

Integrated Service Delivery: A LeadingAge Vision for America's Aging Population

Executive Summary

The logo for LeadingAge, featuring a stylized heart icon above the word "LeadingAge" with a registered trademark symbol.

INTEGRATED SERVICE DELIVERY: A LEADINGAGE VISION FOR AMERICA'S AGING POPULATIONS



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About LeadingAge

The mission of LeadingAge is to be the trusted voice for aging in America. Our 6,000+ members and partners include not-for-profit organizations representing the entire field of aging services, 39 state partners, hundreds of businesses, consumer groups, foundations, and research partners. LeadingAge is also a part of the Global Ageing Network (formerly the International Association of Homes and Services for the Aging), whose membership spans 30 countries. LeadingAge is a 501(c)(3) tax-exempt charitable organization focused on education, advocacy, and applied research.

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Addressing the needs of a rapidly growing older population could be considered one of the major challenges facing the United States over the next few decades.

Bolstered by the aging of the baby boomer generation, the older population will increase 56% by 2030, when 72 million Americans will be 65 or older.¹ Roughly 80% of these older Americans will live with multiple chronic conditions that require interaction with multiple health care providers, according to the Agency for Healthcare Research and Quality. About 50% of the 65+ population will need help with many of life's basic activities sometime during their lifetimes.²

LeadingAge is cognizant of this looming challenge. But we also see our nation's changing demographics as an unprecedented opportunity to redesign the current system for delivering health care and long-term services and supports (LTSS) to older adults. We envision a new system that will be far more efficient, and will take a far more comprehensive view of each older adult's need for medical care, housing, social supports and financial security. Our members are well-positioned to play a central role in this new system.

Two System Failures

LeadingAge's mission is to be the trusted voice for aging. We have observed that the American health care system fails older adults in two ways:

1. The current delivery system offers little guidance to older adults and their families as they attempt to coordinate, navigate and manage our complex and fragmented system of medical care and LTSS. When families tackle this overwhelming challenge alone, it often results in unmet needs, inefficient use of available dollars, and poor outcomes.
2. The LTSS financing system offers no protection against the severe economic consequences that often accompany the need for expensive services and supports, particularly over long periods.

LeadingAge believes these two failures are related. Therefore, we have identified two key strategic solutions to address these failures. These solutions are designed to ease the fragmentation perpetuated by our fee-for-service payment system, which rewards providers for providing more, not more-coordinated or even better quality services. Recent federal demonstration programs to test alternative payment models have pursued promising approaches to easing this fragmentation, but these efforts have been limited in size and scope.

We urge policy makers to take two steps to truly reform our system:

- *Develop and support an integrated service model for older adults.* This paper describes LeadingAge's vision for a person-centered, integrated service delivery model that views and addresses the needs of older adults in a holistic fashion, uses available public and private resources more efficiently, achieves better health outcomes, and helps Americans live better lives, regardless of age. We urge policy makers to initiate large-scale, national demonstrations to test, refine and encourage widespread adoption of this model for all older adults.

¹ Administration on Aging Projected Future Growth of the Older Population, https://www.acl.gov/Aging_Statistics/future_growth/future_growth.aspx

² Favreault, M. M., & Dey, J. (2016). Long-Term Services and Supports for Older Americans: Risks and Financing. Washington, DC: Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Retrieved from <https://aspe.hhs.gov/sites/default/files/pdf/106211/ElderLTCrb-rev.pdf>

- *Develop a universal LTSS insurance system* to provide important financial support for this integrated service model. A companion paper from LeadingAge describes the critical need for, and the basic elements of, this new LTSS insurance program.³

Integrated Service Model: An Overview

The integrated service model that LeadingAge envisions will address the needs of all older adults, not just those with high needs and high costs. The ultimate goal of this broader population focus is to reduce the number of older adults who develop high needs and high costs, while also slowing the growth of Medicaid and other public financing.

A key component of the integrated service model is its holistic approach to service delivery. The model would not view a person's need from a narrow medical or symptomatic perspective. Rather, the model would deliver a comprehensive and coordinated set of services and supports at the community level to address the needs and goals of the whole person.

The integrated service model would be implemented by an organized, community-based "hub" of providers working collaboratively to deliver services and supports to individuals. The hub could be directed by any group of providers: not just a health plan, hospital, health system or doctor, but also a community-based LTSS organization. Providers in the hub would be financially aligned to work together across services and settings, and would employ a person-centered approach to addressing each person's needs in a comprehensive way.

The integrated service model's primary features would include:

- *Pooled funding and risk sharing:* Success of the integrated service model depends on the ability of hub providers to pool all sources of funding – public and personal – and to be free from the existing fee-for-service structure. Working together, hub providers would offer a full range of coordinated services and supports designed to help an individual maintain health and achieve personal goals. Hub providers would assume a portion of the risk for outcomes and total cost of care.
- *Single point of contact:* A single "service facilitator" would work with the older adult, his or her family, and the hub's interdisciplinary care team to answer questions and identify and coordinate needed services, supports and resources across settings. The facilitator would serve as a liaison between the individual and his or her family and provider hub.
- *Assessment and single service plan:* The hub's interdisciplinary provider team would conduct a comprehensive assessment of each older adult, and use its findings to develop a universal aging service plan in collaboration with the older adult, his or her family, and all identified care and service providers. The service plan would address all of the older adult's needs for services and supports, not just his or her medical needs. To meet this broad range of needs, the hub would pool Medicare funds with a variety of other available dollars – such as Medicaid, HUD, Older Americans' Act dollars and, where available, personal funds – to offer any service or support that optimizes health or functional status for beneficiaries, as long as those services addressed needs identified in the aging service plan.
- *Comprehensive service coordination:* Comprehensive service coordination would be a key strategy for improving outcomes for the older adult, and enhancing the effectiveness of the hub providers. To facilitate this coordination, providers, the hub service facilitator, older adults and families would have real-time access to the individual's health information and aging service plan. Technology tools would be used to share information, improve access to services and supports, enhance wellness and independence, and facilitate predictive modeling to improve outcomes and identify best practices.

³ LeadingAge. (2017). *A New Vision for Long-Term Services and Supports*. Washington, DC: Aaron Tripp.

- *Quality assurance:* The integrated service framework would define measures of quality that gauge the satisfaction of the older adult and his or her caregivers. Quality measures would also be tied to achievement of the individual's goals, as identified in the aging service plan.

Interim Recommendations

Laws and regulations can provide a framework for the integrated service model that LeadingAge envisions, as long as those laws and regulations do not stifle creativity by being overly prescriptive.

We acknowledge that a few providers, including some LeadingAge members, have found ways to work within the confines of the existing regulatory and funding infrastructure to create an integrated service model in their communities. We applaud their efforts, which represent laudable examples of what is possible.

However, there remains a strong need to reform our entire delivery system so that these promising examples can reach their full potential, and similar initiatives can become far more widespread. We must work together to ensure that all older adults have access to the full breadth of medical, social and long-term services and supports needed to live a healthy and independent life.

We understand that implementing the comprehensive approach outlined in these pages would require widespread reform of systems and payments, as well as a change in our way of thinking about the delivery of health and LTSS services. This widespread reform is, clearly, a long-term goal. Therefore, this report also recommends a menu of interim steps that policy makers could take to move our delivery system toward integration, and incentivize providers to adopt a more holistic approach to the work they do.

Our Long-Term Goal

LeadingAge and its members stand ready to work with policy makers to create a framework for an integrated service model. Being successful in this endeavor means nothing less than creating a society in which all older adults can age with dignity while enjoying the health and quality of life we all desire.