

Adult Day Health Care

Reducing Utilization & Improving Quality of Life

Adult Day Health Care provides Occupation and Physical Therapies, Nutritionist supervised meals, on-site nursing and medication administration, recreation, socialization and transportation to and from the home. Monthly communication with health care providers keeps everyone informed.

Cost Comparisons



Adult Day Health Care

\$110/Day
\$550/Week
\$2,200/month

(reductions available for health system contracts)



In-Home Care

Up to \$3,750/
Week



Hospital Admission

\$6,000/
30 days

Cost Savings & Utilization Reduction

A study beginning in 2009 of 48 participants at South County Adult Day Services ("SCADS") in Orange County provided evidence of significant reduction in healthcare utilization.

Utilization 6 Months Before and 6 Months After Starting SCADS (48 Participants from September 2009 through 7/27/18)

Utilization	ER Visits	Acute Admits	Acute Days	SNF Admits	SNF Days	UTIs	Dehydrations	Falls
6 mo. prior to start of program	53	20	64	13	339	43	10	152
6 mo. post start of program	27	12	35	5	53	33	2	127
Decrease	26	8	29	8	286	10	8	25
% Decrease	49%	40%	45%	62%	84%	23%	80%	16%

Utilization 12 Months Before and 12 Months After Starting SCADS (21 Participants from September 2009 through 7/27/18)

Utilization	ER Visits	Acute Admits	Acute Days	SNF Admits	SNF Days	UTIs	Dehydrations	Falls
12 mo. prior to start of program	37	15	67	10	224	31	8	128
12 mo. post start of program	17	6	21	3	57	21	2	111
Decrease	20	9	46	7	167	10	6	17
% Decrease	54%	60%	69%	70%	75%	32%	75%	13%

Improvements in Patient Quality of Life



Patients stay at home with loved ones



Reduced rates of depression



Greater medication adherence



Synchronized care with health care providers

ADULT DAY HEALTH CARE

Social Activities

- ✓ Arts and Crafts and Music
- ✓ Daily Exercise
- ✓ Educational Learning Programs
- ✓ Live Entertainment / Performers
- ✓ Mental Stimulation Games
- ✓ Socialization / Interactions
- ✓ Therapeutic Activities

Services Provided

- ▶ Care Plans and Treatments
- ▶ Physical, Occupational and Speech Therapies
- ▶ Daily Health Care Monitoring
- ▶ Medical Management
- ▶ Meals: Light breakfast, lunch, snacks
- ▶ Nursing Dietary Counseling
- ▶ Personal Caregiving
- ▶ Respite Care (available upon request)
- ▶ Transportation to and from home



Who we care for

We serve older adults and individuals who face challenges of serious health problems such as dementia, chronic medical diagnoses, mental illness or brain injury.

Insurances Accepted: Medi-cal, Private Long Term Insurance, Private Pay
Please contact us for more information.

South County Adult Day Services

SUMMARY

Alzheimer's Orange County's South County Adult Day Services and its partner, Monarch Health Care, conducted a study beginning in 2009 on the benefits of adult day health care on quality of life and reduced utilization. Reviewing the six months and twelve months utilization prior to admission for incoming clients and comparing to utilization post admission, the results show remarkably favorable trends.

SCADS PROVIDES SOCIAL AND HEALTHCARE PROGRAMS TO HELP FRAIL AND AT RISK SENIORS

- Comprehensive healthcare (nursing, supervision, medication management, and personal care)
- Medical supervision for those who have physical and cognitive impairment
- Comprehensive therapy (maintenance PT, OT and Speech Therapy)
- Activities & Exercise (recreational and creative programs)
- Nutritious breakfast, lunch and snack
- Opportunities for social interaction with peers
- Round trip transportation
- Family and Caregiver resources, education and Support Groups
- Monthly communication with physician on progress included

MEMBER PARTICIPATION

- At any given time, our partner health plan has about twenty-five seniors attending.
- The study included only those members where Monarch Health Care has full medical histories and claims data, and the members have maintained consistent eligibility prior to and post the start of program.
- The outcomes reported here are for members who participated consistently in the program for a minimum of six months in the first chart and twelve months in the second. Please see clinical outcomes below. The program has matured and we are fortunate to have members where twenty-four months of data is available. That data can be seen in the third chart.

STUDY

- The study includes a six month look back, reflecting patient health status from an earlier stage of the disease. Consequently, the favorable trends shown in the chart support assessment that the program helps to sustain member wellness despite chronic illness and aging.
- The study also includes a twelve month look back that is quite interesting. Participation seems to result in positive outcomes, even twenty-four months post starting the program. That's especially noteworthy as the study reviews a span of three years in the lives of aging, chronically ill members with multiple co-morbidities.
- The methodology to count UTI's, dehydrations, and falls is conservative to avoid inflating.

DECLINE IN DEHYDRATIONS AND UTI'S

- Is seen favorably as program participants are often:
 - At increased risk for dehydration due to memory loss, cognitive impairments, loss of sensory acuity, swallowing difficulties, immobility and medications taken.
 - Experiencing multiple co-morbidities: frequently diabetes, heart problems and kidney insufficiency; and relevant medications may contribute to dehydration.

South County Adult Day Services

UTILIZATION 6 MONTHS BEFORE AND 6 MONTHS AFTER STARTING SCADS

Utilization	ER Visits	Acute Admits	Acute Days	SNF Admits	SNF Days	UTI's	Dehydrations	Falls
6 Months Prior to Start of Program	53	20	64	13	339	43	10	152
6 Months Post Start of Program	27	12	35	5	53	33	2	127
Decrease	26	8	29	8	286	10	8	25
% Decrease	49%	40%	45%	62%	84%	23%	80%	16%

— 48 Participants from September 2009 through July 2018

UTILIZATION 12 MONTHS BEFORE AND 12 MONTHS AFTER STARTING SCADS

Utilization	ER Visits	Acute Admits	Acute Days	SNF Admits	SNF Days	UTI's	Dehydrations	Falls
12 Months Prior to Start of Program	37	15	67	10	224	31	8	128
12 Months Post Start of Program	17	6	21	3	57	21	2	111
Decrease	20	9	46	7	167	10	6	17
% Decrease	54%	60%	69%	70%	75%	32%	75%	13%

— 21 Participants from September 2009 through July 2018

DATA 12 MONTHS BEFORE, 12 MONTHS AFTER AND 24 MONTHS AFTER STARTING SCADS

Utilization	ER Visits	Acute Admits	Acute Days	SNF Admits	SNF Days	UTI's	Dehydrations	Falls
12 Months Prior to Start of Program	37	15	67	10	224	31	8	128
12 Months Post Start of Program	17	6	21	3	57	21	2	111
13-24 Months Post Start of Program	12	6	19	0	0	16	3	90

- 21 Participants from September 2009 through July 2018
- UTI's & Dehydrations: multiple related claims within fourteen days of last episode count as single event
- Falls: multiple related claims within thirty days of last episode count as a single event