



Improve Health and Lower Costs Through Community Interventions

Recognize and protect the pivotal role that the Aging Network plays in addressing the social determinants of health and bridging the gap between the acute care, behavioral health and long-term services and supports systems to improve health outcomes and reduce health care costs.

FOR MORE THAN 40 YEARS the Aging Network has developed local systems of coordinated services and supports that provide person-centered, home and community-based services (HCBS) for older adults. Services offered through Area Agencies on Aging (AAAs) include meals provided in the home and in community settings, in-home care assistance, transportation, information and referral, evidence-based health and wellness programs, medication management, case management and more.

The U.S. health care system is in the midst of a dramatic change as focus shifts from delivering volume to improving

outcomes and value for patients. This evolution, combined with the rapid aging of the population, reinforces the need for health care organizations to tap the expertise of AAAs and their Aging Network partners to meet the health and wellness needs of our nation's aging population.

In recent years, as health care costs have continued to grow, the health care sector has taken a closer look at how social issues affect consumers' health—particularly those with chronic conditions or other complications who are the most expensive to manage. Some of these **social determinants of health** are access to housing, employment, nutritious food, community services, transportation and

social support, and addressing these factors has been shown to improve long-term health and wellness outcomes.

As experts at providing services that improve the social determinants of health, AAAs are increasingly working with health care partners to improve the health of older adults by engaging in innovative models of service delivery.¹¹

As the Administration and Congress continue to consider reforming the Patient Protection and Affordable Care Act (ACA) and lawmakers weigh changes to foundational safety net programs, such as Medicaid and 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—particularly AAAs—must be key partners in achieving this monumental change.

As our nation 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 health and reducing costs, particularly in the following areas.

Tapping the Aging Network 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 57 million beneficiaries—or nearly one out of every six Americans. Medicare is the country’s largest health care payer, spending more than \$672 billion in 2016, 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 and more individuals become eligible for 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 in doctors’ offices and hospitals to older adults and people with disabilities—often the most expensive and medically vulnerable component of the population—frequently overlooks the fact that the vast majority of factors that influence individual health happen outside of traditional medical settings. Unfortunately, access to social services and other HCBS that keep older adults and caregivers healthy and independent outside of the medical system are often inadequately supported to meet a growing need. These HCBS may include transportation, nutrition, caregiver

support, disease prevention and health promotion programs, and person-centered care management approaches.

The health care sector and policymakers are becoming increasingly aware that meeting social and community needs (i.e., the social determinants of health) 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 surveyed physicians indicated they see their patients’ need for social supports, but unfortunately 80 percent 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. Nurses don’t need to become social workers, but we need systems that recognize the value of and pay for both types of care and support.

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.

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 and HCBS that can preserve and improve health while preventing costly medical interventions.

The Value of Medicare Education

AS LAWMAKERS AND THE ADMINISTRATION explore legislative and regulatory opportunities to expand options to beneficiaries under Medicare Advantage and prescription drug coverage, it is essential that beneficiaries have access to unbiased, objective resources to ensure they fully understand their coverage choices.

In all 54 states and territories, State Health Insurance Assistance Programs (SHIPs) provide impartial, in-depth, individual counseling to millions of Medicare beneficiaries on all their Medicare coverage choices. Nearly two-thirds of AAAs administer their local SHIP programs.¹² With the Medicare rolls growing by 10,000 people each day and dozens of Medicare coverage options available to

each beneficiary, SHIPs play a critical role in ensuring that beneficiaries understand their choices. Choosing among plans that offer differing premium costs, cost-sharing arrangements and provider networks can be an overwhelming experience—especially for physically and/or cognitively impaired older adults—and studies in numerous states show that SHIP services can save Medicare beneficiaries millions of dollars a year collectively. Given that nearly half of all Medicare beneficiaries live on incomes below \$25,000 annually, even a few hundred dollars saved is well worth the investment.

Furthermore, state and local agencies (including SHIPs, AAAs and Aging and Disability Resource Centers) also perform outreach and assistance to especially vulnerable low-income Medicare beneficiaries to ensure they receive the low-income benefits to which they are entitled.¹³

Unfortunately, even as the complexity of the Medicare system grows, some lawmakers and the Administration have proposed eliminating SHIP services altogether. SHIP resources have bipartisan support within Congress, and we encourage both Congress and the Administration to ensure that these resources are protected and ultimately increased. (See page 11 for n4a’s appropriations request for SHIPs.)

Evidence-Based Prevention and Wellness

A PROVEN TOOL IN OUR NATION’S EFFORTS to improve health outcomes and reduce costs are community interventions that have been rigorously evaluated to ensure that they improve the health and well-being of or reduce disease, disability and/or injury among older adults.¹⁴

Supporting existing—and developing new—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.¹⁵ 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 expenditures¹⁶ and limit the activities of millions of people, decreasing their productivity and ability to live independently.

Congress and the Administration should protect and expand evidence-based programs, in both existing federal funding streams and in any health care reform efforts.

Older Americans Act Title III D: This subtitle of the OAA delivers evidence-based health promotion and disease prevention programs to prevent or better manage the conditions that most affect quality of life, drive up health care costs and reduce an older adult’s ability to live

independently. Commonly used interventions address the risk of falls, managing chronic diseases, mental health and medication management. However, appropriations for III D are woefully inadequate and should be increased significantly in FY 2019. (See page 10 for other funding recommendations for OAA programs and services.)

PPHF Chronic Disease and Falls Programs: n4a urges 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. We must invest in preventing the diseases and injuries that are a main driver of health care costs. (See page 12 for more.)

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 community-based organizations (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

WHEN OLDER PATIENTS LEAVE HOSPITALS or skilled nursing facilities for home, making that transition



successfully can be difficult. If not managed properly, unnecessary rehospitalizations and negative health outcomes are frequently the result, driving up health care costs.

AAAs 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 back to their homes. These programs have resulted in improved health outcomes and fewer rehospitalizations by providing assistance with nutrition, transportation, caregiving and other in-home supports.

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 rehospitalizations 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.

The final evaluation of the program, however, did not capture the full breadth of its successes and learnings. Congress and the Administration should create innovative, next-generation approaches to care transitions, building off of the CCTP foundation, and ensure that CBOs and health care entities can form successful partnerships.

Care Transitions and Coordination Innovations

We also urge CMS to ensure that hospitals and other health care providers are including AAAs in their discharge planning and care transitions efforts. It is critical that the improvements in patient care and cost-saving infrastructure that were developed through CCTP are not lost, and that all future CMS incentives and directives to hospitals that involve wraparound social services have a clear role for qualified CBOs.

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.

Furthermore, as CMS implements new provisions in Medicare Advantage to improve care for high-risk Medicare beneficiaries with multiple chronic conditions, it's essential that CBOs in general and AAAs in particular are involved in the provision of these in-home and community-based supportive services that support health.

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 while strengthening 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 CBOs to more efficiently and safely facilitate patient transitions from acute health care settings back to the home and community.

Endnotes

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