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Research

Preliminary findings from the expansion of Revation LinkLive™ communications technology to health care providers

*Phase II evaluation of the Chisago County
First Contact pilot project*

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Phase II evaluation of the Chisago County First Contact pilot project

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Summary

The First Contact Pilot Project, operated by the Central Minnesota Council on Aging, developed a service model in 2008 intended to expand the role of the Senior LinkAge Line® and provide more seamless services to older adults, and strengthen connections among older adults, Chisago County services, and area health care providers. Phase II of the pilot project began in July 2010, with a focus on expanding the implementation of Revation LinkLive™ Unified Communications to include Fairview Lakes Medical Center and two Ecumen long-term care facilities, in addition to the original partners of the Senior LinkAge Line® and Chisago County Health and Human Services.

The final evaluation of Phase II of the First Contact Pilot Project was completed between January 1, 2012 and June 30, 2012, and was designed to address research questions regarding the integration of Revation LinkLive™ software, the consumer experience, working relationships among service providers, the way in which providers share information, and the potential impact on consumer choice. To answer these questions, Wilder Research reviewed process mapping and other project documents, completed telephone interviews with 31 Chisago County Senior LinkAge Line® callers, reviewed Senior LinkAge Line® consumer data, and completed telephone interviews with 15 key informants.

Study results indicate that pilot project work continues to demonstrate a number of positive outcomes for both consumers and project partners. Great potential exists for extending the reach of the Senior LinkAge Line®. Longer term follow-up is needed in order to determine the extent to which consumers and providers benefit in measurable ways from the single point of entry to resources and services. Specifically:

- Consumers report a positive experience overall. Providers believe that using Revation LinkLive™ technology software has saved them time and energy in better serving consumers, although much of their work is invisible to consumers.
- Strong working relationships among service providers combined with consistent use of Revation LinkLive™ technology appears to result in service effectiveness and efficiency, which benefits both providers and consumers.
- During the pilot period, Chisago County consumer choices tended toward a greater use of Long Term Care Options Counseling and a slightly reduced likelihood of moving to facility-based care in comparison to similar counties, although short-term results cannot be considered conclusive.
- The use of print media shows promise in reaching and informing consumers about the role of the Senior LinkAge Line®.

- Service providers recognize and appreciate some efficiencies as a result of their use of Revation LinkLive™ technology.
- Project partners report improved and streamlined communication and procedures, resulting in time and energy savings in their work. They believe that this results in better service delivery for consumers.
- Professional relationship building among service professionals, as well as training on the use of Revation LinkLive™ technology software, both require on-going attention in order to fully develop potential use of the system and maximize service benefits for consumers.
- Opportunities to strengthen providers' relationships and fine tune the capacity and use of Revation LinkLive™ technology software should be specifically included in future efforts to expand the use of this technology to other Minnesota counties.

Introduction

This report presents the evaluation results of Phase II of the First Contact Pilot program developed between the Senior LinkAge Line® services, operated by the Central Minnesota Council on Aging, and Chisago County Health and Human Services. During Phase II, Revation LinkLive™ Unified Communications technology was expanded to include Fairview Lakes Medical Center and two Ecumen long-term care facilities. The general principle underlying this strategy is the idea that improved communications technology and processes will increase efficiencies among service providers, streamline access to accurate and timely information, provide speedier access to needed services by older adults and their caregivers, and reduce the likelihood that older adults will spend down their assets on services that exceed their needs.

The study uses multiple methods, including consumer interviews, document review, provider observations and administrative data, to describe expanded implementation of the technology, and the benefits and challenges associated with this service innovation.

Background

In 2008, the Central Minnesota Council on Aging (CMCOA) received funding from the Community Service/Community Services Development (CS/SD) grants program of the Minnesota Department of Human Services to develop a pilot project intended to provide more seamless and timely access to services for older adults in Chisago County. In addition, the project was designed to improve coordination between county human services staff and Senior LinkAge Line® staff, reduce the need for seniors or their family members to go through multiple intake processes, reduce the wait time required in order to make service connections, and to realize these goals through the incorporation of state-of-the-art technology used by the MinnesotaHelp Network™ within the existing service system. To do this, the project created several enhancements in the technology infrastructure in order to improve communications between the Chisago County and Senior LinkAge Line® staff.

In April 2010, near the end of the pilot project, Wilder Research was asked to conduct a retrospective evaluation of the initiative to assess project implementation, the extent to which the pilot project reached its intended goals, challenges to project implementation and how those challenges were addressed, and to assess the potential for replicating the project in other counties in Minnesota.

During Phase II of the pilot project, which began in July of 2010, efforts were concentrated on implementing the Revation LinkLive™ Unified Communications technology and expanding its reach. In addition to evaluation of the project activities carried out in Phase II, Wilder Research made presentations of current project findings to the County State Workgroup (9/21/2011) and the Medical Assistance Reform Aging Workgroup (11/12/2011), at the request of the Minnesota Department of Human Services.

In fall 2011, Wilder met with representatives from the Minnesota Department of Human Services and the Central Minnesota Council on Aging to formulate additional research questions that could be addressed in a brief study to be carried out between January 1, 2012, and June 30, 2012, as part of the continuing evaluation of the Phase II expansion.

This report presents the findings from the final Phase II evaluation.

Key research questions

1. To what extent does the integration and use of new technologies, particularly the use of Revation LinkLive™ software by all project partners, improve the effectiveness and efficiency of service delivery?
2. To what extent do consumers report a positive service experience including clarity regarding service options and decision-making processes, continuity in assessment processes and subsequent service decisions, and reasonably smooth and appropriate care transitions (from one care setting or service type to another)?
3. To what extent has the pilot project resulted in stronger working relationships among service providers including effective, efficient, and clearly agreed-upon divisions of labor; improved understanding of each other's service roles and capacities; as well as greater trust and confidence in the ability of partners to carry out responsibilities?
4. To what extent do service professionals find that the quality and sharing of information among providers regarding consumer status, needs, and options is an improvement over pre-pilot time periods?

Methods

To answer the research questions and complete evaluation tasks, Wilder Research conducted the following research activities:

- Meetings with staff from the Minnesota Department of Human Services, the Central Minnesota Council on Aging, and Chisago County to reach agreement on existing Senior LinkAge Line®, Web-based Resource House Referral, and MMIS data sources that could reliably be used to examine changes from the baseline (pre-pilot service period) to follow-up (pilot service period)
- Review of business process mapping and related project documents
- Telephone interviews with 31 Chisago County Senior LinkAge Line® callers
- Review of Chisago County Senior LinkAge Line® consumer data on Web-based Resource House Referral
- Telephone interviews with 15 key informants from the Senior LinkAge Line®, Chisago County, Fairview Lakes Medical Center, and Ecumen long-term care facilities
- Preliminary analysis of Senior LinkAge Line® consumer data (de-identified) provided by the Minnesota Department of Human Services staff

Recruitment of consumer study participants

A detailed protocol was developed to recruit Senior LinkAge Line® callers from Chisago County for the study. Central Minnesota Council on Aging staff completed a business process map to clarify the steps. Between February 24 and May 15, 2012, all Chisago County residents who called the Senior LinkAge Line® received help based on their presenting needs. Senior LinkAge Line® staff offered Long Term Care Options Counseling¹ and screening on the Live Well at Home Rapid Screen©² (Appendix A) for each of these

¹ “Long Term Care Options counseling is an interactive decision-support process” delivered through the Senior LinkAge Line® that provides support to consumers as they “determine appropriate long-term support choices in the context of [their] needs, preferences, values and individual circumstances.” (from MN DHS, MinnesotaHelpNetwork™; www.MinnesotaHelp.info)

² The Live Well at Home Rapid Screen© tool was developed by Dr. Joseph Gaugler at the University of Minnesota for the Minnesota Board on Aging to identify the risk of older persons for nursing home admission and/or spend down to Medical Assistance. The form gathers information about seven evidence-based risk factors including Activities of Daily Living, recent falls, access to supports, caregiver stress, plans for housing, living situation, and cognitive function. A total score indicates risk category, including no, low, moderate or high risk. The Rapid Screen© tool was tested and validated in 2009, and is considered a standardized tool.

callers. At the conclusion of the call, consumers were invited to participate in the study. Those who agreed were either connected immediately to Wilder Research via a three-way call to communicate the consumer's contact information, or the Senior LinkAge Line® staff called Wilder Research at a later time to pass on the consumer's contact information.

To meet the requirements of the State of Minnesota Institutional Review Board, consumers were contacted by phone to allow researchers to explain the study to them before requesting their formal consent to participate. The consent process was completed with a second Wilder Research staff person witnessing the agreement. If the consumer gave consent, a telephone interview was scheduled. Wilder Research followed the telephone consent process with a mailed letter of explanation and Notice of Privacy Practices to each participant. After the interview was completed, Wilder Research sent each participant a letter and \$15 Visa gift card to thank them for taking part in the study.

In advance of each interview, Wilder Research accessed log notes in Web-based Resource House Referral for each participant. The purpose of reviewing the notes was to assist researchers in understanding the background conditions that led participants to contact the Senior LinkAge Line® and thereby obtain richer information about each participant's experience with this resource.

Tasks completed by Central Minnesota Council on Aging

Between the summer of 2011 and the spring of 2012, the Central Minnesota Council on Aging completed three tasks: installation of Revation LinkLive™ United Communications system at two partner agencies, Fairview Lakes Medical Center and Ecumen long-term care facilities; business process mapping of additional key procedures; and development of a publicity campaign for the Senior LinkAge Line®.

In June 2011, Revation LinkLive™ software was installed at the Fairview Lakes Medical Center Discharge Planning unit with the authorizations required for use of Revation LinkLive™ technology. The addition of Revation LinkLive™ software to two Ecumen nursing facilities was completed in March 2012. Training was also completed with the staff members using the system. The expectation is that the addition of Revation LinkLive™ technology at these facilities will facilitate the flow of client information needed by the Senior LinkAge Line® to complete nursing home authorizations (Pre-Admission Screening), and assist with other client related matters including discontinuing the process of faxing forms to Chisago County and to the Senior LinkAge Line®.

Central Minnesota Council on Aging staff, in collaboration with all partners, continued the process of business mapping with the development of screening process and Pre-Admission Screening protocols. The partner agencies are now working within the established frameworks.

In late March and early April 2012, the Central Minnesota Council on Aging placed three print ads, two times each, in Chisago County newspapers. In April, they sent a direct mail flyer to 1,828 Chisago County households with people aged 60 years and over. The intent of the newspaper advertisements and the flyer (Appendix B) was to inform residents of the role of the Senior LinkAge Line® as a “one stop shop” for resources available to help older adults access community services and to encourage them to call Senior LinkAge Line® when they needed assistance.

Findings

Consumer interviews

Phone interviews were completed with a sample of Chisago County consumers who made phone inquiries or sought services through the Senior LinkAge Line® between February 24 and May 15, 2012. In 22 cases the individual seeking help was a caregiver to an older adult and in nine cases it was an older adult seeking services for him or herself. In all cases, Live Well at Home Rapid Screen© information was collected for care recipients only.

Consumer interview participants

The Senior LinkAge Line® received calls from 46 Chisago County consumers who were potentially eligible for the study during the recruitment window (February 24 through May 15, 2012). Thirty-one consumers agreed to participate in the study; 15 declined. Twenty-two of the 31 consumers who participated in the study called the Senior LinkAge Line® as caregivers on behalf of a care recipient; nine called for themselves. Of the 22 caregivers, 15 called on behalf of a parent or parent-in-law.

At the time of the interview, fourteen of the 31 study participants (45%) had either completed a Long-Term Care Consultation (LTCC)³ or had scheduled one for a future date. Of those who had completed a LTCC before the interview, five had completed it with Chisago County and two had completed it with another Minnesota county.

Live Well at Home Rapid Screen© results

Senior LinkAge Line® staff completed a Live Well at Home Rapid Screen© with each Chisago County caller. The screen results reflect the situations and risks factors for the care recipients who could potentially benefit from the resources provided by the Senior LinkAge Line® staff.

The average age of potential care recipients participating in the study was 77 years. The age range was 55 to 98 years. Twenty-three women and 8 men were care recipients.

³ The Minnesota Long Term Care Consultation Services Assessment form is a 29 page document that is used by county public health nurses or social workers when they visit a consumer. Information collected includes general health, ability to manage routine activities, home environment, resources, social needs, and community supports, and is used to develop recommendations for service plans and accommodations. (Source: MN Board on Aging, Long-Term Care Consultation information)

Just over three-quarters of care recipients participating in the study (77%) scored at “high risk” for admission to a nursing home, while 16 percent of participants scored at “moderate risk” or “low risk,” and less than 7 percent scored at “no risk.” Just over half of Senior LinkAge Line® callers who declined to participate were considered “high risk.”

1. Care recipient risk level scores on Live Well at Home Rapid Screen©

Risk level	Percentage of study participants (N=31)	Percentage of non-participants (N=15)
High risk	77%	53%
Moderate risk	10%	20%
Low risk	7%	13%
No risk	7%	13%

Almost two-thirds of care recipients (65%) reported at least some degree of concern about cognitive abilities, 58 percent reported caregiver stress, and just under half (48%) reported needing help with two or more Activities of Daily Living (ADLs)⁴ (Table 2). Participants who had completed or scheduled a LTCC at the time of the phone interview were more likely than participants with no LTCC to indicate concerns about cognitive abilities (85% vs. 47%, respectively). Senior LinkAge Line® callers who did not elect to participate in the study were most likely to present with risks due to living alone (40%) and ADL impairments (33%).

2. Care recipient risk factors identified on Live Well at Home Rapid Screen©

Risk factor	Percentage of study participants (N=31)
Concerns about memory, thinking, ability to make decisions	65%
Caregiver overwhelmed or stressed	58%
Need help with two or more ADLs	48%
Fall with injuries in the last six months	42%
Thought about moving to other housing	42%
Live alone	32%
Do not have a family member /friend to help	10%

⁴ Activities of Daily Living (ADLs) include walking, getting out of bed or a chair, toileting, bathing, dressing and eating.

Connecting with the Senior LinkAge Line®

Study participants had a variety of ways of connecting with Senior LinkAge Line® resources. Almost a quarter each reported receiving a referral from Chisago County or learning about the Senior LinkAge Line® from print media such as a flyer or newspaper article. Other ways in which participants connected with the Senior LinkAge Line® were referrals from other facilities such as Ecumen (21%), referrals from other agencies (15%), or as repeat consumers with prior experience (12%). Half of participants who had completed or scheduled a LTCC said they had been referred to the Senior LinkAge Line® by Chisago County, and nearly a half of those with LTCC learned about the Senior LinkAge Line® from print media.

Seeking help from the Senior LinkAge Line®

Kinds of help sought

Eighty-one percent of participants said they had a good idea about the kinds of help they needed when they first contacted the Senior LinkAge Line®. They most often reported that they were looking for general advice or direction (45%), financial help (35%), or housing help (32%). Sixteen percent of participants indicated that they were seeking help with caregiving issues, and an additional 16 percent said they called for information about medical insurance.

Following are examples of participants' statements about the kinds of help they were seeking:

I needed advice on how to get started. I did not know what the questions were or how to start.

Everything was brand new. I needed direction on services for now and the future. I was mostly looking for financial information for nursing home care.

I haven't used the Senior LinkAge Line® before, I wasn't sure what to expect. I hoped for some clarification about Part D and what to do about it.

I was looking for memory care or assisted living for my mother, and financial assistance.

I needed financial or caregiver advice. I had no idea where to start or what the next steps could be.

I didn't know if I qualified for financial assistance. I knew that I needed to find out.

I felt that I was at a dead end [with a caregiving issue]. I thought the Senior LinkAge Line® might have some ideas. It was sort of a last attempt to find a solution.

I knew my mom needed an evaluation – that something needed to change. She doesn't need a nursing home, but needs help and some assistance.

I knew what I needed, but didn't know if it was available.

I knew we needed a Long Term Care Consultation as part of the process of getting financial assistance.

New information obtained

Nearly two-thirds of participants said they had learned something new when they called the Senior LinkAge Line®. Participants most often mentioned learning that help is available (29%), receiving referrals and resources (24%), and getting information about the process involved in receiving assistance (24%). Three participants (14%) said they did not know the questions to ask or what to expect in the first place. Two participants said they learned that the Senior LinkAge Line® was not helpful. Twenty-nine percent of participants said they had been willing to consider the use of a service that was different from what they had originally considered.

Examples of participants' comments about new information they received from Senior LinkAge Line®:

I learned that there is help [for getting help with housing].

I got connected to [*service provider*], who was able to clarify insurance options. I did not know that this help was available.

The Senior LinkAge Line® pushed me in the right directions. The Senior LinkAge Line® laid out the process for me. I started with information on funding, a verification code, and a Long Term Care Consultation appointment.

I didn't know what to expect. Everything was new. I didn't expect as much help as I got.

I learned about the procedures. I didn't understand this before.

Differences between participants who had scheduled or completed an Long Term Care Consultation (LTCC) and those who had not

Noteworthy differences exist for participants with a LTCC completed or scheduled, compared to those with no LTCC, in terms of the kinds of assistance they were seeking, learning something new, and considering something new.

- More than half of those with a LTCC completed or scheduled said they were looking for help with housing options, compared to 12 percent of those with no LTCC planned.

- Twenty-nine percent of those with no LTCC planned sought help with Medicare, insurance or prescriptions, while no participants with a completed or scheduled LTCC did this.
- Twenty-one percent of participants with a completed or scheduled LTCC had questions related to caregiving, compared to just 12 percent of those with no LTCC planned.
- More than 70 percent of participants with a LTCC completed or scheduled reported learning something new from their contact with the Senior LinkAge Line®, while less than 60 percent of those with no LTCC said this.
- Participants with a LTCC completed or scheduled were more likely to say they were motivated to use something new than those who had not (43% vs. 18%).

Among those who had completed or scheduled an LTCC none indicated that referrals or resources received were new. In contrast to this, half of those without a LTCC reported getting a new referral or resource. However, half of participants with a completed or scheduled LTCC reported that information about the process of seeking help was new to them, while none of those without a LTCC reported that aspects of the process were new to them.

Connecting consumers with services

Three-way calls

Fifteen participants remembered that a three-way call had been arranged when they contacted the Senior LinkAge Line®. A total of 20 three-way calls were arranged for the participants. Nine participants with a completed or scheduled LTCC reported a three-way call, compared to six participants with no LTCC.

Of the 20 three-way calls, participants were most often connected with Chisago County (9 times), the East Central Senior Resource Center (3 times), and other community organizations (3 times). Follow-up with service providers based on these three-way calls was varied. Participants reported 11 follow-ups, which resulted in five respondents setting or confirming appointments and four who reported that information was simply collected or confirmed.

Explanations offered by participants for no follow-up with service providers include not yet taking action (5 times), not needing any follow-up (3 times), and going elsewhere for help (1 time).

Other referrals and information

Sixteen participants reported receiving a total of 26 referrals to other services or for further information which were not part of a Senior LinkAge Line® arranged three-way call. Participants were most commonly referred to the East Central Senior Resource Center (7 times); Chisago County (3 times); long-term care facilities (3 times); and a variety of community organizations including Lutheran Social Services, Legal Aid, and Lakes and Pines Community Action Council (3 times).

When participants followed-up with service providers, their contacts resulted in collecting or receiving information (6 times), scheduling or having an appointment (2 times) and receiving paperwork necessary for the next step in obtaining help (2 times). When follow-up had not occurred, participants were most likely to report that they had not yet had time (8 times) or that they did not currently need the follow-up (7 times).

Ten participants also reported independently seeking other information and resources, such as legal advice (3 times), with long-term care facilities (3 times) and with community organizations (2 times). Mentioned just one time each were making calls to a health insurance company and a bank. One participant scheduled a LTCC for a different family member.

Participants who did not seek a LTCC were more likely to receive referrals for other information or services (10 vs. 6) and more likely to follow up on their own with other resources later (7 vs. 3).

Consumer satisfaction with the experience and assistance

Participants gave the Senior LinkAge Line® high marks overall. All participants said the Senior LinkAge Line® staff person with whom they spoke was trustworthy and understood the reason for their call. All but one of the participants (97%) believed their call was handled efficiently and 90 percent said the staff person was knowledgeable about how to get help. All but one of the participants also said they would probably or definitely recommend the Senior LinkAge Line® to people looking for similar assistance. Eighty-four percent said they were satisfied or very satisfied with the assistance they received (Figure 3).

While Senior LinkAge Line® staff received positive feedback overall, some differences exist between those who had an LTCC completed or scheduled and those who did not. Those with an LTCC completed or scheduled were less likely to say they discussed their options with Senior LinkAge Line® staff (71% vs. 88%), but more likely to say they got the help they needed (92% vs. 81%). Those with no LTCC were somewhat less likely to say that they had received useful information (88% vs. 100%).

3. Consumer feedback about Senior LinkAge Line® services (N=28-31)

Agree/strongly agree...	Percentage
Senior LinkAge Line® staff are trustworthy	100%
Senior LinkAge Line® staff understood reason for call	100%
Call to Senior LinkAge Line® was handled efficiently	97%
Senior LinkAge Line® staff provided useful information	93%
Senior LinkAge Line® staff are knowledgeable about how to get help	90%
Senior LinkAge Line® provided the help needed	86%
Senior LinkAge Line® staff helped think through options	82%
Senior LinkAge Line® staff discussed options	81%
Would probably or definitely recommend Senior LinkAge Line®	97%
Satisfied or very satisfied with assistance from Senior LinkAge Line®	84%

Consumer interview summary observations

Results from interviews with 31 consumers of the Senior LinkAge Line® provide an important perspective on the activities, benefits and opportunities of the First Contact Pilot program in Chisago County. While the sample is too small to adequately represent all seniors or caregivers who seek assistance from the Senior LinkAge Line®, some conclusions can be drawn from the experiences of these consumers.

- It appears that the Senior LinkAge Line® is reaching some “high risk” consumers and is able to provide them with support and advice.
- Print media show some promise in effectively reaching seniors before their needs are acute. Additional advertising over time may be necessary to further communicate the message about the Senior LinkAge Line® and its value as a “one stop shop” for seniors.
- The Senior LinkAge Line® has effectively used the three-way call feature of Revation LinkLive™ technology to connect seniors with information and resources. Follow-up has been minimal, but there was only a brief period in which follow-up could occur during the study time frame.
- Consumers have accessed the Senior LinkAge Line® generally believing they knew what help they needed and were then satisfied with the help they received. In spite of thinking they knew what help they needed, consumers also reported gaining new information from their contacts with the specialists.
- For the most part, processes for communication among partners are invisible to the consumers.

Key Informant interviews

Key Informant interview participants

Wilder Research completed phone interviews with 15 key informants, selected for their professional roles within partner organizations or agencies. All key informants were asked about their perceptions of their contacts with the Senior LinkAge Line®, the impact of Revation LinkLive™ on a variety of functions and processes in their work, the benefits of Revation LinkLive™, suggestions for improvement, and thoughts about the potential for the implementation of Revation LinkLive™ statewide. Other questions were tailored to capture key informants' unique experiences and connections with Senior LinkAge Line® specialists and the Revation LinkLive™ communications technology.

The agencies represented in the key informant interviews primarily serve clients in Chisago County. Other counties from which agencies report drawing a significant number of clients include Isanti, Pine, Washington and Kanabec. Several respondents mentioned serving clients from St. Croix County in Wisconsin.

Experience with Revation LinkLive™ technology

Key informants reported mixed opinions overall about Revation LinkLive™ technology. On the positive side, 93 percent believed they have received adequate training on the system. Eighty six percent of respondents indicated that Revation LinkLive™ technology supports good long-term care decision-making and 71 percent said that Revation LinkLive™ technology makes it easier to get support from Senior LinkAge Line® staff.

Key informant respondents were less certain, but still mostly positive, about the impact of Revation LinkLive™ technology in terms of reducing frustrations in arranging services or resulting in a difference in communications between providers in Chisago County. Approximately two-thirds (64%) agreed that there are fewer frustrations now, and just over half (53%) think that there is a difference in communications between providers. Additionally, 57 percent of key informants each agreed that it is now easier to complete a Pre-Admission Screening, and that Revation LinkLive™ technology makes it possible to reduce repeat visits by patients.

Benefits of Revation LinkLive™ technology

Key informants mentioned continued success with improved and streamlined communications and protocols due to the implementation and use of Revation LinkLive™ technology among providers.

The specific benefits mentioned include fewer delays in communicating with other agencies or providers, quick responses to questions or information requests, and less “phone tag.” In particular, respondents find the instant messaging component of Revation LinkLive™ to be convenient, saving them time, energy, and frustration, as it allows them to multi-task while avoiding multiple interruptions on the phone. The option to avoid sending documents by FAX was also mentioned as an improvement.

Following are examples of respondents’ comments about the advantages of communication through Revation LinkLive™:

- There are fewer interruptions with Revation LinkLive™ than with the phone.
- I can be on the phone and Revation LinkLive™ at the same time. Phone tag is eliminated.
- I can get ahold of the Senior LinkAge Line® and the county in a timely way. I ask a question and get a quick response.
- Instant messaging is efficient and Revation LinkLive™ saves time. It is so much better than waiting for a return page or call.
- The system indicates staff availability, which cuts out extra steps of time and waiting for a follow-up.

Respondents also appreciate the precision afforded by Revation LinkLive™ technology, which allows them to identify who is available and then target a specific person within an agency for information. They appreciate the articulation of protocols and procedures, which reduces fragmentation in communications and services. Clarity regarding agency responsibilities and inter-agency connections allows providers to fine tune information and care plans, close the loop on sharing information, and avoid the duplication of services. Extra steps can be reduced, and this results in greater efficiencies.

Respondents made a number of comments about the clarity of the process afforded by Revation LinkLive™ technology:

- We have better discharge planning and avoid the duplication of services.
- Care partners communicate more easily and efficiently target patients’ needs.
- We have a road map of resources to explain the process, procedures, and timeline. It is easier to make referrals to other services.
- It is a structured system now. Protocols exist. It is tighter now with fewer loose ends.
- Revation LinkLive™ makes communication more inclusive.

Challenges encountered with Revation LinkLive™ technology

In this series of interviews, key informants mentioned several of the same technical issues that continue to hinder full use of Revation LinkLive™ technology among service providers. Several respondents mentioned the on-going frustration with Chisago County protocols that limit the ability to send email attachments and instant messages if the user is not signed into the program. Respondents from Chisago County also mentioned frustrations associated with internal glitches that cause their IT system to go down. Yet another barrier involves the existence of multiple information management systems and a lack of coordination between them. For example, the county uses MMIS, which is not directly available to the Senior LinkAge Line® staff. The Ecumen facilities and Fairview Lakes Medical Center use EPIC for medical records, which is incompatible with Revation LinkLive™ technology for the transmission of records or related documents.

It is also unclear whether the technology is being used to full advantage. In some cases, providers who are more recent additions to Revation LinkLive™ technology continue to FAX forms rather than use the new procedures, or limit their use of the system in general. Project partners are not yet using Voice-Over Internet Protocol (VoIP) that is used extensively and with excellent results by the Senior LinkAge Line® staff. It also appears that buy-in about the benefits of Revation LinkLive™ technology is not comprehensive among all partners, which may be due to the relative newness of the technology or a less wholehearted investment in the collaborative effort by the organizations' leaders or staff.

Benefits of Revation LinkLive™ technology for consumers

More than 90 percent of key informants agree or strongly agree that Revation LinkLive™ technology makes it easier to respond to consumers in Chisago County, and 86 percent agree or strongly agree that consumers from Chisago County are able to get better service now. In addition to receiving earlier support and help because of the improved communication among partners, key informants believe that consumers have shorter wait times for services because of the quick turnaround and systems efficiencies. They also perceive that the experience of seeking help is less confusing and frustrating for consumers, with one point of entry at the Senior LinkAge Line®, which reduces the number of calls consumers need to make themselves. They also indicated that consumers likely experience smoother transitions between hospital or long-term care facilities and home.

Representative comments made by key informants about improvements in the consumer experience follow:

■ The potential exists for all needs to be taken care of all at once. Clients make fewer calls on their own.

Calmer and smoother transitions for consumers because staff are able to communicate more effectively and do their jobs in a more efficient way.

New referrals have one point of entry at the Senior LinkAge Line®. They give their information to one person and it is less confusing for the consumer.

Streamlined process for the consumer. They don't have to make another call.

Potential for statewide expansion of Revation LinkLive™ technology

While 86 percent of key informants believe that it is a good idea to have Revation LinkLive™ technology available in all Minnesota counties, due to the potential for better system efficiencies, they identified several issues that may require further attention.

First, technology assistance is an on-going need. Respondents mentioned the necessity of an established training function (with on-line modules and/or dedicated staffing) to manage emerging training needs, especially as a result of staff turnover and new hires, and for a staff person to be in charge of the technology. In particular, there is a need for oversight and clearly defined roles and responsibilities, in order to better manage a system that depends on fully accessible and functioning technology.

Second, the challenge of searching for and targeting the specific providers on Revation LinkLive™ was mentioned as an issue. This is particularly difficult when there is a high volume of participants. Instant access to a range of other professionals can bring benefits to their work, in that they are able to see who is available. However, without an understanding of who the participants are or what their functions include, the increased number of contacts does not in and of itself add value to Revation LinkLive™ technology.

Third, respondents discussed the critical importance of the quality and nature of working relationships. Knowing whom to contact, as well as building trusting relationships is key to making full use of Revation LinkLive™ technology and the resources available. According to several respondents, the communications system is only as strong as the relationships that support it. And these relationships must be developed and nurtured over time, even in the face of scheduling and cost considerations associated with staff participation in face-to-face meetings and joint training experiences. Where there is little opportunity for such contact, providers may limit their contacts to one person at the Senior LinkAge Line® or not contact the Senior LinkAge Line® at all. In the end, this affects providers' ability to efficiently offer quality services to consumers and limits the effectiveness of the technology.

Relationship building among partners can also be affected by other factors. The state's director of Consumer Assistance Programs has suggested that it may have been difficult

to fully develop effective working relationships among all partners participating in the pilot project, given the training approach used by one of the project's external vendors. In particular, she suggested that the meeting strategies used by one vendor were not conducive to relationship building, and made it difficult for partners to build collaborative relationships until the vendor was no longer involved in the process.

Respondents offered the following comments regarding these issues:

There are lots of people on Revation LinkLive™, but I don't know who they are. I need to be able to isolate the people on Revation LinkLive™ that I need to work with.

I need to know who people are...and trust them enough to IM [instant message] via Revation LinkLive™.

There should be a way for all to understand what others are doing and what services they could provide.

Without the relationships, technology is never going to be used to its full capacity.

I know who people are and have personal relationships with providers. I have established connections and confidence in them.

I do not have confidence in the relationships.

[Is everyone] willing or able to invest necessary time for face-to face relationship building?

We need so much work at the human level to support the technology.

Making good use of Revation LinkLive™ depends on good relationships.

Key Informant interview summary observations

Results from interviews with key informants indicate that the value of the pilot project work continues to be promising in terms of improved communications and clarity of service options. When service providers can do their jobs more efficiently and effectively, it appears that the benefits are passed on to consumers. Quality training and relationship building appear to be key ingredients in producing such outcomes. While it is clear that the potential for Revation LinkLive™ technology to improve service delivery is widely recognized by the project partners, progress in implementing and fully using Revation LinkLive™ varies. Formal support of the technology services and investment in relationships is critical to the sustainability of pilot protocols.

State administrative data

The state of Minnesota provided additional data for the analysis of outcomes related to the Chisago County pilot project. Although limited in terms of specific applicability to pilot project goals, the data shed some additional light on the observations of consumers and providers.

Included in this section are findings related to Pre-Admission Screenings (nursing home authorizations), verification codes, and Long Term Care Options Counseling (LTCOC) and Live Well at Home Rapid Screen© scores for Chisago County and five additional comparison counties. Pre-Admission Screening (nursing home authorizations) data are available for Chisago, Carver, Douglas, Goodhue, Dodge, Itasca and Steele counties. Data for verification codes, LTCOC and Rapid Screen© scores are available for Chisago, Carver, Douglas, Goodhue, Itasca and Steele counties.

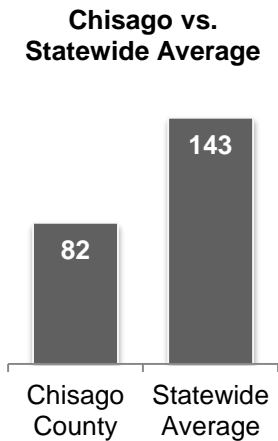
Consumers can be issued verification codes⁵ without receiving LTCOC. The Rapid Screen© is completed at the time of LTCOC.

⁵ The verification code indicates that the consumer has received notification of the availability of Long Term Care Options Counseling, prior to signing a lease or contract for housing with services. Consumers can choose whether to receive the options counseling; it is not required. The goal is to provide consumers with better access to information, and to assist them in making informed choices about long-term care, including the most cost effective and least restrictive settings. All registered housing with services settings require a verification code before a prospective resident may sign a lease or contract. (Source: *Long Term Care Options Counseling & Long Terms Care Consultation for Prospective Residents of Housing with Services, MN DHS*)

Pre-Admission screenings

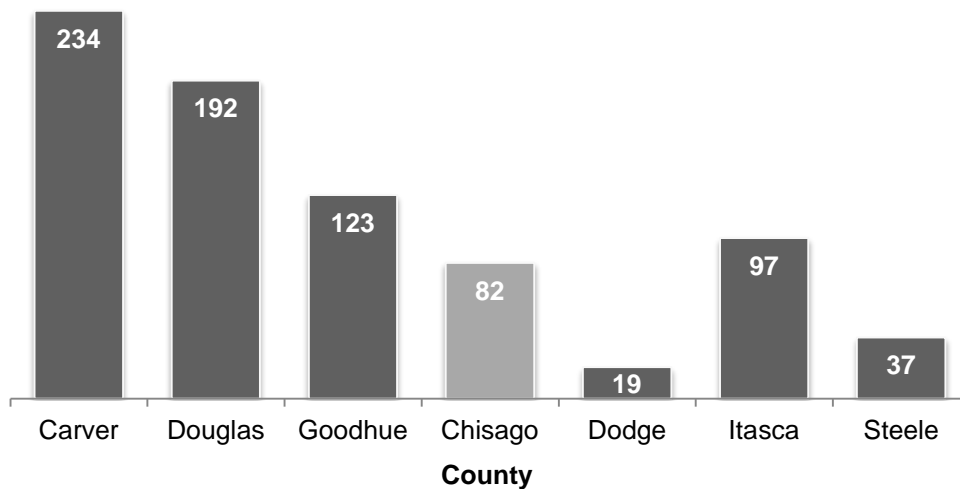
Chisago County had fewer PAS screenings compared to both the average number of screenings in Minnesota and to the average number of screenings in the seven-county comparison group.

4. Pre-admission screenings: Chisago County vs. statewide average, 10/01/11 - 03/31/12



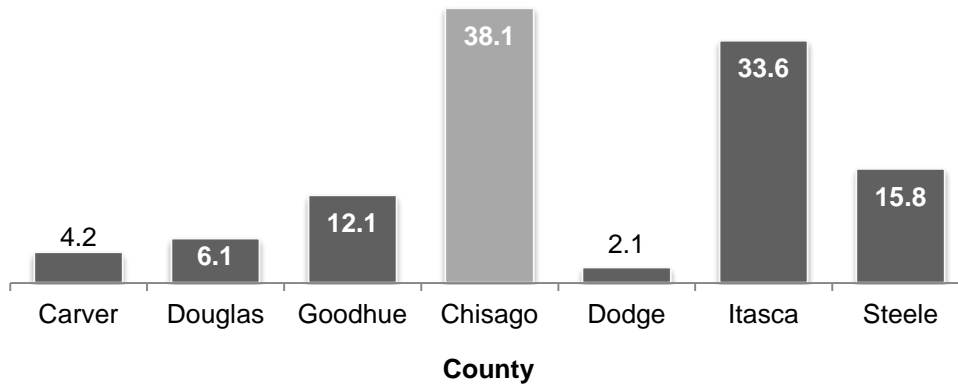
A comparison of the same six-month periods of 2011 and 2012 revealed virtually no change in Chisago County in the number of PAS screenings or in the average number of days between the screening and electronic submission of the results. It is possible that it is too soon following implementation for these indicators to show significant change.

5. Number of pre-admission screenings, 10/01/11 - 03/31/12



Of the seven counties in the comparison group, Chisago County had the highest average time between the screening and electronic submission of the results. This may be more a result of staffing turnover (reported by county service staff) than a function of the presence and use of new technology.

6. Number of days between PAS and submission, 10/01/11 - 03/31/12



Verification codes

From October 1, 2011 to March 31, 2012, 62 Chisago county consumers received verification codes. Within the six-county comparison group, this was the lowest number of consumers receiving a verification code, and the second lowest (by population percentage) among these counties. This suggests a tendency in the desired direction of fewer older adults in Chisago County choosing to go to facility-based service and care programs, although this one data point is by no means conclusive regarding care choices.

The percentage of the population aged 62 and older who received verification codes in the six-county comparison group was low and ranged from less than 1 percent to 1.7 percent.

7. Number of consumers who received a verification code

County	Number of verification codes issued	County Population 62+ ⁶	Percentage of population 62+ who received verification codes
Chisago	62	7783	.8%
Carver	65	9783	.7%
Douglas	121	8435	1.4%
Goodhue	85	9228	.9%
Itasca	95	5472	1.7%
Steele	98	6317	1.6%

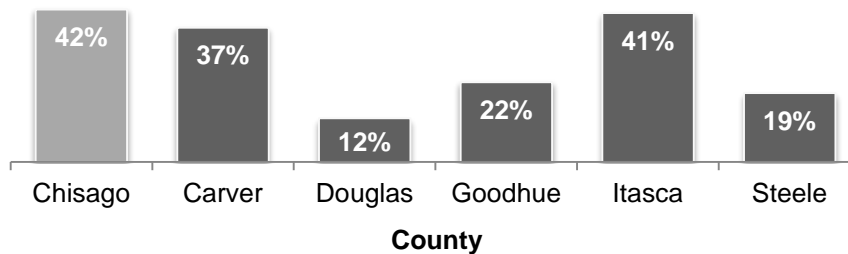
LTCOC results and Live Well at Home Rapid Screen[®] scores

- As a percentage of callers to the Senior LinkAge Line[®] who received verification codes, consumers in Chisago County were most likely to choose LTCOC, along with consumers from Carver and Itasca counties.
- Forty-two percent of Chisago County consumers compared to 29 percent of consumers statewide chose LTCOC. This is a substantial variation in the desired direction from the statewide average.

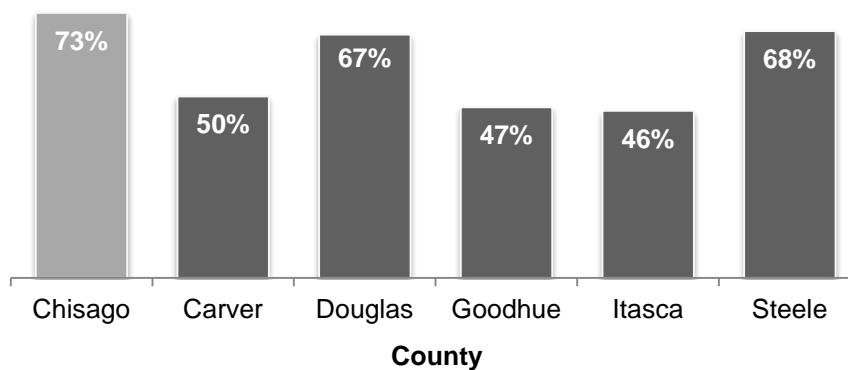
⁶ US Census Bureau 2010 Census

- Chisago County also had the highest proportion of consumers who were considered “high risk” for nursing home placement, with 73 percent scoring at that level. Douglas and Steele counties also had higher proportions of consumers considered “high risk,” compared to other counties in the comparison group.
- Chisago is the only county in the comparison group in which consumers appear more likely to choose LTCOC and score “high risk” on the Rapid Screen©. Further research is needed to determine whether this connection is due to the new methods being used as part of the pilot project in Chisago County.

8. Percentage of consumers receiving a verification code who chose LTCOC, 10/01/11 - 03/31/12

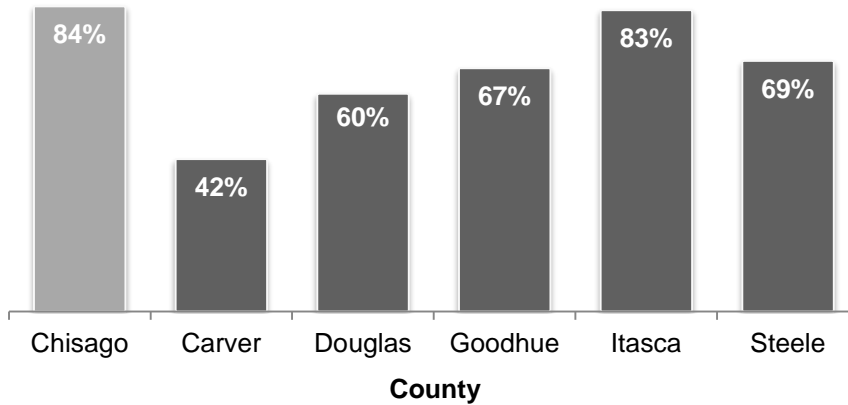


9. Percentage of consumers who scored “High Risk” on Rapid Screen©, 10/01/11 - 03/31/12



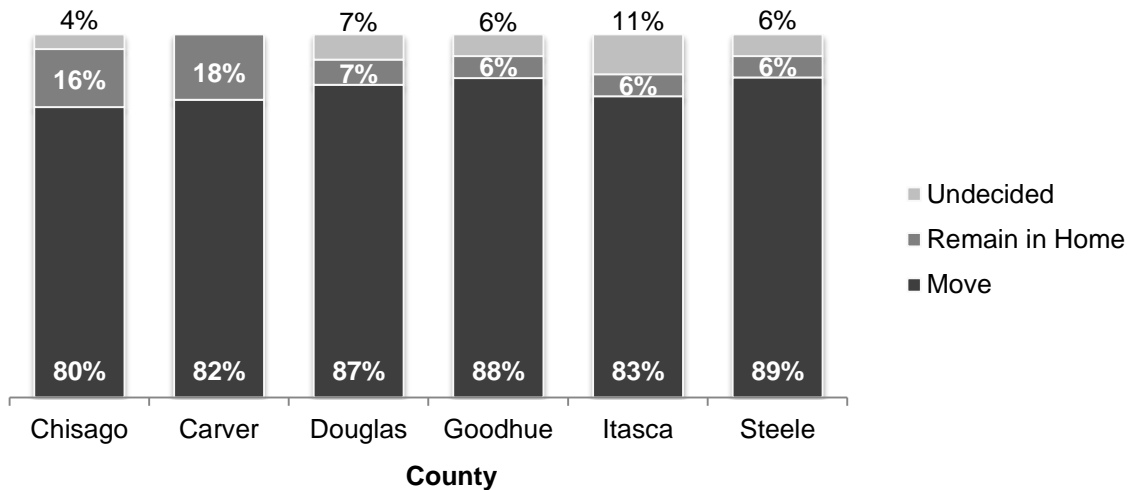
- Within the comparison group, “a need for services” was the most common reason that consumers gave for considering a move. Chisago County consumers were the most likely. This finding suggests that the potential for consumers to consider housing with services was as great or greater in Chisago County than in other counties.

10. Percentage of consumers considering moving because of a Need for Services, 10/01/11 - 03/31/12



- Consumers who received LTCOC were contacted after 10 days to find out what they had decided to do. Up to 89 percent of consumers in the six-county comparison group had decided to move; 80 percent of Chisago County consumers had decided to move. Consumers from Chisago, Carver, and Itasca counties were most likely to decide to remain in their homes.
- Further analysis over time is necessary to determine the degree to which this finding may reveal meaningful differences between counties.

11. Decision about moving at 10 day follow-up, 10/01/11 - 03/31/12



Conclusions

This section addresses conclusions from the evaluation, based on four key research questions.

To what extent does the integration and use of new technologies, particularly the use of Revation LinkLive™ software by all project partners, improve the effectiveness and efficiency of service delivery?

- Project partners report improved and streamlined communication and procedures, resulting in time and energy savings in their work. They believe that this results in better service delivery for consumers.
- Continuing to build relationships and provide training on Revation LinkLive™ can support project partners in using the technology to full advantage, which can serve to benefit providers and consumers.
- Relationship building among service providers and solid, reliable technology are the two pillars supporting service effectiveness and efficiency, and both require ongoing attention.

To what extent do consumers report a positive service experience including clarity regarding service options and decision-making processes, continuity in assessment processes and subsequent service decisions, as well as reasonably smooth and appropriate care transitions (from one care setting or service type to another)?

- Consumers report a positive experience overall and it appears that there is great potential in extending the reach of the Senior LinkAge Line® as shown in this pilot project.
- Much of what happens among providers is invisible to consumers. Longer term follow-up is needed in order to determine the extent to which consumers benefit in quantifiable ways from a central point of entry to resources and services.
- The use of print media shows promise in reaching and informing consumers about the role of the Senior LinkAge Line®.

To what extent has the pilot project resulted in stronger working relationships among service providers including effective, efficient and clearly agreed-upon divisions of labor; improved understanding of each other's service roles and capacities; as well as greater trust and confidence in the ability of partners to carry out responsibilities?

- Service providers report improved clarity of procedures and protocols, as well as the potential for strong working relationships.
- Support for the expanded role of the Senior LinkAge Line® is improving among providers. Chisago County and Senior LinkAge Line® staffs have a solid working relationship, supported by effective communication. Relationships are being established with providers at Ecumen facilities and Fairview Lakes Medical Center.

To what extent do service professionals find that the quality and sharing of information among providers regarding consumer status, needs, and options is an improvement over pre-pilot time periods?

- Service providers recognize and appreciate some improvement in efficiencies as a result of their use of Revation LinkLive™ technology.
- Significant opportunities exist to strengthen and fine tune the technology, build relationships among providers, and add system capacity to attach and share information from electronic medical records. It will be hard to make further gains through the use of Revation LinkLive™ until these issues are addressed.

Appendix A

Live Well at Home Rapid Screen©

Senior LinkAge Line® Specialists Name: _____

Client Name: _____

Screen Date: _____

1.	Do you need help to do the following? a) Walking b) Getting out of bed/chair c) Going to the bathroom d) Bathing e) Dressing f) Eating If 2 or more circled → SCORE = 2	<input type="checkbox"/>
2.	During the last 6 months, have you had a fall that caused injuries? Yes No NOTE: "Injuries" means fracture or joint dislocation, head injuries resulting in loss of consciousness and hospitalization, joint injuries that led to decreased activity, internal injuries that led to hospitalization <u>OR 3 or more of any falls.</u> If YES circled SCORE = 2	<input type="checkbox"/>
3.	Do you have a family member/friend give you help when you need it? Yes No If NO circled → SCORE = 2	<input type="checkbox"/>
4.	Does your caregiver feel overwhelmed or stressed because of the care they provide you? Yes No If YES circled → SCORE = 2	<input type="checkbox"/>
5.	Have you thought about moving to other housing? Yes No If YES, ask: where have you considered moving to? If answered NURSING HOME or ASSISTED LIVING (i.e., Housing With Services) → SCORE = 2	<input type="checkbox"/>
6.	Do you live alone? Yes No If YES circled → SCORE = 1	<input type="checkbox"/>
7.	Do you or your family have concerns about your memory, thinking, or ability to make decisions? If YES, are you: Very concerned Somewhat concerned Not concerned? If VERY CONCERNED circled → SCORE = 2 If SOMEWHAT CONCERNED circled → SCORE = 1	<input type="checkbox"/>
TOTAL SCORE (Sum of Scores For Items 1 Through 7) =		<input type="checkbox"/>
<u>Score and Risk Category</u>		
0 = No Risk 1 = Low Risk 2 = Moderate Risk 3 and up = High Risk		

Client accepted Wilder Study Request: YES _____ No _____

Client Information transmitted to Wilder Staff: Yes _____ No _____

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Appendix B

Senior LinkAge Line® Print Advertising

**NEED HELP?
CALL US!**

We'll Get You Connected
To Services In Your Community.

**Senior
LinkAge Line®**

1-800-333-2433

*A One Stop Shop
for Minnesota Seniors*

www.MinnesotaHelp.info®

Funded in part by the MN Board of Aging and local United Way.

**Need help?
Call us!**

**Senior
LinkAge Line®**

1-800-333-2433

www.MinnesotaHelp.info®

**We'll get you connected to the
services you need in your community.**

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- Volunteering • Housekeeping (Chore) Help
- Caregiver Support • Legal Assistance
- Financial Assistance • Snow/Lawn Care • Hospice
- Minor Home Repair • Health Insurance Counseling
- Medicare Part D • Prescription Drug Costs
- Home-Delivered Meals & Senior Dining
- Assistance Applying for Programs

Funded in part by the MN Board on Aging and local United Ways.

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**Spending more time
worrying about
your parents?**

It's natural to worry about aging parents. It's hard to know where to look for help... or even how to begin.

That's where we come in.

We're here to help you find local resources, support services, and solutions that work for you and your parents.

**Senior
LinkAge Line®**

**Contact Senior LinkAge Line®
at 1-800-333-2433**

Funded in part by Older Americans Act, the MN Board on Aging, and United Way

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