

Eliza Jennings Wellness Clinics in Affordable Senior Housing

LAKEWOOD, OHIO

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CASE
STUDY

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Eliza Jennings Senior Care Network Wellness Clinics

Lakewood, Ohio

This case study describes the wellness clinics operated by Eliza Jennings in affordable senior housing communities in Lakewood, OH. The study details how the program evolved, the services and supports that are available to residents, how those services and supports are delivered, and the program's perceived benefits and challenges.

Any noted challenges are not intended as criticisms of the entities involved in the program. The intention of the case study is to highlight issues faced when programs and organizations work together in new and different ways. Challenges are presented to make providers aware of concerns they may face when creating and operating housing plus services programs, and/or to highlight needed policy and regulatory changes.

This case study is current as of the date it was conducted. It is possible that property and/or program components and characteristics have changed in the interim. The study was conducted via a site visit and interviews with staff from Eliza Jennings and the partnering housing properties. Any errors noted in the case study report are the responsibility of the authors.

Background

Eliza Jennings is a not-for-profit organization in the Cleveland, OH, metropolitan area. The organization offers a range of services for older adults, including assisted living, skilled nursing and rehabilitative services, independent living, respite and hospice care, and home and community-based services. As part of its home and community-based offerings, Eliza Jennings operates wellness clinics in several affordable senior housing properties.

The wellness clinics grew out of Eliza Jennings' observations of residents from a nearby affordable housing property who were making repeat visits to Eliza Jennings' skilled nursing and rehabilitation settings following hospital stays. It appeared to Eliza Jennings staff that many of these residents were returning to the hospital frequently because they did not have good support systems to help them manage effectively in the home environment. The organization approached the property, Westerly Apartments, about collaborating on an initiative to help support residents so they could successfully age in place. This initiative aligned with the organization's mission to help individuals live safely in the least restrictive environment.

At first, Eliza Jennings offered outpatient physical and occupational therapy onsite at Westerly Apartments. The organization also pursued a license to deliver home health services that would allow Eliza Jennings to assist residents who needed continuing support when they returned home from a hospital or skilled nursing stay. Seeing residents in their homes would also allow Eliza Jennings to identify additional services—such as assistive devices or home modifications that could help prevent a fall—that could help individual residents remain safe in their apartments.

Through providing these home health and therapy services, Eliza Jennings staff soon learned that many residents were not well connected to their primary care physicians (PCP) and were instead using the emergency room. A survey revealed that many of these residents said it was too difficult to get to their doctors' offices. In response to these concerns, Eliza Jennings opened its onsite wellness clinic to help residents better address and manage their health care needs. Staffed by a nurse practitioner (NP) and registered nurse (RN), the clinic offers primary care, wellness and prevention, health education and care navigation/coordination services.

Today, Eliza Jennings operates clinics in five affordable senior housing properties, including:

- *Westerly Apartments*: Owned by Lakewood Senior Citizens, Inc., Westerly Apartments has 498 units in three connected buildings:
 - A 159-unit Section 202 building.
 - A 160-unit Section 202 building.
 - A 179-unit Low Income Housing Tax Credit building (originally a Section 236 building).
- *Kirby Manor*: Owned by National Church Residences, Kirby Manor is a Section 202 property with 147 units.
- *Knickerbocker Apartments*: Owned by Lakewood Senior Citizens, Inc., Knickerbocker is a Section 202 property with 168 units.
- *Fedor Manor Apartments*: Sponsored by SS. Cyril & Methodius Church, Fedor Manor Apartments is a Section 202 and Section 8 property with 145 units.
- *Clifton Plaza Apartments*: Managed by ABC Management, Clifton Plaza is a Section 8 property with 108 units.

Eliza Jennings is in the process of negotiating or opening four additional wellness clinics. Three clinics will be located in affordable senior housing communities and one will operate in a mobile home park for older adults.

Wellness Clinic Services

The onsite wellness clinics offer services similar to those provided in a primary care or urgent care clinic. Clinicians can diagnose and treat residents, and write prescriptions. The clinics also offer wellness and prevention services, such as vital sign monitoring, medication management, and one-on-one and group health education. Clinic staff also help residents coordinate and obtain health services, including physician appointments, lab work and x-rays, and durable medical equipment.

The Eliza Jennings clinics are open Monday through Friday from 9 a.m. to 4 p.m. and are staffed by a clinic manager, NP and RN. Residents can schedule appointments or simply drop in.

Eliza Jennings has recently started offering supportive service programs, including homemaker and shopping assistance, at Westerly Apartments and Knickerbocker Apartments. The organization also continues to offer onsite physical, occupational and speech therapy services at all the housing properties.

Primary and Urgent Care

NPs and RNs working in the clinics are available to diagnose and treat residents' urgent health care needs or ongoing chronic conditions. Residents can use the clinic NPs as their PCP. If residents already have a PCP and do not want to change, they can use the NPs as a liaison to their existing doctor. Most residents choose this relationship. The few residents who do utilize the clinic as their PCP generally did not have one before coming to the clinic.

In situations where a resident already has a PCP, the NPs update or confer with the resident's doctor regarding any identified care needs or changes. One NP believes PCPs appreciate this collaboration because it decreases the PCP's workload while ensuring that the patient is still receiving needed care. The NP can be a PCP's eyes and ears between a resident's infrequent PCP visits. This interaction is illustrated by two examples:

- One resident set a goal to stop taking her blood pressure medicine. The NP was able to monitor the resident regularly to ensure the changes she was making were effective. Eventually, the resident's PCP removed the blood pressure drug from the resident's medication regime.
- A PCP changed a resident's medications. The physician told the individual to follow up with him in three months, while checking in monthly with the clinic's NP to ensure that the new medications were working.

Although most residents using the clinics keep their PCPs, these residents still tend to visit the clinic regularly. About half of the NPs' appointments are with recurring patients.

Primarily, the NPs help residents manage their chronic diseases. The most common conditions addressed at the clinic include asthma, chronic obstructive pulmonary disease, diabetes and high blood pressure. In addition to assessing health status, the NPs educate residents about how to better control their conditions and coach residents regarding needed behavior changes.

Residents can also drop in at the clinic for help addressing urgent care needs. This might happen, for example, if a resident does not feel well but cannot get a timely appointment with his or her doctor. Depending on the circumstances, a resident might be seen by either the NP or RN. In some cases, the RN can assess and address the situation. When necessary, the RN will follow up with the clinic's NP or the resident's PCP. The RN and the resident might call the doctor using a speakerphone so all three can discuss the situation. The RN can also help the resident coordinate any required follow up, such as scheduling appointments or lab work.

The NPs and RNs can see residents in the clinic or in their apartments. Residents who are seen in their apartments are generally on oxygen or have other difficulties getting around. They may also feel too ill on a given day to make it down to the clinic. Allowable visits with the NPs, whether they take place in the clinic or the resident's apartment, are billed to Medicare. Visits with the RN are generally provided at no charge.¹

At the Westerly Apartment clinic an average of two to three residents see the NP each day. Appointments with the NPs range in length from 15 to 45 minutes. Initial visits tend to be longer so the NPs can learn about the resident's health and daily living circumstances. Between appointment and drop-in visits, the clinic at Westerly Apartments typically sees about 17 residents a day. Most residents come to the clinic to check their blood pressure, weight or blood sugar, or to receive assistance with coordinating care outside of the clinic.

Wellness and Prevention

Residents can drop in at a clinic for various wellness services. Typically, the RN or clinic manager provides these services. Clinic staff will check a resident's blood pressure, weight, glucose levels or other vital signs. Some residents bring their own monitoring equipment to the clinic so staff can help them learn to use the equipment properly.

Residents can also drop in at the clinic to ask health-related questions and receive one-on-one education. One RN, for example, reports that she frequently teaches residents with diabetes how to recognize signs that their sugar levels are not within normal levels, how to operate their glucose monitoring machine, and about the importance of proper-fitting shoes.

In some instances, a doctor might direct a resident to receive diabetes-related education at the clinic. This education can make a significant difference in a patient's ability to control his or her disease. Physicians rarely understand a patient's home life and ability to follow through on directions. The onsite clinic staff has

¹ Some visits provided by the RN may be billable if they are provided in the apartment and the NP is also in the building. For example, if an RN provided a resident with wound care, Medicare can be billed for a low-level visit.

a better understanding of the patient's circumstances and can either adapt the physician's care directions to the patient's reality, or help the patient make necessary changes so he or she can follow through on those directions.

The wellness clinics also host group health education talks and activities, which typically occur on a weekly basis. The health talks are offered at each property, but topics differ, depending on demand and the specific needs of the building's population. Programs might include a cooking class, mobility clinic, wellness bingo, or an exercise class presented either by Eliza Jennings staff or an outside expert. Clinic staff members work with service coordinators at the housing properties to organize and promote the events. In Westerly Apartments, for example, clinic staff initially identified the presentation topics based on issues they frequently encountered in the clinic. Staff saw an increase in participation after they began soliciting suggested topics from residents. Currently, about 30 to 40 residents attend each talk.

Educational talks can spur residents to begin visiting the clinic. For example, the clinic staff hosted a talk on urinary incontinence in one community after the property management smelled odors around the building and suggested the topic. A few days later, an attendee scheduled a visit with the NP to talk about her troubles with incontinence.

Residents can also bring their medications to the clinic to be reviewed. The RNs can help residents understand the purpose of those medications, ensure that residents are taking their medications properly, and detect any potential complications. The RN can follow up with the clinic's NP or the resident's PCP to address any concerns that are identified.

All wellness and prevention services are provided at no charge, with one exception. Residents using the clinic's glucose monitoring equipment are charged \$1 to cover the cost of the test strips.

Care Coordination, Navigation and Transitional Care

Clinic staff help residents coordinate their health and supportive service needs and navigate the health care system. For example, staff might help residents secure physician appointments, schedule lab work and other tests, or obtain durable medical equipment.

Clinic staff can also monitor and assist residents following a hospital or inpatient rehabilitation stay to help ensure a safe transition back home. Some residents may receive skilled home health care when they return home and, if they choose, can select Eliza Jennings as their provider. The fact that Eliza Jennings' skilled home health nurses wear multiple hats and also work in the wellness clinics (see staffing description below) can allow for greater continuity of care. The nurses can connect a resident receiving skilled home health care with a clinic NP, if a need is identified. The nurses can then continue to monitor and assist the resident with any ongoing health or supportive care needs after they are discharged from skilled home health care in their clinic nurse role. An advantage of this overlap is that it offers extended transitional care support beyond the typical 30-day window of most transitional care programs. At any given time, Eliza Jennings provides skilled home health services for up to six residents in a property.

Clinic staff can check in on any resident when they return home, even if those residents are not receiving skilled home health services from Eliza Jennings. Staff members can help ensure that recently discharged residents have scheduled follow-up appointments and have obtained and understand any new medications. They can also help address any complications residents may be facing. Home health staff members from other agencies can also refer a resident to the clinic NP, if they see a potential need.

Eliza Jennings has established relationships with the case management departments of area hospitals that residents of the various properties use. This engagement was fostered by Medicare's focus on preventing unnecessary rehospitalizations. Eliza Jennings informed the hospitals about its onsite clinics and their ability

to provide primary and transitional care to residents. One hospital already operated its own transitional care program. However, the hospital saw the benefit of collaborating with the Eliza Jennings clinics because of the clinics' onsite services and their relationship with the property and its residents. This hospital flags patients with frequent emergency department or inpatient visits. When it identifies patients who live in a property with an Eliza Jennings clinic, the hospital alerts the clinic when the resident is being discharged. The clinic's NP visits the resident the next day and continues to follow up, as needed. If the resident has a PCP, the NP updates the physician on the resident's status.

The clinics can help residents stabilize their care needs beyond the standard 30-day window that most transitional care programs are concerned about. During the first two months of the collaboration between Eliza Jennings and the hospital partner described above, four residents identified as "frequent flyers" began using the clinic and stopped going in and out of the ED and hospital.

Supportive Services

Eliza Jennings started its Helping Hands program at Westerly Apartments in 2014. This program provides residents with access to private-duty homemaker assistance, including help with laundry or cleaning. Service coordinators were seeing residents who needed this type of help, but were not eligible for publicly-funded programs and could not afford to pay for the service out of their own pockets. Traditional private-duty assistance is typically not financially feasible for residents, since most agencies require a minimum of four hours and the rate can be over \$20 per hour. The service coordinators asked Eliza Jennings if there was a way the organization could provide this type of assistance in a more affordable manner.

The Helping Hands program has a one-hour minimum and allows residents to share hours of service. For example, if two residents need assistance, they can share one hour of service and split the fee (30 minutes each for \$11.75). The service coordinator or clinic manager can help pair residents who are interested in sharing a service. Currently, about six to seven residents are using the service at Westerly Apartments. The Helping Hands program has also been expanded to Knickerbocker Apartments.

Eliza Jennings also launched a weekly shopping assistance program at the Westerly Apartments after a need was identified. Residents drop off grocery and prescription lists, along with their money, at the clinic and Eliza Jennings staff members shop for them. Residents can pick up their items from the clinic or, for a fee, have them delivered to their apartments. Staff will also help residents put their groceries away.

Not all residents come down to the clinic or come regularly, so the shopping assistance program provides a potential avenue for maintaining contact with residents and being in the apartment allows staff to observe if residents are struggling in any way. Currently, about 12 to 14 residents participate in the program each week. Some residents use the program on a regular basis, while others use it intermittently on an emergency basis.

Certified nursing assistants (CNAs) provide the Helping Hands and shopping assistance services. CNAs may also provide personal care assistance, such as showering and dressing, to residents receiving skilled home health services through Eliza Jennings. The CNAs are not currently stationed onsite as resident participation across the various programs is not yet high enough to justify dedicating the CNAs to one location. On average, the CNAs are assisting 28 residents weekly across all the housing communities.

Home Health Care and Therapy

As mentioned above, the collaboration between Eliza Jennings and the Westerly Apartments began with the provision of onsite skilled rehabilitation therapy, including physical, occupational and speech therapy. Shortly thereafter, Eliza Jennings also began offering home health care services. All of these services must be ordered by a physician. Residents can select Eliza Jennings as their provider, if they choose.

A resident might need therapy and/or home health services following a hospital or inpatient skilled nursing stay. A resident's doctor could also order either service in response to a specific need. For example, a doctor might order skilled nursing services if a resident needs assistance with caring for a skin wound. If a resident is experiencing frequent falls, his or her doctor might order physical therapy to help improve balance.

Therapy services can be provided on an outpatient basis in a property's central office space or in an individual's home, with the allowable location dictated by Medicare rules. The residents Eliza Jennings assists with therapy services are most commonly receiving physical therapy to help improve balance and gait. The organization serves between three and 15 therapy clients per building, with the majority receiving services in their homes.

If the clinic NP observes a resident who could benefit from some form of therapy, the NP will contact the resident's PCP and ask the PCP to order the services. Alternatively, the NP can make a referral to the therapist, who then contacts the PCP. NPs who serve as the resident's PCP contact the Eliza Jennings medical director to obtain an order for therapy.

Once or twice a quarter, Eliza Jennings' Director of Therapy helps coordinate onsite group programming, including balance screens or mobility reviews to help assess strength and endurance. The therapists might also invite durable medical equipment suppliers to meet with residents and inspect their equipment to ensure, for example, that walker height is appropriate or wheelchair brakes are in good condition.

Clinic Staffing

Each clinic has a dedicated, full-time clinic manager. However, to bolster the clinics' financial sustainability, NPs and RNs spread their time across all of the Eliza Jennings wellness clinics and the organization's skilled home health care program. The NPs have set hours at each clinic and supplement with additional on-site time as needed to address emergent needs. The RNs float between sites throughout the day and can address needs as they arise.

The clinic manager schedules the NPs and RNs at the wellness clinics, based on demand. This could include scheduling them in advance for an appointment or getting them to the clinic on short notice for an urgent care need. Sometimes, the RNs may already be working in the building or be at a nearby property and can get to the clinic quickly.

Clinic managers wear multiple hats. They are responsible for all administrative functions of the clinic, including scheduling resident appointments and clinic staff presence, ensuring all necessary paperwork is completed, and processing any billable services. Clinic managers are also trained to help residents monitor their vital signs, arrange physician appointments, and schedule lab work. They also help coordinate the Helping Hands and shopping assistance programs and work with the housing property service coordinators to schedule health education talks and programs.

Clinic Funding

The Westerly Apartments wellness clinic was launched with grant funding. However, the organization's goal was to establish a model that could be financially self-sustaining. Eliza Jennings believes it has accomplished this goal.

Eliza Jennings does not identify a distinct budget for the wellness clinics. Instead, the clinics are funded within the global budget of the organization's home and community-based services division, which includes the wellness clinics, skilled home health care and therapy services. Essentially, the clinics are supported directly by the billable NP services provided in the clinic, and indirectly by the billable services and shared staffing

provided through the skilled home health care and therapy programs. This budgeting arrangement supports all the free and reduced-rate services provided by the clinic.

A new demonstration program, MyCare Ohio, may provide an additional funding mechanism for the clinics. Ohio is one of 12 states participating in the Centers for Medicare and Medicaid Services' Financial Alignment Initiative, which is designed to better align the financial incentives of Medicare and Medicaid to provide individuals dually enrolled in both programs with a better care experience. MyCare Ohio consolidates into one managed care plan all of the health and long-term services and support benefits paid for by Medicare and Medicaid. The program is currently available in five counties, including the county where the Eliza Jennings clinics are located.

Eliza Jennings participates in AgeNet, a network of 13 non-profit senior care organizations formed to provide services through contracts with managed care plans participating in MyCare Ohio. Eliza Jennings is currently providing post-acute and skilled home health services to the plans. The organization also believes it can demonstrate to managed care plans that its wellness clinics can play a broader care management role for residents in affordable housing properties. Many of these residents are part of the dual eligible population for which the managed care plans are responsible. Although Eliza Jennings does not have specific contracts in place with the managed care plans yet, these plans are aware of the clinics and have begun referring their members to the clinics.

Engagement Between Clinic and Housing Staff

Communication between clinic and housing property staff varies, depending on the site. Sites where there was greater upfront buy-in for the clinics from the housing property staff, particularly the service coordinator, appear to have better communication between clinic and property staff.

Housing property and clinic staff share a common goal of helping residents maintain their health and quality of life and remain as independent as possible. Each will refer to or communicate with each other when they identify a resident need that the other could help address.

All communication between clinic and housing property staff is conducted with the resident's permission. For example, if the service coordinator visited a resident in his or her apartment and saw that the resident had a wound that did not look good, the coordinator would ask about the resident's willingness to see the NP or RN. If the resident agreed, the service coordinator would alert the clinic. Clinic staff would then connect with the resident. The clinic staff would assess the situation and, depending on the circumstances, would either address that situation directly or help the resident connect with another, more appropriate resource.

Conversely, if a member of the clinic staff saw a resident who had a social service need, the clinic staff member would ask the resident if he or she would allow the clinic staff to talk with the service coordinator about the need. Clinic staff would not share specific health information with the property staff. Instead, clinic staff member would simply alert housing staff to the social service need.

Included in the paperwork that residents complete when they begin using the clinic is a consent form that gives clinic staff permission to share health-related information with any external parties, including housing property staff. Clinic staff cannot share health information unless the patient signs this form. In instances where clinic staff observe something that might be a property management concern (e.g. bed bugs), they would ask the resident's permission to alert property management. Clinic and property staff emphasize with residents that they work as a team to help residents stay safely in their apartment for as long as they can.

The clinic's staff and the property's service coordinators also collaborate on developing periodic health education events. Sometimes the service coordinators suggest session topics based on issues that they observe

residents experiencing. If the service coordinator notices frequent urine odors, for example, he or she might suggest that the clinic hold a health talk about managing urinary incontinence. The service coordinators also work with the clinic staff to advertise the health talks and encourage resident attendance.

The service coordinators help residents understand how and when they can use the clinic. Some residents come to the service coordinators with questions about who is eligible to use the clinic and what insurance is required.

Partnership Contract

Eliza Jennings and the housing properties consider several factors when initiating a new partnership. The clinic space is a primary consideration. The partners negotiate whether the housing property will charge for the clinic space. Eliza Jennings' goal is to secure space rent-free. This allows the organization to use the money it would have spent on rent to fund clinic operations and the free services the clinic provides.

Rent is generally charged when an apartment is taken offline to create space for the clinic. In these cases, the rent is generally set at the amount that the housing property would have collected if it had rented the apartment. In sites where clinic space is provided for free, the clinic typically uses a community or office space that does not earn rental income for the property. Two of the five Eliza Jennings clinics are rent-based and three are rent-free. Utilities—including trash, water and electricity—typically are paid for by the housing property.

Eliza Jennings and its housing partners also consider any needed modifications to the clinic space. For example, the space must meet the clinic's privacy-related needs, including the need for a place where residents and clinicians can meet privately and a place or mechanism for storing confidential patient records. Modifications might include erecting additional walls to separate waiting areas and exam rooms, and ensuring the remodeled space meets required building and safety codes, including the need for fire sprinklers. Eliza Jennings also ensures the clinic space has Wi-Fi capability, which can entail cutting into walls or the ceiling. Eliza Jennings covers the costs of any needed modifications.

In general, housing property staff cannot access the clinic when clinic staff is not present. In addition, the clinic space cannot be opened to other services providers. These policies ensure the privacy of confidential health information.

The contracts between Eliza Jennings and its housing partners also address liability and insurance issues. Generally, Eliza Jennings agrees to carry commercial general liability insurance and to ensure that all members of the clinic staff have appropriate professional liability insurance.

Perceived Program Benefits

Clinic and housing property staff perceive a variety of health and financial benefits associated with the wellness clinics.

Lower Health Care Utilization

Compared with the broader Ohio population, emergency department use and hospital readmissions are lower for residents utilizing the onsite Eliza Jennings clinics. In 2013, only 3% of residents utilizing the clinics had an emergency department visit compared to 12% across the state. Eleven percent of residents using the clinics had a readmission with 30 days of being discharged from a hospital stay, compared to 18% across the state.

Ease of Access

Many residents do not drive or have cars and must rely on public transportation to get to their medical appointments. Some residents may forgo or miss appointments because of the difficulties or costs of using public transit. Having a clinic in the building gives residents an easy way to address health care questions and needs. It also saves transportation costs, allowing residents' limited dollars to be used for other necessities.

Timely Scheduling

Residents can often see a clinic staff person much sooner than they could schedule an appointment with their PCP. This timely scheduling can be particularly significant if a resident has a potentially urgent care need or a need that could quickly become urgent. The flexible and free services offered by the clinic also allow residents to drop in frequently to have vitals checked, health questions answered or receive assistance with coordinating care.

Continuity of Care

Clinic staff believe that, taken together, accessible, flexible and free clinic services allow for greater continuity of care, which leads to better management of chronic conditions. Prior to the clinic opening at Westerly Apartments, one resident, who is a double amputee, was cycling between the hospital, a wound clinic and Eliza Jennings short-term rehabilitation setting because he was unable to take care of his wounds. Many involved in his case felt he needed to move to a nursing home. When the clinic opened in his apartment building, he was able to go downstairs to get assistance with dressing his wounds and clinic staff checked in on him regularly and gave advice on caring for his wounds. His wounds healed and now he is moving freely around the community.

Property staff in at least one community hosting a wellness clinic believes that fewer residents are moving out prematurely now that the clinic is available. Some residents moved out, staff believes, because they did not have the support to deal with their health and functional needs. Residents felt their only option was to go to a nursing home or assisted living. The clinic staff have been able to help residents address often complex needs and property staff think residents feel more secure knowing the clinic is here for them.

Holistic Support

Another perceived benefit is the supplemental knowledge of community-based services and relationships that clinic staff can bring to the properties and that property staff can leverage. Eliza Jennings staff members often work as case managers who consider residents' health from a holistic perspective and implement services that will help support residents as they age in place. Clinic staff can sometimes identify or access supportive services and resources more quickly than a property service coordinator. This is particularly advantageous in properties where the service coordinator's knowledge of available services may not be as strong as the clinic staff's knowledge.

In one example, a service coordinator referred a new resident to the clinic who had been homeless. With the resident's permission, the clinic staff visited the resident in his home to assess his needs. Staff found that the resident was using a curtain rod as a cane, was legally blind, had only 20% hearing in one ear and was completely deaf in the other, and had limited mobility due to a previous injury, making personal care nearly impossible. The resident also did not have food or medications and had minimal furniture.

After visiting the resident, the entire clinic staff, including the occupational therapist, convened to develop a multi-pronged plan to address his myriad needs. The NP assessed the resident's health and need for medications and the RN helped the resident get medications. The physical therapist worked with a supply distributor to obtain a walker and additional assistive devices that would allow the resident to shower and perform basic grooming independently. Staff connected the resident with the on-site hair salon, contacted the local food pantry to provide the resident with food, and helped collect donated furniture. After six weeks, clinic

staff conducted a reassessment. The resident reported a tremendous increase in quality of life. He was able to access medications and food on his own, and was continuing to receive therapy services to help improve his mobility.

Marketing

The onsite clinic can also serve as a marketing benefit. One of the partner housing communities has many studio apartments, which are difficult to lease because prospective residents want bigger units. The property has found that the clinic, along with the other onsite amenities it offered, helps attract potential residents.

A Resident's Experience

This profile represents one resident's experience with an onsite wellness clinic. It does not attempt to describe a typical resident or engagement with the clinic. It highlights one individual, as an example of how the clinics can assist residents.

After moving into one of the senior housing properties hosting an Eliza Jennings clinic, Ms. Williams (not her real name) began experiencing frequent health problems and went in and out of the ED and hospital.

The wellness clinic opened shortly after Ms. Williams began having her health complications. She stopped in to see how the clinic could help her. Ms. Williams did not have a PCP, so clinic staff helped her get set up with one. The clinic nurse also spent a great deal of time educating Ms. Williams about her chronic diseases and how to manage them. Ms. Williams had been told by a doctor, for example, that she needed to follow a renal diet, but she had no idea what that meant. The nurse helped her learn the types of foods she should eat and those she should avoid. The clinic staff also reviewed Ms. Williams' medications and helped her understand why she was taking them and what they did. In the process, staff also identified medications that could be eliminated. Ms. Williams was hospitalized a few times when she first began using the clinic. When she returned home, the clinic nurse called her to go over her new medications and make sure everything she needed was in place.

Ms. Williams values the extended time clinic staff spend with her. "I'd get frustrated because I couldn't get this new medication straight," she says, "but they would keep saying, 'Don't be upset, we're going to get it right, you'll learn it.'"

Clinic staff set up mobile testing to come to Ms. Williams' apartment when she was unable to get out. They also helped Ms. Williams establish a mail-order prescription service so her medications can be sent to her home. The clinic staff encouraged Ms. Williams to start monitoring her own health by checking her blood pressure regularly in the clinic. They helped Ms. Williams maintain a log of blood-pressure readings that she can share with her doctor. They also encouraged Ms. Williams to start exercising so she could walk better and do more things with her granddaughter.

Of her experience with the clinic, Ms. Williams says, "I was very, very sick, going in and out of the hospital. I was very despondent. I was very stubborn. I just wanted to give up. But the clinic staff came along and were always encouraging me. Always had a kind word. (The nurse) gave me courage and determination."

Perceived Program Challenges

Along with the program successes, Eliza Jennings and housing property staff have identified some challenges associated with the clinics.

Service and Resource Gaps

Despite the many services offered through the clinic, some gaps in available services and resources affect residents' ability to successfully meet their care needs.

A primary gap is mental health-related services. Clinic staff members believe that several residents may suffer with depression. Staff members also suspect that some residents experience schizophrenia, bi-polar disorder or other serious mental illnesses. The clinics do not offer mental-health related services. Staff would like to have more options to refer residents to for treatment and support. Even when these services are available, however, it can be difficult to get residents to engage in mental health services.

Service coordinators also identified a lack of onsite physical fitness activities. Some properties may lack space to hold group exercise programs. One service coordinator noted that many residents seek help with “chores.” Another noted that hunger is a primary concern of several residents who often run out of food by the middle of the month.

Staffing

Eliza Jennings operates in a market with other prominent health care organizations such as the Cleveland Clinic. These entities are able to pay higher wages than Eliza Jennings, making it difficult for the organization to attract and maintain clinical staff. To overcome this challenge, Eliza Jennings focuses on identifying potential employees who are a good “fit” with its clinic operations and mission. Eliza Jennings sees a prospective employee's alignment with the clinic's goals as potentially more important than that person's initial skill level. While the organization can enhance an individual's clinical abilities with further training, it is harder to change an individual's philosophical orientation and comfort level with the clinic environment.

Eliza Jennings has learned that good clinic staff is key to attracting and retaining resident participation. In one clinic, for example, a clinic manager was not keeping the clinic open regularly and was not properly managing the NP and RN presence. Residents frequently found the clinic closed or unable to see them promptly. As a result, many residents stopped coming. Eliza Jennings rectified the staffing problem. The organization is now working hard to regain trust and bring residents back to the clinic.

Eliza Jennings has learned that the approach and personality of clinic staff is an important factor in building relationships with residents. Warm and interactive staff members are key to this relationship building. Residents want to build relationships with staff. They want a staff member to be the type of person who will step outside of the clinic and have a cup of coffee or lunch with them.

Residents Acceptance of Services

Clinic and property staff find that some residents are reluctant to accept services. Eliza Jennings staff believes some residents worry that they will have to move if family members or the housing staff see them using the clinic. One service coordinator believes some residents are reluctant to seek out certain services, such as adult day health and congregate meals, because there is a generational or cultural stigma associated with using social services.

Clinic staff members believe their professional credentials can sometimes give them an advantage in helping residents understand the risks of not using recommended services. A respect for those credentials often makes it less likely that residents will question the recommendations of staff members.

Staff members also spend time developing trusting relationships with residents so that they will know the clinic is there to help them maintain their independence. With this trust, staff members believe, residents are more likely to reveal issues that can potentially be addressed.

Clinic staff members interact with and get to know residents by holding open houses, wellness fairs or other activities. The shopping program, for example, is an opportunity for staff members to know and observe residents in a low-stress manner. Over time, staff members develop relationships with residents and can make recommendations about services or supports that might benefit those residents.

Resident populations are different across the housing properties, according to the clinic staff. Staff must be mindful of the characteristics of each building population and flexible in how they work with the residents. In one building, for example, residents have more challenging socio-economic backgrounds, a weaker history of trusting and utilizing the health care system, and poorer self-care management skills. In this particular building, clinic staff must work harder to develop relationships so residents will utilize the clinic and follow their advice. This relationship building means that clinic visits often take more time and require a great deal of education and follow up.

Partner Relations

Communication between housing and clinic staff can be challenging as the partners identify the appropriate balance of information shared about residents. Housing property staff may want to know information about residents so they can help residents address problems they may be experiencing. As a health care provider, however, Eliza Jennings believes that the Health Insurance Portability and Accountability Act (HIPAA) restricts the information it is able to share about the residents who visit its clinics. The partners can put consent mechanisms in place that allow them to communicate with each other. However, they must still come to a common understanding of what information can be shared, even within those parameters.

Eliza Jennings believes the relationship between a clinic and a property's service coordinator is fundamental to that clinic's success. In one of the housing communities, the partnership with Eliza Jennings was established at an executive level with no involvement from the service coordinator. The property's service coordinator has continued to bring other health-related organizations to the property. In addition, the service coordinator was not referring or promoting the clinic to residents who might benefit.

Residents must be allowed a choice of providers and cannot be required to use the Eliza Jennings clinics. However, bringing competing services onsite or not promoting the clinic potentially jeopardizes the clinic's success. Obtaining a certain volume of participation is important for the clinic's financial sustainability.