



MediCaring Communities

A Call to Action: Making it safe to grow old

*"You never change things by fighting the existing reality.
To change something, build a new model that makes the existing model obsolete."*

—R. Buckminster Fuller

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 80s, 90s, and beyond, at some point facing the kinds of illnesses and disabilities that require the right kind of help to be effective and affordable.

From a health systems standpoint, the “age wave” is an unprecedented demographic phenomenon 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 Patient Protection and Affordable Care Act, do not go far enough 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 refinancing 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 is the last phase of life with disabilities requiring full-time support. This includes individuals over the age of 65 with two or more activities of daily living or dementia or those over the age of 85.
2. **Longitudinal, person-driven care plans.** Straightforward, comprehensive care plans for each individual should address their goals and be 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. Medical care should be tailored to frail elders. 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 health, social, and supportive services and supports that are readily available in the community should be incorporated into care plans. Greater attention should be focused on development of appropriately

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adapted, livable settings in order to maximize the value and impact of medical or nursing care.

5. **Community management.** Each community (or group of communities) should be asked to develop an accountable entity that aims for and monitors *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.
6. **Core funding derived from shared savings from current medical overuse.** Implementation of better geriatric care and reduction in low-value services will save substantial sums. With shared savings from Medicare, the savings are sufficient to fund the management of the local system and substantial enhancement of social and supportive services.

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

Who: MediCaring Communities would be available to people over age 65 who live with disabilities and those over age 85 who need comprehensive care focused on their priorities, which can include living at home, staying comfortable, and preserving independence.

What: MediCaring Communities are 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. MediCaring Communities' foundation rests on individualized care plans that reflect the older person's strengths, needs, and future, as well as a local service delivery system that is monitored and managed to ensure that what individuals need most is available.

How: MediCaring Communities aim to implement a set of evidence-based improvement activities that ensure comprehensive assessment and individualized planning, 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 Communities are highly compatible with a shared savings model for the targeted population—the frail elderly 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 Communities reform provides:

- ▲ Better-tailored services for older adults;
- ▲ A platform for coordinating and organizing appropriate medical interventions with social supports and ways 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 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%); and
- ▲ A sensible protocol for creating a diverse, high-quality, 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 in which 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.

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

Email: eldercare@altarum.org

Web: <http://www.medicaring.org>

Since its 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: <http://www.altarum.org/cecai>.