

Outcomes	Objectives	Performance Measures	Targets	Strategic Initiatives	Commentary/Notes
<p>Across Colorado older adults achieve better health and wellness through access to, better understanding of, and increased utilization/ engagement related to:</p> <p>1. Ensure access to quality, affordable, coordinated, person-centered care.</p> <p><i>*Health Care includes but is not limited to physical (primary and specialty), behavioral, oral, vision, and other services as identified to achieve and maintain health and wellness</i></p>	<p>1.a. Older adults have access to a health care provider. 1.b. Individuals that need it have access to case management and care coordination. 1.c. Transitions of care occur safely. 1.d. Medical care is delivered in a way that aligns with patient preferences and values (e.g. the right care, at the right time, for the right person).</p>	<p>1a. Percent of older adults that have one (or more) person(s) they think of as their personal healthcare provider. 1a. Percent of older adults reported eight or more days of limited activity in the past month due to poor physical or mental health. (decrease) 1a. Percent of older adults reported that their mental health was not good for eight or more days in the past month/ Best depression measure for older adults 1b. Percent of older adults who felt comfortable and supported to go home after a care transition 1c. Decrease in 30-day readmission rates</p>		<p>a. Leverage opportunities (SIM surveys, ACC 2.0) to better understand and measure consumer satisfaction and consumer centered b. Legal need to increase scope of practice for people serving older adults (geriatric trained providers, EMT/paramedics, community health workers, navigators) c. Increased use of technology to provide care/ increase access to care --In home technology --Telehealth --ECHO Colorado – geriatrics and palliative care d. Language – culturally appropriate care (Latino Age Wave and Center for African American Health) e. Health Literacy to understand transitions into Medicare (including prescriptions) - expansions, better knowledge of SHIP f. Develop of a statewide resource (211 like) for older adult services/ online, zip code with services (tied to no wrong door efforts of Colorado) g. More teams to be trained for those with complex geriatric medical needs (integrated) h. More support for care transitions/ care transition teams as older adults are leaving an ER to reduce readmission i. Different payment Global (payments / bundled) as a way to achieve patient centered medical home for older adults – movement away from fee for service</p>	
<p>2. Utilize resources which support informed health and wellness decision-making.</p>	<p>2.a. Increase the understanding of older adults and their caregivers about the options available when selecting health care services. 2.b. Employ evidence-based programs that support healthcare decision-making and advanced care planning. 2.c. Ensure availability of educational resources at the time of decision-making delivered in an individual's preferred approach.</p>	<p>2a. Increase in appropriate use of community-based home services, especially after hospitalization (i.e. home visits, home health, palliative care, hospice) 2a. Utilize appropriate community-based home services particularly during transitions of care (e.g. after hospitalization) accessing home visits, home health, palliative care, hospice. 2b. Increase the number of decision making tools that are available (need to figure out the right "unit") 2c. Increase percentage of older adults that participate in advance care planning 2c. Increase percentage of older adults with a surrogate medical decision-maker</p>			

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<p>3. Foster behaviors known to maintain health and well-being.</p>	<p>3a. Promote lifestyles which incorporate such components as physical exercise, mental exercise, nutrition and social interaction 3b. Ensure availability of community programs to promote healthy lifestyles. 3c. Optimize physical and mental functions as needs change across the lifespan</p>	<p>3a. Increase in the percentages of older adults who participate in evidence based health and wellness programs 3a. Rates of fall related hospital / ER visits (decrease) 3a. Percent of older adults connected to community (related to isolation) 3a. Increase the number of Colorado counties that provide evidence-based, health-related prevention programs, from X number and locations in 2015 to Y by 2030. 3b. Percent of health care providers referring older adults to community wellness programs 3b. Increases in funding for health and wellness (because a ROI is shown) 3c. Percentage of older adults with immunizations 3c. Percentage of older adults who are current smokers (decrease) 3c. Percent of people who have access to nutritious meals 3c. Percentage of older adults who participated in physical activity in the past 30 days (increase) 3c. Percentage of older adults attempting suicide (decrease)</p>		<p>Integration of behavioral and physical health care needs State Innovation Model (SIM) Grant</p>	
<p>4. Person centered care for individuals with decreasing functional needs.</p>	<p>4a. Increase participation in effective care coordination programs 4b. Increase awareness and access to palliative care in all care settings 4c. Increase opportunities/programs that promote quality of life for individuals with short or long-term functional limitations</p>	<p>4b. Percentage of individuals who are referred for palliative care in the last 12 months of life 4b. Percentage of individuals who utilize hospice care at the time of death 4b. Palliative care programs are available in X% of Colorado health care settings (hospital; ambulatory; home; nursing facility) 4c. Percentage of Colorado counties with programs that promote social connection and meaning 4c. Percentage of caregivers with distress/depression 4c. Percentage of Colorado counties with available respite services</p>		<p>Increase statewide funding for clinical training in palliative care and gerontological social work from X to Y by 2030 statewide, especially in rural and underserved areas. Develop reimbursement strategies for palliative care in all care settings</p>	