Aging in Place:
Opportunities and Challenges under the Affordable Care Act

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NeighborWorks America
National Training Institute Orlando
The ‘silver tsunami’

Source: Lipman et al., 2012: 2; U.S. Census Bureau, 2008
The interrelationship of housing and health

A health concern can compound a housing concern

A housing concern can compound a health concern
Integrating health and housing: an outdated model
Overcare

Admitted to institution

No longer capable of living independently

Unnecessary costs incurred

Undercare

No longer capable of living independently

Unnecessary costs incurred
Aging in place: an alternative approach

Mobility
Case Management
Healthcare Services
Home Modification
Social Interaction
Context: Olmstead Ruling

- Olmstead v. L.C.
- June 22, 1999
- “unjustified isolation” if...
- “the State’s treatment professionals have determined that community placement is appropriate, the transfer from institutional care to a less restrictive setting is not opposed by the individual, and the placement can be reasonably accommodated”
Context: evidence of cost savings

States with Published Studies Evaluating Publicly Funded Home and Community-Based Service Programs, 2005 - 2012

Source: Fox-Grage & Walls, 2013: 2
The Affordable Care Act

The *Triple Aim*

- Health of a Population
- Experience of Care
- Per Capita Cost
The Affordable Care Act

“The US health system is increasingly recognizing that, especially for people with chronic primary and behavioral health diagnoses, housing is essential to achieving good health outcomes and controlling health care costs.

The Affordable Care Act and broader national health care reform provide numerous opportunities to capitalize on that fact.”

CSH + Council of Large Public Housing Authorities
‘Opportunities for Health Partnerships through the ACA’
2014: 1
The role of states

States Pursuing Medicaid Home and Community Based Service Options Provided or Enhanced by the Affordable Care Act, July 2014

Source: Reaves & Musumeci, 2014: 7
Accountable Care Organizations (ACOs)

- A network of healthcare providers centered around a primary care physician
- Incentives to coordinate service provision to provide cost-effective service delivery; the ACO shares in the savings realized to Medicare
- A ‘pay-for-performance’ model, rather than a ‘pay-for-service’ model
- Opportunities for housing providers to operate as a cost-effective platform for service delivery
Managed Care Organizations (MCOs)

• An organization, such as an insurance company, acts as the intermediate between the individual seeking care and the primary care physician.

• Role for housing organizations to connect the MCO with hard to reach patients or deliver services ‘in place’.

• Contracts with Medicaid to include incentives (or penalties) to serve the hardest to reach patients.
Managed Care Organizations (MCOs)

National Church Residences, ‘Population Management Pilot’
Columbus, Ohio

- Pilot involves 500 seniors

- NCR coordinates for a primary care physician to visit the residents in their homes, performing check ups and writing prescriptions. Social workers ensure the residents follow their health plans

- Partnered with Aetna and Molina insurance companies

- Aim of the study is to demonstrate cost savings of ‘in place’ delivery, encouraging insurers to pay for the care on a per-participant basis, using Medicaid funds
Center for Medicaid and Medicare Innovation

• Established to “test innovative payment and service delivery models to reduce program expenditures... while preserving or enhancing the quality of care”

• Emphasis on sharing effective practices and on replicating successful programs in other locations
A model of success: CAPABLE

- Community Aging in Place, Advancing Better Living for Elders (CAPABLE)

- Operated by John Hopkins University School of Nursing, in Baltimore

- Pilot was launched in 2009

- A participant-centered approach focused on individual strengths, deficits, and creating goals in self-care
A model of success: CAPABLE

Start

Month 1

Month 2

Month 3

Month 4

Occupational Therapist

Nurse

Handyman
A model of success: CAPABLE

Activities of Daily Living (ADLs)
Bathing; eating; dressing; walking; grooming; using the toilet; etc

Instrumental Activities of Daily Living (IADLs)
Managing money; taking medicines as prescribed; using the telephone; shopping for groceries; etc

Source: Szanton, 2014: 24-25
A model of success: CAPABLE

- Envisioning ways in which the program might be ‘scaled up’, including through medicaid waivers or as an ACO model

- Partnering with national institutions could help raise the program’s profile, and connect CAPABLE with other potential sites for demonstrations across the country

- CAPABLE are in the early stage of such discussions - results to be determined!
A model of success: SASH

- Support and Services at Home (SASH)

- Piloted by Cathedral Square Corporation, in Burlington, VT in 2009

- Involved collaboration with legislators, healthcare groups, and community service partners to position housing as ‘service hubs’ - a platform that coordinates healthcare and housing
A model of success: SASH

- SASH Coordinator
- Wellbeing Nurse
- Acute Nurse
- Case Manager

Full time

Quarter time

Twice monthly meetings

x 100
A model of success: SASH

- Hospital admissions reduced by 19%
- None of the residents moved to a nursing home
- The number of residents who experienced a fall was reduced by half
- Overall physical activity and nutrition also improved
A model of success: SASH

- Following the success of the pilot, the program has been expanded statewide.
- Fully integrated within Vermont’s statewide healthcare plan, ‘Blueprint for Health’.
- System-based approach, with a focus on being replicated elsewhere - the next step?
Beyond the ACA
What challenges remain?

1. Broadening service provision
2. Support for family care-givers
3. Overcoming federal silos
4. The need for affordable housing
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Aljoya Thornton, Seattle
A retrofit designed for seniors
Conclusions

• The Affordable Care Act is still in its ‘implementation stage’

• Opportunities exist already to improve the livelihoods of low-income seniors, and these should be taken

• Housing organizations have the experience and knowledge to play a significant role in building partnerships with healthcare providers
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Images

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