

## **A Description of the Gatekeeper Program and Replication**

Southwest General Health Center is a private, non-profit, full-service health center with a primary service area that includes Berea, Brook Park, Brunswick, Columbia Twp, Middleburg Heights, North Royalton, Olmsted Falls, Olmsted Township, Parma, Parma Heights and Strongsville; cities that contain a remarkably high number of older adults, with 21 percent of the population over 60 years old. Though the majority of older adults prefer to live in their homes for as long as possible, most need help doing so — and many are incapable of recognizing, understanding, and seeking help for their problems.

Southwest General took an active role in the care of their aging residents by creating the Gatekeeper Program in 1997. The Gatekeeper Program seeks out the neediest of seniors in our service area, and works with them to keep them in their homes. The program was modeled after a program in Spokane Washington called Elder Services. The founder of the program, the late Ray Raschko, developed the Gatekeeper Model in 1978. The innovative program does not assume, as many community-based programs for the elderly do, that older adults who need help have the ability or motivation to ask for it. The program sets out to train community workers (Gatekeeper volunteers) to recognize when an older adult is in need of assistance to remain safely in their home. These volunteers are trained to recognize signs and symptoms indicating that an older adult is in need including, overgrown grass, confusion, poor personal hygiene, physical impairments, chronic illnesses, substance abuse, memory loss, paranoia, and no money for food and or medications. The Gatekeeper volunteers are our “eyes and ears” in the community, identifying older adults who might not otherwise be known due to their compromised physical and emotional health. Once referred older adults are assessed and linked to needed aging, medical, mental health and other supportive services enabling them to remain as safe and independent as possible in their own homes. Older adults opened to the program are case managed for a minimum of three months.

Our research has shown that the Gatekeeper model has been replicated in at least 13 states. Since the inception of Southwest General's Gatekeeper Program in 1997, the program staff developed an administrative manual with instruction and materials needed to replicate the program. We also worked with representatives from several other Ohio counties to assist them in the development of this model in their communities. These counties are Williams County, Lake County, and Ashtabula Counties and Selby Hospital in Marietta Ohio. In addition we collaborated with the Jefferson County Mental Health Board in Boulder Colorado to assist them in the development of a similar program for their five county service area. This program had received a 1.2 million dollar grant from the Federal Substance Abuse and Mental Health Administration to develop a Gatekeeper Model Program.

## **Outcomes**

In addition to having the ability to be replicated, the Southwest General Health Center Gatekeeper Program has verifiable outcomes that indicate that the program has the potential to significantly impact health care costs. The results of a five year cost benefit analysis indicate that the program saved the American Health Care System almost 8 million dollars (\$7,924,139), through its' case management of those older adults who were referred to the program and identified as meeting at least one indicator for pre-institutionalization. These indicators include

the following: 75 years of age or older, incontinent, needing assistance with personal care, assistance with medication management, living alone, and lack of a support system.

To determine the outcomes related to the cost benefit analysis a unit cost for case management was created. All client related activities, including home visits, documentation, phone calls and mileage were tracked on a quarterly basis for older adults meeting at least one of the indicators for placement. At the end of each fiscal year the total cost of case management was calculated and compared to the per diem cost of long-term care/nursing home placement. The cost for case managing older adults in the Gatekeeper Program having indicators for pre-institutionalization was \$182,218 for a five year period. The cost of long-term care/nursing home placement for these clients had they been placed was calculated at \$8, 096,945 for this same time period.

It is important to note that there are other case management programs available to the older adult population. Programs such as the Passport Program and those available through Catholic Charities and Benjamin Rose receive their referrals from the more traditional referral source, doctors, nurses, social workers, family and friends and other social service agencies. The older adult is aware that a referral was made on their behalf and they must agree to the service prior to the agency assessing the client's needs. These clients are known to someone, the doctor's office, their family and the senior center and they must meet specific eligibility criteria to receive services.

The only criteria needed for an older adult to be referred to Southwest General Health Centers Gatekeeper Program is age, (60 years or older) and the client must reside in our primary service area. Clients referred to the Gatekeeper Program receive an unannounced visit from the clinical team. The older adult can refuse assistance at the door; however, statistically for those contacted only five percent have done so. Older adults referred to Southwest General Health Centers Gatekeeper Program are those clients who are more isolated due their physical, emotional or mental health issues; they are not active in their communities; they are not attending meetings at the local senior center and in some cases they are not seeking medical care. These older adults may only have contact with the mailman or the paramedic in case of an emergency. We can not assume that older adults will refer themselves for assistance or have someone who will. The Gatekeeper Program is proactive, in that through our partnership with the Gatekeeper volunteers we can identify older adults in need before the crisis, link them to services sooner in order to keep health care costs down and improve their quality of life.

We believe that the Gatekeeper Program has the potential to impact and save long-term care costs across the state. Levin, Driscoll and Fleeter (2006) indicated that "Ohio is ranked 49<sup>th</sup>" in the Nation in regards to spending for home and community based care, "spending 71 percent of its total long-term care budget on nursing home care" (p.2). In an article, published in the Cleveland Plain Dealer citing the same study, "Ohio's 2003 Medicaid budget for long-term care devoted about 60 percent of total money to nursing homes and 20 percent to in-home and community based services." In 2003 the state "spent \$56,000 per nursing home patient, while spending on home care per patient was less than \$12,000 annually" (Cleveland Plain Dealer, February 6, 2007). The article further discusses the impact that "an upfront investment in home care programs could have in regards to Medicaid savings by 2030. This savings could be as much as \$900 million dollars. Knowing this information has benefited the Gatekeeper Program

staff as they move forward with the plan to introduce this program as an effective cost saving program to address the needs of community dwelling older adults in Ohio.

If this program were replicated across the state the cost savings in regards to long-term care costs would be astronomical. Within our service area, we have saved almost \$8 million dollars in long-term care costs in a five year period. Replication of this program along with utilization of current home and community based services would move the state towards the above stated \$900 million dollar cost savings.

**Gatekeeper Client Demographics**

Since the programs inception in 1997, there have been 1300 referrals received regarding older adults needing assistance in their homes and over 2000 Gatekeeper volunteers have been trained.

It was my goal today to introduce the committee to this program and to share with you the successes it has had in addressing the needs of the older population, to point out the potential impact it could have in regards to other options to addressing the long-term care needs of community dwelling older adults, notably quality of life, allowing them to remain in their homes and cost, preventing pre-institutionalization.