Aging Life Care™ Management Responds to the Continuing Challenge of Care Coordination

A Conversation with Liz Barlowe, President, Board of Directors, Aging Life Care Association

Carole A. Lambert, Vice President, SmithLambert Enterprises LLC and Liz Barlowe, MA, CMC

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What would it be like for an elderly patient to keep their doctors' appointments without fail? What would it be like for the patient's family to be confident they wouldn't be called and asked where the patient is? What would it be like for the patient and family to know and understand — in non-technical terms — what the plan and goals of care are for the patient? What would it be like to not have to worry most, if not all, of the time about the patient they care for so much? What would it be like to have a trusted person bridge the gaps, give good clear information, and, in short, coordinate the patient's care?

Uncoordinated care is expensive. A recent literature review by Shrank, Rogstad and Parekh focused on six previously identified domains of health care waste: failure of care delivery, failure of care coordination, overtreatment or low-value care, pricing failure, fraud and abuse, and administrative complexity. Failure of care coordination was estimated to have a total annual cost of waste ranging from $27.2 billion to $78.2 billion.

Uncoordinated care is unsafe. The National Transitions of Care Coalition, headed by Executive Director, Cheri Lattimer, is a driving force to improve coordination of care and promote patient safety through its care transition bundle: medication management; transition planning; patient and family engagement; follow up care; information transfer; healthcare provider engagement; shared accountability across providers and organizations.

Care management can help to structure a seamless experience, improve quality of care, promote patient safety, and relieve anxiety for the client and family. Russell Staheli, Senior Vice President for population health and care management at Health Catalyst, has noted that care management is the range of activities intended to improve patient care and reduce the need for medical services by helping patients and caregivers – family – more effectively manage health conditions.

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Aging Life Care Association (ALCA) members and staff are working every day to manage the care of their clients and support clients' families by coordinating the services and activities that have been prescribed and designed to restore clients' functionality. Recently, we had the opportunity to spend time with Liz Barlowe, current board president of the Aging Life Care Association. What follows is a lightly edited recap of our conversation.

Liz Barlowe is Founder and President of Barlowe & Associates in Seminole, Florida. Liz states unequivocally: "I would never allow a member of my family to

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go through a healthcare crisis without an Aging Life Care Manager® at their side!" Barlowe took time recently to share her thoughts on the Aging Life Care Profession and the role of Aging Life Care Managers as they intersect with clients and families to help them navigate complex situations.

CAL: Liz, it's great to be with you. As an introduction, let me ask you what you want people to know about ALCA and Aging Life Care.

LB: What do I want people to know about Aging Life Care? Aging Life Care Professionals® save lives.

CAL: That's a dramatic introduction.

LB: Aging Life Care Management can be very dramatic. I visited a client in the hospital at their lunchtime. The client coughed after every bite of food. I brought the nurse in to see what was happening. Could the client be aspirating? The observation prompted a swallow study. The results of the swallow study prompted a plan of speech therapy, a diet of softer foods, and gradual introduction of solid foods.

CAL: But every day is not like that.

LB: True, but every day the Aging Life Care Professional does simple things that are a huge service to clients and their families.

CAL: One of the things that strikes me about Aging Life Care Managers and their work is the establishment and nurturing of relationships.

LB: The relationships we have with our clients are certainly one of the most rewarding aspects of our profession. We have the opportunity to see and work with a client from the initial problem to resolution and putting steps in place for the future.

CAL: The work sounds time-intensive as well as labor-intensive.

LB: It must be person-centered and holistic, and creative, all of which take time and attention and effort. Our goal is to help return the client to the person they were-or are- as much as possible…to find ways to modify what they enjoyed before to their current restored functionality.

CAL: There has to be a lot of variation in your approach to clients.

LB: There are fundamental approaches to communication, documentation, assessment, and intervention, but the client's context, the social determinants of health, are crucial considerations in the planning process. So, yes, customization to the individual client makes for variation.

CAL: Let me switch gears here to who Aging Life Care Professionals are and how you work. You are the head of your own company. Are Aging Life Care Managers employees? Solo practitioners? Entrepreneurs like you?

LB: Yes, we are all of those. I am an Aging Life Care Manager and I employ Aging Life Care Managers. Many Aging Life Care Managers are essentially small business owners. Others are employees of agencies or other healthcare delivery entities. We are, for the most part, private pay, although some long-term care policies may have a "care management" or care coordinator component.

CAL: So the client, or the client's family, contracts with the Aging Life Care Manager or the Aging Life Care Manager's employer.

LB: Yes, and we are seeing a shift in client demographics. For a long time, we were contracted with the children of aging parents. As baby boomers have grown older, we are beginning to have those very children as clients themselves as they experienced firsthand the value of our services and recognize the need to plan for their future.

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CAL: But your being private means that clients are paying for services that are not reimbursed. That has to be a limitation to acquiring new clients.

LB: Instead of talking about the cost and lack of reimbursement, let's talk about money well spent on prevention, on continuity of care, on focused attention and effective communication. From the client's and family's perspective, the Aging Life Care Manager provides a valuable service, offering help and support to navigate a bureaucratic, convoluted, fragmented healthcare system.

CAL: What about the practitioner's perspective?

LB: Patients who keep appointments mean no time or revenue lost. Patients who adhere to care plans hopefully have improved outcomes. Patients who have the support to navigate the system don't have to have tests repeated because the tests were done correctly the first time.

CAL: Everybody wins.

LB: That's the Aging Life Care Manager's goal.

CAL: But what about acquiring new clients?

LB: A limit on the number of clients an Aging Life Care Manager has is not the drawback you might think. A small caseload – 8-12 clients – allows for focused assessment, planning, and intervention. The Aging Life Care Manager has the time to work with the client and family to determine what kind of support, for how much and for how long. Some clients require episodic support, some require intensive, short-term support, and some are long-term clients.

CAL: Healthcare is evolving as we sit here talking. What do you see ahead?

LB: What is very clear to us as Aging Life Care Managers, new and experienced, is that the need for improved efficiency in delivery of care and efficacy of care is going to put ever increasing pressure on every point of the healthcare system, and especially on the individual person and their family who come to us in need.

CAL: Let's switch gears once again, to your role as president of the Aging Life Care Association. With a one-year term, you must have reflected on what you would like to accomplish, on how you would leave your mark on the association. Can you share your thoughts with us?

LB: I want ALCA to have a presence at the aging advocacy and services centers of power. I want ALCA to be at the table, known and heard as a trusted voice for Aging Life Care Management.

CAL: Someone once said, if you're not at the table, you're on the menu.

LB: That is altogether too true. We need to get our message out, clearly and consistently, articulating our value. As we share our story through our publications, webinars, white papers, regional and national conferences, and our membership in the Leadership Council of Aging Organizations, the healthcare industry and the wider community will come to know us and engage with us.

CAL: Your year is off to a good start, Liz. We look forward to hearing from you and the Aging Life Care Association throughout the year. Thanks for sharing this time.

Michael Leonard MD, of Safe & Reliable Healthcare, once said that the people who will win are the people who do the simple things correctly every time. Aging Life Care Management is a matrix of coordinating care, as illustrated by the Eight Knowledge Areas. When done with consistency it can lead to improved life quality and outcomes for the client and their family. Getting things done correctly the first time with no do-overs can result in cost containment and cost management. While perhaps those are difficult to measure, the Aging Life Care Manager knows that their work contributes to the quality of life for a person.

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ABOUT THE AUTHORS:

Liz Barlowe, MA, CMC

Liz Barlowe, MA, CMC is President of Barlowe and Associates in St. Petersburg, FL, and is President of the Board of Directors, Fellow of the Leadership Academy, and an Advanced Professional member of the Aging Life Care Association.

Carole A. Lambert

Carole A. Lambert is Vice President at SmithLambert Enterprises LLC in Washington DC, and writes and speaks on healthcare risk management.

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