

IMPROVING HEALTH CARE AND SUPPORT FOR OLDER AMERICANS



POLICY BRIEF

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The MacArthur Foundation Network on an Aging Society brings together scholars who are conducting a broad-based analysis of how to help the nation prepare for the challenges and opportunities posed by an aging society. Research focuses on how major societal institutions, including retirement, housing and labor markets, government and families, will have to change to support the emergence of a productive, equitable aging society. www.agingnetwork.org

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For supporting evidence and deeper background on the issues raised in this brief, see the accompanying Network on Aging in Society backgrounder, “Improving Health Care and Support for Older Americans.”

Policy briefs in this series include:

Supporting Informal Caregiving in an Aging Society

Ensuring Generational Cohesion in an Aging Society

Improving Health Care and Support for Older Americans

Promoting Productivity in an Aging Society

Promoting Lifelong Learning in an Aging Society

Issue backgrounders in this series include:

The Scope and Effects of Informal Caregiving

Intergenerational Cohesion and the Social Compact

Improving Health Care and Support for Older Americans

Productivity in an Aging Society

The Scope and Benefits of Life-Long Learning

The large number of older Americans and the overall aging of the U.S. population are frequently blamed for the woes of the health system. This is not entirely without cause. The majority of health costs tend to be concentrated in the latter part of life and especially near the end of life. Simply put, the longer one lives, the greater the chance that the individual will develop costly chronic or acute diseases and the greater the opportunity for the body to break down. However, the growth in the over-65 population is not the only a reason for the rising costs and failures of coordination. The current system has inefficiencies and conditions that add to costs. Therefore, we have a good opportunity to streamline and improve the health system to better support care for an aging population.

Helping the Health System Serve Older Americans

Improvements in two major areas can better gear the health system toward effectively managing the health needs of an aging population. First, the entire spectrum of providers who minister to the health needs of older Americans should be aligned in a way that will ensure that older individuals receive health care and support in a way that is best suited to their lifestyle and health goals. This spectrum of providers includes physicians, nurses, physician assistants, other providers of long-term care, those in rehabilitation facilities, and family caregivers, among others.

Improvements should include:

- Ensuring adequate training in the principles of geriatric medicine;
- Developing payment systems that encourage well-coordinated care;
- Creating policy that promotes the use of palliative care and patient decision-making tools;
- Using reliable evidence on the specific health needs of those over age 65 to support provider and patient care decisions;
- Developing tools and supports to manage the care of a patient over the long term in a setting best suited to the patient and his or her family; and
- Using technology to more efficiently transfer information.

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Training

In providing the best care for an aging population, the first key step is to appropriately train providers. There is currently a shortage in physicians and other providers with expertise in geriatric medicine, and demand for their services will only grow given the aging population. Ensuring that all doctors, nurses, and other providers have competency in physiologic and other changes related to

aging should be a part of basic training for all clinicians. We must add more training opportunities in geriatrics in graduate medical education, and a geriatric rotation should be part of clinical training.

To provide integrated care for patients, clinicians should be trained to work within a coordinated continuum of geriatric care. The shortage of clinicians specifically trained in geriatrics necessitates continued training for existing clinicians, as well as training for those currently in the early stages of the medical, nursing, or other health care provider education.

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In addition, we must expand training of and support for family caregivers and caregivers in the community.

Laypersons can provide much of the day-to-day support needed by both healthy older individuals and the frail elderly—if they have proper training and a thorough understanding of when and how to ask for help. Many of the social services that improve the health of this population can be offered by nonmedical personnel.

Efforts to increase the geriatric workforce should begin immediately. The benefits will accrue to the health system and patients for decades to come.

Payment Reform

The existing fee-for-service payment system does not encourage the kind of medical care most needed by older Americans. It promotes a high volume of technical procedures rather than solid coordination of services, strong communication, and cognitive services. We need to reimburse based on value, not services delivered. Changes in the Medicare payment structure have already begun in the form of accountable care organizations (ACOs), patient-centered medical homes, and other demonstration projects largely housed at the Center for Medicare and Medicaid Innovation (CMMI). However, these projects are limited in scope and it remains to be seen how effective they will be in accomplishing their goals of improved care and reduced costs. Payment models that are shown to improve outcomes for the Medicare population should be quickly disseminated throughout the Medicare program at the discretion of the Secretary of Health and Human Services.

Improving Care Choices

Incorporated in any new payment model should be incentives to offer palliative care and patient decision-making support throughout the lifespan, but particularly at its end. Palliative care focuses on alleviating the symptoms of serious illness and improve the quality of life of sufferers. Palliative care should be available to patients even without the cessation of curative care, and the management of symptoms and quality of life should be a top priority for health care providers.

Patients who receive palliative care services and those who are involved in the decisions regarding their care have been shown to be more satisfied with their care and, after their eventual deaths,

their families are better able to cope with the loss.¹ Clinician education should include training in the use of decision-making aids and communication, and public programs should pay for these tools and consultations.

Care in the Community

Patient decision-making aids can be used to determine an individual patient's values and preferences with regard to the setting of their care. Long-term care, in particular, can be offered in the home or community setting, an option that is frequently preferred by older Americans as it allows them to remain maximally connected to their families and communities. However, the infrastructure and payment structure to do this may not be in place in all communities. Although long-term care in the home or community can be much less expensive than the same care in an institutional setting, Medicaid payment policy can be an obstacle. The payment structure for long-term care should allow patients to receive the care they need in the setting best suited to their needs and preferences.

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Technology

Technology can be an invaluable tool in the management of health care for older individuals. Electronic medical records can ensure that all providers involved in an individual's care have ready access to the information they need. Telehealth can be used to monitor the vital signs of a frail patient without requiring time consuming and expensive visits to a clinician's office. The American Recovery and Reinvestment Act implemented policy to increase the use of electronic health systems. However, this will be a slow process that merits ongoing assessment and improvement to ensure that use of these systems is as effective and efficient as possible in improving patient care.

Helping Older Americans Stay Healthy

A focus on population health is the second health system policy area that requires attention. Efforts must be made to both increase the likelihood that individuals will reach old age in good (or relatively good) health by creating an environment that is conducive to good health and healthy behaviors across the lifespan and to focus public health policy on the specific risks and needs of older Americans. Achieving this goal, as directed to older individuals and their environment, entails:

¹ Jennifer S. Teme, "Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer," *New England Journal of Medicine* (August 19, 2010).

- A strong investment in public health for the entire population;
- Prevention of chronic diseases;
- A physical environment conducive to healthy living and high levels of social interaction;
- Social and community supports; and
- A strong mental health system.

Although some of these steps are geared specifically toward an aging population, they can, on the whole, be applied to the population at large. Investments in public health that benefit younger generations tend to continue to benefit them as they age.

Prevention and Public Health

The creation of the Prevention and Public Health Fund by the Affordable Care Act was a first step toward a goal of strong preventive health efforts. However, ongoing efforts to rob it of funding in order to offset spending in other areas threaten to undermine the entire health system. The threat is exacerbated by the fact that, although the prevention fund was intended to supplement, not supplant, existing public health funding, this has not necessarily been the case in the face of current budget restrictions.

Full funding for the Prevention and Public Health Fund should be protected and even supplemented as appropriate to support the specific public health needs of an aging population. To improve the future distribution of dollars from the fund, guidelines for community and clinical approaches to prevention across the life course should be created, as well as how these approaches can complement public health and clinical approaches.

A key method of prevention is vaccination, which has long been a fundamental aspect of public health efforts and the best way to prevent the spread of infectious disease. Programs to promote appropriate vaccines at all points in the lifespan can lead to a healthier old age. Vaccines to target diseases that specifically affect older individuals, such as shingles, are also important. Such vaccines should be a top priority for the health system as a simple, relatively low-cost way to prevent communicable diseases.

Also important in encouraging prevention efforts is ensuring that the elderly have access to needed medications at low cost, which can prevent more expensive complications that also reduce quality of life. Part D of the Medicare plan is an important beginning in ensuring access to medications, but more needs to be done, such as creating incentives in Part D for physicians to ensure their patients remain healthy.

Chronic Disease

In addition to the broader impact of overall public health efforts, the effort to prevent chronic disease and disability is vital. Chronic disease has been estimated to account for 75 percent of health system costs, and more than two-thirds of Medicare beneficiaries in 2008 had at least two chronic

conditions.² However, many of these conditions are preventable or their disease progressions can be slowed through intensive lifestyle interventions. Ongoing research into the most effective prevention and screening tools for these conditions, specifically in older individuals, should inform prevention efforts and the coverage and cost-sharing associated with their use. High value prevention tools and programs should be available and implemented as widely as possible.

The Physical Environment

A physical environment conducive to healthy living and high levels of social interaction can help not only to prevent and slow the development of chronic disease and disability, but also improve overall health. Creating and supporting such environments include efforts to reduce pollution that can hamper heart and lung function and exacerbate disease. High standards for clean air and appropriate levels of taxation and fees for pollution are two routes to lowering pollution.

Communities for older adults are another area for intervention. Communities designed for older adults should prioritize access to affordable, healthy foods at full service grocers. In addition, communities should be designed to maximize opportunities for physical activity, in large part by emphasizing walkability. These elements encourage a healthy lifestyle and approaches that support physical activity by older adults are important to prevention of falls, frailty and cognitive decline, as well as prevention of obesity, diabetes, and cardiovascular disease. A later brief in this series focuses in more depth on housing and community design for older Americans, emphasizing intergenerational living and the built environment.

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Social and Community Support

The health of a population is supported not only by obvious medical and public health efforts, but also by the social and community initiatives that can have a profound impact on individual health. Productivity and volunteer opportunities for older individuals both harness their productive capacity and improve their health; active productive engagement is associated with better physical health, lower rates of depression, and less use of medical services.³ This topic is discussed in the brief, “Promoting Productivity in an Aging Society” in this series.

² HealthCare.gov, “Affordable Care Act: Laying the Foundation for Prevention.” Fact Sheet. (Washington, DC: U.S. Dept. of Health and Human Services, 2010).

³ Dave Dhaval et al., “The Effects of Retirement on Physical and Mental Health Outcomes” (Cambridge, MA: National Bureau of Economic Research, March 2006); Susan Rohwedder and Robert J. Willis, “Mental Retirement” *Journal of Economic Perspectives*, 24(1):119-38, 2010.

Social programs that support grandparents who undertake a significant amount of responsibility for their grandchildren both protect the children and ease stress on the grandparents. In addition, these programs can support the caregivers responsible for older adults. Training in first aid and other skills can ease this task, and more generous family leave policies can encourage active family involvement and mutual support from all generations. Federal policy should both directly support these goals and encourage states to do so as well.

Medicare and Medicaid should pay for and facilitate opportunities to offer long-term care services to older adults in their own communities and homes. They should also take special care to protect older individuals from scams and fraud that can leave them without the resources they need to be as self-sufficient as possible in old age. Other federal programs should support the development of social programs, like meal and outreach programs, to improve health and reduce social isolation among older Americans who remain in the community.

Mental Health

Depression and dementia disproportionately affect older individuals, leaving them frailer and less capable of caring for themselves. Mental health should be a key part of well-coordinated health care. Many of the programs to reduce isolation, offer social activities, provide mental health services, and provide health care services can and should be coordinated and managed through a central entity. This would require a holistic approach to an individual's care, encouraging optimal use of all the services. Simply put, when each service is offered and managed by separate entities, those organizations have no incentive to work together and maximize the impact of their individual services. This does a great disservice to those they serve.

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Conclusion

As the United States ages, the costs of health care are bound to increase. Without stronger preventive care and more efficient health care delivery—with an elderly population in mind—the health care costs could continue to spiral higher.

Some of these improvements include rethinking the fee-for-service model of health care delivery and greater adoption of technology to ease the coordination of care. Greater collaboration across services, streamlined systems, and coordinated care will also introduce efficiencies and save money. Equally important is expanding the field of geriatric medicine, training more physicians in geriatric care, and offering training and support to family caregivers. Finally, preventive care and services are an important strategy in lowering health care costs. These can range from the individualized efforts to the societal, such as greater access to healthy foods and healthier environments. The future of the country will inevitably be an older society, but it can also be a healthier society surrounded by an efficient, effective health care system.