

# Aging in Pennsylvania: Now and in the Future

PMDA

Pennsylvania's Association for Long Term Care Medicine  
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# Pennsylvania's Aging Population

- Nearly 2 million PA residents are age 65 and over and 300,000+ are over the age of 85 (US Census Bureau)
- Additionally, 15.4% of PA population is age 65 and over; PA ranks 4<sup>th</sup> (behind Florida, West Virginia, and Maine) in percentage of population age 65 and over (US Census Bureau)
- Also, 2.4% of PA population is age 85+; PA ranks 4<sup>th</sup> (behind Rhode Island, North Dakota, and Iowa) in percentage of population age 85+ (US Census Bureau)

# Pennsylvania Department of Aging Mission

“Enhancing the quality of life of all older Pennsylvanians by empowering diverse communities, the family and the individual.”

# What We Do

- ▼ Community Services
- ▼ Long-term Services and Supports
- ▼ Protective Services

# Pennsylvania Nursing Facilities

| Type                      | # Facilities | # Beds        |
|---------------------------|--------------|---------------|
| State Owned               | 1            | 159           |
| Veteran's Administration  | 6            | 1,205         |
| Medicare or Licensed-only | 84           | 4,221         |
| MA Certified              | 622          | 83,250        |
| <b>TOTAL</b>              | <b>713</b>   | <b>88,835</b> |

# MA Facilities

| Type                   | # Facilities | # Beds        |
|------------------------|--------------|---------------|
| Special Rehabilitation | 8            | 833           |
| Hospital Based         | 15           | 1,148         |
| County Owned           | 32           | 10,311        |
| Not For Profit         | 226          | 26,959        |
| For Profit             | 341          | 43,999        |
| <b>TOTAL</b>           | <b>622</b>   | <b>83,250</b> |

# Waivers

| Program        | 2000         | 2011          |
|----------------|--------------|---------------|
| AIDS           | 102          | 819           |
| Aging          | 4,563        | 15,937        |
| Attendant Care | 2,053        | 7,533         |
| COMMCARE       | 0            | 678           |
| Independence   | 83           | 4,964         |
| OBRA           | 187          | 1,620         |
| <b>TOTAL</b>   | <b>6,988</b> | <b>31,511</b> |

# Nursing Facility Statistics

- ▼ Of the 83,250 available MA beds, 91% are occupied
- ▼ Annually, 69% of the residents are being paid for by MA
- ▼ Annual MA payments
  - ▼ Federal: \$1.6 billion
  - ▼ State: \$1.3 billion
  - ▼ Resident or 3<sup>rd</sup> Party: \$.7 billion

# Pennsylvanians PDA and OLTL Serves

- ▼ 400,000 People with PACE/PACENET
- ▼ 49,000 MA Nursing Facilities Residents
- ▼ Total MA Certified Beds Decreased by 6,548 from 2000 to 2010:
  - ▼ 89,972 in 2000 vs. 83,424 in 2010
- ▼ Total Licensed Beds (excluding VA and State) Decreased by 5,426 from 2001 to 2010:
  - ▼ 93,031 in 2001 vs. 87,605 in 2010
- ▼ Nursing Home Beds:
  - ▼ 159 State Owned
  - ▼ 1,205 Veteran's Administration
  - ▼ 4,221 Medicare or Licensed-only
  - ▼ 83,250 MA Certified

# Nursing Home/Skilled Care in PDA and OLTL

- ▼ PDA is responsible for overseeing the assessment process (through the AAAs) to determine if individuals are nursing facility clinically eligible.
- ▼ OLTL is responsible for
  - ▼ The approval of Medical Assistance Certified bed payment
  - ▼ The determination of and payment for Medical Assistance Nursing Services
  - ▼ Utilization review of nursing facility payment

# Aging and Living in PA

- ▼ Demographic Changes Continue
- ▼ Finite Resources
- ▼ Managed Care

# Evolution of Systems of Care

- ▼ Silos based on funding streams or growth of continuum
- ▼ Disconnects between Medical Assistance, Medicare, and OAA Services
- ▼ Primary, Acute, Post Acute and LTC still difficult to navigate
- ▼ Largest provider of LTC is the family caregiver

# PMDA Objectives

- ▼ To promote excellence in medical care for residents of all ages in nursing homes and other long-term care settings
- ▼ To promote peer education among medical directors, attending, referring, and consulting physicians on nursing home staffs and in long-term settings
- ▼ To assist non-medical providers, consultants, nursing home staff and regulatory agencies in maintaining high standards of resident care
- ▼ To assist family and others in the understanding, acceptance, and assistance for residents in long-term care

# PMDA Objectives, continued

- To establish and promote educational programs for maintaining a high standard of professional care in long-term institutions
- To act as liaison with other professional organizations and individuals to promote quality resident care
- To promote the enactment of laws, regulations, and payment systems to accomplish these objectives

<http://www.pamda.org/association-objectives/>

# Common Ground

- ▼ Excellence of care
- ▼ View of the long-term care continuum
- ▼ Importance of continuing education (peer and professional)
- ▼ Dedicated focus toward quality
- ▼ Engagement of family and others
- ▼ Liaison with others
- ▼ Voice of advocacy

# Common Ground, continued

- ▼ Competent, compassionate care
- ▼ Responsibility to participate in those activities that contribute to an improved community
- ▼ Individual's right to autonomy in decision making

<http://www.pamda.org/amda-code-of-ethics/>

# Overview of Strategic Direction

Ensure that Pennsylvanians can age and live well and ensure that our communities are places to age and live well

# Strategic Direction

- ▼ Innovation Incubator for Senior Services
- ▼ Communities as Places to Age and Live
- ▼ Revitalize Aging Services
- ▼ Promote Health and Well-being
- ▼ Effective and Responsive Management

# Changing the Rebalancing Discussion

- ▼ From: HCBS vs. Institutional Care
- ▼ To: Right Care, Right Setting, Right Intensity, Right Duration, etc.

# Planning for the Future

- Every four years, the AoA requires states to develop a state plan on aging.
- The plan serves as a guide to direct programs to meet the needs of the aging population and persons living with disabilities.
- We are currently embarking on the strategic planning process to develop the plan for 2012 – 2016.

# Planning for the Future, continued

- On November 2, 2011, the Pennsylvania Department of Aging/ Pennsylvania Council on Aging/Pennsylvania Association of Area Agencies on Aging will hold their annual meeting.
- On that day we will host a kick off session which engages the meeting attendees, representatives from across the long term care continuum and others including community leaders.

# Future Vision of Skilled Care within the Long-term Care Continuum

- ▼ Future vision is a necessary and vital part of the continuum.
- ▼ The trend is that nursing facilities are moving to support recovery following inpatient hospital stays and are transitional before returning to home placement.
- ▼ Reimbursement, especially with Medicare, may challenge expansion of this capacity.
- ▼ There is dynamic tension between budgetary challenges and care of our most vital citizens.

# Community Programs

- ▼ Lead us to programs inclusive of all parts of our communities including skilled care
- ▼ Serve as a catalyst for programs that support aging in place
- ▼ Provide more programs that allow older adults to transition from nursing facilities back to the community with the support of community services
- ▼ Envision expansion of initiatives such as academic detailing which have enhanced prescription practices

# Community Programs: Academic Detailing

## Goals

- Provide up to date, evidence-based, non-commercial prescription drug information
- Facilitate clinician use of the information to make the best prescription choices with consideration of the efficacy, safety and cost for patients
- Provide information for the prevention of hospitalization and institutionalization
- Support effective prescribing for beneficiaries of state funded pharmacy programs

# Community Programs: Academic Detailing

- ▼ 2 – 3% of PACE enrollees reside in a nursing home or personal care home (n = 7,600).
- ▼ Program is currently educating clinical staff at nursing homes.
- ▼ Educational module topics target senior issues, e.g., NSAIDs, antiplatelets, depression, falls, cognitive issues, and others. Visit [RxFacts.org](http://RxFacts.org) for complete list and educational materials.
- ▼ Harvard CMEs are awarded for successful completion of training modules.

# Aging in Place and the Community Efforts

- ▼ In August, the Department hosted an Aging in Place Community Organizing Roundtable.
- ▼ The purpose of creating the roundtable was to bring together groups to begin discussing types of various approaches to Aging in Place/Community including: Naturally Occurring Retirement Communities (NORCs), Village Networks, Age Friendly Communities, Senior Co-housing and Communities for All Ages.
- ▼ Discussion included grassroots approaches, the role of government, community partners, and the determination of next steps.

# Aging in Place, continued

- The Department is also looking at models of neighborhoods that focus on enhancing the well-being of people of all ages and offer sustainable living options.
- Outcomes of the meeting were to continue the dialogue between private and public partners to allow individuals to age in place.
- Other participants are invited to the ongoing dialogue, to expand the partnerships to include local government associations, more grassroots organizations and other long-term services providers.
- We envision a network of information sharing among providers, partners, and government.

# Aging in Place, continued

- Establishing community models that include people of all ages and cultures will promote “healthier” communities, foster stewardship, and encourage communities to value their older citizens by allowing them to age well.
- As we continue our dialogue on aging well in the community, we see physicians and other practitioners serving as a key partners in creating communities for older adults to live and thrive to the best of their ability.
- Aging in place is aging in community and as such incorporates all services inclusive of skilled care

# Top of Mind

- ▼ Bundling of resident care
- ▼ Medicare reduction in reimbursement
- ▼ Support for providing choice in living for NFCE eligible population and expansion of HCBS
- ▼ Accountable Care Organizations
  - ▼ Negotiation of contracts
- ▼ Prevention of serious adverse events
- ▼ Electronic medical records and long-term care
- ▼ Meetings with state survey teams

# Role of Medical Community

- ▼ Identify best practices on management and control of chronic diseases
  - ▼ Care Management
  - ▼ Evidence based programs
- ▼ Promote healthier living through proper nutrition, physical activity, and health maintenance
- ▼ Provide support and assistance with transitional care as well as promote best practices in this area
- ▼ Partner with the academic community to bring new practices to the field

# Partnerships with the Medical Community

- ▼ Provide leadership in addressing the needs of our older population
- ▼ Provide the most current practices and networks to allow older Pennsylvanians to live healthy and happy lives in their communities