

MediCaring Communities: Getting What We Want and Need in Frail Old Age at an Affordable Cost

Why Do We Need Reform?

- ▲ Tens of millions of Americans are living much longer lives than their grandparents. Each day, 10,000 Baby Boomers turn 65.¹ By 2050, 19 million people will be 85 and over.²
- ▲ In our late 80s and 90s, most of us will have chronic conditions and physical limitations that will require effective, affordable help, and much of it will need to be delivered at home.
- ▲ Older adults with multiple chronic conditions and disabilities often receive burdensome medical interventions that do not fit their priorities and yield no benefit in their lifetime.
- ▲ Meanwhile, underfunding of social supports—such as nutritious food, safe and adapted housing, transportation, and personal care—contributes to overutilization of high-cost hospital and emergency services.
- ▲ Current policy and practice lead to undesirable outcomes such as accelerating the spending of private savings and unnecessary placement in nursing homes.

Unless we reengineer the ways in which we provide and pay for services to frail and disabled elderly people, so that they can be *both* far more cost-effective and comprehensive, we will continue to run up massive medical bills while denying the simple basics of food and housing, choice and comfort, and dignity and independence, to many of our elderly neighbors.

1 Pew Research Center.
<http://www.pewresearch.org/daily-number/baby-boomers-retire/>

2 Federal Interagency Forum on Aging-Related Statistics. Table 1a. Number of people (in millions) age 65 and over and age 85 and over, selected years, 1900–2014, and projected years, 2020–2060.
Retrieved from <http://agingstats.gov/>

The question arises: *How can we re-organize services to build a reliable and comprehensive set of delivery and financing arrangements to support frail and disabled elderly people without increasing costs?*

We have created a thoughtful policy blueprint that can be used to help current programs adapt to the “age wave.” We call this model **MediCaring Communities**. As seen below, the core principles combine to create a comprehensive model that integrates medical care and long-term services and supports, as well as financing solutions.

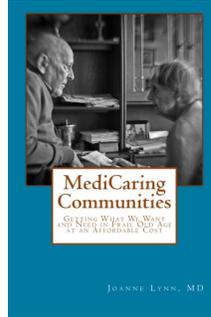
The MediCaring Communities Approach has 6 Core Components

1. **Recognize the Frail Phase of Life to Require a Different Set of Arrangements for Services.** The period of frailty and disabilities associated with advanced age is the last phase of life and regularly requires substantial support. The category includes individuals over the age of 65 who require frequent help with self-care activities, as well as those in “old old” age. During this phase, our priorities often shift from curative and life-prolonging treatments to primarily emphasizing as much independence as possible, comfort and confidence that daily care needs can be met, and the ability to enjoy meaningful living.
2. **Elder-Directed, Individualized Care Plans.** The personal preferences and life situations of frail and disabled elders are quite varied. Longitudinal, comprehensive care plans should reflect each person’s preferences, values, and priorities.

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Core Components of Medicaring Communities, cont.

- 3. Medical Care Specifically Tailored to Frail Older Adults.** Health care is often best delivered at home and should always be tailored to the different needs and life goals of elderly people.
- 4. Full Integration and Funding of Social Supports.** Long-term health, social, and supportive services and supports should be available in the community to be incorporated into care plans.
- 5. Determine Community Priorities.** Each community should develop an accountable entity that aims for and monitors *better care, better health, lower costs*, and a *thriving workforce*, along with developing adequate capacity of the important services for all frail elders and individuals with disabilities in the area.
- 6. Use Medical Care Savings for Community Priorities.** Implementation of better geriatric care and reduction in low-value services will yield substantial Medicare savings, which can fund the management of the local system and substantial enhancement of social and supportive services.



Read more in *MediCaring Communities: Getting What We Want and Need in Old Age at an Affordable Cost*. This book provides a detailed blueprint for the MediCaring Communities reform, and describes several potential paths to realizing the promise of community-based reforms through an expansion of the Program of All-Inclusive Care for the Elderly (PACE), or an adapted Accountable Care Organization, or managed care organization. To learn more, go to medicaring.org/book or find it on Amazon.

