

TRANSFORMING LONG-TERM SERVICES AND SUPPORTS (LTSS)

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THE AMERICAN GERIATRICS SOCIETY
Geriatrics Health Professionals.
Leading Change. Improving care for older adults.

How Did We Arrive Here?

- The STORY/STORIES
- The demographics and the data
- The historical incentives and the costs
- The External Changes and the Needed Evolution in Framing
- A Decent and Civil Society
- And the New Ways We Can Work to Assure Decency, Dignity and Capacity

What it means...



**Change is a process,
not an event.**

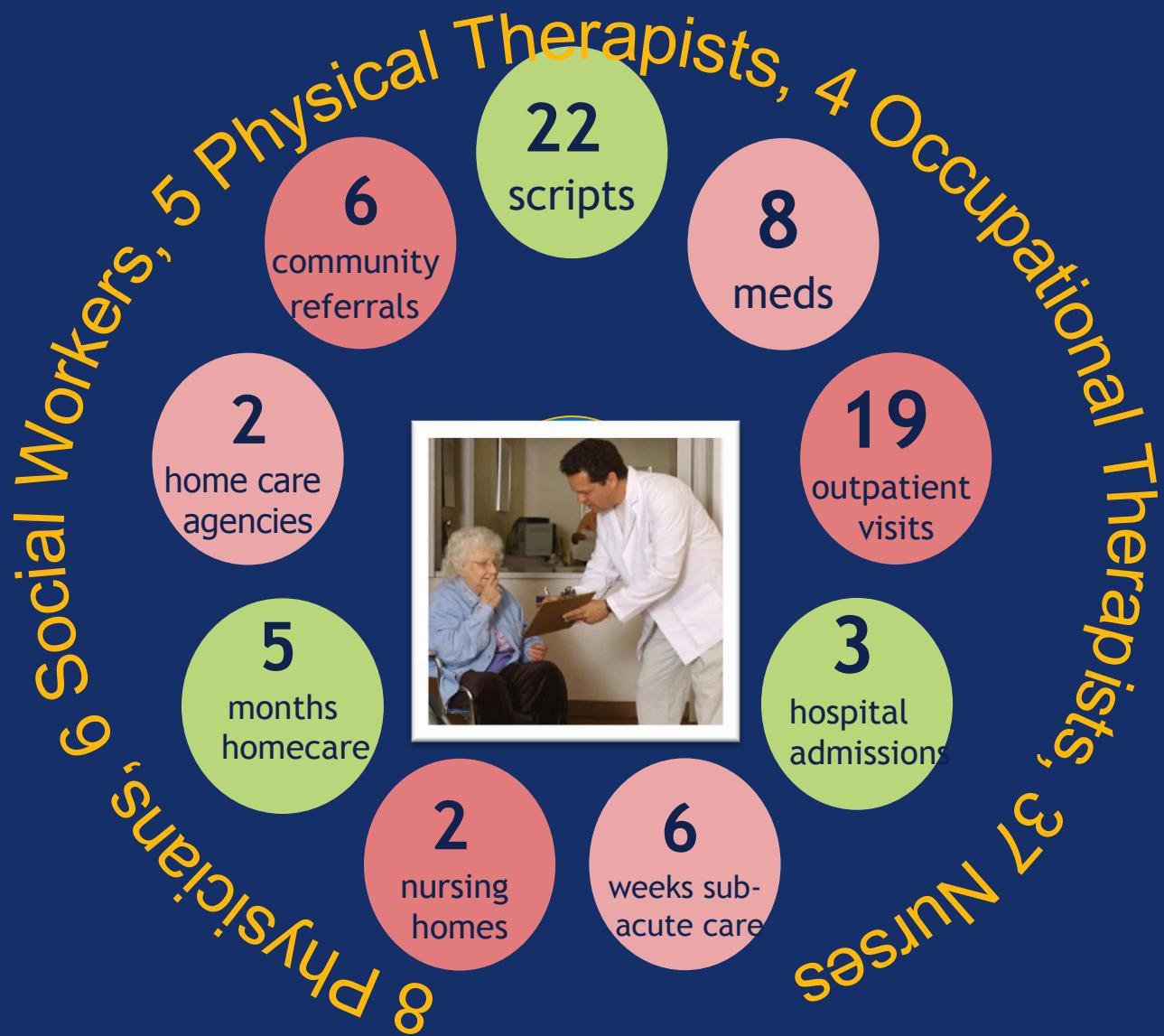


The Story of Ms. N.

- 77 year-old widow
- Retired factory worker
- Lives alone
- Income: Social Security
- Insurance: Medicare, Medicaid
- Daughter, lives 10 miles away with husband and three teenagers
- Six chronic conditions
- Physicians: internist, ophthalmologist, and others
- Eight prescription medications

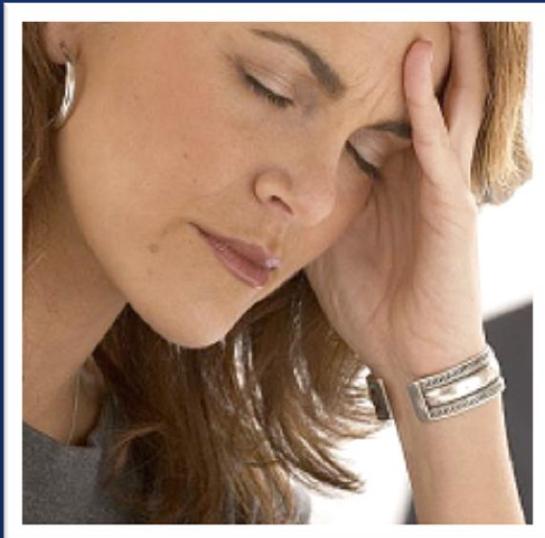
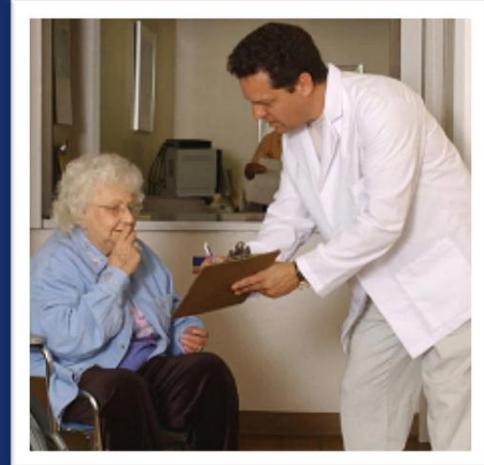


A Year in Ms. N's Life-



Ms. N

- Confused by care, medications
- Feels discouraged
- Adheres only partially



Daughter

- Stressed out
- Reduced work to half-time
- Considering nursing home

Medicare paid \$42,400 to providers for her care

The Program of All Inclusive Care of Elders (PACE) Model and Philosophy

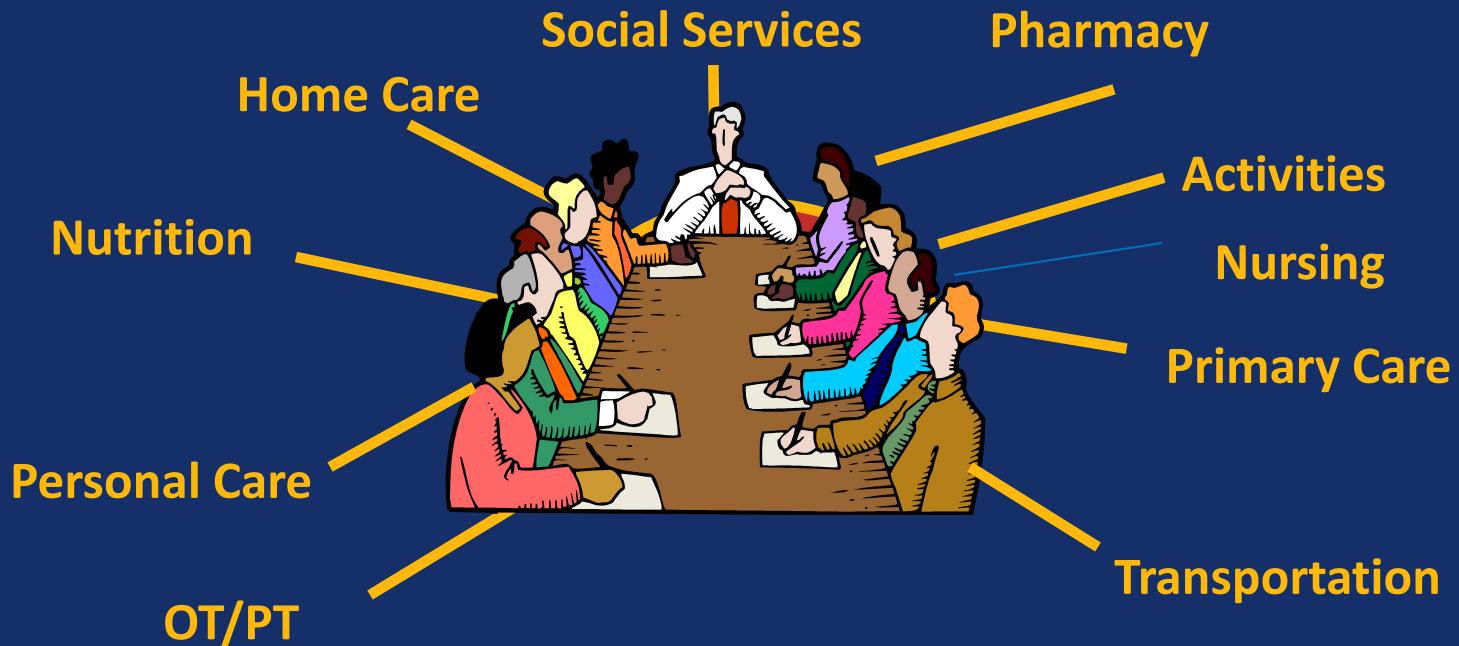
Passed in 1997 (16 years ago; 33 years since On Lok started the journey)

Honors what elders (nursing home qualified) want

- To stay in familiar surroundings
- To maintain autonomy
- To maintain a maximum level of physical, social, and cognitive function
- www.npaonline.org

PACE Integrated Service Delivery and Team Managed Care

Interdisciplinary Teams

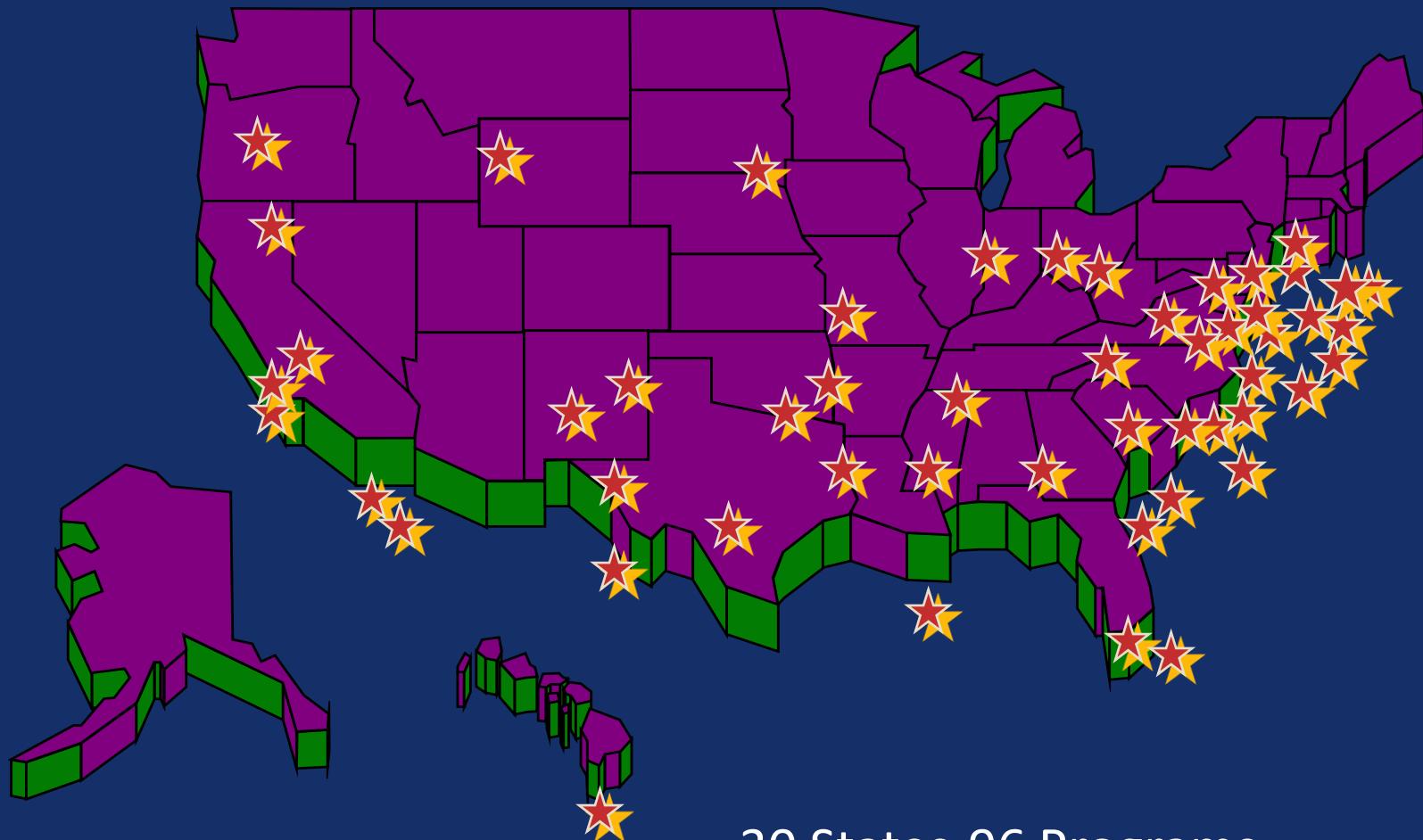


PACE Capitated, Pooled Financing/Global Payment

- Medicare capitation rate adjusted for the frailty of the PACE enrollees
- Integration of Medicare, Medicaid and private pay payments



PACE Programs Around the Nation



30 States-96 Programs,
2013

Evolving Directions: Framing Health and Care of Older Adults

Faster momentum of changes

(health care reimbursement and delivery)

Focus on improving quality

(with attention to the most expensive as a new culture)

(Patient → Older Adult and not just in institutions)

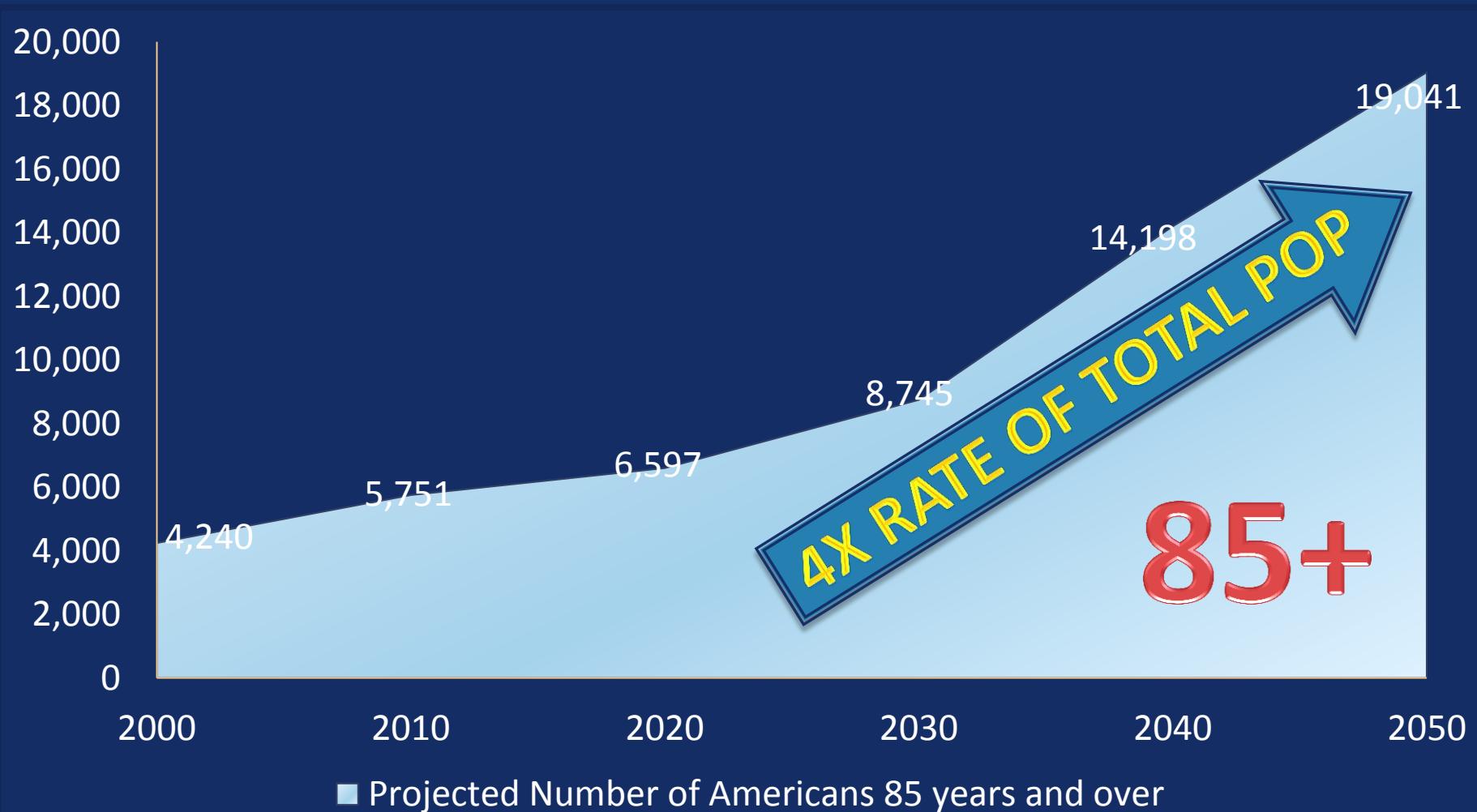
Health payors and providers expanding considerations

(More

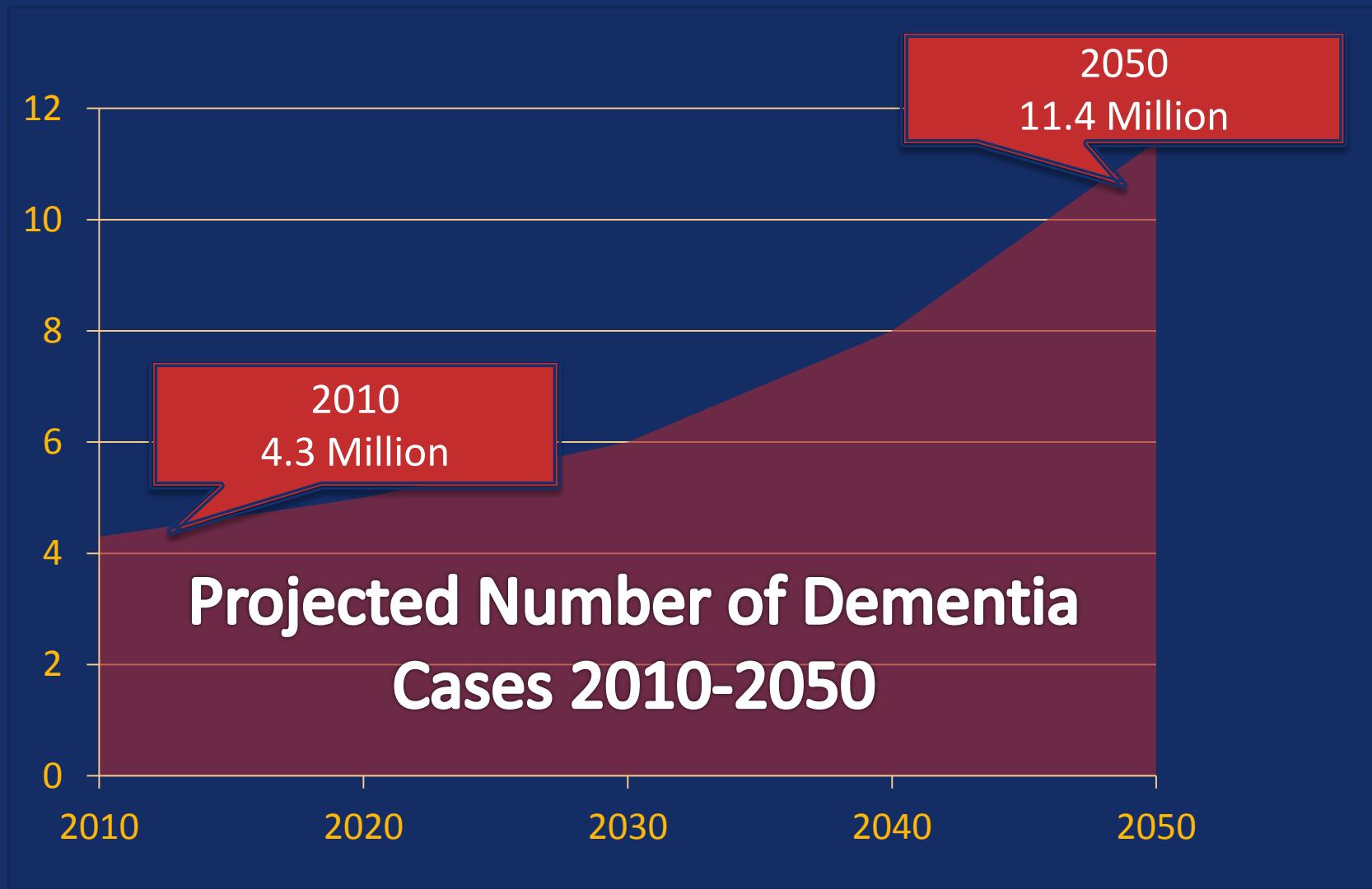
concrete population health initiatives)

Beyond hospital and traditional facility settings

Fastest Growing Population



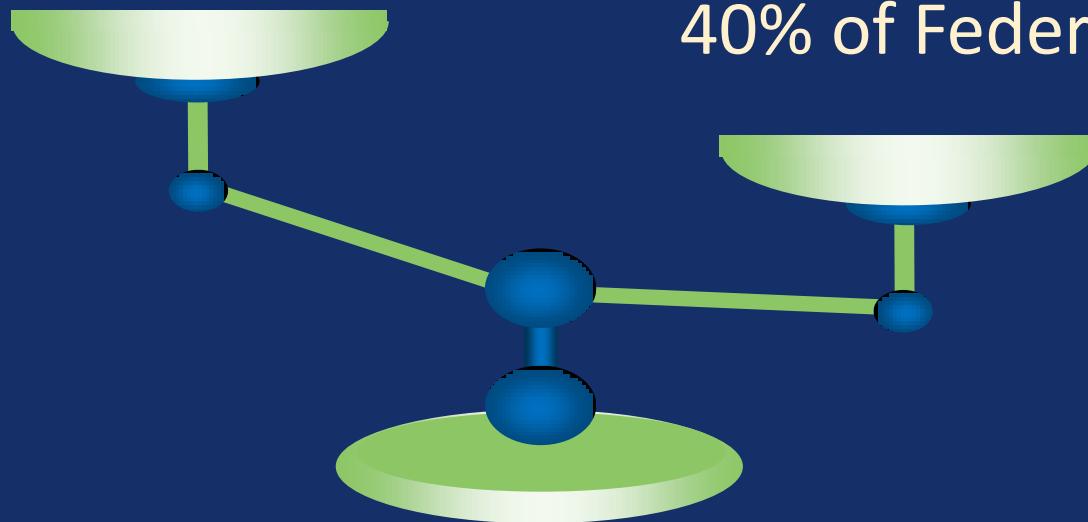
Case Study: Dementia -43% of those>85yrs



Summary on Costs

In 2012, total US Health Care spending is \$2.8 trillion (18% of GDP)

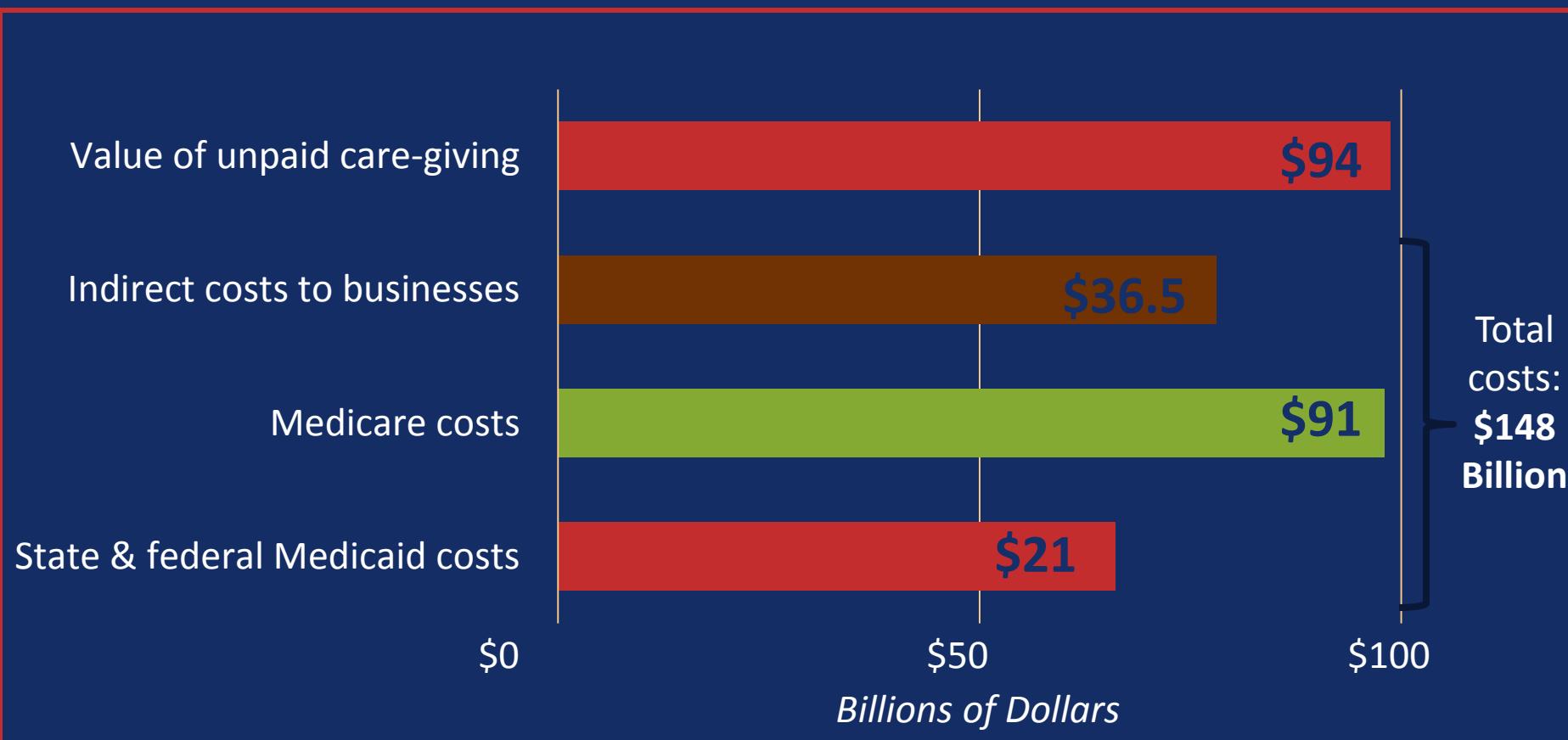
By 2037, will rise to 25% of GDP (and comprise 40% of Federal budget)



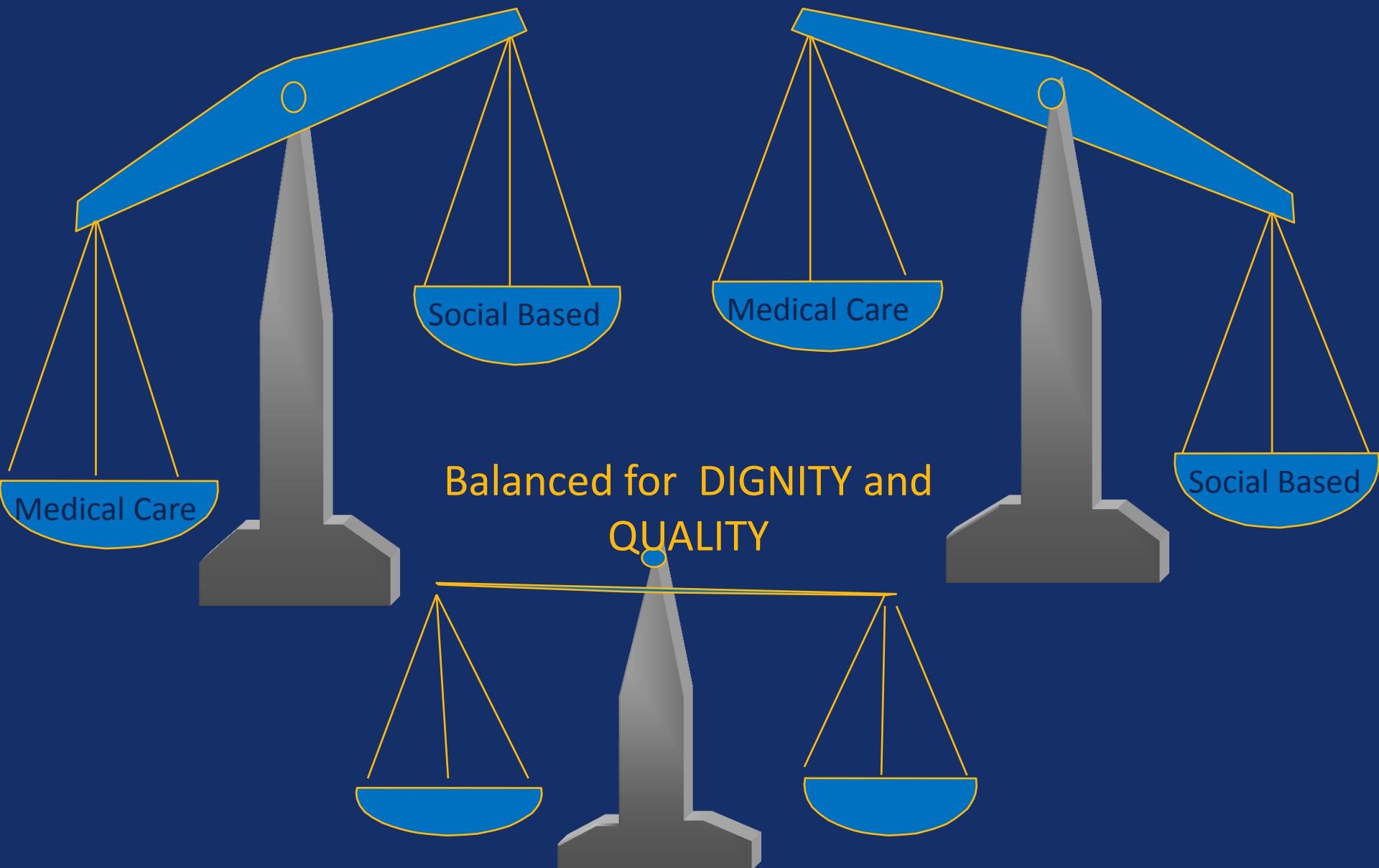
- Result:
 - Less funding for education, infrastructure, middle class wages.
 - Unsustainable national debt

Case Study: Dementia

Estimated Yearly Dementia-Related Costs, billions of dollars



HELPING THE SHIFT OCCUR



A Needed Important Framing Lens

From

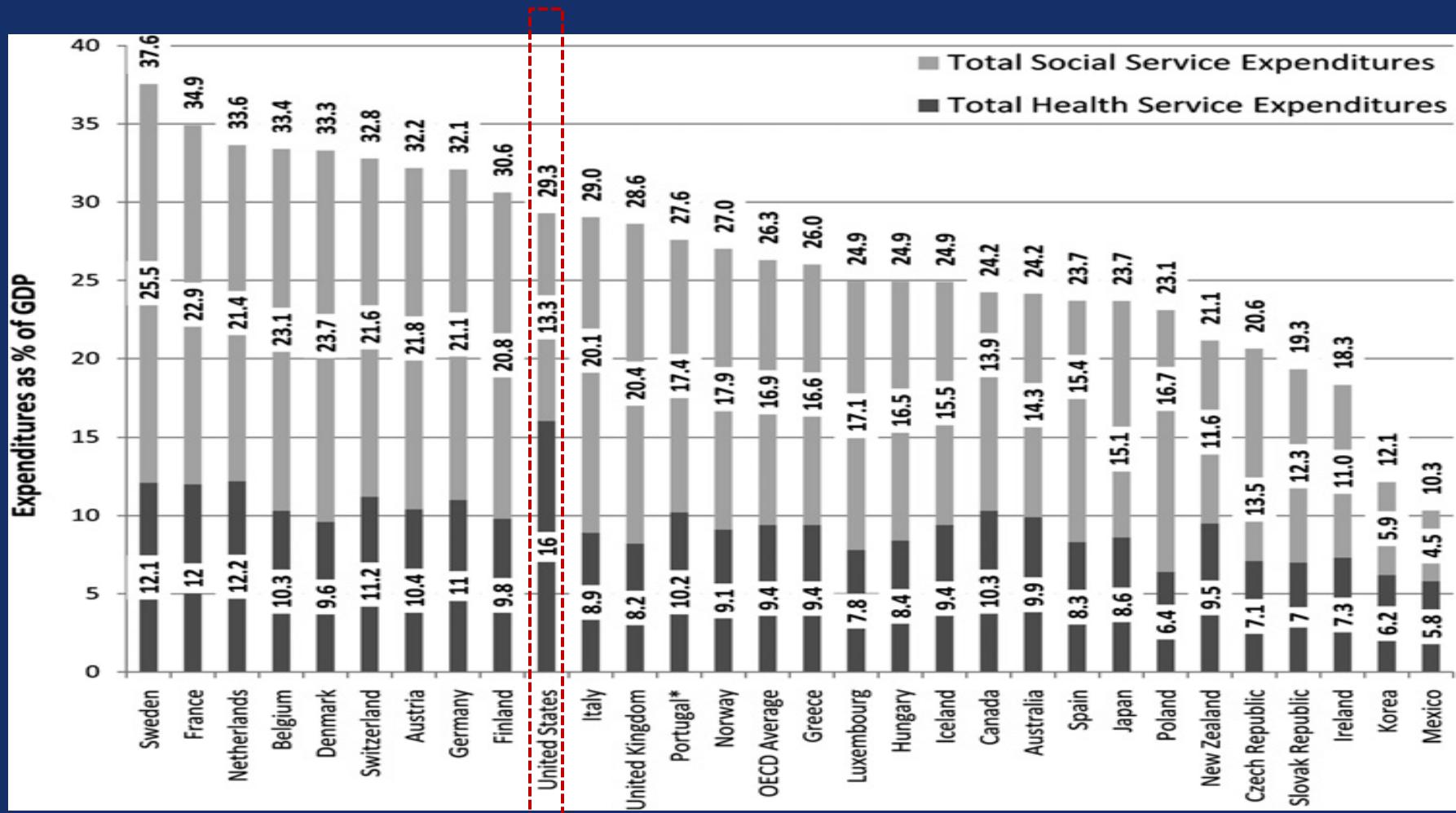
“What’s the
Matter With
You?”

To

“What Matters
to You?”

(True “Patient
Centered Care”)

Health-service and social-services expenditures for OECD countries, 2005, as % GDP

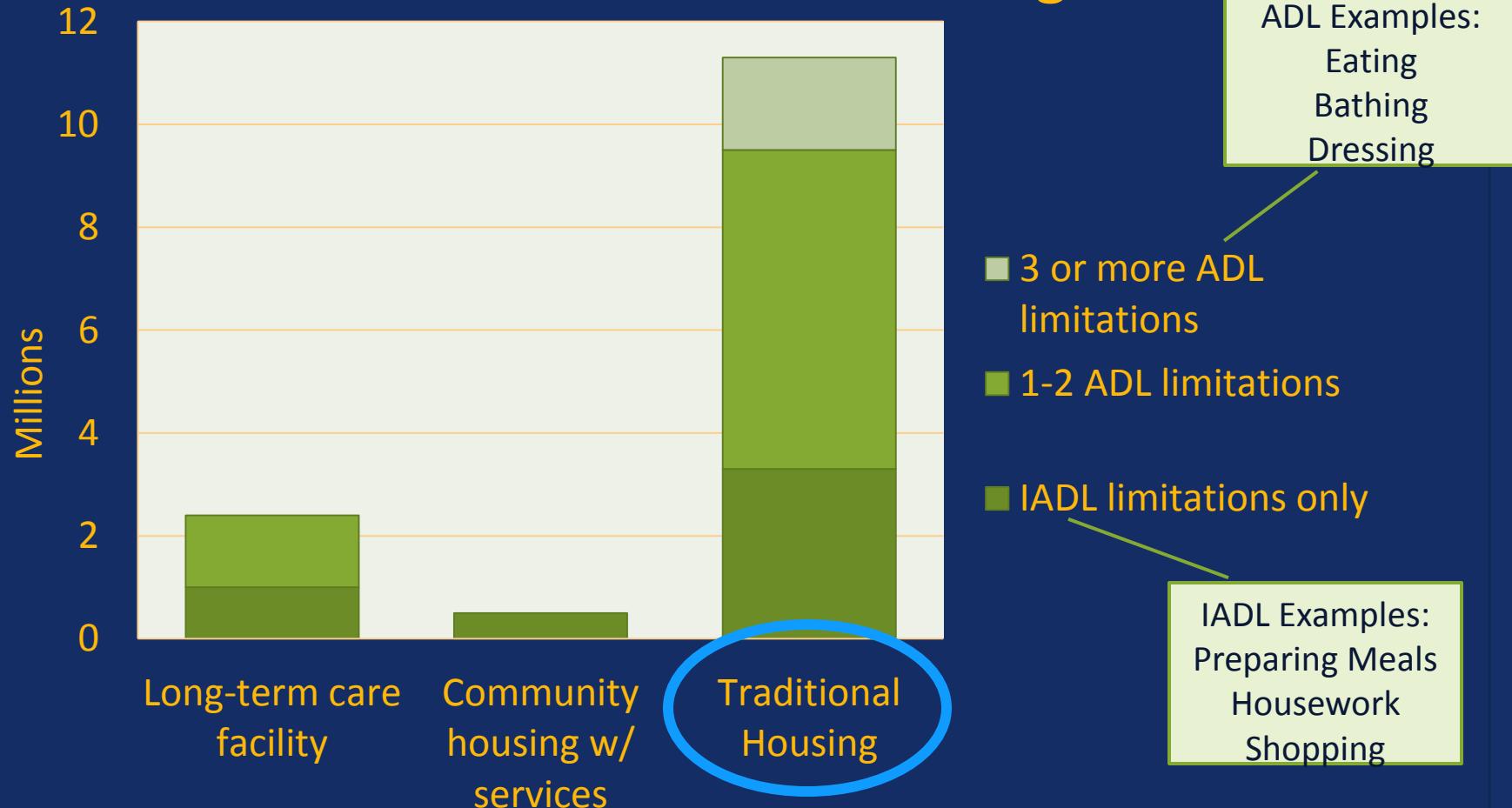


Breakdown of US Costs by Type



Needs vs. Wants

85% if Medicare beneficiaries with activity limitations live in traditional housing



The Triple Aim for the Older Adult

Hospital-Quality and Safety

- ACE-Acute Care for Elders
- Transitions Programs-
Naylor, Coleman, Boost,
Project Red
- NICHE
- Value Based Purchasing
- Partnership for Patients

Better Health

Maintain best function and engagement in home and community: prevention, self care, coordination

New Metric-Days in Community

Result:
Person Centered and
Safer, Higher Quality

Better Care

Lower Costs

Save \$\$\$ for
consumer/family, payors,
society-Medicare, Medicaid
Result-resources for more
persons, other societal needs

Opportunities and Tools

Opportunities	Tools
<ul style="list-style-type: none">- California's Coordinated Care Initiative:- Managed Medicaid LTSS- Rural Managed Care Expansion	<ul style="list-style-type: none">- Building Partnerships- Using Data- Communication via Media- Pricing HCBS- Bridging Health and Supportive Services

Counties with Accountable Care Organizations (ACOs)

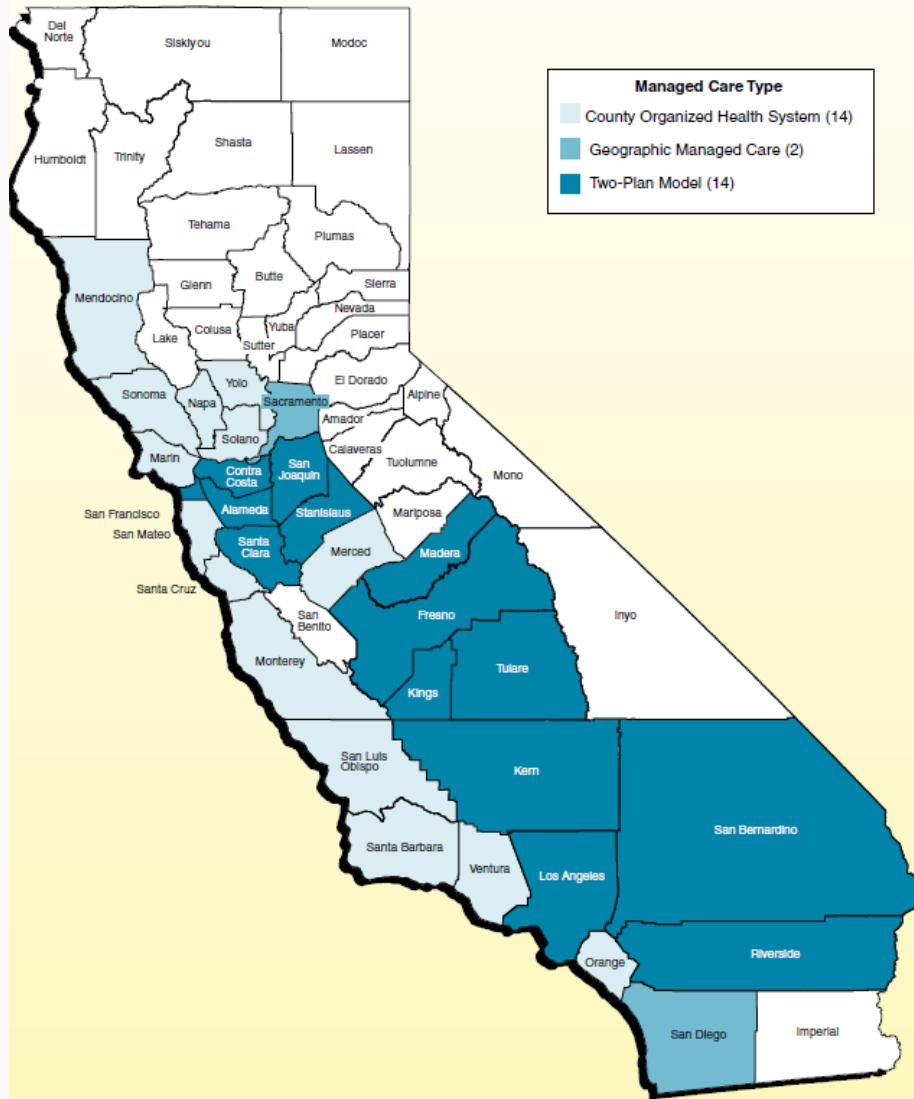


Special Needs Plans

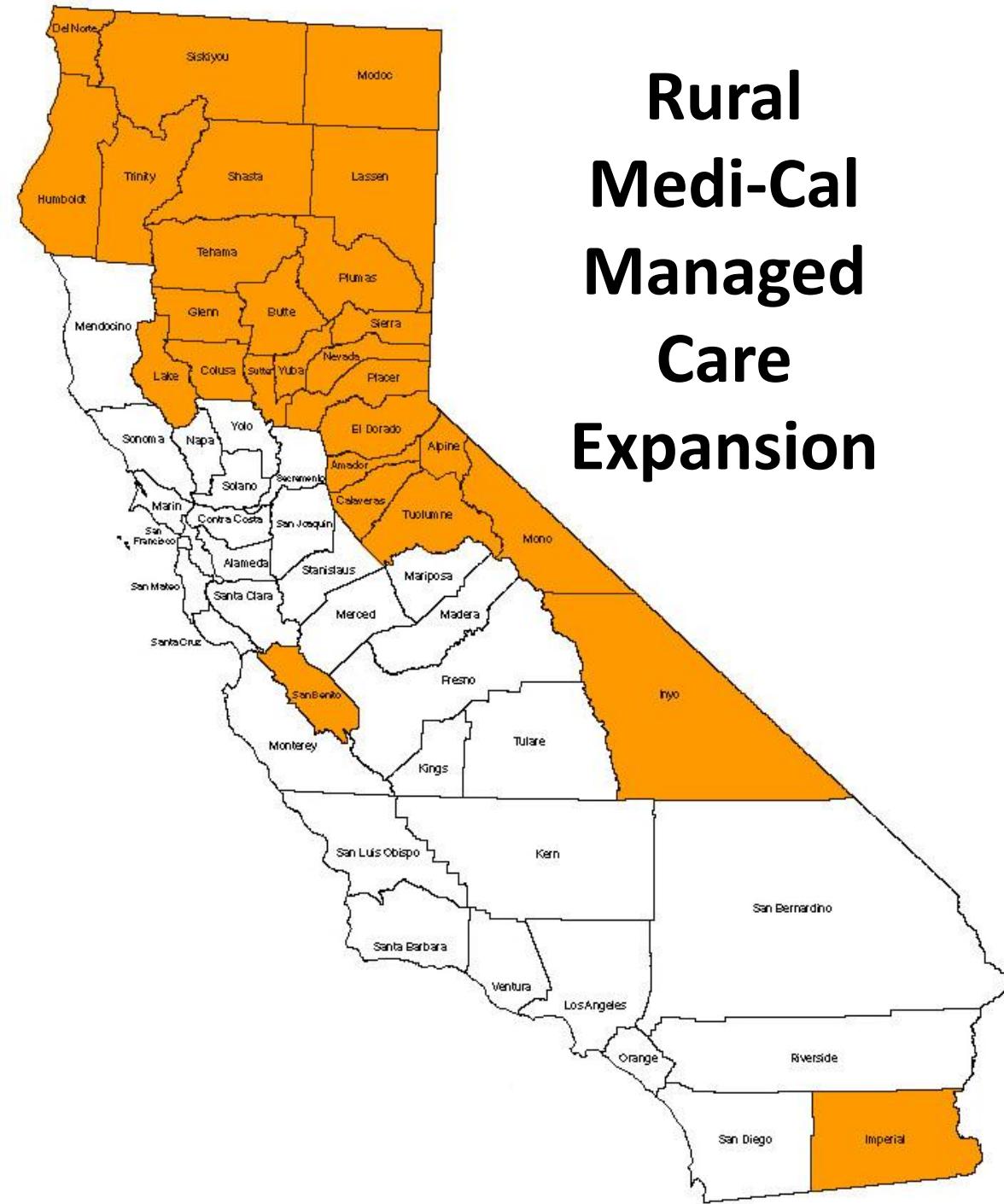


California's Medi-Cal Managed Care Counties *(non-rural counties)*

California's Medi-Cal Managed Care Counties



Rural Medi-Cal Managed Care Expansion



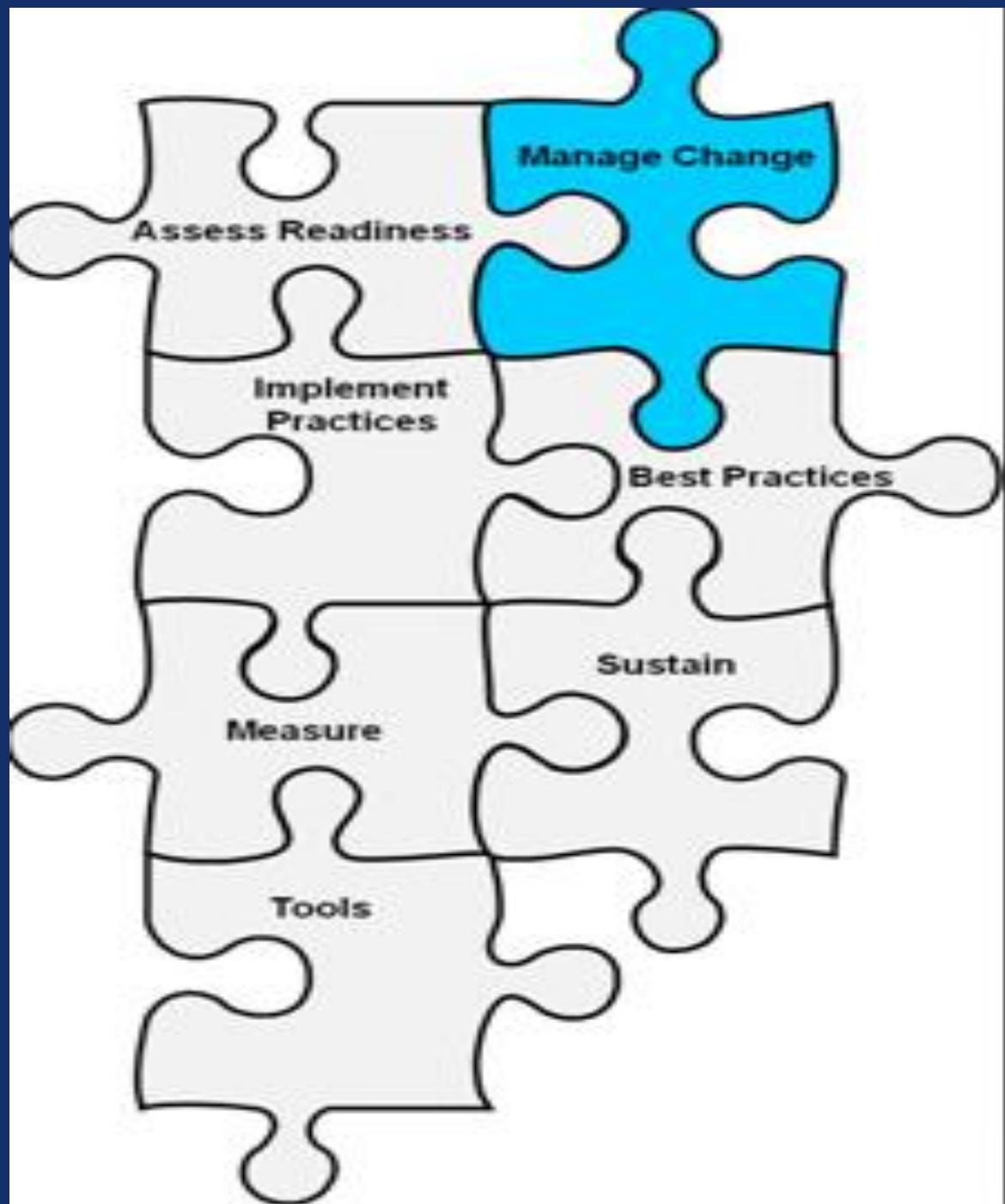




All Counties (CCI, ACO, SNP, Managed Care)

New Zealand Health Care Changes 2013

- Here is an example from Manukau County, New Zealand of a substantial effort to strengthen the health system by implementing a more local and integrated care experience.
- <http://vimeo.com/65763110>







Let's Work
Collectively
to “Put It
Together”!

We know how
much we need all
“the talents”.

Onward and
thank you!

