

Caring for an Aging Population

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Today

- Increasing aging population
- Health care systems in transition
- Forces pushing out of hospital
- Is Community-based care ready?
- Changing health professional roles and teams
- Race of traditionalists and innovators
- Are we including the patient and caregivers?

“O you who love clear edges more than anything . . . watch the edges that blur.”

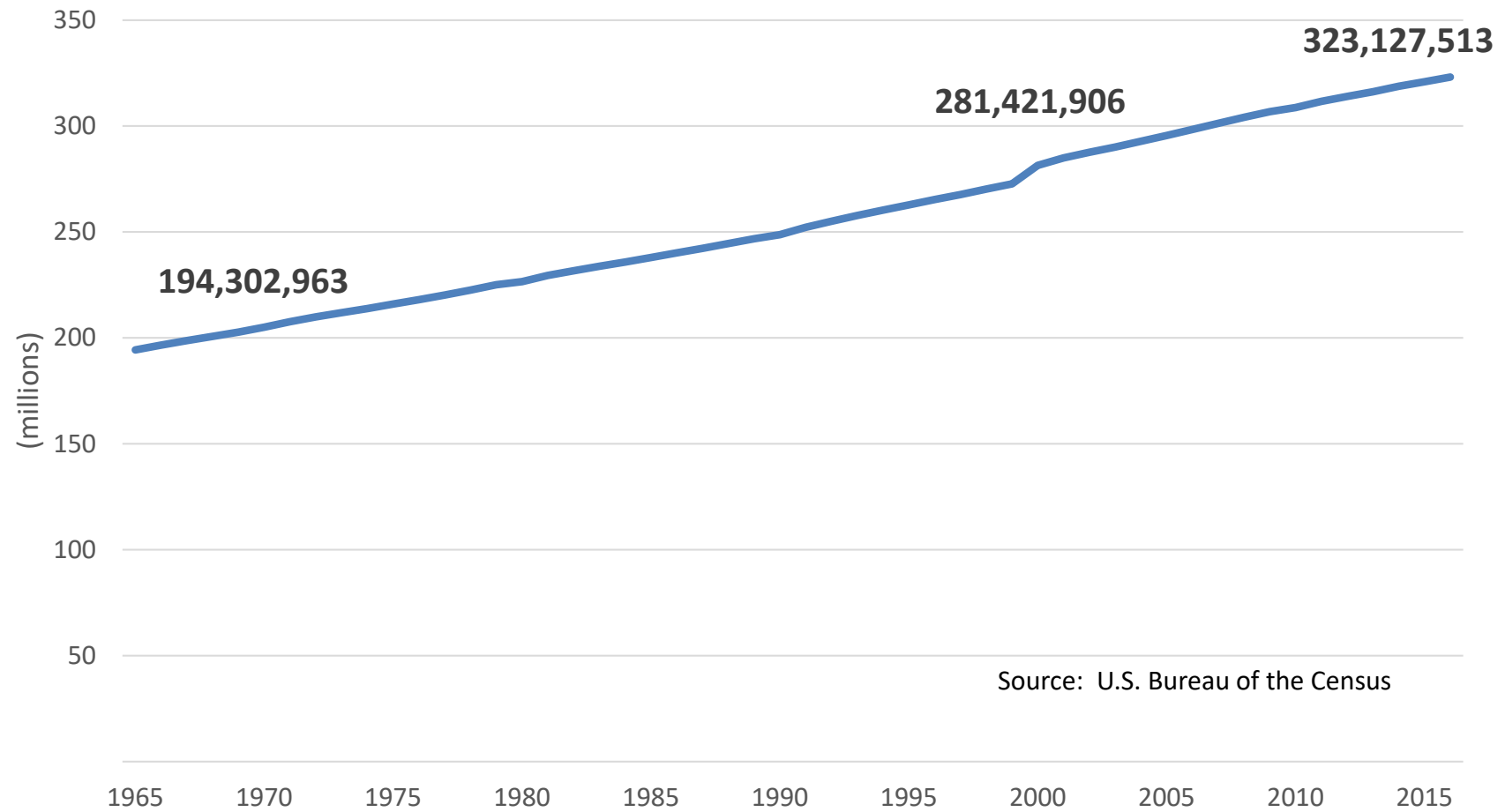
Adrienne Rich (1929-2012)

Older Adults in Community:

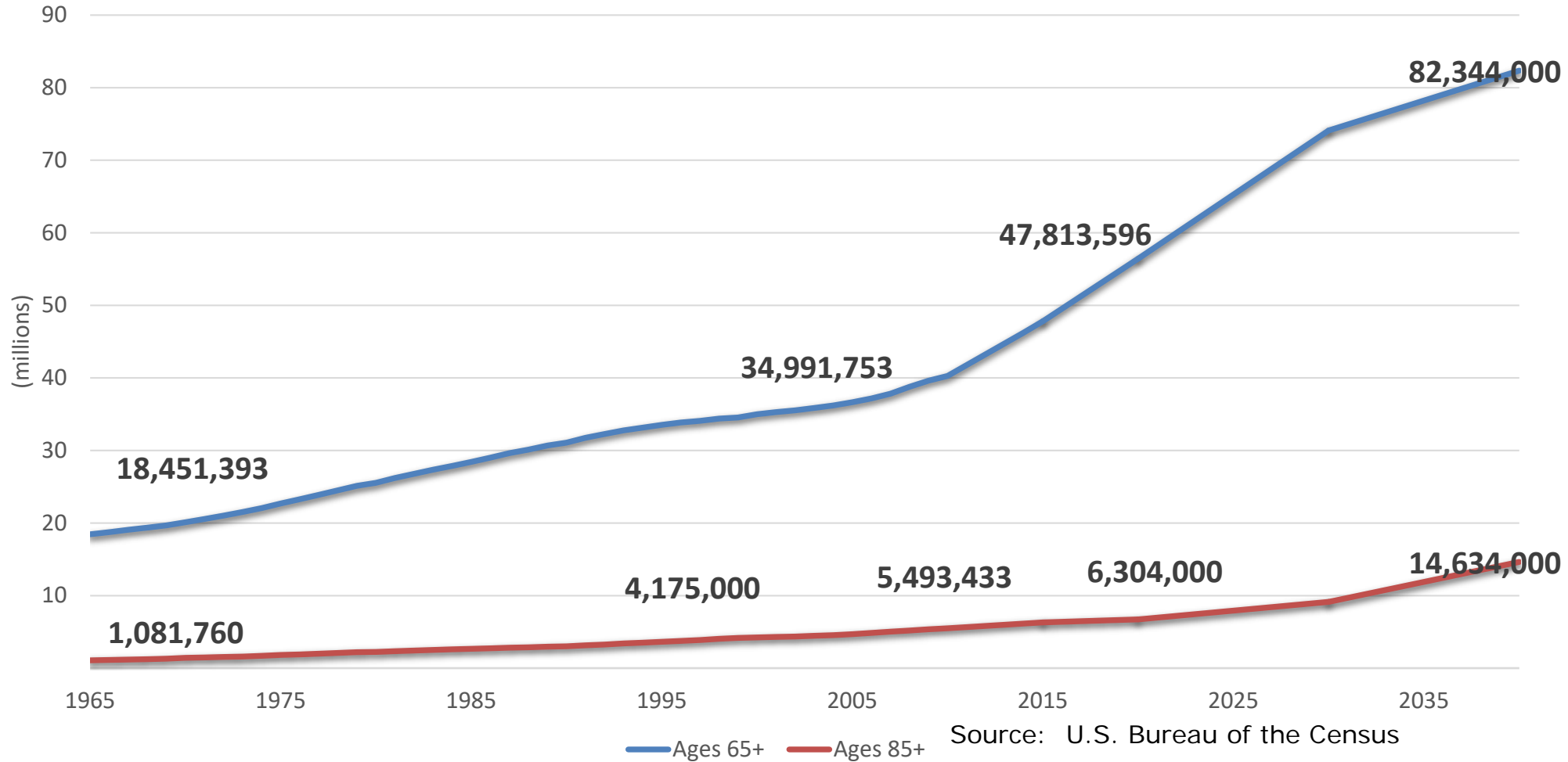


- Older adults 65+ are now 15% of US population and growing
- Shorter length of hospital stay, reduced nursing home days
- 13 medical visits per year per capita (62% specialty, 38% primary care)
- Ratio of available family caregivers to older adults is decreasing
- How will care be arranged?

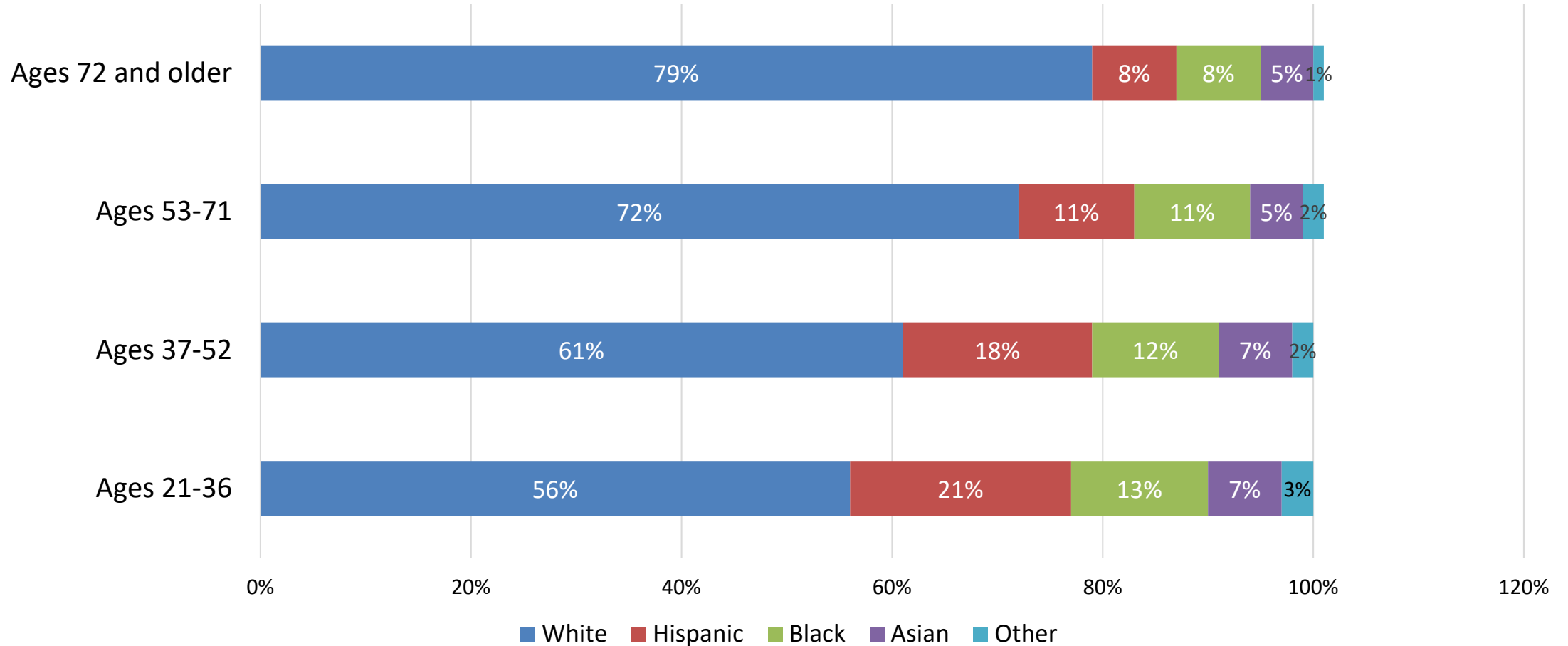
U.S. Population



U.S. Population, Adults 65+ and 85+

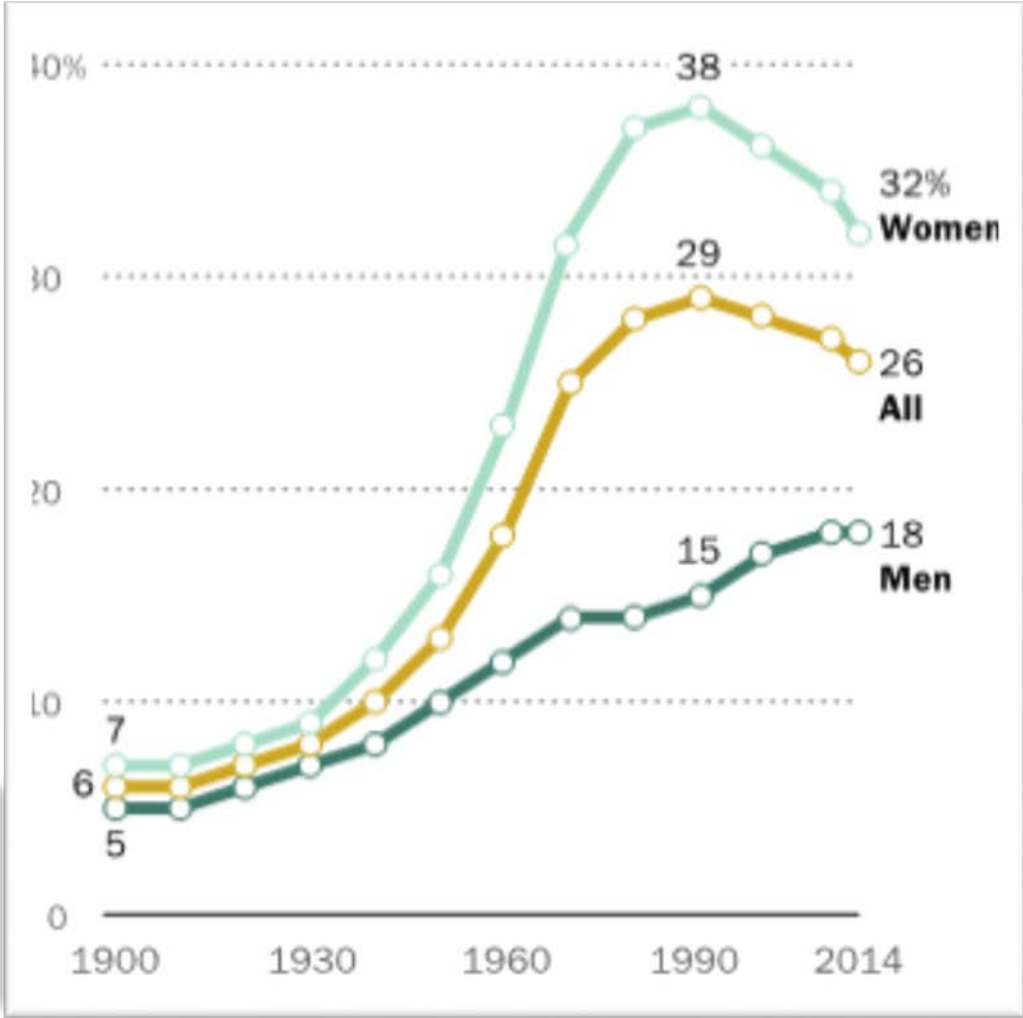


Race and Ethnicity by Age Cohort, 2017



Source: Pew Research Center

Adults 65+ Living Alone, by Gender



Source: Pew Research Center
analysis of Census data

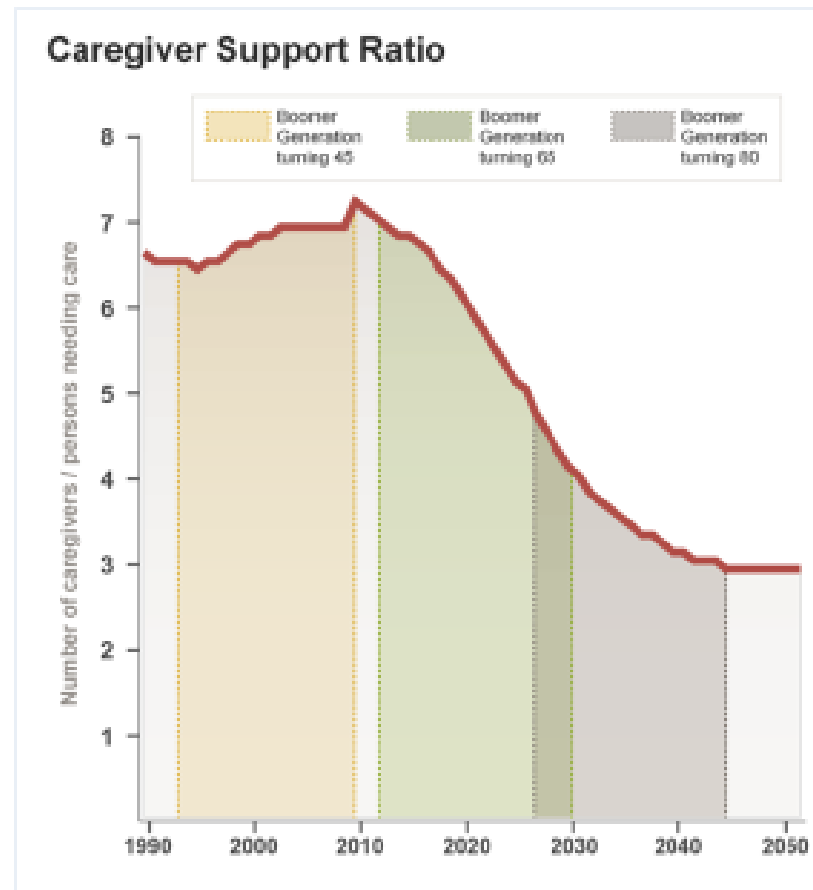
Declining Caregiver Support Ratio

Caregiver support ratio = # of potential caregivers age 45–64, for each person aged 80 and up

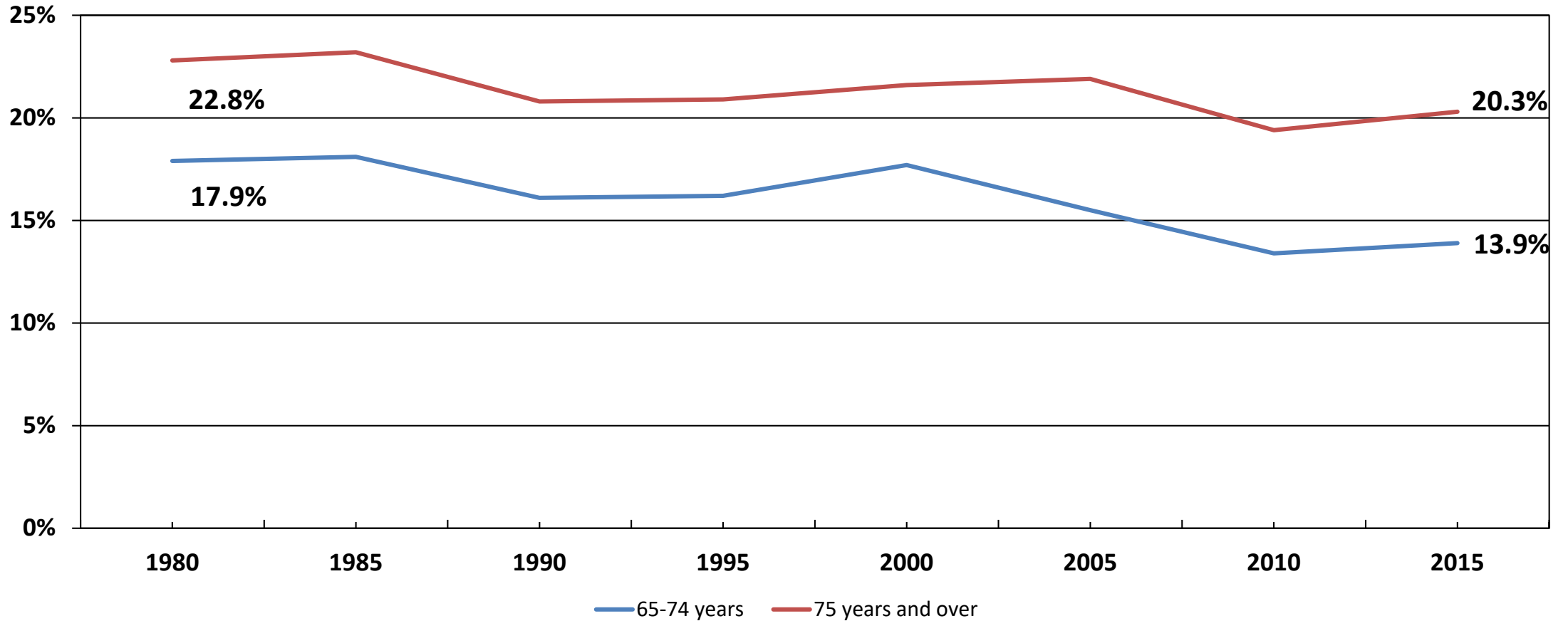
Sharp declines expected as boomers age

- From 2010-2030; declines from 7.2:1 to 4.1:1
- From 2030 to 2050, as boomers become high-risk (80+), declines to 2.9:1

Source: The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers by Donald Redfoot, Lynn Feinberg, Ari Houser, AARP Public Policy Institute, August 2013

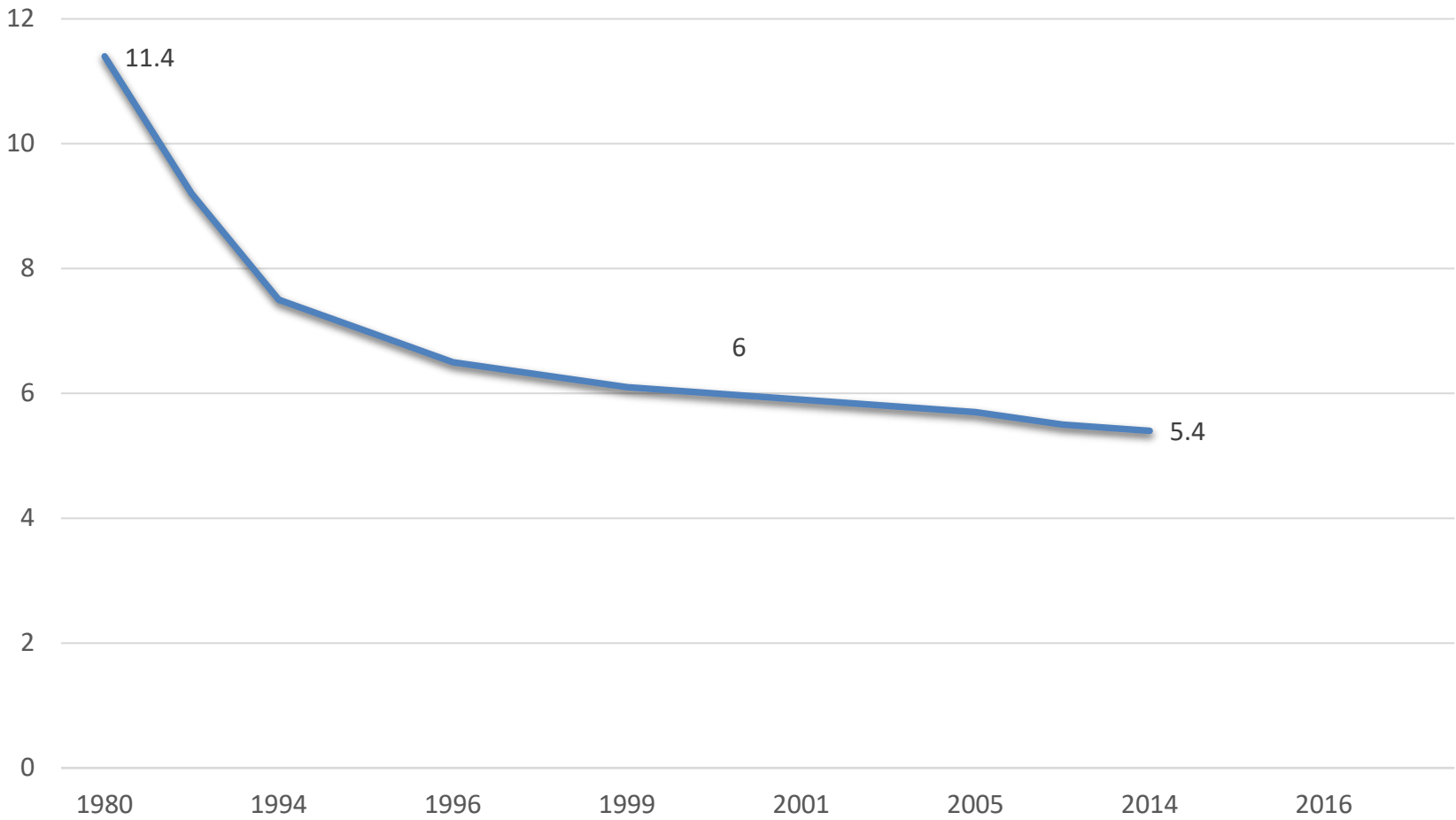


Hospital Stay in Past 12 months, Adults 65+



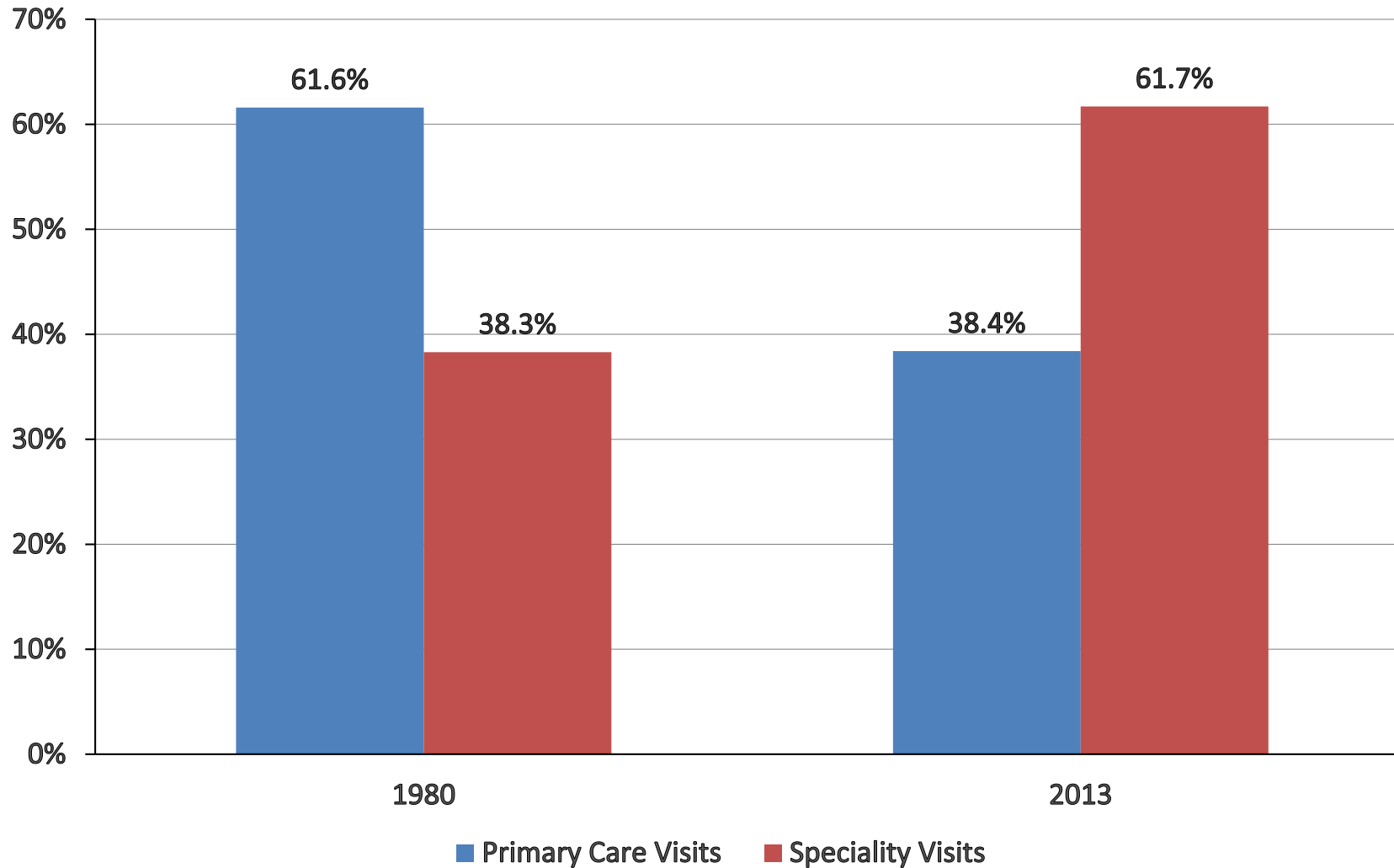
Source: Health, United States (National Health Interview Survey)

Average Length of Hospital Stay, Adults 65+



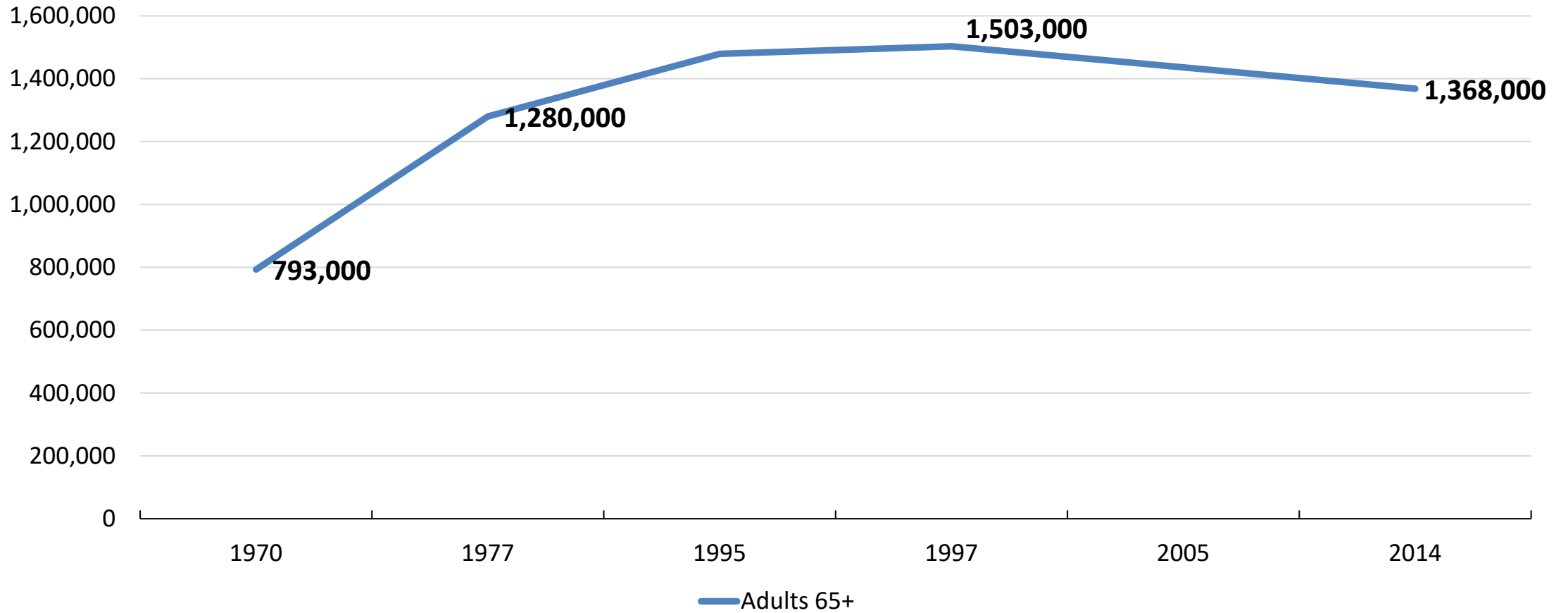
Source: Centers for Medicare and Medicaid Services and CDC

Physician Office Visits, Adults 65+



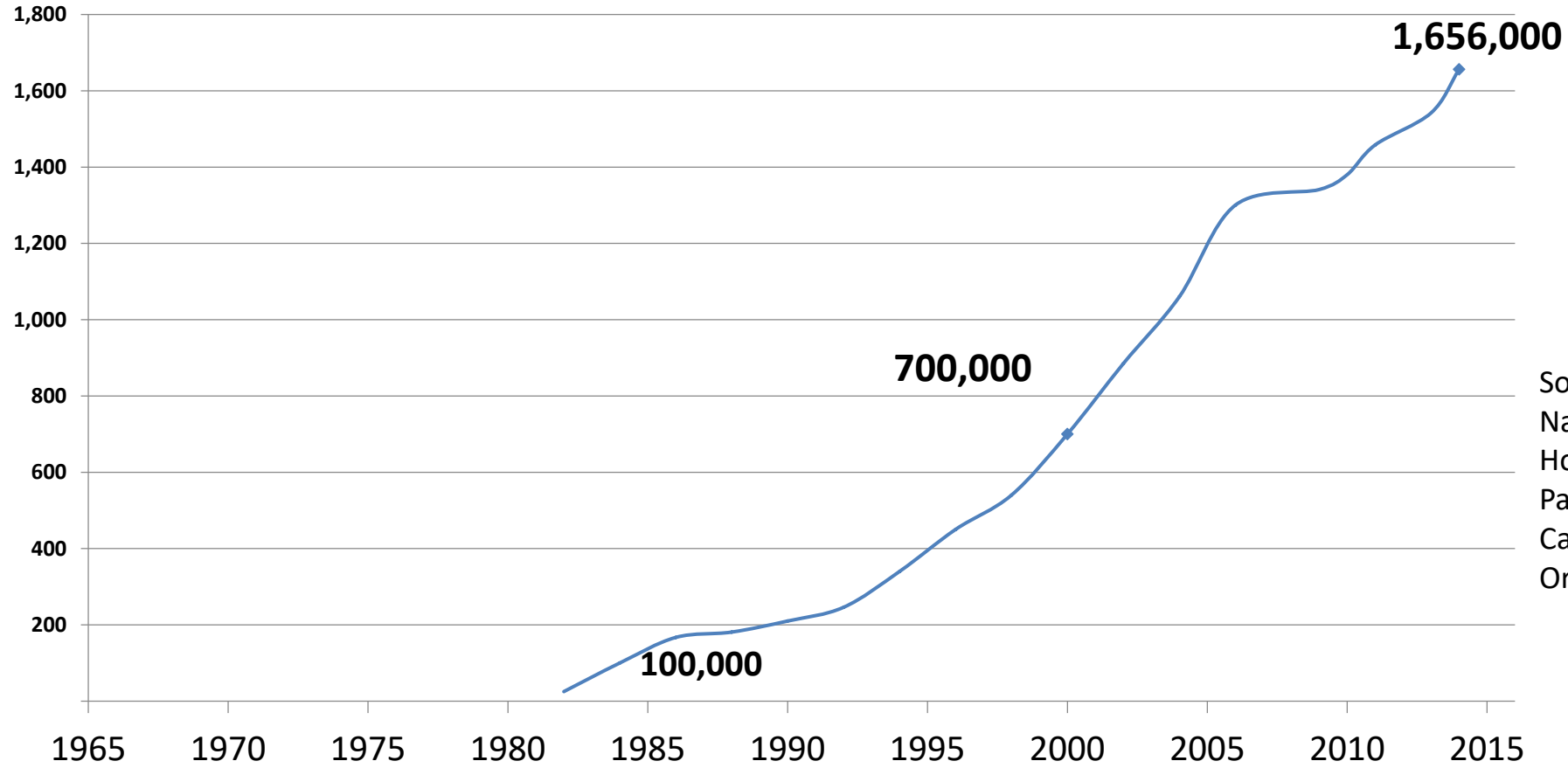
Source:
National
Health
Interview
Surveys

Nursing Home Population



Source: CDC, NCHS

Adults 65+ Served by Hospice



Source:
National
Hospice and
Palliative
Care
Organization

The True Uncompensated Care System

43.5 million Unpaid Caregivers, \$450+ billion in care

- DEFINITION (NY STATE):
 - “any individual duly identified as a caregiver by a patient who provides after-care assistance to a patient living in his or her residence. An identified caregiver shall include, but is not limited to, a relative, partner, friend or neighbor who has a significant relationship with the patient.”
- 18 million provide higher intensity, longer term 6 months+ care
- 61% of family caregivers are currently employed full (49%) time or part-time (11%)
- 68% of employed caregivers make work accommodations, arriving late/leaving early/stopping
- \$25.2 billion estimated US business losses per year in lost productivity (Gallup poll)

Sources:

Reinhard, Susan C., Feinberg, Lynn Friss, Choula, Rita, and Houser, Ari. *Valuing the Invaluable: 2015 Update – Undeniable Progress, but Big Gaps Remain (2015)*: 1-25. AARP Public Policy Institute. 16 July 2015.

Levine, Carol. United Hospital Fund, Next Step in Care

Care Models and Care Teams for Frail Older Adults



Private Investment in New Care Models

Iora: 127 million (Series A,B,C,D)—different care models in primary care, recent Medicare Advantage, health plan and employer sponsors

Devoted: 62 million (Series A,B)—(Athena, Sibelius, Frist)—Medicare, Tech focus

Cityblock Health: 23.2 million (Series A)—(Slavitt, Conway, Molina): urban health, Medicare and Medicaid

Oak Street (private): Medicare Advantage, primary care deserts

One Medical: 117 million: primary care redesign, all ages, 2013 Startup of the Year

Health Teams for Frail Elders

*funded by the Gordon and
Betty Moore Foundation*

Trace

....the historical and present roles of patients/caregivers, social workers, nurses and physicians 1965 to present

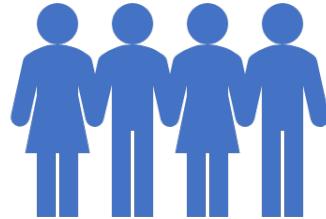
Apply

....a frail elder focused competency framework to investigate roles of professionals and patients and in qualitative (focus groups, site visits) and quantitative data (surveys)

Analyse

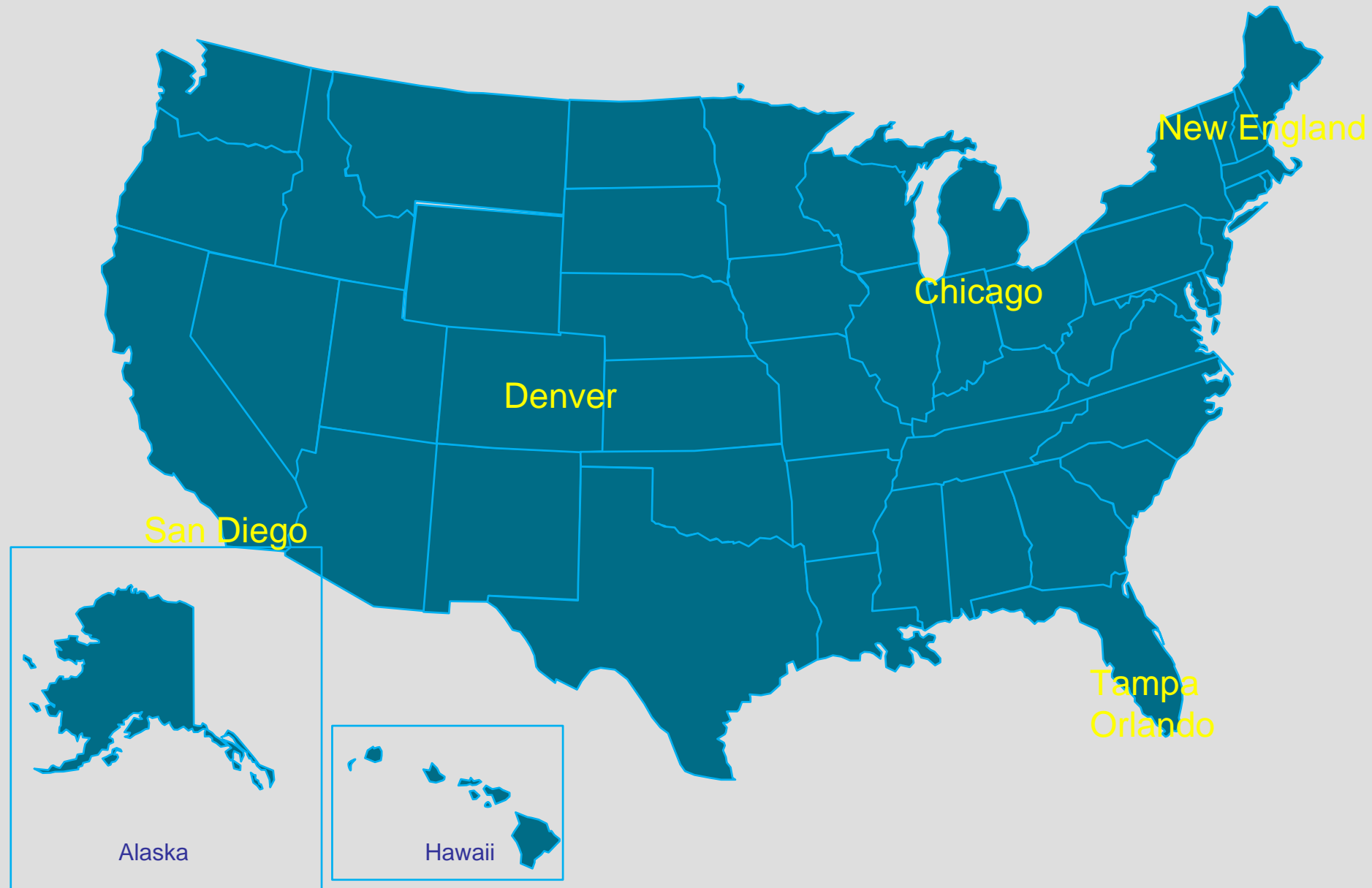
...empirical data to understand optimal staffing, cost, and efficiency of care models for frail elders living in community

Site Selection Criteria and Screening

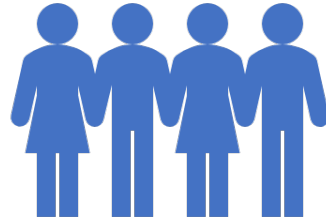


- Range of autonomous and collaborative practice
- Focus of care (primary care, geriatric, care management, palliative, urgent, community)
- Professional team leadership (Nurse (RN or APRN), MD, Social worker)
- Ownership and Organization (non-profit, for profit, venture)
- Site(s) of care (home, office, congregate housing, system, exclude SNF)
- Number of frail elderly patients served

Site Visit, Focus Group Locations



20 Focus Groups, 5 Cities



- 2 Clinician groups
 - nursing (RN or APRN), medicine, and social work
- 1 informal caregiver group
 - Actively caring for frail elderly spouse/parent/family without compensation >3 months
 - Participates in care planning
- 1 group of older adults 70+
 - using home services, and recent experience of hospitalization, and have a primary care or geriatric MD or NP

Site Visit and Focus Group Tools: Key Questions

Team or Group Interactions

Professional Identity:

Patient/Caregiver Interactions:

Clinical Activities for Frail Older Adults



Themes from Elder Groups

.So, I was starting to get better with rheumatoid arthritis, then I got worse because I got drug-induced lupus from it. And, then, I developed lung problems from the meds –so now I’m seeing a pulmonologist. It seems like my life would be much better if I didn’t have to see so many doctors...I’m just thinking this morning “I’m getting up and which -ologist am I going to go see today? “

In the last year, I’ve fallen four times. It’s not because I’m unstable, but I have animals in my house that I have fallen over and slipped on water. They put their toys in a water bowl and then they dribble it all over the floor and I don’t see it. I look at some people and I say, oh, man, I wish I could walk like that now

Themes from Elder Groups

I had retired and so I was going on this great vacation... I had rented a place and everything. I almost died on vacation in San Diego. And when I came home which took three months and four surgeries and a partridge in a pear tree...all my doctors were about my age, and just as I had retired now they're retiring so I had to start over ...And getting them all to ...coordinate, this can be as challenging as your corporate job.

If you take one thing back. We're all older people. We grew up in generations where people talked to you. And there was respect. Everything was Mr. and Mrs. Looked at you, smiled at you. Absolutely. And you had a person that respected you. We want people that will sit with us, look us in the eye, tell us the truth, and care about us.

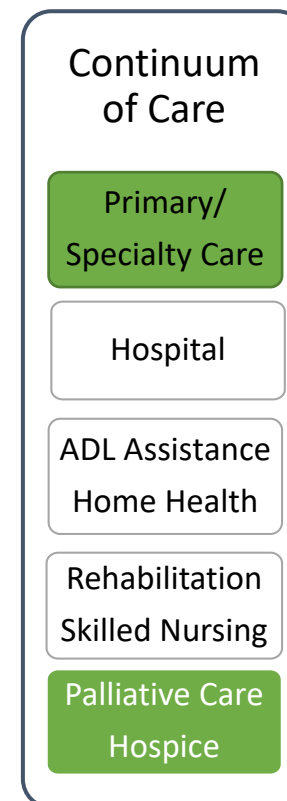
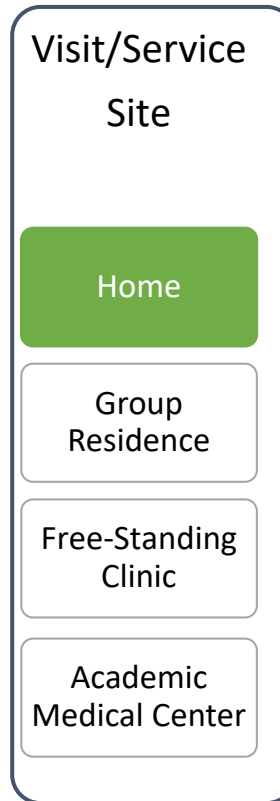
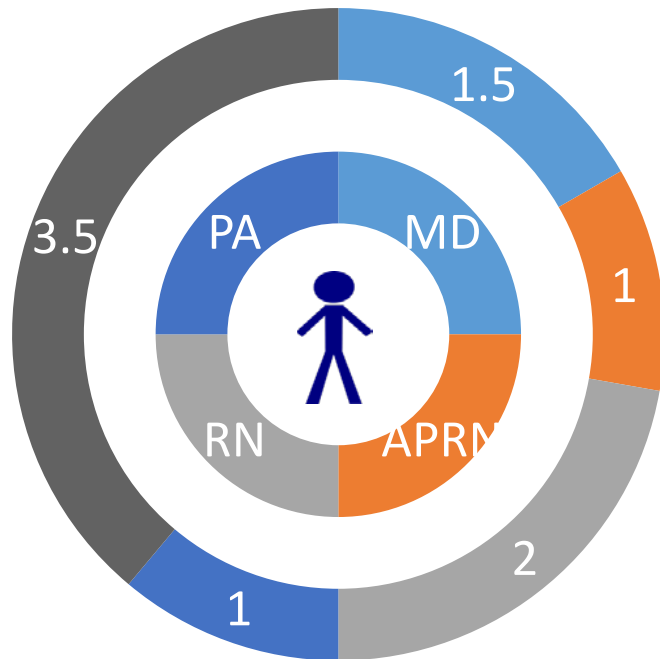
Practice Types

- Primary Care for Seriously Ill
- Senior Health, Geriatric Care
- Primary Care All Ages
- Care Management
- Residential Care
- Mobile Health



PRIMARY CARE FOR SERIOUSLY ILL

Primary Care at Home

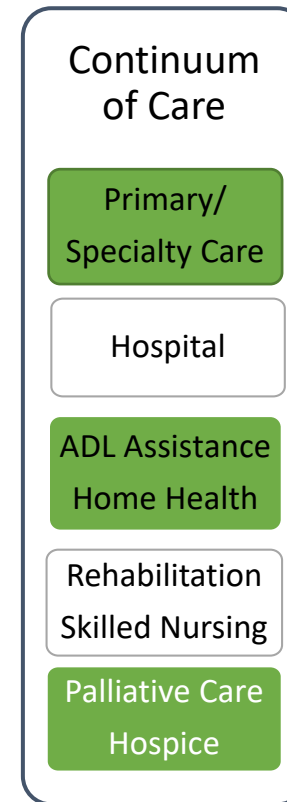
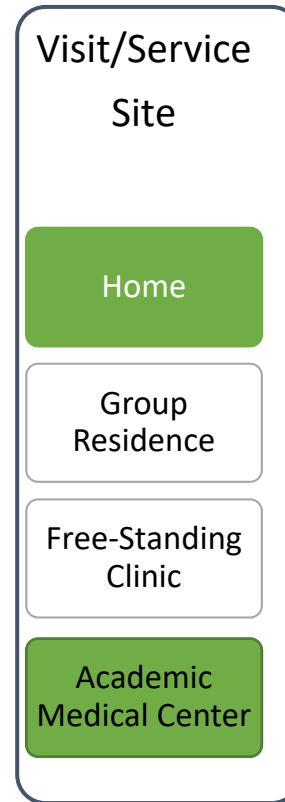
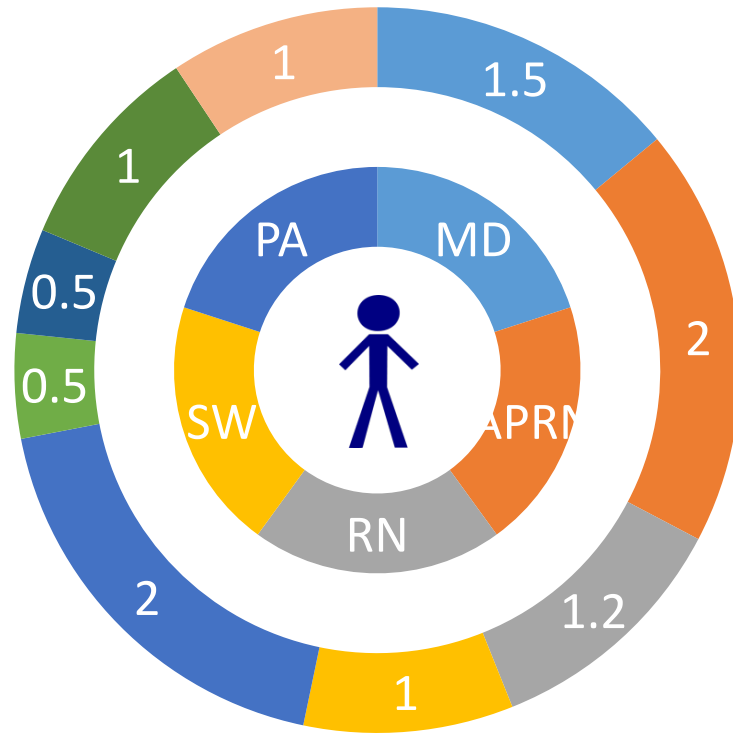


Homebound adults of all ages



Though hospice care

Primary Care Home and Office

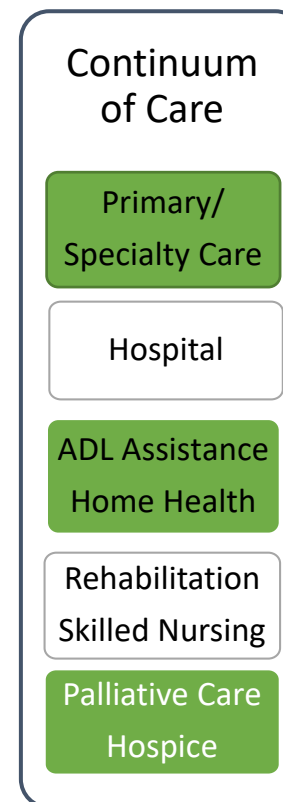
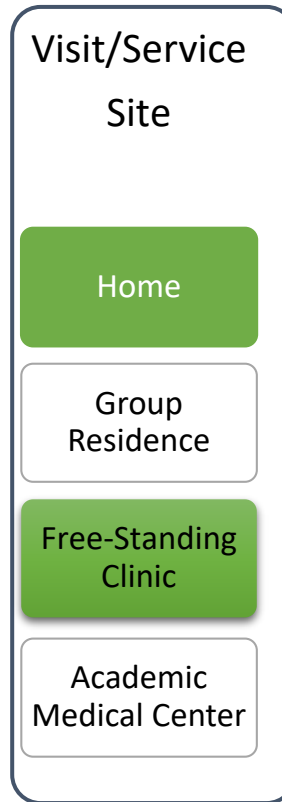
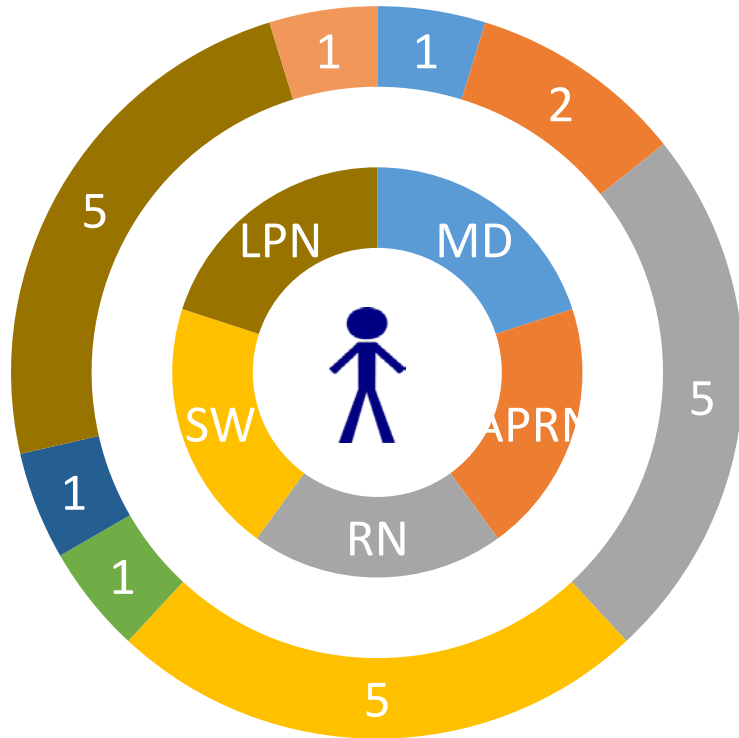


All age, dual-eligible adults and Senior Care Options who have complex conditions



Through hospice care

PACE

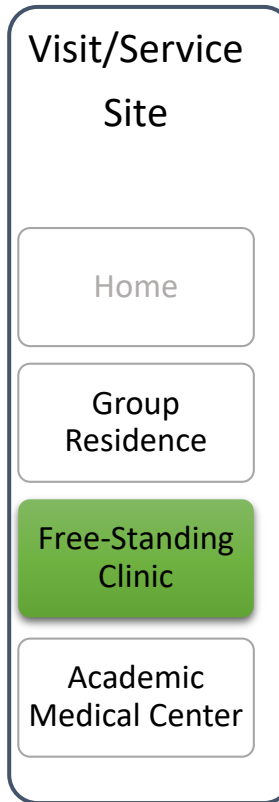
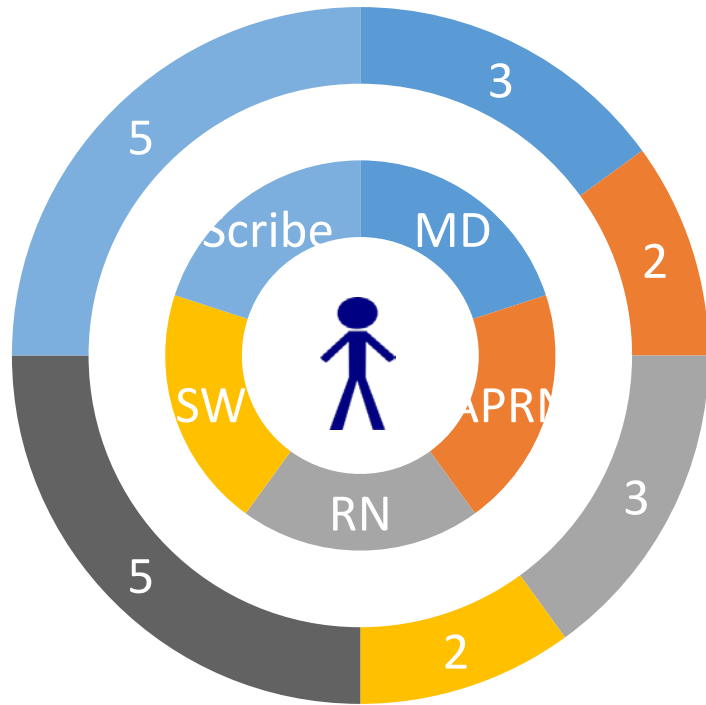


55+ yrs, nursing home level of care, able to live safely in community



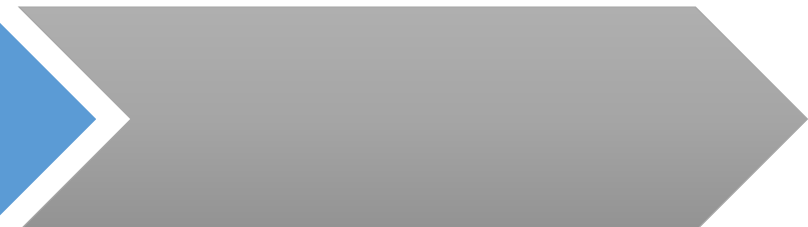
Though hospice care

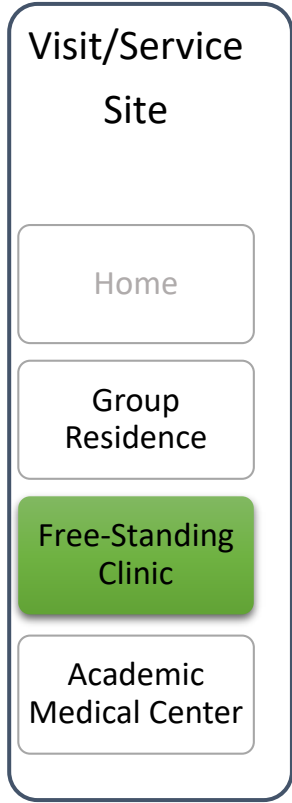
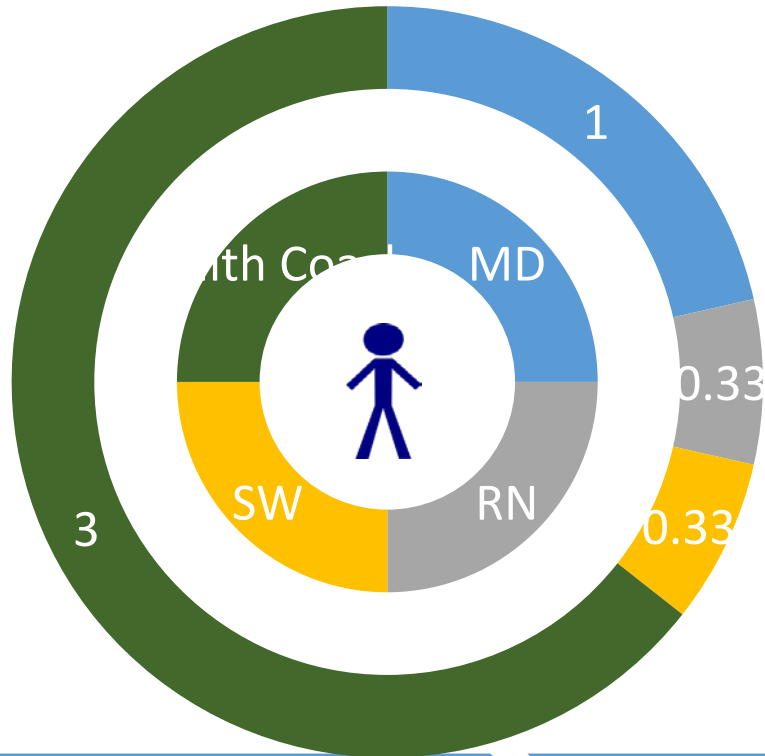
SENIOR CARE ONLY



65 yrs+ and Medicare FFS or Medicare ACO member

Care continues as long as patient can come to clinic.

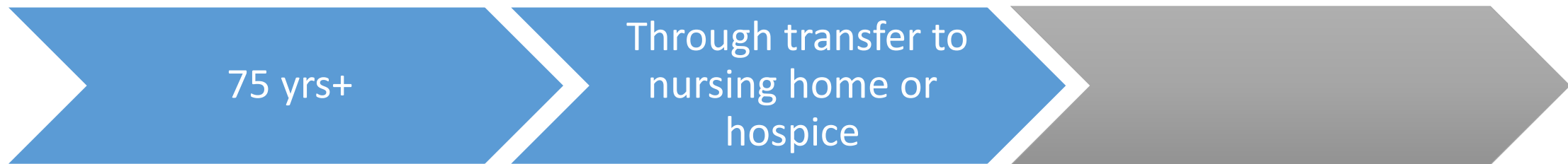
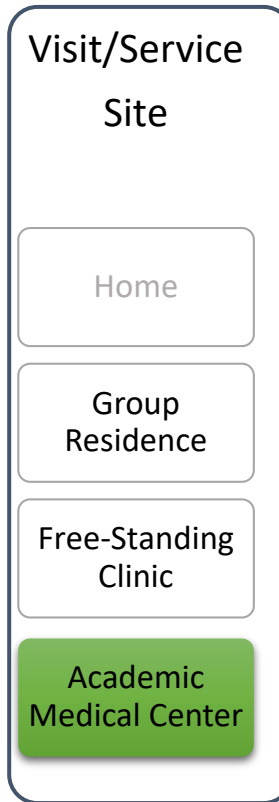
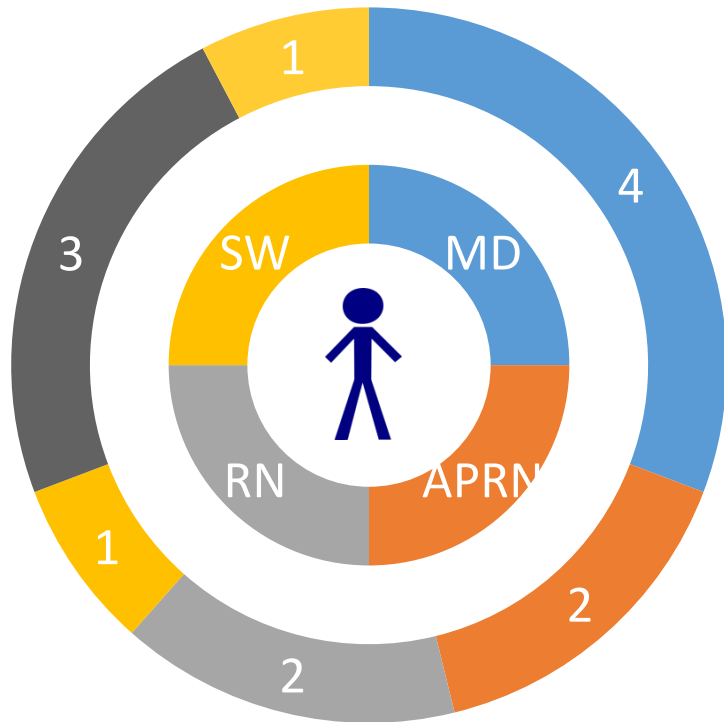


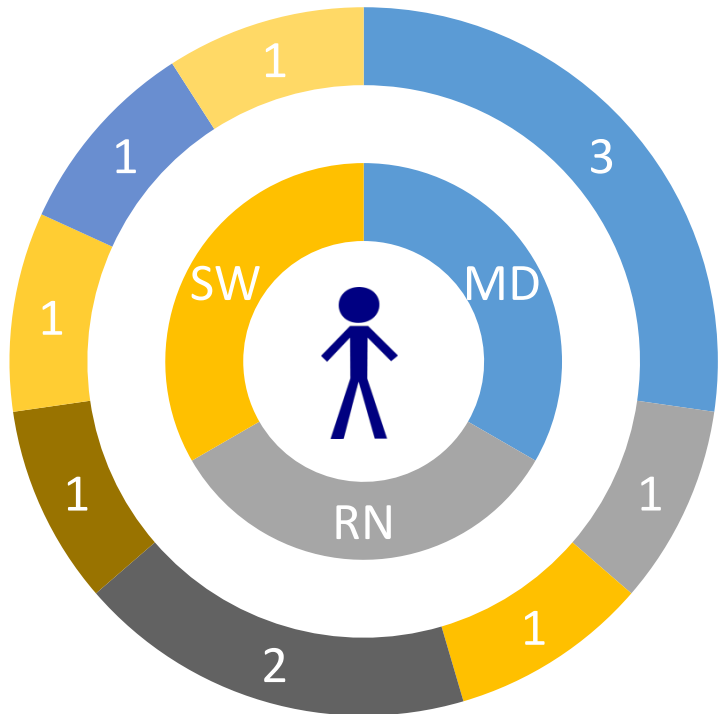


65 yrs+ and contracted Medicare ACO member

Care continues as long as patient can come to clinic.

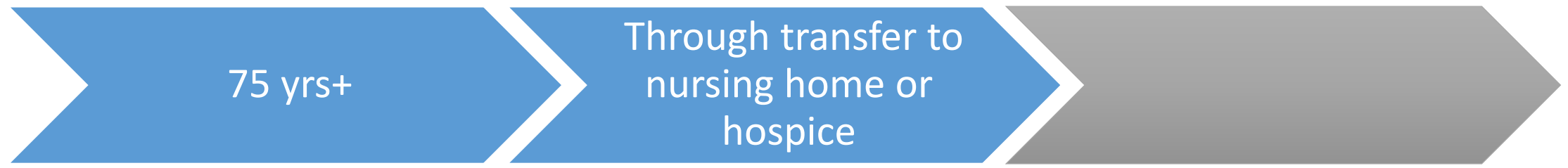




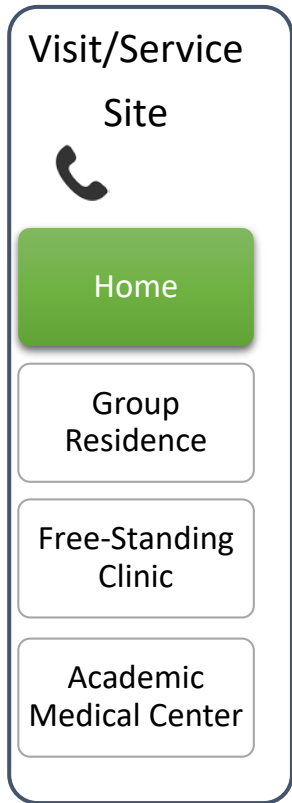
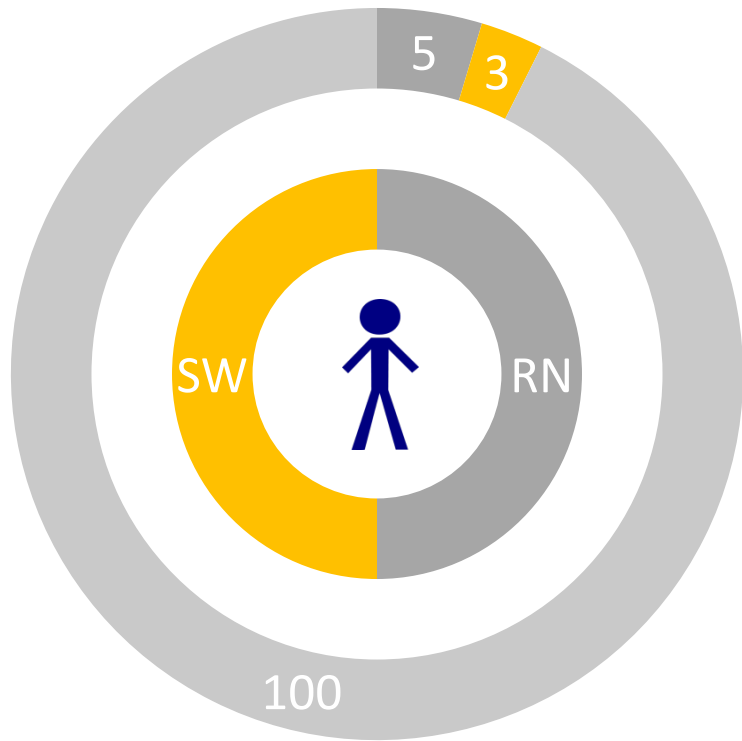


- Visit/Service Site**
- Home
 - Group Residence
 - Free-Standing Clinic
 - Academic Medical Center

- Continuum of Care**
- Primary/ Specialty Care
 - Hospital
 - ADL Assistance
 - Home Health
 - Rehabilitation
 - Skilled Nursing
 - Palliative Care
 - Hospice

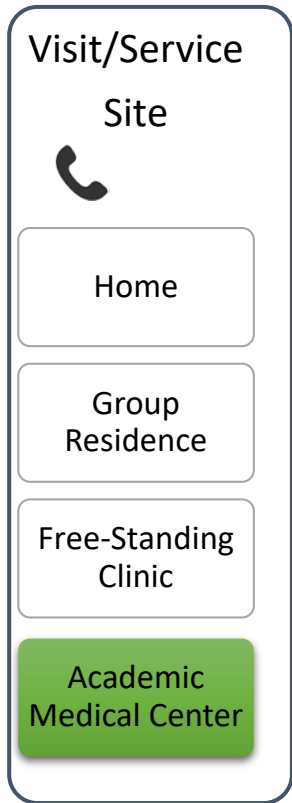


CARE MANAGEMENT



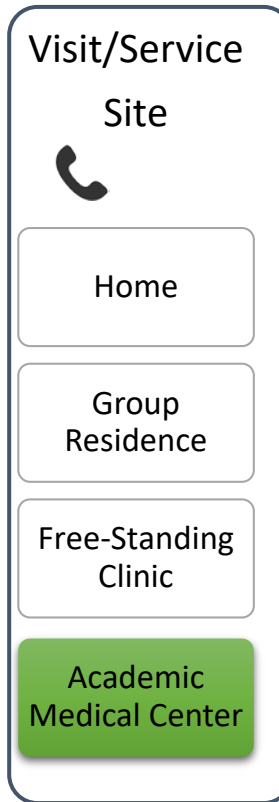
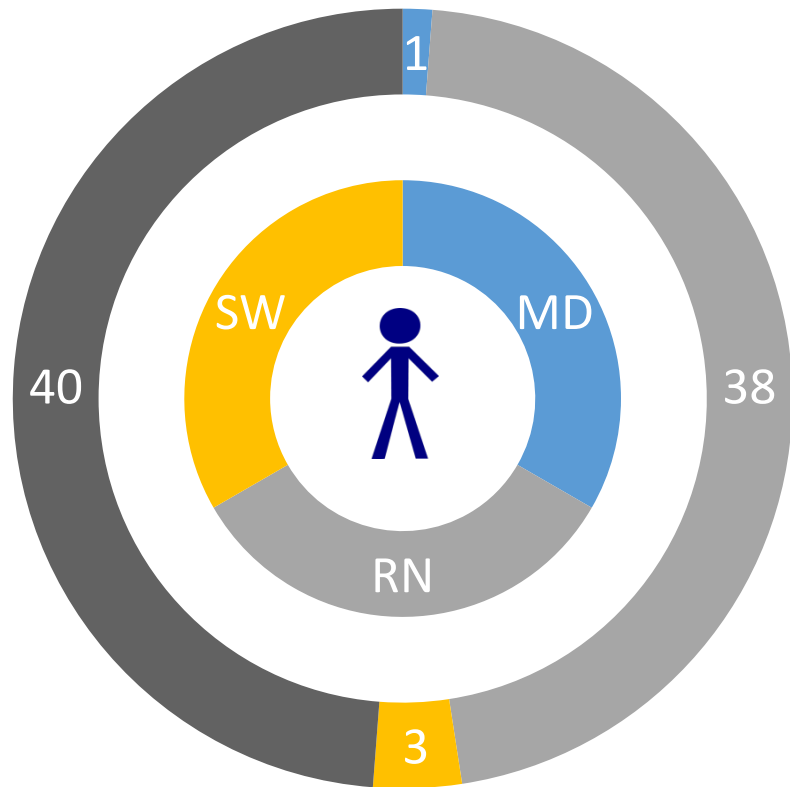
Older adults who need connection with resources





All adults, 90 day care management for patients with complex non-medical needs





All adults, 90 day care management for patients with recent hospitalization and high utilization of services



Conclusions

- Tremendous needs
- Tremendous variation in care organization
- Always competing interests
- We do not educate in teams, can we really create them?
- Can we identify optimal configurations that maximize efficiency and do not overwhelm patients?
- With so much variation, how will we measure progress? Community? Provider? System?
- **Will the patient and caregiver be a part of the solutions?**