



***Catholic Health Strategy Summit:
Integrating Care for Seniors***
St. Louis, Missouri
December 13 – 14, 2010

*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

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Pressures

Elder Care

- Short Term (Now) – Consumer Expectations
- Next Few Years → Responding To Health Reform
- 5 + Years → Baby Boom Changes

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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

Bangor Daily News

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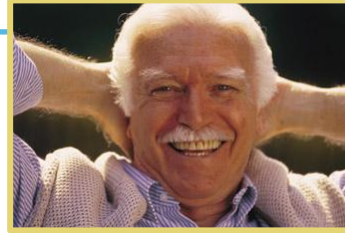
TUESDAY, AUGUST 17, 2010

75 cent

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

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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

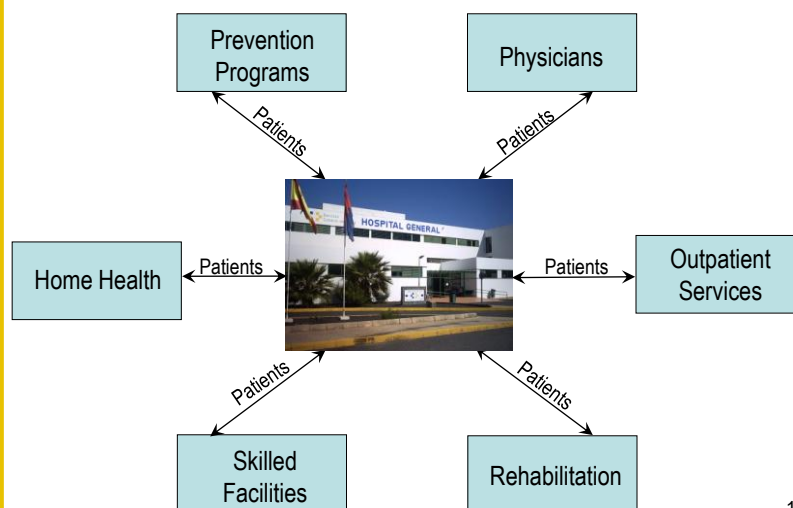
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What is Required to Address These Issues Now?

- 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 !

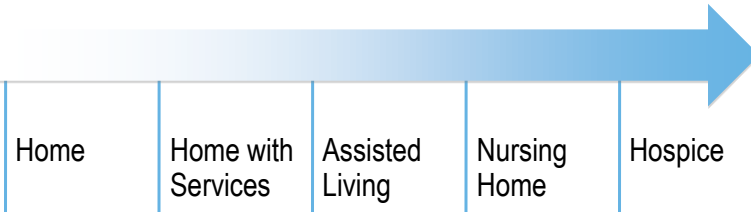
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For Hospitals Traditionally – “Center of the Wheel”



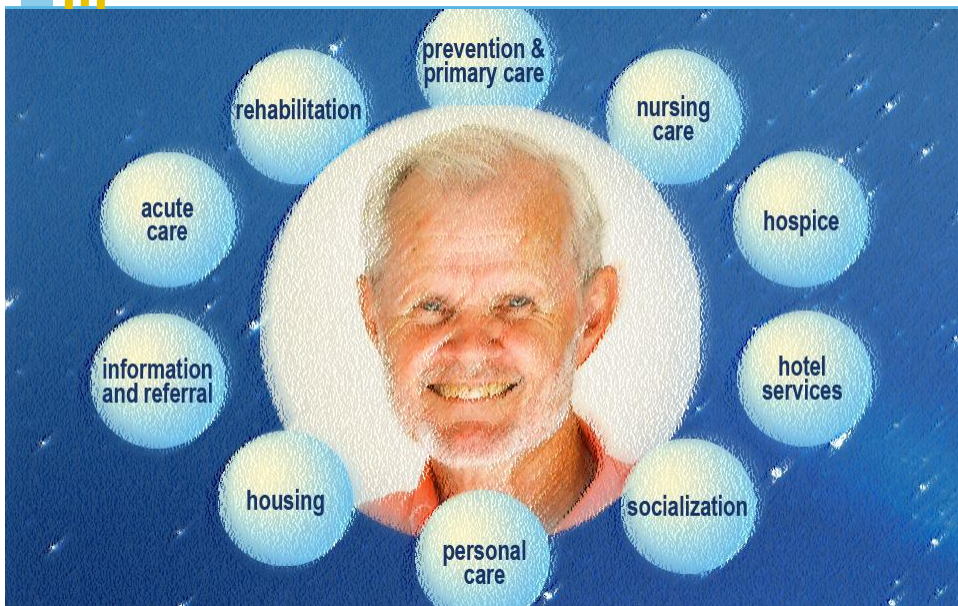
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Elder Care Today – It's a Continuum of Care



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Tomorrow



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

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What are Organizations Doing to Create the New Model?

Acute Care *(continued)*

- Addressing Consumer Needs/Expectations
 - NICHE
 - Private Rooms/Special Amenities
 - Specialized Clinics
 - Creating Partnerships For Care Management/Support

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Existing Examples of Innovation in Elder Care

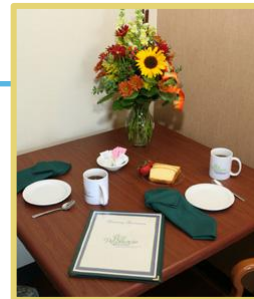
- Green House
- Small House Models
- NORCs
- Affordable Assisted Living
- EMRs



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Existing Examples of Innovation in Elder Care

- On The Unit Dining
- Shifts To Rehab Care
- Going Green
- Technology
 - Cell Phones
 - Wii
 - WiFi
- Social Media



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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

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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

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Opportunities to Work Together/Leverage Our Strengths as Catholic Health and Elder Care

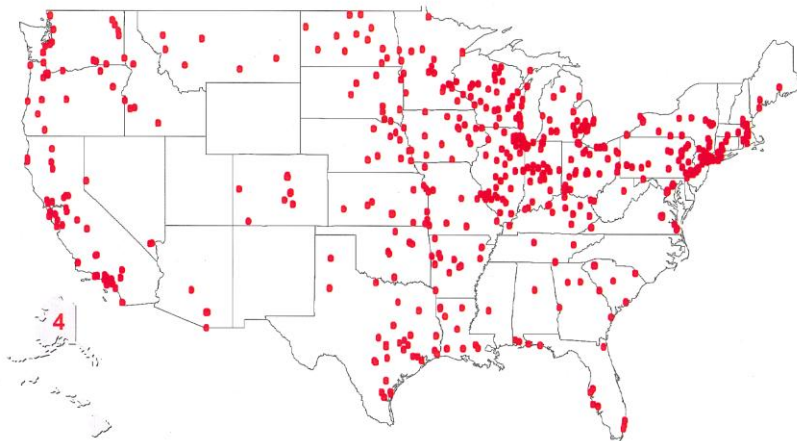
Pointing Out the Obvious

- Preparing For Health Reform
 - Catholic Hospitals
 - Catholic Sponsored Elder Care
 - Catholic Charities

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Catholic Hospitals

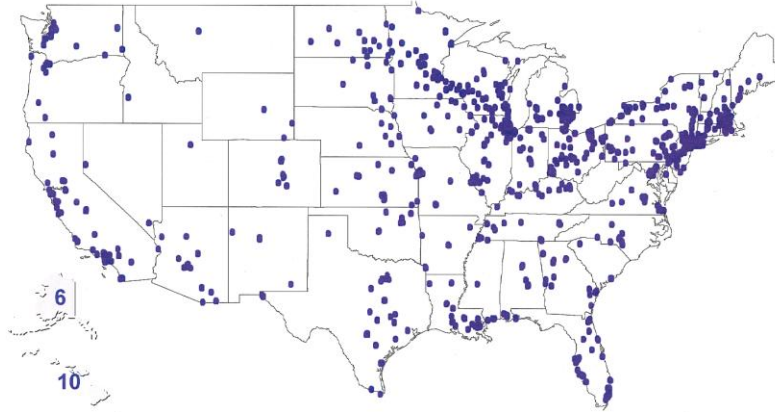
There are 620 Catholic hospitals



Source: Catholic Health Association, January 2010

Catholic Continuum Care Ministries

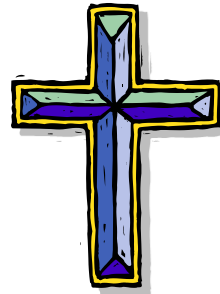
There are 1,480 Continuum Care Ministries



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

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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

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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

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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?

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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?

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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

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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

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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”

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