



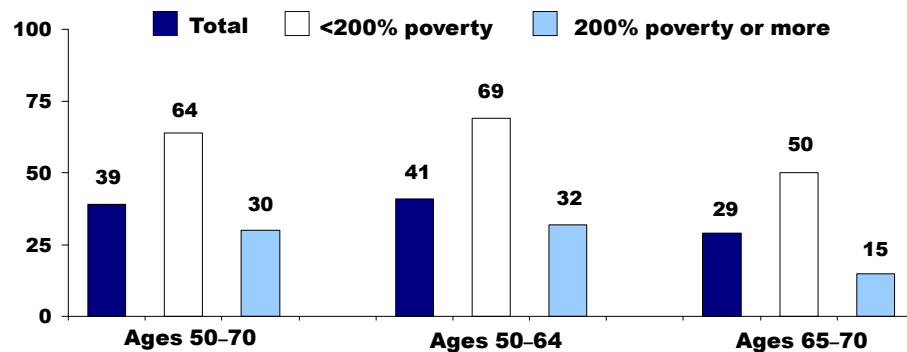
Using Health Policy to Support Nutrition Programs and Link to Health Care

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Mary Jane Koren, M.D., M.P.H.
VP LTC Quality Improvement
The Commonwealth Fund

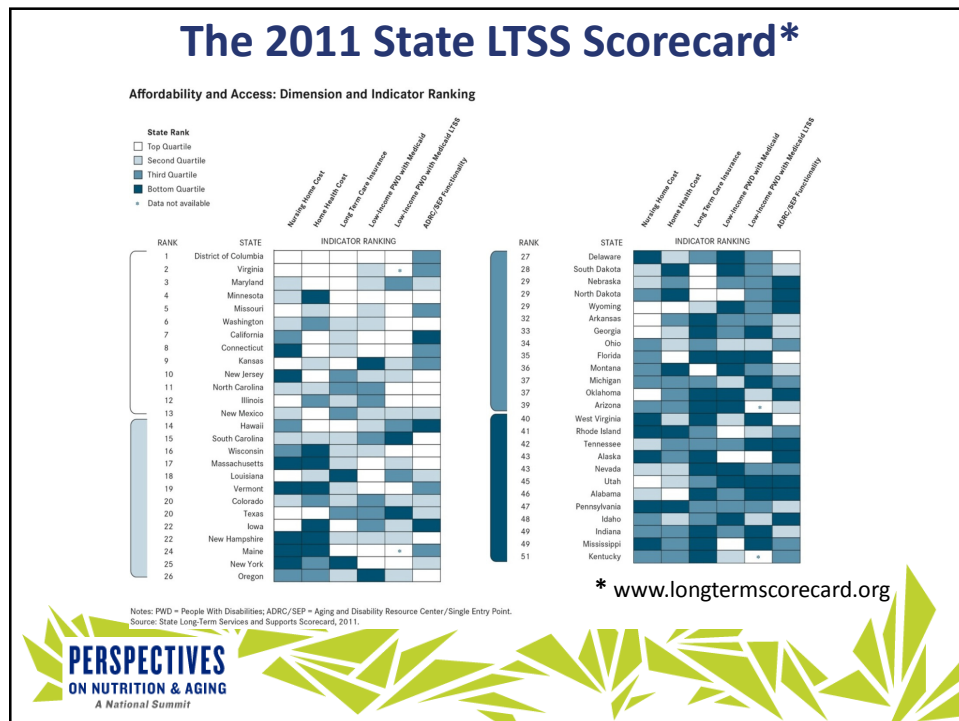
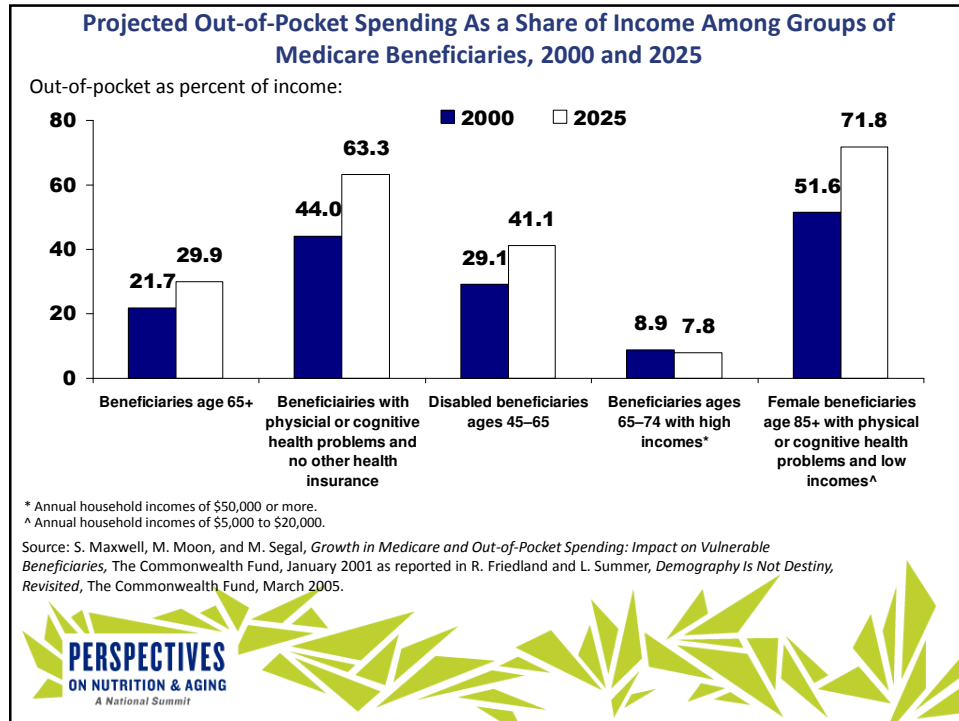
Two of Five Older Adults Are Not Confident in Their Retirement Security: Older Adults with Low Incomes Are the Least Confident

Percent of adults who are not too or not at all confident they'll have enough income and savings to live comfortably in retirement:



Source: The Commonwealth Fund Survey of Older Adults, 2004.





Findings from the LTSS State Scorecard

State Medicaid policies dramatically affect consumer choice and affordability.

- Medicaid is the primary source of public funding for LTSS and is under direct control of states
- State Medicaid policies play a leading role in determining the extent to which low income people get HCBS
- Some states have led the way to improve access and choice in Medicaid

Support for family caregivers goes hand in hand with other dimensions of high performance.

- No single state law is the answer to better support to caregivers
- The most meaningful support for caregivers may be found in an overall system that performs well on all dimensions: access, affordability, choice and quality
 - Few states that score highly on support for family caregivers score poorly on other dimensions
 - Few states that score poorly on the caregiving dimension are ranked in the top quartile overall



The cost of LTSS is unaffordable for middle-income families

- The cost of services, especially in NHs, is not “affordable” in any state.
 - The national average cost of NH care is 241% of the average annual household income of older adults.
 - Even in the five most affordable states, the cost averages 171% of income
 - In the least affordable states it averages an astonishing 374%
- When the cost of care exceeds median income to such a great degree, many people with LTSS needs will exhaust their life savings and eventually turn to the public safety net for assistance



Better data are needed to assess state LTSS system performance

- Limited data make it difficult to fully measure key concerns of the public and of policymakers, including
 - Nutrition programs
 - Housing with services
 - Accessible transportation
 - Funding of respite care for family caregivers
 - Social day care and other programs
- Improving consistent, state-level data collection is essential to evaluating state LTSS system performance more comprehensively.
- Currently available data cannot measure how well states
 - Ensure effective transitions between hospitals, nursing homes, and home care settings
 - LTSS are coordinated with primary care, acute care, and social services



Medical Homes and Health Homes

- Medical homes are envisioned as the central hub for primary care delivery, patient information, partnering and care coordination.
 - High priority on patient involvement, needs and preferences.
 - Ongoing care is coordinated by a physician-led team consisting of nurses, care managers, and others.
 - Employ evidence-based population health measures.
 - Held accountable for provision of high-quality care so quality improvement built into the processes of care.
- Health homes provide coordinated care for Medicaid beneficiaries with chronic conditions through a designated provider or a team of providers. Services include:
 - Care management and care coordination
 - Health promotion;
 - Transitional care;
 - Patient and family support;
 - Referral to community and social support services; and
 - Health information technology, as feasible.



Accountable Care Organizations (ACOs)

- An ACO is a network of doctors and hospitals that shares responsibility for providing care to at least 5,000 Medicare beneficiaries for 3 years
- ACOs are under pressure to provide high quality care because if they don't meet standards, they won't get to share in any savings – and could lose their contracts
- Several required quality performance measures could be improved if elders are well nourished
 - Falls
 - Depression
 - Health and functional status
 - Admissions and re-admissions to hospitals



Mary Jane Koren
mjk@cmwf.org

