Keep Older Adults Healthy

In any health care reform proposals, recognize and protect the pivotal role that the Aging Network plays in bridging the gap between the acute care, behavioral health and long-term services and supports systems to improve health outcomes, quality of care and reduce health care costs.

The national network of Area Agencies on Aging (AAAs) and Title VI Native American aging programs are the community keystones in home and community-based services (HCBS) coordination and delivery. AAAs and their provider networks are on the front lines of the country’s unprecedented demographic shift as 10,000 baby boomers turn 65 each day—a shift that is driving the growth in Medicare and Medicaid utilization and the need to better plan for, coordinate and deliver appropriate care to vulnerable and aging populations across care settings and payment models.

As a new Administration and the 115th Congress consider proposals to reform or repeal and replace the Patient Protection and Affordable Care Act (ACA) and lawmakers weigh changes to foundational safety net programs, such as Medicare, policymakers must prioritize proposals that preserve improvements in care delivery and promote advances toward better integrated, person-centered, self-directed care.

Community-based organizations (CBOs)—particularly AAAs—must be key partners in achieving this monumental change. ACA’s main goals of better care for people, better health for communities and delivered at a lower cost for all should be preserved in any health care reform proposals. Accomplishing these goals will require changes within a historically rigid and resistant medical model of health care delivery to realize and respond to the fact that an individual’s health is much more dependent on what happens at home and in the community than what happens in the doctor’s office or in the hospital.

The AAA network offers a proven track record, well-established community partnerships, stability and a reputation as a trusted resource for older adults and caregivers in all communities. AAAs have built on their long-standing experience providing health-related services.
through the Older Americans Act (OAA), Medicaid and, increasingly, Medicare, to develop relationships with acute health care providers and have shown positive results in improving patient safety, providing better health outcomes and reducing health care costs. As a new Administration and Congress considers additional reforms to health care delivery systems, n4a urges federal policymakers to recognize, engage and preserve the full potential of the Aging Network in improving care and reducing costs, particularly in the following areas.

**Tapping CBOs to Reduce Medicare Costs**

For over fifty years, Medicare has provided vital acute health care coverage to older adults and people with disabilities. Currently, Medicare covers nearly 55 million beneficiaries—or nearly one out of every six Americans. Medicare is the country’s largest health care payer spending more than $646 billion in 2015, or roughly 15 percent of total federal expenditures. While the rate of increase in Medicare spending has slowed since the ACA and other cost-savings measures were implemented, as the population ages, Medicare costs will continue to grow. Despite these fiscally troubling trends, there is no reason to panic. Medicare is not going broke, and there are commonsense strategies that policymakers can promote to further reduce health care costs under Medicare without jeopardizing access to care or increasing costs for often economically vulnerable beneficiaries.

Medicare’s primary role to provide acute health care coverage to older adults and people with disabilities—often the most expensive and medically vulnerable component of the population—in doctors’ offices, hospitals or at the pharmacy often overlooks the fact that the vast majority of individual health happens outside of traditional medical settings. Unfortunately, access to social services and other HCBS that keeps older adults and caregivers healthy and independent outside of the medical system is often inadequately supported to meet a growing need. HCBS may include transportation, nutrition, caregiver support, disease prevention and health promotion programs, and person-centered care management approaches.

Awareness is increasing among the health care sector and policymakers that meeting social and community needs can reduce health care costs while also preserving, promoting and improving health. However, physicians and other health care providers often do not know how to connect their patients to community-based options. According to the Robert Wood Johnson Foundation, nearly 90 percent of physicians indicated they see their patients’ need for social supports, but unfortunately 80 percent of doctors said they do not fully know how to link patients to these networks. Clearly, there is still a wide gap to bridge between these very different social services and medical systems, and it is imperative that new intersections, partnerships and coordination processes are created rather than allowing the medicalization of social services, which will undoubtedly lead to higher costs and reduced consumer satisfaction.

As the nation’s largest health care insurance provider, Medicare must be a primary partner and driver in fostering and building these opportunities and connections. It is also critical that policymakers recognize, include and champion long-standing, successful, efficient and cost-effective systems—such as the Aging Network—as key partners for the health care system in implementing these changes, and ensure these partners are paid for their services. Congress and the Administration should build upon current efforts and pursue new policy options to ensure that older adults and caregivers have sufficient access to social services/HCBS that can preserve and improve health and prevent costly medical interventions. After all, why pay a doctor to do what a social worker can?

**Evidence-Based Prevention and Wellness**

Successful, evidence-based initiatives aimed at bridging the gap between the health care and community-based social services systems currently exist. Congress and a new Administration should protect and expand such initiatives in any health care reform efforts. These initiatives keep people healthy longer and out of doctors’ offices and hospitals.

Supporting evidence-based prevention and wellness programs for older adults is imperative, given the nation’s aging population and growing rates of chronic disease. More than 80 percent of Americans age 65 and older have at least one chronic condition, and half have at least two. Costs, both in terms of health care dollars and disability rates, are staggering. Among older adults, chronic conditions account for nearly 95 percent of health care expenditures and limit the activities of millions of people, decreasing their productivity and ability to live independently.

**Chronic Disease and Falls Programs:** We urge Congress to protect funding for the Chronic Disease Self-Management Program (CDSMP) and falls prevention efforts, administered through the Administration for Community Living but implemented locally. The Prevention and Public Health Fund (PPHF) currently provides the funding, $8 million and $5 million respectively, for these successful programs, and we urge Congress to continue these activities
and resources in any ACA replacement legislation. We must invest in promoting wellness and preventing the diseases that are a main driver of health care costs. (See page 11 for details on these programs.)

**Expanding Diabetes Prevention Programs:** In the 2017 Physician Fee Schedule, CMS finalized a proposal to offer access to the Diabetes Prevention Program (DPP) to all Medicare beneficiaries with prediabetes. We commend the agency on these efforts, and encourage the Administration and Congress to look toward more opportunities to scale successful, evidence-based disease prevention and health promotion programs for Medicare beneficiaries. We also urge CMS to enable and support the efforts of all appropriate CBOs, in particular AAAs, to embrace the cost-and-life-saving potential of DPP and other programs to significantly reduce the percentage of prediabetes beneficiaries who develop diabetes and other costly chronic conditions.

**Care Transitions and Care Coordination**

AAs have demonstrated their ability to partner effectively with health care systems and Medicare quality improvement organizations to administer care transitions programs that provide seamless transitions for consumers from acute care settings to home. These programs have demonstrated improved health outcomes and fewer re-hospitalizations. We need to expand and improve the level of coordination in our nation’s health and HCBS systems with care transitions and care coordination, and ensure that AAAs are actively engaged in and reimbursed for those activities.

**Community-Based Care Transitions Program (CCTP):** The ACA established the Community-based Care Transitions Program (CCTP) to improve care for high-risk Medicare beneficiaries being discharged from the hospital to prevent unnecessary re-hospitalizations and avoidable health care costs. AAAs largely took the lead in implementing this program creating CBO-hospital partnerships that have ultimately demonstrated cost savings and improved care for Medicare beneficiaries. Funding has expired for a majority of the more than 100 initial sites, however, and all program funding will end in 2017.

n4a is very concerned that the key improvements in post-acute care models tested and proven through CCTP will be lost if CMS does not take steps to ensure that remaining, successful sites are continued through either short or longer-term funding extensions that will enable successful, still emerging, models to work toward strategies for sustainability beyond CCTP. We are also concerned that CCTP site performance, measured and evaluated by CMS, uses readmissions and enrollment metrics that do not accurately reflect individual site and program performance, impact, cost savings and patient care improvements.

**Care Transitions and Coordination Innovations:** Beyond funding for the CCTP program, we urge CMS to ensure that hospitals and other health care providers are including AAAs and other CBOs in their discharge planning and care transitions efforts. It is critical that the improvements in patient care and cost-saving infrastructure that was developed through CCTP are not lost or merely rolled into hospital discharge planning activities.

We encourage CMS’s Center for Medicare and Medicaid Innovation to seed new partnerships between the medical community and the Aging Network. New efforts in this area have the potential to better integrate health care and community services through models such as Medical Homes, Medicaid Health Homes and new demonstration projects that better coordinate care to dually eligible individuals.

We appreciate recent efforts by the Senate Finance Committee to explore legislative solutions to improve care for high-risk Medicare beneficiaries who have multiple chronic conditions. As lawmakers evaluate strategies to providing better care at lower cost with improved patient health outcomes, we encourage Congress to take steps to formally incorporate and incentivize collaboration and compensation for CBOs.

Recognizing and involving agencies, such as AAAs, in future legislation addressing these important issues will endorse the key role that the Aging Network plays in improving health and strengthen the ability of the network to be a critical partner in the health care paradigm shift. Specifically, n4a also encourages Congress to explore legislation that would make care transitions activities reimbursable under Medicare and incentivize hospitals to work with AAAs and other community-based organizations to more efficiently and safely facilitate patient transitions from acute health care settings back to the home and community.