Karen (at left) and her sister

COORDINATED CARE MAKES A DIFFERENCE

Prevents avoidable hospital re-admissions

Transitions people out of institutional settings

Helps people thrive in their communities

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Thriving in her community

"I was constantly in and out of the hospital. Now, I have the support I need to take care of myself."

– Karen

Today, Karen is a volunteer for the Women's International League for Peace and Freedom, sings for social justice with *The Raging Grannies,* and coordinates health fairs for those who are homeless in her community. After years of struggling with the repercussions of mental illness, Karen is now able to live life on her own terms.

Karen recalls a period of her life in which her health problems compromised her ability to leave home, engage with others, or even to feel that life was worth living. "I isolated myself in my room for two years and never went outside," Karen shared. After multiple hospitalizations, Karen and her psychiatrist identified a medication regimen that would help her to rejoin and flourish in the community. As Karen learned to take care of herself, she realized that with the severity of her illness, medication would not be enough to keep her healthy. When a trusted doctor introduced her to the opportunities presented by coordinated care, she took steps to join a Cal MediConnect health plan.

Soon Karen received a call from a woman named Yee from the health plan, who asked questions about her lifestyle and health. "Yee got a full picture of what I need now, and what I may need down the line." Karen began working with a team of people with diverse perspectives on her care, including a primary care physician, a psychiatrist, a care coordinator, a therapist, a dentist, and even her sister – all of whom play a key part in helping Karen achieve her goals of daily living.

Together, Karen and her care coordinator stay one step ahead of her health needs. She sees a therapist, participates in meetings related to her care, and even plans to get dental surgery she has needed for six years. She self-advocates by describing clear warning signs that she and her care team can identify to prevent hospitalizations or reverting back to the way she lived before: isolated and without support.

"I have a voice now. I can participate more in my life, because what is available to me was not accessible before."

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THE PROMISE OF COORDINATED CARE

Access makes a difference

"I am sharing my story with the hope that I can help someone else. I don't know where I would be without this program."

– Zena

Zena was interviewed 10 years ago for a media profile on the working poor. During that time, Zena's primary focus was her children – putting food on the table and paying the electricity bill. Her own needs were secondary. Having struggled with bipolar disorder throughout her life, Zena is now focusing on her health. After years of inconsistent access to doctors and supportive services, she says she now has a team of individuals who are "looking out for my physical and emotional well-being."

When Zena previously had severe depression and chronic pain, she would experience significant crises. Limited by a lack of finances and information about services, she couldn't access programs that might have helped her and instead resorted to using the emergency department for psychiatric care. Scheduling appointments with doctors was so challenging that she stopped going altogether. It was a representative from her health plan that informed her about the benefits available through Cal MediConnect. Zena gained tools to avert crisis and improve her health, including connecting with a care manager. "It is a lot easier to get referrals now, make timely appointments with doctors and to receive personal, hands-on assistance. Mary, my care manager calls me 1-2 times each week to check on my moods and medication."

Zena recently started attending wellness classes about nutrition, mindfulness, and managing chronic pain. This year, Zena will enroll in a Community-Based Adult Services program which offers meals, exercise, and community outings. She has goals to schedule an appointment with a therapist at a behavioral health center and attend a pain clinic for the first time because it is a benefit of her new health plan. She is engaged in her own care and meeting a community of people who are working toward the same goal of better health.

"Now that I am progressing, it would be more harmful to me if I did not take these extra steps."

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A place to call home

"Living at home, my goal is to stay as healthy as I am today, or even improve my health."

– Josephine, age 75

Josephine has had a dream for many years to call the Northern California coast home. "I had been trying to move to the coast side for 15 years," she says. Josephine now lives in an assisted living community where she has an attendant to help her with personal care needs, a care manager to help coordinate things such as medical appointments and referrals to community services, meals in a dining room, and transportation. Through her health plan, Josephine's care also includes services to build her strength and help prevent falls. This is a big change from where she used to live — a two-year stay in a nursing home. Josephine says her new environment, "feels like freedom."

While in the nursing home, Josephine enrolled in Cal MediConnect, a new program in California designed to connect the financing and delivery of medical care and long-term services and supports. This program gave Josephine access to an interdisciplinary care team that helped her determine it was time to find a home where she could be independent and participate in the everyday activities she once took for granted – and that bring her joy. It took four months of planning, help with filling out financial and housing applications, and multiple team meetings to bring all the pieces together. Josephine was finally able to move to assisted living — which happened to be on the coast.

What is life like today for Josephine? She feels independent, yet knows she is not alone. Recently she fell and instead of calling 911, Josephine called her care manager. She got in to see her doctor quickly, and immediately followed up with an x-ray. Josephine was in control of her plan of care, unlike when in the nursing home or in the exhausting cycle of emergency room visits and hospitalizations.

A coordinated care experience for Josephine means a partnership between a health plan and care management support that align systems to support her independence, well-being and living in the place she calls home.

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Aging with dignity

"…I feel good. I know that means my care team is communicating with one another."

– Chito

Tito Chito, as his peers affectionately call him, feels good for the first time in many years. Chito lives in an assisted living community, receives help with transportation, grocery shopping, bathing, and he attends a senior center where he eats lunch and meets "fantastic people every day." Chito speaks fondly of his culture in the Philippines, where elders are respected and revered. His experience with the attention and care he has received from his Cal MediConnect health plan has restored that feeling of dignity.

Two years ago, Chito was living with extended family and sleeping on a couch. He longed for both his own space and a sense of belonging. In addition to needing more permanent housing, Chito had health concerns related to a chronic heart condition but believed that until a problem presented itself, there was no need to see a doctor or ask for help. After being hospitalized due to loss of consciousness and a subsequent fall, nurses from his health plan checked on him at home, developed a care plan based on his goals, and helped him activate next steps. In addition, a care team was formed to address his medical and daily living needs. This included a care manager, primary care physician, cardiologist, and an In-Home Supportive Services attendant.

Chito needs support in caring for himself, and now he has a team who encourages him to make intentional decisions about his health. "No matter what you do when you are old, it is important for someone to ask if you are okay, and to show concern." Chito knows that his team is looking out for his well-being. They helped him find a permanent living situation and they work together to help him stay healthy in his new community. As for the future, Chito created a document that describes his end-of-life wishes. "Once integrity is gone, you feel lost. It is important to me that those in my life are clear about how I want to live."

One positive outcome of Chito's hospitalization was getting connected to coordinated care. These days, he joins a neighbor on a walk every day at 5 o'clock and feels a sense of belonging in his community. "I feel good and that is all that matters."

Gabriela and José

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A confident caregiver

"Now I have the information I need to make decisions about my dad's care."

– Gabriela

José is in the early stages of Alzheimer's disease. Despite beginning to lose his memory, he feels content with where he is in his life. When asked about what is most important to him, José said, "I want to continue to live how I live now — at home, watching my grandchildren play, and ride their bicycles." Gabriela and a care team that is now in place are making sure that José's choices about how he wants to live are fulfilled.

Gabriela, a full-time mom and the primary caregiver for her dad, says she is "informed and in control of his care," a reality that seemed impossible just six months ago. Gabriela had tried to access specialty health and supportive services for her father on her own, while at the same time learning how to help her dad adjust to his new limitations. She was challenged by delays in responses from doctors and frustrated to learn about long waiting lists for services at local community-based organizations. When her dad was hospitalized, Gabriela was worried about caring for him at home after his discharge. It was a social worker at the hospital who told Gabriela about Cal MediConnect and encouraged her to help José enroll.

That conversation marked a change for Gabriela in her experience with the health system. With the health plan's addition of a dedicated care manager, she was connected to resources for patients and families coping with Alzheimer's disease, including formal caregiver support and financial assistance programs. In describing a recent meeting about her dad's needs, Gabriela emphasized "I had the whole team on our call: the lead doctor, a specialist, our care manager and myself." As part of a team, Gabriela regained her confidence as a caregiver, and a plan was put in place to keep her dad at home with a quality of life that brings him joy.

Gabriela brightens as she speaks about her dad's care manager, Melanie, who has become a primary source of support to both of them. "Melanie does the calling, the heavy lifting. She schedules team calls, checks in on us regularly, and even takes the time after hours to make sure we have what we need."