

**“We Don’t Need an Assessment System, Our
Residents are Too Healthy!”**

**Ways to Improve Healthy Aging Outcomes in Very
Healthy Older Adults**

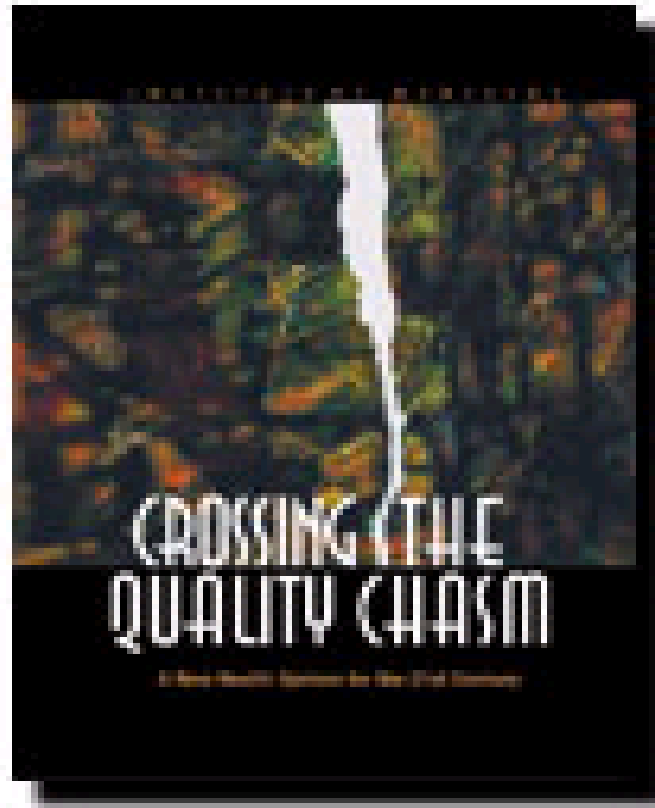
Robert J. Schreiber, MD

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
- 10% of Medicare population generates 63% of the cost
- 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>

The IOM Quality Report: *Selected Quotes*

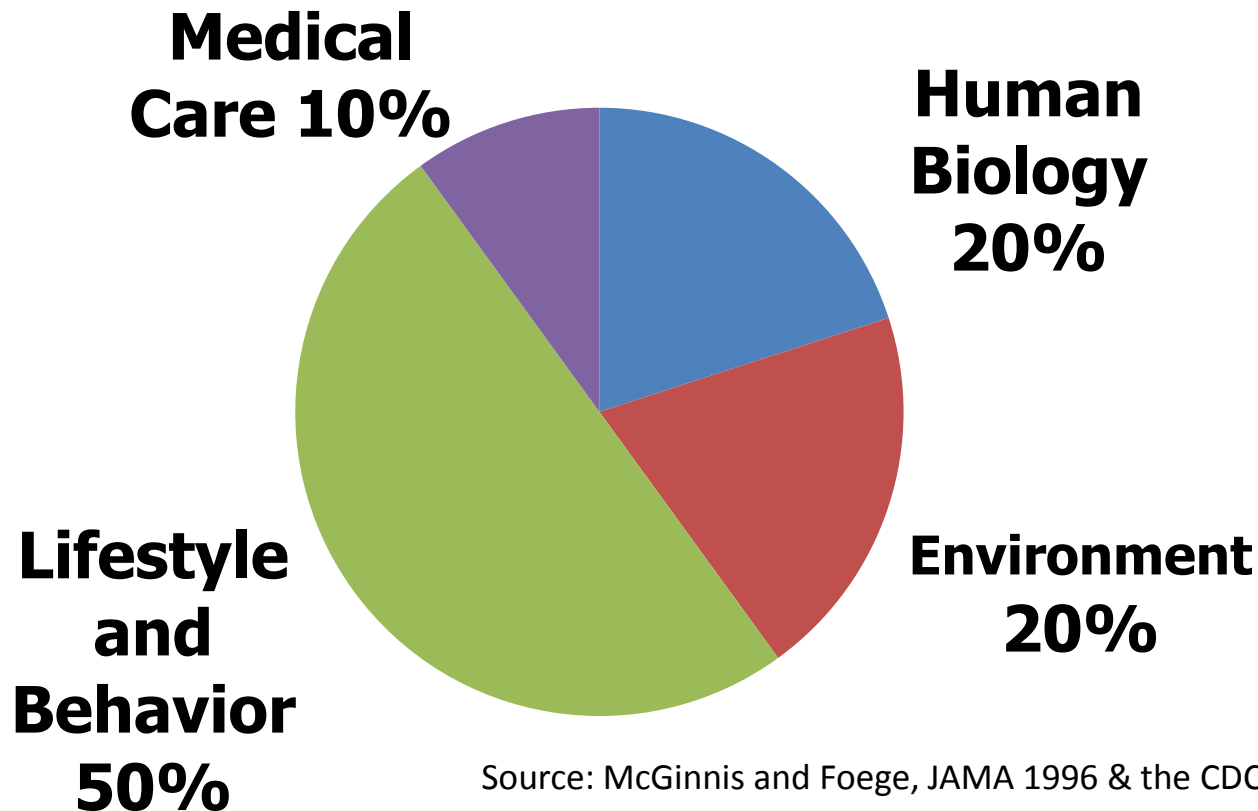
- “The current care systems **cannot** do the job.”
- “Trying harder will not work.”
- “Changing care systems will.”

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

What Impacts Health Most?

Influence Factors on Health Status



Source: McGinnis and Foegen, 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	?

Threats to Health and Well-being Among Seniors

- 73% age 65 - 74 report no regular physical activity
- 81% age 75+ report no regular physical activity
- 61% - unhealthy weight (34% Collage)
- 33% - fall each year
- 20% - clinically significant depression
- 35% - no flu shot in past 12 months
- 45% - no pneumococcal vaccine
- 20% - prescribed “unsuitable” medications

www.cdc.gov/nchs

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**

Prevention Works for Older Adults

- Longer life
- Reduced disability
 - Later onset
 - Fewer years of disability
 - Fewer falls
- Improved mental health
- Lower health care costs

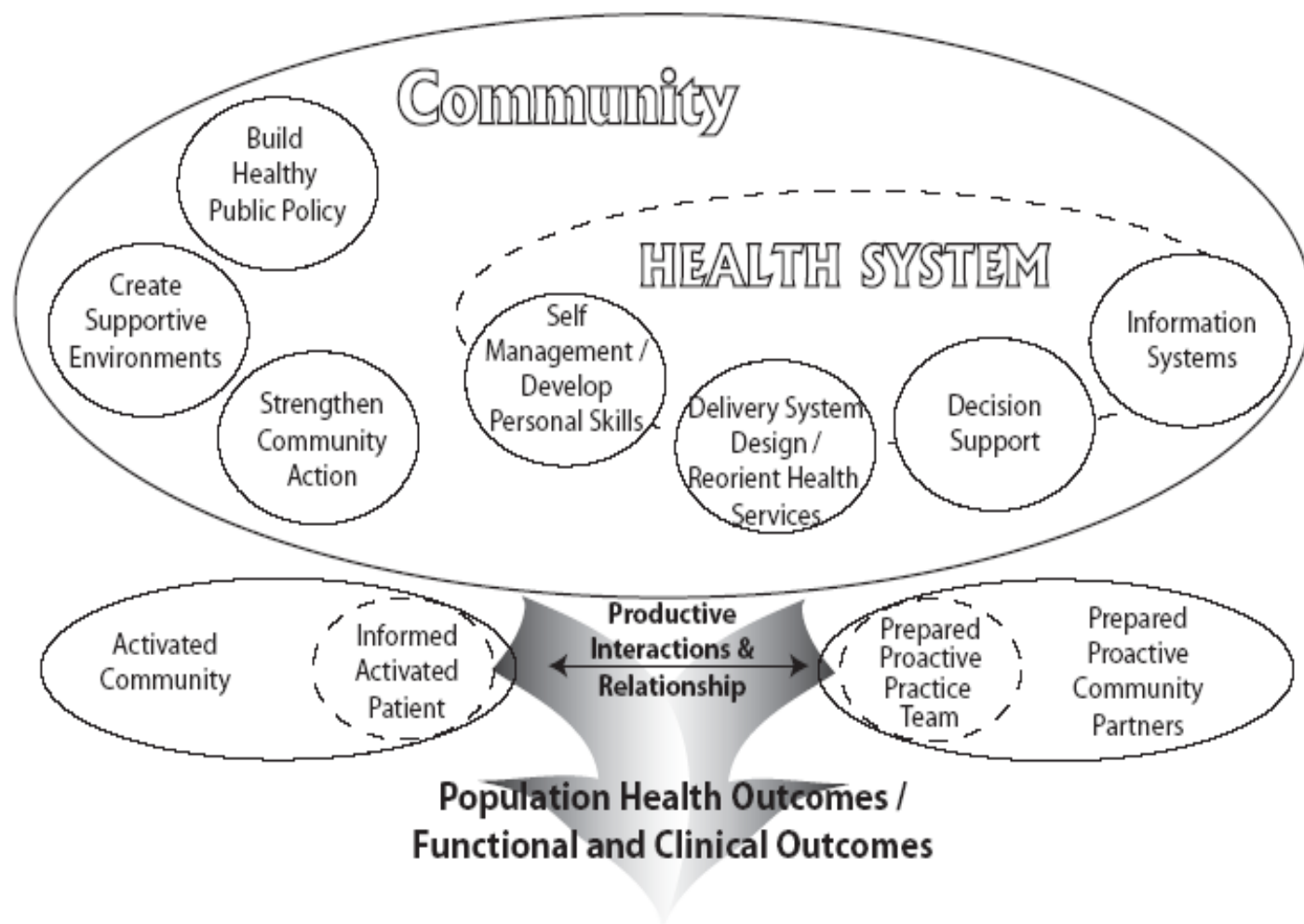


www.healthyagingprograms.org/content.asp?sectionid=85&ElementID=304

Wellness is Managing Chronic Illness

- 85% of people 65 or older have 1 or more chronic illnesses
- 25% of these have 4 or more conditions
- Wellness in this population is preventing progression of chronic disease!!

THE EXPANDED CHRONIC CARE MODEL: INTEGRATING POPULATION HEALTH PROMOTION



Healthy AgingMore than a program

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



“Patient Protection and Affordable Care Act” Building on Chronic Care Model

Focus on 4 issues relevant to healthcare reform

1. Providers

2. Self-Management

3. Care Coordination

- requires three “I”s: information, infrastructure, and incentives

4. Research

- Patient-Centered Outcomes Research Institute (PCORI)
- Integration of the PCORI’s research findings with decision supports, guidelines, and other aspects of EHR

Opportunities For Building Healthy Aging Communities

- Involvement with dissemination of Evidenced-based Programs
- Self-management, self-determination, self-advocacy
- Community-based, collaborative solutions
- Prevention in delay of sickness and impairment
- Evidenced based outcomes, comparative
 - Prevent Hospitalizations
 - Care Coordination: PCMH, Care transitions

AOA Empowering Older Adults to Prevent Disease Through ACA

- Enables older people to make lifestyle modifications that can reduce their risk of disease, disability, and injury
- Evidence-based health promotion and disease prevention programs through local aging services provider organizations through linkage with state services
- **All states funded** to provide CDSMP to older adult population

National Initiative

Surgeon General

“Americans will be more likely to change their behavior if they have a meaningful reward-- something more than just reaching a certain weight or dress size. The real reward is invigorating, energizing, joyous health. It is a level of health that allows people to embrace each day and live their lives to the fullest without disease or disability.”

- *VADM Regina M. Benjamin, M.D., M.B.A.,
Surgeon General*

Surgeon General's Perspectives

SELF-MANAGEMENT PROGRAMS: ONE WAY TO PROMOTE HEALTHY AGING

The United States population is aging rapidly. In 2007, about 38 million people in America were aged 65 and older, about 13% of the population. That number is expected to nearly double by 2030 to an estimated 71.5 million Americans.¹

Unfortunately, chronic illnesses often accompany the aging process. In 2002, the top three causes of death for U.S. adults aged 65 or older were heart disease (32% of all deaths), cancer (22%), and stroke (8%). These illnesses accounted for more than 60% of all deaths in this age group. Currently, at least 80% of older Americans are living with at least one chronic condition, and 50% of them have at least two conditions.²

Not surprisingly, health-care expenditures increase as people age and their health deteriorates. Experts at the U.S. Department of Health and Human Services (HHS) project that the cost of health care will reach \$3.6 trillion in 2014, up from \$2.2 trillion in 2007. The mean annual rate of growth of health-care costs through 2018 is projected to be 6.2%. Medicare spending grew 7.2% to \$431 billion in 2007. Hospital expenditures grew 7.3% in 2007, up from 6.9% in 2006. It is projected that in 2018, Medicare spending will be nearly \$935 billion.³

A number of older adults, especially members of racial/ethnic minority groups, have difficulty locating health-care services. In many communities, access to quality health services—and the costs of those services—remains a major obstacle for these and other segments of the population. To ease this problem of access and provide the needed comprehensive care to older Americans, the U.S. must more than triple the current number of clinicians with specialized geriatric training, according to the Alliance for Aging Research.⁴ Indeed, the U.S. has only about a quarter of the people needed to train students, residents, and physicians in geriatrics. Additionally, the need for community-based service programs will increase, including nutrition, physical fitness, and fall prevention programs, which play a critical role in helping seniors to maintain and even improve their health. Many of the nation's leading health-care experts are recommending a combination of clinical and community-based interventions to address the growing prevalence of chronic conditions.



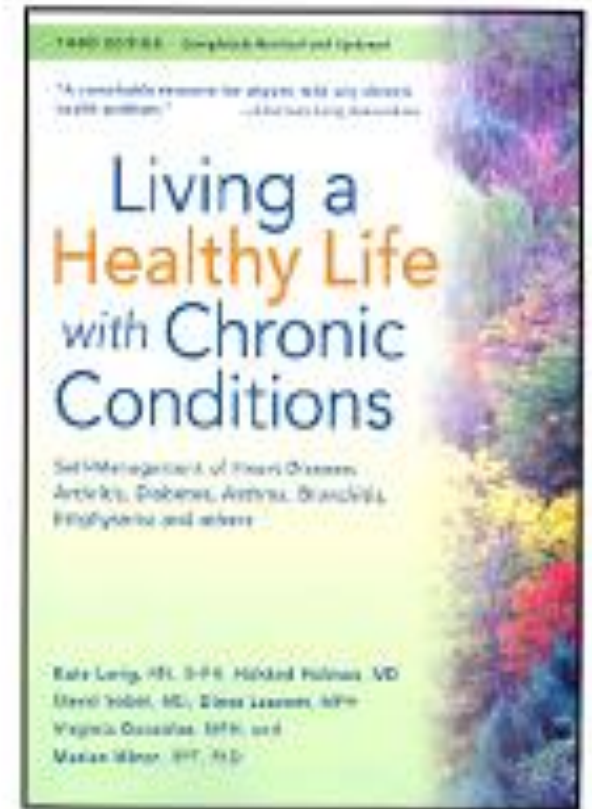
RADM Steven K. Galson,
Acting Surgeon General

Community-based self-management programs will be particularly important in helping older adults manage their chronic conditions. Self-management programs help individuals gain self-confidence in their ability to control symptoms and manage the progression of several long-term and chronic age-related illnesses. Programs such as Stanford University School of Medicine's "Chronic Disease Self-Management Program" and Senior Services of Seattle's "Enhance Fitness" program significantly increase the self-confidence of older adults when it comes to their health and managing their chronic illnesses. To obtain the best possible outcomes using self-management strategies in chronic conditions, patients must have access to information and services that can help them learn about and cope with their disease. Such information will also help them gain confidence in their ability to better manage their particular illness.

Diabetes is among the most prevalent of the chronic illnesses that affect older people, and efforts to control blood glucose levels are a good example of how self-management programs can be used successfully to improve outcomes. Diabetes is an expensive chronic illness to treat. The annual cost of diabetes care of older adults is estimated to be more than \$5 billion.⁵ Half of those with type 2 diabetes are older than 60 years of age,

Evidenced based Programs Disseminated in MA

- Healthy Eating for Successful Living in Older Adults
- Stanford University's Chronic Disease Self-Management Program (My Life, My Health)
- A Matter of Balance (Falls Prevention)
- Fit For your Life (Physical Activity)
- Arthritis Foundation Exercise Program
- Diabetes Self-Management Program



My Life My Health

A Chronic Disease Self-Management Program
In Massachusetts





My Life My Health: EBP In Practice

Participant Benefits

Six Months Later

- Increased exercise
- Better coping strategies and symptom management
- Improvement in self-rated health, disability, social and role activities and health distress
- Increased energy
- Decreased fatigue
- Decreased disability
- Fewer visits to the doctor and hospitalizations





My Life My Health: EBP In Practice

Participant Benefits

Two Years Later

- No further increase in disability
- Decreased health distress
- Decreased visits to the doctor and emergency room
- Increased self-efficacy
- Saved from \$390 to \$520 per patient over the two year study (1999)



Upstream Approach at Hebrew SeniorLife for Healthy Aging

- State of the art health care
- Collage
- Evidence-Based Programs
 - Healthy Eating for Successful Living
 - CDSM
 - Matter of Balance
 - Fit for Your Life Program
- Vitality “360”