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A meals program in Connecticut keeps cardiac patients at home and out of the hospital

Editor's note: The John A. Hartford Foundation, Administration for Community Living (ACL), The SCAN Foundation, Gary and Mary West Foundation, Marin Community Foundation and Colorado Health Foundation have united to fund a three-year grant to develop and establish the Aging and Disability Business Institute (goo.gl/nz7ykU)*, led by the National Association of Area Agencies on Aging (n4a). Under the grant, ASA and n4a are collaborating on a series of articles and case studies in* **Aging Today** *that will help prepare, educate and support community-based organizations (CBO) and healthcare payers to provide quality care and services.*

This **Aging Today** *supplement features four organizations that have been selected to participate in a Trailblazers Learning Collaborative (TLC), convened by n4a and funded by ACL. They are the "front runners" from the Aging and Disability Networks, the first group of CBOs to tackle CBO–healthcare partnership issues. They will serve as a "think tank" for prototyping and collectively work toward solutions to address next-generation challenges and opportunities in contracting with healthcare entities, through in-person and virtual meetings.*

Senior Nutrition Services, a division of New Opportunities, Inc., in Waterbury, Conn., served 53,662 meals last year through its meals sites and restaurant program. Through its "Meals on Wheels" program, it distributed another 512,005 meals—reaching more than 1,600 older adults and others in need. Now it is working toward partnerships with hospitals that would use those meals to keep patients healthy in the community and cut back on readmissions, while ensuring sustainability for Senior Nutrition Services.

New Opportunities, Inc., is a community action agency "that provides a multitude of services to keep people out of poverty," says Lisa Labonte, the agency's director of Nutrition Services. Offerings include an energy assistance program, childcare and help for those who have been incarcerated to re-enter the community.

In its elder services division, New Opportunities offers senior nutrition services such as Senior Community Café (for dining on site at area senior centers or the senior housing residence), Senior Dine (nutritious Title III–funded meals at participating local restaurants for a suggested donation). Other programs include three Senior Corps services that include Foster Grandparents (stipended senior mentors for children with exceptional needs), Senior Companion Program (stipended senior volunteers who provide companionship to homebound seniors), Senior Corps RSVP (linking older volunteers to community needs), CHORE InHome Services (for help with housekeeping, light yard

work, etc., for homebound elders), Emergency Response System, MedSmart and a Money Management Program. Its offerings even extend to pets, with Animeals, a program that supplies needy pet owners with pet food, which is delivered along with the owners' meals.

Reaching Out to Prevent Readmissions

New Opportunities' Senior Nutrition Services in 2015 was chosen by Meals on Wheels America as part of The National Research Center on Nutrition Aging learning collaborative—a group of eight nonprofits—that received training on ways to develop business partnerships with healthcare entities. "It's really a slow, slow process," says Labonte of their entry into the healthcare world. "First, you have to become knowledgeable as to how to do business with hospitals, what they're looking for and learn how they communicate, so [you] can communicate with them."

Labonte says they first partnered with Care Transitions, a care management coordination provider in Torrington, Conn., that provides person-centered care coordination and is run by Maureen McCarthy, who is a nurse. Her suggestion was to approach local hospital systems to ask about patients with the highest readmission rates. Once these patients transitioned from the hospital to home, Senior Nutrition Services would provide meals for 30 to 90 days, along with nutrition counseling, nutrition education, an emergency response system and care coordination and monitoring by Care Transitions to prevent readmissions. Unfortunately, hospitals did not accept this proposal because they "didn't trust that what we were saying would work," Labonte admits.

After securing a small grant from The CT Community Foundation, Labonte tried again, this time reaching out to a cardiologist working at a local hospital who was known to her staff. An innovative physician, he was open to the idea of keeping his patients with congestive heart failure out of the hospital. The provision of heart-healthy in-home meals, nutrition counseling, daily driver checks, coupled with a care transitions nursing team providing patient oversight and synchronizing patient's care between healthcare providers was offered, through the grant, at no cost to the hospital. Senior Nutrition Services had measurable success with these patients through this multi-pronged approach. In a five-month period the program showed a 100 percent success rate keeping four patients referred to the program at home for 60 days or more.

Putting the Plan in Place

Physicians at the hospital had been most worried about what diets their patients would revert to once at home, so Meals on Wheels paid a nutritionist to interview patients to determine if they understood what constituted a proper diet, and to limit their supply of foodstuffs that were sodium-heavy or otherwise inappropriate to their recovery. Meals on Wheels then began providing two meals a day to the patients upon their return home.

McCarthy trained Meals on Wheels drivers, who completed a daily health check report on each patient after they delivered a meal, answering questions about pain level, hours and/or quality of sleep and if medications were taken and other patient-specific health questions. The drivers took this new task very seriously, Labonte says.

After each meal drop off, the drivers would send a report back to Senior Nutrition Services on a patient's status. McCarthy and her team of nurses would review the reports and if they spotted a red flag, would talk with the patient. They also tracked all the other doctors a patient saw, and kept them in the loop on the patient's progress. If the flags were red enough, they would contact the cardiologist to schedule a follow-up appointment or procedure that might be needed to prevent another hospitalization.

This was managed care on a small scale: Senior Nutrition Services began the process with just three cardiology patients, but they had a 100 percent success rate at keeping these patients out of the hospital. Labonte says they kept the patients at home for $1,500 for 60 days. Being readmitted multiple times over the 60-day timeframe, as had been the case, would have been much more ex-

pensive for the hospital. Now that they have experienced success, they will approach other hospitals to hopefully secure—and serve—more patients.

Senior Nutrition Services also is working to bring the other eight nutrition providers in the state of Connecticut together to run similar programs, with the goal of developing a centralized hospital referral system that connects patients to nutrition program services in their region.

Challenging Times for Hospitals—and CBOs

According to Labonte, hospitals are just beginning to understand that if a patient can be kept healthy at home, they likely will not be readmitted. But hospitals in Connecticut and across the nation are struggling, she says, so it is difficult to convince them to begin new programs when they are unsure of their future. Many hospitals have new owners or are facing takeovers and thus are reluctant to commit to new ventures while experiencing transitions.

Another challenge for Labonte has been working with the hospitals while still running her existing program. Ideally, she wants to bring the program up to a higher level, to make it more attractive to hospitals and, should they secure a contract, be prepared to move immediately on any new referrals that result from the new project. "If we suddenly have to deliver new meals to a patient being released from the hospital, we'll just do it ourselves," says Labonte, "[because] we have to be ready and willing to serve [the hospitals] immediately."

As other CBOs providing services to healthcare entities have noted, speaking the healthcare language is key to successful interactions and contracts. "We're used to talking about people served and meals served," says Labonte. "But that's not important to [hospitals]—for them, it's all about how much money we can save them while providing quality services that will keep their patients healthy at home." This will require CBOs to shift from an output to an outcome mentality.

For her next challenge, Labonte will approach partnering with health insurance companies. If Senior Nutrition Services can provide enough short-term services (for patients undergoing more minor medical procedures) during transitions from hospital to home, even for just two weeks, it could save insurance companies money, while improving the health of its health plan members. This also makes an insurance company's offerings more attractive to older adults, who prefer to receive services at home than in the hospital.

After her agency's recent success with congestive heart failure patients, Labonte knows the services they provide work. "I'm now confident that the package we're providing will keep people out of the hospital at a reasonable cost," she says. "I've learned through this process that I can be [sure] that what I thought we could do we can do, with success." ■