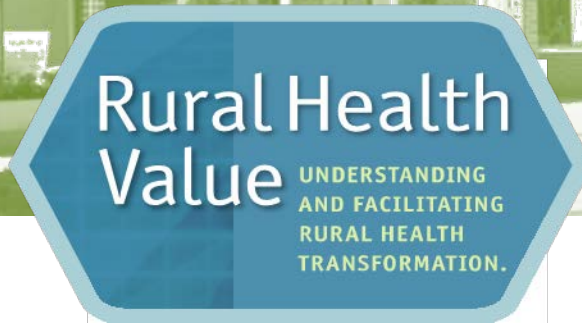


Center for Rural Health Policy Analysis



Population Health: Aging and Long-Term Care

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Stratis Health

TASC Flex Population Health Collaborative

May 14, 2020



Rural Health Value

- **Vision:** To build a knowledge base through research, practice, and collaboration that helps create high performance rural health systems.
- Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP) Cooperative agreement started in 2012.
- **Partners:**
 - University of Iowa RUPRI Center for Rural Health Policy Analysis
 - Stratis Health
- **Activities:**
 - Resource development and compilation, technical assistance, research

www.ruralhealthvalue.org



Overview

- Why focus on aging?
- What is Long-Term Care?
- Landscape of aging and long-term care services
- Opportunities related to aging and population health:
 - Advance Care Planning
 - Age Friendly Health Systems
 - Care Coordination
 - Bolster Community Services
- Alignment with value-based reimbursement

Why focus on aging and population health?

- Rural median age is 51 compared to urban median age of 45.
- Approximately 25% of all seniors live in rural communities compared to 21% of the overall population
- 'Oldest Old' population is expanding rapidly
 - People 90 and older now comprise 4.7% of the older population (age 65 and older). By 2050, this share is likely to reach 10%
 - Women aged 90+ outnumber 90+ men nearly 3 to 1
 - Over 80 percent of the 90+ women are widowed, while more than 40 percent of the 90+ men are married

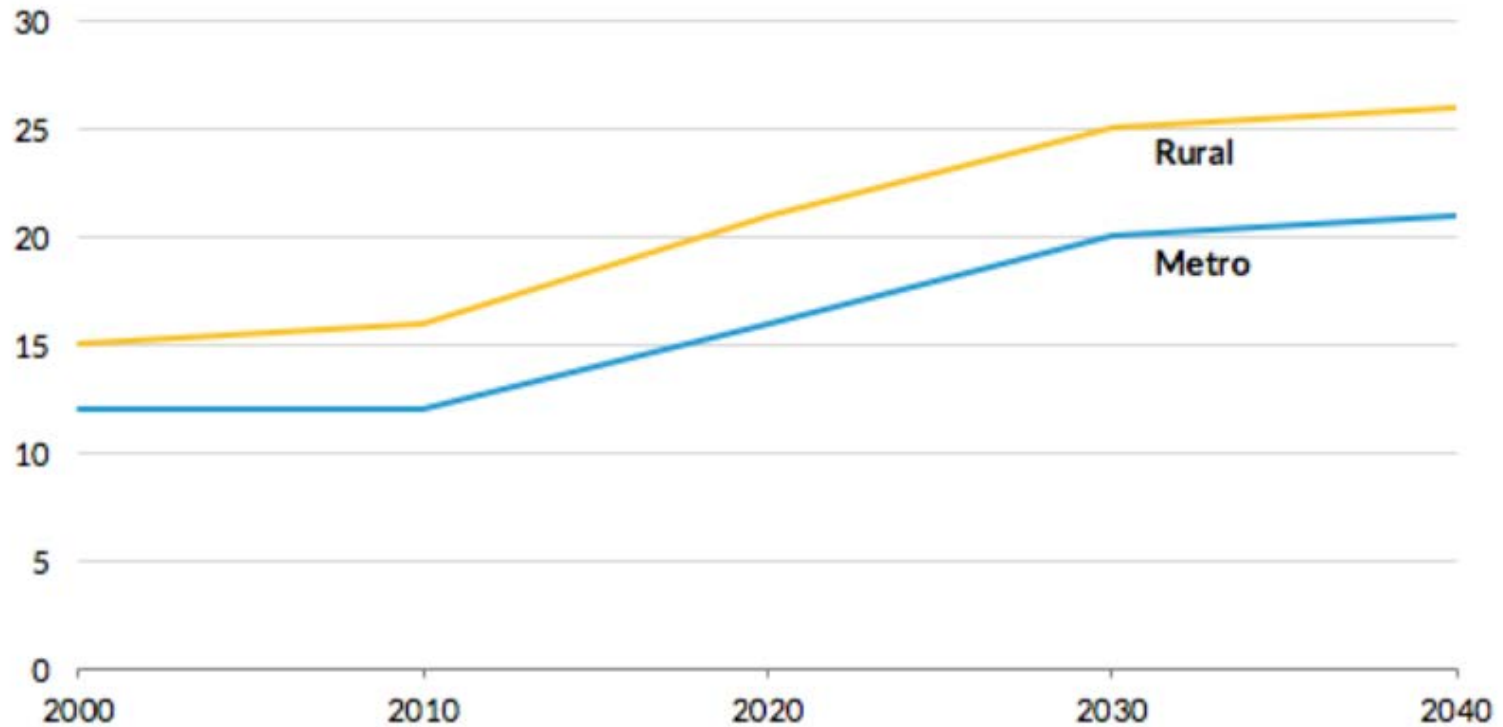


<https://www.census.gov/content/dam/Census/library/visualizations/2016/comm/acs-rural-urban.pdf>
www.ruralhome.org/sct-information/mn-hac-research/mn-rrr/1035-rrr-rural-seniors-2014
www.npr.org/sections/thetwo-way/2011/11/17/142457598/90-is-the-new-85-oldest-old-population-is-expanding-rapidly



Population Growth for Older Adults in Metro and Rural Areas

Percent



Source: US Census of Population and Housing.

Notes: Older adults are age 65 or older. Numbers for 2020-40 are Urban Institute projections.

URBAN INSTITUTE

Senior Population by Age Group, 1900 - 2050

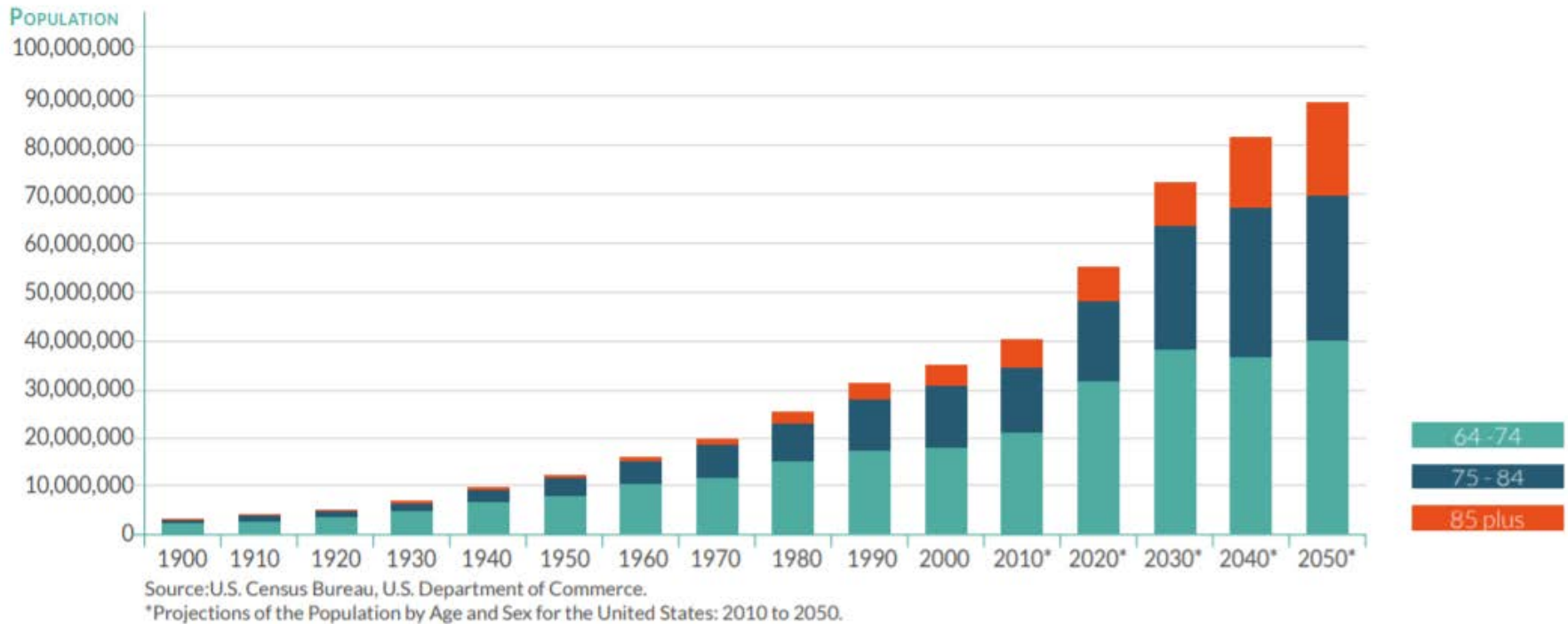
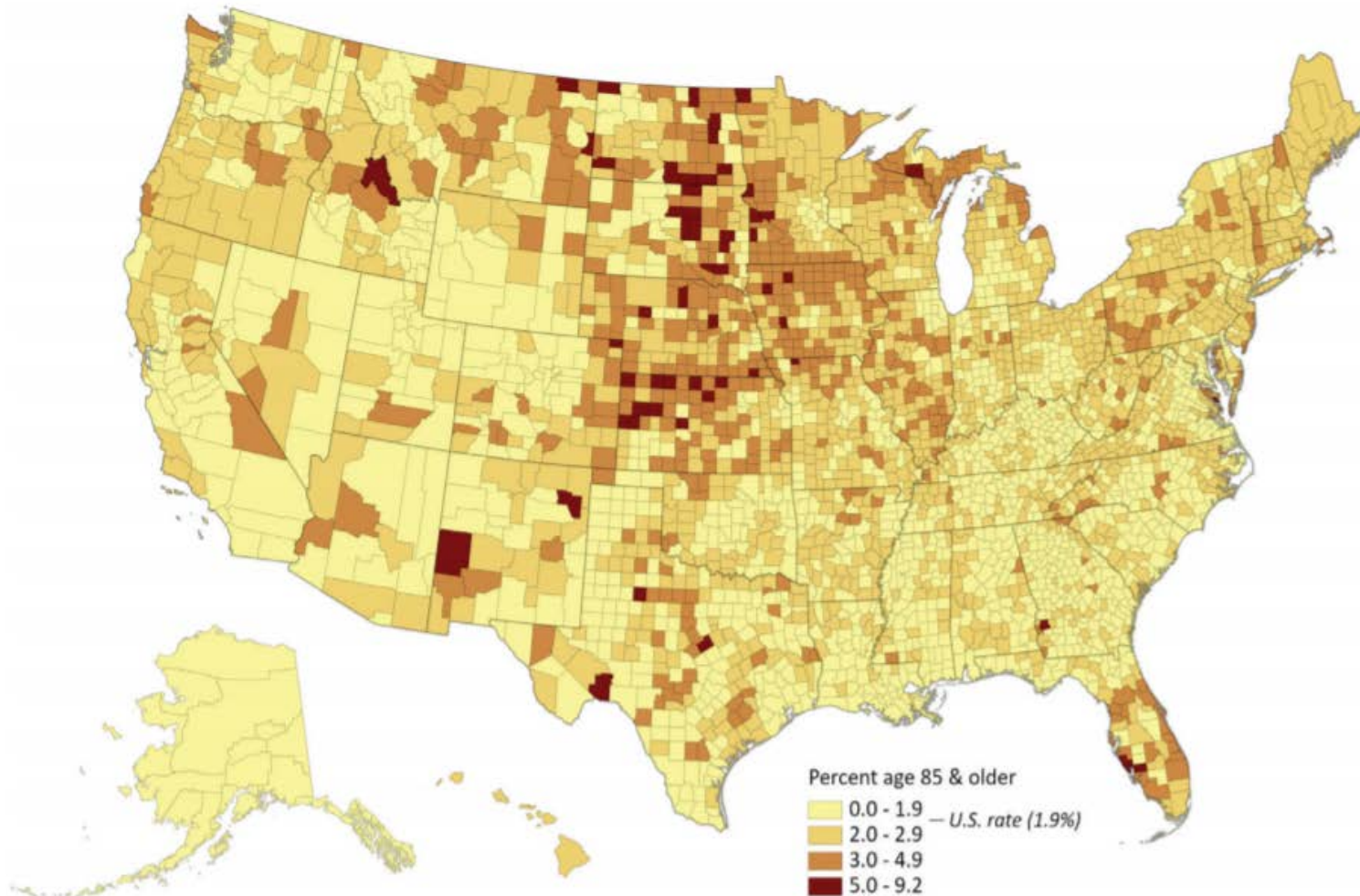


Figure 2: Proportion of the Population Age 85 and Older by County



Challenges (and opportunities) related to an aging rural population



ACCESS TO
MEDICAL SERVICES



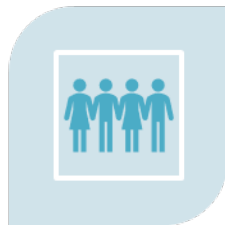
AGE-FRIENDLY
HOUSING



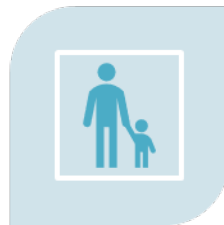
TRANSPORTATION



NUTRITION



SOCIAL ISOLATION



CAREGIVER
SUPPORT



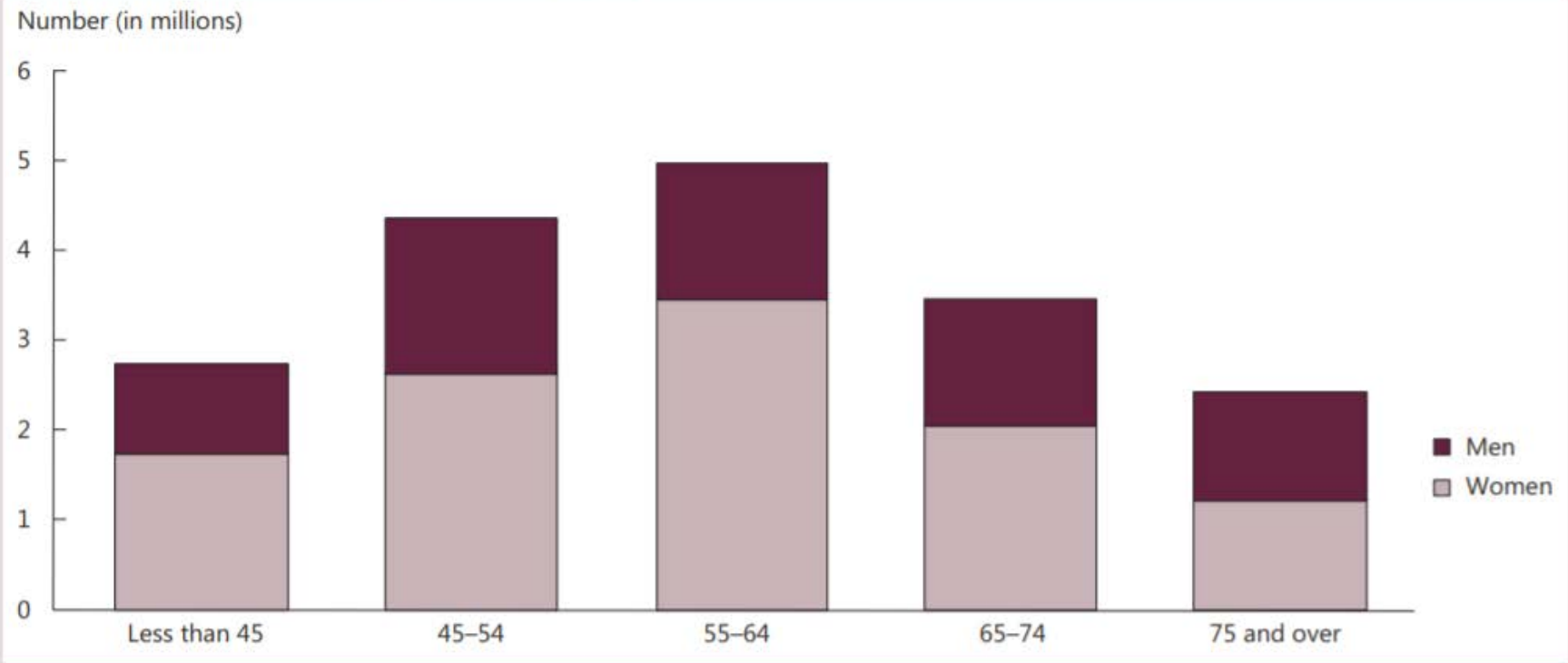
FINANCIAL
INSECURITY

What is Long-Term Care?

- A variety of services designed to meet a person's **health or personal care** needs during a short or long period of time.
 - These services help people live as independently and safely as possible when they can no longer perform everyday activities on their own.
 - The most common type of long-term care is personal care—help with everyday activities, also called activities of daily living (ADL).
- Long-term care is provided in different places by different caregivers, depending on a person's needs.
 - Most long-term care is provided at home by **unpaid family members and friends**

Informal Caregivers are Critical

Number of informal caregivers, by age group and sex, 2011



Reference population: People of all ages who, in the last month, helped with one or more self-care, household, or medical activities for a Medicare enrollee age 65 or over who had a chronic disability.

SOURCE: National Study on Caregiving.

Illustrating Long-Term Care



Payment for Long-Term Care

- Medicaid is the primary payer for most institutional and community-based long-term care
- Often referred to as **LTSS** (long-term services and supports):
 - Home and Community Based Services (**HCBS**) can help keep people in their homes at a fraction of the cost.
 - Often called Elderly Waiver or Waivered Services
 - Need to go through an assessment process:
 - Meet low-income criteria
 - Functional Assessment/LTSS Assessment
 - Process, assessment tools, and thresholds vary by state

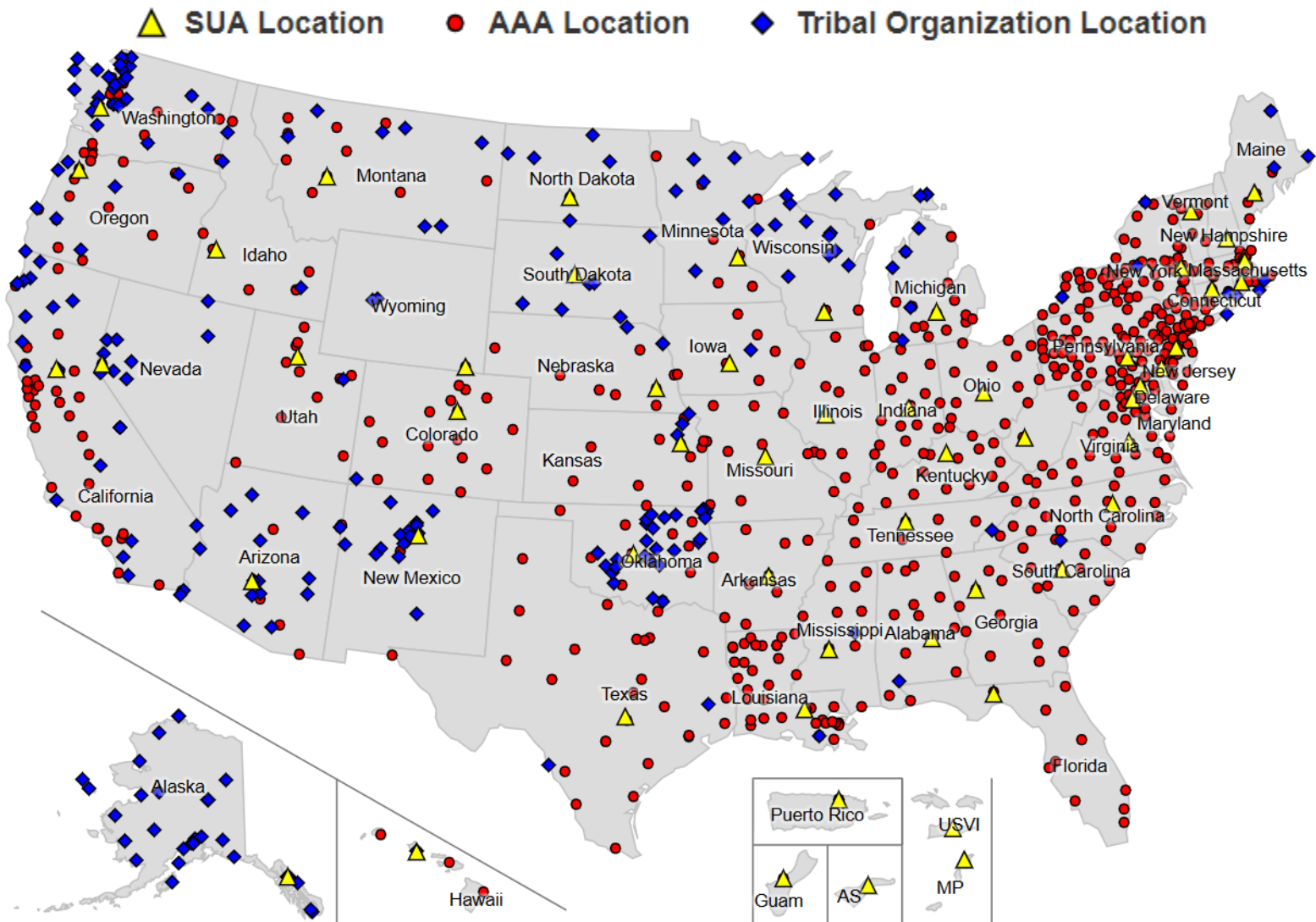
Payment for Long-Term Care (2)

- Some states have waivers from CMS to implement programs that integrate Medicaid and Medicare funding (rural access to these programs can be mixed)
- Examples:
 - [PACE](#) (Program of All-Inclusive Care for the Elderly)
 - Georgia [SOURCE](#) (Service Options Using Resources in a Community Environment)
 - Minnesota [MSHO](#) (MN Senior Health Options)
- Resources on rural implementation and policy:
 - [Integrated Care for Older Adults in Rural Communities](#) (Maine Rural Health Research Center)
 - [Rural Long-Term Services and Supports: A Primer](#) (RUPRI Health Panel)

Area Agencies on Aging

- Formally established in 1973 by the Older Americans Act (OAA).
 - Tribal programs added in 1978
- Core of federal funding, but **wide variation in structure and services:**
 - Patchwork of federal, state, local, and private dollars
- Key role is to provide local information and referral assistance to help older adults find resources and services:
 - Eldercare Locator: www.eldercare.acl.gov or 1-800-677-1116
 - States/regions may support their own resource portal (ex: MN Senior Linkage Line)
 - Many serve as ADRC (Aging and Disability Resource Center)

State Units on Aging (SUA), Area Agencies on Aging (AAA), and Tribal Organizations.



Area Agencies on Aging Services

- Caregiver support (ex. support groups, respite care)
- Elder rights (ex. Ombudsman, elder abuse prevention)
- Evidence-Based Health and Wellness Programs (ex. Fall prevention and chronic disease management)
 - [List of approved programs](#) from the National Council on Aging
- Integrated care and care transitions support (ex. HCBS provider for Medicaid Managed Care or Veterans Choice)
- Legal Assistance/Financial support programs
- Nutrition (ex. meals on wheels, congregate dining)
- SHIP (State Health Insurance Assistance Program)
- Senior Centers/Volunteer Opportunities
- Transportation services
- And more...
 - Summary of [Administration on Aging Programs](#)

Home Health and Home Care

Home health care: Skilled nursing and therapy related services to ill, disabled or vulnerable persons in their homes, assisting them to recover and rehabilitate from an illness or recent surgical procedure.

- Provided by Medicare-certified agencies
- Signed medical orders are needed to start care.

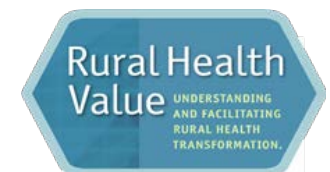
Home care: Provide non-medical services to people with activity limitations. Examples of non-medical services include:

- **Activities of daily living** such as assistance with walking, transferring, bathing, dressing, eating, toileting, and personal hygiene
- **Homemaking** such as assistance with ordinary housework, essential shopping, meal preparation, and travel to medical services
- **Respite care** such as assistance and support provided to the family

Rural Access: Most U.S. counties had access to a home health agency

- Rural counties were more likely to be served by only a single agency
- Financial viability is a challenge and availability of services vary
- RHHub: [Rural Home Health Services Topic Guide](#)

https://sc.edu/study/colleges_schools/public_health/research/research_centers/sc_rural_health_research_center/documents/112hhcagencyavailability2014.pdf



Rural Nursing Homes

Terminology: Can be confusing and is often used interchangeably: Nursing Home, Skilled Nursing Facility (SNF), Long-Term Care Center or Facility, Extended Care Facility

Rural Access: More than 440 rural nursing homes have closed over the last decade

Resources:

- New York Times: [Nursing Homes Are Closing Across Rural America, Scattering Residents](#)
- Washington Post: [Traveling the loneliest road](#)
- Leading Age: [Nursing Home Closures and Trends, 2015-2019](#)
- RHIhub: [Rural Long-Term Care Facilities Topic Guide](#)



Hospice and Palliative Care

Hospice:

- Provides care to people experiencing terminal illness
- Focus on compassion, caring, and quality of life rather than curative treatment
- Helps patients and their families live every moment to its fullest
- Services and eligibility are largely defined by the Medicare Hospice Benefit, agencies must be Medicare Certified.

Palliative care:

- Team approach to improving quality of life for people living with serious illness. Focused on providing relief from pain, symptoms, and stress of patients and caregivers.
- Appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.
- Can be integrated into any health care setting and provides an extra layer of support.
- Lack of consistent palliative care benefit and payment; not regulated/certified as a separate agency or service

Rural Hospice and Palliative Care Access

- Access to hospice and/or palliative care services in rural communities vary widely.
 - Medicare hospice utilization decreases with rurality
 - 94% of hospitals with >300 beds have a palliative care program compared to 36% of hospitals with <50 beds
- Significant opportunities for development of rural community-based palliative care programs, which can be tailored to align with local needs and resources.
- Resources:
 - Rural Palliative Care Resource Center:
www.stratishealth.org/palcare
 - RHHub: [Rural Hospice and Palliative Care Topic Guide](#)

Opportunity: Advance Care Planning

Advance Care Planning: Process of making decisions about the health care you would want to receive if facing a medical crisis.

Advance Directive: Legal documentation of a person's preferences for medical care and appointment of a surrogate decision maker. All adults should have an advance directive.

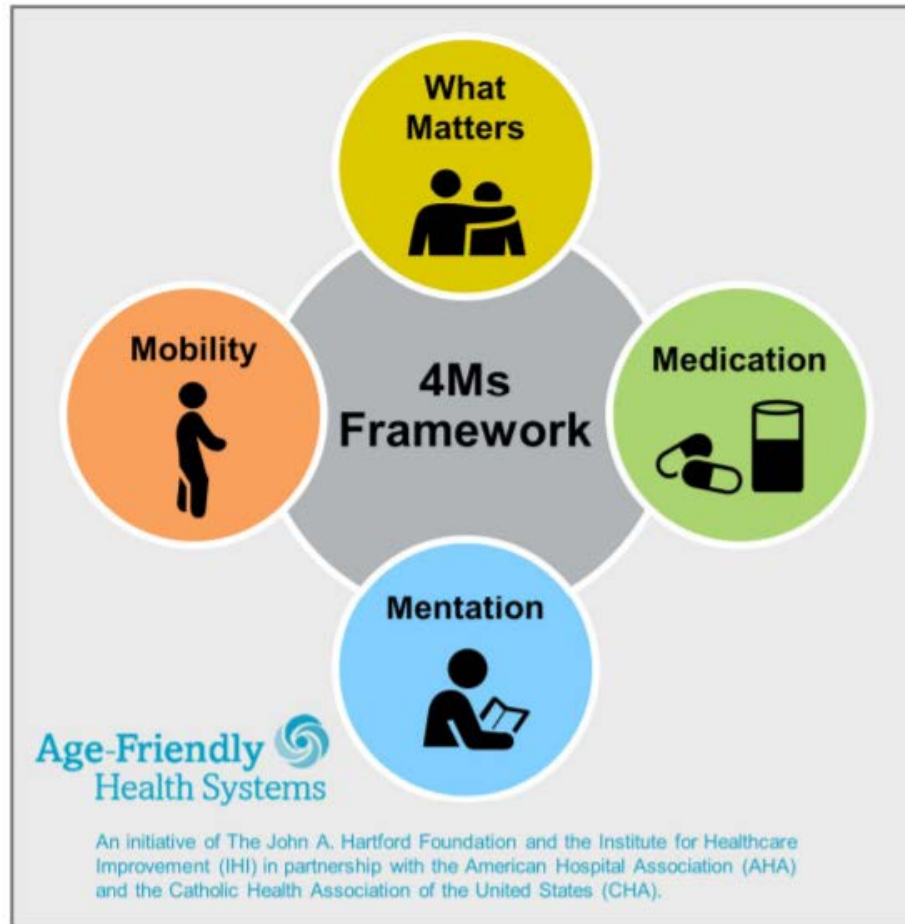
POLST/MOLST: Provider/Medical Orders for Life Sustaining Treatment. Appropriate for individuals with a serious illness or frailty near the end-of-life.

Resources:

- [Honoring Choices/Respecting Choices](#)
- [National POLST Paradigm](#)
- [The Conversation Project](#)
- [Advance Care Planning and Population Health](#)

(helpful article, not an endorsement of ACP Decision products)

Opportunity: Age Friendly Health Systems



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Resources:

- [Institute for Healthcare Improvement: Age-Friendly Health System](#)
- [Geriatrics Workforce Enhancement Program \(GWEP\)](#)

Opportunity: Care Coordination

Care coordination: Opportunity to supplement the diagnosis and treatment priorities of medicine with clinical and non-clinical prevention and management in a system that also supports the social aspects of patients' lives that contribute to health.

Resources:

- [Care Coordination Canvas Guide](#) (Rural Health Innovations)
- [Care Coordination in Rural Communities: Supporting the High Performance Rural Health System](#) (RUPRI)
- [Care Coordination: Self-Assessment for Rural Health Providers and Organizations](#) (Rural Health Value)
- [Community-based Care Coordination Toolkit](#) (Stratis Health)
- [Rural Care Coordination Toolkit](#) (RHHub)

Opportunity: Bolster Community Services

- Partner, Partner, Partner!!
- Align, coordinate, develop, and/or support:
 - Caregiver support
 - Chronic disease management and healthy living classes
 - Healthy food access
 - Housing options (ex. Assisted Living)
 - Physical activity/exercise options
 - Transportation
 - Volunteer programs
- Rural Health Value Innovation Profiles:
 - Medical-Legal Partnership Addresses Social Determinants of Health - FirstHealth of the Carolinas integrates a medical-legal partnership into the Chronic Care Model used in its transitional care clinics.
 - Health Outside Hospital Walls - Chadron Community Hospital and Health Services in Nebraska offers healthy living options and fills health services gaps in the community.

How does this fit with Value-Based Care?

- Many strategies that align with LTC and aging services can help reduce potential avoidable utilization (i.e. total cost of care), can increase patient experience, and may align with quality metrics.
- Traditional reimbursement opportunities:
 - Advance Care Planning and Chronic Care Management codes/reimbursement
 - Potential for increased use and length of service for hospice and/or increased utilization of home care services
- Community engagement: marketing, perception, goodwill, quality of life
- Grants or philanthropic funding may be available to support development and/or service delivery ([FORHP Community Based Division programs](#))

Rural Health Value
UNDERSTANDING AND FACILITATING RURAL HEALTH TRANSFORMATION.

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We build knowledge through research and collaboration to support rural communities and providers as they pursue high performance rural health systems. [Learn More >](#)

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Pulse Check

Rural system high performance

Value-Based Care Assessment - Assess capacity and capabilities to deliver value-based care. Receive an eight category readiness report.

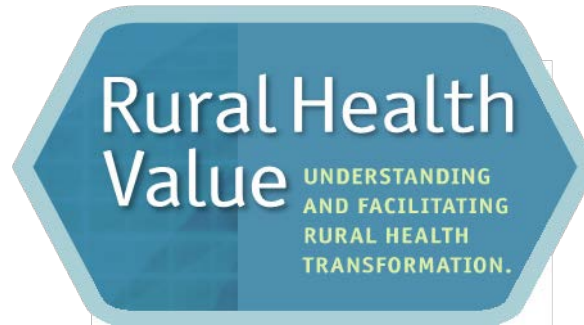
Physician Engagement - Score current engagement and build effective relationships to create a shared vision for a successful future.

Board and Community Engagement - Hold value-based care discussions as part of strategic planning and performance measurement.

Social Determinants of Health - Learn and encourage rural leaders/care teams to address issues to improve their community's health.



Center for Rural Health Policy Analysis



Questions?

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