NEW YORK STATE DEPARTMENT OF HEALTH
Office of Quality and Patient Safety

Plan – Technical Report
For
Senior Network Health

Reporting Years 2013 and 2014

February 2017

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Section One: About This Report

New York State (NYS) is dedicated to providing and maintaining the highest quality of care for enrollees in managed long term care (MLTC) plans. MLTC enrollees are generally chronically ill, often elderly enrollees and are among the most vulnerable New Yorkers. The New York State Department of Health's (NYSDOH) Office of Quality and Patient Safety (OQPS) employs an ongoing strategy to improve the quality of care provided to plan enrollees, to ensure the accountability of these plans and to maintain the continuity of care to the public.

The MLTC Plan-Technical Reports are individualized reports on the MLTC plans certified to provide Medicaid coverage in NYS. The reports are organized into the following domains: Plan Profile, Enrollment, Member Satisfaction, SAAM and UAS Clinical Assessment Data, and Performance Improvement Projects (PIPs). When available and appropriate, the plans' data in these domains are compared to statewide benchmarks.

The final section of the report provides an assessment of the MLTC plan's strengths and opportunities for improvement in the areas of service quality, accessibility, and timeliness. For areas in which the plan has opportunities for improvement, recommendations for improving the quality of the MLTC plan's services are provided.

During the review period of this report (2013-14), there were three (3) MLTC plan types:

a) Partially Capitated
b) Program of All-inclusive Care for the Elderly (PACE)
c) Medicaid Advantage Plus (MAP)

A description of each of the plan types follows:

Partially Capitated - A Medicaid capitation payment is provided to the plan to cover the costs of long term care and selected ancillary services. The member's ambulatory care and inpatient services are paid by Medicare if they are dually eligible for both Medicare and Medicaid, or by Medicaid if they are not Medicare eligible. For the most part, those who are only eligible for Medicaid receive non-MLTC services through Medicaid fee for service, as members in partially capitated MLTC plans are ineligible to join a traditional Medicaid managed care plan. The minimum age requirement is 18 years.

PACE - A PACE plan provides a comprehensive system of health care services for members 55 and older, who are otherwise eligible for nursing home admission. Both Medicaid and Medicare pay for PACE services on a capitated basis. Members are required to use PACE physicians. An interdisciplinary team develops a care plan and provides ongoing care management. The PACE plan is responsible for directly providing or arranging all primary, inpatient hospital and long term care services required by a PACE member. The PACE is approved by the Centers for Medicare and Medicaid Services (CMS).

Medicaid Advantage Plus (MAP) - MAP plans must be certified by the NYSDOH as MLTC plans and by CMS as a Medicare Advantage plan. As with the PACE model, the plan receives a capitation payment from both Medicaid and Medicare. The Medicaid benefit package includes the long term care services and the Medicare benefit package includes the ambulatory care and inpatient services.

An MLTC plan can service more than one of the above products and, where applicable, the report will present data for each product.

In an effort to provide the most consistent presentation of this varied information, the report is prepared based upon data for the most current calendar year available. Where trending is desirable, data for prior calendar years may also be included. This report includes data for reporting years 2013 and 2014.

Section Two: Plan Profile

Senior Network Health (SNH) is an affiliate of the Faxton/St Luke's Healthcare System in central New York. SNH is a partially capitated MLTC plan. The following report presents plan-specific information.

- Plan ID: 01778523
- Managed Long-Term Care Start Date: 1998
- Product Line(s): Partially Capitated
- MLTC Age Requirement: 18 and older
- Contact Information: 2521 Sunset Avenue
  Utica, NY 13502
  (315) 624-4663

Participating Counties and Programs	
Herkimer	Partial Cap
Oneida	Partial Cap

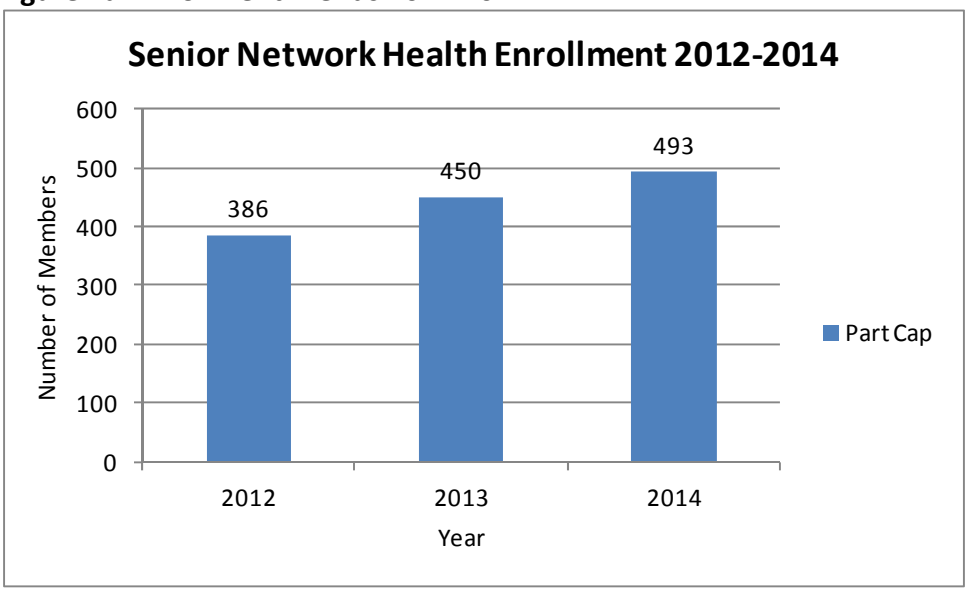
Section Three: Enrollment

Figure 1 depicts membership for Senior Network Health's partially capitated product line for calendar years 2012 to 2014, as well as the percent change from the previous year (the data reported are from December of each of these years). Membership in the partially capitated plan grew over this period, increasing by 16.6% from 2012 to 2013 and by 9.6% from 2013 to 2014. Figure 1a trends enrollment.

Figure 1: Membership: Partially Capitated 2012-2014

	2012	2013	2014
Partially Capitated			
Number of Members	386	450	493
% Change From Previous Year	-0.8%	16.6%	9.6%

Figure 1a: Enrollment Trends 2012-2014



Section Four: Member Satisfaction

IPRO, in conjunction with the NYSDOH, conducted a member satisfaction survey mailed between December 2014 and May 2015. The NYSDOH provided the member sample frame for the survey, which included the primary language for the majority of members. From this file, a sample of 600 members from each plan was selected, or the entire membership if the plan's enrollment was less than 600. Of the 18,909 surveys that were mailed, 1,109 were returned as undeliverable due to either mailing address issues or the member being deceased. This yielded an adjusted population of 17,800. A total of 4,592 surveys were completed, yielding an overall response rate of 25.8%.

The response rate for Senior Network Health's partially capitated product line was 26.1% (94 respondents out of 360 members in the sample).

IPRO had previously conducted a similar satisfaction survey that was mailed between December 2012 and May 2013. Figure 2 represents the results of these two satisfaction surveys for Senior Network Health's partially capitated product line, compared with all other partially capitated plans throughout the state, as well as all MLTC plans statewide, in the areas of plan rating, quality ratings for key services, timeliness of critical services, access to critical services, and advance directives.

Figure 2: Satisfaction Survey Results Senior Network Health Compared with all Partially Capitated Plans, and all Plans Statewide	SNH 2012-2013 (N=84)[a]		Overall Part Cap 2012-2013 (N=1,662)[a]		Statewide 2012-2013 (N=2,522)[a]		SNH 2014-2015 (N=94)[a]		Overall Part Cap 2014-2015 (N=3,306)[a]		Statewide 2014-2015 (N=4,592)[a]	
Description	**n[b]**	**%**	**n[b]**	**%**	**n[b]**	**%**	**n[b]**	**%**	**n[b]**	**%**	**n[b]**	**%**
Plan requested list of Rx/OTC meds **	72	94%	1,439	87%	2,197	88%	77	96%	2,677	94%	3,702	94%
Plan explained the Consumer Directed Personal Assistance option ++	-	-	-	-	-	-	39	87%	1,831	77%	2,495	75%
Plan rated as good or excellent	83	92%	1,625	84%	2,458	84%	77	99%▲	2,688	87%	3,739	87%
Quality of Care Rated as Good or Excellent												
Dentist	48	73%	1,009	71%	1,530	70%	55	87%▲	1,669	73%	2,382	73%
Eye Care-Optometry	71	90%	1,279	82%	1,951	81%	70	90%	2,167	81%	3,079	82%
Foot Care	53	93%	1,087	82%	1,640	80%	61	93%▲	1,903	83%	2,637	83%
Home Health Aide	58	95%	1,358	88%	2,056	87%	64	92%	2,437	87%	3,351	87%
Care Manager	76	95%▲	1,389	84%	2,108	84%	74	92%	2,479	83%	3,445	83%
Regular Visiting Nurse	70	93%	1,420	84%	2,132	84%	69	96%▲	2,412	83%	3,355	83%
Medical Supplies	65	95%▲	1,185	85%	1,844	86%	60	95%▲	2,066	82%	2,937	82%
Transportation Services	69	90%▲	1,242	77%	1,916	78%	69	93%▲	2,000	77%	2,853	77%
Timeliness- Always or Usually On Time												
Home Health Aide, Personal Care Aide	58	78%	1,258	79%	1,897	78%	65	94%	2,471	92%	3,385	93%
Care Manager	67	73%	1,225	70%	1,876	69%	71	94%▲	2,270	83%	3,144	83%
Regular Visiting Nurse	64	75%	1,351	70%	2,027	69%	65	97%▲	2,297	81%	3,177	81%
Transportation TO the Doctor	68	75%	1,147	68%	1,766	69%	68	97%▲	1,763	81%	2,515	81%
Transportation FROM the Doctor	68	72%	1,124	67%	1,742	67%	67	96%▲	1,753	78%	2,505	78%
Access to Routine Care (<1 Month)												
Dentist	35	54%	832	47%	1,234	46%	37	84%	1,323	75%	1,873	73%
Eye Care/Optometry	55	46%	1,093	43%	1,647	43%	51	92%▲	1,767	80%	2,486	79%
Foot Care/Podiatry	51	45%	932	45%	1,390	45%	54	94%▲	1,608	82%	2,220	80%
Access to Urgent Care (Same Day)												
Dentist	24[c]	21%	612	28%	920	26%	32	28%	1,062	31%	1,526	29%
Eye Care/Optometry	35	23%	788	25%	1,195	22%	45	36%	1,497	34%	2,165	33%
Foot Care/Podiatry	33	27%	692	27%	1,039	26%	43	35%	1,368	35%	1,912	34%

Advance Directives												
Plan has discussed appointing someone to make decisions	75	73%	1,346	64%	2,087	68%	81	79%▲	2,660	64%	3,757	67%
Member has legal document appointing someone to make decisions	76	86%▲	1,387	55%	2,145	61%	79	82%▲	2,645	53%	3,722	58%
Health plan has a copy of this document ◊	51	84%	533	74%	956	77%	44	86%	913	75%	1,506	79%

LEGEND	
Symbol	**Description**
a	N reflects the total number of members who completed the survey
b	n reflects the total number of members who responded to each survey item
**	Represents question that has been added to the 2013-2014 technical report
++	Represents new question in 2014-2015 survey
▲	Represents a significantly higher rate versus the Partially Capitated/statewide rate ($p < .001$)
◊	Item based on a skip pattern
c	Significance testing could not be performed due to small sample size

Satisfaction Survey Results Summary

There was an improvement in satisfaction across the majority of categories of care from 2012/2013 to 2014/2015. The difference was especially notable in timeliness and access to routine care. In contrast, there was a slight decline in quality of care for home health aides and care managers.

In the most recent satisfaction survey administered to Senior Network Health's membership, there was a statistically significant difference between the percentage of SNH members who rated the quality of care as good or excellent for their dentist (87% vs. 73% for other partially capitated plans and 73% statewide). Senior Network Health members also reported higher rates for quality of care than both members in other partially capitated plans and members statewide for the following services: foot care (93% vs. 83% and 83%, respectively), regular visiting nurse (96% vs. 83% and 83%, respectively), medical supplies (95% vs. 82% and 82%, respectively), and transportation services (93% vs. 77% and 77%, respectively). A higher percentage of SNH members indicated that the following services were always or usually on time, when compared with other partially capitated members and all members statewide: care manager (94% vs. 83% and 83%, respectively), regular visiting nurse (97% vs. 81% and 81%, respectively), transportation to the doctor (97% vs. 81% and 81%, respectively), and transportation from the doctor (96% vs. 78% and 78%, respectively). A higher percentage of Senior Network Health members reported always or usually being able to receive routine care with optometrists and podiatrists, compared with members in other partially capitated plans and members statewide. In addition, a higher percentage of SNH members indicated that the plan had discussed appointing a healthcare proxy with them, as well as had a completed an advance directive.

Overall, 99% of members rated Senior Network Health as good or excellent, compared to 87% of members in other partially capitated plans and 87% of members statewide.

Section Five: SAAM and UAS

The Semi Annual Assessment of Members (SAAM) was the assessment tool utilized by the MLTC plans to conduct clinical assessments of members, at start of enrollment and at six month intervals thereafter, through 2013. There are fifteen (15) care categories, or domains, in SAAM, as follows:

Diagnosis/Prognosis/Surgeries
Living arrangements
Supportive assistance
Sensory status
Integumentary status
Respiratory status
Elimination status
Nursing Home Admissions
Falls
Neuro/Emotional Behavioral Status
ADL/IADLs
Medications
Equipment Management
Emergent Care
Hospitalizations

SAAM data were submitted to the NYSDOH twice annually, in January and July, through July 2013. The January submission consisted of assessments conducted between July and December of the prior year; the July submission consisted of assessments conducted between January and June of the same year. Twice annually, following submissions, the NYSDOH issued plan-specific reports containing plan mean results and comparison to statewide averages.

In 2007, the SAAM was expanded beyond its role as a clinical assessment tool, to determine MLTC plan eligibility. An eligibility scoring index was created; the scoring index consisted of 13 items/questions, as follows:

Urinary Incontinence
Bowel incontinence frequency
Cognitive functioning
Confusion
Anxiety
Depression
Ability to dress upper body
Ability to dress lower body
Bathing
Toileting
Transferring
Ambulation/Locomotion
Feeding/Eating

Each item had a point value; a combined total score of 5 or greater constituted MLTC eligibility.

Effective October 2013, the SAAM tool was replaced by the Uniform Assessment System for NY (UAS-NY). The UAS-NY is a web based clinical assessment tool based on a uniform data set, which standardizes and automates needs assessments for home and community based programs in New York[1]. Data are immediately available to users during and upon completion of the assessment.

Figure 3a contains Senior Network Health's July 2013 SAAM results for their partially capitated line, and Figure 3b contains Senior Network Health's January-June and July-December 2014 UAS results.

[1] NYS Department of Health, *2014 Managed Long Term Care Report*. http://health.ny.gov

Figure 3a: Senior Network Health Partially Capitated and Statewide SAAM Data 2013

SAAM Items	July 2013	
	Plan SAAM N=413	Statewide SAAM N=111,299
Activities of Daily Living (ADL)		
Ambulation/Locomotion – % of members who could perform task independently, with setup help/device, or with supervision	98%	92%
Bathing – % of members who could perform task independently, with setup help/device, or with supervision	93%	89%
Upper Body Dressing – % of members able to perform task independently, with setup help, or with supervision	96%	87%
Lower Body Dressing – % of members able to perform task independently, with setup help, or with supervision	95%	79%
Toileting – % of members able to perform task independently, with setup help, or with supervision	98%	91%
Transferring- % of members able to transfer independently, with use of an assistive device, or with supervision/minimal assistance	95%	88%
Feeding/Eating – % of members able to eat/drink independently, with setup help, or supervision	99%	99%
Continence		
Urinary Continence – % who are continent, have control with catheter/ostomy, or were infrequently incontinent	17%	27%
Bowel Continence – % who are continent, have control with ostomy, or were infrequently incontinent	69%	79%
Cognition		
Cognitive Impairment – % members with no cognitive impairment	9%	40%
When Confused – % with no confusion	12%	35%
Mood and Behavior		
Anxiety – % with no feelings of anxiety	21%	38%
Depressed – % with no feelings of depression	69%	74%

SAAM Items	July 2013	
	Plan SAAM N=413	Statewide SAAM N=111,299
Health Conditions		
Frequency of Pain – % experiencing no pain, or pain less than daily	41%	44%
Falls Resulting in Medical Intervention – % of members experiencing no falls requiring medical intervention	68%	55%
Prevention		
Influenza Vaccine – % who had influenza vaccine in last year	84%	73%

Senior Network Health SAAM July 2013

A lower percentage of Senior Network Health members had no cognitive impairment or confusion, and no feelings of anxiety or depression compared to members statewide. A higher percentage of Senior Network Health members could perform the ADLs represented in Figure 3a compared with members statewide. In addition, a higher percentage of Senior Network Health members experienced no falls requiring medical intervention.

Figure 3b: Senior Network Health Partially Capitated and Statewide UAS Data 2014

UAS Items	Jan-June 2014		July-Dec 2014	
	Plan UAS N=469	Statewide UAS N=125,702	Plan UAS N=488	Statewide UAS N=132,429
Activities of Daily Living (ADL)				
Ambulation/Locomotion – % of members who could perform task independently, with setup help/device, or with supervision	92%	55%	92%	53%
Bathing – % of members who could perform task independently, with setup help/device, or with supervision	45%	19%	42%	16%
Upper Body Dressing – % of members able to perform task independently, with setup help, or with supervision	79%	33%	78%	30%
Lower Body Dressing – % of members able to perform task independently, with setup help, or with supervision	66%	18%	65%	16%
Toileting – % of members able to perform task independently, with setup help, or with supervision	91%	63%	91%	57%
Feeding/Eating – % of members able to eat/drink independently, with setup help, or with supervision	97%	87%	98%	86%
Continence				
Urinary Continence – % who are continent, have control with catheter/ostomy, or were infrequently incontinent	41%	36%	42%	36%
Bowel Continence – % who are continent, have control with ostomy, or were infrequently incontinent	88%	83%	87%	83%
Cognition				
Cognitive functioning – % with intact functioning	58%	39%	50%	34%
Mood and Behavior				
Anxiety – % with no feelings of anxiety	69%	76%	67%	75%
Depressed – % with no feelings of depression	79%	71%	76%	68%
Health Conditions				
Frequency of Pain –	37%	26%	34%	22%

UAS Items	Jan-June 2014		July-Dec 2014	
	Plan UAS N=469	Statewide UAS N=125,702	Plan UAS N=488	Statewide UAS N=132,429
% experiencing no severe daily pain				
Falls Resulting in Medical Intervention – % of members experiencing no falls requiring medical intervention	89%	88%	91%	91%
Prevention				
Dental Exam – % who had dental exam in last year	51%	49%	50%	50%
Eye Exam – % who had eye exam in last year	80%	71%	78%	73%
Hearing Exam – % who had hearing exam in last 2 years	26%	33%	27%	33%
Influenza Vaccine – % who had influenza vaccine in last year	79%	75%	80%	76%

Senior Network Health Partially Capitated UAS January-June 2014
Compared to members statewide, a higher percentage of Senior Network Health members could perform the six ADLs, as represented in Figure 3b above. Additionally, a higher percentage of members (58%) demonstrated intact cognitive functioning when compared with members statewide (39%), as well as no feelings of depression (79% vs. 71%, respectively), no severe daily pain (37% vs. 26%, respectively) and had an eye exam in the last year (80% vs. 71%, respectively).

Senior Network Health Partially Capitated UAS July-December 2014
Similar to the UAS outcomes for ADLs in the first half of the year, a higher percentage of Senior Network Health members could perform these activities with a higher level of ability, when compared with members statewide. Also consistent with UAS results in the first reporting period, a higher percentage of Senior Network Health members exhibited intact cognitive functioning, no feelings of depression, no severe daily pain, and had an eye exam in the last year.

Section Six: Performance Improvement Projects

MLTC plans conduct performance improvement projects (PIPs) on an annual basis. Proposed project topics are presented to IPRO and to the NYSDOH prior to the PIP period, for approval. Periodic conference calls are conducted during the PIP period to monitor progress.

The following represents a summary of Senior Network Health's PIP for 2013:

Senior Network Health designed PIP to help prevent hospital readmissions by arranging and coordinating a follow-up visit with the client's responsible health care provider within a ten day post-discharge period. This included being aware of the discharge plan, documenting the responsible provider, assisting with scheduling appointments, making the discharge summary available to the responsible physician, arranging for transportation as needed and reviewing questions that the client wanted to ask the provider.

Project indicators for this PIP are as follows:

- **Indicator 1**
  - *Numerator*: Number of persons actually offered intervention who qualified for the intervention.
  - *Denominator*: All persons discharged from hospital who qualifies for intervention (goal 100%).
- **Indicator 2**
  - *Numerator*: Number of persons having discharge plans communicated to Senior Network Health before discharge.
  - *Denominator*: All persons discharged from hospital who qualifies for intervention (goal 100%).
- **Indicator 3**
  - *Numerator:* Number of persons having a responsible provider (by name or provider group) identified at time of discharge.
  - *Denominator:* All persons discharged from hospital who qualifies for intervention (goal 100%).
- **Indicator 4**
  - *Numerator:* Number of persons having an appointment with responsible provider within the 10 day post discharge period.
  - *Denominator:* All persons discharged from hospital who qualifies for intervention (goal 100%).
- **Indicator 5**
  - *Numerator:* All persons having transportation to the office visit arranged or confirmed by Senior Network Health.
  - *Denominator:* All persons discharged from hospital who qualifies for intervention (goal 100%).
- **Indicator 6**
  - *Numerator:* Number of discharge summaries available to named provider at time of post-acute visit.
  - *Denominator:* All persons discharged from hospital visiting their responsible provider (goal 100%).
- **Indicator 7**
  - *Numerator:* Number of persons with a prepared question list available at the time of provider visit.
  - *Denominator:* All persons discharged from hospital who qualifies for intervention (goal 100%).

- **Indicator 8**
  - *Numerator:* Number of clients actually seen by responsible provider within the 10 day post discharge period.
  - *Denominator:* All persons discharged from hospital who qualifies for the intervention (goal 100%).

All Case Managers and relevant support staff received in-service education regarding the project and their responsibilities. The study plan was also presented to the discharge planners at the three major hospitals as well as to the staff at physician offices and Visiting Nurse of Utica staff members.

Results are summarized as follows:
Number of clients discharged from an acute care facility: 434

Number of clients qualifying for the intervention who were under the care of a hospitalist rather than their usual primary care provider: 240 (65%)

Numerator 1: Number of clients offered the interventions in the post discharge period:	372	
Denominator 1: Total number of clients qualifying for the interventions:	372	100%
Numerator 2: Discharge plan communicated to SNH before discharge:	292	
Denominator 2: Number of clients qualifying for the intervention:	372	78%
Numerator 3: Responsible provider identified at the time of discharge:	355	
Denominator 3: Number of clients qualifying for the intervention:	372	95%
Numerator 4: Appointment made with provider within 10 days:	285	
Denominator 4: Number of clients qualifying for the intervention:	372	77%
Numerator 5: Follow-up transportation arrangements made/confirmed:	325	
Denominator 5: Number of clients qualifying for the intervention:	372	87%
Numerator 6: D/C summary available at time of provider visit:	316	
Denominator 6: Number of clients qualifying for the intervention:	372	85%
Numerator 7: Clients having prepared question list:	151	
Denominator 7: Number of clients qualifying for the intervention:	372	41%
Numerator 8: Clients seen by provider for post discharge appointment:	323	
Denominator 8: Number of clients qualifying for the intervention	372	87%
Hospital readmissions within 30 days:	37	10%

Four-hundred thirty-four (434) client discharges were reviewed. Fifty-five percent (55%) of those clients had a hospitalist as their primary physician during hospitalization. Eighty-six percent (86%) of the clients admitted qualified for the proposed interventions and all received or were offered them. The discharge plan was communicated to Senior Network Health personnel by the hospital before the time of discharge in 78% of the cases, and the responsible post-acute care provider was identified by name in 95% of cases.

An appointment was made with the responsible provider within ten calendar days in 77% of the cases, while transportation was arranged or documented by SNH 87% of the time. A discharge summary was available to the health care provider at the time of visit 85% of the time and clients went to the visit with a prepared question list 41% of the time. Eighty-seven (87) of the clients were actually seen by the named provider for a specific post discharge visit. Ten percent (10%) of the clients were readmitted within 30 days post discharge. All readmissions were reviewed by the Quality Manager and Medical Director, and none were deemed to be related to a deficiency in one of the aforementioned interventions.

Conclusions:
Given the complexity of the discharge process and the presence of competing agendas of the participants, most were able to receive the interventions in a timely manner. Despite the fact that Senior Network Health personnel presented the study to hospital discharge planners and offered their services, hospital personnel did not uniformly communicate admissions information and/or discharge plans in a timely manner. Physicians and clients were not always receptive to having an appointment made within the 10-day period, and clients were not always eager to review with the Care Managers questions they wanted to ask. Transportation provision was rarely a problem, though sometimes arrangements were made without SNH knowledge. Discharge summaries were readily available online from the hospital which provided most of the services for clients, but other institutions were not always forthcoming with the information requested in a timely manner. Although many of the long-term or sub-acute care facilities have preferred provider panels, the name of the specific provider sometimes would be sorted out in the facility after transfer.

The following represents a summary of Senior Network Health's PIP for 2014:

An internal review of Senior Network Health's member population demonstrated that a significant number of members abuse tobacco. An earlier attempt to develop a response was tempered by poor success rates of a number of currently published interventions as well as the cost and time expenditure of developing and producing the necessary materials and response system. A review of the Plan's last year-end statistics showed that respiratory related diagnoses were the most frequent cause of hospitalizations and re-hospitalizations, especially among smokers. Most worrisome, more than a few members continue to smoke tobacco despite the need for supplemental oxygen and repeat hospitalizations. This year, SNH was able to partner with Tri-County Quits, a program that was able to make available additional printed, teaching, and response resources to its members. It was anticipated that identifying members who smoke and providing them with the necessary resources would assist them in cessation.

Project indicators include the following:

- **Indicator 1**: The percentage of members who might be tobacco abusers.
  - *Numerator*: Number of members eligible for study.
  - *Denominator*: Number of enrollees in Senior Network Health.
- **Indicator 2**: Percentage of smokers.
  - *Numerator*: Number of tobacco abusers.
  - *Denominator*: Number of members who are eligible for study.
- **Indicator 3**: Percentage of members who are amenable to quitting or cutting down.
  - *Numerator*: Number of members agreeing to quit or reduce dependence.
  - *Denominator*: Number of tobacco users.
- **Indicator 4**: Percentage of members who were successful in comparison to the total group of smokers.
  - *Numerator*: Number of clients successful in quitting or reducing dependence verses.
  - *Denominator*: Number of smokers.
- **Indicator 5**: Percentage of success among those smokers expressing a desire to quit.
  - *Numerator*: Number of members successful in quitting or reducing tobacco dependence.
  - *Denominator*: Number of members agreeing to reduce their tobacco use.
- **Indicator 6**
  - *Numerator*: Number of members quitting tobacco use.
  - *Denominator*: Number of initial tobacco abusers.
- **Indicator 7**
  - *Numerator*: Number of members reducing quantity of tobacco by at least half.
  - *Denominator*: Number of initial tobacco users.

By the new year, a partnership was developed with the Tri-County Quits representative who provided printed materials and an in-service training program for Senior Network staff. Printed materials were provided for members including educational pamphlets, a diary and access to a telephone help line that would contact counselors. The packet included information on preparation for quitting, a cost of smoking calculator, information about non-smoking tobacco products, and access to free medications to help reduce craving. In January, members were approached to learn their smoking history and past attempts to quit. Care Managers reviewed their diagnoses and hospitalizations, explaining how their smoking habit negatively affected their health.

Members were then offered the opportunity to quit and taught how to organize a program to achieve the goal. New York Quits was introduced, as this provided teaching materials, sample no-cost medications, a help line and even an emergency response number to contact if the desire to smoke became overwhelming. Family members were counseled as well. Senior Network Health offered to facilitate a visit to the member's primary care provider in order to obtain prescription assistance. Members who declined to consider quitting at the initial visit were re-approached at Care Manager visits and after hospitalizations. Members who agreed to quit were encouraged to continue.

Results are summarized as follows:

- The Senior Network Health member census for the period was 487, including those who resided in smoke-free residences.
- The number of members who were smokers ranged from 53-72 per month, averaging 65.
- The percentage of members who were smokers ranged from 11-15% per month, averaging 13%.
- Of the total number of smokers, the percentage agreeing to participate in the NYS Quits program ranged from 1-2% each month.
- Approximately half of the smokers expressed an interest in quitting or cutting down their tobacco use.
- Of the total number of smokers, the percentage of members who were successful in stopping or cutting down smoking ranged from 4 to 11 each month.
- Of those smokers who agreed to try to quit smoking, the percentage of success, defined as quitting or reducing smoking by at least one-half, was 11%.
- Of the original group of smokers, the percentage quitting altogether was 5%.
- Of the original group of smokers, the percentage cutting down was 15%.

Conclusions:

The Plan's comprehensive program of interventions made a difference in the smoking habits of a small population of its members. Of those who initially stated they would consider quitting, most wanted to try on their own method, rather than participate in the formal program. On average, fewer than two members per month permitted referral to the comprehensive NYS Quits program. The smoker census varied from a low of 53 to a high of 72, averaging 65 per month. The average number of quitters was about 7 each month, for about an 11% success rate. Only three members were successfully tobacco free, with no relapse for the entire duration.

Section Seven: Summary/Overall Strengths and Opportunities

Strengths

Timeliness- Always or Usually On Time
The most recent satisfaction survey results indicate that a higher percentage of Senior Network Health members perceived all categories of care as always or usually on time, compared to the other partially capitated plan members and members statewide. This was especially notable for timeliness of the care managers, regular visiting nurses and transportation to and from the doctors.

Access to Routine Care (<1 Month)
A higher percentage of Senior Network Health members indicated having access to a dentist, optometrist and podiatrist for a routine appointment within a month in the most recent satisfaction survey. Ninety-two percent (92%) of Senior Network Health members reported having access to optometry within this timeframe, compared with members in the other partially capitated plans, and members statewide (80% vs. 79%, respectively), which is statistically significant. Similarly, ninety-four percent (94%) of Senior Network Health members reported having access to podiatry within this timeframe, compared with members in other plans, and members statewide (82% vs. 80%, respectively), which is also of statistical significance.

Advance Directives
Senior Network Health appears to be addressing advance directive needs, as evidenced by a significantly higher percentage of question respondents in the most recent survey who indicated the plan has discussed appointing a healthcare proxy with them. Further, a larger percentage of SNH members indicated having a completed advance directive in place, as well as indicated the Plan had a copy of this documentation.

Activities of Daily Living (ADL)
A higher percentage of Senior Network Health members demonstrated a higher level of ability in performing each ADL, (locomotion, bathing, upper and lower body dressing, toileting and eating) compared to members in other plans statewide throughout both reporting periods in 2014.

Cognition
Senior Network Health members demonstrated higher levels of cognitive function throughout 2014, when compared with members enrolled in other plans throughout the state.

Opportunities

Anxiety
A lower percentage of Senior Network Health members indicated no feelings of anxiety throughout both reporting periods in 2014. UAS questions are prone to a high level of subjectivity at the time of the assessment, and so it is recommended that Senior Network Health consider conducting an inter-rater reliability study, to aid in determining whether these members do in fact have higher rates of anxiety, or if there are scoring issues. It may prove advantageous to have two assessors independently conduct the same assessments on a sample of members, to test the validity of UAS responses.