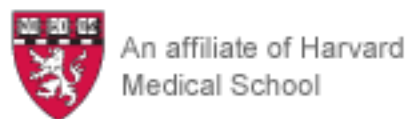


COLLAGE in Historical Context: Follow the Yellow Brick Road

Robert J. Schreiber, MD

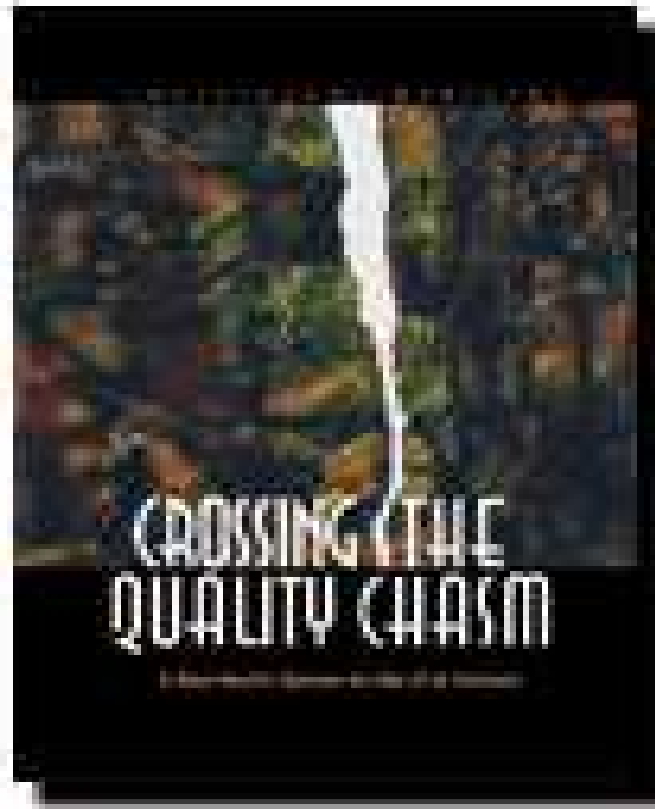
September 27, 2010



The New Reality

- Healthcare consumes now 18% of GDP and will increase to 34% by 2040
- 79% of US healthcare \$ spent on chronic care
- Medicaid expenditures are growing so rapidly that states can not meet demand
- Nursing home beds are decreasing in the communities
- Health care reform is going to result in payment for outcomes and not service

The IOM Quality report: *A New Health System for the 21st Century*

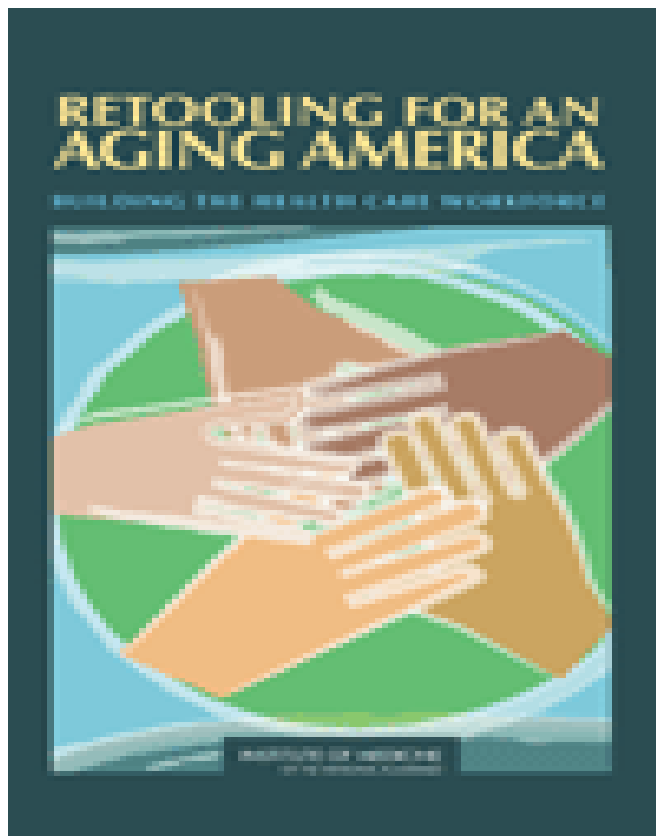


<http://www4.nas.edu/onpi/webextra.nsf/web/chasm?OpenDocument>

IOM Report: *Six Aims for Improving Health Systems*

- **Safe** - avoids injuries
- **Effective** - relies on scientific knowledge
- **Patient-centered** - responsive to patient needs, values and preferences
- **Timely** - avoids delays
- **Efficient** - avoids waste
- **Equitable** - quality unrelated to personal characteristics

Retooling for an Aging America: Building the HealthCare Workforce



- IOM 2008
- Report Calls for a fundamental reform in the way we care for older adults

http://books.nap.edu/catalog.php?record_id=12089#toc

NCOA Survey of Chronic Conditions: Findings 2009

- The survey examines the attitudes of Americans with chronic conditions and explores their quality of life, health needs and experiences with the health care system
- A bleak and broken health care system for millions of Americans suffering from a variety of chronic conditions.
- The survey also identifies barriers to self-care and what is needed to better manage overall health.
- ***Points to need for cost-effective self-management programs and support as part of comprehensive health reform***

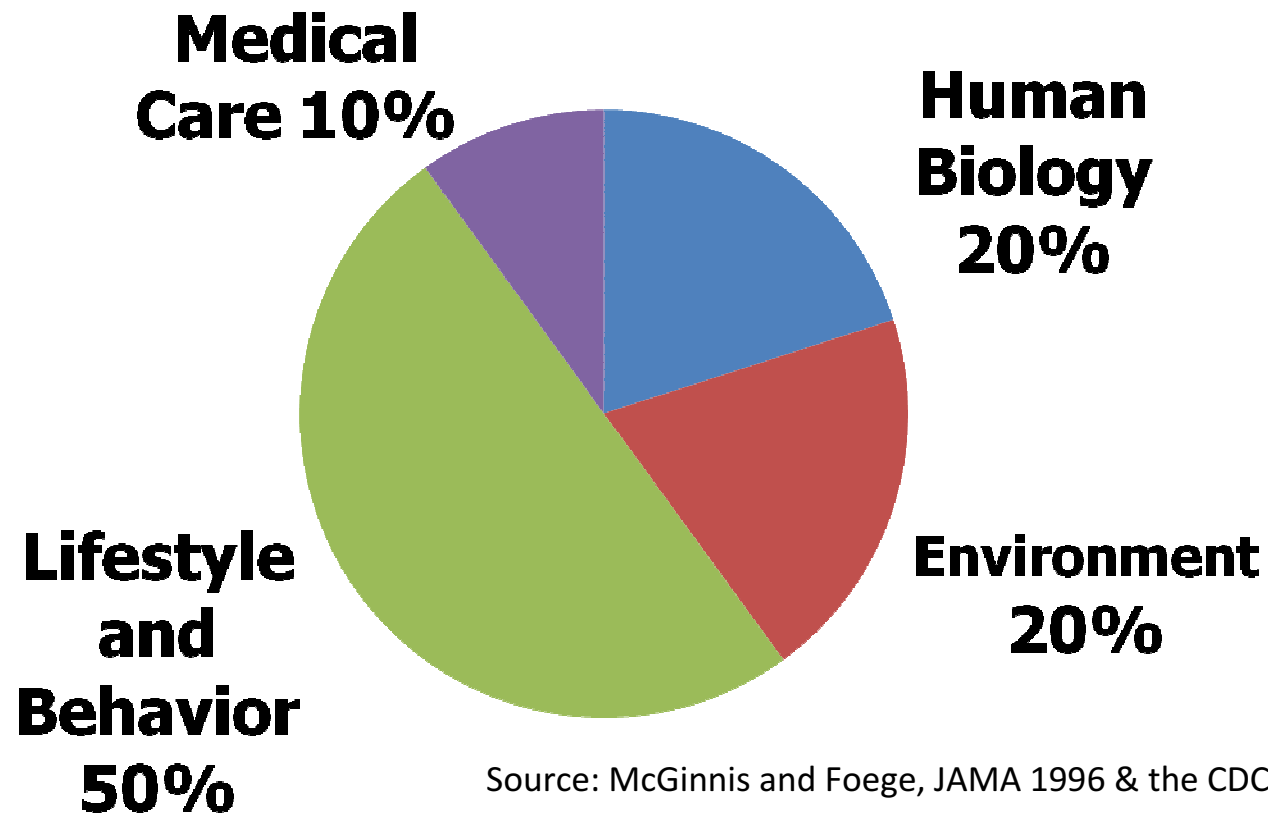
<http://www.ncoa.org/improving-health/chronic-disease/healthier-lives.html>

Themes from People with Chronic Conditions

- Diversity in who is affected and how.
- Hurting, tired, depressed and stressed
- Reliance on healthcare system that's not working
- Need help learning how to take better care of my health in a way that works for me and my life
- Have multiple health problems and conditions make it difficult for them to take better care of myself
- Struggles
 - Delaying medical care
 - Barriers to self-care
- Seeking realistic, practical, customized help

What Impacts Health Most?

Influence Factors on Health Status



Source: McGinnis and Foege, JAMA 1996 & the CDC

“Actual Causes of Death”

Behavioral Risk Factors

Behavior	% of deaths, 2000
– Smoking	19%
– Poor diet & nutrition/ Physical inactivity	14%
– Alcohol	5%
– Infections, pneumonia	4%
– Racial, ethnic, economic Disparities	?

U.S Preventative Services Task Forces

Principal Findings

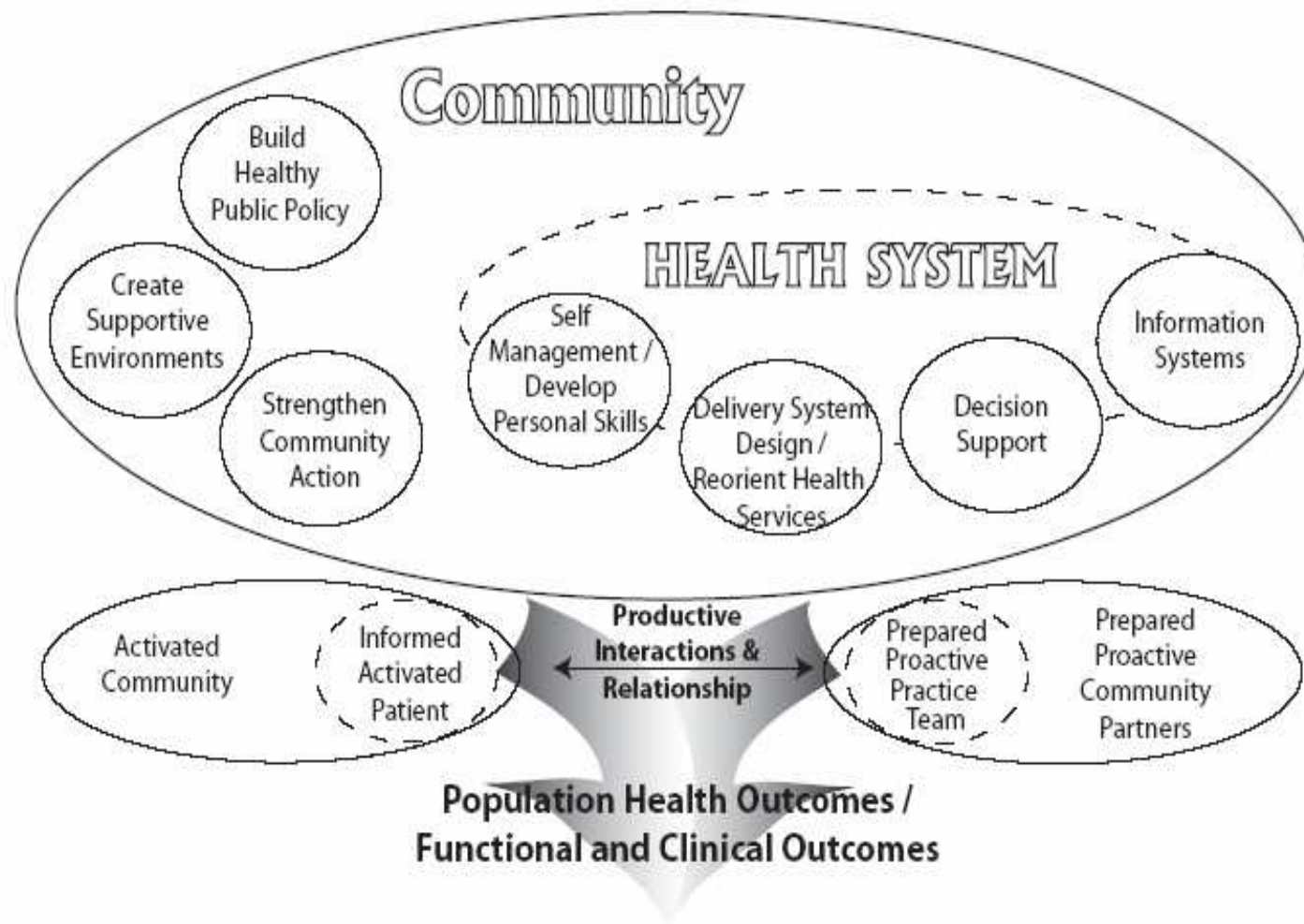
- Most effective interventions address personal health practices: smoking diet, safety, physical activity, substance abuse
- Need more selectivity guided by individual risk factors
- Counseling and patient education are most important criteria than certain diagnostic tests
- Preventative services could be incorporated into visits for illness
- **Patients need to assume greater responsibility for their health**

Healthy AgingMore than a program

Healthy aging is a systems change strategy, not simply a program or service.



THE EXPANDED CHRONIC CARE MODEL: INTEGRATING POPULATION HEALTH PROMOTION



New Playing Field: “Patient Protection and Affordable Act”

Focus on 4 issues relevant to healthcare reform

1. Providers
2. Self-Management
3. Care Coordination
4. Research

Home and Community Based Services Are Critical in New System

- Development of Health Aging Communities
- Self-management, self-determination, self-advocacy
- Community-based, collaborative solutions
- Prevention in delay of sickness and impairment
- Evidenced based outcomes, comparative effectiveness
- Challenge ageism, health disparities

From the Research Perspective: The Value of Collage for IFAR

- “Living Laboratory” Approach
 - A systematic approach to improve service provision and facilitate quality improvement and decrease cost of care
 - CMS Innovation Fund Opportunity to Study New Model of care
- Use of COLLAGE as foundation for implementing the Chronic Care Model in community environment
- Incorporate into the Geriatric Patient Centered Medical home
- Expanding program to all our elder housing sites (CCRCS, supportive housing sites, HUD housing sites)

The Living Lab at IFAR and tm Collage?

- Establish a well elderly data repository to develop evidence-based wellness and intervention programs for staying independent longer
- Provide recommendations to residents for reducing the effects of diseases or disabilities
- Expand residents' involvement in their health care planning
- Improve health care outcomes for older adults
- Study what is effective and what is not