February 2012

Next SE Ohio ADRN Meeting

Feb. 28, 2012 10a –12p

1400 Pike St., Marietta *or*

Participate via GoToMeeting

AAA8 Partners with Memorial Health System on Care Transitions Pilot

The Area Agency on Aging 8 (AAA8) and the Memorial Health System are piloting a free Care Transitions service to assist patients when they are sent home from the hospital.

The Care Transitions program is designed to assist patients as they transition from the hospital to home and help reduce recurrent hospitalizations by providing key resources. Participating patients are supported by a Transitions Coach for four weeks after discharge. The goal is to empower patients and caregivers with tools, skills and information to develop long-lasting health management skills.

"Care Transitions is a program that has been tested in other states and proven to be effective in helping prevent folks from returning to the hospital," said AAA8 Director Rick Hindman. "We are very excited about the Marietta area pilot and the partnership it is creating across the health system."

The Transitions Coach works with the family to identify caregiver supports and review key needs as well as to refer to a variety of community resources. Key components also include a close monitoring of medication management, getting patients to key follow-up medical visits and keeping good records.

According to Memorial Health System CEO Scott Cantley, "Care Transitions supports patients in learning more about their illness and healthcare needs. We encourage our patients to ask questions to better understand and manage their illnesses, to know their medications, and to communicate and follow up with their doctors."

"There is an obvious underlying goal to reduce unnecessary hospital readmissions and reduce Medicare costs, but more importantly, the goal is to put in place proven supports for individuals to help them heal and be at home – where most people say they would rather be. The Area Agency on Aging is focused on connecting individuals to key home and community-based care resources," added Hindman.

Marietta-area resident Patricia Uhl benefitted from the Care Transitions program following her recent stay in the hospital. "It was very helpful to have these nice people help me," said Patricia. She explained that she returned to Marietta to be near her three daughters following 18 years in Florida.

The Care Transitions program is supported by the Southeast Ohio Aging & Disability Resource Network (ADRN) and provided at no charge to patients.

Researchers estimate that for every 350 patients who receive this intervention, hospital costs will be reduced by approximately $300,000.

Archives of Internal Medicine,

September 2006

10 Facts You Need to Know About Care Transitions

1. There is NO cost to you or your patients for coaching.
2. Coaches DO NOT interfere with your patient care.
3. Coaches DO NOT practice clinical medicine or direct patient care.
4. Coaches DO empower patients with their health care.
5. Coaches can assist you and your patients with Medication Reconciliation.
6. Coaches will be trained professionals.
7. Selected patients will be visited in the hospital by the coach with one follow-up in their home (NOT to give direct care) and several phone contact over a four week period.
8. Coaches assist patients with transitions across care settings.
9. Coaches will be assigned to patients with high risk for readmission.
10. To learn more about coaches and their role visit: www.caretransitions.org

Ohio's Lifespan Respite Care Program

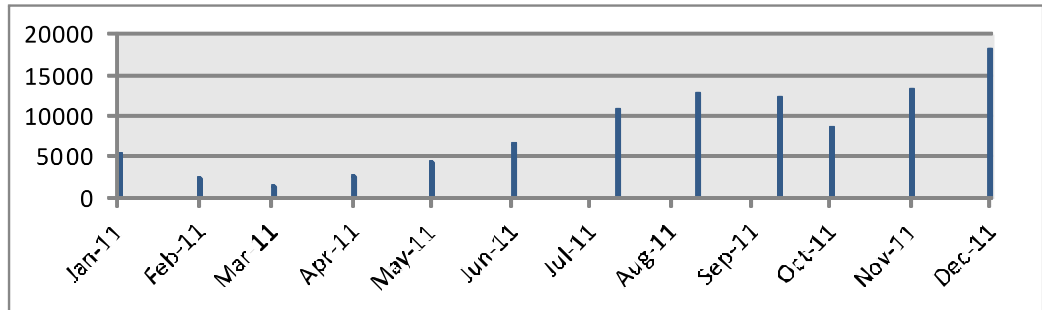
The Ohio Department of Aging in partnership with the Ohio Respite Coalition, Family and Children First Cabinet Council, Ohio's Aging and Disability Resource Network, and research and evaluation partners propose to unite and expand respite programs, services and resources available to families/caregivers of children with disabilities, adults with disabilities and older adults into an integrated lifespan respite system in Ohio. The **goal** of the project is to unite and develop current respite programs, services and resources available to families/caregivers of children with disabilities, adults with disabilities and older adults into an integrated respite system.

The following **objectives** will be achieved: (1) support and sustain the newly formed statewide respite coalition; (2) gather information about the needs of consumers and what respite services and resources currently exist in Ohio; (3) develop a strategic plan to serve as a roadmap to the future; (4) educate consumers, families, caregivers, and referral sources about the availability and benefits of respite; and (5) funding the development of delivery models that work, including but not limited to universal respite voucher and volunteer respite programs.

Anticipated **outcomes** include:
(1) increased participation in the OH Respite Coalition; (2) a common definition and service specifications for respite across at least five state-administered funding streams; (3) inclusion of respite information into at least three statewide program registries; (4) train at least six referral source organizations; (5) increase the number of caregivers/families using respite by seven percent; (6) increase quantity of respite workers by five percent; and (6) increase consumer satisfaction by five percent.

Over 18K User Sessions on Network of Care December 2011

Jan-11	5388
Feb-11	2462
Mar-11	1277
Apr-11	2576
May-11	4365
Jun-11	6646
Jul-11	10656
Aug-11	12661
Sep-11	12273
Oct-11	8579
Nov-11	13235
Dec-11	18184



Use of the SE Ohio ADRN's Network of Care continues to grow topping 18,000 sessions in December 2011. The Network of Care is a great way for caregivers to find out what services and supports are available from across the country or across town. The Personal Health Record is a free service on NoC—an excellent place to store information so that it is accessible from anywhere! You never have to worry about forgetting it at home!

NoC's My Folder = Electronic Personal Health Record

Login | New User | Lost Password

LOGIN WITH YOUR USER NAME AND PASSWORD

Username: demo

Password: ••••

Login

Don't have a PHR account? Register Now

LOGIN WITH YOUR CAC

Use the Personal Health Record (PHR) to organize and store important medical and healthcare-related information. Create folders for yourself, family members, or others you care for. The information placed here is stored on a secure, Verisign-encrypted server, the same type of security used in online banking.

Unlike the medical files you may keep at home, your Network of Care PHR is available whenever and wherever you need it.

If you choose to, you can grant access to your PHR to others, such as a physician, lawyer, family member, trusted caregiver or friend. You decide what information to share, and for how long.

This secured environment is also the gateway to other secure Network of Care (NOC) resources. To ensure your privacy, this is where articles and service links you collect on the NOC are stored. Personal messages are also viewed here, such as correspondence from a healthcare provider, email from a private NOC support group, or notices about bills you're tracking through the Legislature.

To access these and other features, you need a Network of Care account. An email address is all that's required. To set up your account, please click the "New User" tab above.

You can print a hard copy of your entire Personal Health Record or just choose certain sections.

You can upload files to your Personal Health Record such as test results or a copy of your Advance Directives.

- ☑ Healthcare Providers
- ☑ Vision
- ☑ Dental
- ☑ Doctor Visits
- ☑ Surgeries
- ☑ Diagnostic Procedures
- ☑ Hospitalizations
- ☑ Allergies
- ☑ My Notes

- ☑ Medications
- ☑ Health Log
- ☑ Infectious Diseases
- ☑ Immunizations
- ☑ Physical/Occupational Therapy
- ☑ Medical Devices
- ☑ Insurance
- ☑ Legal Documents
- ☑ Services & Resources

SE Ohio ADRN Network of Care ➡ http://seohioadrn.oh.networkofcare.org

State agencies partner to link vocational rehabilitation consumers and veterans to resources to help them return to work, age in place

Enhancing connections will increase independence and reduce costs to taxpayers

The Ohio Department of Aging (ODA), the Ohio Department of Veterans Services (ODVS) and the Ohio Rehabilitation Services Commission (ORSC) announced a partnership between the state agencies and local partners to link Vocational Rehabilitation (VR) consumers with chronic disease self-management workshops and employment supports to help them remain at or return to work. The **Vocational Rehabilitation Public Private Partnership** (VP3) initiative enhances awareness among vocational rehabilitation consumers and providers of ODA's Healthy U chronic disease and diabetes self-management programs, which have been proven to reduce disability and increase independence.

"Chronic disease becomes much more common as people age," said RSC Director Kevin L. Miller, "The Healthy U program helps citizens manage their disease and stay on the job. As a result, they will maintain economic independence and the state will avoid the Medicaid expense that comes with a Social Security Disability Insurance benefit."

"Older adults and people with disabilities want to remain vital, active members of their communities who continue to thrive and contribute. Many just need a little help to do that," added ODA director Bonnie Kantor-Burman. "By leveraging local partners, including area agencies on aging, the Senior Community Service Employment Program, Healthy U Workshop providers, Centers for Independent Living and others, we can support successful employment and independence, and increase the connections between those local partners."

Along with the disease self-management programs, VR consumers will be provided peer support groups and individual employment supports to help ready them for the workforce again. The program will be piloted in five cities, including Steubenville, where the workshop will be targeted toward veterans with disabilities.

"This interagency collaboration is aimed at a more coordinated effort to offer programs and services to help disabled veterans get back to work or remain in their own homes for as long as possible," said ODVS Director Thomas N. Moe. "By working together, state agencies and local partners can enhance the quality of life for so many who have served their state and country."

Healthy U teaches skills that can be applied to your every day life.

- *How to work and communicate with your doctor*
- *Medication "how to's"*
- *How to personalize a fitness and exercise program*
- *How to relax (relaxation techniques)*
- *How to deal with negative emotions*
- *How to manage symptoms*
- *How to improve communications*
- *How to eat well*
- *How to set weekly goals*

For more information about "Healthy U", Stanford University's Chronic Disease Self-Management Program (CDSMP) or other evidence based programming, contact Mindy Cayton at the Area Agency on Aging 8.

Save the Date May 9, 2012

This event is sponsored and hosted by:

SE Ohio Aging and Disability Resource Network, Southeastern Ohio Center for Independent Living (SOCIL) and the Central Ohio Area Agency on Aging

Registration materials will be available March 28th.

Independence by Design

Learn about the latest technology and design options available to assist people of all ages and abilities.

Displays featuring the latest assistive devices, products and demonstrations.

5.5 hours of continuing education credits for social workers.

Featured speakers: Doug and Ellen Gallow, LifeSpan Design Studio

Doug and Ellen Gallow bring a unique mix of architecture and gerontology to the study and practice of universal/"lifespan" design. Co-founders of Loveland, Ohio-based Lifespan Design Studio, they offer a broad array of planning and design services to residential, commercial, and institutional clients nationwide.

For more information about LifeSpan Design Studio visit: www.lifespandesignstudio.com.

Upcoming Events

Consumer and Family Caregiver Statewide Conference Call: Feb. 17

The Olmstead Taskforce is sponsoring a statewide conference call on February 17, 2012 for consumers and family caregivers to learn about and provide input on the concept papers.

Date: 2/17/12
Time: 1-2:00 p.m.
Lines: 175
Title: Medicaid/Medicare -Consumer Engagement

Date: 2/17/12
Time: 2:30-3:30 p.m.
Lines: 175

Title: Medicaid Waivers - Consumer Engagement
Consumers, family and caregivers who would like to participate in the call should make arrangements by contacting:

Mary Butler
Phone number: 440-864-3495
mbutler@ohiosilc.org

Maria Matzik
Phone number: 937-341-5202 ext. 20#
maria@acils.com

o4a Spring Advocacy Conference

April 24-25 , 2012
Sheraton on Capitol Square
75 E. State Street / Columbus, OH 43215

Aging in Ohio 2012

May 8, 2012
September 19, 2012
NEW LOCATION! Mid-Ohio Foodbank 3960 Brookham Dr. Grove City, Ohio 43123

Independence by Design

Logan, OH
May 9, 2012

If you have an upcoming training, conference or other event that you would like add to the newsletter to have distributed to the SE Ohio ADRN mailing list please forward the information to:

mcayton@buckeyehills.org

We will also add it to the

AAA8 website Events Calendar

c/o Buckeye Hills-Area Agency on Aging 8
P.O. Box 370
Reno, OH 45773

Phone: 800-331-2644
Fax: 740-373-1594
E-mail: mcayton@buckeyehills.org

One click or one call can open doors to many long term services and supports in SE Ohio.

AAA8 Staff Earns AIRS Certification

Brandi Hesson, CIRS-A, and Gerri VanNoy, CIRS-A, of the AAA8 Information and Assistance Department were recently notified that they have obtained a new professional credential - they are certified as I&R Specialists in Aging (CIRS-A). Also certified at AAA8 is Kara Wright, LSW, CIRS-A.

The Alliance of Information and Referral Systems (AIRS) is a credentialing authority operating an Accreditation Program that measures an organization's ability to meet the AIRS Standards, and a Certification Program that evaluates the competence of I&R practitioners. AIRS Certification is a professional credentialing program for individuals working within the I&R sector of human services.

Certification is a measurement of documented knowledge in the field of I&R reflecting specific competencies and related performance criteria, which describe the knowledge, skills, attitudes and work-related behaviors needed by I&R practitioners to successfully execute their duties.

Gerri VanNoy, CIRS-A and Brandy Hesson CIRS-A

The AIRS Certification Program, operating in accordance with national credentialing practices, measures and recognizes competence in the I&R profession, is improving the professionalism of the field and the quality of service provided to the public.