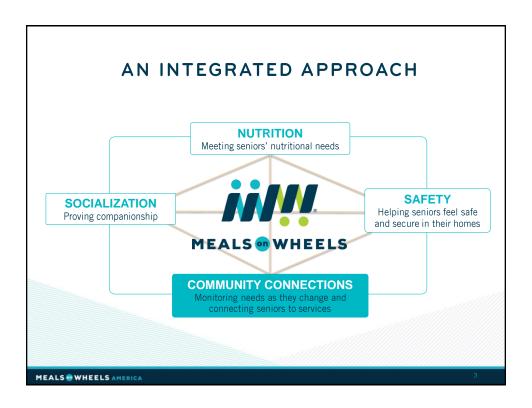


Scaling What Works – Learnings from More Than A Meal Research

SPEAKERS

- 1. Andrea Morris, Principal Investigator, West Health Institute
- Patrick Zondler, Project Director, Meals on Wheels San Diego County
- 3. Shon Gress, Executive Director, Guernsey County Senior Citizens Center, Inc.







Andrea Morris, PhD, MPH
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WEST HEALTH: HELPING SENIORS AGE SUCCESSFULLY





Advancing senior appropriate acute care models



Advancing senior-appropriate chronic care models



Advancing long-term services & supports delivery models



PORTFOLIO

Models of Excellence

Gary and Mary West

- Gary and Mary West Senior Dental Center

Applied Research

- UCSD Acute Care at Home
 Geisinger Mobile Health Emergency Department at UC San Diego Health IHI Learning Collaborative
 - Call 9 and Dispatch
 GEDC data analysis & registry
 - UCSD SECU Phase 3
 - Integrated Oral & Healthcare

Models of Excellence Applied Research

- · Home-based Primary Care Registry
- Gary and Mary West
 Caregivers' support
 Community-based Palliative Care
 - Northwell Home-based Primary Care
 - · Independence at Home savings

 - PACE 2.0
 - · Blue Shield ROI analysis

Models of Excellence

· Gary and Mary West Senior Wellness Center

Applied Research

- More than a Meal 3
 UC Irvine 360
- Caregiving Scaling What Works







































PROJECT COLLABORATORS







Andrea Morris Brenda Schmitthenner

Kali Thomas David Dosa **Emily Gadbois** Renee Shield

West Health Institute Project Team Brown University Project Team Meals on Wheels America Project Team Uche Akobundu Celia Barker

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SO MUCH MORE THAN A MEAL



- Meals on Wheels home-delivered meal programs serve our nation's most vulnerable seniors
- Meals on Wheels delivers 'more than a meal'
- Opportunity to leverage routine interactions to identify and address unmet needs for at-risk seniors

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STUDY DESIGN

TWO-YEAR STUDY: MARCH 2016 - 2018

Phase 1

 Assessed interactions between drivers and clients and gauged potential for standardization of safety and wellness check

Phase 2

 Piloted a technology-enabled wellness check and care coordination model for reporting and responding to unmet needs

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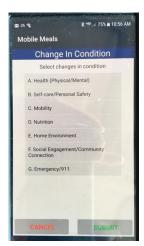
PILOT SITES

- · Site 1: Meals on Wheels San Diego County, CA
 - Program with 3,000+ volunteer drivers delivering meals to 3,000+ clients across urban, suburban, and rural areas in one county
- Site 2: Meals on Wheels Guernsey County, OH
 - Program with 18+ paid drivers delivering meals to 600+ clients across several rural counties

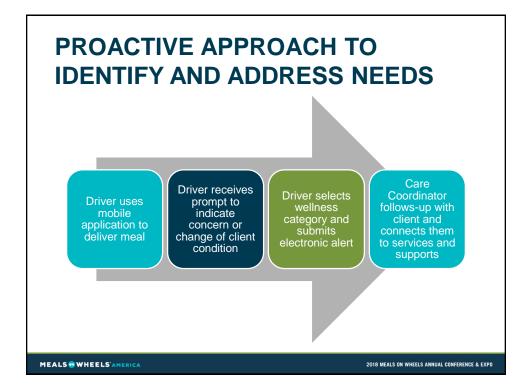
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PRE-IMPLEMENTATION

- Developed wellness indicator categories, client 'change of condition' monitoring, and care navigation support protocol
- Adapted technology-enabled wellness tool established by MOW Greater Pittsburgh
- Hired key project staff
- Selected test routes and identified drivers
- Trained drivers and staff on tools and protocols



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IMPLEMENTATION

Protocol implemented across 21 routes, 53 drivers, and 867 clients

- Site 1: MOW SD
 - Testing began early April 2017
 - Expanded to 5 routes, 35 drivers, 220 clients
- Site 2: MOW GC
 - Testing began late August 2017
 - Expanded to 16 routes, 18 drivers, 647 clients

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RESULTS

ANALYTIC SAMPLE

- Final analytic sample included 189 clients with at least one wellness alert during study period
 - Site 1: N = 47; Site 2: N = 142
- Wellness alert comprised of 1 6 wellness categories (alert types)
 - Emergency/911 for tracking purposes only
- Sample characteristics of clients with alerts
 - Average age 78 years old, most were female (70.4%), and a majority lived alone (58.7%)

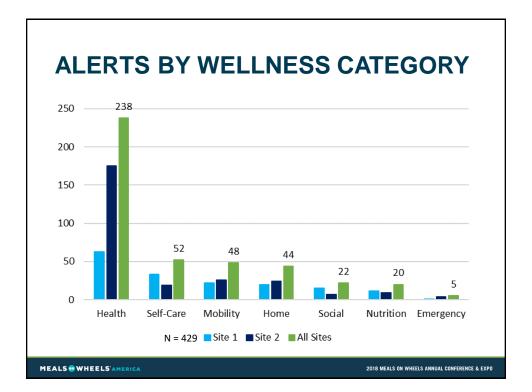
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KEY FINDINGS

WELLNESS ALERTS

- 360 wellness alerts were submitted for 189 clients
 - Site 1: 118 alerts submitted for 47 clients
 - Site 2: 242 alerts submitted for 142 clients
- A majority of alerts were submitted for a single wellness category (alert type)
- Average number of alerts per client ~2
 - ~40% had 2 or more alerts across study period

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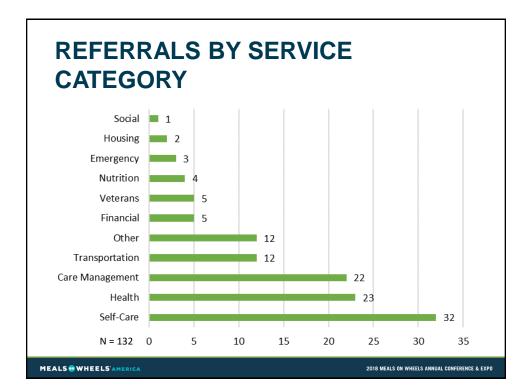


KEY FINDINGS

REFERRALS

- 132 referrals were initiated across health and community service categories
 - Site 1: n = 71 referrals
 - Site 2: n = 61 referrals
- Average number of referrals per client ~1
 - ~ 14% of clients had 2 or more referrals
- No referral was needed for 193 wellness alerts

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KEY FINDINGS

FOCUS GROUPS

- Focus groups were conducted after two months of implementation to gauge drivers' satisfaction and experience with training and the tool
 - Feedback at Site 1 was used to modify training approach and materials prior to Site 1 expansion and Site 2 replication
- Drivers found the application easy to use and valued the wellness checks as an "important contribution" to their meal delivery

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MEALS ON WHEELS IS HELPING SENIORS AGE IN PLACE

- Demonstrated feasibility of leveraging drivers to conduct electronic wellness checks
- Used proactive approach to help at-risk seniors remain in their homes
- Opportunity to demonstrate value to healthcare payers and providers





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Scaling What Works – Learnings from the More Than a Meal Body of Research

PATRICK ZONDLER, Project Director WILLY GLORIA, Metro Service Manager ESTEBAN OJEDA, Volunteer Manager

Meals on Wheels San Diego County

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HOW DO YOU CLIMB A MOUNTAIN?

One well placed step at a time!

- Build your team
 - Do you have the right people in leadership?
 - Work to everyone's strengths
- Have a plan
 - Be agile enough to make changes along the way
 - · Learn from the missteps
- Overcome the rock slides
 - Listen, stay positive and motivate
- Communicate, Communicate, Communicate!



5 Routes during the study; 17 currently; 111 goal

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MEET MEALS ON WHEELS SAN DIEGO COUNTY

A VOLUNTEER DRIVEN PROGRAM

By the numbers

- 58 years of delivering service to seniors
- Over 3,200 seniors served Home Delivered Meals per year
- Over 3,200 volunteers delivering meals per year saving over \$2.8M in expenses
- 111 Routes covering entire county-over 4500 sq. miles
 - Urban-Suburban-Rural
- · 42 full time employees; 32 part time employees

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METRO SERVICE CENTER

Logic Model

EXTERNAL FACTORS:

- DIGITAL DIVIDE
 - Technology literacy
 - · Device ownership
 - · Apprehensiveness towards change
- ASSUMPTIONS:
 - · Volunteers will push back
 - Some staff will push back
 - · Technology is a limitation
 - · Loss of volunteers

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Program Staff

- Manager
- · Office Staff
- Immediate Response Drivers/Site Coordinators
- Interns

Time

- Research
- Training
- Retention efforts

Materials, Equipment &Tech

- SERVtracker Mobile Meals App Reference Guide
- Wellness Support Training Packet
- Mobile Phone w/ Android or iOS compatibility
- Mobile Internet Service

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Train

- Current/ New volunteer training
- New staff/ intern training

Deliver

- · Brochures and flyers
- Meals

Provide

- · In person, online, and phone customer service
- Healthy and nutritional meals and resources
- Social interaction to combat isolation
- · References to other resources
- Wellness checks

Train

· Staff trained to recognize changes in condition

Value

 Increased awareness of program and community resources

Benefits

- Reduced social isolation and increased nutrition among aging community
- Head off Emergency situations

Partnerships

- Increased information sharing between agencies
- Increased access to relevant community resources for older adults

Health

- Increased nutrition among aging community
- Increased social interaction among aging community to combat social isolation
- Identification of needs that affect the aging community
- · Ability to age in place

Quantifiable Measures

- · Cost saving
- Efficiency

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INPUTS

Program Staff

Manager

Office Staff

Immediate Response Drivers/Site

Coordinators

Interns

Time

Research

Training

Retention efforts

Materials, Equipment &Tech

SERVtracker Mobile Meals App

Reference Guide

Wellness Support Training Packet

Mobile Phone w/ Android or iOS

compatibility

Mobile Internet Service

ACTIVITIES

Train

Current/ New volunteer training New staff/ intern training

Deliver

Brochures and flyers Meals

Provide

In person, online, and phone

customer service

Healthy and nutritional meals

and resources

Social interaction to combat

isolation

References to other resources

Wellness checks

OUTPUTS

Train

Staff trained to recognize changes in condition

Value

Increased awareness of program and community resources

Benefits

Reduced social isolation and increased nutrition among aging community Head off Emergency situations

OUTCOMES

Partnerships

Increased information sharing between agencies Increased access to relevant community resources for older adults

Health

Increased nutrition among aging community Increased social interaction among aging community to combat social isolation Identification of needs that affect the aging community Ability to age in place

Quantifiable Measures

Cost saving Efficiency

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VOLUNTEER MOBILE ROLLOUT

Phase 1 Prior to Launch

Data collection from volunteers using emailed surveys to understand volunteer pool technology capabilities and attitudes towards change

Identification of volunteers on routes that would help champion the mobile rollout

Create training packet and materials with step by step instructions about the new mobile application

Inform volunteers on perspective mobile routes of change of procedure by utilization of mobile application

 Phone call & email 2 weeks prior to implementation

Phase 2 Launch Date

Assigned office personnel to meet volunteers at drop site with training materials

Ensure access to mobile application

Mini-training and demonstration at the drop site

Address concerns and apprehension regarding change

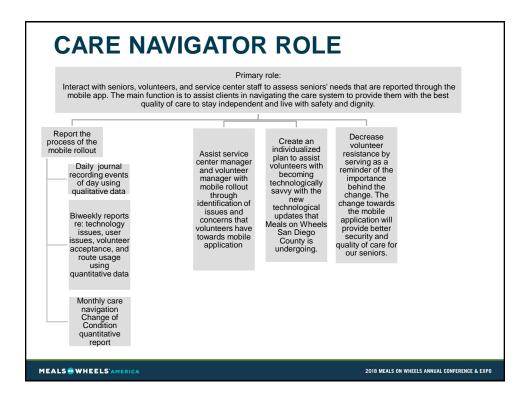
Maintain volunteer retention

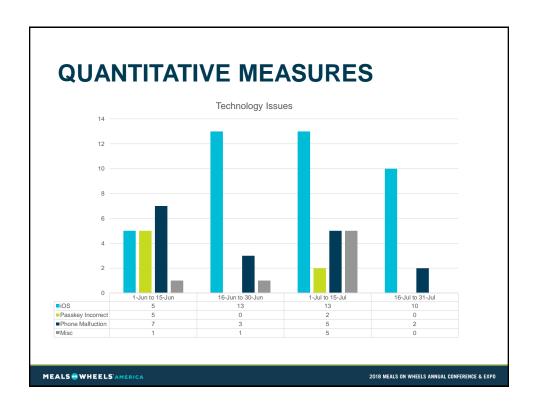
 Daily follow up phone calls to volunteers using mobile application to gain feedback about the mobile app and address any questions they may have

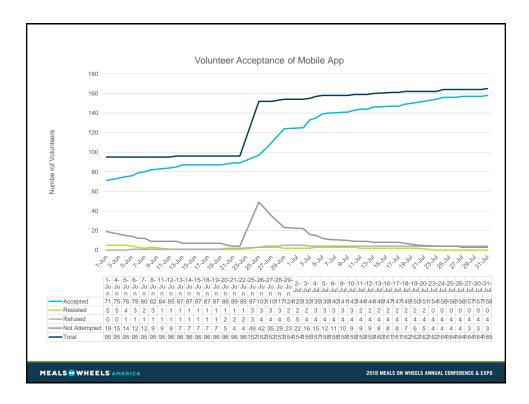
Phase 3 Post Launch

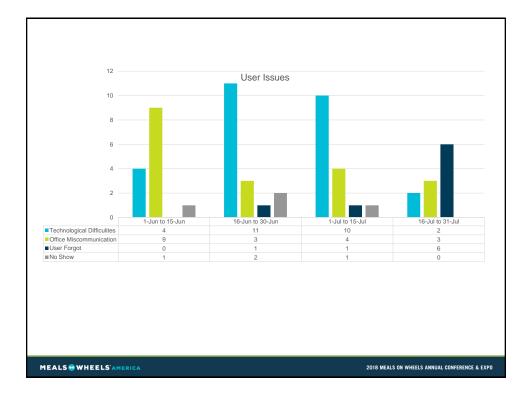
Continue best practices of phases 1 and 2

Development and distribution of new volunteer training includes mobile app, delivering meals, and change of condition presentation













HANDOUTS AND INFORMATION

Volunteer Survey through Survey Monkey Wellness Support Volunteer Training Packet Downloading and using Mobile Application Instructions Cheat Sheet Mobile Meals Walk Through Mobile Meals Location Services (IOS Changes)

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MEALS ON WHEELS
GUERNSEY COUNTY

TOGETHER, WE CAN DELIVER.



Shon E. Gress, MSHCS, BSC
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Executive Director/CEO
Meals on Wheels Guernsey County

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MEALS WHEELS AMERICA

Who is Meals on Wheels Guernsey County?

A Little Bit About Us...







- Founded in 1972—501 C 3 Private Non-Profit
- Multi-Senior Services provider—Home Delivered & Congregate Meals, 6 Satellite Sites, Homemaking-Home Health, Transportation, Wellness, Social, Educational, Recreational, Cultural Enrichment Activities, Legal Assistance
- Funded by Senior Services Tax Levy, Meals on Wheels Tax Levy, Title III, Medicaid Waiver-PASSPORT, United Way, Care Coordination

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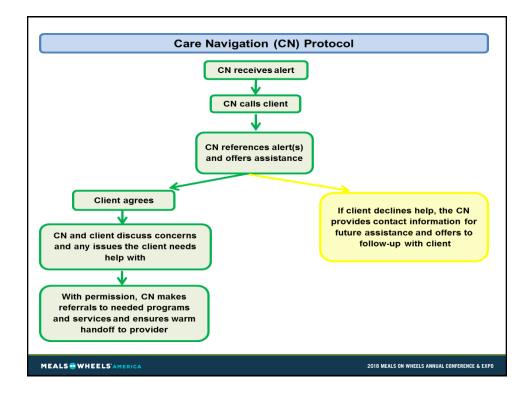
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A Little Bit More About Us...



- Meals As You Mend Program (Transitional Care Meals—Collaborative with Ohio Department of Aging-Southeastern Med Hospital)
- Pets Enjoy Treats (PET Program)
- Senior Supplemental Food Commodities
- More Than A Meal Phase II & III—National Research Projects

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MTAM III – Journey & Lessons Learned

Readiness and organizational culture is important (early inclusion and good communication throughout the process).

Hired a Full-Time Care Navigator (In-House Assessor)

Acquired Tablets & ServTracker – Mobile Meal Delivery & Change of Condition Technology

- Included 23 Tablets (16-18 Routes + 5 Satellite Sites)
- We opted to incorporate all delivery routes
- Drivers were phased-in and went live within 5-7 days

Because we were transitioning from a manual paper-based system to a technology-based one, our delivery drivers' receptiveness to technology was an initial concern.

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MTAM III – Journey & Lessons Learned

We included home delivered meal delivery drivers in our on-site ServTracker Training (Hands-on demo with tablets cured our apprehensions and their concerns).

Less challenges and apprehensions than anticipated:

(Receptiveness to technology was overwhelmingly positive)

- Drivers were very engaged and eager to use the system
- Full buy-in and support at the driver level

Advantage: Accessible Solutions/ServTracker was able to better answer questions our administration wouldn't have been able to answer this early in the pre-launch process.

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MTAM III - Journey & Lessons Learned





⊘ServTracker°



Having a knowledgeable ServTracker Representative on-site to conduct our initial training was a key to the overall understanding and acceptance of how the system worked; this translates to much less paperwork on the driver's part.

Staff was respectful and receptive.

This could be different for volunteer driver programs. Generational and staffing structures may differ and vary.

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MTAM III—Journey & Lessons Learned









Tablet Challenges: Computer Usage/Hand Held Technology Policies and Acknowledgements (tablets while driving, privacy on tablets/personal use, etc.)

- Policies
- Type of Cases (Heavy Duty), Seasonal Accidents
- Centralized Tablet Location
- Recharging Dock
- Tablet Sign-out & Sign-In
- Tablet Insurance
- Premiere/Group Purchasing Consortium Agreements Pricing Equipment/Discounts

Tool Box was very helpful – we're in the process of customizing it more for our program.

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MTAM III - Journey & Lessons Learned

Nutrition Department Supervisors were encouraged to help bring staff along, lead drivers into the program and foster support.

- · Accurate record keeping, easy to do, value to client and program
- Incentive for 100% Accuracy: Pizza Party
- · Staff embraces & is accustomed to change
- Technological savviness is key; may need to work one-on-one with those who struggle
- Able to significantly reduce billing paperwork by well over 80%

Keeping delivery personnel updated and sharing Wellness Alert reports helps to keep them actively engaged and alerting.



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Wellness Alert Cheat Sheet:

Wellness Indicators and Examples of Corresponding Observations

Health (Physical/Mental)	Self-Care/ Personal Safety	Mobility	Nutrition	Home Environment	Social Engagement/ Community Connection	Emergency
Unusual breathing New bruises Apparent change in mood or behavior Confusion Swelling Muscle weakness Fatigue Facial droop Change in skin color New communication problem	Smells badly Disheveled appearance Suspected signs of neglect or abuse	New limp Takes longer than usual to answer door Unsteady on Feet Less mobile than usual	Visible weight loss or gain Loss of appetite Concerns about fluid Intake Uneaten meals Ill-fitting or lost dentures New dental problem	Home look unsafe Dirtier and/or more cluttered than usual Difficulty managing home Maintenance Heating/cooling problem Unsafe electrical, carpet, or other walking surfaces	Reported loss of friend, family or pet Loss or change in support from caregiver, family or social network Change in participation in usual social or religious activities	Call 911 Call the office *Use of this emergency alert is for tracking purposes only

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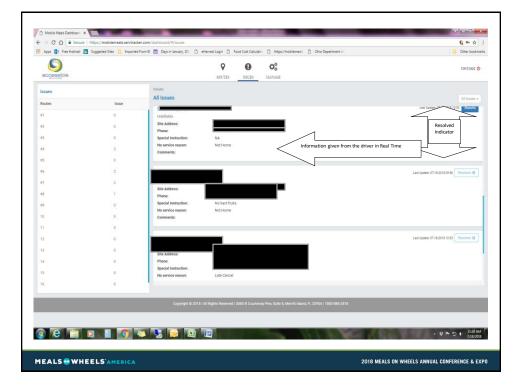
Wellness Alert Cheat Sheet:

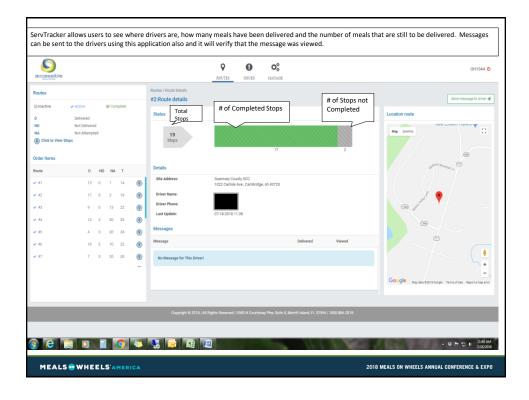
Wellness Indicators and Examples of Corresponding Observations

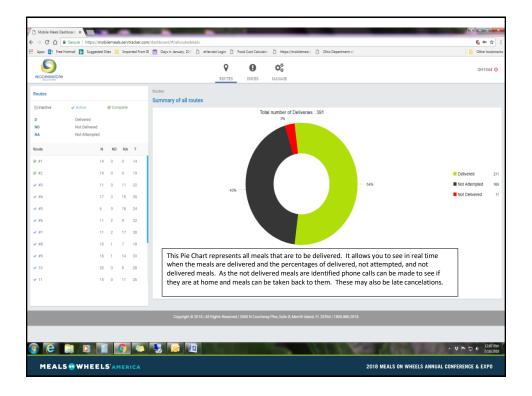
Physical Health	Mental Health	Self-Care/ Personal Safety	Mobility	Nutrition	Home Environment	Social Engagement/ Community Connection	Emergency
Unusual breathing New bruises Swelling Muscle weakness Fatigue Facial droop Change in skin color	Confusion New Communication problem Apparent change in mood or behavior	Smells badly Disheveled appearance Suspected signs of neglect or abuse	New limp Takes longer than usual to answer door Unsteady on feet Less mobile than usual	Visible weight loss or gain Loss of appetite Concerns about fluid intake Uneaten meals III-fitting or lost dentures New dental problem	Home looks unsafe Dirtier and/or more cluttered than usual Difficulty managing home maintenance Heating/ cooling problem Unsafe electrical, carpet, or other walking surfaces	Reported loss of friend, family or pet Loss or change In support from caregiver, family or social network Change in participation in usual social or religious activities	Call 911 Call the office *Use of this emergency alert is for tracking purposes only

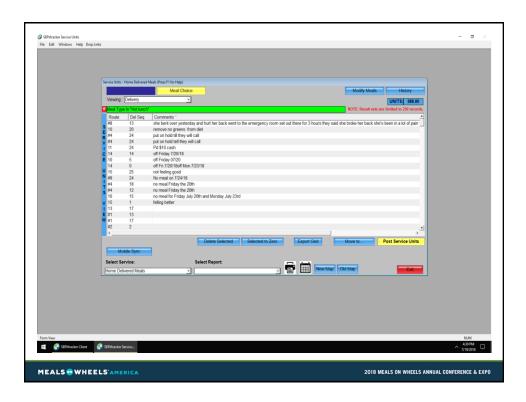
SERVTracker Screen Shots: Access to Information and Data

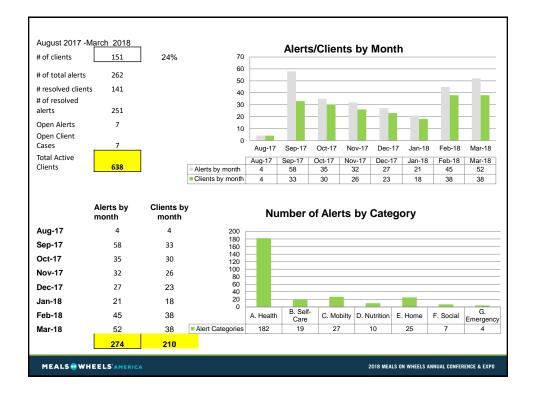
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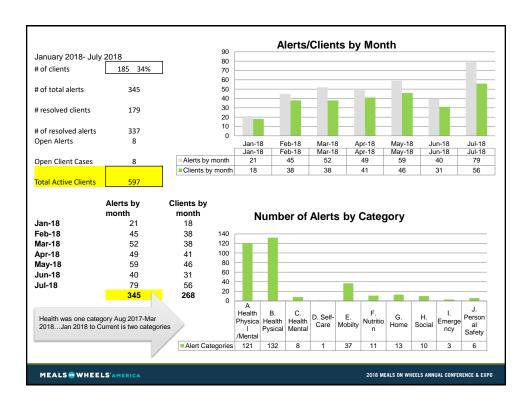












/ITAM Phase III—/	AIGI L Dala	ı Aug. 4	.u i / - iviai. Zi
	Alert Categories	Clients	
A. Health	182	120	66%
B. Self-Care	19	12	7%
C. Mobility	27	25	10%
D. Nutrition	10	8	4%
E. Home	25	18	9%
F. Social	7	7	3%
G. Emergency	4	4	1%
,	274		.,.
After MTAM D		194 A Lors F	Note 2019
After MTAM P			oata 2018
After MTAM P)ata 2018
After MTAM P	hase III—	-Alert C	
	Phase III—	-Alert C	Alert %
A Health Physical /Mental	Phase III— Alert Categories 220	-Alert C	Alert % 44%
A Health Physical /Mental B. Health Physical	Phase III— Alert Categories 220 132	-Alert C Clients 137 89	Alert % 44% 27%
A Health Physical /Mental B. Health Physical C. Health Mental	Phase III— Alert Categories 220 132 8	-Alert C Clients 137 89 7	Alert % 44% 27% 2%
A Health Physical /Mental B. Health Physical C. Health Mental D. Self-Care	Phase III— Alert Categories 220 132 8 1 52 16	-Alert C Clients 137 89 7 1 44 14	Alert % 44% 27% 2% 0%
A Health Physical /Mental B. Health Physical C. Health Mental D. Self-Care E. Mobility	Phase III— Alert Categories 220 132 8 1 52	-Alert C Clients 137 89 7 1 44	Alert % 44% 27% 2% 0% 10%
A Health Physical /Mental B. Health Physical C. Health Mental D. Self-Care E. Mobility F. Nutrition G. Home H. Social	Phase III— Alert Categories 220 132 8 1 52 16 30 14	-Alert C Clients 137 89 7 1 44 14 22 14	Alert % 44% 27% 2% 0% 10% 3% 6% 3%
A Health Physical /Mental B. Health Physical C. Health Mental D. Self-Care E. Mobility F. Nutrition G. Home H. Social I. Emergency	Phase III— Alert Categories 220 132 8 1 52 16 30 14 4	-Alert C Clients 137 89 7 1 44 14 22 14 4	Alert % 44% 27% 2% 0% 10% 3% 6% 33% 1%
A Health Physical /Mental B. Health Physical C. Health Mental D. Self-Care E. Mobility F. Nutrition G. Home H. Social	Phase III— Alert Categories 220 132 8 1 52 16 30 14	-Alert C Clients 137 89 7 1 44 14 22 14	Alert % 44% 27% 2% 0% 10% 3% 6% 3%

What's Next? Future and Broader Opportunities

- Opportunity for continued involvement in MTAM future projects
- Provides an advantage to create efficiencies to better serve more clients
- Decreases paperwork and creates more time for personnel development and support
- Supports adding integrity and added value to Meals on Wheels program - not "just delivering a meal"
- Creates opportunities to expand and enhance services/programs versus limiting capacity/building in size & scope (growth)



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What's Next? Future & Broader Opportunities



- Sets foundation for exploring design and creation of innovative technology for better interfacing and transmitting direct Change of Condition reporting/communications with local APS, databases, external facing Personal Care Providers and Primary Care Physicians, etc.
- Better positioned to leverage person-centered, sustainable, contemporary, and competitive services and supports that better address social determinants of health (e.g., malnutrition, safety)
- Benefit of collecting and reporting data, which helps support your organization to be a community solution for population health management.

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What's Next? Future and Broader Opportunities





- Paves the way to begin dialogue and engagement with healthcare entities – aligning services to better meet payer/provider needs
- Creates an innovative platform to better identify and advocate for positive changes in policies and regulations to support payment of health-related support services

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What's Next? Future and Broader Opportunities



- Evening Routes: potential for fall prevention focus
- · Added safety benefits
- Keep clients and staff safe; use the app to promote safety of both driver and client
- Use video/photos to support story (capture accident/emergency with client consent)
- Ability to track and monitor the location of devices/drivers (retrace steps and location)
- Potential to alert local sheriff/police in "real time"

What's Next? Future & Broader Opportunities

- Opportunity to better integrate and communicate with Healthcare Providers and Managed Care Organizations
- Expressed interest in expanding the "Change of Condition" trigger/alert details within the respective categories
- Replication and "Change of Condition" reporting "becomes a new innovative industry standard"
- •For us...there's no going back to the old way of doing things. ©



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Thank You





Thank you for the work that YOU do every day with your partners in your own local communities to help end senior hunger & address social determinants of health!

Contact Information Shon E. Gress **Executive Director/CEO**



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Tel: (740) 439-6681

www.GuernseySenior.org

GUERNSEY COUNTY

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