Arizona CTAC Steering Committee

To transform advanced illness care for Arizonans

January 30, 2020
Welcome & Introductions

• Name, Organization & Your Role
  – New Members
C-TAC Moonshot Update

- C-TAC currently convening partners for collaboration around 4 strategies:
  - Public Engagement
  - Professional Education
  - Policy and Advocacy
  - Measurement
- Discern Health engaged for Measurement Project
- Steps to project:
  - Convene moonshot measurement strategy workgroup
  - Develop measurement strategy
    - Align on population definition
    - Select moonshot goal measures
    - Develop strategy for collecting data
  - Obtain baseline data for measures where available
  - Create public-facing materials summarizing strategy
Arizona C-TAC Talking Points
Project Structure and Roles

C-TAC, AZHHA, and AZEOLCP
- Lead and manage overall project
- Co-lead most workgroups

Steering Committee
- Oversee overall project
- Provide input and thought leadership
- Approve Best Practices final deliverables

Discern Health
- Best Practices Study principal investigator
- Conduct research and manage study
- Support overall project strategy

Community Support Services Workgroup
- Oversee and advise on key aspects of best practices study
- Review draft and interim deliverables
- Recommend resources and data sources

Funding Workgroup
- Identify sources of funding to support ongoing project work including implementation of best practices
- Conduct outreach as needed

Survey Workgroup
- Leverage Best Practices research to determine population and research questions for survey
- Provide content support for survey development
Community Support Services
WG Update
&
Best Practice Study Elements
Community Support Services Workgroup

Purpose

• Identify:
  • **Community services and supports** to be investigated in a “best practices” study
  • The most effective **measures** for assessing improvements in care and outcomes for Arizonans with serious illness
  • Help develop a Discern **best practices proposal** to be approved by the Steering Committee
  • After the proposal is executed, the purpose of this group may evolve.

Members

• Rachel Behrendt
• Courtney Bennett
• Vicki Buchda
• Pam Koester
• Chikal Patel – Co-lead
• Alysha Ramirez-Hall
• Theresa Schmidt – Co-lead
Elements of a Best Practices Study

Coalition to Transform Advanced Care and Discern Health

January 30, 2020

Louis Gagliano
Strategic Advisor to the C-TAC Group

Theresa Schmidt
Director, Discern Health
• **Research Question**
  • Which community services and supports should Arizona implement (or scale) to increase the number of days at home?

• **Population of Focus**
  • People with serious illness living in the community (primary residence that is not a skilled-level medical facility)

• **Primary and Secondary Outcomes**
  • Days at home (data source TBD - CMMI connection)
  • Higher hospice days at end of life (ACT Index)
  • Lower crisis acute utilization (ACT Index Composite)
    • Hospital days per decedent
    • ICU days
    • Potentially avoidable ED visits
    • 30-day hospital readmissions
  • Patient / family satisfaction (Survey or Composite of CAHPs Measures)

• **Methods**
  • Improvement model
  • Literature review
  • Stakeholder interviews
  • Data analysis
Proposed Best Practices Study Timeline

1. Initiation and Planning (Feb-Mar)
   Improvement model, project planning, and IRB approval

2. Literature Review (Mar-Apr)
   Review literature to identify evidence for community supports and services drivers of days at home

3. Interviews* (Apr-Jul)
   Conduct stakeholder interviews or focus groups to learn about successes, barriers, and partnerships

4. Prioritization & Analytic Plan (May-Jul)
   Prioritize community-based drivers and develop a plan to acquire data and conduct statistical analysis

5. Data Analysis & Synthesis (Aug-Oct)
   Collect data and analyze data
   Synthesize findings to identify the most impactful services to prioritize for implementation

*Timeline is dependent on availability of interviewees/focus group participants.
1. Initiation and Planning

Deliverables:
- Detailed project timeline (word doc)
- IRB forms (TBD)

- Improvement Model: Integrate Steering Committee feedback on study design and improvement model (see next slide)
- Project Plan: Develop detailed project plan including cadence of meetings, deliverables, and stakeholder approval
- Convening: Ensure appropriate participants are in Community Support Services workgroup
- IRB: Identify IRB for study submission, prepare and submit IRB forms if needed
Improvement Model Summary
Community-based solutions address barriers leading to more days at home

Community-Based Solutions
- Telemedicine
- After-hours call center
- Transportation services
- Care coordination
- Nutrition services
- Food delivery services
- App for social support
- Health plan programs
- Employer-led support initiatives
- Support groups for families
- Low-cost respite services
- Home health agency visits
- Primary care at home
- Community-based palliative care
- PACE programs
- Community healthcare workers top of license
- Family caregiver tax credits or wages
- Community partnerships
- Partnerships to obtain good food in rural markets
- Pharmacy / payer medication access programs
- Faith-based organizations
- Volunteer programs
- Volunteers / workers for home-based care

Barriers to Days at Home
- Family caregiver burden
- Social isolation
- Property maintenance issues
- Food-related issues
- Health incidents and medication issues

Healthcare Outcomes
Primary
- Days at Home
Secondary
- Hospice Days (leading)
- Crisis Acute Utilization
- Patient / Family Satisfaction
Example: Family Caregiver Burden

Outcome of Interest

Seeking institutional care

Why do people seek institutional care?

Family caregiver burden

Why?

Patient needs round-the-clock support

Need emotional support

Caregiver social isolation

Financial strain

Why?

Cannot afford professional help

No access to others with similar experiences

No available support

Quit jobs due to need to provide care

Community-based Solutions

Low-cost respite services

Support groups for families

App for social support

Employer-led support initiatives

Community support workers

Family caregiver tax credits
2. Literature Review

Deliverables:
- Search strategy (word)
- Annotated list of references (excel)
- Summary of findings (slides)
- List of core concepts for Survey development (slides)

**Search Strategy**
Develop a search strategy and key search terms to assess available evidence for specific community supports and services that may lead to more days at home.

**Review**
Conduct search of PubMed, key stakeholder organizations, and other sources described in strategy. Document references.

**Summarize**
Summarize community-based drivers and potential “controls” that relate to days at home (e.g., demographic variables or social determinants of health).

**Identify**
Surface list of potential drivers and demographics for further investigation. Identify outcomes and concepts to capture in Survey development.
3. Interviews

Deliverables:
- List of interviewees (slides)
- Interview guide (word)
- Interview summaries (word)
- Updated summary of findings (slides)

Strategy and Outreach
- Identify types of stakeholders for interviews and/or focus groups (e.g., national experts, regional leaders including AZ, high/low performing state leaders)
- Identify potential ACT Index Coaches

Interview Guide
- Draw on literature, analytic findings, and experience to develop guiding questions for interviews related to:
  - Community-based actions they have used to increase days at home
  - Successes and barriers, partners, and lessons learned
  - Potential data sources

Outreach and Interviews
- Create a prioritized list of specific stakeholders for interview
- Conduct outreach and schedule interviews
- Conduct and document interviews

Synthesis
- Summarize interview findings
- Compare results with literature review results to identify most promising drivers
- Note potential partners and data sources
4. Prioritization & Analytic Planning

Deliverables:
- List of criteria, drivers, controls, and data sources (slides)
- Analytic plan (word)
- Data request (TBD)

Prioritization
- Establish prioritization criteria (e.g., level of evidence, feasibility for data collection, current utilization in AZ, and expected impact)
- Select drivers (#TBD) and additional controls for data analysis

Data Source Identification
- Identify public sources of data for drivers, controls, and outcomes (government, think tank, NGO, etc.)
- Develop partnerships for patient-level data, regional data, and other needed information (e.g., days at home)

Analytic Plan
- Develop an analytic plan for data collection and statistical analysis

Outreach
- If partnering with a data aggregator or other organizations (like a provider or community organization), conduct outreach to request data
5. Data Analysis and Synthesis

Deliverables:
- Statistical results and data table (excel)
- Updated summary of findings (slides)
- Press release / executive summary (word)

Obtain Data
Collect data for selected drivers, controls, and outcomes by downloading from public sites, receiving files from partner organizations, or compiling data sets from public resources

Clean and Merge
Clean data for analysis
Merge into SAS or Stata for analysis

Analyze
Perform statistical tests per testing plan and based on the types of data and variables appropriate to determine relationships between drivers and desired outcomes

Summarize
Update slide deck with findings from data analysis
Synthesize findings across project phases to identifying drivers with the strongest evidence, feasibility, and impact

Recommend and Report (October)
Develop recommendations for which interventions to pursue in AZ based on findings and update slides
Summarize project and recommendations in an executive summary / press release (~2 page document)
Discussion Questions: Content

• **Is the population definition appropriate?**
  • People with serious illness living in the community (primary residence that is not a skilled-level medical facility)
  • Applies to residents of senior living communities, but not skilled nursing facilities

• **Is the focus on Days at Home as the primary outcome appropriate?**

• **Are any of the key improvement model barriers more promising for investigation?**
  • family caregiver burden
  • social isolation
  • property maintenance issues
  • food-related issues
  • health incidents and medication issues

• **Should we pursue interviews, focus groups, or both?**
  • What types of stakeholders?
  • How many?
Discussion Questions: Proposal

- Does the study include the right steps in the right order?
- Have we included the right deliverables at each stage?
  - (1) Project timeline and IRB forms
  - (2) Search strategy and annotated reference list
  - (3) Interview guide and summaries
  - (4) Analytic plan, Statistical models/results, and data table
  - (5) Comprehensive presentation deck updated with process and results of each phase
  - (5) Final executive summary/press release
- Who else should participate in the Community Support Services Workgroup?
  - Needed skills and experience: working with community-based programs, data sources, research study design, data analysis
- How do we gain feedback from people not on the workgroup?
## Estimated Budget

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<th>Phase</th>
<th>Estimate</th>
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<tr>
<td>Initiation and Study Planning</td>
<td>$5,500</td>
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<td>Literature Review</td>
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<td>Interviews (7 interviews- 15 interviews + focus groups)</td>
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<tr>
<td>Prioritization and Analytic Planning</td>
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<td>Data Analysis</td>
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<td>Coalition and workgroup support</td>
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<td>Pass-through data and IRB costs</td>
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<td><strong>Total</strong></td>
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### Notes
- Projected timeline: March-October (Assumes contract approved in February)
- Ranges based on number of interviews, possible focus groups, data sources (type and number)
- Additional pass-through costs possible for data and IRB
Next Steps

• Revise proposal based on Steering Committee and Community Support Services Workgroup feedback

• Final proposal to be presented at the next steering committee meeting
Funding WG Update

• Purpose:
  – Identify funding and resources to support AZ C-TAC work beyond year one, including implementation
  – Fund Person/Caregiver Survey

• Timeline

• Amount
  – Detailed budget proposal under development

• Potential Funder List Identified

• Strategy
  – Seek high profile organizations known for collaborative projects to get the grant and distribute funds to different organizations
  – Update C-TAC and AzHHA Websites to spotlight this work
  – Seek global funding through C-TAC
  – Develop 2 pager overview with menu of funding options (programs)
  – **ASK: Steering Committee participants create 3-4 sentences describing how this work will impact their work, how it will create desired outcomes by 2/15/20.**
Key Takeaways
Next Meeting:

February 26, 2020
10-12 am
Arizona Hospital & Healthcare Association
2800 N. Central Avenue, Suite 1450
Phoenix, AZ 85004

WebEx Will Be Available