



IMPROVING THE AGING EXPERIENCE FOR OUR NATION'S SENIORS

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Let's imagine it's 2030...

By 2030, almost 21% of the U.S. population, or one in five people, will be 65 or older, signifying one of the most profound demographic shifts in American history. The shift is underway now, with 10,000 baby boomers turning 65 every day. By way of comparison, people 65 years or older numbered 46.2 million and represented 14.5% of the U.S. population, or about one in seven Americans, in 2014. (the latest year for which data are available) Thanks to advances in healthcare and living standards, people are living longer. But living longer doesn't necessarily mean living better. The aging of America will impact virtually every aspect of life. It is changing how and where we live, placing new demands on family caregivers, leading to new medical advances and challenging basic assumptions, biases and personal views of aging itself.

Our current healthcare system and social support services for seniors are already under tremendous pressure. They are not scaled or structured for today's seniors or for the tens of millions more who will be 65 or older by 2030 and beyond.

The demographic and healthcare realities give us an extraordinary opportunity to design a senior-focused system that improves the quality of care and life for aging Americans, especially low-income seniors. While there are multiple facets to consider, at West Health's May 2017 visioning session, we will focus our discussion on improving the aging patients' experience.

To help seniors achieve a successful aging experience, we must begin to design a comprehensive system that meets both population and individual needs, and addresses healthcare, social and emotional dimensions. We will explore seniors today and discuss how their circumstances will change by 2030. Together, we'll begin to describe a healthcare delivery and payment system--with the aging patient's experience front and center of our design--and identify the measurable outcomes we want to achieve. We'll also look at headwinds and tailwinds that could hinder or augment our goals, and we'll define key milestones along the way.

Together, we'll articulate a vision, roadmap, goals and metrics for improving the aging experience.

Key Considerations:

By 2030, one in five people will be 65 or older and will live longer than today's seniors, according to projections.

- Multiple chronic illnesses are becoming more common and require long-term supportive services.
- There will be fewer caregivers (paid or otherwise) in proportion to the growing senior population.
- Medicare is incentivizing value instead of volume.
- Hospitals will have more patients over 65 and will need to address their unique needs as more services will be delivered in outpatient settings.
- Paid-benefit pensions are underperforming. Seniors will have to work for longer, but jobs hard to find among the poorly educated.
- Social Security keeps seniors out of the worst absolute poverty, but their more expensive and complex needs put them in the "Hidden Poor."

What does the “aging experience” really mean?

- According to the Institute for Healthcare Improvement, improving the patient experience of care is one of the three pillars of the “triple aim” of healthcare, equal in importance to the other two: improving the health of populations and reducing costs. ([Institute for Healthcare Improvement, 2012](#))
- “Patient experience encompasses the range of interactions that patients have with the health care system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities,” according to the [Agency for Healthcare Research and Quality](#). “As an integral component of health care quality, patient experience includes several aspects of healthcare delivery that patients value highly when they seek and receive care, such as getting timely appointments, easy access to information, and good communication with health care providers.
- The patient experience goes beyond patient satisfaction with any single clinical encounter with a hospital or physician. It encompasses the “lived experience” of coping with health conditions or illness, active patient and family partnership and engagement, and broadly integrated, patient-centered care. ([Wolf et al., 2014](#))
- [The Beryl Institute \(2014\)](#) describes this experience as “the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.”
- The patient experience for older Americans requires care that is “well-coordinated, avoids harm, takes place in the community rather than an institution, and helps them achieve their individual goals for care. There is a direct line between these needs and improving quality with fewer errors and delivering care that is more patient-centered in less costly settings.” ([Bynum, 2016](#)).

A successful aging experience goes beyond healthcare.

- People want to live independently, feel financially secure, enjoy close relationships with family and friends, and be treated with respect in their senior years.
- Issues ranging from access to basic human needs such as nutritious meals, housing and transportation to the desire for dignity continue to shape the aging experience.

How can we meet seniors’ expectations and provide the best experiences?

What does successful aging look like? What goals, outcomes and measures of success would respond to seniors’ expectations and allay their challenges with healthcare? How can we expand our goals and measures for successful aging to reflect holistic, comprehensive medical, health and supportive services?

If our goal is to provide high-quality, affordable, personalized healthcare for all seniors, what could we measure?

- The number of seniors with a long-term relationship with their physicians
- Improved access to neglected healthcare needs, such as dental care and mental or behavioral care
- Greater provision of and access to in-home, community and coordination of care services
- More innovative uses of technology to meet healthcare needs
- Lower costs
- Different value propositions
- Improved healthcare results
- Improved satisfaction with healthcare and support services in the community and nationally

If our goal is to achieve successful aging in place, what are the outcomes we desire?

- People can receive care in their homes and can live independently.
- Basic needs such as healthy food, transportation and affordable housing are being met.
- There is better integration of religious groups and places of worship, charitable and senior support organizations, and businesses that cater to seniors.
- There are senior-specific care models across the country.
- Caregiver needs and training is addressed.

What will the senior population look like in 2030?

The demographic shift is profound.

- Between 2012 and 2030, the U.S. population of seniors—those aged 65 and older—is projected to grow by **70%**, with “super seniors”—those aged 75 and older—expected to grow by over **80%** and, by 2040, that projected growth rises to over **100%**.
- By 2030, almost 21% of U.S. residents are expected to be at least 65 years old, compared with 13% in 2010 and 9.8% in 1970.
- The total population of people aged 65+ will skyrocket from about 43.1 million in 2012 to 72.7 million in 2030 and to 83.7 million in 2050 ([U.S. Census Bureau, 2016](#); [Ortman, Velkoff & Hogan, 2014](#)).

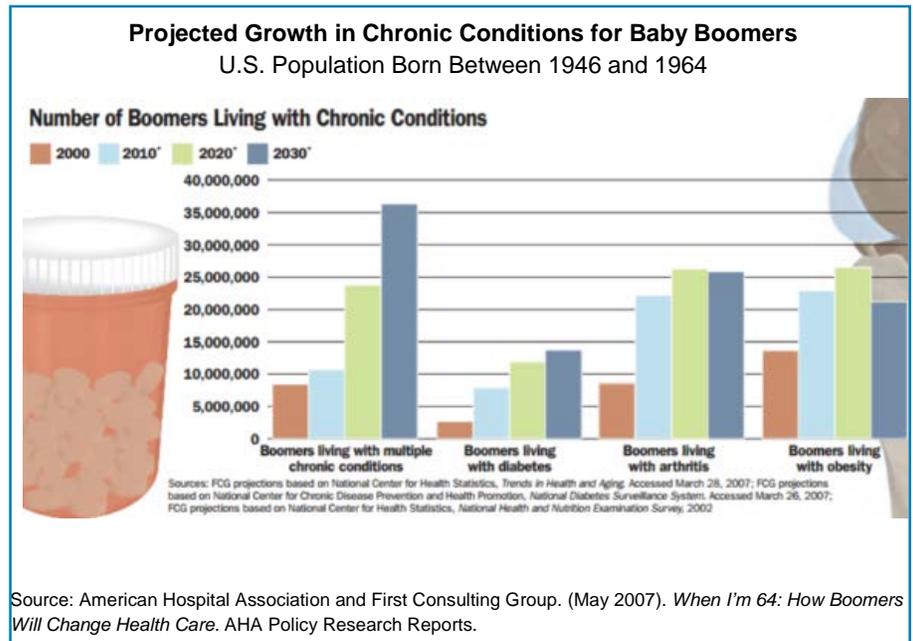
The senior population will be more diverse.

- In 2014, 22% of people aged 65+ were racial or ethnic minorities. By 2030, this share of the aging population is projected to rise to 28% (11% Hispanic/Latino, 10% African American, 5% Asian and 2% other). ([Mather et al., 2015](#)) The Hispanic/Latino population aged 65+ is expected to increase significantly from ~7% in 2010 to nearly 20% in 2050. ([U.S. Department of Health and Human Services, 2015](#))

Seniors' healthcare needs will be complex.

The [American Hospital Association and First Consulting Group \(2007\)](#) projects that in 2030:

- More than **six out of every 10** seniors will be managing more than one chronic condition.
- Nearly **half** of all seniors will be living with arthritis—and there will be eight times more knee replacements in 2030 than there were a decade ago.
- More than **one out of every three** seniors will be considered obese.
- More than **one out of every four** seniors will be living with diabetes.



Growing older with dementia and Alzheimer's brings additional considerations.

- Today, an estimated one in 10 people aged 65 or older has Alzheimer's disease, a form of dementia.
- The percentage of people with Alzheimer's increases with age: in 2030, almost one out of every three seniors aged 85+ (32%) will suffer from the disease.
- Alzheimer's requires long-term support for home care, adult day care, assisted living and nursing homes.
- Medicaid covers some costs, with \$44 billion in projected expenditures in 2017 expected to rise to \$60 billion in 2025—a 37% increase. ([Alzheimer's Association, 2017](#))
- In 2010, Americans spent \$215 billion caring for dementia patients. ([Hurd et al., 2013](#))

The ranks of the “hidden poor” will rise.

- The [Federal Poverty Level](#) (FPL) has traditionally estimated the number of Americans in poverty every year, with almost four million seniors – about eight percent of those aged 65 and up in the nation – living below this standard.
- In 2015, the FPL was set at seniors with an income below \$11,367 – less than \$1,000 a month for a single senior –which for many scarcely covers housing or rent, much less food and medicine.
- Poverty rates among people ages 65 and older increase with age – In 2013, 15% had incomes below Supplemental Poverty Measures and 45% had incomes that fall below twice the poverty thresholds.

Future retirees may have it worse.

- Four in 10 people working today have not saved any money for retirement, and many workers are worried about being able to afford healthcare expenses when they do. ([Employee Benefit Research Institute, 2017](#))
- Traditional pensions are becoming scarce, and public pensions are underperforming ([Carroll & Krudy, 2016](#)).

The burden on caregivers—many of whom are seniors themselves—will worsen.

- In 2010, there were more than seven potential family caregivers, mostly adult children aged 45–64, for every person aged 80 or older. By 2030, this ratio is projected to decline to 4:1, due to smaller family sizes and composition ([Redfoot et al., 2013](#)).
- About a third of caregivers (34%) are 65+ years old, and a third of caregivers of older adults report being in fair to poor health themselves. ([National Alliance for Caregiving and AARP, 2015](#))
- Nearly four in 10 older adults (38%) experience treatment burden, which means that managing healthcare activities is often hard for either them or their caregivers, healthcare activities get delayed or don't get done, or they are cumulatively too much to do. (Wolff & Boyd, 2015)

What do Americans need, want, value and fear about aging?

According to a March 2017 major survey of 3,000+ adults by the West Health Institute and NORC at the University of Chicago:

Leading worries across the ages

- About 70% of Americans over the age of 30 think the country is “a little or not at all prepared” to address the healthcare and social support needs of its fast-growing senior population
- Nearly six in 10 believe that the efforts that are currently underway are not going in the right direction
- Losing one’s memory, developing health problems and not having financial security tie at the top for the biggest worries conveyed by Americans 30 and older.
- While losing memory remains a top concern, financial security takes a back seat to losing one’s independence or potentially having to move into a nursing home for people in their 70s and older, showing how maintaining independence is an important theme across the ages.

“Old age” is more than a number to most Americans

- For most adults, it’s less about turning a specific age and more about their independence and being able to take care of themselves.
- Majorities say signs of old age include when a person can no longer live on their own, can no longer drive and can no longer do anything to improve their own health.

Support systems for aging in America

- When it comes to perceptions on healthcare and social service programs meant to support aging, most believe the healthcare system and their local communities should do more to help older adults.
- Sixty-two percent of those 30 and older lack confidence that Medicare will continue to provide at least the same level of benefits in the future that it currently does.
- When asked which various institutions are addressing the needs of seniors, almost twice as many Americans (46 percent) 30 and older said religious organizations and places of worship were doing very well or extremely well, when compared with institutions like local charities (26 percent), healthcare providers (25 percent), and government programs like Social Security and Medicare (23 percent).
- In addition, majorities believe in-home services such as home visits by doctors or ‘house calls’ (63 percent) and telemedicine (65 percent) would be helpful in improving care, however, access to these kinds of services is extremely limited.

Oral care needs are seen as great as medical care needs

- While more than seven in 10 say it is important that seniors have access to healthcare services, healthy food, affordable housing and transportation, a notable finding was the similar ranking for dental care needs.
- Additionally, the survey reported that only about three in 10 say their community is doing a good job of meeting seniors’ dental care needs.

West Health/NORC Survey: [Issue brief #1: Perceptions of aging across the generations](#) and [issue brief #2: Perspectives on communities, caregivers and the healthcare system.](#)

Trends projected to influence current healthcare trajectory

- **The United States ranks last.** Despite having the most expensive healthcare system, the United States ranks last overall among 11 industrialized countries on measures of health system quality, efficiency, access to care, equity, and healthy lives ([The Commonwealth Fund, 2014](#))

	 AUS	 CAN	 FRA	 GER	 NETH	 NZ	 NOR	 SWE	 SWIZ	 UK	 US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Source: The Commonwealth Fund, 2014

- **Record-high numbers in healthcare spending.** In 2015, U.S. health care spending increased 5.8 percent to reach \$3.2 trillion. That's 17.8 percent of the entire U.S. economy devoted to healthcare spending. ([Centers for Medicare & Medicaid Services, 2016](#))
- **Healthcare spending is disproportionately concentrated on older adults with multiple chronic conditions or functional limitations** ([Commonwealth Fund, 2014](#))—the very aging population that is exploding. “Five percent of the U.S. adult population accounts for 50 percent of the nation’s health care costs and 10 percent accounts for 65 percent of total costs,” according to a Commonwealth Fund surveys of older and high-need patient experiences in nine countries.
- **Older, high-need patients cost more to the healthcare system.** More than one in five high-need older adults experienced problems paying for needed care, and more than one in four experienced poorly coordinated care. This puts them at risk in terms of care, cost and outcomes, such as information gaps among providers, duplicated lab test and imaging, and medical and medication mistakes. ([Commonwealth Fund, 2014](#))
- **Physician and workforce shortage.** With a projected growth rate under 10%, the nation’s supply of physicians will need to be augmented and supported by a broader workforce and more technology solutions to keep up with the 10,000 people turning 65 every day. ([HIS, Inc.; Association of American Medical Colleges, 2015](#))
- **Medicare is solid-for now-but demographics will impact spending.** Medicare expenditures now are over half a trillion dollars, and they are expected to increase to over \$800 billion by 2030. ([Congressional Budget Office, 2015](#))

Tailwinds present exciting opportunities

Medicare already is in the midst of dramatic reform—and primed for innovation. Medicare incentives for hospitals and physicians are shifting from the legacy of payments for patient volume to incentives for better quality and value, in terms of patient outcomes and experiences, preventive care, coordination of care, and reduced duplication of services and inefficiencies.

Leveraging community assets to provide senior-specific care brings great opportunity. Aging experts, care providers and advocates are leading the way in piloting new ways of meeting seniors’ needs. Some examples:

- **Addressing acute care needs:** Geriatric emergency departments (EDs) show the potential to improve health outcomes, coordinate care more effectively and reduce costs. Geriatric EDs promote best clinical practices for older adults and create a more positive and less disorienting physical environment. A range of healthcare professionals specializing in geriatrics can expedite care because they recognize key characteristics of older adult health and understand patients’ needs. They can also smooth transitions to hospital care, stepdown care and nonclinical settings, including homes. And they can connect older adults to community resources and social support. ([American College of Emergency Physicians, American Geriatrics Society, Emergency Nurses Association, & Society for Academic Emergency Medicine, 2013](#))
- **Aging in place:** Game-changing advances in healthcare research, practices and technology could support new healthcare delivery models and better patient experiences. Telehealth connects seniors to healthcare providers who can monitor patient conditions, spot early warning signs of problems, intervene early and reduce hospital readmissions. Telehealth eases the burdens of travel, time and cost of doctors’ visits or hospital readmissions, which is especially beneficial for seniors with mobility challenges and for their caregivers. ([Gordon, 2015](#))
- **Care delivered outside of the hospital:** Home-based primary care can be an effective way for seniors, especially those with multiple chronic conditions, to receive comprehensive primary care services. Home-based primary care offers more time for patients and their providers to assess the home environment and may defer or eliminate the need for care in institutionalized settings. Successful home-based primary care programs have been shown to reduce Medicare costs by up to 20%, with the Center for Medicare and Medicaid Services showing savings of \$3,070 per patient through its Independence at Home Demonstration, saving \$25 million in a Center for Medicare and Medicaid Innovation project. ([Centers for Medicare & Medicaid Services, 2015](#))
- **Nutrition for homebound seniors:** Meals on Wheels serves some of the 9.6 million seniors facing the threat of hunger and the 15.2 million living alone. Meals on Wheels staff and volunteers build important relationships with seniors, support their social needs and can be the first to notice healthcare issues. ([Meals on Wheels of America](#))
- **Access to oral healthcare:** Senior dental centers can address a significant public health issue. Many seniors neglect dental care because they can’t afford it or can’t find a dentist who will see them—and some seek treatment for dental pain in EDs. ([Gary and Mary West Senior Dental Center](#))

Think about how much has changed over the past decade. Future technologies on the longer-term horizon may seem like science fiction—and thus not worth our attention. Then again, we have about a decade to prepare for 2030.

- Before 2007, there were no iPhones, app stores or Facebook for the masses.
- By 2016, 77% of Americans owned a smartphone (Pew Research Center, 2017).
- In 2016, 1 in 3 U.S. consumers used a mobile health app, and most consumers (77%) and doctors (85%) said that using wearables to track fitness or vital signs help patients engage in their health (Accenture, 2016).