

Person-Centered Care for Frail Elders: Strategies for Reform

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**Director, Center for Elder Care and
Advanced Illness**

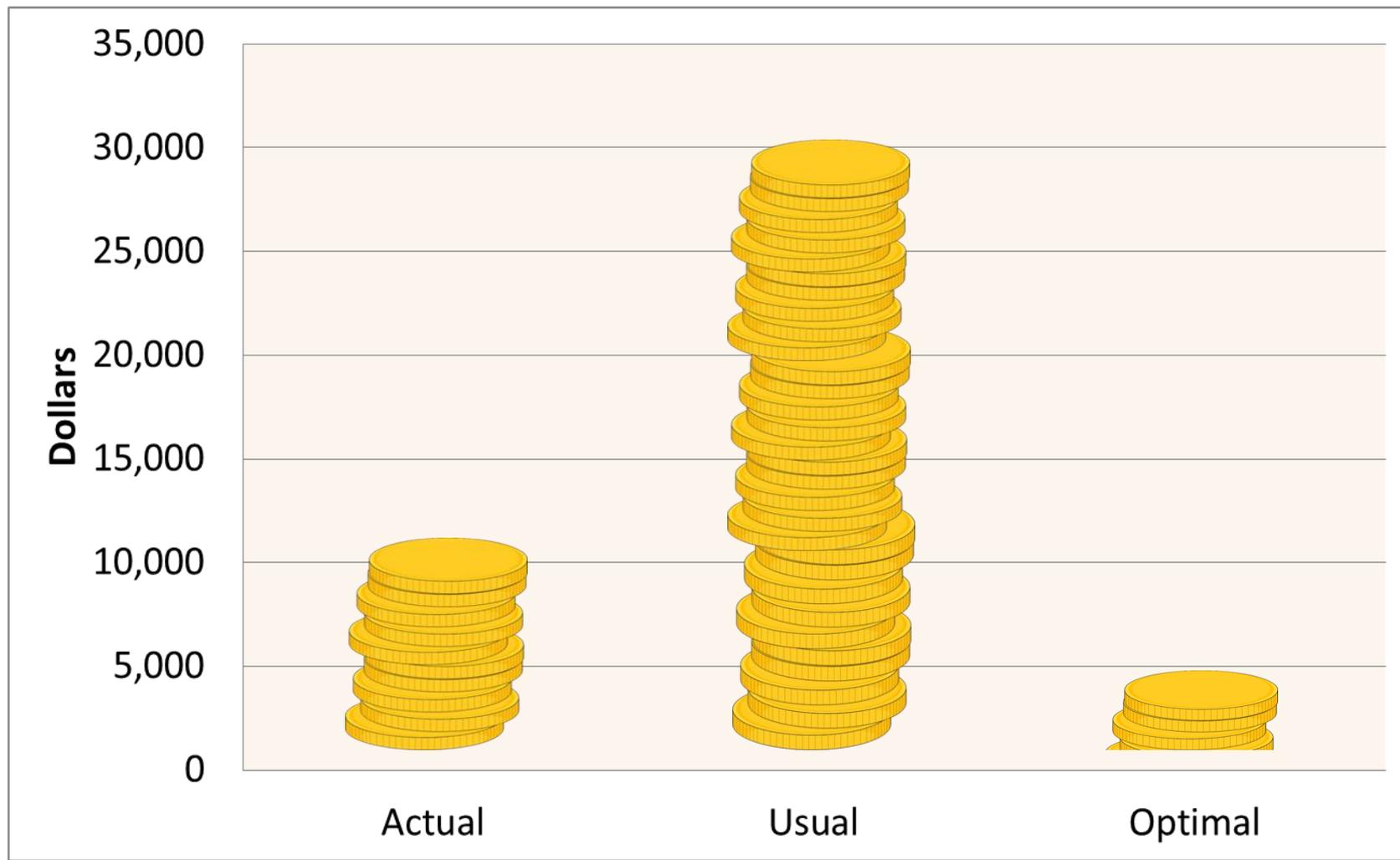
A look into frailty



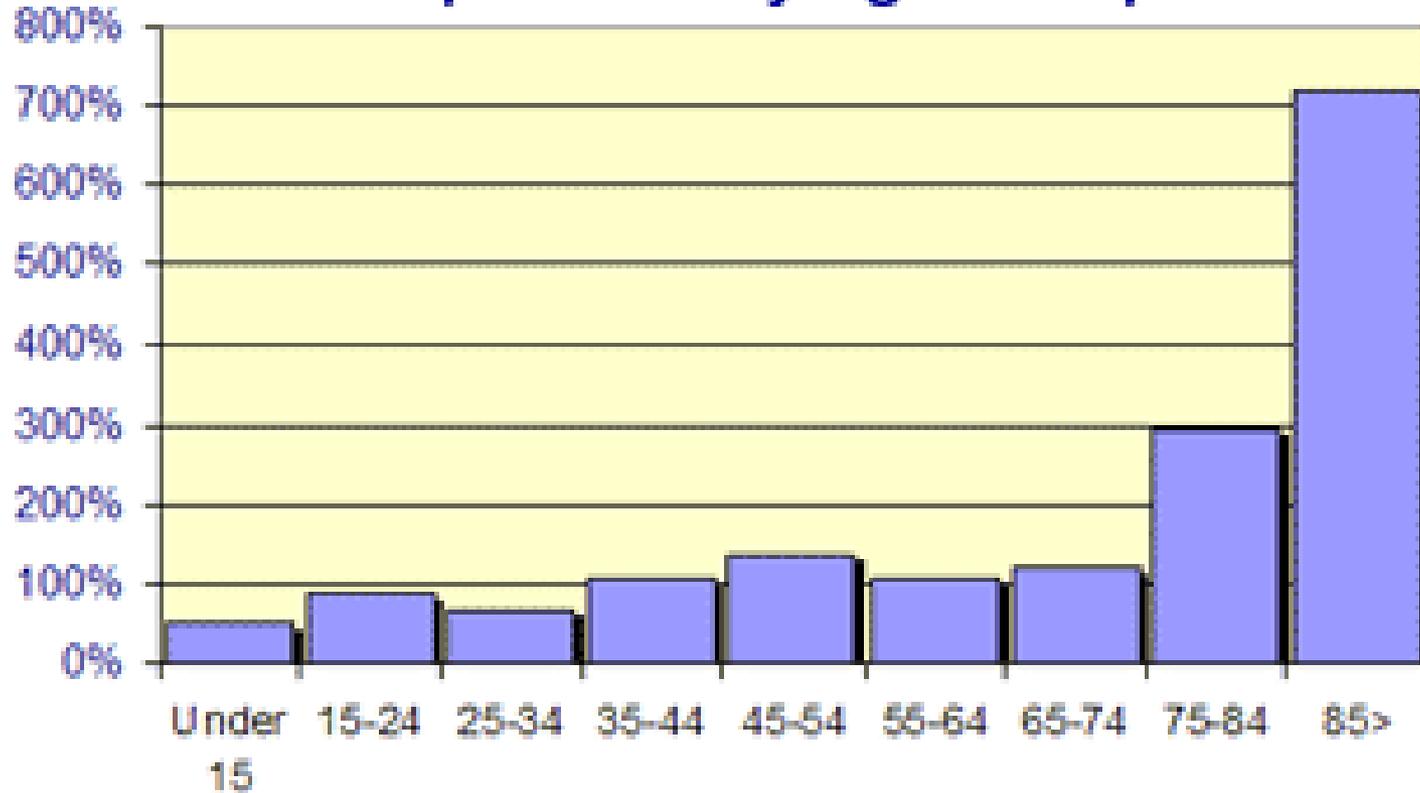
My Mother's Broken Back



“The Cost of a Collapsed Vertebra in Medicare”



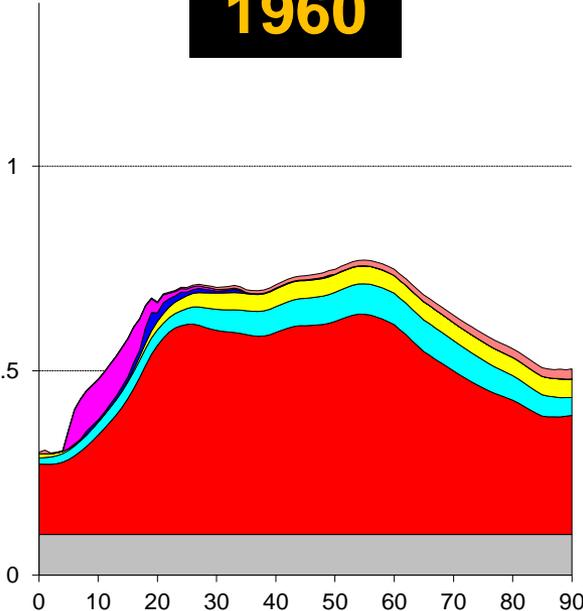
% Change 1950 - 2003 Population by Age Group



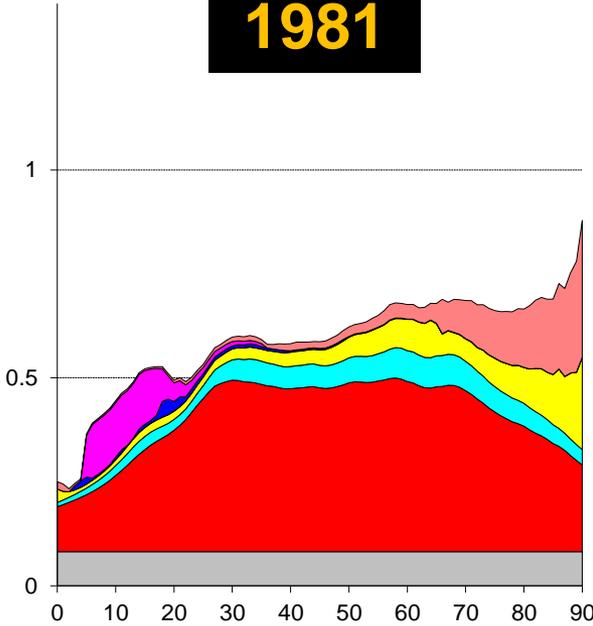
U.S. consumption (private + public in-kind transfers)

Y axis =1 is Average Labor Income Ages 30-49

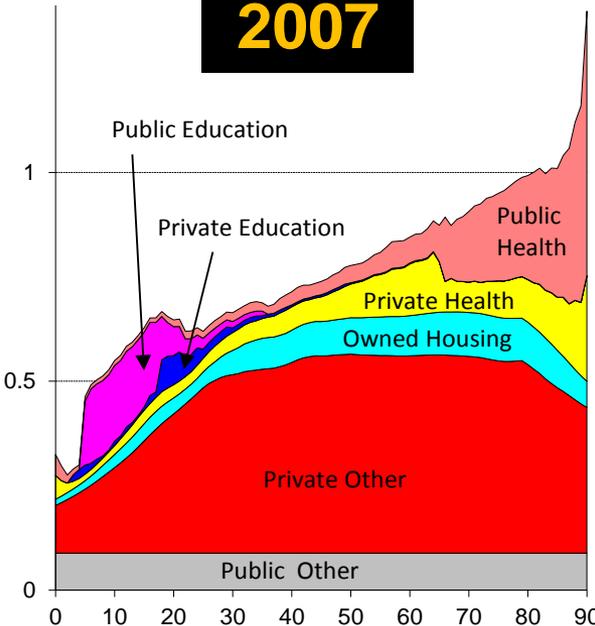
1960



1981

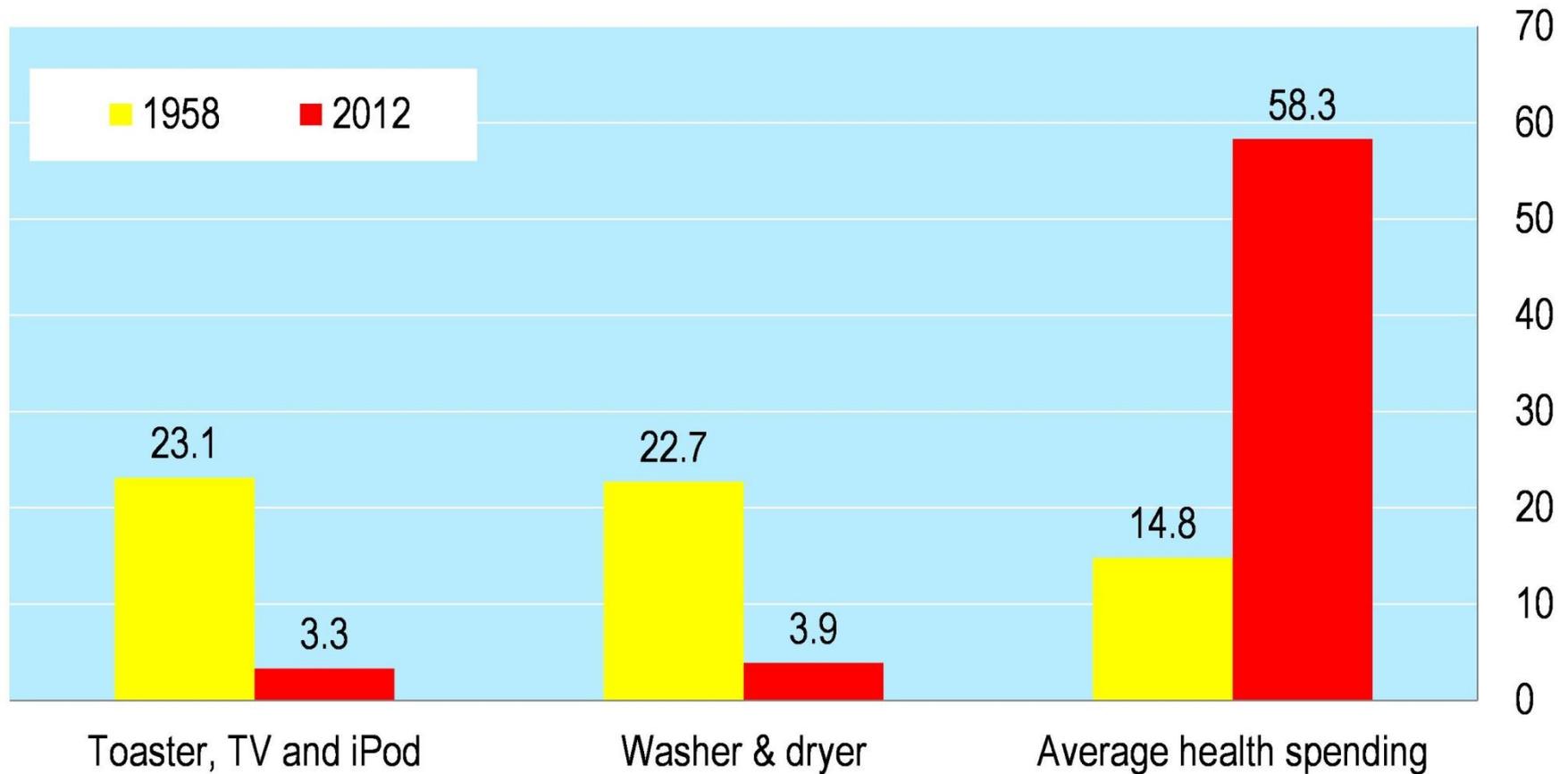


2007



The time price of health care has quadrupled in less than 50 years even as the time cost of other goods and services plummeted

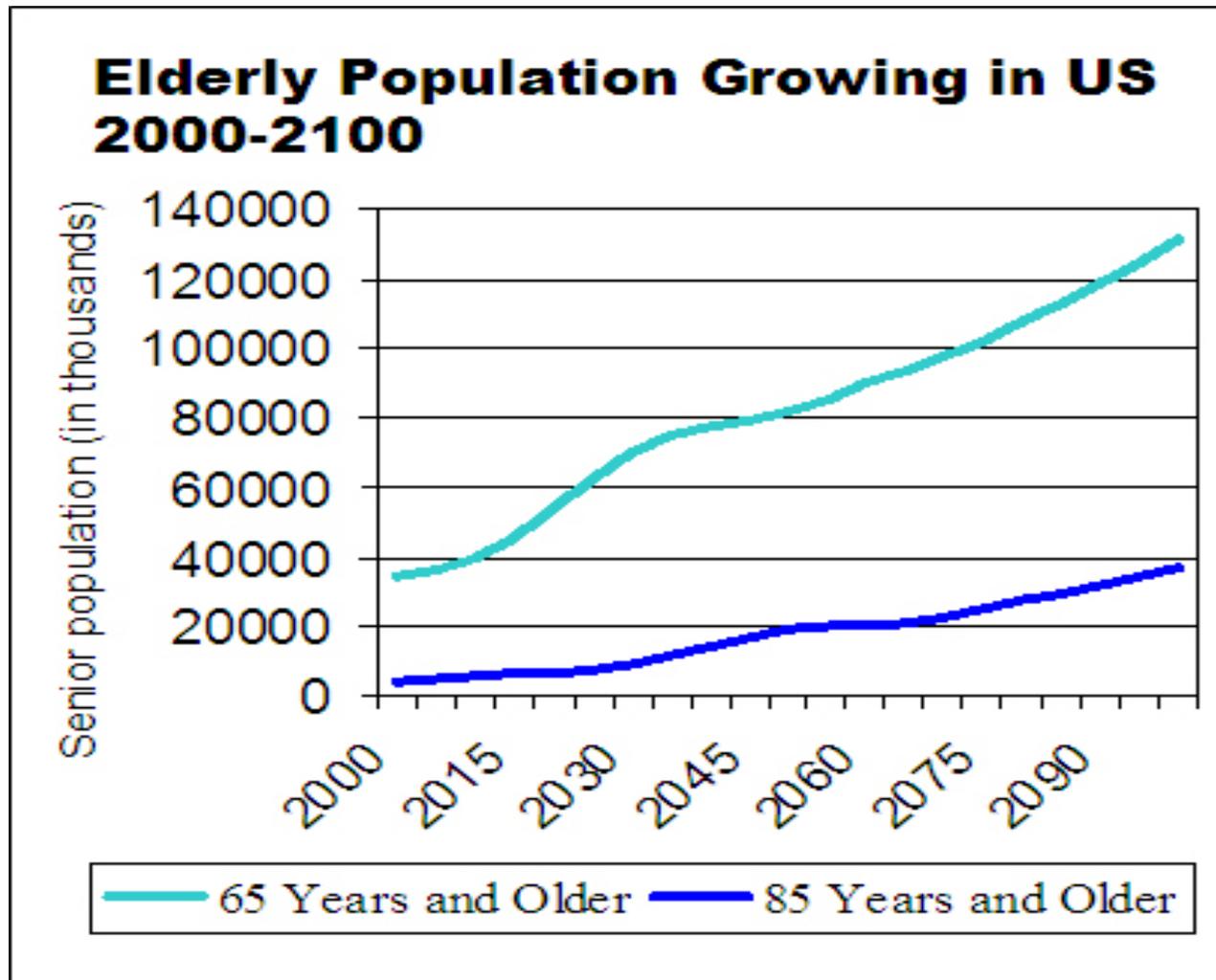
Average number of workdays at the average hourly wage required for purchase



Note: average hourly wage in 1958=\$1.98; in 2012=\$19.19. Assumes 8-hour workday.

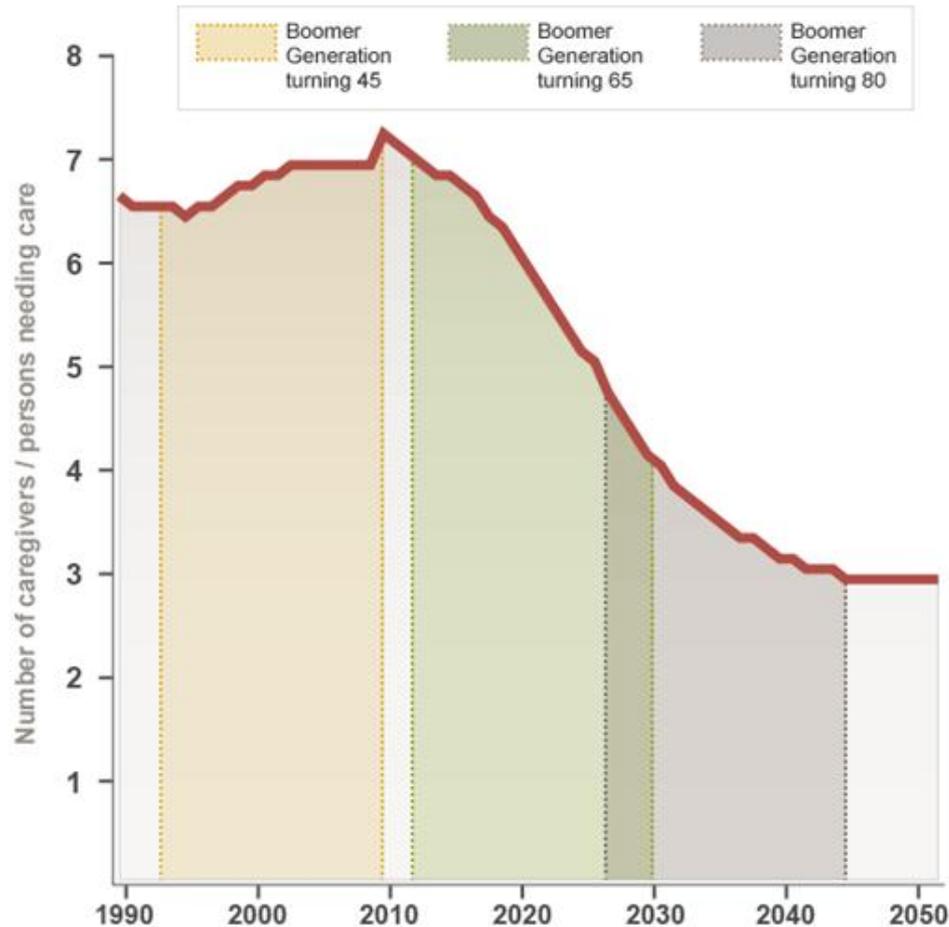
Perry M. (2012, Dec 22). The Cost of Health Care: 1958 vs. 2012. Forbes.com. Retrieved Nov 10, 2013 from <http://www.forbes.com/sites/chrisconover/2012/12/22/the-cost-of-health-care-1958-vs-2012/>

The rising numbers



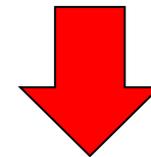
You take care of Mom, but who will take care of you?

Caregiver Support Ratio



Policy Action

Rising Demand
+
Shrinking Families to
provide LTSS



**Call for new
solutions to the
financing & delivery
of LTSS & families**

How are we going to keep from big trouble?



MediCaring!

Aim?

Assure that Americans can live comfortably and meaningfully at a sustainable cost through the period of frailty that affects most of us in our last years



MediCaring! *Key Components of Reform*

- ▲ Customize services for frail elderly cohort
- ▲ Generate good patient-centered care plans
- ▲ Adapt medical care
- ▲ Include long-term services
- ▲ Develop local layer of monitoring and management

 ***Channel the fear and frustration into the will to change***

Identification of Frail Elders in Need of Medicaring™

Age ≥ 65

AND one of the following:
 ≥ 1 ADL deficit or
Requires constant supervision **OR**
Expected to meet criteria in 1-2Y

Unless Opt Out

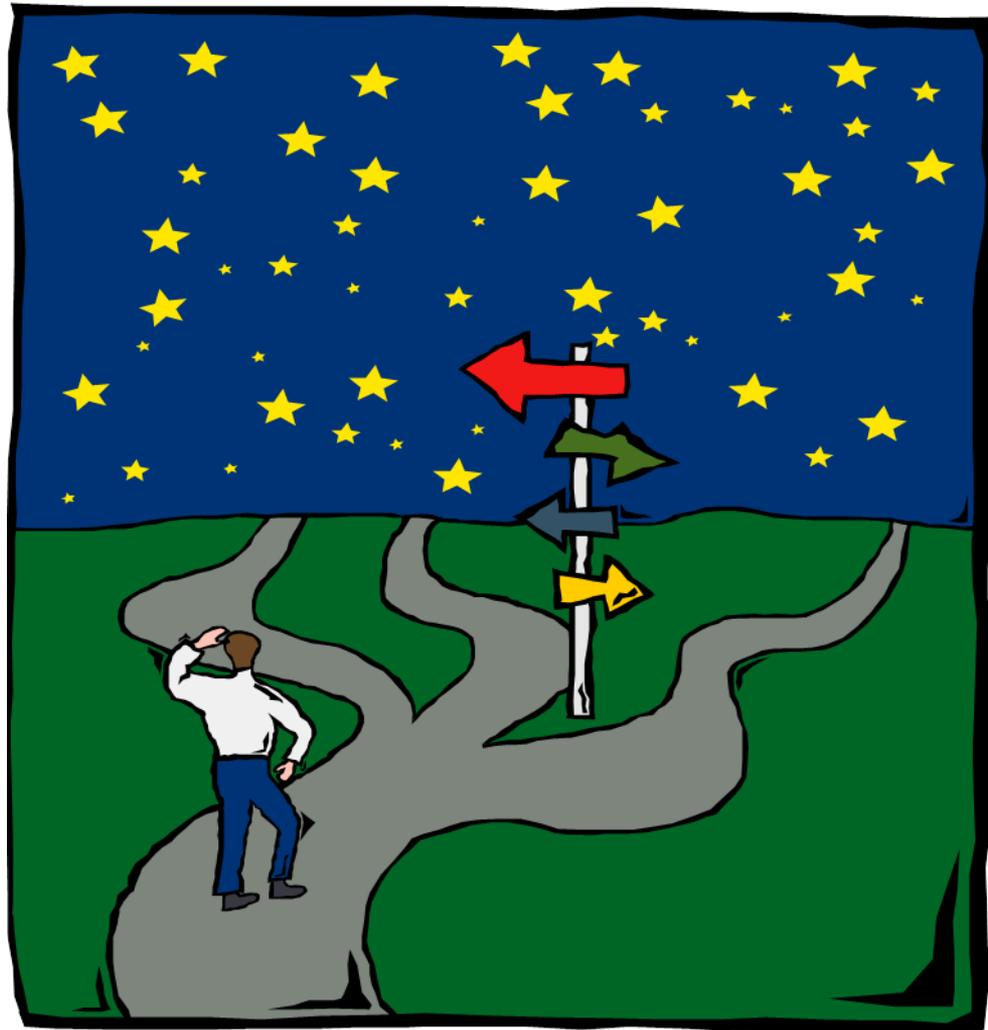
Age ≥ 85

Want a sensible care system

With Opt In

Frail Elderly

A Good Care Plan



Allergies
Biaxin (Clarithromycin)
 9 more >>

As of: 08/20... Hx: G7P6006
 OB/Gyn Status Postmenopau...

Insurance
MEDICARE P...

FYI: **FYI**
 HM: **Due**

MyChart
 Active

AVS
 AVS



Flowsheet Report

?, Resize, Close X

- SnapShot
- Chart Review
- Flowsheets**
- Results Review
- Allergies
- History
- Problem List
- Demographics
- Letters
- FYI

Select Flowsheets to View			
LIFECOURSE GOAL MANAGER [125]			

Load More

LifeCourse Goal Manager	9/4/2013	9/27/2013	10/28/2013
LifeCourse Goal 1 Description	Continue volunteering with A	Continue volunteering with A	Continue volunteering with A
LifeCourse Goal 1 Importance			
LifeCourse Goal 1 Domain	Physical;Social;Psychologi	Physical;Social;Psychologi	Physical;Social;Psychologi
LifeCourse Goal 1 Progress Satisfaction			
LifeCourse Goal 1 Status	Inactive		Inactive
LifeCourse Goal 1 Plan	has officially retired		has disengaged from
LifeCourse Goal 2 Description	Stay active, walk as much a	Stay active, walk as much a	Stay active, walk as much a
LifeCourse Goal 2 Importance			High
LifeCourse Goal 2 Domain	Physical;Social;Psychologi	Physical;Social;Psychologi	Physical;Social;Psychologi
LifeCourse Goal 2 Progress Satisfaction			3
LifeCourse Goal 2 Status	Inactive		Active
LifeCourse Goal 2 Plan	is no longer able to		has been walking be
LifeCourse Goal 3 Description	"I want to spend as much ti	"I want to spend as much ti	"I want to spend as much ti
LifeCourse Goal 3 Importance		High	High
LifeCourse Goal 3 Domain	Physical;Social;Psychologi	Physical;Social;Psychologi	Physical;Social;Psychologi
LifeCourse Goal 3 Progress Satisfaction		5	5
LifeCourse Goal 3 Status		Active	Active
LifeCourse Goal 3 Plan		sees her family regu	talks about her famil
LifeCourse Goal 4 Description	enrolled in hospice c	enrolled in hospice c	enrolled in hospice c
LifeCourse Goal 4 Importance	High	High	Medium

Abnormal/Panic

Dates in: Columns Rows

Copy to
Clipboard

Refresh

Print
Flowsheet

Graph
Region

More Activities >

Allergies
Biaxin (Clarithrom...
 9 more >>

As of: 08/20... Hx: G7P6006
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Flowsheet Report

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- Problem List
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Select Flowsheets to View

LIFECOURSE GOAL MANAGER [125]		

Load More

LifeCourse Goal Manager	9/4/2013	9/27/2013	10/28/2013
LifeCourse Goal 1 Description	Continue volunteering with A	Continue volunteering with A	Continue volunteering with A
LifeCourse Goal 1 Importance			
LifeCourse Goal 1 Domain	Physical;Social;Psychologi	Physical;Social;Psychologi	Physical;Social;Psychologi
LifeCourse Goal 1 Progress Satisfaction			
LifeCourse Goal 1 Status	Inactive	Inactive	Inactive
LifeCourse Goal 1 Plan	...e has officially re	... has disengaged from	...
LifeCourse Goal 2 Description	Stay active, walk as m	Stay active, walk as much a	Stay active, walk as much a
LifeCourse Goal 2 Importance			High
LifeCourse Goal 2 Domain			Social;Psychologi
LifeCourse Goal 2 Progress S			
LifeCourse Goal 2 Status			
LifeCourse Goal 2 Plan			...s been walking be
LifeCourse Goal 3 Description			...spend as much ti
LifeCourse Goal 3 Importance			
LifeCourse Goal 3 Domain			Social;Psychologi
LifeCourse Goal 3 Progress Satisfaction		5	5
LifeCourse Goal 3 Status		Active	Active
LifeCourse Goal 3 Plan		...y sees her family regu	...y talks about her famil
LifeCourse Goal 4 Description	... enrolled in hospice c	... enrolled in hospice c	... enrolled in hospice c
LifeCourse Goal 4 Importance	High	High	Medium

Clicking on this cell gives the full contents.

Flowsheet Cell Contents

... has disengaged from AARP activities to focus on her own general wellbeing while she is on hospice.

OK

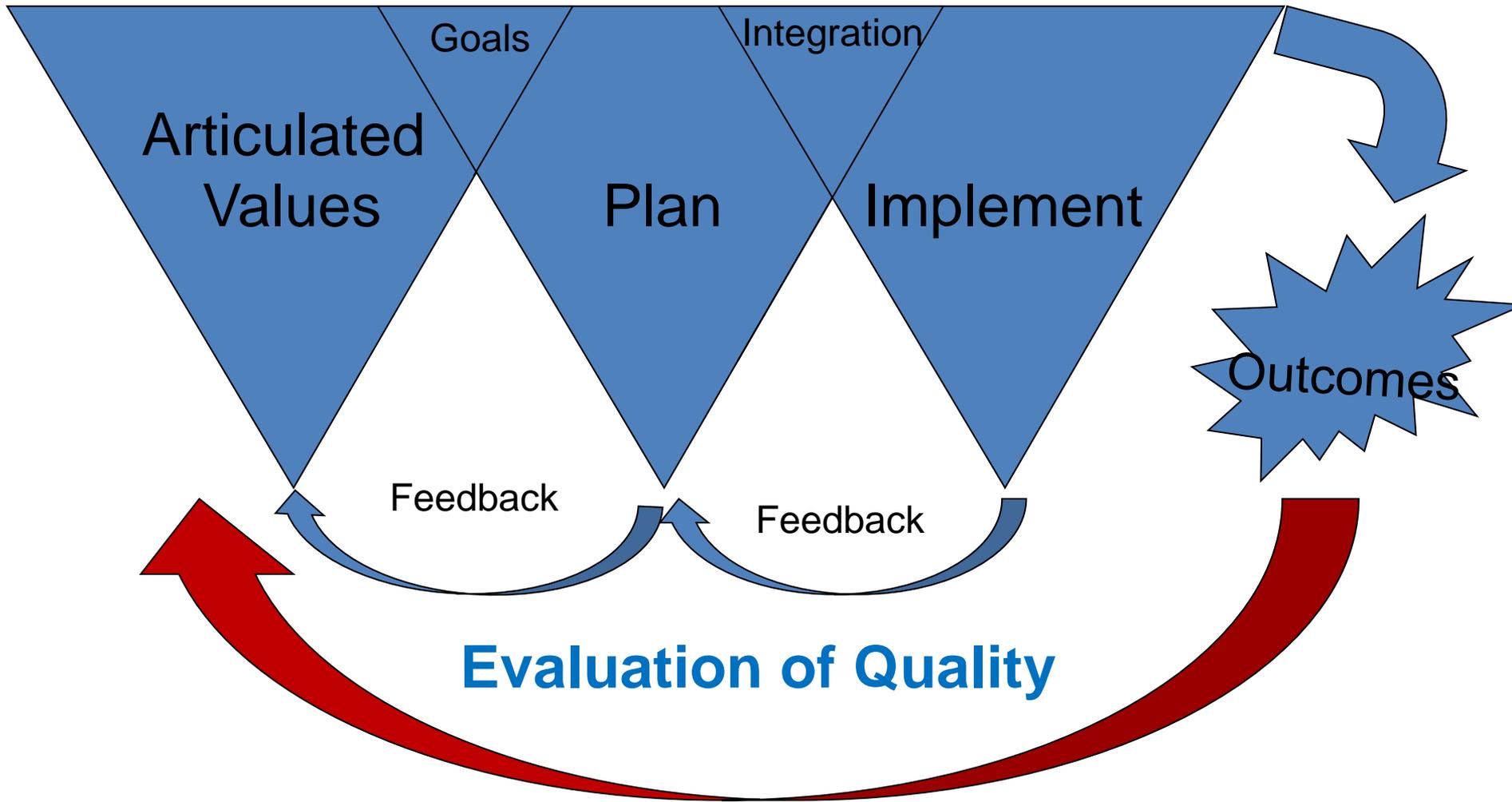
Abnormal/Panic

Dates in: Columns Rows

Copy to Clipboard Refresh Print Flowsheet Graph Region

More Activities

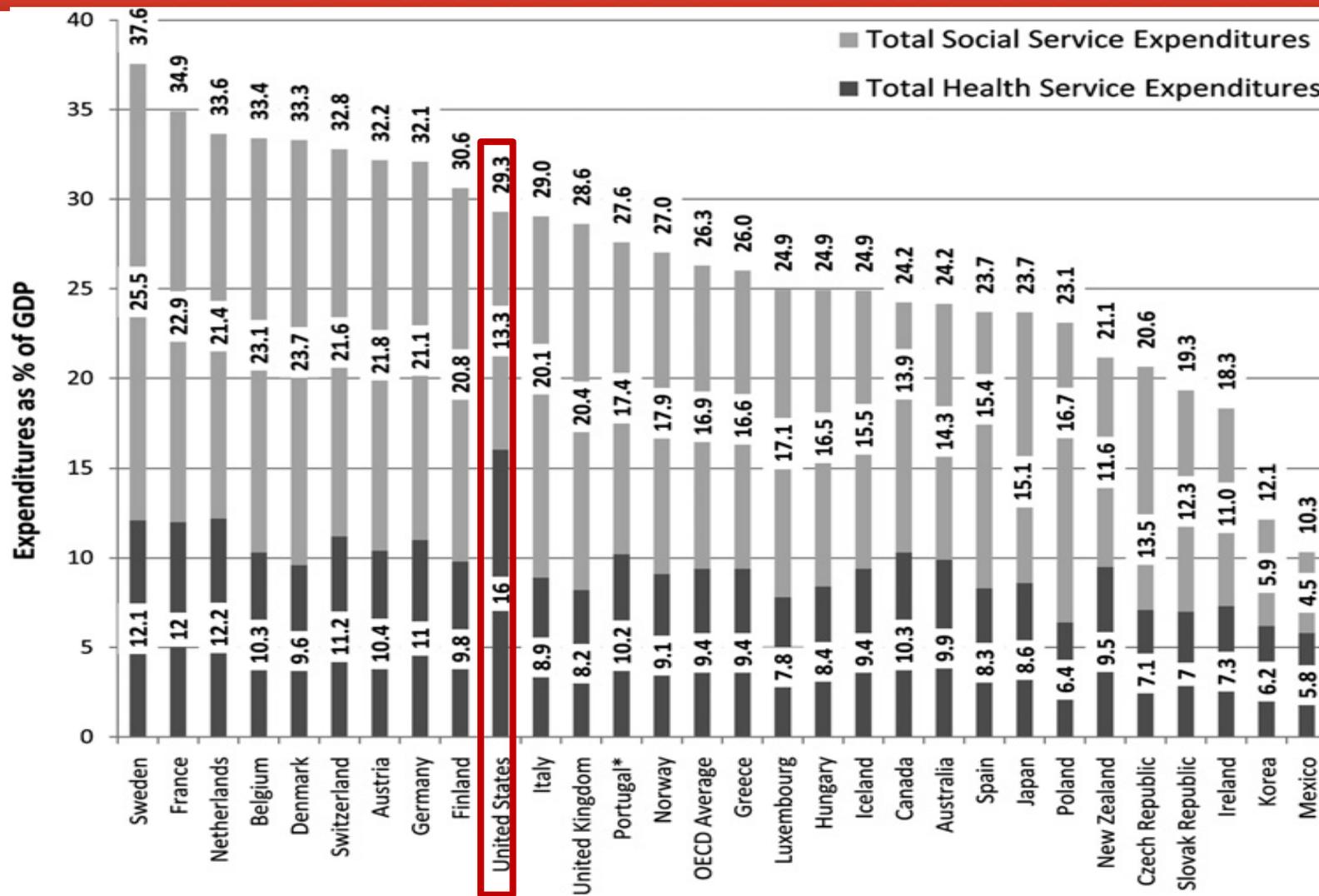
About Customized Service Plans



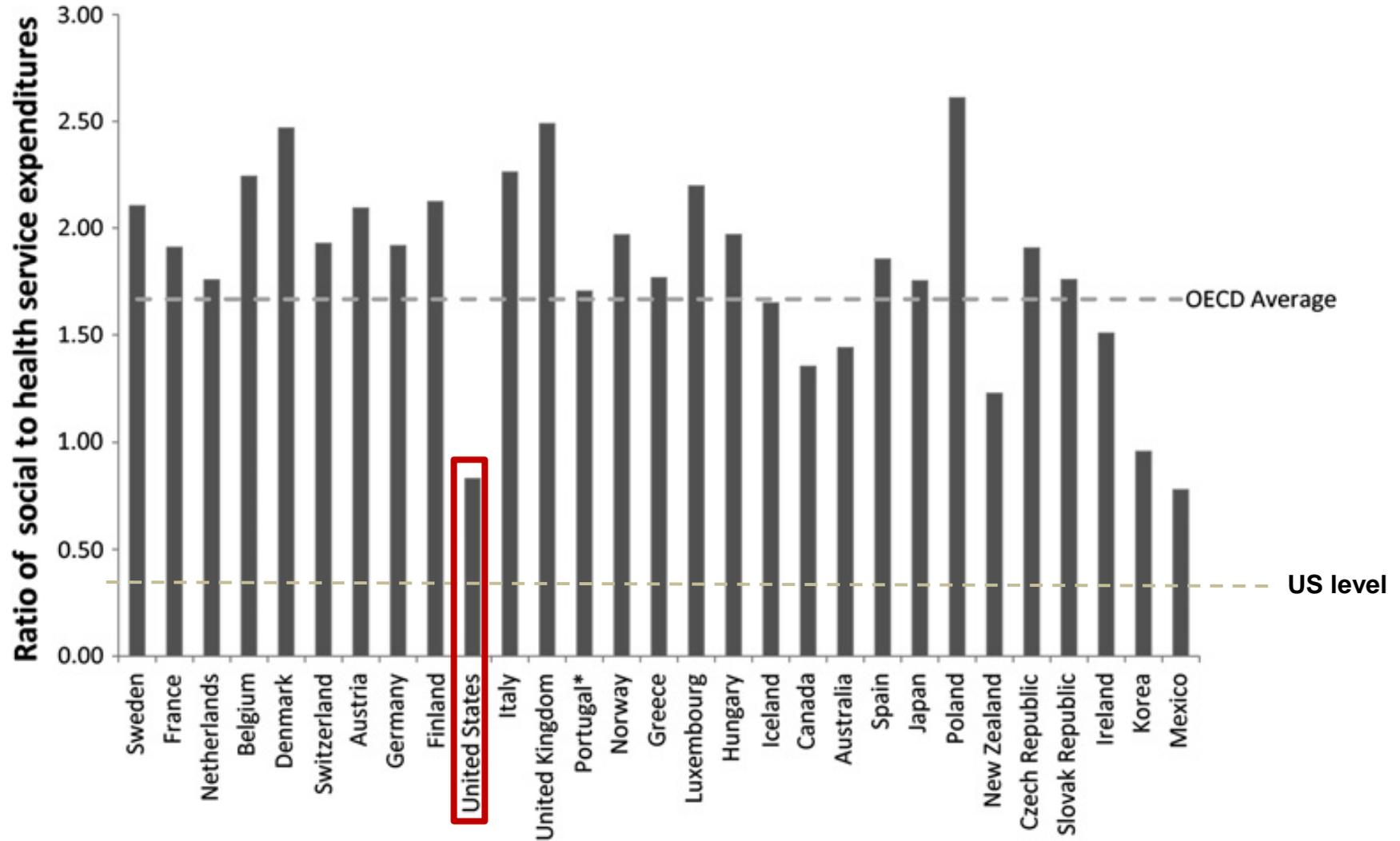
Geriatricize Medical Care

- ▲ Continuity
- ▲ Reliability, 24/7 to the end of life
- ▲ Enabling self-management around disabilities
- ▲ Respecting and including family and other caregivers
- ▲ Attend to the burden of medical care
- ▲ Move services to the home
- ▲ Prevent falls, wrong actions
- ▲ Enhancing relationships, activities, meaningfulness
- ▲ Enduring dementia

Health-service and social-services expenditures for OECD countries (%GDP - 2005)



Health-service and social-services expenditures for OECD countries (as Ratio – 2005)



Disaster for the Frail Elderly: A Root Cause

Social Services

- Funded as safety net
- Under-measured
- Many programs, many gaps

Medical Services

- Open-ended funding
- Inappropriate “standard” goals
- Dysfunctional quality measures

**No
Integrator**

**Inappropriate
Unreliable
Unmanaged
Wasteful “care”**

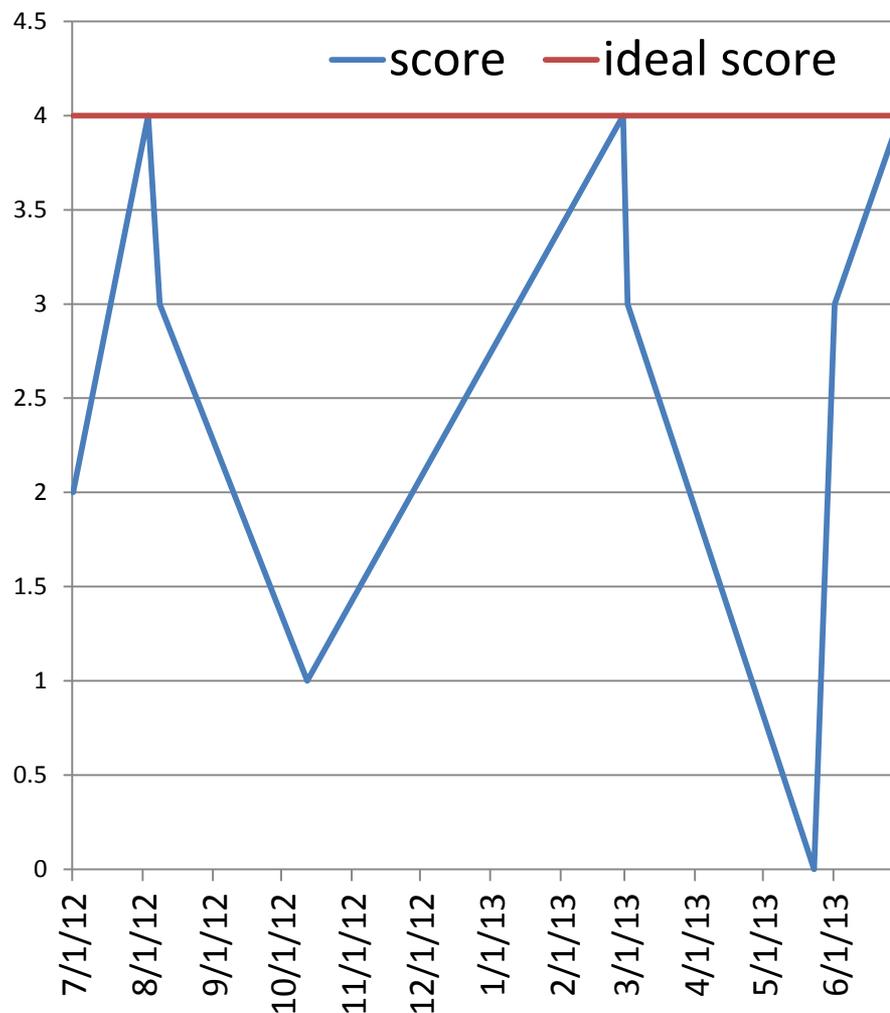
Driver : Manage Local Production System



Patient- Reported Pursuit of Goals

Uneven interval, multiple reporting strategies

Date	Score	Ideal Score
7/1/2012	2	4
8/3/2012	4	4
8/8/2012	3	4
10/12/2012	1	4
2/28/2013	4	4
3/2/2013	3	4
5/23/2013	0	4
6/1/2013	3	4
6/30/2013	4	4



Cincinnati Area Readmissions Over Time



A Winning Possibility: MediCaring ACOs...



"Take us to your primary payer!"

A Winning Possibility: MediCaring ACOs...

- ▲ Four geographic communities - 15,000 frail elders as steady caseload
- ▲ Conservative estimates of potential savings from published literature on better care models for frail elders
- ▲ **Yields \$23 million ROI in first 3 years**

Net Savings for CMS Beneficiaries	Yr 1	Yr 2	Yr 3	3-Yr
<i>Before Deducting In-Kind Costs</i>	-\$2,449,889	\$10,245,353	\$19,567,328	\$27,362,791
<i>After Deducting In-Kind Costs</i>	-\$3,478,025	\$8,463,101	\$17,629,209	\$22,614,284

For more on financial estimates, see <http://medicaring.org/2013/08/20/medicaring4life/>

What would it take?

- ▲ Building highly desirable MediCaring programs for frail elders in a geographic community
- ▲ Generating good care plans for each person, and using them and their evaluations to estimate and geo-map needs, services, gaps, quality problems
- ▲ Using the savings from good medical care to supplement long-term services and supports

Could we do this here?

Of course! San Diego already has foundations for this work, and we really need it when we are old!

SCAN's 5 Pillars of System Transformation

- I. Administrative Reorganization at the state level to streamline administration of multiple programs and make access easier
- II. Global Budgeting at the state level, integrating funding streams affecting the population
- III. Universal Assessment
- IV. Integrated information systems
- V. Quality measurement and quality monitoring.

SCAN's 5 Pillars – and MediCaring

I. Administrative Reorganization at the state level

YES! – but also reorganize at local and federal levels, and create pressure from the MediCaring ACOs

II. Global Budgeting at the state level

YES! – but also shared savings and local budget in MediCaring ACOs

III. Universal Assessment

YES! Essential standardization. Essential for care plans. ACOs cooperate.

IV. Integrated information systems

YES! Would make things easier – for elderly, providers, and managers

V. Quality measurement and quality monitoring

YES! Must measure services against priority goals, and manage locally

What We Really, Really Need...

- 1. The Cohort** – Frail elderly
- 2. The Care Plan** – For each frail person, at all times
- 3. The Services** – Adapted; in-home, supportive
- 4. The Scope** – Social services equally important
- 5. Local Monitoring & Management**

AND THE WILL TO MAKE THESE CHANGES!

The MediCaring Reforms for San Diego

▲ Frail Elders and their Families

Should Demand

- Care plans
- Caregiver support
- Honest assessment of the future
- Much more opportunity to stay at home

Get Angry. Complain effectively. Teach effective complaining and advocacy!

The MediCaring Reforms for San Diego

▲ Community –

- Standardize assessments and care plans
- Develop entity to be accountable for frail elders
- Build on existing coalitions, professional organizations, public trust (including Community-Based Care Transitions)
- Encourage rapidly escalating reforms

Build IT and quality measurement -- and establish the community trust entity that can manage geographic special purpose ACOs

The MediCaring Reforms for San Diego

- ▲ State and Federal governments –
 - Allow the reforms to happen. Create a trial program that San Diego and a dozen other communities can try
 - Fund development of useful quality measures
 - Require care plans, standardize assessments

Advocate for reforms at the right levels, funding, the will for demonstrations! Talk with your representatives and executive agencies. Get others to do so.

Popular Drivers of Improvement for Frail Elders

- 1. INFORMED CHOICE:** Follow a well-developed care plan
- 2. MAKE IT EASY TO PROVIDE BEST HEALTH CARE:** Reliable and appropriate health care services, to the person's residence
- 3. MAKE IT EASY TO SUPPORT FRAIL ELDERS IN THE COMMUNITY:** More substantial, appropriate, and reliable social supports
- 4. CREATE INCENTIVES AND ENSURE SUSTAINABILITY:** Develop an entity to manage local service production and earn special purpose shared savings on a modified ACO model

Consider Frailty –



It is not just multiple medical conditions or high-cost

**We can have what we want and need
When we are old and frail**



**But only if we
deliberately build that future!**