

Access to care evidence inventory

Revised after the 8/4/20 SAPA Priority Factors Work Team Meeting

SAPA work teams: In your review of this strategy handout, please consider the following questions:

1. **Are there any evidence-informed strategies you would recommend adding?** If yes:
 - a. **What is the evidence that this strategy achieves relevant outcomes?** (send link, preferably to systematic review or evidence registry; or to journal article or grey literature from external organization)
 - b. **If it doesn't fit as an evidence-informed strategy, what is the rationale for including it in the SAPA?** (This list was developed using evidence registries and national or state sources of evidence-based strategies. Some types of strategies, such as systems changes and emerging approaches, may not be captured by these sources. Are there any of these types of strategies we should consider, and how do they further SAPA objectives?)
2. **Are there any strategies on the list you think should be renamed, combined (i.e. grouped together) or split out?**
3. **Are there any strategies you would recommend removing from consideration and why?** (Please consider the strategy selection considerations below.)

Strategy selection considerations

- Evidence of effectiveness
- Potential size of impact on SAPA outcomes, including equity
- Co-benefits (impacts multiple SAPA outcomes)
- Opportunities given current status
- Alignment with the 2020-2022 SHIP

Access outcomes and indicators

Desired outcome	Indicator name	Indicator description (source/lead agency)
Improve access to home- and community-based supports	Long-term services and supports received through waiver	Percent of Medicaid enrollees receiving LTSS that receive services through a home- and community-based waiver (Ohio Department of Medicaid annual report)
	Long-term services and supports spending balance	Percent of Medicaid spending on LTSS that is home- and community-based services (Medicaid Expenditures for Long-Term Services and Supports in FY 2016)
Increase health care coverage and affordability	Unable to see doctor due to cost	Percent of people, ages 65 and older, who could not see doctor because of cost (CDC, Behavioral Risk Factor Surveillance System)

	Health care expenditures, per capita	Health care expenditures per capita for (1) prescription drugs, (2) nursing home care and (3) home health care (The Henry J. Kaiser Family Foundation, State Health Facts)
Increase home care and caregiver workforce capacity and supports	Caregiver data collection	Analyze and report BRFSS caregiver module data and continue progress toward improved data collection.
	Personal care and home health aids, per 1,000 adults	Number of personal care and home health aides, per 1,000 adults ages 65 and older with a disability (U.S. Department of Labor, Bureau of Labor Statistics; U.S. Census Bureau, American Community Survey, as compiled in the America's Health Rankings Senior Report)
	Caregiver supports	Ohio's performance, on a scale from 0-9, on policies that support working caregivers (i.e. family medical leave, mandatory paid family leave and sick days, unemployment insurance and policies that protect family caregivers from employment discrimination) (AARP Long-Term Services and Supports State Scorecard)

Evidence sources

Evidence registry, systematic review or federal source of evidence-based strategies	Recommendation level(s) included in this inventory (if applicable)
<u>What Works for Health (WWFH)</u> : Evidence registry from County Health Rankings and Roadmaps, a project of the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation	<ul style="list-style-type: none"> Scientifically supported Some evidence
<u>The Guide to Community Preventive Services (Community Guide)</u> : Systematic reviews from the U.S. Centers for Disease Control and Prevention (CDC)	Recommended
<u>National Council on Aging (NCOA), Evidence-Based Health Promotion/Disease Prevention Programs</u> : List of evidence-based health promotion/disease prevention programs approved for Older American's Act Title III-D funding	N/A
<u>Administration for Community Living (ACL), Aging and Disability Evidence-Based Programs and</u>	N/A

<p>Practices: Collection of evidence-based programs and practices that address older adult health and wellness, long-term services and supports, and caregiver and family support</p>	
<p>U.S. Preventive Services Task Force Recommendations (USPSTF): Systematic reviews from the Agency for Healthcare Research and Quality</p>	<ul style="list-style-type: none"> • Grade A (recommended; high certainty of benefit) • Grade B (recommended; moderate certainty of benefit)

Table 1. SAPA access to care outcomes: Access to home- and community-based supports

<p>Strategy/policy/program Orange = Likely to reduce disparities, based on review by WWFH, or health equity strategy in Community Guide</p>	<p>Outcomes Note: for WWFH, Bold= expected beneficial outcomes; unbold= other potential beneficial outcomes</p>	<p>Included in 2020-2022 SHIP?</p>
<p>Home- and community-based care coordination</p>		
<p>1. <u>Case-managed care for community-dwelling frail elders</u></p>	<p>WWFH</p> <ul style="list-style-type: none"> • Reduced nursing home use • Reduced hospitalization utilization • Improved day-to-day functioning • Improved health outcomes • Increased patient satisfaction • Increased caregiver satisfaction • Improved mental health • Improved cognitive function • Improved quality of life 	<p>No</p>
<p>2. <u>Integrated long-term care for community-dwelling frail elders</u></p>	<p>WWFH</p> <ul style="list-style-type: none"> • Reduced nursing home use • Reduced hospital utilization • Increased caregiver satisfaction • Improved day-to-day functioning • Reduced falls • Improved quality of life 	<p>No</p>
<p>3. Utilize existing resources, such as <u>Community Health Workers</u>, and collaborate with state and local agencies, community groups and healthcare providers to raise awareness of community-based supports for older adults</p>	<p>WWFH</p> <ul style="list-style-type: none"> • Increased patient knowledge • Increased access to care • Increased healthy behaviors • Increased preventive care • Reduced low birthweight births • Increased breastfeeding rates • Improved mental health 	<p>Yes</p>
<p>4. <u>Program of All-Inclusive Care for the Elderly (PACE)</u> ensures</p>	<p>ACL</p> <ul style="list-style-type: none"> • Improved care management 	<p>No</p>

the provision of a variety of social and medical services to help older adults who meet the criteria for admission to nursing homes stay in the community	<ul style="list-style-type: none"> Improved health status Improved mental health Increased utilization of health services 	
Transitions to home- and community-based care		
5. <u>Care Transitions Intervention (CTI)</u> assists individuals with complex care needs who are transitioning from hospital to home in learning self-management skills	NCOA <ul style="list-style-type: none"> Improved symptom management Improved functional recovery Reduced hospital admissions 	No
6. <u>HOME Choice program</u>	Ohio Department of Health <ul style="list-style-type: none"> Increased transitions from institutional to home and community-based settings 	No
Home- and community-based care supports		
7. <u>Respecting Choices®</u> , an individual or group-based program delivered in both community and in-home settings, prepares individuals and their families for future healthcare decisions	NCOA <ul style="list-style-type: none"> Increased patient knowledge Increased patient satisfaction Reduced stress, anxiety, and depression specifically concerning care planning and decision-making 	No
8. <u>BRI Care Consultation</u> links and coordinates health care, community, and family services for clients (both the patient and the primary caregiver), organizes family and friends in assisting in care tasks, and provides emotional support	NCOA, ACL <ul style="list-style-type: none"> Increased emotional support Decreased depression Increased capacity to provide care 	No

Table 2. SAPA access to care outcomes: Healthcare coverage and affordability

Strategy/policy/program	Outcomes	Included in 2020-2022 SHIP?
Orange = Likely to reduce disparities, based on review by WWFH, or health equity strategy in Community Guide	Note: for WWFH, Bold= expected beneficial outcomes; unbold= other potential beneficial outcomes	
Healthcare coverage		
1. Outreach and advocacy to maintain <u>Ohio Medicaid eligibility levels and enrollment assistance</u>	Ohio Department of Medicaid <ul style="list-style-type: none"> Increased health insurance coverage 	Yes
2. <u>Health insurance enrollment outreach & support</u>	WWFH <ul style="list-style-type: none"> Increased health insurance coverage 	Yes

	<ul style="list-style-type: none"> Increased awareness of health insurance availability 	
3. Utilize existing resources, such as Community Health Workers , and collaborate with state and local agencies, community groups and healthcare providers to raise awareness of health insurance enrollment assistance	<p>WWFH</p> <ul style="list-style-type: none"> Increased patient knowledge Increased access to care Increased healthy behaviors Increased preventive care Reduced low birthweight births Increased breastfeeding rates Improved mental health 	Yes
4. Insurance coverage parity for behavioral health (mental health benefits legislation)	<p>WWFH/ CG</p> <ul style="list-style-type: none"> Increased access to mental health services Increased substance use disorder treatment Improved mental health Reduced suicide 	Yes
5. Outreach and education through the Ohio Senior Health Insurance Information Program (OSHIP)	<p>ODI</p> <ul style="list-style-type: none"> Increased Medicare education and outreach 	No
Healthcare affordability		
6. Value-based purchasing	<p>WWFH</p> <ul style="list-style-type: none"> Improved quality of care Reduced healthcare costs 	No
7. Value-based insurance design	<p>WWFH</p> <ul style="list-style-type: none"> Increased medication adherence Reduced patient costs Reduced healthcare costs Improved health outcomes 	No
8. Price transparency initiatives for patients	<p>WWFH</p> <ul style="list-style-type: none"> Reduced health care costs Increased health literacy Reduced healthcare prices and costs* 	No
9. Patient financial incentives for preventive care	<p>WWFH/ CG</p> <ul style="list-style-type: none"> Increased preventive care Increased adherence to treatment Improved prenatal care Lower overall costs of care* 	Yes
10. Tobacco cessation therapy affordability (reduced or eliminated out-of-pocket costs)	<p>WWFH/ CG</p> <ul style="list-style-type: none"> Increased quit rates Increased access to cessation treatment Increased use of cessation treatment Lower healthcare costs over the long-term* 	Yes

<p>11. Tobacco Taxes</p>	<p>WWFH</p> <ul style="list-style-type: none"> • Reduced number of tobacco users • Reduced youth smoking • Increased quit rates • Reduced tobacco consumption • Reduced health care costs 	<p>No</p>
<p>12. Healthy home environment assessments</p>	<p>WWFH</p> <ul style="list-style-type: none"> • Reduced exposure to allergens • Reduced hospital utilization • Improved health outcomes • Improved asthma management • Improved quality of life • Improved indoor air quality • Decreased use of urgent care and related healthcare costs* 	<p>Yes</p>
<p>13. Patient shared decision making</p>	<p>WWFH</p> <ul style="list-style-type: none"> • Improved patient knowledge • Improved patient decision making • Improved patient-provider communication • Improved mental health • Reduced use of expensive procedures • Lower healthcare costs* 	<p>No</p>

Table 3. SAPA access to care outcomes: home care and caregiver workforce capacity and supports

<p>Strategy/policy/program Orange = Likely to reduce disparities, based on review by WWFH, or health equity strategy in Community Guide</p>	<p>Outcomes Note: for WWFH, Bold= expected beneficial outcomes; unbold= other potential beneficial outcomes</p>	<p>Included in 2020-2022 SHIP?</p>
<p>Caregiver supports (general)</p>		
<p>1. BRI Care Consultation, links and coordinates health care, community, and family services for clients (both the patient and the primary caregiver), organizes family and friends in assisting in care tasks, and provides emotional support.</p>	<p>NCOA, ACL</p> <ul style="list-style-type: none"> • Increased emotional support • Decreased depression • Increased capacity to provide care 	<p>No</p>
<p>2. National Family Caregiver Support Program, provides caregivers with information, counseling/support groups and respite care</p>	<p>ACL</p> <ul style="list-style-type: none"> • Increase funding for family and informal caregivers • Increase counseling for caregivers • Increase use of community services 	<p>No</p>

<p>3. TCARE® Support System (Tailored Caregiver Assessment & Referral), care management protocol designed to support family members who are providing care to adults, of any age, with chronic or acute health conditions</p>	<p>NCOA</p> <ul style="list-style-type: none"> • Reduce caregiver stress and burnout • Reduce caregiver depression • Reduce hospital readmissions • Improve quality of life 	<p>No</p>
<p>4. Adult Day Services (ADS)</p>	<p>National Adult Day Services Association</p> <ul style="list-style-type: none"> • Increased caregiver supports • Improved health, nutrition, and social needs of adults with cognitive and physical difficulties 	<p>No</p>
<p>Caregiver supports (for Alzheimer's and other forms of dementia)</p>		
<p>5. NYU Caregiver Intervention (NYUCI), psychosocial counseling and support to improve the well-being of spousal caregivers of people with Alzheimer's disease</p>	<p>NCOA</p> <ul style="list-style-type: none"> • Improved mental health of caregivers • Delay in placement into a nursing home • Increased caregiver support • Increased self-management 	<p>No</p>
<p>6. REACH Community (Resources for Enhancing Alzheimer's Caregivers Health in the Community), dementia caregiving behavioral intervention focusing on information, safety, caregiver health, caregiver emotional well-being, and patient behavior management.</p>	<p>NCOA</p> <ul style="list-style-type: none"> • Increased caregiver support • Decreased caregiver burden • Improved cognitive outcomes • Increased self-management • Increased stress management 	<p>No</p>
<p>7. RCI REACH (Resources for Enhancing Alzheimer's Caregiver Health), coaching model that serves family caregivers who are providing assistance to a loved one with Alzheimer's disease or another type of dementia</p>	<p>NCOA</p> <ul style="list-style-type: none"> • Increased caregiver support • Decreased caregiver burden • Increased stress management for caregivers 	<p>No</p>
<p>8. Stress-Busting Program for Family Caregivers, stress management program for family caregivers who provide care for people with Alzheimer's disease or other dementias</p>	<p>NCOA</p> <ul style="list-style-type: none"> • Decrease caregiver stress • Increase caregiver stress management • Increase caregiver support • Improve caregiver quality of life 	<p>No</p>
<p>Caregiver respite care supports</p>		

<p>9. Lifespan Respite Care Program, coordinated systems of accessible, community-based respite care services for family caregivers of children and adults of all ages with special needs</p>	<p>ACL</p> <ul style="list-style-type: none"> • Develop respite care infrastructures • Reduce duplication of services • Enhance and expand services • Improve access to services • Improve quality of services 	<p>No</p>
Income support policies		
<p>10. Paid family leave</p>	<p>WWFH</p> <ul style="list-style-type: none"> • Increased labor force participation • Increased use of parental leave • Improved health outcomes • Improved mental health • Increased preventive care • Increased breastfeeding rates • Improved birth outcomes • Reduced infant mortality • Improved well-being • Improved economic security 	<p>Yes</p>
<p>11. Paid sick leave laws</p>	<p>WWFH</p> <ul style="list-style-type: none"> • Increased access to paid leave • Increased access to health care • Improved health outcomes • Increased use of parental leave • Reduced nursing home use* 	<p>Yes</p>
<p>12. Unemployment insurance</p>	<p>WWFH</p> <ul style="list-style-type: none"> • Increased financial stability • Improved well-being • Increased food security • Reduced poverty 	<p>No</p>
<p>13. Earned Income Tax Credit (EITC)</p>	<p>WWFH</p> <ul style="list-style-type: none"> • Increased employment • Increased income • Improved birth outcomes • Increased academic achievement • Improved maternal health 	<p>No</p>
<p>14. Living wage laws for local municipalities</p>	<p>WWFH</p> <ul style="list-style-type: none"> • Increased earnings • Reduced poverty 	<p>Yes</p>

Relevant state plans and other information

- [Ohio Prescription Drug Transparency and Affordability Council](#)
- [Ohio's Best Rx program](#)
- [Ohio's Value-Based Payment Reform Plan](#)
- [Ohio Senior Medicare Patrol \(SMP\)](#), a volunteer program to stop Medicare fraud and scams

- [Resources for home care workers and caregivers caring for those with Alzheimer's and dementia](#), Alzheimer's Association