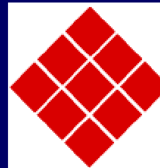
Keeping Elders Home



Massachusetts Health Policy Forum

a collaboration of the Schneider Institute for Health Policy at Brandeis University's Heller School, Health Care For All and Citizens Program Corporation

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Frail elders: dimensions of the problem

- **Over the next 25 years:**
  - ***The number of MA residents age <65 will remain relatively stable at a little over 5.5 million***
  - ***The number of MA residents age 65+ will increase by 46% from 860,000 to over 1.25 million***
- **In 2002 elderly MassHealth recipients accounted for:**
  - ***8% of the MA budget***
  - ***LTC for those elderly account for 75% of these expenditures (6% of the state budget)***
- **The Commonwealth Fund predicts almost doubling of LTC demand as the full impact of the baby boom is felt**

Successful aging: what do elders want?

- **Not just a matter of objective physical health.**
- **Elders say:**
  - ***"Keep on living in my home"***
  - ***"Not be a burden to others"***
  - ***"Do for myself"***
  - ***"Not be disabled or really ill"***
  - ***"Not be in pain"***

Successful aging: what do elders need?

- **Successful aging requires integrated supports**
- **MA elders with means have shown strong willingness to pay for those supports**
- **500% growth in MA assisted living in the past ten years**
- **Nationally, less than 15% of elders have income necessary for private assisted living**

Public supports: What do frail elders get?

- **Social Security**
  - ***Federal***
- **Medical Supports**
  - ***Medicare and Medicaid***
- **Behavioral Supports**
  - ***Medicare/Medicaid /DMH***
- **Social Supports (Meals, adult day care, homemaking)**
  - ***EOEA, Medicaid***
- **Housing**

How to serve most complex and frail elders in the community?

- In spite of services, gaps still exist
- Default locus of care when gaps occur is LTC
- CEEH established as experimental model to integrate services and target highest risk elders

CEEH Accomplishments

Bishop Street House

- ***1992 in Jamaica Plain 9 Units (Congregate)***

Symphony Shared Living

- ***1995 in Boston 10 Units (DMH)***

Anna Bissonnette House

- ***1997 South End 40 Units***

Ruth Cowin House

- ***2000 Brookline 9 Units***

Ruggles Street Assisted Living Facility

- ***2001 Roxbury 43 Units***

Elder House

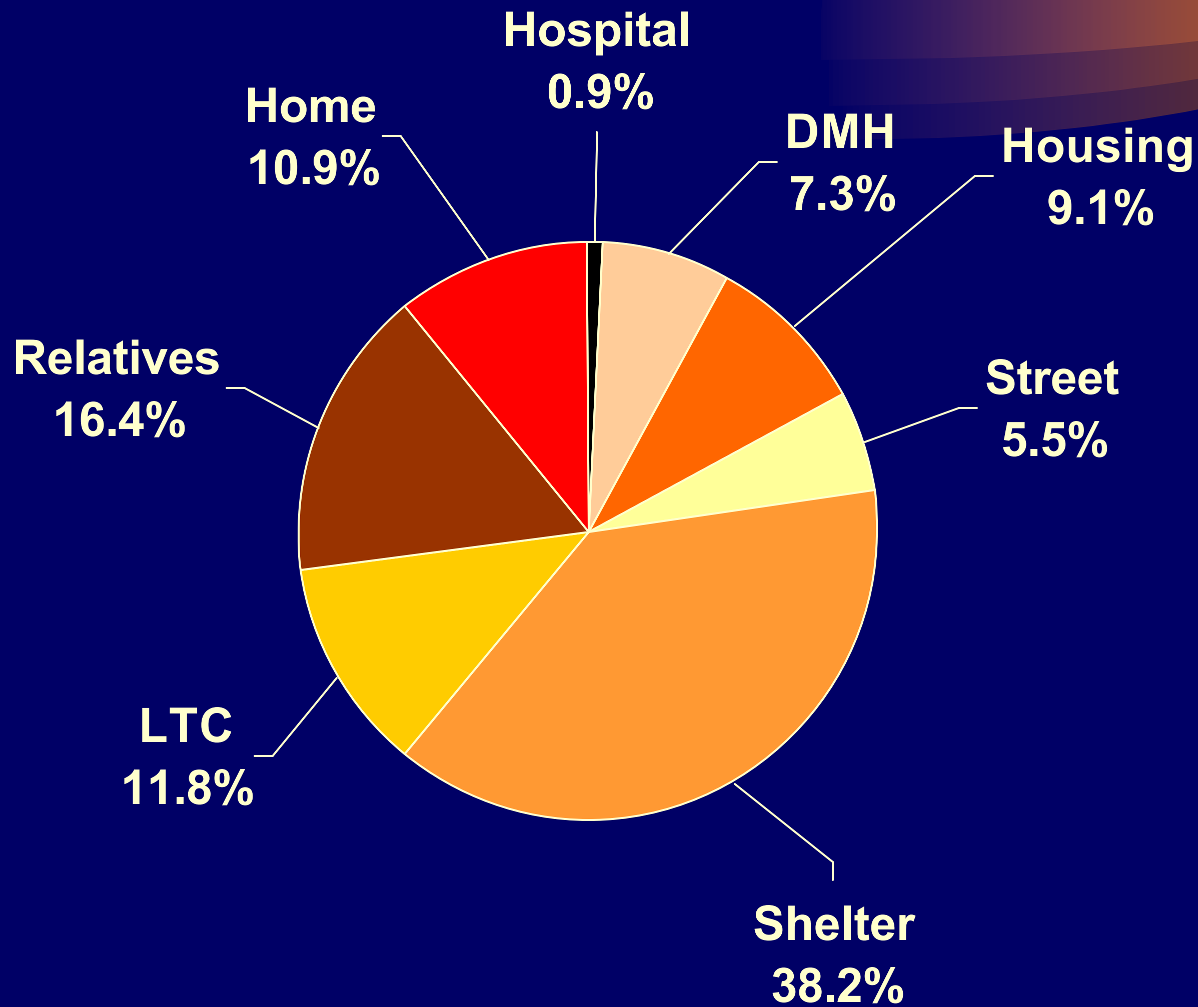
- ***2002 Dorchester 14 Units***

CEEH Interdisciplinary Team Model

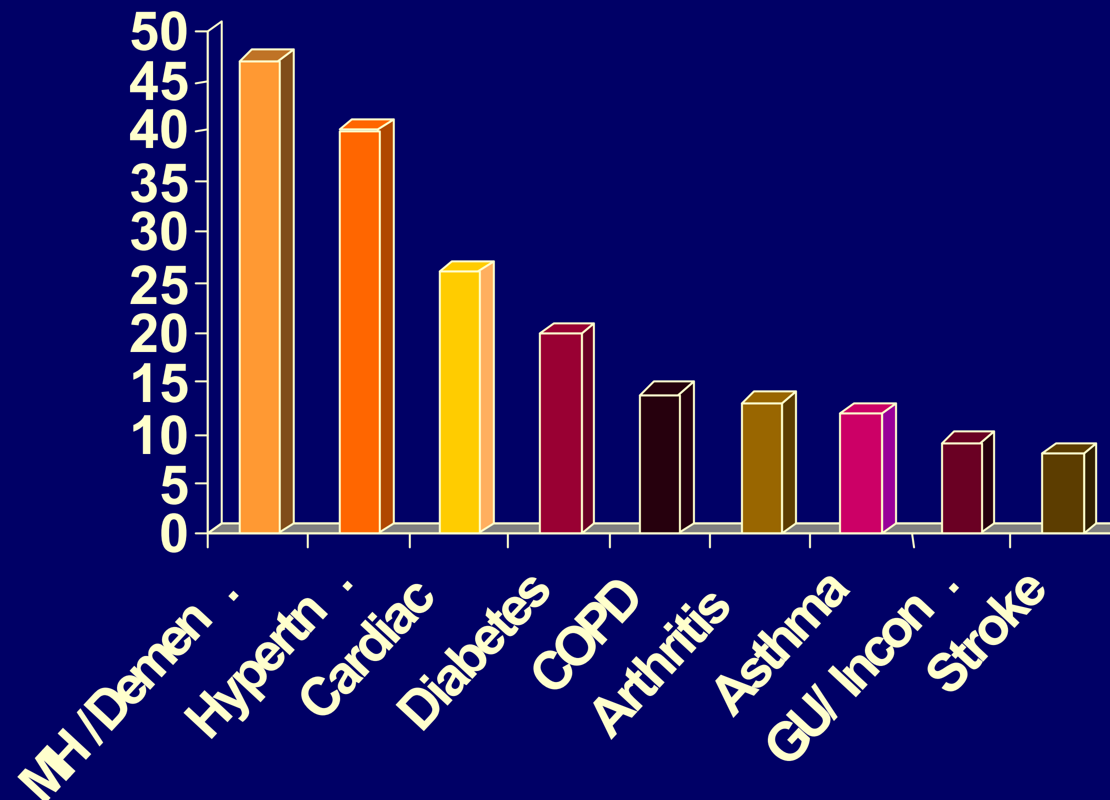
CEEH Population Description

- **48.2% female**
- **51.8% male**
- **65-74 years (38.3%)**
- **Race/Ethnicity**
  - ***51% Black***
  - ***41% Caucasian***
  - ***4% Hispanic***
  - ***4% Other***

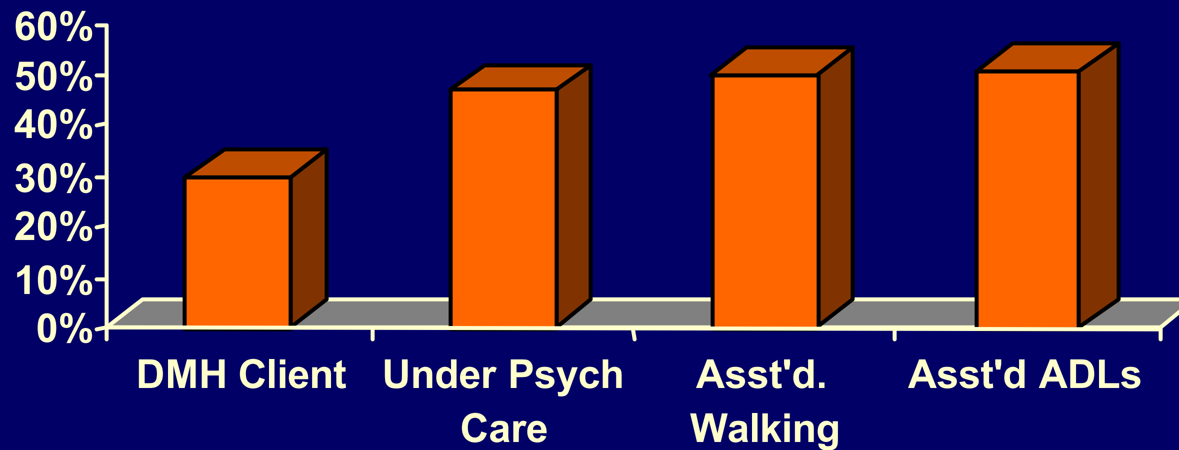
Prior Residence



Common Chronic Illnesses



Indicators of Frailty



Research Process

Process

- 110 Respondents
- Longitudinal Study: Inception, 6 months, 1 Year
- Use of a "Blind Recorder"
- Use of Survey Instruments with Proven Efficacy

Measurements

- Physical & Mental Functional Status

  SF36 Health Survey
- Social Integration

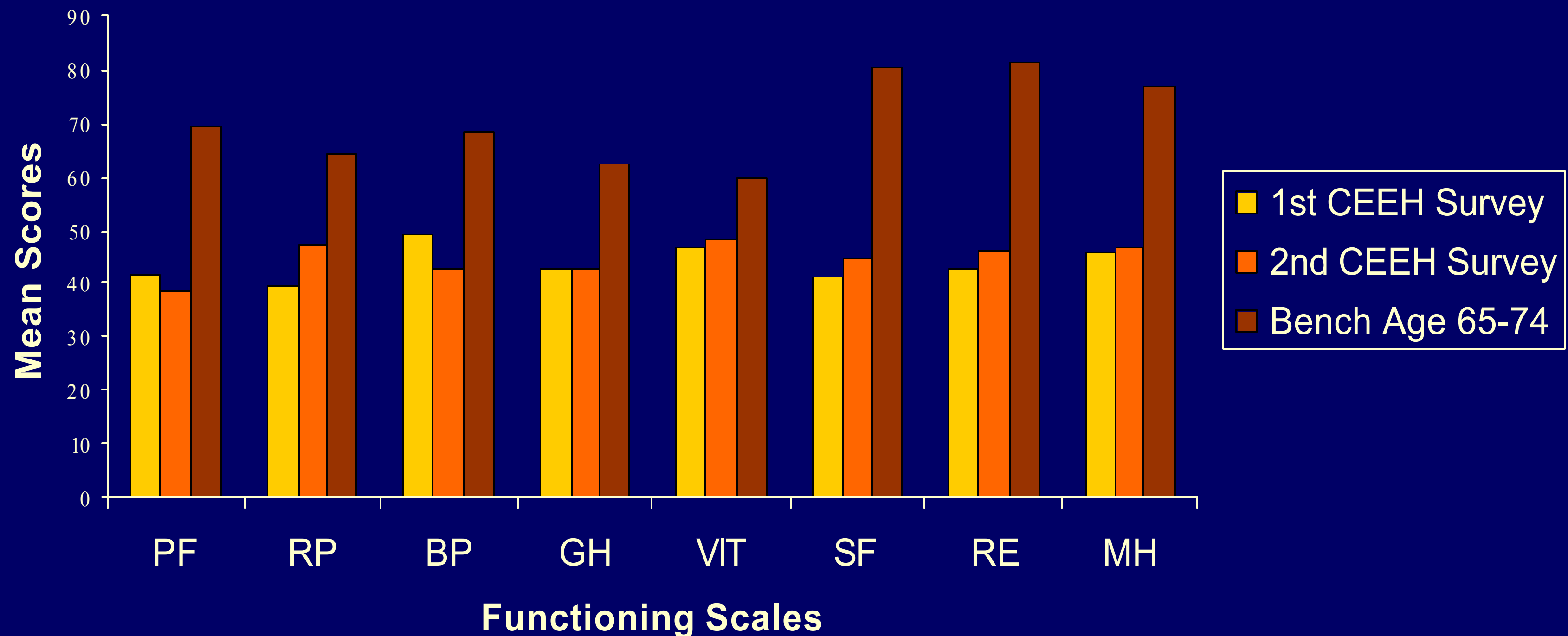
  OARS Resource and Services Scale
- Mental/Cognitive Functioning

  Mini Mental Status Exam (Folstein)
- Well-being/Successful Aging

  Life Satisfaction Index (LSIA)
- Health Care Utilization

  Record Mining

Research Outcomes: Functional Status



Research Outcomes: Social Integration and Well-Being

Social Integration

- **Lower social integration scores compared with norms**
- **Greatest improvement in social integration within the first year of tenancy**
- **Continued improvement in social integration over time**

Well-Being

- **Low scores compared with average**
- **Statistically significant improvement within the first year of tenancy**
- **Continued improvement in well-being over time**

Research Outcomes: Cognitive Functioning

- **Respondents score in the top quartile for cognitive functioning**
- **Greatest improvement within the first year of tenancy**
- **Statistically significant improvement in scores over time**

Findings: CEEH utilization by former LTC users

- **22 elder residents of LTC moved into Ruggles Asstd. Living**
- **Estimated Medicaid savings of approximately $300K annually**
- **59 referrals from LTC to Ruggles in 10 months**

Findings: Utilization of acute inpatient care by CEEH residents

- **CEEH residents have very high degree of frailty on all scales**
- **CEEH residents have fairly normative acute hospital use**
- **One model (NCCC) predicts top 20% frailty use 66% of services**
- **NCCC model suggests CEEH residents should have as much as 38 more hospitalizations than were experienced**
- **Annual savings to Medicare and Medicaid estimated at $500K**

Other models for frail elders

- Medical system is most frequent “default payer” for frail elders
- Most care management programs for frail elders have originated in medical system
- Managed care systems overall have failed to control costs and improve outcomes for frail elders

Other models of care for frail elders: PACE and SCOs

- **PACE- Program of All Inclusive Care for the Elderly**
  - **Founded in 1979**
  - **Federal waiver**
  - **36 sites nationally (8,500 enrollees)**
  - **6 sites in MA (1,150 enrollees)**
- **SCOs- new MA plan**

Key components for successful program for frail elders

- **Target high risk (high utilizer) population**
- **Keep elders in community**
- **Administratively simple for providers and payers**
- **Integrate housing, medical, behavioral, social supports**
- **Be cost efficient and clinically effective**
- **Be easily replicable and scaleable**

Policy Recommendation: Supported Housing/Assisted Living

- **Expand existing GAFC program (possible pilot)**
- **Create reimbursement scale $1150-$2000/mo based on elder acuity and services required (1-3 hours of medical, social, behavioral supports/day)**
- **Evaluate outcomes and utilization**

Final Points

- "Woodwork effect"
- Congressional Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century
- Other states' pilots