



Aging & Action Forum:

Partnering through hard times

Meeting the Needs and
Preferences of Older
Persons

May 13, 2009



Aging Network

- OAA
- State Units (56)
- Area Agencies on Aging (651)
- Tribal Grantees (231)
- 20,000 providers
- 500,000 volunteers



Aging Network/OAA Funded Program & Services

- Senior Nutrition
- Support Services (transportation, chore, in-home care, adult day care, case coordination, respite, nursing home diversion, etc.);
- ADRCs – comprehensive information/referral/eligibility;
- Evidence- Based Health Promotion/Disease Prevention Programs;
- Advocacy assistance -Ombudsman Programs, legal services, SMP, Health Insurance Counseling;
- Family Caregiver



Aging Network/OAA Funded Program & Services

- 8 million elderly served
- 12 million family care-givers;
- 144 million HDM
- 108 million congregate meals served;
- 38 million rides;
- 28 million hours of personal care/home care



Our mission and work

To help elderly individuals maintain their dignity and independence in their homes and communities through comprehensive, coordinated and cost effective systems of long-term care, and livable communities



How we do that

- *Empower constituents to make informed decisions about, and easily access, existing health and long-term care options*
- *Enable seniors to remain at home with high quality of life through the provision of HCBS, including supports for family caregivers*
- *Empower older people to stay active and healthy*
- *Ensure the rights; prevent abuse, neglect and exploitation*



Focus – Critical Choices; Challenges; Opportunities

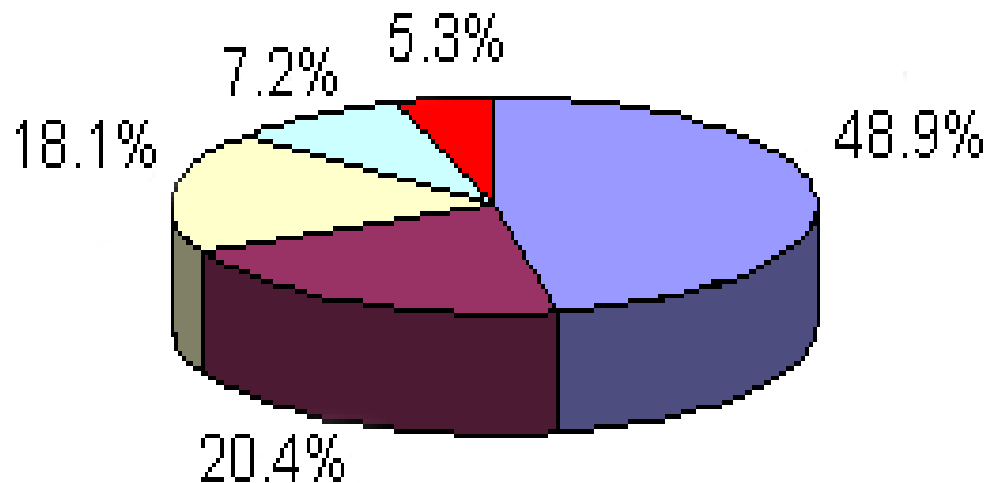
- Long-Term Care – focus on broader AoA Mission
- Prevention – quality of living



LTC – Refocus on Needs and preferences

- Dorothy had it right
- But what we have is still a LTC system largely build on institutional model
- Now consumers are demanding change
 - Vote with their feet
 - Demanding more choices and options
 - Want more controls of who cares for them
 - More flexibility to meet their needs
 - More recognition of the role of families

Long-Term Care: Who Pays?



■ Medicaid

■ Out of Pocket

■ Medicare

■ Private insurance

■ Other public/private



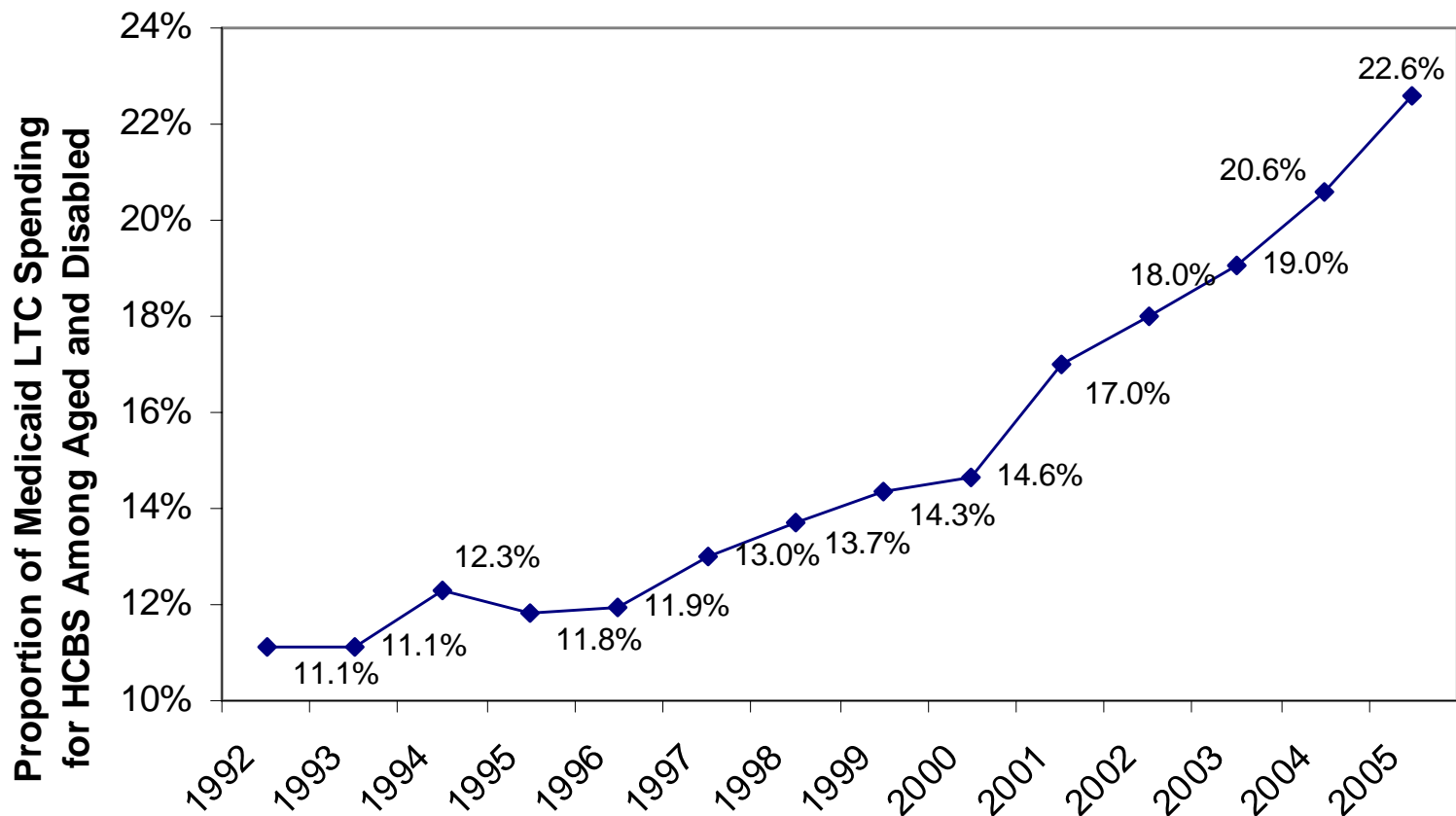
Medicaid LTC Spending

- 69% on Institutional Services - US
- 31% on Home and Community-Based Services - US
 - IOWA
 - 73.8% on Institutional Services
 - 26.2% on Home and Community-based services

Medicaid LTC Expenditures A/D Services 2007

	Institutional	Home/Community
Minnesota	53.4%	46.6%
Missouri	68.9%	31.1%
Iowa	73.8%	26.2%
Illinois	75.1%	24.9%
Nebraska	77.7%	22.3%
South Dakota	88.5%	11.5%

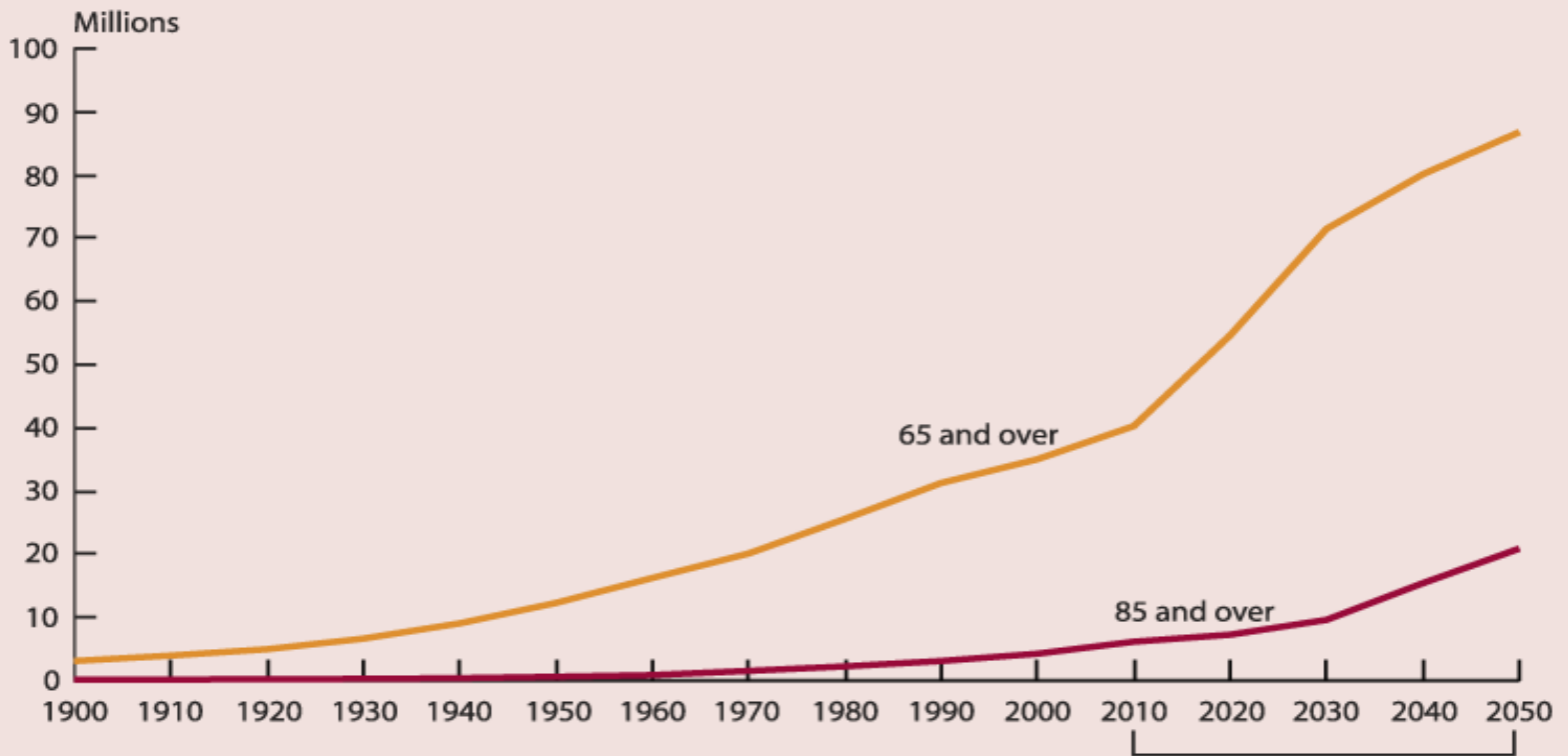
Growth in Medicaid LTC HCBS for Aged & Disabled



2005 MedStat LTC Data, Lewin Analysis. Long term care includes nursing facility, state plan personal care & home & community-based waivers for the aged & disabled.

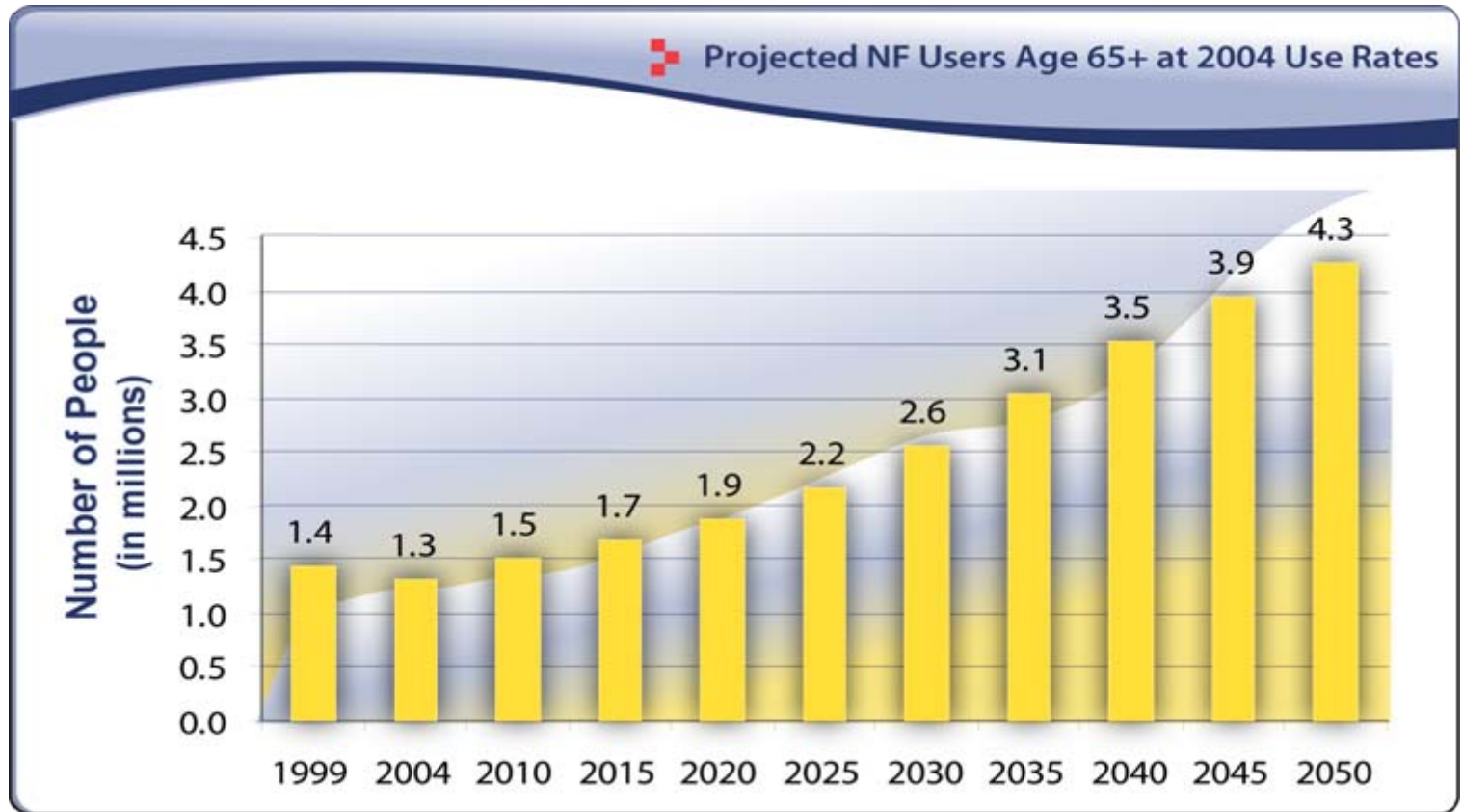
Challenges

Number of people age 65 and over, by age group, selected years 1900-2000 and projected 2010-2050



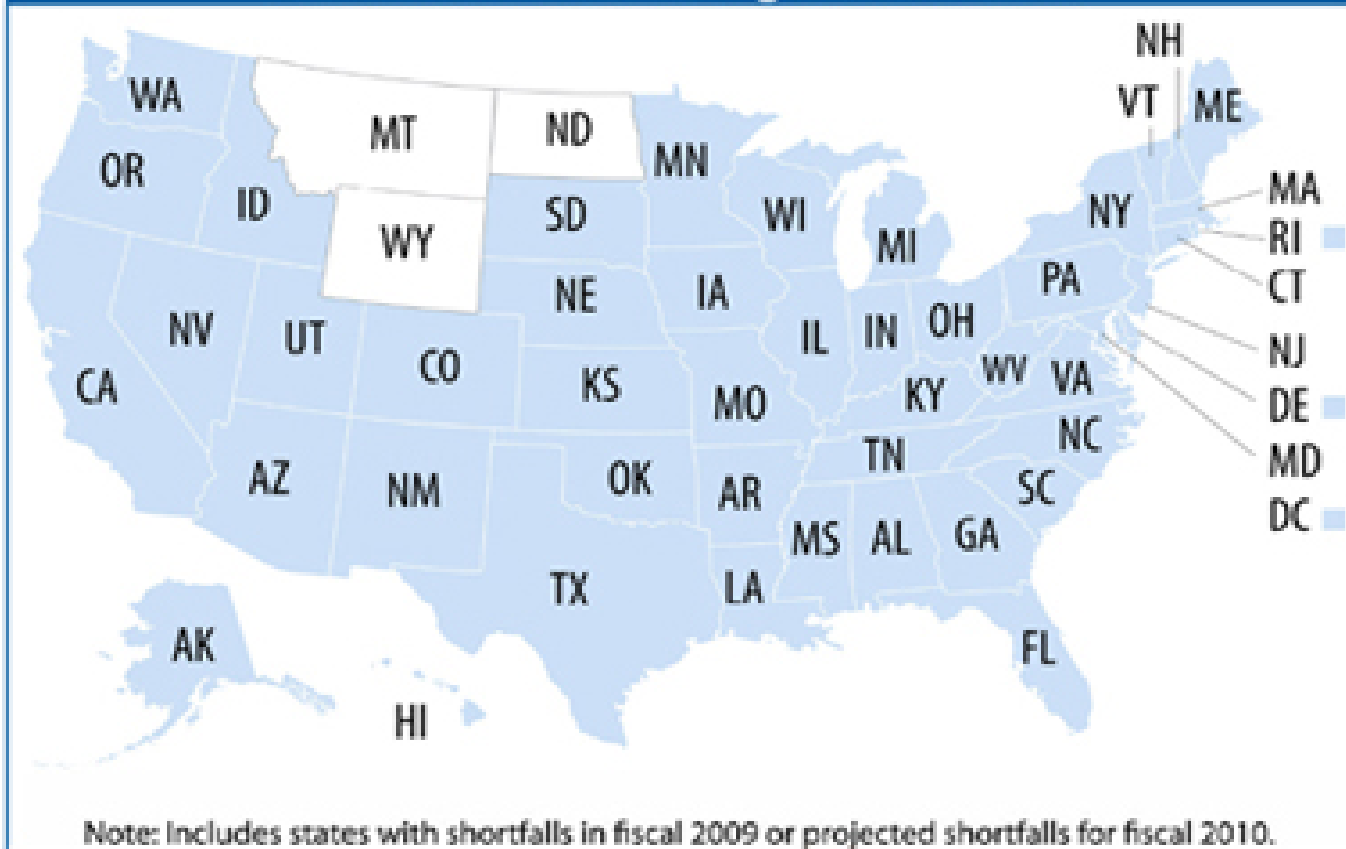
Note: Data for 2010-2050 are projections of the population.
Reference population: These data refer to the resident population.
Source: U.S. Census Bureau, Decennial Census and Projections.

Expect more than triple as many NF users in 2050 if NF use rates remained at 2004 levels



State Budget Deficits

FIGURE 1:
47 States Face Budget Shortfalls





Here's the Challenge

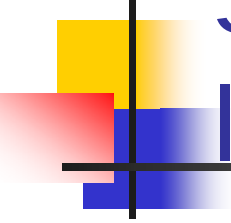
Here's the Opportunity

- Budget stress; population increases over time
- A focus on longer term and more cost-effective reform options
- A dual benefit:
 - Slowing growth of Medicaid LTC spending
 - Improving consumer choice/preference



Support for HCBS approach: Slow rate of Government Spending

- 2009 Stephen Kaye study
 - Over time expansion to HCBS leads to reductions in institutional LTC spending and long-term cost savings.
 - LTC spending in states with established HCBS declined 8% - adjusted(1995-2005)
 - LTC spending in states with low HCBS spending increased 9% - adjusted



Support for HCBS approach: Serve more people with same level spending

- GAO LTC Program Study –OR; WI; WA
 - Managed new demand, but controlled expenditures;
 - Control NF utilization
- Lewin Study
 - HCBS produced savings in OR and WA
 - Control of NF utilization
- ** HCBS can effectively control growth in costs for Medicaid



Prevention

- Another challenge with great opportunity for us is the area of chronic disease prevention and healthy aging.
- Two fold impact
 - Improved quality of living in our older years
 - Significant reduced health and LTC costs – government, insurance, out of pocket



Chronic Disease

- 80% of senior have at least 1 chronic disease; 50% with 2 or more
- Every 16 seconds someone 65+ falls; third will require medical attention/hospitalization
- 12.2 million seniors (23%) are diabetic; prevention programs emphasizing life style changes can reduce diabetes frequency by 70%
- Three-quarters of health care expenditures in US



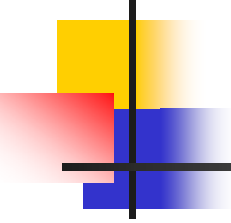
Evidence Based Programs

- Chronic Disease Self-Management
- Falls Prevention
- Fitness
- Nutrition
- Medication Management
- Depression



Iowa Healthy Links

- Department of Aging & Public Health through AAAs
 - Demonstration to use proven science based chronic disease prevention and health promotion programs to that provide tools and support to older persons to better manage and cope with chronic illness
 - Iowa estimates a total per patient cost saving for people participating in CDSMP at \$14,000+
 - Health Links also includes other prevention programs such as Enhanced Fitness

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- Commend Director John McCalley and his staff, the AAA, aging providers, advocates and volunteers
 - Much has been done
 - Much is left to do
 - Each generation of Americans has an opportunity to leave behind a legacy of improvement for those who follow whether it be such as:
 - Developing policy and service to better meet needs of the frail and infirmed
 - Serving those in need
 - Making our communities better places to live.
 - I hope you continue to do that here in Iowa. I know you will.