

PARTNERING UP WITH YOUR LOCAL UNIVERSITY AND COMMUNITY HEALTH CLINIC

39TH ANNUAL I&R TRAINING AND EDUCATION
CONFERENCE
TAMPA, FLORIDA
TUESDAY, MAY 23, 10:30 A.M. - 12:00 P.M.



Presenters

- ❑ Katie Parkinson, Senior Connection Center, Tampa;
- ❑ Zeke Barbosa, Senior Connection Center, Tampa; and
- ❑ Anna Wenders, University of South Florida, Tampa, Florida.

Objectives

- ❑ Describe ways to engage through public-private partnerships involving the local Federally Qualified Health Center (FQHC) and University.
- ❑ Describe how to strengthen relationships with community partners in the medical field (clinics, physicians, nurses, and pharmacy professionals);
- ❑ Identify the benefits for their own organization as the result of these types of private-public partnerships;
- ❑ Discuss the positive impact on the community of educating medical professionals on available resources.

Outline

- ❑ The Partners
- ❑ The Program
- ❑ Before the Beginning
- ❑ Partners Roles
- ❑ Partnership at Work
- ❑ The Results
- ❑ Partnership Benefits
- ❑ Conclusion
- ❑ Q & A

The Partners



Senior Connection Center



- ❑ Area Agency on Aging (AAA) and Aging and Disability Resource Center (ADRC) in West Central Florida
- ❑ Mission: To help older adults and persons with disabilities live with independence and dignity.
- ❑ A private, nonprofit organization, serving the needs of elders, their families and caregivers in Hillsborough, Manatee, Polk, Highlands and Hardee counties.
- ❑ PSA 6 has a total of 556,0006 seniors identified as 60 years of age or older, or 11% of the state's elder population.
- ❑ Senior Connection Center is the top 5th referral agency at Eldercare Locator at the National Level (Eldercare Locator).

University of South Florida



Making Life Better



- ❑ Training more than 2,500 medical, nursing, pharmacy, and physical therapy health professions students from

Five Aims

- ❑ Practice Transformation
- ❑ Bi-Directional Referral Process
- ❑ Faculty & Curriculum Development
- ❑ ADRD & Caregiver Support

Local Federally Qualified Health Clinics



- ❑ Serves Hillsborough County with 17 accredited and certified medical locations.



"The Best Health Care Under the Sun"

- ❑ Established in Hillsborough County in 1977 and serves Southern and Eastern Hillsborough County.

The Program

Geriatrics Workforce Enhancement Program (GWEP)



GWEP

- ❑ Designed to improve health care for older adults by changing the way health professions students & residents are trained, how faculty teach, and how healthcare facilities provide geriatric healthcare.
- ❑ Emphasis on maximizing patient and family engagement and transforming clinical training environments into integrated geriatrics and primary care systems.
- ❑ Work collaboratively with community partners to increase community engagement in order to reach project goals.



Before the beginning

What was needed before
the partnership could start

What Was Needed Before the Partnership Could Start?

- ❑ MOU's - to make possible the sharing of clients PHI due to HIPPA laws.
- ❑ Clear contact information at each agency.
- ❑ Referral Form - to be sent via fax or e-mail.
- ❑ Knowledge of each other's role requiring training for staff.
- ❑ Partners understanding the Aims of the project and their roles.

SENIOR CONNECTION CENTER, INC.
HELPING SENIORS & CAREGIVERS REACH THEIR GOALS

ADRC FAX COVER SHEET

TO: (Please fax this information to our fax line at 1(888) 401-4008)

FROM: Tampa Family Health Center

TFHC STAFF:

SUBJECT:

DATE:

OF PAGES: 2 (including cover sheet)

Message...

Consumer requires assistance with the following:

Tampa Family Health Center		Worker name:	
Date:	Worker email address:		
Name of consumer:		Contact info: Phone _____	
		Fax _____	
		Social Security #: _____ DOB: _____	
Address:			
Zip Code:		County:	
Phone number:		Alternate phone number, if applicable:	
Person to be contacted:		Best time to call:	Language Spoken:
Situation:			
Is the client currently receiving any services?		If yes, what services?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have any other referrals already been given?		If yes, what referrals were given?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the consumer have a caregiver?			

What Was Needed Before the Partnership Could Start?

- ❑ Shared spreadsheet - In our case, we use a secure Google sheets shareable document containing the contents of the client's referral (data of referral, name of the person making the referral, client's information), brief outcome of the contact(s) made, and a follow-up results.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Date Ref Received	TFHC Staff	Consumer Contact #	Consumer, Last	Consumer, First	Zip	Services Requested	SCC I&R Staff	Date SCC Contact	Resources Provided	Additional Follow-up, Misc. Comments	Final Outcome (after follow-up)	Referred to Byrd Alzheimer's Institute
2	12/01/2016	Tina	813-555-5555	Mouse	Mickey	33611	LTC, TRS	Tracey	12/01/2016 9:00 AM	Writer LMOVM (1st attempt) Writer provided resources, LTC Screening TBC 12/04 @	F/U TBC 12/04	Client screened 12/04 and is on WALI	

Partners' Roles



Role of the ADRC

- ❑ Senior Management - draft, review and sign documents to be used on the project such as subcontracts, budgets, agreements, etc. Work on the financial piece when a grant is involved. Approve the hiring of additional staff when necessary.
- ❑ Outreach Manager - provide presentations to other partners to enhance the knowledge about the ADRC.
- ❑ I&R Manager - Hire new staff if needed, monitor referrals, monitor and review reports. Provide ADRC overview presentation and job shadowing to FQHC staff, University Medical Residents, Pharmacy Students, and Nurse Practitioners Students.

Role of the ADRC (contn'd)

- I&R GWEP Specialist - receive the referrals from the FQHC, log the referrals on the shareable document and ADRC's Information & Referral software system, contact clients, record outcome on shareable document and ADRC's Information & Referral software system, follow-up with clients and prepare monthly status report.



Sample Status Report

GWEP REFERRAL PROCESS

Status Report as of 01/09/17

The referral process:

Referrals from TFHC are received through the ADRC fax, opened by the LTC staff, and forwarded to the I&R GWEP Specialist e-mail address. The Specialist receives requests, places them in the I&R Database, and attempts to contact client. After the attempt is made, the outcome of the contact is registered in two documents: the REFER database (exclusive to SCC) and a shared Google spreadsheet in the Cloud which the I&R Department at SCC and Sofia Duenas-Santiago, a Case Manager from TFHC, have access to.

1. Total monthly referrals received at SCC Calendar Year 2016:

	1/16	2/16	3/16	4/16	5/16	6/16	7/16	8/16	9/16	10/16	11/16	12/16	Total
Non-Direct Referrals													
Referrals Received	24	18	35	36	41	23	31	25	15	29	25	29*	331
Successful Contacts	15	10	27	26	33	21	22	19	11	21	20	22	247
Successful Follow-ups					21	14	14	13	8	9	14	15	108
Number Of Clients Receiving At Least One Needed Service					4	8	5	5	5	6	4	5	38

* A referral for a client was sent twice requesting identical services; otherwise, that number would be 30.

Sample Status Report Cont'd

2. Types of services clients have received/been connected with since Oct 2015:

Long Term Care	108	Food Stamps & Appeals	4
Medical Appointment Transportation	107	Health Insurance (Non Medicare)	4
Utilities Payment	37	Legal Assistance	3
Low Income Housing	37	Incontinence Supplies	3
Home Delivered Meals	27	Private Pay Home Health Agencies	3
Adult Day Care	24	Home Repair	2
Health & Wellness	19	Nutrition Supplement	2
Medicare Related	12	APS	1
Rent/Mortgage Payment Assistance	11	Counseling	1
Employment	10	Grocery Delivery	1
Food Pantries	9	Immigration Filing Assistance	1
Nutrition & Meals	7	Recreation	1
Health Care	7	Rehabilitation Center	1
Another Agency to Address Needs	7	Senior Centers	1
Durable Medical Equipment	6	Senior Companion	1
Medicaid Application	4	Volunteer Opportunities	1

* Although I&R Specialists attempt to make contact with clients within 24 hours of receiving the referral, success may not occur until the following month(s); monthly figures are revised accordingly.

Role of the University

- ❑ Draft, review and sign project documents.
- ❑ Work on the financial piece when a grant is involved, appoint GIM physician to staff FQHC GWEP Clinic
- ❑ Select Medical Residents, Pharmacy Students, and Nursing Students to ADRC for agency's overview and job shadowing .
- ❑ Keep program on track.



Role of the FQHC - Suncoast Community Health Centers

- Draft, review and sign documents to be used on the project
- Credential USF GIM physicians to work in the GWEP Clinic
- Assess patients for additional needs (such as transportation to doctor's appointments, Long Term Care Services, utility payment assistance, etc.)
- Send referrals to the ADRC for elderly clients as well as disabled clients
- Record referrals sent on internal system, compare referrals sent to referrals recorded on the log to make sure they match
- Provide monthly reports to partners



Partnership at Work



Partnership at Work - FQHC



- ❑ GWEP physicians & students see patients - starting point.
- ❑ Probe for additional needs of the patients. This can be performed by the FQHC Case Manager's or doctor's office staff .
- ❑ Fax/e-mail the referrals by using the referral form.
- ❑ FQHC uses its internal process to track referrals, check if they have been addressed, follow-ups, and reporting.



Partnership at Work - ADRC



ELDER HELPLINE



- I&R Specialist receives referrals (via fax or e-mail)
- Records them on both the shareable document and ADRC's Information & Referral software system.
- Make the attempts to contact clients - up to three attempts if needed.
- Records outcome of the contacts on both the shareable document and ADRC's Information & Referral software system.
- Prepares monthly status report to be shared during a monthly meeting involved all parties.
- Both ADRC and FQHC refer to the shared spreadsheet to make sure number of referrals and clients match.

Partnership at Work - USF



- ❑ Quality training in community-based setting to familiarize Internal Medicine Residents, Doctor of Pharmacy students, and Nursing (BSN or ARNP) Students with the ADRC's mission & services
- ❑ Better understanding of complexities of referral process
- ❑ Improved education resulting from co-development of simulation / online modules

The Results



The Results

- ❑ Over 500 referrals received so far.
- ❑ Over 100 clients assisted with medical appointment transportation and senior rides.
- ❑ Over 100 clients referred to Long Term Care services.
- ❑ Dozens of medical residents, pharmacy students, and nursing students have received ADRC presentations and job shadowing.



Partnership Benefits



Partnership Benefits - ADRC

- ❑ Additional exposure to the community - FQHC patients, Case Managers, and new professionals on the medical field (USF Pharmacy and Nurse Practitioner Students and Medical Residents).
- ❑ Extra income streaming (due to GWEP program) - ADRC was able to hire new staff and acquire new equipment.
- ❑ Establishment of improved relationship with the partners.
- ❑ Collaborative partnership enhances medical professionals understanding of our aging network.

Partnership Benefits - Suncoast Community Health Centers ~ Our Local FQHC

- ❑ Increased capacity to treat patients with the addition of medical staff , Nurse Practitioner Students and GIM Residents to serve community.
- ❑ SCHC medical staff receive specialized education focused on geriatric care. In the Tampa Bay area we have a large senior population, this is a great benefit for those we serve.
- ❑ Increased access points for community resources when patients need additional resources to remain independent in their homes.

Partnership Benefits - USF



- ❑ New site for Resident & Student Placement
- ❑ Trainees gain valuable insight into realities of aging and the importance of home and community-based services
- ❑ New relationships for further research and grant opportunities
- ❑ Extending academic resources beyond the university

Conclusion

- ❑ Development of a system to track clients needs and make appropriate referrals.
- ❑ Valuable partnership resulting in improved referral and coordination of care.
- ❑ Enhanced professional training on resource options in our community.
- ❑ Recognition by HRSA as an innovative practice to be replicated



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SEARCH GRANTS



GET STARTED



GRANT POLICIES



GRANT-MAKING AGENCIES



PREVENT SCAMS



COMMUNITY BLOG



TWITTER FEED



YOUTUBE VIDEOS



ONLINE HELP



CONTACT CENTER

Questions



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