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Outline

- I. We are in the midst of change that evidences intensifying velocity moving from the continuous to the dramatic, from marginal to substantial
We as institutions and individuals should not only adapt but lead.

Driving factors

1. Fallout from PPACA
2. General recognition of the unsustainability of health expenditures in both private and public sectors
 - a. Note difference between expenditures and costs. The former is what some one pays and erodes what we can do otherwise with their resources; the latter, is what “prices” the expenditures.
 - i. Costs
 1. Infrastructure costs
 2. Delivery costs
 3. Utilization
3. Demographic Transitions
 - a. Definition of aging rising with redefinition of Normal Retirement Age (NRA) in SS.
 - b. Absolute/relative numbers
 - i. Old relative to young
 1. Fertility is below replacement except for
 - a. Immigrants
 - b. Minorities
 - c. Generational changes
 - i. From three to four and five
 - ii. Two generations in retirement

- d. Interpersonal changes
 - i. Single parents
 - ii. Divorce and remarriage
 - iii. Delayed marriage and/or serial relationships
 - e. Composition of the Third Age population
 - i. Race/ethnicity
 - ii. Urban/suburban/rural
 - iii. Young/middle/old old
 - f. Financial vulnerability
 - i. Connection to work force
 - ii. Retirement resources
 - II. Economy: managing the household
 - a. Diminished US relative economic advantage
 - b. Bifurcation of income and assets
 - c. Changing work force and productivity
 - d. Diminished labor movement
 - III. Political Process
 - a. Lack of civility
 - b. Lack of humility
 - c. Gridlock
 - IV. Cultural change/Societal Values
 - a. Autonomy/Independence/entrepreneurship rather than
 - b. Solidarity/reciprocity/Common good
 - V. Life Course
 - a. In time/space maintenance of
 - i. Individual
 - ii. Species
 - b. Incompleteness/seek homeostasis
 - i. Through continuing exchanges
 - ii. Medium
 - 1. Physical (electric, chemical, heat, special)
 - 2. Ethical/emotional imperatives (love/guilt etc)
 - 3. Money
 - 4. Laws (entitlements)
 - 5. Coercion

- c. Three ages: biologically driven, cellular based
 - i. First Age: Conception until physical capacity for reproduction.
Orderly cellular development
 - ii. Second Age: High point of physical capacity for production and reproduction
 - iii. Third Age: (a new phenomenon in normalcy and length)
random cellular inability to replace diminished cellular activity.
 - d. Progressive intermittent Frailty
 - i. Disequilibrium of internal capacity and external demands
 - 1. Physical
 - 2. Emotional
 - 3. Intellectual
 - 4. Social
 - 5. Economic
 - 6. Spiritual
- VI. Long term care; modifying the disequilibrium
- a. Changes/trends
 - i. Primary (Informal) to more formal
 - ii. Non monetized to monetized
 - iii. Non-professional to professional
 - iv. Non-regulated to regulated
 - v. Non institutional to institutional
 - vi. From institutional to home and community based
 - vii. Social to medical
 - viii. Local to state to national
 - ix. From welfare/philanthropic to social insurance
 - x. From Public/voluntary to for profit/voluntary/public
 - xi. From group serving its own to community
 - xii. From free standing to systems
 - xiii. From agency to person
 - xiv. From service to cash
 - xv. Pen and paper to IT
 - b. Development of Long Term Care
 - i. Medicare/Medicaid
 - ii. Services and supports

- iii. Recognition of idiosyncratic nature of frailty
- iv. Single point of entry; InterRAI
- v. Integration/continuum
 - 1. Agencies or person centered?
- vi. Diffusion of leadership and services
- vii. Housing with services
- viii. Home and community based (vulnerability) Medicaid waivers
- ix. Cash and counseling
- x. Nursing home?
 - 1. The new hospital?
 - 2. Residual place for the “unmanageable” . . . the marginated/most vulnerable
 - a. Dementia
 - b. Alternate hospital days
 - c. Size
 - d. Resource use
 - e. No willing or able significant other
- xi. Death and dying
 - 1. Nursing homes are where many people die
 - 2. Palliative care/Person centered care/Good nursing Care; what is the difference?
 - 3. Our mission to be there

VII. Our identity

- a. Church and community. Challenge; serve all, inclusive, hiring, unions, licensure, regulations, professionalism, church state issues and still have distinct identity.
- b. Identity
 - i. Genes/history
 - ii. Social construction
 - iii. Choices

1. Vision
2. Mission
3. Values, e.g.
 - a. Respect for person
 - b. Justice
 - c. Community
 - d. Solidarity
 - e. Reciprocity
 - f. Inclusiveness
 - g. Fundamental option for the poor
 - h. Humility