and manage Part B services to PC65 members. Part A services are managed by Medicare Fee for Service. PC65 members are required to select a primary care physician (PCP), pay co-pays for office visits and are provided a benefit for a routine annual exam and vision exam and hardware. All other medical services are provided and managed under the standard Medicare benefit structure. Physicians participating as PCPs in the PC65 product are reimbursed under the Medicare fee schedule and share no financial risk in providing healthcare to the patients. These benefit differences were discussed with Christopher Langston and a decision was made to include PC65 patients in the Senior Health & Wellness Center patient prospect list. The outcome data for PC65 study participants will be analyzed separately from the Medicare Fee for Service study participants to assure any patient utilization differences are identified. Dr. Ruth Medak, Lead Clinical Coordinator for OMPRO, has determined cost and utilization data for PC65 study participants will be available to OMPRO.

Data Collection Plan – The selection process for the data collection sub-contractor was based on the experience, quality assurance program and cost proposal of each of the vendors. The project team selected Oregon Survey Research Laboratory (OSRL) as first in both experience and quality assurance. OSRL's cost proposal exceeded the project subcontractor budget by \$100,113 because of the indirect cost requirement placed on OSRL by the University of Oregon. We negotiated with Dr. Gwartney to reduce this indirect cost requirement from 50% to 15%. The renegotiated costs still exceed the budget by \$19,309 over the four-year project. Dr. Stock has discussed the option of reallocating contingency funds to cover the increased sub-contractor costs with Chris Langston. A budget revision request and revised budget will be submitted prior to finalizing the sub-contractor agreement in July 2001.