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The Marin Center for Independent Living: serving beyond the safety net

Editor's note: The SCAN Foundation, The John A. Hartford Foundation, the Administration for Community Living, the Gary and Mary West Foundation, the Marin Community Foundation and the Colorado Health Foundation have united to fund a three-year grant to develop and establish the Aging and Disability Business Institute, housed within n4a. Under the grant, ASA and n4a (goo.gl/Fv2MZT) are collaborating on a series of articles in **Aging Today** that will help to prepare, educate and support aging and disability community-based organizations and healthcare payers to provide quality care and services. This is the first in a series of case studies of organizations in the midst of evolving their business models.



The nonprofit Marin Center for Independent Living in San Rafael, Calif., has for nearly 38 years provided advocacy services to people with all types of disabilities, including older adults, to allow them to remain at home. Their mission is "... to achieve [older adults'] maximum level of sustainable independence as contributing, responsible and equal participants in society."

Center Executive Director Eli Gelardin is early on in the process of seeking collaborations with entities such as healthcare organizations. He recognizes that healthcare centers and community-based organizations (CBO) like theirs share similar missions. "Acute care and primary physicians can take it so far, but if there are changes in lifestyle or home modifications needed, or a need for care-giver support or skills training for home-care workers, there's a gap," he says.

Increasingly, healthcare entities need CBOs to help fill that gap. As so many more people are aging into disability, this has magnified demand, causing CBOs to realize they must move beyond the safety net role into a more structured partnership with a healthcare center. Gelardin also says "many organizations like ours, who got through the recession, recognize there's a need to diversify revenue streams."

Partnerships that Serve Vulnerable Elders

At the Marin Center, Gelardin envisions establishing partnerships with providers who are serving people on both Medi-Cal (Medicaid) and Medicare. "We see a great need to help high utilizers within that population because now through the ACA [Affordable Care Act] there are penalties for readmission and reentry," Gelardin explains.

They would also like to establish formalized partnerships with county aging and adult services programs, thus providing what Gelardin calls a "no wrong door approach," whether the individual

comes into the Center or the county's office (Marin Health and Human Services Aging and Adult Services), they would potentially receive the same wraparound services and supports.

The Center now is in a pilot partnership, forged through the Administration for Community Living and Centers for Medicare & Medicaid Services, called the Emerging Aging and Disability Resource Connection (known as Aging and Disability Resource Centers in other states). It currently is an informal arrangement, but the Center has a Memorandum of Understanding in place and is providing wraparound services.

Finally, the Center is considering offering services directly to individuals on a sliding scale, fee-for-service basis. This would help community members who are not dual eligibles, but who still need supports and services.

An Evolution: Key Strategies and Processes

To prepare for their business evolution, the Center is partnering with its funder, the Marin Community Foundation (MCF), on its Accelerating Business Acumen Initiative. Gelardin and his small team (the Center has a staff of 11 and a budget of just over \$1 million) are developing a three-year strategic plan addressing leadership; are assessing and packaging services; determining their value proposition and their audience (potential clients and-or customers); developing branding and marketing materials; improving their internal capacity—whether for delivering services or managing data and tracking outcomes; and calculating potential return on investment, plus the impact their services have on the community.

Shirin Vakharia, director, Health and Aging, for the Foundation says they chose the Center for funding (as one of five they are supporting under this initiative) because Gelardin has “historically taken an entrepreneurial approach, swimming against the tide from a lot of other nonprofit organizations ... they see themselves as a social enterprise in a lot of ways.”

Prior to working on this Initiative with MCF, Vakharia says Gelardin developed a program (*QuickMatch.org*) that directly matched caregivers with individuals looking for care—a quicker, more accessible way to connect caregivers with care receivers, while allowing caregivers to secure a higher wage, by eliminating the middleman.

“Eli took a problem and found a technological solution and, at the same time, helped [a] workforce that is traditionally underpaid [to] find easier ways to secure employment at higher wages,” says Vakharia. “Now he’s looking to generate revenue off of this QuickMatch program, through selling it to other organizations. ... It defies assumptions about what a small organization can do and how ... they transcend the challenges many organizations face, yet find innovative, financially effective ways of providing services.”

Gelardin and two of his colleagues, who form the Center's leadership team, have finished the first phase of the MCF initiative, performing an internal assessment of the organization and areas in which they need to improve, educating themselves about the greater worlds of managed and integrated care, visiting organizations well along in the process and conducting phone interviews with other organizations.

Some lessons they learned through this process include: recognizing that doing business with the healthcare sector will require doing business differently, by increasing emphasis on tracking health outcomes, follow up and referrals between organizations; by becoming more informed on healthcare policy at local, state and national levels; and by recognizing the barriers the healthcare providers are facing in order to offer possible solutions.

When it comes to implementing culture change, the organization has begun to assess its internal strengths and opportunities, and has developed strategies and solutions to build its capacity in the areas of service delivery, team-building and program evaluation.

Finally, Gelardin and his team recognize that this process is a marathon, not a sprint. Change will need to be incremental, well thought out and reinforced with a clear strategic plan, plus ongoing evaluation with involvement and input from the board, staff, independent contractors and community members.

Challenges—and the Road Ahead

Balancing the Center’s core services with the innovation required of a process like the one in which they’re engaged is always a challenge, says Gelardin. But he adds that it’s something all organizations who “go down this road wrestle with. The benefit of this three-year strategic process is we’re not rushing into anything, and can take measured steps to move in this direction instead of changing overnight.”

Gelardin hopes that this evolution will result in the Center having a “meaningful impact on the community through new partnerships”—collaborations that will help them better serve the community, reduce readmissions and improve the quality of life for community members.

“Obviously, the long-term outcome is sustainability, and ensuring we have positioned ourselves to be an important, valued community service provider for years to come,” he adds.

“I feel strongly that whatever direction this takes as far as a formalized partnership with a healthcare entity, the process is really helping us internally—with our leadership and the potential impact on the community,” says Gelardin. “[The initiative] is positioning us to be a strong community-based organization for the future.” ■



Photo: Courtesy of Eli Gelardin

Marin Center for Independent Living Executive Director Eli Gelardin.

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Whistlestop takes a human-centered, measured approach to managed care

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Marin County, Calif., has the greatest longevity for women in the United States, and currently a quarter of Marinites are older than age 60. By 2030, it is estimated that one in three Marin residents will be older than age 65, and those older than age 85 make up the fastest growing segment of the population.

Joe O'Hehir is CEO of the nonprofit community-based organization (CBO) Whistlestop, which promotes the independence, well-being and quality of life for older adults and people living with disabilities. O'Hehir says these individuals' needs remain the same as they were in 1954 when Whistlestop was founded, but the magnitude of demand has increased significantly. Other CBOs hoping to succeed in the new managed care world will likely be interested to hear how Whistlestop is seeking multiple partnerships.

Four Pillars of Service

There are four cornerstones to Whistlestop's services: transportation—key in Marin, as many older adults live in communities not easily linked by public transportation; nutrition—older adults can lunch affordably at Whistlestop's Jackson Café, or benefit from home-delivered meals and, for those able to cook, a food pantry; social connection—many of Marin's older adults live alone without family support (Marin County is an expensive place for younger family members to live), but through Whistlestop's Active Aging Center, they can take classes and socialize with peers; and referrals—Whistlestop connects older adults to many services beyond transportation and nutrition, such as help with legal, financial and even cognitive impairment issues.

Through a new grant from the Marin Community Foundation (MCF), Whistlestop is researching how best to accelerate its existing business practices, as well as expand service lines.

“There is a new paradigm forming where nonprofits approach funding by being a business partner for healthcare providers and payers. The new contracts we are pursuing will not only allow us to focus on value-driven work, they also will provide sustainable revenue streams to keep Whistlestop financially secure and address the growing demand for our services,” says O’Hehir.

Shirin Vakharia, director of Health & Aging at MCF, says the Foundation “saw tremendous opportunity for Whistlestop to leverage over 60 years of trusted service in Marin County by repurposing their skills and expertise to add value to the healthcare sector in Marin.”

Whistlestop is not new to business partnerships; it has contracted for more than 40 years with local transit agencies to provide paratransit services, and also contracts with the Institute on Aging (IOA) to provide frail older adults in San Francisco with transport so they can participate in the PACE Center’s programs and services. Recently Whistlestop expanded its transportation offering to IOA through a contract with the ride-sharing service Lyft.

Research Accelerates New Possibilities in Transportation

The MCF’s initial planning grant allowed Whistlestop to research what the best next steps might be for building capacity to secure contracts with healthcare payers and providers to work toward a new collaborative model of value-based care. Whistlestop’s key objectives for forming partnerships with healthcare entities and others is to improve health outcomes for Marin’s older adults by providing models of care that address healthcare, social issues and transportation.

That grant was followed by a three-year implementation grant, which went toward hiring a healthcare research consultant. With the consultant’s support, Whistlestop has conducted an assessment to better understand the needs of healthcare payers and providers and how its existing areas of expertise meet those needs.

The county’s demographics are such that most Whistlestop clients are Medicare or Medicare Advantage enrollees, so Whistlestop hopes to create a PACE-like model designed for people with higher incomes.

“We’ve been doing lots of homework and research, and are writing a business plan to be done at the end of the year,” says O’Hehir. He appreciates the work of Dr. Joanne Lynn, a geriatrician, hospice and long-term care physician and health services researcher, who wrote the healthcare reform guide, *Medi-Caring Communities*. This guide promotes anchoring the care delivery system in the community where people live—hence, Whistlestop’s idea to build a PACE-like model.

“We’re really excited, we’re just at the beginning, we have good connections with local healthcare payers and providers, but we’re figuring out what are their pain points, and one of them is missed appointments,” says O’Hehir.

“Because we have been a trusted source of transportation in the community for more than 60 years, we are opening the door to our negotiations with providers by solving some of their transportation challenges,” adds O’Hehir.

Whistlestop is a long-established pre-sence in Marin, and clients often tell staff when they are confronting issues that they wouldn’t necessarily share with their children. “This trust is valuable, it could help with plans of care and compliance; we can help to provide transportation, nutrition and social connection,” says O’Hehir. “We think we have the ‘value add’—the challenge is establishing and creating this added value in the minds of payers and providers,” says O’Hehir.

More than a Ride: Solutions that Serve Clients and Partners

Whistlestop’s ongoing successful transportation program (special needs paratransit vans with Whistlestop-employed drivers, a volunteer driver program and the Lyft partnership) led O’Hehir to approach a local clinic with the plan of MARS—Missed Appointment Reduction Service. When explaining the plan to potential healthcare partners, Whistlestop is careful to emphasize one of its

key advantages to the provider: avoiding missed appointments, which are costly to the provider, and can lead to patients' hospital admissions and readmissions.

In partnership with Marin Transit, Whistlestop hosts three Travel Navigators who counsel clients on their transportation options. Its volunteer driver program, CarePool, provides free rides to medical appointments or to the grocery store for older adults across Marin. CarePool has provided more than 3,400 rides since its inception in 2015. To dig deeper into finding potential transit solutions, Whistlestop has staff shadow front-line hospital admissions clerks as they book appointments, asking them to add questions on intake forms to determine how patients are getting to and from appointments.

Whistlestop's Lyft partnership currently provides clients with same-day, non-emergency rides from IOA to other San Francisco medical facilities; this benefits Lyft by adding ride volume in mid-day, a generally low-demand time period. Lyft provides Whistlestop with the software staff use to order rides, a convenience for clients who may not have smartphone access or savvy. To date, Whistlestop has used more than 900 Lyft rides to transport IOA clients to their medical appointments. Prior to the Lyft partnership, San Francisco taxis fulfilled the majority of these rides, which typically cost 40 percent more than a Lyft ride.

Whistlestop's Director of Program Innovation Anita Renzetti held an informational gathering for Lyft drivers on best practices for interacting with older adults, such as: listen attentively, consider helping the rider with assistive devices such as walkers, and confirm exactly where to drop off and pick up clients at the hospital. Lyft is expanding its healthcare collaborations and has been solicitous of Whistlestop, seeking data on outcomes; such information could help meet outcomes measurement mandates required by new healthcare partnerships.

In the near future, Whistlestop seeks to capitalize on its successful collaborations with the IOA and Lyft to secure more partnerships with a large local hospital and a health plan. Thanks to a pilot project funded by Marin General Hospital, Whistlestop is already beginning to provide similar Lyft-enabled services in Marin. Whistlestop is also considering reaching out to a health group that monitors patients at home, to offer on-demand, more immediate medical transport for patients. If a patient experiences difficulties and needs to be seen by a physician that day, Whistlestop could be called instead of the usual emergency medical transport service, which can cost clients upwards of \$250 per trip.

Lessons Learned: Humans First!

Whistlestop's cautious approach to partnerships has allowed it to concentrate on what O'Hehir calls the "human-centered design process." Instead of jumping on the technology bandwagon as many organizations do when trying to problem-solve, Whistlestop works to understand the human-centered interface. What issues are healthcare entities facing, and what are the clients' needs? When booking a medical appointment, are patients asked if they have transport? If not, can they be referred to Whistlestop?

Whistlestop also wants to determine if the MARS pilot program can truly work. For example, if a healthcare clinic has a 25 percent missed appointment rate (which is not unusual), Whistlestop could conduct a 90-day study, while offering transport services, to reduce that rate. If the missed appointment rate can be reduced to 5, 10 or 15 percent, that translates to revenue for the healthcare provider. And that type of data is what Whistlestop needs to show to ensure success. "If you're going to get into this work, you'll have to find funding to do a proof-of-concept for healthcare providers," says Renzetti.

"I appreciate the Marin Community Foundation grant because it slowed us down, allowed us to check our assumptions and really find out what healthcare providers and payers need," says O'Hehir. "We also learned it's a long haul, you have to have a patient board of directors and organization to see a return on investment," O'Hehir adds. ■