

Centers for Medicare & Medicaid Services
National Conference on Care Transitions
Friday, December 3, 2010

Linda Magno: We have time for a few questions. If you would like to step to the microphone, please do so.

Male: Hi. Could you – could you identify the assessment tool you're using to identify the high-risk patient?

Barbara Looby: I'm so sorry. I just got up to ask a question.

Male: I can wait.

Barbara Looby: Well, that's OK. The assessment tool is something that we created internally and I can email it to you. I have it on my iPhone.

Male: Great. I'll come give you my address.

Barbara Looby: I'm Barbara Alexis Looby. Dr. Naylor, please allow me to tell you how impressed and how passionate I was sitting there hearing you talk about the role of social work. Guys, I may be in health care administration but I'm a social worker by profession. OK. Once a social worker, always a social worker, and I know when we met at the (inaudible) conference, I did ask you that question regarding the role of social work even though I know this is a nurse-led model, I am just excited to hear you actually mention the role of social work.

When we started developing this program, one of the things we quickly found out was the fact that we're going to have a difficult time based on the dollars and cents from the grant hiring a nurse practitioner or hiring an advanced practice nurse, the New Jersey model stated that you were very comfortable ma'am with having a BSN or MSN actually assume this role, have you seen any difference in outcomes based on the qualification of the nursing staff?

Mary Naylor: So, we have an ongoing project with Kaiser Health System in which part of the goal is explicitly to say can you accomplish, now that you have all the tools in place. We also have a high-risk screening which I'm sure they'll be a lot of common ground and we can make that available to anybody. But now that you have the tools in place, you have the evidence-based protocol, you have the technical assistance, quality monitoring, quality improvement systems in place, could you achieve the same outcomes using different level providers and that is an explicit goal of our work – ongoing work with Kaiser Health System.

That said, you know, carpe diem, this an opportunity for us to think about using existing resources and existing and available evidence. How do we position highly qualified professionals to be able to achieve these goals? And so, I would say if what you have available in your system are baccalaureate prepared nurses who have experience and knowledge in care of complex chronically ill people and you're willing to make the investment which you will need to

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make in their orientation, in their preparation, in their ongoing investment in quality, in quality improvement and quality monitoring, then that is – that becomes your starting point because at the end of the day as you describe, it's going to be the patients and the families to help us guide how we're going to make needs and it's going to be all of our team members that are going to help us accomplish these goals. So, that's – that's my response to you at this point.

Barbara Looby: Thank you very much.

Linda Magno: I see nobody else standing, I've asked the operator to open the line to see if there's any – any questions from the folks participating by audio.

Operator: If you would like to ask a question, please press star followed by the number one on your touchtone phone. Please state your name and organization prior to asking your question. To remove yourself from the queue, please press the pound key. Your first question comes from the line of Linda Noelker, your line is open.

Linda Noelker: Thank you very much for the presentation. My question is has any one got any information on referral rates versus enroll rates and drop out and failure to complete these programs?

Linda Magno: May I have to ask if you repeat the question? And slowly into the phone please.

Linda Noelker: Hi. Thank you. I was wondering if anyone has any information on from among those who are referred to these programs, how many actually enroll and then how many actually complete them versus drop outs?

Mary Naylor: So, this is Mary Naylor and we have those data published in our papers actually but now, also have this as a service in our home health agency special service line currently being reimbursed by local payers, Independence BlueCross of Philadelphia and Aetna. I believe the contract has been signed. So, the numbers of patients - when we screen the number of patients who accept the service is very high. I don't have the exact data, but it's very high. You know, as long as they fit within our geographic region, et cetera. People really – it resonates when you talk to about these issues and people really recognize how important it is to have the continuity of care, the access to someone during this very vulnerable time. It resonates just not – not just with patients, but with family caregivers. So, that I – you know, I'm happy if you want to email me, I can give you the actual acceptance rate but I feel very confident in saying people are really interested in this type of a program.