

The John A. Hartford Foundation



Mandate for Change

We believe that as a society we can and must improve health care for older Americans to better meet their needs and maintain their independence and dignity. If we succeed, society will benefit from the continuing contribution of older people and from reducing health care spending.

Hartford's Vision



- Older adults receive quality health care from sufficient numbers of well-trained health care professionals.
- Health professionals are trained to, and work in, interdisciplinary teams, and our country's financing and delivery systems support them.



Hartford's Vision continued

- Care for older adults is integrated, patient-centered and coordinated.
- Older people and their families are active partners in their care.
- Greater attention is paid to the financing of disease prevention, the adoption of healthy life styles, and the preservation of function.
- Health care is seamless across various delivery sites and all clinicians have immediate access to patients' health information and communicate with one another.
- Our health care system takes account of the increasing social, cultural, demographic and geographic diversity of older adults.

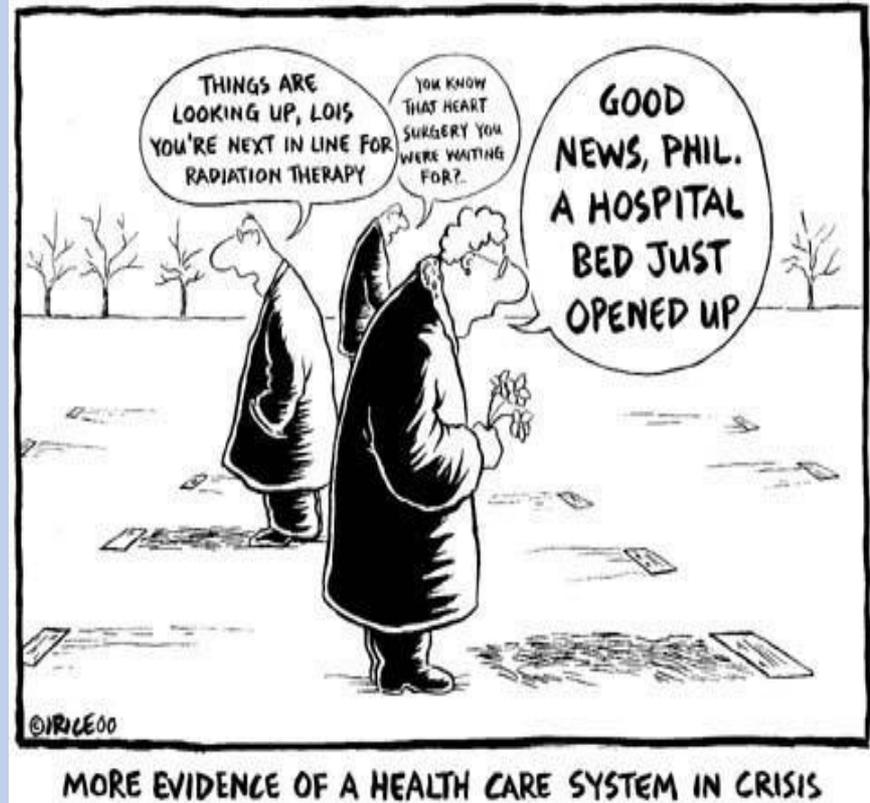


Hartford's Objectives

1. Prepare a geriatrically competent workforce.
2. Infuse geriatrics in the education programs of all schools of social work in the country.
3. Ensure that there are sufficient geriatrics faculty members.
4. Develop, test and disseminate innovative, cost-effective models of care that improve services to older adults.
5. Draw national attention to the importance of social work in improving the health care of older people.
6. Communicate the idea that older adults are “a core business” of health care & its professions.

Why are We focusing on health care/reform?

- Demographic changes
- Chronic diseases
- Inadequate and poorly prepared health care workforce
- Failure to deliver care cost-effectively
- Use and cost of long term support and services
- Important financial, ideological and ethical issues
- Discrimination and ageism



Opportunities for Social Work

- Affordable Care Act (ACA)
- 3026: Community Based Care Transitions
- CMS Mandate – Meeting the Triple Aim:
 1. Improving patient experience
 2. Improving population health
 3. Reducing costs
- CMS - “new rules” re readmission rates and emergency room visits/admissions
- Duals Demonstrations



Social workers need to:

- be advocates and leaders for change
- better define their “value-added” contribution to improving health outcomes
- make a business case with evidence of their cost-effectiveness
- be proactive with other health professions, health care systems, national organizations, community-based organizations, politicians, etc.



Care Coordination

- ✓ The answer to the health care crisis
- ✓ The realm of Social Work
- ✓ Social Work's Leadership Opportunity



Recommendation 1

Make the business case for care coordination and its sustainability using available data and clarifying what data are not available.

Include:

- ✓ Clear definitions of the components of the care coordination model
- ✓ Identifying populations who can benefit most from care coordination
- ✓ Replicate the strongest programs that are able to achieve the Triple Aim



Recommendation 2



Refine core competencies for interprofessional care coordination and incorporate these into general professional education, credentialing and continuing professional education opportunities.

Incorporate all professional groups central to patient centered care coordination.

Recommendation 3

Pre-clinical experiences should be developed to prepare students from multiple disciplines for more effective interprofessional clinical training.

Schools and agencies should develop opportunities for continuing experiences with individual and families that persist across settings and changes in health status.



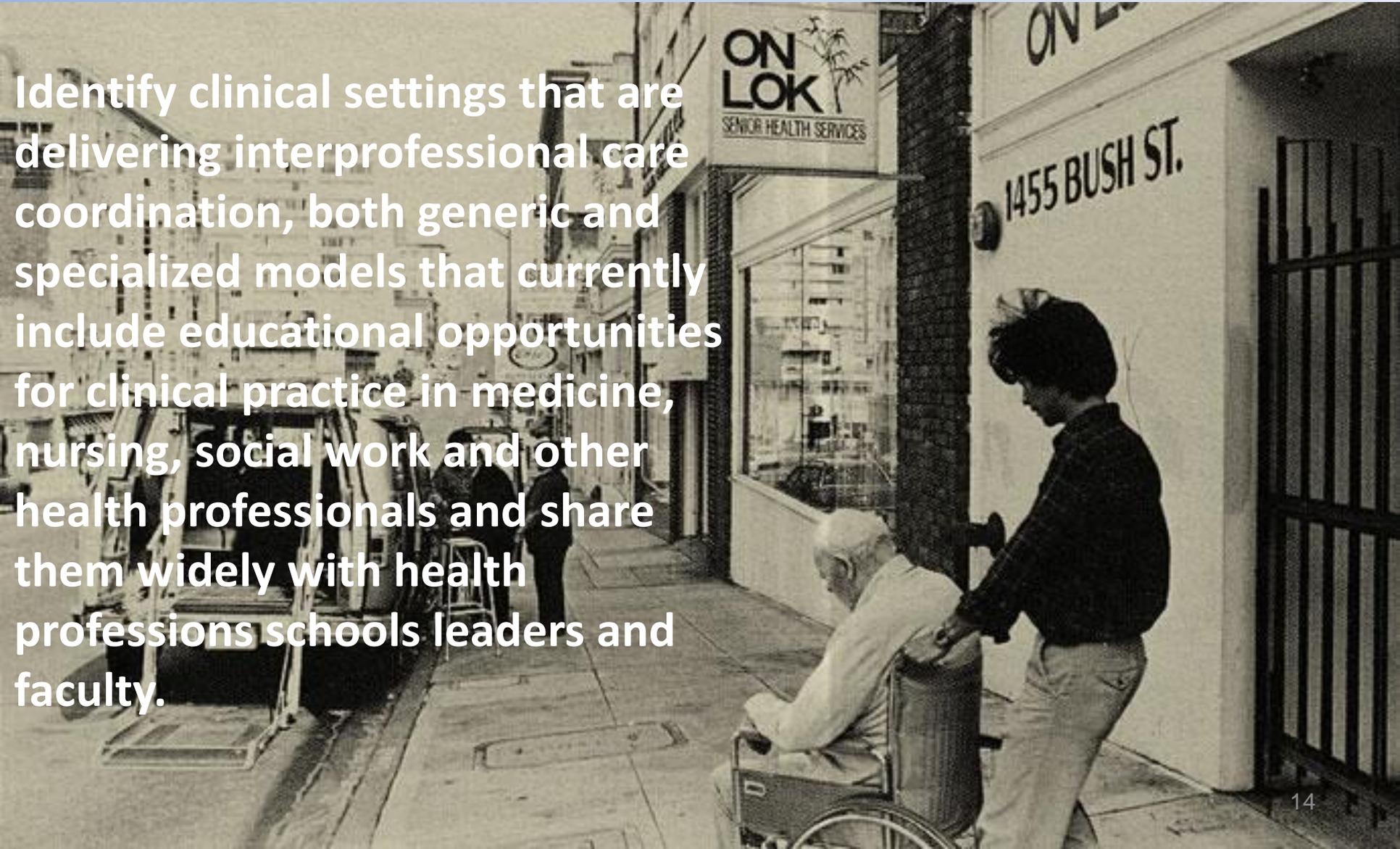
Recommendation 4

Identify/develop new and/or share existing curricula that emphasize collaborative practice, partnership with and for patients, and multi-cultural approaches, and establish metrics against which to assess interprofessional learning.



Recommendation 5

Identify clinical settings that are delivering interprofessional care coordination, both generic and specialized models that currently include educational opportunities for clinical practice in medicine, nursing, social work and other health professionals and share them widely with health professions schools leaders and faculty.



Recommendation 6

Integration of students into interprofessional teams in non-traditional settings and at different points in time must be evaluated in order to determine what level and model of educational preparation is the strongest predictor of interprofessional teamwork and care coordination and in which practice settings for each involved health profession.



Recommendation 7

Work with private insurers for recognition of interprofessional education as part of interprofessional care coordination models that they will fund.



Recommendation 8

Create academic recognition and incentives for faculty who teach and do research in interprofessional settings and consider special academic recognition for students who complete more advanced interdisciplinary coursework and care coordination practicums.



Recommendation 9

Promote the importance of educational and practice environments needed for training in interprofessional practice and care coordination to educational leaders.



Recommendation 10

Strengthen the link between social work education and practice including collaborating with community-based organizations to provide social workers with the skills they need to survive and thrive in the new health care reform world:

- acquiring business acumen
- providing evidence-based research into practice



Linking Education to Practice

*“Vision without action is merely a dream.
Action without vision just passes the time.
Vision with action can change the world.”*

-Joel A. Barker



Resources

- nora.obrien@jhartfound.org
- www.jhartfound.org
- <http://www.cswe.org/CentersInitiatives/GeroEdCenter.aspx>
- <http://www.gswi.org/>
- <http://www.hartforddign.org/practice/gitt/>
- <http://www.americangeriatrics.org/pha/multi-disciplinary-competencies/>