CareStar, Inc.

Est. 1988
Cincinnati, Ohio
February 7, 2022



CareStar's Shared Purpose

> Mission

Improving Communities by Improving Lives.

> Vision Statement

 CareStar is a nationally recognized healthcare leader in home and community-based services, population health management, provider oversight, continuous quality improvement, software development, security and data analytics services, impacting communities and individual's lives through ethical business practices, strong leadership and tailored programs.

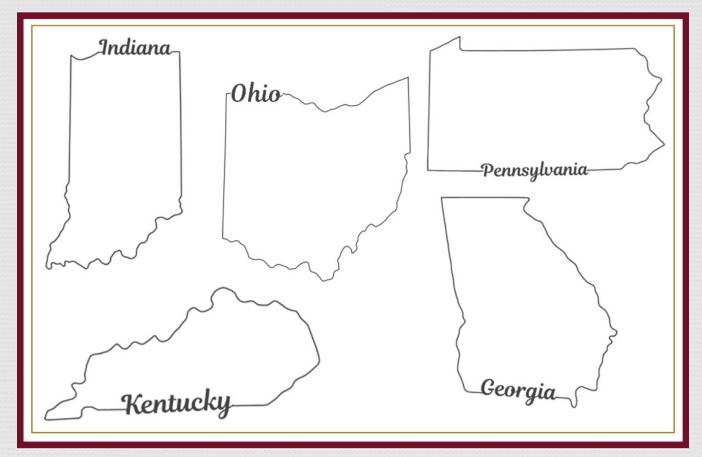
> Core Values:





Geography

- ➤ Statewide in Ohio, Indiana, Pennsylvania.
- >Selected Regions in Kentucky and Georgia.



What is Hamilton County

Senior Patient Navigation?



Senior Patient Navigation

Helps aging individuals in Hamilton County navigate the complex medical care system while addressing social and economic needs that also have a significant impact on health and well-being.

Navigators assess risks and barriers posed by the Social Determinants of Health and develop goals to address these with participants.



What are the Social Determinants of Health?



Social Determinants of Health

"Conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning, and quality-of-life outcomes and risks."





Social Determinants of Health

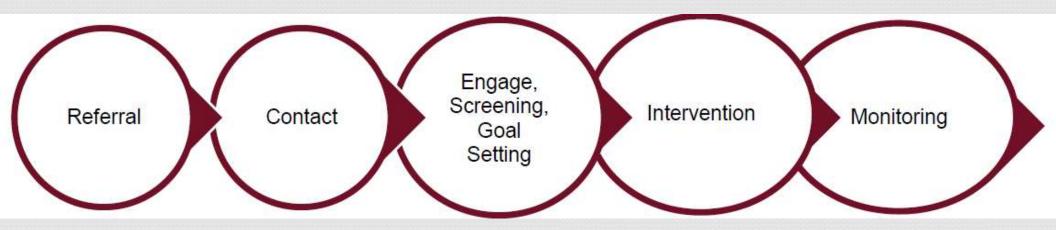
Does Place Matter? Health Equity in Hamilton County Factors reviewed:

- Poverty
- Educational Attainment
- Employment Status
- Health Insurance
- Race
- Food Access

"These determinants form an inter-related circle of factors contributing to the health, well-being and longevity of County residents."

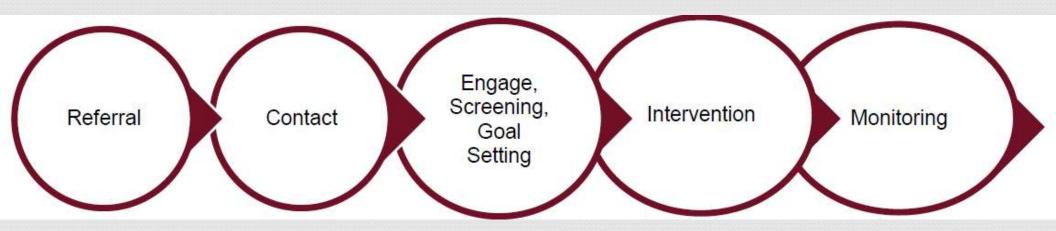


Senior Patient Navigation Model





Senior Patient Navigation Model



		20	019	2020		2021		Total 20	19 - 2021
Initial Visit									
Total number of initial telephonic	N	0	0%	134	690/	280	620/	414	620/
meetings completed due to Coronavirus safety precautions.	D	0 09	0%	197	68%	455	62%	652	63%



Senior Patient Navigation Common Needs for Services

Most Common Needs for Services	Aver	age Q1	Avera	ige Q2	Aver	age Q3	Avera	ige Q4	2021 /	verage
Caregiver/Family Support D	190	0%	160	1%	131	1%	2 156	1%	1.3 159.2	0.8%
Substance Use (Including Tobacco)	190	2%	160	3%	131	4%	4 156	3%	4.6 159.2	2.9%
Medical Equipment, Devices, Supplies N	190	2%	16 160	10%	14 131	11%	12 156	8%	11.5 159.2	7.2%
Financial Needs N	5 190	3%	14 160	9%	13 131	10%	14 156	9%	11.6 159.2	7.3%
Transportation D	25 190	13%	20 160	12%	17 131	13%	31 156	20%	23.3 159.2	14.6%
Health Insurance D	17 190	9%	33 160	20%	25 131	19%	23 156	15%	24.6 159.2	15.4%
Community Resources D	49 190	26%	39 160	24%	13 131	10%	9 156	6%	27.5 159.2	17.3%
Healthcare Providers D	16 190	9%	32 160	20%	26 131	20%	38 156	24%	27.9 159.2	17.5%
Utilities N D	28 190	15%	35 160	22%	27 131	21%	34 156	22%	30.9 159.2	19.4%
Physical Health D	9 190	5%	35 160	22%	43 131	33%	43 156	28%	32.3 159.2	20.3%
Housing/Home Environment	15 190	8%	58 160	36%	56 131	43%	51 156	32%	44.9 159.2	28.2%
Food and Nutrition D	39 190	21%	55 160	35%	45 131	34%	47 156	30%	46.7 159.2	29.3%
Maintaining Independence	32 190	17%	56 160	35%	50 131	39%	56 156	36%	48.7 159.2	30.6%
Medications N	61 190	32%	70 160	44%	65 131	50%	79 156	51%	68.8 159.2	43.2%
Mental/Behavioral Health	62 190	33%	74 160	46%	69 131	53%	69 156	44%	68.8 159.2	43.2%



Senior Patient Navigation Common Needs for Services

Most Common Needs for Services	Most Common Needs for Services							
Hausing/Hama Environment	N	44.9	20 20/					
Housing/Home Environment	D	159.2	28.2%					
Food and Nutrition	N	46.7	20 20/					
Food and Nutrition	D	159.2	29.3%					
Maintaining Indopendence	N	48.7	30.6%					
Maintaining Independence	D	159.2	30.0%					
Medications	N	68.8	43.2%					
Medications	D	159.2	43.2 /0					
Mental/Behavioral Health	N	68.8	43.2%					
Mental/Denavioral nearth	D	159.2	43.2 70					



Common Needs for Services Housing and Home Environment

- Unstable housing, eviction or homelessness.
- Rent is not affordable.
- Does not feel safe in the home environment.
- Home modifications or repairs needed.
- Desire to consider Assisted Living options.



Interventions Housing and Home Environment

- Referrals to affordable and accessible housing programs.
- Fair housing education and resources.
- Emergency rental assistance.
- Foreclosure prevention/mortgage assistance.
- Property Tax Exemptions.
- Home repair assistance.



Common Needs for Services Food and Nutrition

- Inadequate diet.
- Financial barriers to obtaining adequate food.
- Lack of education about healthy food choices.
- Difficulty obtaining or preparing food.



Interventions Food and Nutrition

- Complete linkage for SNAP Benefits.
- Connection to food banks and pantries.
- Home delivered meals.
- List questions to discuss with health care provider about nutritious meals.



Common Needs for Services Maintaining Independence

- · Home health services needed.
- Homemaking and/or chore services needed.
- Operational telephone.
- Computer literacy.



Interventions Maintaining Independence

- Connection to the Elderly Services Program through Council on Aging.
- Referral to PASSPORT Waiver
- Referral to Assisted Living Waiver.
- Consider private pay home care options.
- Obtaining an Emergency Response System.



Common Needs for Services Medications

- Greater than or equal to eight (8) prescriptions.
- Not taking medications as prescribed.
- Lack of education about prescribed medications.
- Unable to pick up medications.



Interventions Medications

- List questions to discuss with health care provider.
- Develop list of medications with the assistance of physician.
- Connection to Home health for medication setup and/or administration.
- Pharmacy linkage for pre-sorted medications by day and time of administration.
- Pharmacy linkage for delivery.



Common Needs for Services Mental & Behavioral Health

- Little interest of pleasure doing things.
- Reports feeling down, depressed or hopeless.
- Exacerbation of a mental illness.
- In need of mental/behavioral health services.



Interventions Mental & Behavioral Health

- Connection to Mental Health Case Management.
- Referral to psychologist or psychiatrist.
- Linkage to peer support services.
- Connection to senior centers.
- Increased community involvement.



Needs for Services	Problems	Interventions
Housing/Home Environment	Unstable housing, eviction or homelessness. Rent is not affordable. Does not feel safe in the home environment. Home modifications or repairs needed. Desire to consider Assisted Living options.	Emergency rental assistance. Foreclosure prevention/mortgage assistance. Referrals to affordable and accessible housing programs. Fair housing education and resources. Property Tax Exemptions. Home repair assistance.
Food and Nutrition	Inadequate diet. Financial barriers to obtaining adequate food. Lack of education about healthy food choices. Difficulty obtaining or preparing food.	Complete linkage for SNAP Benefits. Connection to food banks and pantries. Home delivered meals. List questions to discuss with health care provider about nutritious meals.
Maintaining Independence	Home health services needed. Homemaking and/or chore services needed. Operational telephone. Computer literacy.	Connection to the Elderly Services Program through COA. Referral to PASSPORT Waiver. Referral to Assisted Living Waiver. Consider private pay home care options. Obtaining an Emergency Response System.
Medications	Greater than or equal to eight (8) prescriptions. Not taking medications as prescribed. Lack of education about prescribed medications. Unable to pick up medications.	List questions to discuss with health care provider. Develop list of medications with the assistance of physician. Connection to home health for medication setup and/or administration. Pharmacy linkage for delivery or pre-sorted medications by day and time of administration.
Mental & Behavioral Health	Little interest of pleasure doing things. Reports feeling down, depressed or hopeless. Exacerbation of a mental illness. In need of mental/behavioral health provider.	Connection to mental health case management. Referral to psychologist or psychiatrist. Linkage to peer support services. Connection to senior centers. Increased community involvement.



Senior Patient Navigation Number of Referrals

	2019	2020	2021	Total 2019 - 2021
Number of referrals received.	23	278	461	762
Total number of seniors receiving Patient Navigation (or current census) at period's end.	22	134	122	122
Number of referrals closed.	1	163	467	631



Senior Patient Navigation Referral Sources

	2019	9 YTD	2020 YTD		2021 YTD		Total 2019 - 2021		
Referral Source St Vincent De Paul	22	96%	248	89.2%	295	64.0%	565	74%	
Ot vincent be 1 au D	23	30 70	278	03.270	461	04.070	762	7 4 70	
CareStar Customer Service	1	4%	1	0.4%	9	2.0%	11	1%	
D D	23	1111	278	0.170	461	2.070	762	E-SS/S	
Friend N	0	0%	2	0.7%	14	3.0%	16	2%	
D	23	5.22	278		461		762	270	
Self	0	0%	24	8.6%	132	28.6%	156	20%	
D D	23	9.70	278	0.070	461	20.070	762	2070	
Other Referral Source	0	0%	4	1.4%	11	2.4%	15	2%	
D D	23	0.70	278	170	461	2.470	762	2%	



Senior Patient Navigation Council on Aging

	2				2020 YTD		2021 YTD		Total 2019 - 2021	
_	No	N	3	13%	193	69%	254	55%	450	59%
	140	D	23		278	0370	460		761	
Number of individuals receiving	Yes	N	1	4%	15	5%	130	28%	146	19%
services from Council on Aging		D	23		278		460		761	
	Unknown	N	19	83%	71	26%	44	10%	134	18%
	Unknown	D	23		278		460	10%	761	10%

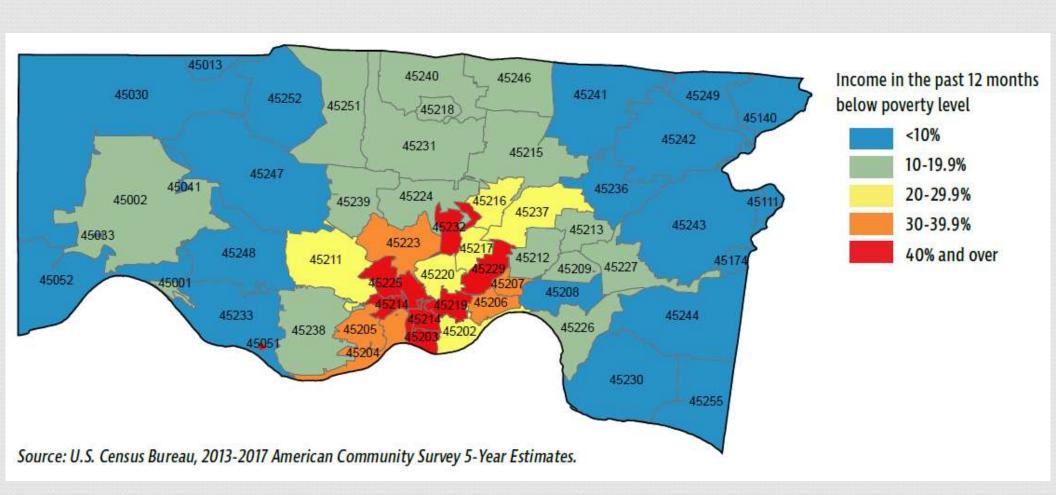


Senior Patient Navigation Age Demographics

			2019 YTE) <u>(</u>	2020 YT	D	2021 YT	D	Total 201	9 - 2021
	60 69	60 - 69 N	7	30%	157	56%	247	54%	411	54%
	00 - 03	D	23	30 /6	278	30 70	460	J4 /0	761	34 /0
	70 - 79	N	6	26%	87	31%	157	34%	250	33%
Age Demographic Served	70 - 79	D	23		278		460	3470	761	3370
transaction of decrees the many was related and the restriction of the second	80 - 89	N	2	9%	21	8%	43	9%	66	9%
Unknown (DOB is confirmed at the initial face-to-face assessment. The age		D	23		278		460		761	
demographic is unknown for some	90 - 99	N	0	0%	3	1%	8	2%	11	1%
participants who have been unresponsive		D	23	0.79	278		460		761	
to attempted contacts.)	>100	N	0	0%	0	0%	0	0%	0	0%
	>100	D	23	0.70	278	U /0	460	0.70	761	0.70
	Unknown or	N	8	35%	11	4%	6	1%	25	3%
	<60	D	23	JJ /0	278	4 /0	460	1 /0	761	370



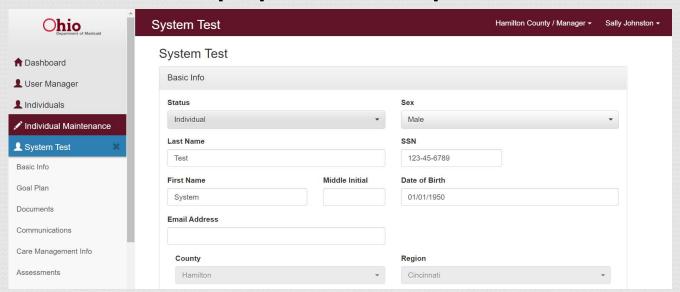
Senior Patient Navigation Zip Codes Served





Use of Levy Funding for Senior Patient Navigation

- Service Delivery Wages
- Administrative Wages
- Communication and Equipment Expenses
- Database





Why CareStar?



Senior Patient Navigation Initial Outreach

Initial Contact		Q1 Totals		Q2 Totals		Q3 Totals		Q4 Totals		2021 YTD Totals		
Total number of initial contacts with individuals within three (3) business days (Includes successful contacts and unsuccessful attempts to reach the individual or individual's representative).	N	134	134 100%		99%	100	98%	115	97%	449	99%	
	D	134	100%	101	9976	102	90 70	118	9170	455	99%	
Initial Visit												
Total number of initial meetings compliant with program protocol: Meetings occurring within ten (10) business days of referral date, outside of ten	N	133	99%	101	100%	100	98%	117	99%	451	00%	
(10) business days of referral date, outside of ten (10) business days due to a justifiable delay, or meetings incomplete at period's end despite appropriate action taken by the Patient Navigator.		134	9970	101	100%	102	9070	118	3370	455	99%	



Company-Wide Innovation

- > Secure Communication and Texting Implementation
 - ✓ Protecting our client's information and data.
- > Speech-to-Text Implementation
 - ✓ Improving the efficiency of our clinicians company-wide.
- Automated Appointment Reminders
 - ✓ Providing reminders to clinicians and clients.
- Patient Satisfaction Surveys
 - ✓ Online and mobile satisfaction surveys.
- > Online Interpreters
 - ✓ Providing online interpretation services to clients for better access to healthcare.



Certification and Accreditation

- > Recipient of the 2020 BBB Torch Award for Marketplace Ethics.
- > HITRUST
- > CARF
- ➤ 2019 and 2017 Finalist Award for Goering Center Family and Private Business for Private Businesses with more than 101 employees.











Employees

- ➤ Highly educated, trained, competent and experienced Staff, Management and Board.
- > Talented, skilled and innovative workforce.
- ➤ Superior service delivery through compassion, skill and technology.
- Four (4) year average tenure, which considers 3 consecutive years of 20% plus growth adding many more junior staff members.
- >87.1% employee retention.



How knowledgeable was your CareStar Patient Navigator about community resources?

- >Extremely Knowledgeable
- ➤ Very Knowledgeable
 - Top two combined: 93%



"Great program; very satisfied.

I felt like someone understood
me and cared about me."

"All Terrific."

"Everything was excellent."

"Very professional and consistent with her calls and attention to detail."

"Her Patient Navigator helped her gain that confidence that she had lost before."

"Always very helpful and kind."

"Keep doing what you're doing, you do a great job!"

"Amazing program."

"Great communication."

"I think all of you all are wonderful, patient and knowledgeable.
I appreciate everything you all have done for me. When I started, I didn't have any heat, water, or money for medication.

Now all my needs are met."

"They helped out a lot and seemed like they cared deeply."

"No suggestions, just very appreciative of the program."

"Great program, no suggestions."



"They were very informative and helpful."

"His navigator did a great job helping him get the benefits and resources he was looking for."

Thank you!





References

- ➤ Healthy People 2030
 - o https://health.gov/healthypeople
- ➤ Does Place Matter? Health Equity in Hamilton County
 - Hamilton County Public Health, Department of Community Health Services.
 - https://www.hamiltoncountyhealth.org/resources/communityhealthassessment/
- ➤U.S. Census Bureau, 2020 Decennial Census
 - https://www.census.gov/programs-surveys/decennialcensus/decade.2020.html.html
- U.S. Census Bureau, 2013 2017 American Community Survey 5-Year Estimate.

