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Issue 19 | Fall 2014



Dual Eligible Demonstration

Kicks Off with Success!

»» LATEST NEWS

A new program has been launched to redesign care for “dual eligibles,” or individuals who are eligible to receive benefits from both Medicare and Medi-Cal. How is HPN making a difference with this Cal MediConnect Program and the Duals? Get updated on page 3.

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As the year draws to a close, it's important to reflect on all we have accomplished. Next year will be even more exciting as we continue providing our stellar resources and

services to members. We are committed to the health and well-being of our community, making a difference in the "whole health" of each patient.

In this issue, you'll read about our new Cal MediConnect outreach programs. We've created revolutionary ways to keep members in the program so that they can take advantage of all the different resources that contribute to their overall health and well-being. We've made significant strides – and will continue to do so.

You'll read true life stories from our member advocates about members they have helped. You'll also hear from some of our affiliated HPN groups about exciting new programs, like customized fitness for chronically ill patients, diabetes management, and community-based medical homes.

Also included: A story about some of our volunteers and how they have made a real difference in each other's lives through our ACO CareCalls program. The program gives our members a way to connect with one another, checking in as often as desired to make sure they are healthy and thriving.

We wish you a wonderful holiday season and a New Year filled with promise, hope, and opportunity.

Dual Eligible Demonstration Kicks Off With Success

In 2014, the California Department of Health Services and Centers for Medicare and Medicaid Services launched a program to redesign care for "dual eligibles," or individuals who are eligible to receive benefits from both Medicare and Medi-Cal. This demonstration program, called Cal MediConnect, is designed to improve the coordination of care for dual eligibles and provide better healthcare outcomes by transitioning them to an approved managed care plan. Although the program has just begun, members are already experiencing positive life-changing results.

Heritage Provider Network (HPN) has created a specialized outreach and service program to meet the unique demands of the Cal MediConnect duals population. The program includes multilingual support, a dedicated member service department, an expanded provider network, and specially-trained member advocates who engage, educate, and assist our duals members out in the community.

Each member advocate acts on the patient's behalf to ensure they have full access to the programs and services available to them through Cal MediConnect. Additionally, each Duals member has access to a customized interdisciplinary team, from doctors and pharmacists to case managers and social workers, who work together to manage and improve the member's total care.

The goal of the outreach is to keep members in the Cal MediConnect program so that they can take advantage of all of the resources that contribute to their overall health and well-being – instead of opting out.

But how to keep them from opting out? That's where the member advocates come in. They meet with each member one-on-one to explain everything in detail in their own language.

"Our overall goal is to help these members get healthy, meeting their individual needs and connecting them with the care they need," said Hana Eicher, vice president of patient outreach and engagement. "We have learned that a big part of doing this successfully is being culturally appropriate, which is why our member advocates speak so many different languages. As a result, the member forms a close, trusted relationship with someone who can truly help them."

"We offer a helping hand that these members otherwise would have not received," said Edwin Rivera, vice president of HPN's Cal MediConnect Outreach. "We are seeing so much change already. These members are grateful and relieved to have someone on their side."

"I definitely see the success in the work that we are doing with our members. I feel like we will continue to increase the effectiveness of our work with a population that has been overlooked in the past. — Tia Morgan, LCSW"



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Additional HPN Duals Outreach Program Features

✔ Seven threshold languages.

Effective communication is key. To ensure that each member understands the ins and outs of the program, the member advocates speak seven different threshold languages, including English, Spanish, Farsi, Mandarin, Korean, Russian, and Armenian. By communicating with the Duals in the right language, the advocates can make a huge impact on their health. “We tell them that we are there for them and that we will make sure they have full access to the services available,” said Rivera.

✔ Circle of Care cell phone.

Each member of the Cal MediConnect program receives a cell phone that they can use to access their individual health team at anytime. The phone is provided at no charge to the member and offers unlimited calling and texting to anyone in their designated circle of care – including family or friends who are caregivers. For many members, a cell phone makes a world of difference – and is something they wouldn’t have been able to get on their own. Knowing they have their entire care team literally at their fingertips helps them feel empowered and in control of their health.

✔ Dedicated customer service division.

We offer 24 hour a day, seven day a week support for our Duals members, staffed by agents who are specially trained to serve the unique needs of this population.

✔ Education/social wellness.

Proper socialization is critical for maintaining good overall health. Many Duals members are unable to leave their homes or only leave to go to doctor’s appointments. To address this issue, the program provides an abundance of health education-focused outings and social events. “They have something to look forward to now,” said Eicher. “They also have a new social circle, which helps them get out and have fun. It means so much to them and makes such a difference in their mental and physical health.”

✔ Award-winning coordinated care programs.

Specialized programs are tailored for the member, offering extra services like case management and pharmacy reconciliation. The care coordination team ensures that the members take appropriate advantage of Cal MediConnect program benefits such as transportation, dental, and vision services. “If the member doesn’t have the right dental care, it can impact his or her appetite, which can ultimately create issues of malnutrition,” Eicher said. “And without the right glasses or eye care, the member is unable to read labels, signs, and other materials that could boost his or her emotional, psychological, or physical health.”

This dedicated outreach – involving so many products and services – is unique in the industry and growing rapidly. HPN will continue to refine it to meet the needs of this important, at-risk population, who truly benefit from the high level of care coordination.

True Stories of Cal MediConnect Members

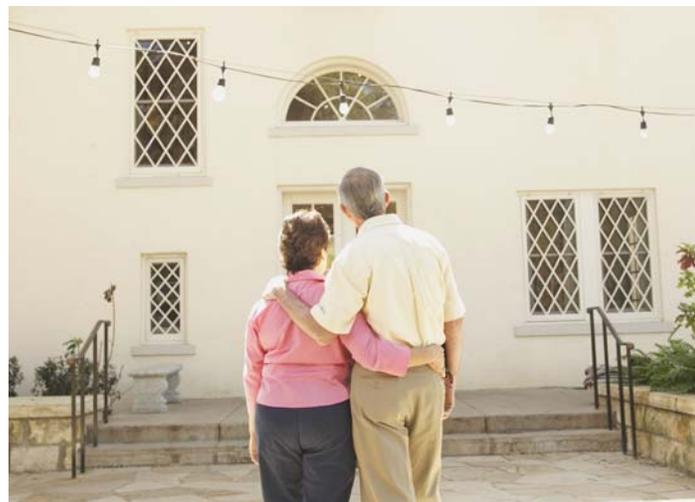
From the Point of View of Member Advocates

Putting Fears to Rest

When I visited Mr. Abadi, a physician from Syria, I could see that he was troubled. He was unable to practice in the U.S.; as a result, he was having financial issues and was afraid to share them with his wife and family. The fear was touching all aspects of his life, including his family's medical care. Life was not the great experience he thought it would be in the U.S. and it was wearing him down. He told me that he felt hopeless and didn't know what to do.

I noticed that he was withdrawn. His nails were bitten to the quick and his hands shook. However, once I started describing all of the programs that Cal MediConnect offered, Mr. Abadi's disposition changed. He couldn't believe that he had access to so many resources to improve his health and his situation. He was amazed when I gave him a cell phone, free of charge, that he could use to keep in touch with his Circle of Care support team.

Today, Mr. Abadi says he is like a new man. He speaks more confidently, walks taller, and feels positive about his situation. Even though things aren't perfect, they are more manageable. Just knowing he has a support team behind him has changed his thought process. He has better access to medical care – and a better relationship with his wife because he isn't hiding anything anymore.



Speaking in Native Tongue

Life was difficult at times for the Morales family. Though they worked hard, they struggled to make ends meet and cover necessities. Their house was modest and they lived in a poor part of town. Outsiders rarely came into their close-knit Salvadorian community neighborhood.

So, when I went to their house to meet with them face-to-face, they were really excited. They couldn't believe that someone had made the trek out just for them and even spoke in their native language.

They were even more amazed at what I could provide to them right away. I called to schedule their first appointment with the dentist and connected them with an ophthalmologist. I also showed them how they could use the transportation services included under Cal MediConnect to get to and from doctor appointments.

The Morales family couldn't stop thanking me. And I felt good knowing I had a part in making their lives better. They invited me to come back any time.

»» GROUP SPOTLIGHT



Fitness is Key

Heritage Victor Valley Medical Group

Heritage Victor Valley Medical Group (HVVMG) is focused on improving the well-being of its members with non-traditional, cost-effective approaches and has several programs to help empower them to make positive physical and mental changes. “Fitness is an innovative approach that has been demonstrated to improve our members’ health by reducing emergency room visits and hospitalizations,” said Susannah Meehan, RN Director of Clinical Services for HVVMG.

To address the issue of chronically ill members, HVVMG has taken a proactive approach by creating fitness programs for our members using the “prescribed fitness” model. Headed by Dr. Roger Moushabek, the program focuses on medication management for members with multiple medical conditions – and the prescription of fitness and exercise to achieve a new level of health.

The Fitness Prescription Program is designed to improve the health of participating individuals by increasing their level of activity, endurance, and strength. Exercise has been clinically proven to improve hemoglobin A1C levels in diabetic members, increase lung capacity in members with COPD, and help to achieve a healthy weight for all members. Participants have a series of tests and lab values to determine their baseline and repeat the process quarterly to determine program effectiveness.

The idea of adding fitness to a member’s plan of care is nothing new in healthcare. Doctors have told patients to diet and exercise to prevent or slow the progression of chronic illnesses for decades. **What we are doing at HVVMG is actually offering the expertise and encouragement in a safe environment where our members can achieve the benefits of fitness free of charge.**

In a recent experiment, HVVMG selected members who have regularly attended our fitness classes and other social activities and compared them to members who were the same age, gender, and had the same chronic conditions but don’t participate in any of our programs. The results were an overwhelming difference in overall claims, emergency room visits, and hospital utilization. As our programs evolve, we feel optimistic that we will continue to duplicate these successful results.



A friendship that started with one phone call



Yolanda Watkins and Patricia O'Brien

Times were tough for Yolanda Watkins. She had recently lost her husband and didn’t leave home much to socialize the way she did when he was alive. So when she received a schedule of upcoming events that the Heritage ACO was providing, she decided to request CareCalls, a service of the CareXchange volunteer program. CareCalls pairs an ACO volunteer with a member, “checking in” on them by phone once or twice a week.

Volunteer Patricia O’Brien was the one who was selected to check in with Yolanda. They hit it off immediately. Yolanda mentioned that she liked going to casinos and that the two of them could check one out together. That idea came to fruition a short time later during an ACO trip to Fantasy Springs Casino. Patricia and her husband, James, drove from Temecula and Yolanda drove from San Bernardino to meet and spend the day together.

They were instantly connected and felt like sisters from the second they met. Today, Yolanda is paying it forward, calling others who need help.

New Programs and Services at Desert Oasis Healthcare

Desert Oasis Healthcare (DOHC) prides itself on innovation, leadership, and providing improved quality outcomes and overall operational performance for the patients we serve. Here are some new programs and services that have been making a big impact on members and our community.

- 1. Clinical services changes.** Our Clinical Services division is restructuring and realigning key departments. As a result, we will leverage and synergize our teams on a concentrated focus of scaling up our programs – reaching a broader segment of patients needing our care.
- 2. Group visits.** Our diabetic management program began using group visits (10-12 patients at a time) to serve an increasing population of diabetics in our senior and commercial plans. We expect to maintain our 5 STAR status in diabetic control measures. This will translate into better quality lives for those patients achieving control over their chronic conditions. We have also implemented collaborative protocols in COPD and CHF to the list of transformational programs offered under Medication Management.
- 3. Community-based medical home.** DOHC recently opened its first prototypical community-based medical home to bring our care programs closer to the community. Located within the footprint of our newest immediate care facility, this care model was developed from the high risk clinic idea. DOHC has integrated its Senior Only Evaluation Clinic, Priority Care Clinic, Medication Management Clinics, Cardiology Clinic, social workers and other support staff into this facility. We are sharing the intellectual and compassionate care skills of these providers under one roof to be geographically closer to patients in that community.



We anticipate that this program, which has met with excellent patient and provider feedback, will provide our patients with a site of comprehensive care and care coordination. We'll be able to problem-solve and treat many complex medical issues outside the walls of a hospital. DOHC plans on duplicating this model in its other Immediate Care centers located strategically in core growth communities across the Coachella Valley, removing the burden of travel and redirecting patients away from the nearest emergency room.

Other exciting programs in various stages of implementation at DOHC include:

- ✓ Re-opening of an on-site orthopedics clinic
- ✓ Consolidation of our Senior Diabetes and Wellness Clinic into our Senior Only Evaluation Clinic
- ✓ Simplifying the navigation of our comprehensive annual wellness programs into a single site with fewer return visits for seniors



Diabetes Management Program

at High Desert Medical Group

The Diabetes Management Program developed at High Desert Medical Group (HDMG) has demonstrated that difficult diseases can be successfully managed through a team approach. The program strives to educate, engage, and manage patients to help them gain control of their disease and live a healthier life with fewer complications.

The disease management team includes an endocrinologist, clinical pharmacists, pharmacist assistants, and care coaches. They provide coordinated care, working with patients, their primary care doctors, and nurses.

“Improving the health of those we serve is paramount. Our disease management program – particularly the Diabetes Management Program – has been extremely effective.”
– Rafael Gonzalez, M.S. Administrator for HDMG.

This program enrolls patients who have uncontrolled diabetes with high Hemoglobin A1C values (HbA1C, a lab measurement of overall diabetic control) of above 9, and manages this population very closely until control of diabetes is achieved. The goal is to improve diabetic control, which will lead to reduction of diabetic complications – and ultimately improve the quality of life for these patients.

Under the program our team of four pharmacists, under supervision of an endocrinologist, has been able to manage more than **1,500 uncontrolled diabetic patients for last three years with great success.**

The clinical pharmacists enroll the patients in the diabetes program by receiving referrals from the primary care physicians, hospital case managers, and urgent care providers. Upon enrollment, disease goals are set and patients are aggressively managed with numerous clinic visits, phone calls, and medication adjustments supervised by the endocrinologist. This management leads to rapid control of blood sugars and subsequent HbA1C values, which typically come into control within the first three months.

Patients also learn how to follow a diabetic diet, conduct carbohydrate counting, and follow an exercise regimen while pharmacists optimize their diabetes medications. A medication reconciliation also done for each patient to ensure there are no duplications of therapy and the patient is taking only the necessary medications for their specific disease.

Each year, the diabetes program has successfully increased enrollment and managed more patients than the year before, with better HbA1c improvement. And the patients have a whole new life in front of them.

Happy Holidays

From the Heritage Provider Network!

We would like to wish all of our members, providers, and partners a safe, happy, and healthy holiday. We are grateful that you have chosen to be part of our healthcare family. In 2015, we pledge to continue:



Innovating and improving the business of managing healthcare



Delivering quality, compassion, and vitality to every life that we touch



Seeing prosperity and satisfaction in the communities we serve

We can't wait to see what 2015 has in store for us.

We look forward to providing you with the tools to keep you and your family healthy!

