CONVERGENCE

Convergence Dialogue on Reimagining Care for Older Adults:

Issue Framing Paper

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Introduction

Today, an adult born in the United States can expect to live many years longer than during previous generations. Despite a recent fall in life expectancy related to COVID-19, improvements in medical care, nutrition, and other factors mean Americans generally live much longer in retirement. That forces us all to consider more urgently what it means to age well in this period of our lives. How can we thrive as older adults? If and when we need care in our later years, as a result of frailty or chronic health conditions, what are the best and most practical ways to provide the range of services needed for successful and happy aging?

The experience of COVID-19 has shocked us out of any complacency we might have had about the current system of care. But there have also been developments in recent years that should make us more confident that, as a nation, we can redesign systems and review obligations in ways that will enable future older adults to thrive. For instance, today, we are far more aware of mismatches between people's preferences about aging and where they find themselves in their later years – and the socio-demographic and geographic disparities that affect those patterns. Meanwhile, improved ways of combining medical and social supports with innovations in technology, social capital institutions, the design of housing, and other needs of older adults mean that we have far more reasons to be optimistic about our ability to create a future system of long-term care that matches the needs and aspirations of older adults.

To build on these opportunities, during October 2020, Convergence Center for Policy Resolution assembled nearly 50 experts on long-term care to brainstorm in a series of three meetings on the topic of "Rethinking Care for Older Adults." These meetings were made possible with the support of The John A. Hartford Foundation. The reflections, ideas, and recommendations flowing from these meetings were published in a report, followed by a compilation of short papers suggesting administrative actions to improve care.

Building on those conversations, Convergence is now engaged in a national dialogue on reimagining care for older adults. This project, supported by The John A. Hartford Foundation and The SCAN Foundation, is bringing together individuals and representatives of organizations that would be stakeholders in transforming the system of long-term care for older adults. This dialogue will use Convergence's unique dialogue-to-action methodology to explore values and visions of the future. Participants will seek to identify areas of agreement on a package of organizational and policy changes to create a new system of care that would enable older adults to thrive.

To assist the Convergence project dialogue and other conversations on the future of long-term care, this Brief offers an outline to help frame discussions aimed at reaching an agreement on restructuring long-term care for older adults. The Brief:

- Summarizes some key observations made during the Convergence Fall 2020 brainstorming conversations.
- Catalogs some of the opportunities to transform our long-term care system.
- Identifies some of the major issues that would need to be resolved to reach a broad agreement among stakeholders on an improved system of care.

What We've Learned

Surveying the nature of aging, the structure of the long-term care system, and the preferences of older adults, we have learned many things that will shape any conversation about reimagining the care system.

For example, thought leaders now broadly recognize that maintaining or improving the quality of life of older adults, including their ability to thrive by reaching their goals in life, is a critical dimension of successful aging. That recognition implies a support system that reflects people's choice of place to reside while aging and a care system that helps older adults achieve their dreams and practical goals, rather than thinking of long-term care as managing decline and concentrating on medical management. Still, it's also important to recognize that for an increasing proportion of older adults, a possible life experience will include a period of significant cognitive and physical challenges after an active life, rather than the experience of rapid decline or sudden death after an active life that has been the common experience of previous generations.

Most surveys reveal that people would prefer to age and die in their own homes and communities. However, many older adults report that their preferences are often not considered. Still, living at home is no panacea and is often not ideal. Many older people encounter physical and caregiving challenges when they age, leading to social isolation, reduced quality of life, and acute medical issues requiring frequent trips to the emergency room and sometimes lengthy hospitalizations.

Meanwhile, the population patterns of nursing homes do not necessarily reflect the needs and desires of older adults. For example, traditional nursing homes typically have a combination of long-stay and post-acute care residents sharing the same facility. However, this combination of residents does not usually reflect clinical needs but mainly reflects residence based on our American payment system.

Looking at the best structure of services for healthy life, there is a growing understanding of the importance of coordinating health, social services, transportation, housing, and other services for successful aging. This reflects the growing focus on "social determinants of health," or in other words the nonmedical factors and services that are

major influences in health and happiness. However, payment rules have not kept up with this change in focus, and administrative silos also often make the coordination of services very difficult.

There is also a better understanding today of the nature of caregivers. Today's nursing homes and home-based services depend heavily on a poorly paid workforce. Training is also inadequate, and professional growth opportunities are lacking. The result is a high turnover rate and worker shortages. Rethinking the care of older adults thus means fundamentally rethinking the workforce. But it also is essential to recognize that family caregivers and other unpaid care partners shoulder the vast majority of providing and/or paying for services and supports, often resulting in financial, physical, and emotional stress and career interruption for caregivers.

Looking further at the paid workforce, there is now a better understanding of the benefits of interdisciplinary teams for improving quality and reducing turnover. In addition, such teams of in-home or home-like settings can be designed to reflect older adults' needs, values, and preferences. While team models may become an important feature of the future care system and an integral part of the future workforce, there are significant challenges scaling up and replicating innovative approaches that often use team models such as PACE, CAPABLE, Green Houses, and other such programs.

Opportunities for a New Approach

There are good reasons to feel optimistic about our ability to build on what we have learned and create a long-term care system that better reflects people's desires and takes advantage of the innovations in care. Some of the reasons to be optimistic include:

- There is a broad agreement among policymakers and care experts that people should age in the setting they prefer and that organizing care around that preference can lead to better outcomes. For example, most people prefer living in their own home and community (recognizing that social isolation and physical/cognitive decline may make living at home challenging or impossible). There also appears to be broad agreement that a range of possible residences should be available for those who require some institutional setting. However, there is less agreement about how to organize and finance those institutional residences and their workforce.

- There is a much greater commitment to integrated health plans and programs that combine medical treatment with social supports and agreement that these are critical to the well-being of older adults with chronic conditions. This increased

focus on social determinants of health has spurred the development of more integrated health plans, such as Medicare Advantage (MA) plans, and drives new models of care delivery. MA plans now have more opportunities to integrate nonmedical support services into their benefits, thanks to legislative and rule changes at the federal level. With the growth of MA plans and innovations like telemedicine leading to new forms of access, more Medicare beneficiaries will access nonmedical services to improve their health. This new opportunity raises the question of whether and to what extent the federal Medicare program, rather than the federal/state Medicaid program, should in the future be the primary vehicle for government-funded long-term services and supports (LTSS).

- Greater attention is paid to the built environment and the nature of communities related to the appreciation of social determinants. For instance, many architects and community design experts are developing new living arrangements and connecting people with institutions and services in their communities. These innovations offer hope for more successful home and community-based care and possibilities for better connections between health systems, nursing homes, other care systems, and their communities.

- New forms of social capital are developing, improving the delivery of services, and help address the challenge of isolation experienced by many older adults living at home. From volunteer "Villages" to community health clinics, community-based organizations could become vital elements of a more robust network of institutions to support community-based care in partnership with health systems. In addition, new models and experiments suggest housing-based service organizations and group homes could also improve community-based care – though this would require revised payment models.

- State and local governments are increasingly engaged in creating age-friendly communities and services by better integrating housing, health, and other services. Examples include Vermont's SASH program and the California Master Plan for Aging. These state and local approaches could help design and achieve broader reforms. In addition, several states are taking steps to improve their planning and financing of funded LTSS, as well as home and community-based service (HCBS) programs. Over the next two years, states have an opportunity to make the most of their LTSS ScoreCard rankings and HCBS ARPA funds to accelerate transformation.

- Technology and artificial intelligence could make profound changes in care possible. New technologies, for instance, may significantly increase our ability to monitor people in a home setting and make it easier to provide many medical and other services. In addition, with appropriate technology training for caregivers and older adults, technology is likely to significantly enhance our ability to coordinate care and provide home-based LTSS.

Major Issues That Need Resolving

Even with the positive developments that cause optimism, many challenging issues still need addressing before there could be consensus on steps to reconfigure the long-term care system. In some cases, clashing interests exist that require resolution. In issues such as reforms to federal programs, difficult policy choices must be made; and in other instances, challenging problems require some creative thinking and a willingness to compromise.

Drawing from the earlier Convergence brainstorming meetings, these issues generally fall into four clusters. The questions posed in the following pages are starting points for robust discussion:

1. Home-based Aging and Community-based Care

There is widespread agreement that there needs to be a shift towards more home and community-based services. But the devil is in the details when it comes to accomplishing that shift, given differences in the capacity of communities to be the nexus of care, the differing care needs of individuals, and the need for better alignment in payment systems.

Access Issues

- There are, unfortunately, significant differences in the capabilities of different communities to support community-based services. The availability of LTSS, and the infrastructure to coordinate services, is generally more challenging in rural areas. Rural residents have a harder time accessing the LTSS they need, and communication, travel, etc., are challenging.

  How can we address disparities between rural and urban settings to achieve equivalent access of service?

- The quality and availability of services for People of Color and in underserved neighborhoods often lags other areas.

  How can we best address racial inequities in home-based care?

- Women are more likely to require LTSS and longer durations (women also make up most nursing home residents). Women also comprise over 70 percent of family caregivers.

  How should government policy address the disproportionate effect on women of LTSS needs, obligations, and financial burdens?

- The innovative use of technology is already making a difference and holds great promise. But creating effective and equitable use of technology requires answers to several questions about its ability to empower all people who wish to live at home.

  How can we assure sufficient broadband connection for technology to assist all people aging at home?

  How can we provide appropriate training for residents and care partners?

  What is the right policy balance between the benefits of human touch and the promise of technology to broaden access to community-based care?

Home-care Workforce Questions

- Successful aging in place requires regular home visits. But cost and quality are a challenge in delivering this type of care.

  How can we improve training and address the licensing requirements of agencies and direct care workers to improve quality, raise benefits and career opportunities, and make home care more affordable?

  How can we afford to address the chronic shortage of direct care workers for home-based care?

Payment Issues

- Even when there is agreement on the need to raise pay for home care workers, there is often deep disagreement about who should be responsible for finding the money.

Who should pay for enhanced home visits? How should that cost be distributed between different levels of government and the users of care?

- Many argue that effective home-based care requires payment systems that address housing costs for many people receiving services. That raises the question of how we should seek to achieve affordable and adequate housing-based care.

  Should Medicare and/or Medicaid finance age-friendly housing? Or should housing organizations and agencies be primarily responsible for these costs?

  Could/should Medicare Advantage plans play a much more significant role in community-based care? What changes in Medicare payment policies would be needed for that to happen?

Promising Models

- Senior Villages (often known as "Villages") and other informal forms of "social capital" in communities become a significant factor in community-based care.

  What would be needed for these forms of social capital to play a significant role in facilitating home-based care? Should certain levels of government and/or health systems play a more substantial role in funding such social capital?

  Can/should steps be taken to make PACE more prevalent in communities? And should the focus of some other programs, such as Money Follows the Person (MFP), be amended to give more emphasis to older adults? What would be needed for that to happen?

2. Reimagining Nursing Homes and Other Care Institutions

There are differences of opinion about the future role of nursing homes in a reimagined care system, including how more traditional nursing homes should fit into a broader array of residences such as assisted living facilities, small facilities, and group homes. Some even see traditional nursing homes as obsolete, arguing that alternative professionally managed and staffed residences are needed for people needing long-term care and that post-acute patients should live in settings other than nursing homes. Other voices argue for reinvestment in nursing homes to provide the highest quality care to residents who require long-term care in such a setting. Resolving these differing views could be challenging.

Business Model Questions

- Resolving different views of the future of nursing homes will require a discussion about the fundamental business model of nursing homes.

  With nursing homes always needed for (and preferred by) many people, could we devise a more substantial financial structure and business model for these nursing homes catering to segments of the population who likely would not be safe or able to thrive in other settings?

  Should some public finance be involved in upgrading the system of nursing homes?

  What is the role of for-profit and not-for-profit ownership in nursing homes, and how do we assure quality and adequate financing models? Should investor capital play a critical role?

Alternative Residential Models

- A range of smaller facilities with different staffing and service models have emerged in recent years, such as "small houses" and various assisted living or group house arrangements. Some argue that these models are the future of nursing homes. But others question their cost and future availability for older adults with fewer means.

  Are smaller facilities the future of nursing homes? What is the most appropriate range regarding the size of the institution?

  Can smaller institutions with a more team-based workforce be made affordable for all older adults?

  Should smaller facilities and new models be regulated differently from other nursing homes or be required to abide by the same requirements?

  Are there better ways to handle post-acute patients, such as special units operated by hospitals? What would such alternatives imply for the basic financing model of traditional nursing homes and other types of facilities?

3. Enhancing Workforce Opportunities and Supporting Care Partners

The majority of all LTSS is provided by family and friends and is unpaid. Meanwhile, the approximately 3.5 million nursing assistants, personal care aides, and home health aides working in residential care and private homes are lowly paid and often

receive inadequate training. Women of color make up the largest, fastest-growing segment of the paid workforce. Turnover is high, and there are chronic staff shortages. It is widely accepted that workforce pay, and training need significant upgrades. However, financial limitations and other factors make achieving this goal problematic.

Should family caregivers receive training/assistance and compensation to help offset the financial burdens they often endure?

What is the right policy balance between family care and patient care? Should the potential role of family caregivers be assessed along with the health status of the care recipient when considering services and program eligibility?

How can we afford an adequately paid and trained professional direct care workforce?

Can caregiving become a truly paid profession and a career with growth and leadership potential and career ladders and lattices? Can care partners be integrated more effectively into professional healthcare and social service teams?

How can we afford to address the chronic shortage of direct care workers in nursing homes and home care?

4. Financing the System of the Future

Money is often the most contentious issue in finding agreement on redesigning an industry or a set of programs and services. With the proportion of Americans who are older adults increased significantly in the future, and with current programs stretched thin, and levels of government concerned with their cost, agreement on financing future care will be difficult. Meanwhile, millions of Americans face daunting costs in providing care for relatives and planning for their own potential needs. To the extent that there is agreement that government programs should shoulder more of the financing burden, there is disagreement about which programs should be responsible for most of the funding.

How should the entire future system of care be financed? What is the right balance between federal funding, state support, privately paid services, health plans, and family funding?

Can we avoid the unfortunately common pattern of even middle-class people exhausting their savings on care for themselves or others, relying heavily on unpaid family caregivers, and then ending up in a Medicaid-paid assisted living facility or nursing home?

State Medicaid programs provide the second-largest amount of financing of LTSS (after the economic value of unpaid family caregivers and care partners, according to some estimates). Should Medicaid continue to be the primary financing vehicle in the future?

Should Medicare provide comprehensive LTSS and become the primary program for financing long-term care?

Should there be some form of catastrophic public protection for the middle class, perhaps a particular program to supplement private insurance?

If Medicare and/or Medicaid is redesigned to provide more nonmedical supports and services for older people needing care, how do we address the concern that a) the programs' health insurance function will be hollowed out, and b) the already precarious long-term fiscal condition of the programs will deteriorate further?

Alternatively, would a better approach be to seek improved coordination between Medicaid/Medicare and other federal and state programs dedicated to housing, social services, transportation, etc.?

Conclusion

Convergence Dialogue on Reimagining Care for Older Adults is a year-long policy project designed to assess the perspectives, values, and vision of key and diverse stakeholders, develop areas of agreement and create an implementation and dissemination plan to build support for consensus-based recommendations to reimagine the care of older adults in nursing homes and the range of settings they call home. This project follows a December 2020 Convergence Center report and supplement funded by The John A. Hartford Foundation exploring options and opportunities for change. The SCAN Foundation co-funds this project.

CONVERGENCE

About Convergence Center for Policy Resolution

Convergence is a national non-profit based in Washington, DC that convenes individuals and organizations with divergent views to build trust, identify solutions, and form alliances for action on issues of critical public concern. Reports and recommendations issued under our auspices reflect the views of the individuals and organizations who put the ideas forward. Convergence itself remains neutral and does not endorse or take positions on recommendations of its dialogue participants.

Learn more at: https://convergencepolicy.org

The John A. Hartford Foundation

About The John A. Hartford Foundation

The John A. Hartford Foundation, based in New York City, is a private, nonpartisan, national philanthropy dedicated to improving the care of older adults. The leader in the field of aging and health, the Foundation has three areas of emphasis: creating age-friendly health systems, supporting family caregivers, and improving serious illness and end-of-life care.

Learn more at: https://www.johnahartford.org/

THE SCAN FOUNDATION

About The SCAN Foundation

The SCAN Foundation is an independent public charity dedicated to creating a society where older adults can access health and supportive services of their choosing to meet their needs. Our mission is to advance a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence.

Learn more at: https://www.thescanfoundation.org/