Preparing for the Future: Addressing Expectations of Older Adults and the Mandates of Health Reform

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Health Reform

Baby Boomers
**Pressures**

**Acute Care**
- Decreased Reimbursement
- Expectations For Chronic Disease Management
- ACOs/Bundling/Readmission Penalties
- Customer Expectations
- No More Marcus Welby's
- Practitioner Shortages
- Shift From Buildings To Services To Community Based Care
- Changes/Declines To Reimbursement

**Elder Care**
- Short Term (Now) – Consumer Expectations
- Next Few Years → Responding To Health Reform
- 5 + Years → Baby Boom Changes
Not your father’s nursing home
A ‘Green House’ in Chelsea gives residents a family-like atmosphere, as well as a say in when they get up, eat, and more - By Kay Lazar

Aging inmates cost state
Panel weighs prisons versus nursing homes
Elder Care
Short Term Changes

- Person Centered Care
- Shifts To Short Stay Recuperative Care
- Preparing For Bundling, Readmission Rates, And ACOs
- Shifts To Community Based Care
- Shortages Of Affordable Housing
- Reimbursement Changes
  - Medicare And Medicaid
- Competition

Longer Term Changes to Elder Care

- Preparing To Address The Needs Of The Baby Boom Generation
- Shifting The Emphasis From Buildings To Services
- Technology Enhancements
- Telehealth
- Reimbursement Changes
- Competition
What is Required to Address These Issues Now?

- Continued Commitment To The Mission And Employees
- Creativity, Flexibility, Nimble Decision Making
- Great Quality Of Care And Satisfaction
- Understanding What The Community Wants And Needs
- Creative Partnerships To Respond
- Investments In Buildings And Services
- Scale And Efficiency To Be Profitable
- A Plan!

For Hospitals Traditionally – “Center of the Wheel”
Elder Care Today – It’s a Continuum of Care

Home | Home with Services | Assisted Living | Nursing Home | Hospice

Tomorrow

- prevention & primary care
- nursing care
- rehabilitation
- hospice
- information and referral
- hotel services
- housing
- socialization
- personal care
- acute care
What are Organizations Doing to Create the New Model?

Acute Care

• Preparing For Health Reform
  – Bundling
  – Addressing Readmission Rates
  – Forming ACOs
  – Medical Homes – Chronic Diseases
  – Technology/Telehealth/Telemonitoring
  – Navigator Programs
  – EMR/EHR

• Creating Stronger Alignment With Physicians

Acute Care (continued)

• Addressing Consumer Needs/Expectations
  – NICHE
  – Private Rooms/Special Amenities
  – Specialized Clinics
  – Creating Partnerships For Care Management/Support
Existing Examples of Innovation in Elder Care

- Green House
- Small House Models
- NORCs
- Affordable Assisted Living
- EMRs

Existing Examples of Innovation in Elder Care

- On The Unit Dining
- Shifts To Rehab Care
- Going Green
- Technology
  - Cell Phones
  - Wii
  - WiFi
- Social Media
Health Care Reform – Elder Care Initiatives

• Tracking Readmission Rates
• Using Tools To Determine Case Mix
• Pushing Quality To Max
• Pushing Satisfaction To The Max
• Making Decisions For Admission Within 2 Hours
• Tracking The Success Rates, e.g., Improvement

Health Care Reform – Elder Care Initiatives (continued)

• Developing Partnerships With Managed Care Organizations
• Costing Out Specific Disease/Diagnoses /Value
• Partnering With Hospitals
• Visibly Marketing Success/Promoting Reputation
• Re-examining Cost Structure For Long Term Residents To Come Close To Medicaid
Opportunities to Work Together/Leverage Our Strengths as Catholic Health and Elder Care

Pointing Out the Obvious

• Preparing For Health Reform
  – Catholic Hospitals
  – Catholic Sponsored Elder Care
  – Catholic Charities

Catholic Hospitals

There are 620 Catholic hospitals

Source: Catholic Health Association, January 2010
Catholic Continuum Care Ministries

There are 1,480 Continuum Care Ministries

Source: Catholic Health Association, January 2010

A Vibrant Ministry

- 61 Health Care Systems
- 620 Hospitals
- 499 Long-Term Care Nursing Facilities
- 164 Home Health Agencies
- 41 Hospice Organizations
- 776 Other - Continuum of Care Services (assisted living, adult day care, senior housing)

Source: Catholic Health Association, January 2010
Catholic Elder Care Facilities as Effective Health Reform Partners

Skilled Facilities/Home Health
• Tracking Readmission Rates To Hospitals
  – Performing Root Cause Analysis
  – Reducing Readmissions & Partnering With Acute Care
• Creating Partnerships With Acute Care/ASCs For Orthopedic Care
  - Redesigning Units/Services/Culture Short Stay
  - Tracking FIM Scores/LOS For ACE DRGs
  - Focused Efforts On Patient Satisfaction

Catholic Elder Care Facilities as Effective Health Reform Partners (continued)

SNFs/Home Health/Assisted Living/Housing
• Partnerships For Telehealth
• Focusing On Prevention/Improved Health
• Green Buildings/Healthy Nutrition
• Continued Expansion Into Community Based Care/Care Management/Concierge Services
Opportunities for System-ness – Health Reform

Bundled Payment
- Have we convened all “Our” affiliates in our area to discuss how this will work (Risk/Reward)?
- Have we shared cost data among “Our” organizations?
- Have we identified other organizations we may need?
- Have we lined up the team to do the work/bill?
- Are we prepared to respond to the pilots?

Opportunities for System-ness – Health Reform (continued)

ACO Development
- Have we identified “Our” affiliates who will be part of the ACO group: Physicians, hospitals, IRF, SNF, and home health?
- Do we meet as a team to discuss care coordination, EMR issues, etc.?
- Have we decided how rewards will be distributed?
What Could Get in the Way of Effective Partnerships?

Some Commonly Held Perceptions About Catholic Health Systems

- Partner with “Outside” Vendors and use own continuum for difficult to place/serve residents/patients
- Starve elder care for capital and then wonder why customer/employee satisfaction is low
- Treat SNFs/home health/etc. as departments of a hospital and “overwhelm” with overhead costs
- Buy expensive/unnecessary technology and expect “system-wide” implementation

What Could Get in the Way of Effective Partnerships? (continued)

Some Commonly Held Perceptions About Catholic Elder Care

- Do not innovate fast enough/be risk adverse
- Being too focused on bricks and mortar or having outmoded plants
- Having mediocre satisfaction and quality
- Not having data
- Lacking capacity for EMR connections
- Lacking connections to physicians
- Lacking a full-continuum of services/connections
Together We Have

- Market Presence/Distribution Sites
- Good Reputations For Quality Care
- Trusted By The Community/Government
- Offer A Wide Range Of Services For Older Adults
- Follow In The Tradition Of Sisters Who Re-designed To Meet Community Needs
- Opportunity To Be A Visible Sign Of Catholic Social Teachings
- A “Future”