Health Care Reform for When We are Frail and Old

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My Mother’s Broken Back
“The Cost of a Collapsed Vertebra in Medicare”
STRONG CLAIMS FOR SERIOUS REFORM

1. **We are buying the wrong product**, and we should not focus on re-financing that purchase but on revising the product!

2. **We can have what we want and need when old and frail, at a dramatic reduction in per capita cost**, but only through deliberate redesign of the service delivery arrangements.

3. **We cannot keep doing what we are now doing.** Without reform, we will have to learn to turn away from elderly people who have no other options.
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
4. The Scope – Social services equally important
5. Local Monitoring & Management-

AND THE WILL TO MAKE THESE CHANGES!
About the Frail Elder Cohort

Three common definitions:
1. Multiple chronic conditions
2. Losing muscle strength
3. Functional disability

All definitions overlap a lot, Practically, combine some of these:
 a. Age (or Medicare)
 b. Functional disability
 c. Serious chronic condition
 d. Hospitalization or equivalent
Required: Individual Care Plan
About Customized Service Plans

Negotiated Values

Goals

Plan

Integration

Implement

Feedback

Feedback

Evaluation of Quality

Outcomes
Service Plans for Complex Chronic Illness

1. Negotiated Values
2. Plan
3. TIME
4. Implement

Outcomes T₁

Outcomes T₂
URGENT NEEDS for CARE PLANS

▲ Develop demand for multi-dimensional understanding of the situation, and person-centered care plans

▲ Develop processes that regularly produce them

▲ Develop feedback loops for real-time evaluation of merits

▲ Develop quality measures that assess system performance

▲ Use good care plans in system design
What about an "Advance Care Plan?"

▲ Natural to consider lifespan and dying as part of care planning
▲ Include emergency plans like POLST
▲ Designate surrogate decision-maker(s)
▲ Document along with care plan
▲ Update and feedback as for other plan elements
Appropriate Services

▲ Continuity, reliability, trustworthiness

▲ Planning ahead

▲ Caregiver assessment and support
Encourage Geographic Concentration?

▲ Services to homes can be more efficient if allowed to be geographically concentrated

▲ Can utilize local strengths, solve local issues

▲ (However - Must address risks of monopolies)
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

- Inappropriate
- Unreliable
- Unmanaged
- Wasteful “care”
The Scope: A New “Rebalancing”

△ Has been from nursing home to community

△ Needs to be from medical services to social/environmental services
Health-service and social-services expenditures for OECD countries, 2005, as % GDP

BMJ Qual Saf 2011;20:826e831.
Health-service and social-services expenditures for OECD countries, 2005, as ratio

BMJ Qual Saf 2011;20:826e831.
Local level— not just state/federal (and provider)

▲ Frail elders are tied to where they live

▲ Local leaders have better options
What will a local manager need?

▲ Tools for monitoring – data, metrics
▲ Skills in coalition-building and governance
▲ Visibility, value to local residents
▲ Funding – perhaps shared savings
▲ Some authority to speak out, cajole, create incentives and costs of various sorts
▲ A commitment to efficiency as well as quality
Why Now, Why Us?

You care!

We are tired of enduring – and paying for - the wreckage caused by the current “system”

And - Most of us will grow old where we live and work –

*Let’s build the efficient and reliable care frail elders want and need* and *all of us will need in time!*
Some possibilities for action

▲ Help family caregivers to complain…loudly!
▲ Require care plans for frail, disabled elders in conditions of participation, Meaningful Use 3, Duals demos, special needs plans
▲ Learn to measure quality, institute feedback loops
▲ Renew the Older Americans Act
▲ Enable localities to develop monitors and management
▲ Bring direct care workers under fair labor laws
▲ Require Medicare providers to standardize processes and measures
▲ Test a structured benefit for MediCaring at home
▲ Test offering long-term care coverage at retirement
What do you think?
What COULD you do?
What WILL you do?
If we had...

1. The Cohort - Services and processes tailored to frailty
2. The Services – Appropriate for frail elders
3. The Care plans – Negotiated for each frail elder
4. The Scope - Include long term supports and services
5. The local monitor- manager

THEN – My mother, and Your mother, would have...
We can have what we want and need
When we are old and frail….

But only if we deliberately build that future!
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