Our Reality: Each day, 10,000 Baby Boomers turn 65—and these celebrations will continue every day for the next 18 years. Before we know it, many of these Boomers will reach “old old” age, living into their late 80’s, 90’s, and beyond, and at some point facing the kinds of illnesses and disabilities that require the right kind of help to be effective and affordable.

Some refer to the graying of America as a “silver tsunami.” Silver is a precious metal, and surely, our elders—and for younger people, their own forthcoming years as elders—are precious. But from a health systems standpoint, the “age wave” is an unprecedented demographic phenomenon, one that is challenging us now to plan to care for a much larger population of some of our most vulnerable people: older adults who live for many months and sometimes years with advanced chronic illnesses and functional limitations. There are really only two choices: we can be daunted, deny that we need to change, and stand pat, or we can plan, take action, and shine. The course is ours to fashion!

Currently, Medicare and Medicaid, including many of the innovative programs resulting from the Affordable Care Act, do not go far enough to be able to address the needs of our rapidly growing population of frail elders. Below is the crux of the challenge and possible ways forward:

There Are Strong Claims for Serious Reform…

1. **As taxpayers and consumers, we are buying the wrong health care product.** As such, we should not focus solely on re-financing it, but as much or more on revising the product to match the needs of frail elders.

2. **We can have what we want and need** when old and frail, at a dramatic reduction in per capita cost, if we undertake a deliberate redesign of service delivery arrangements.

3. **We cannot simply keep doing what we are now doing.** Without reform, we would have to learn to turn away from frail elders, even those who have no other options.

But To Start the Process of Change, We Really Need To Enable…

1. **Identification of the Cohort.** The period of frailty associated with advanced age – the last phase of life with disabilities requiring full-time support.

2. **Comprehensive Assessment and Care Planning.** Straightforward, comprehensive care plans for each individual that addresses their goals and is based on their preferences and values and those of family and friend caregivers.

3. **Provision of the Right Health Care Services.** Treatment by participating providers should be coordinated across settings through comprehensive care plans that can be readily updated and that reflect the individual’s priorities for achieving quality of life goals. Working in this fashion would allow providers to improve the continuity and reliability of services that are delivered at home whenever feasible, and geared to be supportive, respectful, gentle, and dignified.

4. **Rationalization of the Scope of Services.** Long term services and supports that are readily available in the community should be incorporated into care plans, and greater attention should be focused on development of appropriately adapted, livable settings, in order to maximize the value and impact of medical or nursing care.

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5. **Local Management.** Each community (or group of communities) should be asked to develop an accountable entity that aims for *Better Care, Better Health, Lower Costs, and Thriving Workforce*, along with adequate capacity to serve all frail elders and individuals with disabilities in the area.

**When These Elements Are Put Together, One Good Model Emerges: MediCaring Reform.**

**Who:** MediCaring would be available to people over age 65 who are living with disabilities and those over age 85 who need comprehensive care focused upon their priorities, which most often includes living at home, staying comfortable, and preserving independence.

**What:** MediCaring is a comprehensive model for providing medical care and long-term services and supports for older adults who are living with worsening disabilities and fragile health associated with aging and frailty. MediCaring’s foundation rests on individualized care plans that reflect the older person’s strengths, needs, and likely future, as well as a locally designed service delivery system that is monitored and managed to assure that what individuals need most is readily available.

**How:** MediCaring aims to implement a set of evidence-based improvement activities that assure comprehensive assessment and individualized planning, ready availability of critical services at home (including medical, nursing, home modifications, transportation, caregiver support, and nutrition), and reliable services outlined in a comprehensive care plan that all participating providers use across all settings.

MediCaring is highly compatible with a shared savings model for the targeted population—frail elderly people in a particular geographic area—using a modified Accountable Care Organization as the financing mechanism for serving the needs of this high-cost population.

**MediCaring Reform Provides:**

▲ Better-tailored services for older adults.

▲ A platform for coordinating and organizing appropriate medical interventions with social supports, and a way to integrate these with existing supports from volunteers and paid caregivers.

▲ Every individual with a customized comprehensive care plan, a reliable “go to” contact, and access to a comprehensive team of medical and social services professionals.

▲ A way to avert overuse of services (the current 80% likelihood of getting clinically unjustified treatment would fall to 20%).

▲ A sensible protocol for creating a diverse, high-quality and geographically concentrated service delivery system that is coordinated by a local entity with management and monitoring functions.

**When:** **NOW!** We need to build a system that is comprehensive, cohesive, and person-centered. We need to improve the way we support family and friend caregivers. We need public policies that enable financially sound, affordable, and sustainable programs for frail elders and individuals living with advanced disabilities.

We can have what we want and need when we are old... but only if we deliberately build the future together!

**Please join us in helping to help turn the MediCaring concept into reality!**

Email: eldercare@altarum.org

Web: www.medicaring.org

Since our launch in 2011, Altarum Institute’s Center for Elder Care and Advanced Illness has sharpened its focus, while building on several key concepts. Through community-based work nationwide, and with public and private funds, we are working with cutting-edge groups to improve how the society conceives of and responds to the challenges of late life. Based on our early studies of how to improve care transitions across health care settings, we now work with communities seeking to apply community-mobilization approaches to create change, galvanize systems, and engage family caregivers.

To learn more, visit: [www.altarum.org/cecai](http://www.altarum.org/cecai)