

Transforming Health Care: Services for Older Adults Can Drive High Quality Chronic Care for All

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The health of older adults in this country is an increasingly critical concern, with ramifications for every sector of society and philanthropy. Thanks to a century of public health, medical, and lifestyle advances, we will soon boast the largest-ever generation of older people in the history of our country. This will include most of the 75 million Boomers, some of whom have just started receiving Social Security benefits and will soon qualify for Medicare. It will also include husbands and wives, parents, grandparents, and great-grandparents who are creating unprecedented numbers of four- and five-generation families. This group will define a new approach to the lifespan as it contributes to our country's economic, social, and cultural vitality. But the sheer numbers of Americans living longer cause predicaments to government finances and other sectors. It is time to plan seriously for the demographic change now happening.

WISER STRATEGIES FOR AN OLDER FUTURE

Recently the Institute of Medicine (IOM) released the report *Retooling for an Aging America: Building the Health Care Workforce*, which details the challenges facing our current health care system and proposes strategies to improve the care of older adults. The report argues that the health care workforce lacks both the size and the skills to care for the growing older population and its unique needs. Simply put, there are not enough geriatric specialists in medicine, nursing, social work, and the allied health professions. Further, most health professionals do not have enough training and experience to properly treat older patients. It also points out that today's care models and reimbursement systems are mismatched with the requirements of patients with chronic illnesses who need better care coordination and consistency across health care settings. This situation threatens the quality of care that older adults need and deserve.

As part of a 10-foundation consortium that funded the report, we have been heartened by the reaction to this publication. In the weeks after its mid-March release, nearly 100

media outlets covered the story. Response to the report from Congressional members and staff has also been enthusiastic. As health care moves into the national discussion during and after the presidential election, the report will provide a helpful framework to move this issue forward.

Retooling for an Aging America makes recommendations along several strategic lines: improving recruitment and retention of geriatric workers, expanding geriatric competence of all health care workers, strengthening the skills of family caregivers and direct-care workers, and developing more effective and efficient models of health care delivery for older persons. These areas, and associated recommendations, represent a significant policy shift and a series of implementation and practice challenges.

AGING: AN INCREDIBLE SUCCESS, A LARGE CHALLENGE

We often forget that the ability to live a healthy lifespan is a recent innovation in human history. Reaping the benefits of this phenomenal success story – at the turn of the 20th century, life expectancy hovered below 40, and today it has doubled to almost 80 – will require significant transformation in how we provide care and promote the health of older people, many of whom will live and contribute for many years despite chronic health conditions.

This is not an insignificant or inexpensive challenge. Though they make up just one out of eight Americans, older adults use a large volume of health care services, accounting for one-quarter of all doctors' visits and more than one-third of all hospital stays and drug prescriptions (IOM 2008). These percentages will only rise in the future. By 2030, given the pace of health care inflation and the maturing of Boomers, Medicare will be 80 percent bigger as a share of our nation's economic activity than today, making up 6.5 percent of the gross domestic product (GDP) by 2030. Add in Medicaid spending and federal outlays on health, mostly for older patients, and this share may reach 20 percent of GDP by

2050. These forecasts suggest that our society will either: not provide adequate health care to a large proportion of our citizens, take resources for all to focus on a specific group, or find solutions to this looming issue now.

Complicating the picture is that our health care system, as well as Medicare's reimbursement approach, is still structured to treat acute illnesses in younger patients. Older adults often suffer from long-term but treatable conditions such as heart disease, arthritis, and diabetes. We also need new ways to treat and help people with more debilitating diseases such as Alzheimer's. Care for older patients who have multiple, chronic illnesses is poorly coordinated and often inadequate. But that un-coordination provides opportunities for reform.

AN ISSUE FOR ALL AGES

The sheer numbers and size of the older population suggest that society should be paying closer attention to this issue. The health and health care of older adults affect families and younger generations as well. As anyone who has cared for an ailing parent or grandparent knows, unsupported caregiving leaves less time and attention and fewer dollars to devote to younger generations and ensure their healthy and successful development. In contrast, healthy, independent older adults are not only self-sufficient, but are also taxpayers, homeowners, caregivers, and community stalwarts.

On a policy level, Medicare's growth will put pressures on public expenditures and may divert needed investments that benefit children, younger parents, and communities. More positively, efforts to enhance care needed by older adults could be part of initiatives to redress the shortage of primary care doctors and nurses and improve access and quality of care for all. Promoting older adults' health and reorienting the health care system, therefore, could have multigenerational benefits.

WHAT CAN BE DONE

IOM reports have been important to private foundations in helping influence health care policies. For example, an IOM report provided initial legitimacy and visibility for landmark legislation to reform nursing homes, and IOM studies spurred the movement to decrease medical errors. *Retooling for an Aging America* can serve as a blueprint for transforming health care for all of us.

Advocates; elected officials; federal and state policymakers; health care providers; health professional societies; and schools of medicine, nursing, and social work can all play critical roles in responding to the report and turning its recommendations into reality. Private funders will have opportunities to enhance the health care workforce and system to ensure it meets the needs of older adults. We suggest a number of ways private philanthropy might join this effort.

- **Scan grant portfolios for connections to aging and geriatrics.** Reviewing your current portfolio may reveal unrealized opportunities to spur innovations or programs for older patients or to identify potential challenges posed

by the broader aging of the population. Having grantees review their work's connections to aging trends will identify opportunities and potential threats.

- **Enhance programs for caregivers.** The vast majority of care for older patients is provided by family members and other so-called informal caregivers. Funding to enhance the capacity of this "workforce" is a highly leveraged strategy to affect the health and well-being of older adults and their families.
- **Provide scholarships and other support for geriatrics training.** *Retooling for an Aging America* proposes expanding the federally funded Geriatric Academic Career Awards to nursing and social work. Private funding could support this expansion, and foundation support can help health professions schools put aging into their curricula. In addition, programs to support paraprofessional education are needed in every community.
- **Support the dissemination of innovative models of care.** Certain approaches, such as IMPACT, a team-based model for improving depression care in older adults, have demonstrated cost and clinical benefits but require start-up support and technical assistance to be broadly available. (For more information, see www.impact-uw.edu.)
- **Join the work.** With the help of the Meridian Institute, we are sponsoring a coalition-building effort to develop an action plan supporting the report's recommendations. We are committed to developing the broadest and most diverse set of voices to create momentum behind this critical effort. Visit www.jhartfound.org for more information about tested approaches in preparing the workforce and health care system to meet the needs of an aging society.

WE ARE ALL AGING

For too long, many foundations have thought of health and aging as a relatively small and specialized field. *Retooling for an Aging America* reminds us that the health care of older adults has significant ripple effects on our families and communities. We look forward to stimulating interest in the issue and engaging a broader group of partners to create a powerful coalition that seeks to develop a health care system and workforce that delivers high quality and cost-effective care to patients of all ages.

SOURCE

Institute of Medicine, *Retooling for an Aging America: Building the Health Care Workforce* (Washington, DC: National Academies Press, April 2008).

Download a free copy at www.nap.edu.

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