PROJECT NARRATIVE

SF-GetCare: Empowering Older and Disabled Consumers with Online Access to Care

I. PROJECT PURPOSE

In July 2000, San Francisco created the Department of Aging and Adult Services (DAAS), to consolidate five county departments into one agency serving all older and disabled adults. When consolidation is complete, DAAS will have a total budget of over $129 million. See Attachment 1 for the DAAS organizational chart. The development of DAAS reflects the County's commitment to community-based long-term care (LTC). DAAS' mission is to empower older and disabled consumers to maximize self-sufficiency, safety, health, and independence so they can maintain the highest quality of life. DAAS coordinates a comprehensive range of social, mental health, and community-based LTC services, and serves approximately 36,000 people.

In its consolidation efforts, DAAS has found the information systems and tools used by its different programs are currently incompatible and out of date. Cumbersome and duplicative reporting requirements and the lack of useful provider feedback frustrates community providers. DAAS has recognized that a new information system is needed that meets the expanded requirements of an integrated community-based LTC agency, empowers its many older and disabled adult consumers, and serves as a resource rather than a burden for its community-based providers.

Needs and Gaps in San Francisco's Current LTC System: San Francisco has a large and growing LTC population. There are approximately 146,000 at risk adults who need some assistance to remain in the community. Of these, approximately 30% speak languages other than English and 20% are disabled. While nursing home placement has been the traditional solution, most consumers prefer community-based LTC. Unfortunately, information on these services is not easily accessible. Information that is available is often found in paper directories that are expensive to assemble and often out-of-date by the time they reach the consumer.

San Francisco offers a rich array of community-based LTC services. However, while SF programs have served as leaders in the field of LTC, these programs provide distinct services with no links or coordination between them. A 1999 RTZ Associates study of case management (CM) programs in San Francisco found multiple providers duplicating CM services for some consumers, while leaving other consumers with no CM services, making the services provided inequitable across consumers.

In addition to the lack of access, coordination, and equity of services, program efficiency and the quality of care provided to consumers suffer due to the inordinate share of service time that staff must spend meeting funder reporting requirements. Many reporting requirements are duplicated within and across services and programs, subjecting frail and/or cognitively impaired individuals to endure multiple assessments, and repeat their information time and again. Multiple funders requesting different information and fragmented, largely paper-based systems of tracking information are additional factors that affect efficiency and quality of care.

In effect, community-based LTC in San Francisco today is a non-system. Consumer needs will be better met if the LTC community could share information and coordinate care.

Proposed Solution: SF-GetCare (An Integrated, Web-Based, LTC Information System):
The proposed SF-GetCare project will address these needs by:

1. Integrating multiple and overlapping county reporting requirements, data sets, and information systems into a single, web-based LTC information system.
2. Assisting providers in using this system to reduce duplicative reporting, feedback useful program information, and increase communication and cross referrals across providers.
3. Empowering older and disabled consumers and their caregivers by providing tools to assess their care needs, learn about care options, locate appropriate services, and actively participate in the planning and ongoing management of their LTC services.

4. Creating a countywide LTC database to measure and track information on consumers, services, outcomes and costs for policy planning and program development.

To accomplish these objectives, the project will develop SF-GetCare: a countywide, integrated web-based information system to empower consumers and integrate community-based LTC services. SF-GetCare will serve as the information infrastructure for an integrated system of LTC and will affect the lives of over 100,000 older and disabled adults. See Attachment 2 for the SF-GetCare vision. SF-GetCare will include three informational components, each of which represents an innovative web-based solution to a community-based LTC information need:

(1) An **Online Provider Directory** will be directly accessible through the world wide web by any consumer, caregiver, hospital discharge planner, provider or any other member of the community to assess LTC need, learn about available services and search for these services in their community. Providers will have password protected access to their information allowing them to update their listings online anytime; (2) A **Consumer Assessment, Referral and Enrollment (CARE) Tool** will be accessible online by any provider under contract to DAAS for recording, tracking, managing and reporting information on DAAS consumers and the services they receive. The CARE tool will standardize assessments for all DAAS programs and automate the process of referring consumers within the network, ensuring that any DAAS provider can serve as an appropriate referral source to a consumer; (3) An **Online Multi-Agency, Case Management System** will combine information from all major community-based LTC programs and develop a web-based system to allow programs serving the same individual to coordinate care by sharing assessments, care plans and progress notes. This component of SF-GetCare will be piloted during the project period with 100 consumers who have provided signed consent for participation.

Information tools are essentially useless unless consumers can easily access them and are properly trained to use them. This project will incorporate mechanisms to maximize consumer access to the system and provide extensive consumer training. The project will organize the 30 existing web access points in the community (the Public Library's 27 branches and training/outreach programs, including the Senior Survival School, Senior Net and Senior Surfers) into a network. The Project will expand that network providing broadband access to an additional 30 sites including ten Senior Centrals for older adults, and several locations that serve disabled adults including the In-Home Supportive Services Public Authority, the Independent Living Resource Center (ILRC), and Planning for Elders in the Central City (PECC). To increase access to San Francisco's diverse, multi-cultural and multi-lingual community, SF-GetCare will be translated into four languages from the original (Spanish, Cantonese, Russian & Tagalog). To maximize accessibility for disabled consumers, the project will work with the ILRC to explore options such as mouse and keyboard adaptations, voice-driven systems, large fonts sizes, Braille devices and wireless for mobile community access, bringing information resources into consumer homes.

To enhance use, SF-GetCare includes a community wide training program for consumers and their caregivers. The training initiative will include scholarships for low-income consumers and an innovative mentor program to fund 'consumers helping consumers' to use the system.

Project activities will include building a countywide community-based LTC database to serve as a foundation for program planning and policy development. Please see Attachment 3 for a detailed description of key activities to be accomplished in the development and implementation of this project. Also see Attachment 4 for a graphic representation of the SF-GetCare Project.

The total cost of this two-year project is $2.2 million. DAAS has already received $1.7 million in California State grant funds (a portion of which - $920,415 - will be used for matching funds) and commitments of $383,177 of in-kind funds, primarily from San Francisco County. The project is requesting the remaining $899,113 in federal funds from the Technical Opportunities Program (TOP) to begin October 1, 2001. The TOP portion of funding represents 41% of the total cost.

Project Outcomes: A web-based integrated information system will create a countywide information infrastructure and provide a new method for the organization and delivery of community-based LTC services. The SF-GetCare system will benefit three constituencies:

- Public agencies responsible for coordinating and funding services: Integrating multiple information systems streamline data management needs of funders, such as the newly formed Department of Aging and Adult Services (DAAS), which funds and oversees approximately 54 programs operated by 37 parent agencies and three public agencies in San Francisco.
- Community-based LTC providers: The new system will make it convenient to quickly update information on services and availability, helping to market services to consumers and case managers. Web-based reporting will increase efficiency, reducing time-consuming paper processing and duplicative assessments. The system will produce online management reports, helping providers use information they collect to improve the services they provide.
- Consumers and their families: The 146,000 older and disabled adults will benefit from direct access to expanded information on community-based LTC through the Internet or any provider or informational agent in the LTC network. This will increase the likelihood that a consumer will be referred to an appropriate community-based service, decreasing referrals to institutions. Consumers will also benefit from the integration of information across providers, eliminating the need for duplicative assessments and improving care through increased care coordination.

Most importantly, SF-GetCare is being developed to improve services delivered to aging and disabled consumers in San Francisco. **The project is expected to improve services in three major ways**. **First, SF-GetCare will improve access to and, in turn, use of community LTC services. Second, standardized assessment and other information tools will improve the equity in the distribution of services, making services more responsive to needs. Finally, an organized and responsive system of community LTC services will reduce institutionalization.**

Targeted Underserved Community: San Francisco now experiences a significant demand for LTC services. Approximately 50% of San Francisco's Medi-Cal population is either aged, blind or disabled, in comparison with the statewide average of 24%. Approximately 73,200 people in San Francisco are eligible for Medi-Cal and 130,000 people are eligible for Medicare.

At present, 116,000 people are 65+ and 30,000 people are disabled, which totals to 146,000 potential LTC consumers. Demographic projections show that, while the younger disabled population will remain stable, the number of persons 65+ in San Francisco will rise dramatically in the future. By 2020, the number of persons 65+ is projected to increase to 181,981 (23.4% of the total population). By 2020, the number of persons 85+ is projected to increase to 26,832 (3.4% of the total population). A portion of each of these groups will require LTC services.

San Francisco has no ethnic majority and includes a number of different racial and ethnic communities. The U.S. Census shows that, while 40% of the San Francisco's population is white (many Russian immigrants), 34% is Asian/Pacific Islander, 10% Black, and 16% Latino. The SF-GetCare project will provide information and services in a culturally, linguistically, and religiously appropriate manner that acknowledges the diverse needs of these LTC consumers.

II. INNOVATION

In the past, community-based LTC providers have watched in frustration as consumers have chosen placement in nursing homes due to lack of knowledge, access and difficulties coordinating services. This innovative project employs Internet-based technology to integrate the entire LTC service delivery system and makes it accessible to consumers. It provides a seamless and secure exchange of information across 54 programs and improves the efficiency of service coordination.

SF-GetCare is innovative in a number of ways. First, it is the product of a ten-year community-wide LTC development effort. The LTC Task Force that spawned the project brings together LTC providers, funders and consumers to create a consumer-centered, integrated system of care. The support and participation of this working collaborative is key to the development of a single integrated system to effectively meet the diverse needs of these different stakeholder groups and that is acceptable and useful to them.

SF-GetCare represents innovation through evolution. Instead of creating a new parallel system, SF-GetCare applies state of the art Internet technology to integrate, refine and enhance the value of existing data sets and tools now in use in the county and the state. This is illustrated in each of the three major components of the SF-GetCare: (1) The **Online Provider Directory** will be based on an existing national LTC web-based assessment and search tool GetCare.com (see Attachment 5 for a sample GetCare web page). GetCare.com will be adapted for San Francisco's providers and used by DAAS to provide consumers an on-line provider directory; (2) The **CARE tool** replaces the Senior Information System (SIS) that DAAS now uses for tracking required provider-collected consumer information. SF-GetCare's web-based CARE tool provides the funder the same or more information, but improves system access and provides more useful feedback to providers; (3) The **Multi-Agency Case Management (CM) System** will also build on existing tools and efforts in San Francisco. For example, CMIPS is the state reporting system for in-home services and CADCare is the tool used by major adult day health centers in San Francisco and nationally for reporting Medicaid information (See Attachment 3, Activity III). Instead of replacing these tools, SF-GetCare's CM system integrates information and allows the electronic exchange of data between these systems. San Francisco's Project Reggie has already developed a computerized client registration system for persons with HIV to share care plans across provider agencies while protecting confidentiality. Project Reggie, however, serves only consumers living with HIV/AIDS, and links only a small subset of available community-based LTC services. SF-GetCare's CM system, in addition to integrating existing tools and systems, expands on Project Reggie by serving all LTC consumers. In effect SF-GetCare, and all of its three components, will create a web-based structure for the multiple LTC data systems now in use.

SF-GetCare also builds on efforts of communities across the country using information technology to create higher quality, more cost-effective systems of care. For example, Seattle's Homecare Referral System utilizes web-based technology to facilitate rapid, paperless referral CM and homecare agencies. SF-GetCare will expand the electronic referral function to include all community LTC services, as opposed to just homecare. The Massachusetts Executive Office of Health and Human Services is beginning a project for improving services through the creation of Better Access To Organizations Network (BATON), which uses information technology to improve access to human services for consumers. SF-GetCare takes this model to another level by integrating referral and enrollment information, and also incorporating existing county data sets to create an online CM system for coordinating consumer services and billing across providers. Unlike these other models, SF-GetCare will also provide direct consumer access to the system for those seeking community-based LTC. For disabled access, the project will build on work of the World Institute on Disability, which has pioneered research in making life and work areas accessible, and of the Pangea Foundation, which is developing web templates for site access.

III. DIFFUSION POTENTIAL

While the focus of this project is San Francisco, the needs addressed are common to communities across the nation. In light of the rapid growth rate of the nation's elderly population, which is expected to double to approximately 70 million by 2030, providing cost-effective, appropriate LTC is an issue that will affect all communities. The three products that emerge from this project are applicable to and easily adaptable for other communities:

(1) The **Online LTC Provider Directory** will provide a model that can serve as an easily adaptable template and affordable web-based referral system for other communities. This electronic directory, updateable by providers and accessible to consumers, provides a cost-effective tool for information and referral services offered in almost every community, replacing, less efficient existing tools (e.g. paper provider directories that are quickly outdated, and costly to assemble and distribute); (2) The **CARE tool** component of SF-GetCare addresses state requirements for tracking consumers and their services. The CARE tool will track services through an electronic screening tool that meets Area Agency on Aging (AAA) and NAPIS reporting requirements. There are currently 655 AAAs across the country that are required to provide Information and Assistance (I&A) to consumers seeking LTC services; (3) The **Multi-Agency Online Case Management System**: Numerous consumers are in need of services from more than one community LTC service provider. This creates the challenge, in many communities, of finding a way of coordinating services of different providers to provide effective and efficient care. The online case management system component of SF-GetCare will provide a cost-effective way to coordinate services across providers and enable consumers and their caregivers to participate in that care planning function.

To maximize diffusion or use of this technology, the project includes initiatives to enhance accessibility and provide training and support. Alternative technology will be used to expand access to persons with disabilities. Consumer content and search tools will be offered in five languages: Spanish, Cantonese, Russian, Tagalog and English. The training component of the project also maximizes diffusion by first training consumer trainers and then funding these trainers to serve as mentors or guides to help other consumers use SF-GetCare.

Recognizing the potential value of the proposed system, two other California counties, Yolo and Contra Costa, which significantly differ from San Francisco's urban community (Yolo is rural and Contra Costa is suburban) have already expressed a desire to replicate SF-GetCare in their communities. To facilitate this, these counties will participate in the San Francisco development process and will serve as beta sites. Other states have also expressed interested in replicating SF-GetCare including Nevada, South Carolina and Hawaii.

Dissemination of information on this project will be accomplished in several ways. SF-GetCare is one of a handful of innovative information system models to improve LTC systems funded by the California Department of Aging. The State will "showcase" these models to communities across the State. Project activities and findings will be reported at two conference presentations per year, including the National Association of Area Agencies on Aging (N4A) and the National Council on the Aging (NCOA)/American Society on Aging (ASA). Reports will also be prepared for submission to nationally available public health, social welfare and aging journals.

IV. PROJECT FEASIBILITY

Technical Approach: This project is ambitious and is only possible because of two significant achievements that have already taken place; the building of coalitions between the provider, consumer, software manufacturers and public agencies, and the fact that the project relies not on the creation of new technologies but the application of cutting edge technology in an innovative way. The developers of the SF-GetCare have an established track record in building database tools for community long-term care providers and internet-based data systems. The information systems' contractor, a recent graduate of a Communications Technology Incubator, has experience applying all technologies identified in the proposal.

Interoperability: SF-GetCare both builds new components and connects legacy systems. The information systems of all key providers, and the manufacturers of the proprietary tools they use, have consented to work to create information-sharing protocols with the SF-GetCare backbone. This is a significant achievement and will ease the data entry burden for providers, increasing the

likelihood of their successful participation. Examples of interoperability include: (1) providers will be able to upload a referral into existing offline information systems; (2) providers will be able to populate the online CARE tool component via file transfer and the CARE tool will be used by DAAS funded providers for assessment, referral and enrollment, incorporating all DAAS reporting requirements; (3) the online case management system will meet the operational and County, State and Federal reporting requirements of major providers and will offer providers the ability to import and export selected data files with their existing information systems and data collection tools.

Technical Alternatives: The data management needs of the Department of Aging and Adult Services (DAAS) are significant. DAAS provides information and assistance to 36,000 LTC consumers. To meet these needs, DAAS evaluated SIS and SAMS, two generic AAA products available nationally. While it was found that SIS is superior to SAMS, it still does not meet all operational data demands and it does not provide any data feedback to providers. Failing to meet operational data requirements of DAAS means SIS is unable to generate a complete DAAS data set that thoroughly analyzes complex and essential questions on service gaps and service redundancies. Additionally, the data entered into SIS by providers is not of the highest quality. The SF-GetCare system, specifically the CARE tool, will meet all DAAS reporting requirements and also provide feedback reports to providers using the system, thereby promoting higher data quality.

Maintaining the System: Code will be sufficiently documented to ensure that maintenance and enhancements can be provided following transitions of technical staff. Transaction files and database structures, as well as the underlying operating system, will be continuously monitored electronically, and reviewed manually each day. Additionally, the Active Server Pages will be adjusted to account for new requirements and will take advantage of enhancement capabilities in browser technology as they occur.

Scalability: The system will be designed with Active Server Pages (ASP) using both HTML and XML to readily accommodate language translations and enhance the capacity for incorporation of technologies to assist disabled consumers in using the system. The underlying Microsoft SQL Server database is scalable to approximately one billion records, which will be more than sufficient for this project. Years into the future, if the database is structurally challenged, the ASP can be directed to access a different underlying database or data could be archived. The operating system of the server will be Windows Server 2000 in which RTZ Associates, the technical consultant for the project, has been designated an approved Microsoft partner. The multi-processor, multiple hard drive host machine for the system is currently state of the art, but the project has budgeted funds to replace the server as hardware technology improves and SF-GetCare volume increases.

Broad Band Access: The SF-GetCare site is connected to the Internet via redundant T3 communication lines. Access to the system will not require broadband access but SF-GetCare will contain several features that will take advantage of the potential of broadband, streaming video to aid in consumer training, demonstrate care techniques, and provide information via multilingual audio clips. The project funds 30 Broadband community access.

Applicant Qualifications: **Department of Aging and Adult Services** (DAAS) is the lead agency for this project. In this role, DAAS will provide leadership, budget control, project administration and management. DAAS is comprised of three major divisions: **The Commission on the Aging (COA)**, as the local Area Agency on Aging, is the division of DAAS specifically charged with planning, coordinating, supporting, and advocating for services for the elderly through: (1) the provision of traditional Older Americans Act services; and (2) the coordination of California's "Community-Based System of Care". **The Office of the Public Administrator-Public Guardian (PA/PG)** protects the interests of seniors, vulnerable adults, veterans, and their families. The PA/PG: (1) advocates on behalf of clients, (2) manages their affairs, (3) makes critical life decisions, (4) assumes fiduciary responsibility, (5) assists in gaining benefits, and (6) administers

their estates after death. **The Office of Conservatorship Services (OCS)** provides mental health conservatorship investigation and permanent conservatorship services for persons with mental illness. OCS: (1) obtains treatment for persons gravely disabled due to mental illness, who are unwilling or incapable of accepting voluntary treatment; (2) places such persons in the least restrictive settings possible; and (3) operates under the Lanterman-Petries-Short (LPS) Act.

The goals of DAAS are to: (1) consolidate county services; (2) create and sustain a coordinated service delivery system; (3) create a consumer-responsive service delivery system; (4) ensure the provision of consumer-oriented, compassionate, high quality, efficient and fiscally responsible services; (5) make services more accessible and affordable for consumers with multiple needs; and (6) provide advocacy for seniors, vulnerable adults, veterans, and families.

RTZ Associates, the technical consultant, is a program-based, policy oriented, service system development and research group. RTZ Associates brings together experts in program development, finance, research, clinical services and information systems. The staff of RTZ Associates has over twenty-five years of experience in planning, designing, building and evaluating integrated systems for the financing and delivery of health services to aged and disabled adults. RTZ Associates brings to the project proven information tools (e.g., CADCare and HOMCare information systems and Developers of the national GetCare web-site) and years of experience working with LTC data sets and systems in the County and the State (Medicaid data, CMIPS files, NAPIS reporting).

Planning for Elders in the Central City (PECC), a consumer advocacy organization, will play a significant role in making SF-GetCare accessible to consumers. PECC was the catalyst for the establishment of San Francisco's LTC Task Force and is currently a strategic partner for consumer training for use of SF-GetCare. PECC's Internet Access and Training Task Force will assure: (1) the development of consumer-based training modules for SF-GetCare and the PECC Senior Survival School® (See Attachment 6); (2) the diffusion of this training throughout San Francisco; and (3) the identification of sites for consumer access. PECC's Health Task Force will contribute to the development of privacy and security policies for SF-GetCare. In addition, PECC will aid in the selection and implementation of language translation software and editing techniques, participate in disability and senior access studies and web site enhancements and maintenance.

See Attachment 7 for a more detailed description of qualifications/resumes of key project staff.

Budget: The total cost for the two-year project will be $2.2 million. DAAS is requesting that TOP fund $899,113 of these project costs (please see attached budget and budget narrative).

Implementation: See attached timeline for project implementation (Attachment 8).

Privacy: In the development of SF-GetCare, protocols will be identified in accordance with HIPAA (Health Insurance Portability and Accountability Act) and other federal and state guidelines in conjunction with an Institutional Review Board for sharing data while protecting consumer confidentiality. An access-controlled software model will be designed to be incorporated into the web-based system, including password control mechanisms, firewalls and encryption technology for the protection of data.

Sustainability: A number of elements have been incorporated into project development to ensure sustainability. First, project planning includes county agencies, community providers and consumers. This promotes their cooperation and "buy-in". Second, during implementation, existing legacy systems will be adapted to integrate information into the SF-GetCare infrastructure, ensuring continued use of the new system. Finally, an extensive level of training and support will be provided to help agency staff, providers and consumers learn to use the new system and realize its benefits. DAAS is covering a portion of project costs during the grant period, and is committed to sustaining this project after the grant period.

V. COMMUNITY INVOLVEMENT

The development of SF-GetCare is critical to enable DAAS to accomplish its mission. To ensure success, community involvement will be extensive. Consumers and caregivers will be active participants throughout project development, and will provide input on policy, content, format, security, and privacy. Consumer training is vital to improving access to care, and to empower consumers and family members to effectively participate in organizing LTC services.

A number of public agencies, consumer advocacy organizations, non-profit and public providers are involved in this project to empower consumers with online access to care. Advisory groups and committees are listed in Attachment 9. Community involvement is summarized in Attachment 10. Following are five significant participants. All have provided attached letters of support.

The Department of Human Services (DHS) administers two programs serving this population: the In-Home Supportive Services (IHSS) Program and the Adult Protective Services (APS) Program. DHS will: (1) participate in training programs designed for its IHSS and APS staff; (2) ensure staff will be able to use SF-GetCare; and (3) enable APS staff to obtain assistance and resources from SF-GetCare in providing 24-hour emergency response in multiple languages.

Goldman Institute on Aging, as a major provider of case management services, will: (1) facilitate access to a range of services by case managers, consumers and caregivers; and (2) participate in the online case management system to coordinate care across multiple programs. Goldman Institute on Aging has been an proactive participant in San Francisco's community planning process to develop an integrated system of LTC for over three years.

Independent Living Resource Center (ILRC) will: (1) participate in the design of the training programs for younger and older disabled adults; (2) review the web site(s) from the perspective of disability access; (3) help meet the needs of the disabled community; and (4) provide individuals who will be able to test the web site(s) when created. ILRC has been actively involved in the community planning process to improve LTC services in San Francisco for over three years.

The San Francisco Public Library will: (1) build on the infrastructure already funded by a TOP grant received from the NTIA; (2) provide initial and intermediary Internet training for older adults and younger disabled adults; and possibly (3) broadcast from its central location in San Francisco's Civic Center to decentralized sites throughout the San Francisco to provide much needed mentor training.

VI. EVALUATION

Laura Reif, Ph.D., R.N., a researcher from the University of California, San Francisco will conduct the project evaluation, which will include three components evaluating outputs, process and outcomes. To evaluate project outputs, a longitudinal analysis of system use will track and evaluate the number of consumers and providers using the system and the tools that they use. System use is expected to increase 400% from the first to last quarter of the project. A Process analysis using consumer surveys and focus groups of user and non–user providers and consumers will identify useful features of the system, impediments to access, and suggestions for improving the system.

The ultimate benefit of the system is in the impact of SF-GetCare on the service delivery system. The Outcome analysis will measure and compare service use patterns quarterly. It is hypothesized that the intervention, SF-Getcare will (1) improve access to care, the number of different services used by a consumer will increase by 10%; (2) increase equity, the relationship between service need and services received, and (3) reduced institutionalization. See Attachment 11 for a detailed discussion of evaluation procedures. NOTE: In the collection of data, no individual consumers will be identified by name. Accordingly, participants in the evaluation will not be identifiable.