Welcome and Introductions

Jane Strommen, PhD
Extension Gerontology Specialist - NDSU Extension
State of Elder Care

Myrna Hanson
Executive Director - Community of Care
We believe rural Cass County is a great place to live, no matter what your age.

Caring for people by partnering with rural communities
The goal of Community of Care is “to enhance the quality of life of rural Cass County seniors in order to keep them in their homes and communities as long as safely possible.”
One Stop Service Center

- Information
- Socialization Activities
- Outreach
- Referrals
- Assistance
- Options Counseling
- SHIC Services – Medicare Part D
Medicare Part D - 2016

• 209 individuals served during open enrollment
• Average savings was $442 per client
• Total savings was $92,447
• One client saved $17,229 and another saved $10,000
Driving Distances (from Fargo)

• Arthur: ~40 mi.
• Casselton: ~25 mi.
• Grandin: ~29 mi.
• Leonard: ~40 mi.
• Page: ~51 mi.

• Driving times are between 30 and 55 minutes (one way)
Faith Community Nurse Program
ND Average Nursing Home Costs

$94,454 per year or $258.77/day – Average cost of nursing care (source: ND DHS)

$79,850 per year – Average cost of private pay or Medicaid payment per nursing home resident (remaining after Social Security & $65/month personal care allowance)

$13,824 per year or $1,152/month – Average Social Security Benefit in ND (Source: AARP)
Bush Foundation

- https://youtu.be/w2y018alOb8
Myrna Hanson, Executive Director
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701/347-0032

www.communityofcarend.com
Facebook.com/communityofcarend
Regional Health Care Data
Jayme Steig, RPh, PharmD
Quality Improvement Program Manager – Quality Health Associates of North Dakota

Updated North Dakota Care Coordination Quarterly Report available under “Reports”: http://greatplainsqin.org/initiatives/coordination-care/
Community

- Minot
- Bismarck
- Grand Forks
- Fargo
Medicare FFS Acute Care Utilization
Total Medicare Reimbursement Per Enrollee - 2014

% Decedents Enrolled in Hospice During Last 6 Months of Life - 2014

Physician Visits Per Decedent During Last 6 Months of Life - 2014

Primary Care Physicians Per 100,000 Residents - 2011

Hospital and SNF days per Beneficiary - 2012

Care Setting
Discharge Locations: 07/01/2015 – 06/30/2016

Discharge Location Proportions:

- **Bismarck**:
  - Home Health: 6.9%
  - Home: 21.3%
  - Hospice: 0.8%
  - Skilled Nursing Facility: 0.8%
- **Fargo**:
  - Home Health: 10.2%
  - Home: 27.4%
  - Hospice: 1.1%
  - Skilled Nursing Facility: 1.3%
- **Grand Forks**:
  - Home Health: 7.8%
  - Home: 25.8%
  - Hospice: 1.1%
  - Skilled Nursing Facility: 1.1%
- **Minot**:
  - Home Health: 3.4%
  - Home: 20.7%
  - Hospice: 1.6%
  - Skilled Nursing Facility: 1.6%
- **North Dakota**:
  - Home Health: 7.2%
  - Home: 25.3%
  - Hospice: 1.1%
  - Skilled Nursing Facility: 1.1%
- **Great Plains QIN**:
  - Home Health: 9.8%
  - Home: 25.0%
  - Hospice: 2.4%
  - Skilled Nursing Facility: 2.4%
Readmission Rate By Discharge Location - Trend

- Home Health
- Home
- Hospice
- SNF
Referral Network Analysis

Figure A. All providers (CY 2013). Arrows indicate one or more transitions shared.

Fargo
Dual Eligible and Age Impact
North Dakota
Fargo Community of Health
Readmissions per 1,000 Beneficiaries by Dual Eligibility Status and Age Group
(Oct 1, 2015 - Sep 30, 2016)

This material was prepared by Telligen, the Quality Innovation Network National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. [3150W-QINNCC-01287-01/31/17]
Medication Safety
High Risk Medication Readmission Rate

Anticoagulant
Diabetic Agent
Opioid

Readmissions per 1000 HRM patients

Bismarck
Minot
Fargo
Grand Forks
ND
US
MEDICARING COMMUNITIES!
Getting What We Want and Need
In Frail Old Age at an Affordable Cost

Joanne Lynn, MD
Center for Elder Care and Advanced Illness
Joanne.Lynn@Altarum.org
May 16, 2017
A different perspective on prevention…

By permission of Johnny Hart and Creators Syndicate, Inc.
What do you want when frail or disabled in old age?
“AGING: The number one ranking concern among respondents overall is the cost of long term care. The availability of memory care and the availability of long term care also rank as top concerns…”
“AGING: Sanford will address this need by sharing the results of the CHNA with community leaders.”
The survey found very widespread concern for aging, and especially for the cost and availability of long-term care services and supports – and the health care system chose to focus on:

1. Hypertension
2. Depression
3. Flu vaccines

Who is responsible for the long-term care issues?
Aim of MediCaring Communities

Assure that Americans can live comfortably and meaningfully at a sustainable cost through the period of frailty that affects most of us in our last years.
Single Classic “Terminal” Disease: “Dying”

Onset incurable disease

Function

Time

Death

Often a few years, but decline usually over a few months

Mostly cancer

Hospice starts
Onset could be deficits in ADL, speech, ambulation.

Function

Time

Death

Mostly frailty and dementia
Now, most Americans have this course.
The numbers will triple in 30 years.

Quite variable, often 6-8 years
% Change 1950 - 2003
Population by Age Group

- Under 15
- 15-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+
How are we going to keep from big trouble?
MediCaring Communities will use the full array of evidence-based improvements in elder care, as appropriate to their needs.
Identification of Frail Elders in Need of MediCaring

Age >65

AND one of the following:
>2 ADL deficits or
Requires constant supervision OR
Expected to meet criteria in 1-2Y

Unless Opt Out

Frail Elderly

Age >85

Want a sensible care system

With Opt In
Medical Care for Frail People is Different!
What Good Care Systems Should PROMISE
To Those with Serious Chronic Illnesses

Correct $R_x$
Symptoms
Gaps

Help to live fully

Surprises
Customize
Family Role
Health Care Spending ≠ Health Status

2013 Per Capita Health Services Spending ($US)
-- Top 12 OECD Countries --

Average = 29th (of 34!)

United States: 8,713
Switzerland: 6,325
Norway: 5,862
Netherlands: 5,131
Sweden: 4,904
Germany: 4,819
Denmark: 4,553
Austria: 4,553
Canada: 4,351
Belgium: 4,256
France: 4,124
Australia: 3,939

38% > Swiss spending

US Rank:
5 OECD Health Stats, 34 Nations
#27 Life Expectancy at Birth
#31 Infant Mortality
#27 Men/Years of Potential Lost Life
#31 Women/Years of Potential Lost Life
#5 Share of Adult Daily Smokers

Want your money back?
But, We Can’t Afford Social Supports, Right?

Recall US’s #29 avg. ranking?
Switzerland is 10th

It’s the ratio!
US ratio = 0.75
Avg. of 11 = 1.86
The Older Americans Act at 50 – Community-Based Care in a Value-Driven Era (NEJM 2015)

Ravi B. Parikh, M.D., M.P.P., Anne Montgomery, M.S., and Joanne Lynn, M.D.

The Older Americans Act clearly affirms our Nation’s sense of responsibility toward the well-being of all of our older citizens....Every State and every community can now move toward a coordinated program of services and opportunities for our older citizens. We revere them; we extend them our affection; we respect them.

Lyndon B. Johnson, 1965

The ratio is getting much worse!
Swedish Dashboard Comparing Community Performance on Key Quality of Care Measures

Olämpliga läkemedel\(^1\) hos personer 65 år eller äldre i Jönköpings län, 06-2012

| Jonköping hospitals and municipalities | Varnamo sjukvårdsområde |

<table>
<thead>
<tr>
<th>Årskontaktdatum</th>
<th>mäst, 10% minskning i baseline</th>
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<td>mäst, 10% minskning i baseline</td>
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</tbody>
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Olämpliga läkemedelskombinationer hos personer 65 år eller äldre i Jönköpings län, 06-2012

Antipsykotiska läkemedel hos personer 65 år eller äldre i Jönköpings län, 06-2012
Disaster for the Frail Elderly: A Root Cause

**Social Services**
- Funded as safety net
- Under-measured
- Many programs, many gaps

**Medical Services**
- Open-ended funding
- Inappropriate “standard” goals
- Dysfx quality measures

No Integrator

Inappropriate
Unreliable
Unmanaged
Wasteful “care”
Treating a Broken Back
“The Cost of a Collapsed Vertebra in Medicare”

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<tr>
<th></th>
<th>Actual</th>
<th>Usual</th>
<th>Optimal</th>
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<tbody>
<tr>
<td>Dollars</td>
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<tr>
<td></td>
<td>10,000</td>
<td>35,000</td>
<td>5,000</td>
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## MediCaring Communities Financial Simulation: Utilization Estimates (Akron, OH)

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Without MediCaring</th>
<th>With MediCaring</th>
<th>Percent Change</th>
<th>Absolute Change</th>
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</thead>
<tbody>
<tr>
<td>Inpatient Hospital</td>
<td>$966</td>
<td>$725</td>
<td>-25%</td>
<td>-$242</td>
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<tr>
<td>Outpatient Hospital</td>
<td>$331</td>
<td>$364</td>
<td>10%</td>
<td>$33</td>
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<tr>
<td>Professional Primary Care</td>
<td>$270</td>
<td>$351</td>
<td>30%</td>
<td>$81</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>$315</td>
<td>$252</td>
<td>-20%</td>
<td>-$63</td>
</tr>
<tr>
<td>Medicaid-covered Long-Term Care</td>
<td>$2,307</td>
<td>$2,191</td>
<td>-5%</td>
<td>-$115</td>
</tr>
</tbody>
</table>
Per Beneficiary Per Month Savings ($) by Site, Over Time

- **Akron**: $153, $285, $328
- **Milwaukee**: $136, $253, $291
- **Queens**: $250, $467, $537
- **Williamsburg**: $125, $234, $269
MediCaring Communities Financial Simulation

Return on Investment, Years 1-3

- Akron
- Milwaukie
- Queens
- Williamsburg

Year 1
Year 2
Year 3

Return on Investment (%)

-100% 0% 50% 100% 150% 200% 250% 300% 350%

289%
279%
148%
97%
When you are trying to find first steps…
What to Aim For

▲ Fully integrated system with monitoring and management
▲ Honest care plans
▲ Client/family perspective guides system and care
▲ Adequate supply of critical supportive services – including volunteers for IADL
▲ Medical services routinely attentive to function, comfort, meaningfulness – available at home, 24/7
▲ Sustainable – to family, community, and country
Possible Improvement Initiatives

▲ Better care planning
▲ Better options to offer
▲ Better symptom management; quick support of functioning
▲ Develop monitors of the aspects of quality that matter, show them in public
▲ Build community awareness, investment, monitors, management
▲ Find a strategy that will enable investment of savings in Medicare into supportive services and the monitoring/management of delivery system
Case Study in Denial: How Most Americans (and Congress) are Dealing with the Age Wave
MediCaring Communities will use the full array of evidence-based improvements in elder care, as appropriate to their needs.
"For decades, Joanne Lynn’s has been the clearest, strongest, most soulful voice in America for modernizing the ways in which we care for frail elders. This essential book is her masterpiece. It offers a magisterial, evidence-based vision of that new care, and an entirely plausible pathway for reaching it. Facing a tsunami of aging, our nation simply cannot afford to ignore this counsel."

--Donald M. Berwick, MD, President Emeritus and Senior Fellow, Institute for Healthcare Improvement, and former Administrator, Centers for Medicare & Medicaid Services.

“MediCaring Communities integrates good geriatrics and long-term services and supports, and building upon an expanded PACE program can be a tangible start. We should try this!”

--Jennie Chin Hansen, Lead in Developing PACE; Past President, AARP; and Past CEO of On Lok Senior Health Services and the American Geriatrics Society
“You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete.”

--Buckminster Fuller
1. Can it work? In your community?

2. How could you get underway?

3. How could you help?
We can have what we want and need when we are old and frail,

but only if we deliberately build that future!
Group Discussion and Q&A
Next Steps – Moving Forward
Wrap Up and Close