10 Great Stories about Health Care and Older Adults from the John A. Hartford Foundation

1. **Care Transitions: Grounding the "Frequent Flyers."** Twenty percent of Medicare patients are readmitted to the hospital within 30 days at a cost to Medicare of $12-17 billion per year. Since October 2012, hospitals with high readmission rates for certain conditions have faced penalties under the Affordable Care Act. Care transitions programs help patients and caregivers learn to spot "red flags," prevent medication errors, get appropriate follow-up care, and stop bouncing back to the hospital. **Expert source: Professor Eric Coleman, MD, MPH, of the University of Colorado Denver and creator of the Care Transitions Intervention (www.caretransitions.org).**

2. **Bringing late-life depression out of the shadows.** Depression raises the risk of death and disability and doubles health care costs, yet many older people do not receive evidence-based treatment. Project IMPACT is a primary care-based model proven twice as effective as usual depression care. In use around the country, IMPACT is also being disseminated to medically underserved communities in the Pacific Northwest through a federal Social Innovation Fund Grant to the Hartford Foundation. **Expert source: geriatric psychiatrist and IMPACT creator Jurgen Unutzer, MD, of the University of Washington, who also heads the AIMS Center to help primary care practices add depression care to their offerings. (http://impact-uw.org/)**

3. **Loosening "chemical restraints": the road to non-pharmacological treatment for dementia behaviors.** Behaviors such as repetitive questions, wandering, and sleep disturbances have devastating effects on the caregivers of people with dementia. If untreated, they can contribute to more rapid disease progression, earlier nursing home placement, worse quality of life, accelerated functional decline, greater caregiver distress, and higher health care costs. Non-pharmacologic options are recommended as first-line treatments. **Expert sources: Laura Gitlin, PhD, Director of the Center for Innovative Care in Aging at the Johns Hopkins University School of Nursing and Co-Leader of the Hartford Change AGEnts Initiative; and Ann Kolanowski, PhD, RN, of the Penn State School of Nursing, and Principal Investigator of *Promoting Positive Behavioral Health: A Non-pharmacologic Toolkit for Senior Living Communities.* (www.nursinghometoolkit.com/#)**

4. **No place like home.** Most older adults would prefer to "age in place" but many face obstacles including chronic disease, loss of mobility, poor nutrition, risk of falls, and social isolation. The Community Aging in Place – Advancing Better Living for Elders (CAPABLE) program helps low-income older adults stay safe at home by providing a range of services, including an occupational therapist intervention, a visiting nurse, and access to handyman services. **Expert source: Sarah Szanton, PhD, CRNP, Johns Hopkins School of Nursing. (http://nursing.jhu.edu/faculty_research/research/projects/capable/)**

5. **Palliative care.** It's not just for people who are near death. Devoted to controlling pain and symptoms associated with both chronic and terminal disease, this fast-growing field can enhance long-term care, recovery from surgery, disability and dementia care, nursing home care, and more. It has been shown to reduce end-of-life health care costs, increase patient and family satisfaction, and even prolong life. **Expert source: Diane Meier, MD, of the Center to Advance Palliative Care at Mt. Sinai Medical School, who received a MacArthur Fellowship for her pioneering work in palliative care. (www.capc.org/)**

6. **House calls, instead of the hospital?** Old-fashioned, perhaps, but the cutting edge in chronic disease care and acute care for older adults is to bring the hospital to them. Hospital At Home, developed at the Johns Hopkins Schools of Medicine and Public Health and tested at medical centers across the country, lowers costs by nearly one-third, reduces complications and hospital readmissions, and is highly rated by patients and caregivers alike. **Expert source: Bruce Leff, MD, professor of medicine at Johns Hopkins University, who developed Hospital at Home (www.hospitalathome.org) and is president of the American Academy of Home Care Physicians.**

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continued

7. **Who will take care of Mom?** Unless a family member quits work to take up caregiving, the answer is probably a direct-care worker. Direct-care workers are a lifeline for patients and families, providing an estimated 70 to 80 percent of the paid hands-on long-term care and personal assistance to Americans who are elderly or living with disabilities, cognitive decline, or other chronic conditions. 90 percent are women supporting families, yet they are so poorly paid that half rely on public benefits like food stamps to make ends meet. Good care is urgently needed but it doesn't just happen. How can quality care also be a quality job? **An expert source is Jodi Sturgeon or Steve Dawson of PHI, which provides consulting, job training, coaching, and helped lead the recently victorious campaign to secure overtime and federal minimum wage guarantees for direct-care workers, after decades of exclusion. (ww.phinational.org)**

8. **Health care reform and older adults.** Beyond the health insurance exchanges and partisan rhetoric, health reform is also changing how care is delivered, particularly to Medicare beneficiaries, while lowering costs. Increased support for primary care (patient-centered medical homes or PCMH); new services and incentives to help reduce hospital readmissions; and better service delivery and integration for the Medicare-Medicaid dually eligible population are a few examples. **Expert sources: David Dorr, MD, MS, of Oregon Health and Science University (on PCMH); Christopher Langston, PhD, of the John A. Hartford Foundation (on impact on the older adult population); Mark Williams, MD, of Northwestern University Feinberg School of Medicine (on readmissions); and Renee Markus Hodin, JD, of Community Catalyst, Steve Counsell, MD, of Indiana University School of Medicine, and Julie Bynum, MD, of the Geisel School of Medicine at Dartmouth (on dual eligibles).**

9. **Take your medicine… carefully.** Older adults with multiple health conditions may take as many as 50 different drugs, prescribed by up to 14 different doctors. Medication errors cause about 7,000 deaths per year in the US and $170 billion in associated problems. A recent New England Journal of Medicine report found that the majority of "adverse drug events" (ADEs) among seniors were attributable to just four extremely common drugs – drugs many patients cannot live without. **Expert source: June Simmons, MSW, of Partners in Care Foundation, which runs a medication management program for social workers and nurse care managers to help families and patients track their medications. (www.picf.org/)**

10. **Putting patients in the driver's seat.** In today's high-tech medical environment, doctors sometimes fail to consider the patient's own goals. Patient-centered care is an important quality indicator. It means soliciting and respecting a patient's personal preferences, whether that's choosing palliative care over aggressive tactics or wanting flexible hospital visiting hours. **An expert source is Hartford Senior Program Officer Amy Berman, RN, who is living and working with Stage 4 inflammatory breast cancer and foregoing aggressive treatment in favor of quality of life. Amy's multi-part blog series on Health AGEnda.org begins at www.jhartfound.org/blog/?p=2765.**

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