The Times They are a-Changin': New York Health Reform

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ACUU Conference
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Overview

- Introduction
- Complications of change
- Expert vs. public views of aging
- NY health reform
  - Where it’s been, where it is now, where it’s going
- Aging community: Opportunities and challenges
THE CIRCLE OF LIFE
HFWCNY priorities

• Vulnerable Older Adults
  – Sharing Your Wishes
  – Step Up to Stop Falls

• Young Children Impacted by Poverty
  – CHOMPERS!
  – PEDALS

• Building Community Health Capacity
  – Health Leadership Fellows
  – Ready or Not; GetSET
1965 – 2015 Fifty years of change…
JOBS & MONEY
Can This Career Be Saved?  Page 45

PLUS
- Outsmart a younger boss
- Dress for (more) success
- Find your next act...
- and 16 other ways to get ahead

EXCLUSIVE
DYLАН
BEHIND THE SHADES

Easy Ways to Live Longer
Page 16

The Power of Prayer
One Man's Pilgrimage
Page 48

Heart Health Makeover
A Top Cardio Doc on Statins, Aspirin and Fad Diets

2014's BEST FILMS
Page 54
President Lyndon B. Johnson signing the
Older Americans Act
And Medicaid and Medicare
At the Harry S. Truman Library in Independence, MO
July, 1965
Historical Perspective

• Medical Model
  • More is Better; siloed systems
  • Fee for Service drove the volume and cost
  • Medicaid and Medicare brought more people into the system
    – Today, the average elderly patient in the US sees seven physicians (two generalists and five specialists) in four different practices each year. While each new doctor adds expertise, from the patient’s vantage point, the end result is often cacophony.
    » Wachter, R., The Digital Doctor

• Social Model
  • Non-medical services trying to prevent decline
  • Different service delivery system
  • While more comprehensive, never as powerful as medical model

• Now, trying to blend them…..
SOcial + MEdical = SOME Model

but it’s still a work in progress...
Understanding of Aging

• 8-member *Leaders of Aging Organizations* commissioned the Frameworks Institute to develop

• Gauging Aging: Mapping the Gaps Between Expert and Public Understandings of Aging in America

• 2nd report under development on media depictions of aging
**Untranslated Expert Story of Aging**

**What is aging?**
- **Normative and lifelong:** Aging is a normative process that extends across the lifespan.
- **Cumulative:** Educational, financial and social experiences and contexts of childhood and middle age predict well-being in older adulthood.
- **Distinct from disease and decline:** While physical and cognitive changes are a normative part of growing older, aging does not necessarily mean disability.

**What characterizes older adults?**
- **A growing population with increased and unprecedented longevity:** Older adults are living longer and healthier lives, and their numbers are growing.
- **Highly heterogeneous:** There is enormous variation in health, functional ability and financial status. Disparities exist along the dimensions of income, gender, race/ethnicity and education.
- **Social and economic impact:** Older adults hold a disproportionately large share of our country’s wealth, represent a enormous source of consumer spending and economic productivity, and contribute in myriad ways (e.g., support to grandchildren, child care) to family and community life.

**Distill the Untranslated Story: What are the policy needs and implications of an aging society?**
- **Public institutions and infrastructure:** Successful adaptation to an aging society will require adjustments in all sectors of public life (e.g., employment, retirement, health care, transportation, urban planning, housing, etc.).
- **Civic and social contributions:** Redesign social policies to facilitate the contributions of older adults and expand opportunities for lifelong learning and service.
- **Public spending:** Manage and spend resources more efficiently in order to provide for the health care and retirement income security of older adults.
- **Retirement security:** Ensure retirement income security for older adults (e.g., by expanding and strengthening Social Security) and rethink workplace policies.
- **Healthcare workforce and long-term care:** Improve geriatric training for all healthcare workers to prepare them to meet the needs of an aging population, and provide public insurance options for long-term care.
- **Caregiver support:** Provide better institutional, social and financial supports to family caregivers.
- **Research investment:** Invest in research to better understand the aging process and the economic, civic and social implications of an aging society.
- **Ageism:** Ageism, incorporated into policies, programs and practices, prevents older adults’ full participation in society.
Public Understanding of Adult Aging

Ideal vs “Real”
- Accumulated wisdom
- Self-sufficiency
- Staying active
- Earned leisure
- Deterioration
- Loss of control
- Dependency
- Determinism

“Us” and “Them”
- Zero-Sum
- Older as “other”
- Digital incompetence

Nostalgia and the Threat of Modernity
- Family dispersal
- Economic challenges
- Social Security is doomed

Individualism
- Lifestyle choices
- Financial planning

Solutions
- Fatalism/Crisis--nothing can be done
- Better individual choices & planning
- More education & information
What is the impact of this?

• Weakening of the Older Americans Act in 2011
  – Cash-strapped states and counties are hard-pressed to make up for insufficient federal funding of the act, which has limped along since its 2011 expiration without a full reauthorization

• Public Policy hasn’t kept up with need
  – Respite care, caregiver support, preventive services

• Funds for children is considered an investment, for seniors an expense
As a result of these different views...

• The report concludes…
  • Meeting the challenges documented here will require developing a set of strategies and tools that can reframe people’s understandings of the aging process and of older Americans – so that aging is understood as both a personal and a shared resource and opportunity - and so that older Americans are viewed as central rather than marginal participants in our collective life as a nation.
# NYS Statewide Total Medicaid Spending per Recipient

## (CY2003-2013)

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<th>Year</th>
<th>Tot. MA Spending $</th>
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*Projected Spending Absent MRT Initiatives was derived by using the average annual growth rate between 2003 and 2010 of 4.28%. Excluded from the 2013 total Medicaid spending estimate is approximately $5 billion in "off-line spending (DSH, etc."
Overview: Medicaid Spending NYS vs. U.S.

New York is above national average in Medicaid spending in all service categories except for physicians.

* Includes personal care, home health, and home and community-based waiver services.
Delivery System Reform Incentive Payment Plan
DSRIP

- $8 billion 5-year Medicaid Waiver approved by CMS

- Key Components
  - Overarching objective is to reduce avoidable hospitalizations for Medicaid patients by 25%
  - Collaboration is required. No applicant could be a single provider, entity or group.
  - Only public hospitals and “safety net” providers could be leads
  - Leads were expected to bring in many services
DSRIP Funding Model

• NOT a typical grant program. All payments will be performance based and vary by achievement of milestones and outcomes

• The State of NY is all in it together!! Either the whole state hits the goals and earn the billions or none of us do.

• Each applicant selected from a “menu” of projects, each of which has a “degree of difficulty”.

• Every Medicaid enrollee is “assigned” to a Performing Provider System (PPS) which is the name of the successful applicants.
Status of DSRIP

• 25 PPSs were approved; some geographies have only one, some have overlapping PPSs.
• Final $$ allocations in process
• Will require community-wide effort to achieve the goals. Participating in one or more PPSs will be important to achieve outcomes.
• What is role of aging services in a PPS?
Relationship and network building

• Hospitalizations can’t be reduced by the medical system alone.
• You’ve ALWAYS had a critical role in keeping people in the community

• YOU NEED TO BE AT THE TABLE

• So, how do you get there and stay?
Challenges for Aging Organizations

• Understand the priorities of your PPS

• Become familiar with the projects they picked that are in your sweet spot

• Some examples might include:
  – 2.b.iv Care transitions to reduce 30 day readmissions for chronic health conditions
  – 3.c.i Evidence-based strategies for disease management in high risk/affected populations
  – 2.c.i Development of community-based health navigation services
Challenges for Aging Organizations

• Build relationships in the medical and not-for-profit community
  – Progress moves at the speed of trust

• Beware of “echo chambers”

• Demonstrate your value
  – “Trying hard is not good enough”
  – Don’t pass up opportunities for sustainability

• Push vs. Pull

• Believe in yourselves and your work
All this work ties to CONNECTION…

- **Connection with yourself…**
  - Acknowledge your fears about change
  - Be honest with yourself about your personal readiness to face and find a path through such uncertainty

- **Connection with your staff colleagues**
  - You are all in this together; how do you build on each others’ strengths

- **Connection with your clients and constituents**
  - What do they REALLY need from you?
  - Can you deliver it well? How do you know?
  - Is there another organization that can (or does) do it better?
• Connection with your peer organizations
  – What can you learn from each other?
  – What services can be shared or realigned?
• Connection with your PPSs and payers
  – Why do they need you?
  – Is that something you can realistically provide?
  – What’s their view of a value proposition?
• Connection with your community
  – How together are we improving the health of our people and communities?
• What’s the alternative to connecting?
You better start swimmin’, or you’ll sink like a stone, cause the times are a-changin'.