Meeting of Health and Wellness Committee

October 5, 2021

Attendees: Neal Brown, Marsha Weber, Robin Henoch, Barbara Selter, Eddie Rivas, Marcia Pruzan, Kendall Matthews, Marcie LeFevre, Seda Gelemian, Virginia Cain, David Engel, Wayne Berman, Rev Vikram, Nkiru Ezeani, Betsy Carrier, Mona Greiser, Art Williams, Monique Gardener, Joyce Dubow

Betsy Carrier reported on the WISH program (Wellness and Independence at Home)—a now defunct component of the Nexus program that was initiated by 4 county hospitals to reduce costs. The program consisted of health coaches supported by nurses. Although some reduction in Medicare costs was observed, no information was available concerning ROI or whether these reductions could be directly attributed to the WISH program. Coaches came from the Primary Care Coalition. It is likely that the program was terminated because of its costs. The effort was intended to develop a bridge between housing and care needs of a vulnerable population. WISH was not a direct care program but rather a referral service. It faced challenges in building trust among the residents in HOC facilities who wanted to maintain autonomy within their residences and were loath to be identified as high risk for fear of losing their places in these facilities.

Health Partners – an ad hoc group that meets monthly--is another organization of multiple groups who relate to the same population and is an example of another effort to coordinate among groups that serve high users. Primary Care Coalition and Fire and Rescue organizes these groups and has a social worker to support the work.

David Engel reported on his effort to obtain information from the 4 contractors- (Home Care Partners, Advance Home support, Specialty and Support and Visiting Angels) who do business with IHAS-In Home Aid Services program - a county program. David and Shawn Brennan agreed it is difficult to find where the budget for this program resides and whether the state reimburses the county for any of its costs. Regardless, the county must follow state rules for assessment, etc. To be eligible for services through IHAS, a client must be enrolled and receiving some form of assistance from the county's case management or adult protective services or its guardianship programs; must be an adult (most are over 65); and have a functional need. An eligible individual may not have over $20,000 in assets, excluding home and car. One's income does not count towards eligibility, although it may affect hourly charges. Participation is limited to 400 people.

Just two contractors responded to David's inquiry (but he will pursue additional information). IHAS does not have enough intake personnel to process applicants. There is a waiting list. People who are identified by Adult Preventive Services are generally those with urgent needs. Home Care Partners noted that their grant from the city of Gaithersburg affords them more flexibility than that from the county via IHAS and enables them to provide light care which the county doesn't allow. And

There was a brief discussion about the dearth of qualified aides to serve this program and low wages was identified as a major issue, not withstanding that they have been raised to $15/hour and higher.

Marsha lead a brief discussion of the PACE program and referred to the material that had been distributed before the meeting. Issues raised were whether this was a program with an interested county sponsor and whether this high-risk, dual eligible population is the group the COA wants to focus on.

Marcie Le Fevre described a project sponsored by AETNA and the national Meals on Wheels Program that enabled drivers to observe their clients and report issues and conditions of concern to an embedded social worker who then triaged and counseled on prevention. AETNA recognized that this was a way to avoid costlier services. Marcie agreed to provide additional information on program evaluation. The group agreed to follow up with local meals on wheels and to identify other community partners who could help find those who are vulnerable by identifying people who present with falls potential, medication issues, etc. However, some committee members raised concerns about overburdening the volunteer drivers and also pointed out the disinclination of some to be targeted for services. It was also suggested that caregivers be trained to look out for signals of potential problems among those they are caring for. It was also pointed out that there needs to be adequate personnel to address the needs who would be identified by such processes.

Follow-up for next meeting: David will follow up with additional info on IHAS, Marcie will follow up with info on evaluation AETNA/Meals on Wheels program. Betsy suggested info on HOC's ability at case finding and what they do about. Finally, it was suggested that the committee explore types of training local schools provide for caregivers