Elderly Services in Community Health Centers: Positioning Your Center

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Population Aging

- Baby Boomers: we are them
- CHC 45-64 age has grown 87%
- Doubling of the over-65 population to 70 million by 2030
- 85+ population from 2% to 5% by 2030
- Consumer Preference: Remain in the Community if at all possible....
- Afraid of Nursing Homes

Figure 1: Number of Persons 65+, 1900 - 2030 (numbers in millions)
Health Centers and Elderly

- UDS data says 7% elderly in health centers now...up about 47% from 10 years ago.
- Almost one million elders served by CHCs
- Age 45-64 has grown 87%
- History of moms and kids in many CHCs
- And... significant number of CHCs with more than 15% elders
What Elderly Services Do Health Centers Offer?

- Medical Care—Internal Medicine/FP or Geriatrics + Specialized Chronic Disease Management
- Case Management/CHW to help with other needed services
- Dentures and other Dental Care, Podiatry
- Pharmacy Subsidy
- Integrated Mental Health Services/Substance Abuse
- Neuro-psych/cognitive assessment

Special Services for Elders

- Adult Day Health Care
- PACE (Program of All-inclusive Care for the Elderly)
- Medicaid home and community based waiver services
- Home Health, Home Primary Care Visits
- Senior Housing, Assisted Living
- Community Nursing Homes

Possible Service Package for Elders

- Community Outreach
- Health Promotion and Education
- **Integration of Medical & Social Services**
- Intensive Case Management: Nursing, Social Work/CHW
- Specialty Care and Hospital Coordination
- House Calls and Nursing Home Visits
- Pharmacy, Neuro Psych/Dementia, End of Life Care, Palliative Care
Visit Issues
- Longer Visits: New and Established
- Intake Coordination
- Urgent care
- Chronic Disease Self-Management Training
- Group Visits
- Warm Hand-offs for Behavioral Health
- Outside Referral Support

Customer Service
- RESPECT
- Age and Cultural Competency Interaction
- No Infantalization (Forget “Dear” & “Honey”)
- Staff Trained in Aging-Related Disabilities and Dementias, physiological aging differences
- Changing Expectation by Age Cohort
- Phone Issues: Live Operator vs. Auto-attendant for Older Ages
- Use of Technology

Adapting the Health Center
- Separate Clinic Times/Spaces or Not?
- Layout to Accommodate Wheel Chairs, Walkers, Slow Pace
- Hand-rails & Physical Mods
- At Least One Power Exam Table
- Accessible Transportation
- Daylight Hours/Security Concerns
Business Issues

- Large Untapped Market for Health Centers
- Health Centers Large 50-65 Population—Aging of Existing Patients
- Medicare FQHC Pays Better Than Many Commercial Carriers
- Dual Eligibles Often Paid at Medicaid Rate
- Costs Can Be Higher Due To Lower Productivity, Internist Costs, Need for Case Management
- FQHC Risks

Health Plan Opportunities

- ACO’s
- Medicare Advantage
- Chance to bring value if hospital/ER use controlled well
- CHCs can be key player in Duals plans (DSNP MA or Duals demo plans)
- Share Savings or take Risk if large enough
- Become a PACE program

Eligibility Issues

- Enrolling Elders in Medicaid Is Good for Patient and Health Center.
- Pays rapidly rising Part B premium for patient $100+ per month
- Dental, Long Term Care, Other Medicaid.
- Raises health center reimbursement substantially for most centers.
- Assures almost free Part D drug benefit.
Policy Issues

- Attacks on Entitlement Programs
- Medicare Privatization
- Lack of Universal Long Term Care
- Medicare FQHC changes
- Mental Health Providers and Payments under Medicare
- Duals Demos under Health Reform
- ACOs, Hospital Transition Planning

Recommendations

- Understand elderly demographics and market.
- Collaborative opportunities with other aging organizations.
- Business planning
- If resources are tight, start slow.
- Elder cultural competence and med geriatric training physiological differences including medication issues.
- Understand health literacy and communication issues.

Recommendations (Cont)

- Social work case management or CHW
- Take full advantage of Medicare Federally Qualified Health Centers (FQHC) and Medicaid FQHC reimbursement including qualifying elderly for Medicaid.
- Explore special elderly programs.
- Gain Experience before taking on complex programs like PACE.
- AND DO plan for the growing elderly members of your community and how you will serve them. It's our future.
Expanding Community Health Services to an Aging Population

June 6, 2017 | Region IX Meeting

• Identified as part of the AgeStrong market research – how can FQHCs provide/expand services to an aging population?
• Hosted two previous roundtable discussions - Chicago and Berkeley
• Key Learning Objectives:
  - Understand the current landscape and unique challenges, barriers and opportunities
  - Identify current models of FQHCs serving older adults
  - Gain a broader understanding of the public policy and financing needs
• Policy to Practice – Next Steps
  - Learning collaborative
  - Tool development
Question 1

- What is the biggest opportunity you see?
- What would you say is most significant barrier to expanding services to older adults? What would it take to remove or mitigate that barrier?

Question 2

In order to expand services to older adults:
- What capacity building would you need to do? (Prompts: technology, training, outreach).
- What partnerships in your community might you consider/pursue?
Question 3
What needs to happen next? Who else needs to be engaged? What strategies require collective action?

Reflections and Future Actions

Moving Forward
1. Most valuable insight (aha/bfo)
2. Action you are inspired to take
3. Ideas for collective action