

Elder Care Challenges and Issues in Our Region

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About the Speaker

- Emergency Medicine – 30 year career
 - 1990-1998 Western North Carolina
 - 1998-2023 Valley Health
 - 2000-2019 VH Medical Director Emergency Services
 - 2017-2023 VH WV Medical Director Emergency Dept's
- Blue Ridge Cares(formerly Blue Ridge Hospice)
 - 2018-current Blue Ridge Hospice Board of Directors
 - 2023-current Blue Ridge Independence at Home

Elder Care Challenges

- **Financial Challenges**

 - Overall Cost of Care Nationally

 - Where Does the Money Go

 - How do individuals budget for care

- **Quality of Life versus Quantity of Life**

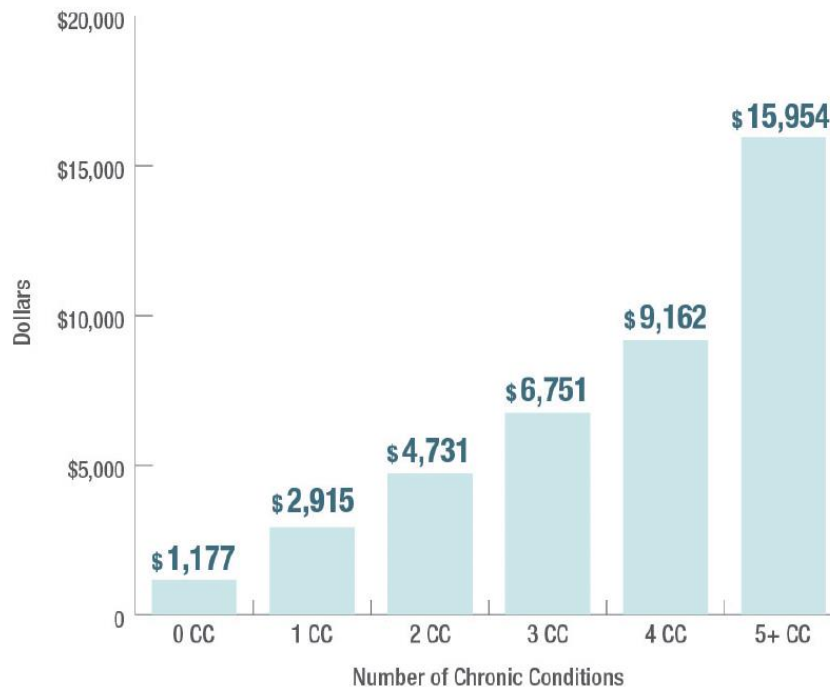
 - How Do We Assess Quality of Life

National Healthcare Costs

- Older adults (65 and older) account for 17 percent of the population and 37 percent of PHC
- For adults over 85 in 2020, spending was \$35,995, over 8.5 times that for children (\$4,217)
- PHC spending on older adults was \$1.2 trillion and \$22,356 per person in 2020.

Problem: Multiple Chronic Conditions

Average Healthcare Spending Per Capita, by Number of Chronic Conditions – 2010



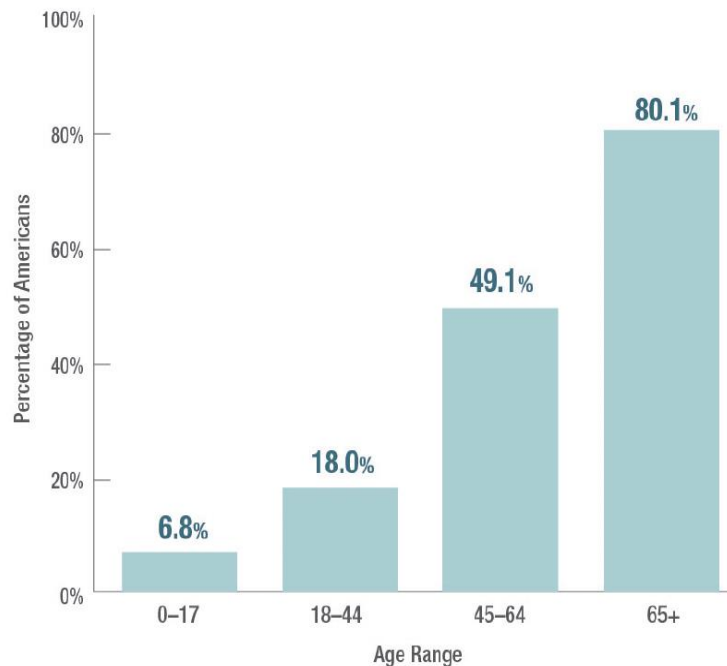
DATA HIGHLIGHTS

Compared to those without any chronic conditions:

- Spending is almost 2.5 times more for those with one chronic condition.
- Spending is almost 6 times more for those with three chronic conditions.
- Spending is 13.5 times more for those with five or more chronic conditions.

Problem: Multiple Chronic Conditions

Percent of All Americans with Multiple Chronic Conditions, by Age Group – 2010



DATA HIGHLIGHTS

The prevalence of multiple chronic conditions increases dramatically with age.

Almost half of all people aged 45-64, and 80% of those 65 and over, have multiple chronic conditions.

National Healthcare Costs

Where does the money go?

- Hospitalizations – Surgeries, ICU, ED
- Rehab/Nursing Home Care
- Pharmaceuticals
- Providers – Doctors, Therapists, Home Assistants

Options for Elder Care once Independent Living Challenging

- In-Home Assistance

Variable services as needed (hourly \$\$)

- Assisted Living Facilities

Variable levels of Support

- Skilled Nursing Facilities

Insurance Coverage?

- Long Term Care Insurance
 - Variable terms and lifetime coverage limits
- Medicare
 - 100 days of skilled nursing coverage
- Medicaid
 - Financial Means testing
 - Spend Down Problem

Blue Ridge Cares

Developing Full Spectrum Care for the Elderly

- Historically Blue Ridge Hospice alone
- Palliative Care consult service
- Blue Ridge Independence at Home (PACE)
- Future plans - Home-based Primary Care

What is Palliative Care?

- Specialized Medical Care that focuses on relieving symptoms and stress that often come with chronic disease or a serious illness
- Palliative Care can be provided **alongside aggressive or curative treatment**
- It is an additional layer of care for a patient that focuses on that person's **quality of life** in the physical, emotional and spiritual
- Palliative Care is a consult service comprised of a Nurse Practitioner/Physician with support from a SW or chaplain as needed



What Does Palliative Care do?

- Palliative Services will help manage challenging symptoms that patients with a serious illness often face such as
 - Pain
 - Nausea
 - Anxiety
 - Shortness of breath
 - Agitation



What Does Palliative Care do?

- Palliative Care Services can also help a patient and family navigate helpful goals of care discussions and shared decision making that will help clarify their treatment plan ahead
- This can be especially useful when a transition to hospice care is being considered as the Palliative Care team can assist with these conversations
- Palliative Care support can often serve as a bridge to hospice care when the time comes

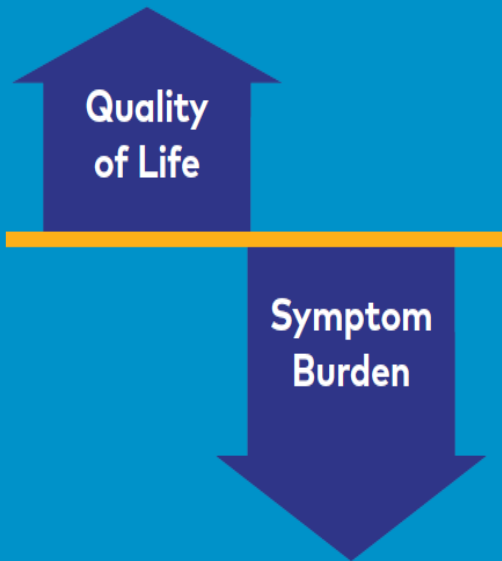


What a Palliative Care Consult Service Is Not

- Not a robust team of people such as provided in hospice. It is a consultative service like any other specialty
- Palliative Care does not cover/provide medications or DME, like in hospice care
- Palliative Care does not assume the role of managing provide. Rather, they help provide guidance and support to the existing team caring for the patient



IMPROVES QUALITY OF LIFE AND SYMPTOM BURDEN



Reduces symptom
distress by

66%

with improvements
lasting months after
initial consultation¹

DRIVES HIGH SATISFACTION AND POSITIVE PATIENT EXPERIENCES

93%

of people who received
palliative care are
likely to recommend it
to others²

What Does Hospice Provide?

- Interdisciplinary team of people
- Medications related to terminal condition and related problems
- Medical equipment for the home (bed, oxygen, WC, etc.)
- Wound care when needed
- On-call support
- Hospital stays that are palliative in nature
- Comfort focused treatments such as radiation, palliative transfusions, physical and speech therapy
- 5-day respite stays to assist with caregiver fatigue
- 13 months free bereavement support for loved ones
- Some hospices have inpatient units for acute symptom management
- 100% no cost to Medicare beneficiaries
- BRH provides daily visits by an RN and Social Worker in the days prior to death



What is Hospice Care?

- Level of care designed to support an individual diagnosed with a terminal condition
- Prognosis of less than 6 months, but hospice care stays with an individual often for longer
- Care that meets an individual's goals to remain at home and focus on quality of life/comfort



What is Hospice Care?

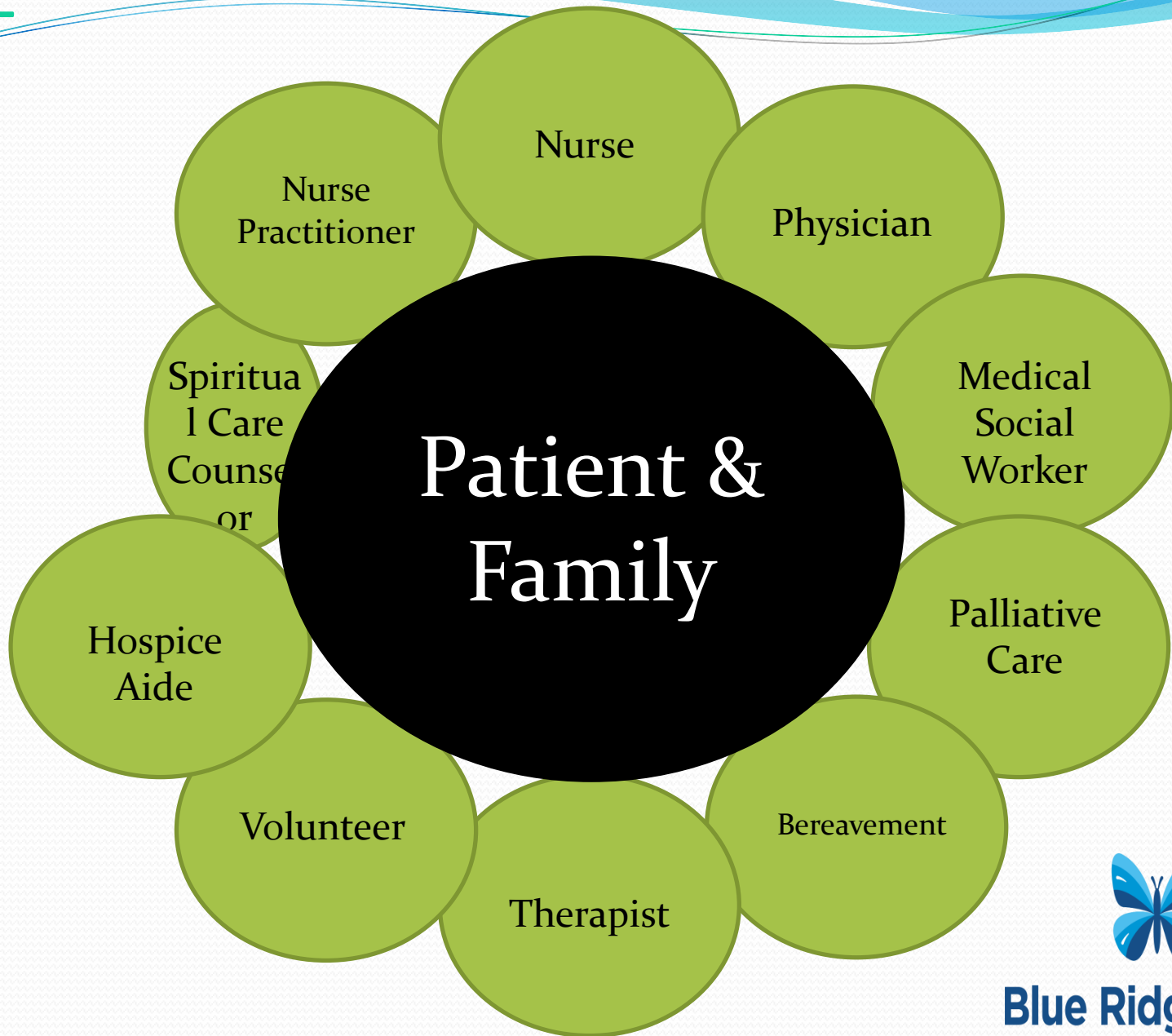
- Hospice Care is provided by a team of people, all with specific areas of expertise. The “IDT” (Interdisciplinary Team).
- The team visits the patient wherever they call “home”
- Members include registered nurse, home health aide, physician, nurse practitioner, social worker, chaplain, volunteer, bereavement support
- Additional team members include music therapists, volunteer pet therapy, licensed practical nurses (LPNs)



Common Myths about Hospice

- Hospice is just for people who are days away from dying
- Hospice immediately stops all your medications you have been on for years
- Hospice just starts morphine and keeps you medicated until you die
- Hospice is a “place” you go to
- Hospice takes over and you can’t see your doctor anymore
- Hospice won’t let you go to the hospital







Blue Ridge Independence at Home: Program of All Inclusive Care for the Elderly

- **PACE is designed to help older adults remain in their home in the community for as long as possible.**
- **PACE is particularly beneficial for seniors with chronic conditions or functional limitations.**
- **All inclusive care is the hallmark of PACE services.**

PACE Eligibility



- ✓ Age 55 or Older
- ✓ Eligible for nursing home Care as defined by state of Virginia
- ✓ Lives in the service area
- ✓ Able to live safely at home at time of enrollment



PACE Model of Care

Comparative Summary

Comparison	PACE	Traditional Care Models
<i>Care Coordination</i>	Centralized and integrated	Fragmented across multiple providers
<i>Focus on Prevention</i>	High	Moderate to Low
<i>Living Arrangements</i>	Supports aging in place	Often leads to institutional care
<i>Cost</i>	Predictable	Higher out of pocket expenses
<i>Quality of Life</i>	Holistic approach	Less emphasis on social aspect of aging
<i>Family Caregiver Support</i>	Comprehensive, including respite	Limited or absent



Blue Ridge Care

What Our Participants Are Saying

“I believe I am a vital part of team BRIH. Staff and Participants both striving together to help us live our best lives.”


“The staff takes care of us with grace and expertise. We enjoy each other around the table, lots of laughter and conversations.”

“I am amazed at my progress in physical therapy. My very own personal trainer!”

“We are incredibly pleased with Dad's experience with the program!!! The coordinator of Care has been great, communication with me has been excellent and most importantly, he feels valued, cared for.”



Blue Ridge Care

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- To learn more about Blue Ridge Independence at Home and its Program of All-Inclusive Care for the Elderly, visit brih.org, email info@brih.org or call 540-313-9333.

