Spring Conference highlight: AAAs’ role in solving the health care crisis

Area Agencies on Aging will play an important role in solving our nation’s health care crisis. That was the message from leading physician, Dr. Robert J. Schreiber, at OAAAA’s spring conference in Columbus, March 23 and 24.

Dr. Schreiber, physician in chief at Hebrew Senior Life, a health care and housing organization serving 6,000 older adults, said AAAs are in the position to educate physicians about partnering with community organizations to provide better health care for all.

Dr. Schreiber’s remarks centered on five basic principles:

1. “Confronting the brutal facts”:
   - Health care costs an average of $5,039 per person in the U.S. annually.
   - Chronic diseases account for over 75% of the $1.4 trillion we spend on health care.
   - Providing health care now consumes 18% of our country’s GDP. Of the total goods and services produced in the United States, almost one-fifth of the profits from them go to pay for health care.
   - Four chronic diseases cause two-thirds of all deaths in the U.S. each year – heart disease, cancer, stroke, and diabetes.

2. “Seek first to understand, then to be understood”. Because clinicians are busy and hard to engage, AAAs must find ways to interest them and help them understand the benefits of partnering with the aging network.
3. “Demonstrate value through outcomes, not services”. AAAs can demonstrate successes in helping people maintain their health, through such evidence-based programs as chronic disease prevention and management, transition of care, and health promotion programs.

4. “AAAs are part of the solution to solving our health care crisis by improving quality and lowering cost.”

5. “What’s in it for me?” The challenge to AAAs is showing clinicians how we can help them narrow the gap between best practice and the care they deliver.

Health care reform will make keeping patients well much more important. Future payments will be attached to performance, with health care providers receiving higher reimbursements when patients remain healthy and specialists experiencing reimbursement rate cuts. Because 85% of people 65 or older have at least one chronic illness and 25% have four or more, wellness among older adults becomes prevention of the progression of chronic disease.

To accomplish this, Dr. Schreiber described the increased emphasis on the Patient-centered Medical Home (PCMH) and the Accountable Care Organization (ACO) in the medical community. Both as a business model and as a health care reform model, the Patient-centered Medical Home has won advocates. Dr. Schreiber described the PCMH as an approach to provide comprehensive primary care that encourages partnerships between individual patients (and families, where appropriate) and their health care providers. PCMHs can increase access to health care, increase satisfaction with the level of care, and improve health.

He described an ACO as a group of providers (for example: a hospital, primary care physicians, and specialists) who would be responsible for the quality and cost of care for a population of Medicare beneficiaries. ACOs, evidence-based healthy aging programs, and Health Information Technology all play a part in health care reform.

Dr. Schreiber recommended closer integration of the health care provider system with the long-term care services and supports that exist in the community as a way to make PCMHs and ACOs work; however, he said there are barriers to
integrating the acute-care system with the long-term care system in this country. He identified AAAs as community organizations able to help implement the integration of the two systems.