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

1. **Reinventing primary care.** Primary care is the heart of American health care, but our fragmented system struggles to serve many of the most complex and expensive patients — those older adults living with multiple chronic diseases. Patient-centered medical homes use a team-based approach that involves a variety of health care professionals, 24/7 access to care, and health IT. New data suggests that some of these medical home approaches are improving health outcomes and reducing costs for Medicare patients, but overall, the results are mixed. Novel approaches that find the patients at the highest risk, get older adults with complex conditions needed non-medical services, or reduce unwanted, unnecessary services by asking patients what matters most appear to be hopeful strategies for success. **Expert sources: David Dorr, MD, MS, of Oregon Health & Science University developer of Care Management Plus (caremanagementplus.org), an innovative medical home model; Mary Tinetti, MD, of Yale University, developer of a new primary/specialty care model, and Christopher Langston, PhD, Program Director, the John A. Hartford Foundation (www.jhartfound.org).**

2. **Family caregivers: Critical members of the older patient care team.** More than 43 million people care for an older adult family member or friend who needs assistance due to illness or disability The value of services provided for "free" by family caregivers is estimated to be $450 billion a year — dwarfing the amount spent on homecare and nursing home services combined. New evidence-based programs are connecting family caregivers more directly into care plans for patients with dementia and other diseases. A comprehensive Institute of Medicine (IOM) report on family caregiving, sponsored in part by the Hartford Foundation, is now under development and will be released in 2016. **Expert sources: Alan Stevens, PhD, the Centennial Chair in Gerontology at Baylor Scott & White Health, and Terry Fulmer, PhD, RN, FAAN, Dean of the Bouvé College of Health Sciences at Northeastern University and incoming President of the John A. Hartford Foundation.**

3. **It takes a community (partner) to create better care.** High quality medical care is necessary for older adults, particularly those with multiple chronic conditions. Necessary, but not sufficient. Community-based social service organizations can complement traditional care, delivering needed health promotion and disease prevention programs, meals, counseling and home care and ensuring safe transitions between hospitals and other institutions and home. With Hartford Foundation support, partner organizations are creating innovative, integrated delivery systems in Southern California and Massachusetts that can meet all of older adults' health care needs. **Expert sources: June Simmons, MSW, CEO, Partners in Care Foundation (www.picf.org), Los Angeles, CA, and Rob Schreiber, MD, Chief Medical Officer, Hebrew Senior Life, Boston, MA.**

4. **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. **Expert source: 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.**

5. **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. A primary care-based Collaborative Care model developed at the University of Washington has proven to be twice as effective as usual depression care. In use around the country, Collaborative Care (formerly known as 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 Jurgen Unutzer, MD, of the University of Washington, who heads the AIMS Center to help primary care practices add collaborative depression care to their offerings (http://impact-uw.org/).**

10 Great Stories *continued*

6. **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 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/#)**

7. **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. This model is being replicated state-wide in Michigan, as well. **Expert sources: Sarah Szanton, PhD, CRNP, Johns Hopkins School of Nursing (nursing.jhu.edu/faculty research/research/projects/capable/), and Sandra Spoelstra, PhD, RN, Michigan State University.**

8. **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. It's now common in the hospital, but new efforts are taking palliative care out into clinics and the home. **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/)**

9. **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.**

10. **Who will take care of Mom and Dad?** 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? **Expert sources: Jodi Sturgeon or Steve Dawson of PHI, which provides consulting, job training, and coaching and helped lead the ongoing campaign to secure overtime and federal minimum wage guarantees for direct-care workers. (ww.phinational.org)**

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