



**MEALS ON WHEELS**

AUGUST 27-29, 2019

**ANNUAL CONFERENCE AND EXPO**

DALLAS, TX

# The Secret to Successful Health Partnerships



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# Current Partnerships

Currently, Meals On Wheels of Rockland contracts with 8 Managed long-term care (MLTC) plans that are a system in New York State that streamlines the delivery of long-term services to people who are chronically ill or disabled and who wish to stay in their homes and communities. The contracts are for the provision of Home Delivered Meals and for the operation of our Adult Day Care program for individuals with Alzheimer's disease or early onset dementia.

## Partners:

- Centers Plan for Healthy Living (CPHL)
- EverCare Choice
- Fidelis Care at Home
- Hamaspik
- Homefirst
- Prime Health Choice
- Wellcare Advocate
- VNSNY Choice



# Developing Relationship

## New York State Medicaid Redesign



Montefiore Hudson Valley Collaborative (MHVC) is a NYS designated Performing Provider System that is affiliated with the Montefiore Health System. In 2017, MHVC recognized the ability of Meals On Wheels to utilize data to quantify the needs of the patients they served and provided a planning grant for co-designed pilot project. Successes of the planning grant included; definition of the target population, refinement of core intervention, as well as many connections to existing billable services (e.g. connection to adult day programs). The pilot project as designed intended to provide medically tailored meals to 65 patients at risk for hospital re-admission who suffered from food insecurity and social isolation. In mid-2018, the pilot was initiated and will complete in September 2019. Key lessons learned so far in the pilot include:

- Access to client health data and ability to quantify health outcomes were identified as barriers, as was the need to clearly carve out a “niche” intervention for which costs could be determined and the development of a clear value.

# Keys to Evolving the Relationship



Healthcare agencies are hyper focused on health data and return on investment (ROI). Typical data from Community Based Organizations (CBO) tends to be anecdotal or output based rather than outcomes based. Many healthcare agencies in New York State have expressed their frustration with CBO “data” capabilities and list it as their number one complaint in the NYS Medicaid Redesign process.

The two keys to CBOs building lasting partnerships specifically with healthcare are:

- Looking beyond the nonprofit cultural perspective to see the healthcare cultural need to always keep the bottom line in mind.
- Developing clear data reports to show possible healthcare partners how your agency can improve their patients’ health in a more cost effective manner with demonstrated data related to ROI.

# Future Relationships

With the success of the pilot with Montefiore Hudson Valley Collaborative (MHVC), the Montefiore Health System (MHS) has committed to partnering with Meals On Wheels of Rockland in a Value Based Payment (VBP) contract post the final results of the pilot. Additionally, MHVC and MHS will be active partners with us in securing other VBP contracts with all other Managed Care Organizations (MCO) that operate in our coverage area.



# SECRETS TO SUCCESSFUL HEALTHCARE PARTNERSHIPS



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# METRO MEALS ON WHEELS

## A QUICK GLANCE

- ✓ Over 1,000 meals each weekday and 1,750 meals every Friday
- ✓ Service area: Metro Boise and two rural communities
- ✓ Up 100 meals a day over this time last year
- ✓ Home Delivered and Congregate (5 senior centers, 2 retirements communities, and 1 adult daycare)
- ✓ Introduce new menu item each month



# METRO MEALS ON WHEELS

## CURRENT RELATIONSHIPS WITH HEALTHCARE

- ✓ Provide meals to local Blue Cross of Idaho clients



# METRO MEALS ON WHEELS

## CURRENT RELATIONSHIPS WITH HEALTHCARE

- ✓ Pilot program with Meals on Wheels America and Blue Cross of Idaho





# METRO MEALS ON WHEELS

## ESTABLISHING RELATIONSHIPS

- ✓ Blue Cross of Idaho initially approached us about providing meals
- ✓ MOWA brought the pilot program to us; we have been affirming a relationship with Blue Cross of Idaho and leveraging our partnership
- ✓ Using transportation to open doors to meals – St. Luke's Health System
- ✓ Developing strong relationship with Saltzer Medical Group that started with transportation



# METRO MEALS ON WHEELS

## WHAT WORKED WELL

- ✓ Exceeding the needs of Blue Cross of Idaho clients and the organization's expectations
- ✓ Fostering sustainable relationships with Blue Cross of Idaho
- ✓ Promotion of Blue Cross of Idaho
- ✓ Creating lasting partnerships and collaborations with the organization
- ✓ Establishing and developing strong relationships with St. Luke's Health System and Saltzer Medical Group



# METRO MEALS ON WHEELS

## GREATEST CHALLENGES

- ✓ Getting to the decision makers
- ✓ Finding champions and influencers
- ✓ Seeking the right approach
- ✓ Patience in working through process

# METRO MEALS ON WHEELS

## HOW RELATIONSHIPS HAVE EVOLVED

- ✓ Beyond just meals – sponsor of March for Meals; committed to next year
- ✓ Blue Cross of Idaho believes in value of Meals on Wheels
- ✓ Bringing Albertsons to the table



# METRO MEALS ON WHEELS

## HOW RELATIONSHIPS HAVE EVOLVED

- ✓ St. Luke's Health System open to meals



# METRO MEALS ON WHEELS

## HOW RELATIONSHIPS HAVE EVOLVED

- ✓ Promising partnership with Saltzer Medical Group







# METRO MEALS ON WHEELS

## ADVICE FOR OTHER PROGRAMS

- ✓ Creative approaches to get foot in the door
- ✓ Leverage opportunities
- ✓ End goal – develop lasting, strong, collaborative relationships and partnerships
- ✓ Be patient!

# MEALS ON WHEELS AND HEALTHCARE



## **DEBBIE CASE**

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# The Beginning 2012

## Coordinated Care Initiative

1. San Diego selected as a demonstration County
2. Meals on Wheels establishes contracts
  - Care1st Health Plan
  - Community Health Group
  - Molina Healthcare
3. Protocols developed for each contract

# Care 1<sup>st</sup>

1. 10 consecutive days of meals post hospitalization or rehabilitation facility
  - “consecutive” was problematic
  - Rural areas of county received meal packs and calls
2. Developed a flow chart of coordination
3. Had a high level champion that oversaw program
4. Additional issues
  - High turnover of staff
  - Seniors refused meals
  - Discharge after 3pm on Fridays
  - HIPPA compliance



# Go “Live” – April 2014

## California’s Coordinated Care Initiative

### 1. Consumers

- Seniors and Persons with Disabilities who receive Medi-Cal benefits ONLY
- People who receive benefits from BOTH Medicare & Medi-Cal

### 2. Health Plan Options in San Diego County

- Care1st Health Plan, Community Health Group, Health Net, & Molina Healthcare will offer Cal MediConnect plans that will cover BOTH Medicare & Medi-Cal benefits
- Plans listed above and Kaiser Permanente offer a Medi-Cal ONLY plan
- Program of All-inclusive Care for the Elderly (PACE) - eligibility requirements apply



# Go “Live” – April 2014

## California’s Coordinated Care Initiative-continued

### 3. Benefits to Consumers

- Medicare & Medi-Cal can work together to provide coordinated care
- Long Term Services & Supports (LTSS) will be a health plan benefit

### 4. LTSS includes:

- In-Home Supportive Services (IHSS)
- Skilled Nursing Facilities (SNF)
- Community-Based Adult Services (CBAS)
- Multi-purpose Senior Services Program (MSSP)



# Coordinated Care Initiative ends 2017

1. CCI Discontinued Following Administration's Determination that CCI Does Not Generate Net General Fund Savings. With the release of the Governor's 2017-18 budget, the administration estimated that the CCI generates net General Fund costs of \$278 million in 2016-17 and \$42 million in 2017-18. The major factor causing the CCI to generate net General Fund costs rather than savings in the administration's determination was the In-Home Supportive Services Maintenance of Effort (IHSS MOE). In accordance with state law, this determination automatically ends the program.



# Governor extends components to 2022

1. Integration of LTSS Other Than IHSS Under Medi-Cal Managed Care.
  - The Governor's budget proposes to continue the integration of LTSS other than IHSS under Medi-Cal managed care. This would include SNF care, CBAS, and MSSP.
2. Governor Gavin Newsom Calls for Creation of a Master Plan for Aging- June 10, 2019
  - The Long-Term Care Subcommittee is tasked with issuing a report to the Governor by March 2020 on stabilizing state long-term care programs and infrastructure, including In-Home Supportive Services, with the full Master Plan completed by October 2020.





# MOW San Diego County-2019

## 1. Current contracts-Post hospitalization

- Molina Healthcare
- Blue Shield Promise California Health Plan (Care 1<sup>st</sup>)
- UCSD Health Centers
  - Malnutrition diagnosis
  - High risk patients
  - Food insecurity
  - 2+ ADLs

## 2. PACE

- Daycare
  - Meal Packs for evening meals
- Home bound seniors at risk

# Healthcare Initiative MOW San Diego

## Board Adhoc Committee

1. How do we “vet” possible partners?
2. How do we market to them?
3. What are they looking for in return?
4. If we build it-will they come?
5. How do we stay top of mind?



# Vetting

## 1. Understanding the marketplace

- Keep it local
  - UCSD Health Centers- Hospitals in Mission Hills (San Diego Metro) and La Jolla
  - Sharp Health Care- San Diego County based similar to Kaiser and has several locations
- Build on original contracts
  - Care 1<sup>st</sup> is now Blue Shield Promise California

## 2. Physicians Groups

- Pre & post hospitalization

## 3. Market the Technology

- Quantifiable information & reports

# Marketing

## 1. More Than a Meal

- Eyes on daily by caring individual
- Other services

## 2. Focus on Health

- MOW “gets in front” of the emergency situations by keeping seniors healthier and engaged with others
  - We are isolation interrupters

## 3. Make it easy to prescribe MOW

- Collateral- prescription pad, information “rack cards”
  - Nursing staff, discharge planners, care coordinators
  - Patients/clients and caretakers

# Clear & Concise

1. Know what you are offering
2. Know your price structure
  - Do your homework on ROI
3. How far is your reach?
4. Can you deliver at a moments notice?
  - What is your “plan B”?
5. What is the flow chart from beginning to end?
  - From ordering MOW through invoicing and all the steps in between
6. Ask what they want in return
  - Reports, follow-up etc.
  - Are they developing some measureables that they would share?

# Stay top of mind

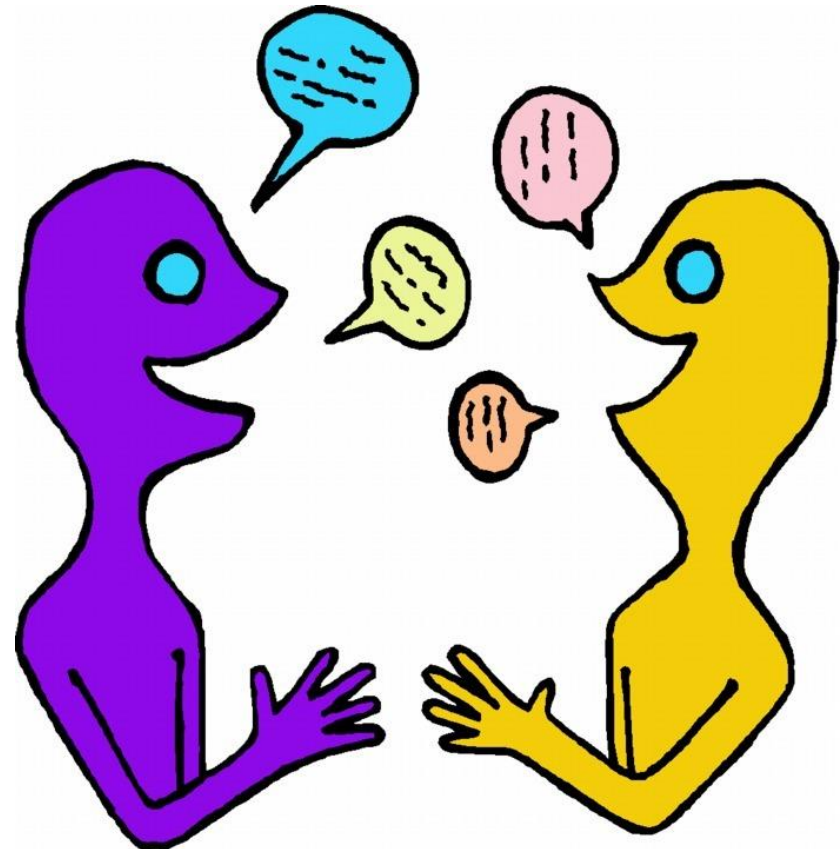
1. Conduct training sessions – Lunch & Learn
  - Personnel is constantly changing
  - Provide your food for their lunch
2. Can MOW be added to their patient software program
3. Appropriate collateral developed for distribution
4. Ability to provide an electronic newsletter with menus for their internal distribution
5. Ask for feedback
  - Conduct surveys

# Deliver what you promise

Communicate

Communicate

Communicate



# Thank you

## Contact Information

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# Don't forget to evaluate today's session in the Conference App!

Verizon 3:47 PM 32%

Survey

Session Evaluation

How satisfied were you with this session?

0 10

Not at all satisfied Very satisfied

8

The screenshot shows a mobile app interface for a survey. At the top, there's a status bar with 'Verizon', '3:47 PM', and '32%' battery. Below that is a red header bar with a back arrow, the word 'Survey', a home icon, and a settings gear icon. The main content area is titled 'Session Evaluation' and contains the question 'How satisfied were you with this session?'. Below the question is a horizontal slider with a blue line and a white knob. The slider is marked with '0' on the left and '10' on the right. Underneath the slider, the text 'Not at all satisfied' is on the left and 'Very satisfied' is on the right. A white input box below the slider contains the number '8'. At the bottom right of the app interface, there is a red button labeled 'Next'.

Next

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