Aging in Place: Can We Get There from Here?

Stakeholder Conference on Care, Healthcare, Finance, and Law
Touro Law Center

Carol Levine
Director, Families and Health Care Project
United Hospital Fund

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“No longer will older Americans be denied the healing miracle of modern medicine. No longer will illness crush and destroy the savings that they have carefully put away over a lifetime so that they might enjoy dignity in their later years. No longer will young families see their own incomes, and their own hopes, eaten away simply because they are carrying out their deep moral obligations to their parents, and to their uncles, and their aunts.”

- President Lyndon B. Johnson, signing Medicare into law, July 20, 1965.
This is now...
The language of long-term –
Wait, what’s it called again?

- Long-Term Services and Supports (LTSS)
- MLTC plans
- PFCC
- Assisted living
- Home- and Community-Based Services (HCBS)
- Niche communities
- Long-term care
- PACE
- FIDA
- Aging in place
- NORCs
- Duals
- Villages
A lesson from Humpty Dumpty

“When I use a word, it means just what I choose it to mean—neither more nor less.”

Source: Lewis Carroll, *Through the Looking Glass* (1872)
What does long-term care mean to consumers—and to professionals?

**Consumers**

I won’t need it

—but if I do, Medicare, Medicaid, or some other insurance will pay for it.

**Professionals**

**Medicare**: won’t pay.

**Medicaid**: pays for nursing home and some home care, if qualified.

**Family caregivers**: responsible for providing ongoing care.

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What does long-term care mean to consumers—and to professionals?

<table>
<thead>
<tr>
<th>Consumers</th>
<th>Professionals</th>
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<tbody>
<tr>
<td><strong>All the care I need</strong></td>
<td><strong>Nursing home</strong>: last resort.</td>
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<tr>
<td>• Medical</td>
<td><strong>Assisted living</strong>: for well-off, care highly variable.</td>
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<tr>
<td>• Personal</td>
<td><strong>Home</strong>: private pay or Long-Term Services and Supports (only nonmedical services, e.g., adult day care, meal delivery, home attendant).</td>
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<tr>
<td>• Dietary</td>
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<td>• Medication</td>
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<td>• Social life</td>
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All the care I need will be available **equally** at home, in assisted living, or at a nursing home.
What does long-term care mean to consumers—and to professionals?

**Consumers**
The doctor coordinates all my care.
- Adult day services
- Transportation to appointments
- Medical specialists
- Home attendant
- Meal delivery
If a doctor doesn’t order it, I don’t need it.

**Professionals**
**Care coordination**: roles and responsibility often undesignated or unclear.

**Often unrecognized:**
Family caregivers are de-facto care coordinators for medical, personal, dietary, and social needs.
Policy concerns about long-term care

- What services will be provided?
- How to determine what is “needed”?
- Who will be providing the services? Credentialed or not?
- Who will monitor the services?
- WHO WILL PAY?
- And why can’t the family do this for free?
The new magic bullets

• Technology

• Patient and Family Engagement

• Care Coordination
The new magic bullets

Technology

- AARP Bulletin headline: “Is This the End of the Nursing Home? New Technology Could Allow You or Your Parents to Stay at Home.”
- Variety of products coming to market
- Is the purpose to enhance the quality of life of an older person or to allay the anxiety of adult children?
- Technology that enhances community and human contact is needed
The new magic bullets

Patient and family engagement

• Helping people manage their own health care or new form of “blame the victim” when things go wrong?

Care Coordination

• Often the main care coordinator—the family caregiver—is not included in the care plan.
Mind the gaps

• **Care**
  Aging in place requires both medical and nonmedical care but need coordination.

• **Understanding**
  Consumers and professionals have divergent perceptions of service organization, provision, and payment.

• **Services**
  Patient and family needs and system offerings and availability are often divergent.
How to fill the gaps

Professionals:

• Understand the entire continuum of care and how to refer appropriately (http://nextstepincare.org/Community_Based_Services)

• Listen to what people say they want and need; avoid making assumptions

• Explain options in plain language
How to fill the gaps

Policymakers:

• Address the needs of **all** seriously or chronically ill people
• Not just “duals” and others who fit into neat financial or service boxes.
• Develop communities’ capacity for care
Questions for the future

• Do we need new models or a return to basics?
• What is technology’s role and how do we innovate to improve care?
• Who will finance long-term care?
  • Failed CLASS act, lack of market for LTC insurance
• How do we protect the families who continue to fill these gaps?
More questions for the future

• Patients and families:
  • How do we educate the public about planning for care needs, and reach a broad audience?

• Workforce:
  • Are there better ways to develop well trained and well paid health care workers?

• Leadership:
  • Who will take the lead on these issues?
Thank you

Carol Levine
clevine@uhfny.org
www.nextstepincare.org