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*Rural Health*  
**INFORMATION**



**Supportive Services and Caregiving for Older Rural Adults from the  
National Advisory Committee on Rural Health and Human Services**

## Housekeeping

- Q & A to follow – Submit questions using Q&A area
- Slides are available at  
[www.ruralhealthinfo.org/webinars/nacrhhs-caregiving-older-adults](http://www.ruralhealthinfo.org/webinars/nacrhhs-caregiving-older-adults)
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National Advisory Committee  
On Rural Health and Human Services



# Supportive Services and Caregiving for Older Rural Adults

***Policy Brief Webinar***  
**December 17, 2019**

National Advisory Committee on Rural Health and Human Services

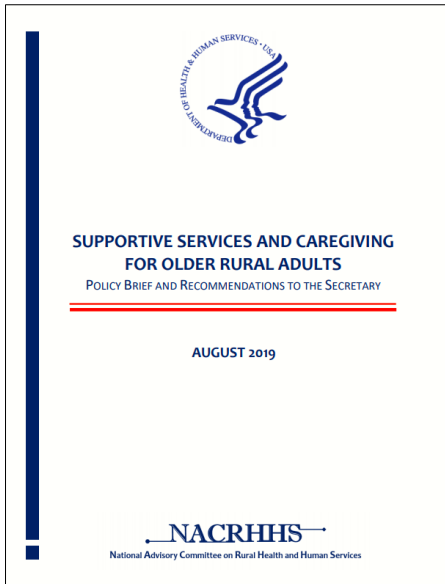
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## Background on the Committee

- The Committee is a federally chartered independent citizens' panel whose charge is to advise the Secretary of HHS on issues related to how HHS and its programs can better serve rural communities.
- Chaired by former Mississippi Governor, Ronnie Musgrove, the Committee members' experience and expertise cover a wide range of rural health and human services issues.

National Advisory Committee on Rural Health and Human Services

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The Committee meets twice a year to:

- Examine important issues that affect the health and well-being of rural Americans
- To hear directly from rural stakeholders in healthcare and human services

Following each meeting, the Committee produces policy briefs to the HHS Secretary with recommendations on policy or regulatory matters that are within the Secretary's purview.

**Committee's Policy Briefs:**

<https://www.hrsa.gov/advisory-committees/rural-health/publications/index.html>

## Why Supportive Services and Caregiving?

- "Serving the Rural Elderly" was the first human services topic that was discussed when the Committee's charter was expanded to include human services issues in 2004.
- Rural residents are older, have poorer health outcomes, and suffer from greater rates of poverty compared to their urban counterparts.
- Rural communities have a larger share of residents aged 65 and older (18.4% rural and 14.5% urban), individuals with multiple chronic conditions (22.2% vs. 18.2%), and persons who are physically inactive (27.8% vs. 22.3%).
- Rural populations also have a lower median income than urban populations and report higher proportions of food insecurity.
- Among the oldest-old Medicare beneficiaries (those 85 years or older), 28.3% of rural residents were dual-eligible for Medicare and Medicaid compared to 22.4% of urban residents making rural elders more reliant on HHS supportive services.

## Webinar Speakers



**Paul Moore, DPh**

*Executive Secretary* | National Advisory Committee on Rural Health and Human Services

*Senior Health Policy Advisor* | Federal Office of Rural Health Policy



**Marcus Escobedo**

*Vice President* | Communications and Senior Program Officer,  
The John A. Hartford Foundation



**Octavio N Martinez, Jr, MD, MPH**

*Executive Director* | Hogg Foundation for Mental Health

Former member of the National Advisory Committee on Rural Health and Human Services

Professor, Department of Psychiatry, Dell Medical School

University of Texas at Austin

National Advisory Committee on Rural Health and Human Services

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## *Supportive Services and Caregiving for Older Rural Adults*

### National Advisory Committee on Rural Health & Human Services

December 17, 2019

Marcus Escobedo, MPA  
Vice President, Communication & Sr. Program Officer  
The John A. Hartford Foundation

# The John A. Hartford Foundation

A private philanthropy based in New York, established by family owners of the A&P grocery chain in 1929.

**\$580,000,000**

Grants authorized  
since 1982 to  
improve health care

Building the field of aging experts  
Testing & replicating innovation

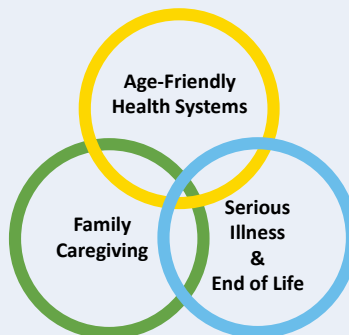


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## The John A. Hartford Foundation: Mission and Priorities

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**Priority Areas:**

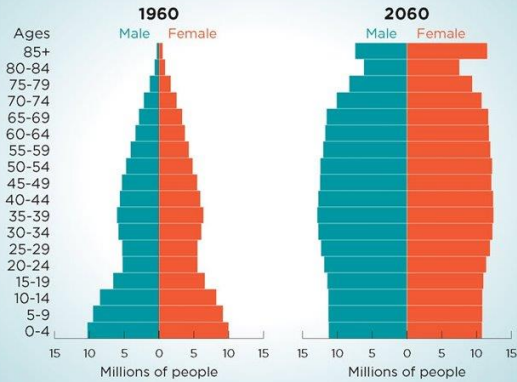


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## From Pyramid to Pillar: A Century of Change

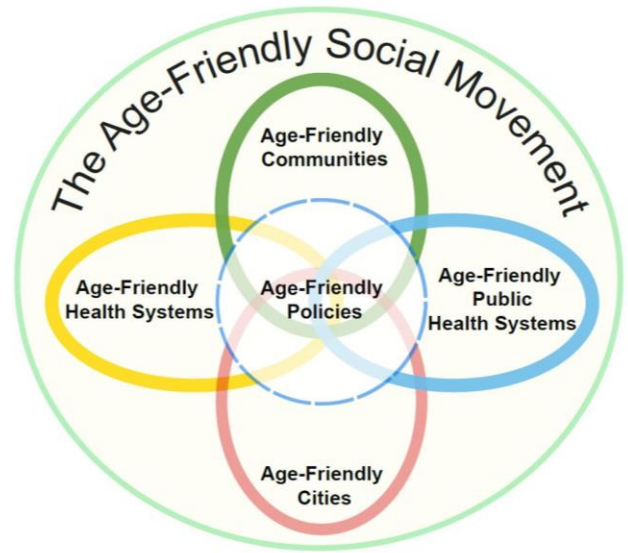
Population of the United States



United States  
Census  
Bureau

U.S. Department of Commerce  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
census.gov

Source: National Population  
Projections, 2017  
www.census.gov/programs-surveys  
/popproj.html



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**Age-Friendly**  
Health Systems

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).



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Association®**



## Why Age-Friendly Health Systems?

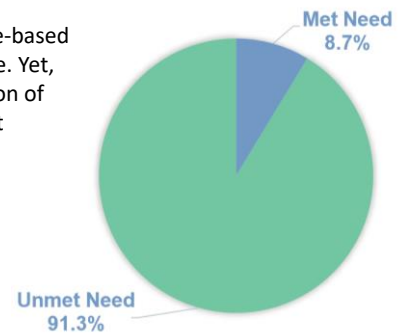
- Demography
- Complexity
- Disproportionate harm

- Know-Do Gap

We have many evidence-based geriatrics models of care. Yet, most reach only a portion of those who could benefit



Age-Friendly Health Systems



IHI analysis of model beneficiaries 2016



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## Selection of the Vital Few

Age-Friendly Health Systems

90 discrete core features identified by model experts in pre-work

Redundant/similar concepts remove and 13 core features synthesized by IHI team

Expert Meeting – Selection of the “vital few” the 4Ms



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Age-Friendly Health Systems

#### What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

#### Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

#### Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

#### Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

[IHI.org/AgeFriendly](http://IHI.org/AgeFriendly)



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## Why the 4Ms?

- Builds on a strong evidence base
- Addresses older adults' core health issues
- Simplifies & reduces implementation and measurement burden while increasing effect
- Components are synergistic and reinforce one another
- Has an impact on key quality and safety outcomes

Age-Friendly Health Systems



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## What is Our Aim?



Build a social movement so ***all care*** with older adults is ***age-friendly care***:

- Guided by an essential set of evidence based practices (4Ms)
- Causes no harms
- Is consistent with What Matters to the older adult and their family

Aim 1: Reach older adults in ***1000 hospitals and practices*** by Dec. 31, 2020

Aim 2: Reach older adults in ***2500 hospitals and practices*** by June 30, 2023



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## Pioneer Health Systems



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## Gateways to Age-Friendly Care & Support



Institution-based  
Care



Ambulatory/  
Primary Care



Community-based  
Organizations/Public Health

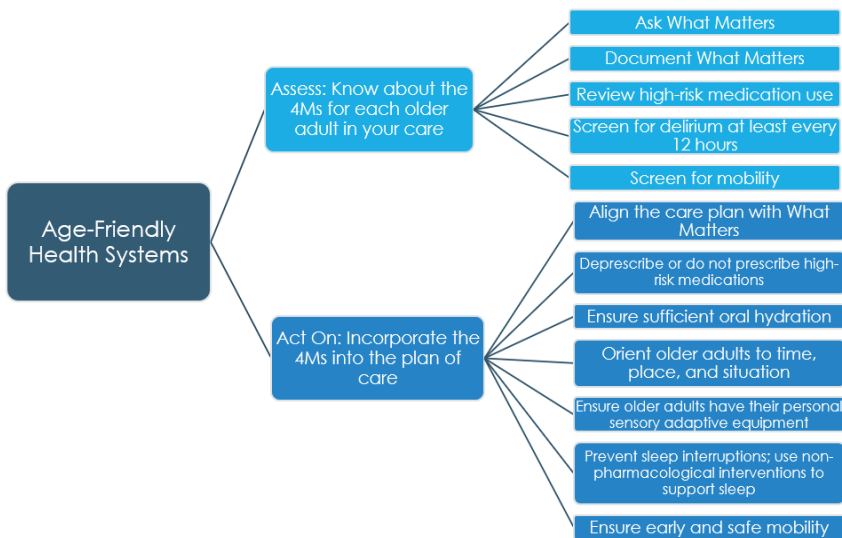


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## 4Ms Framework: Hospital

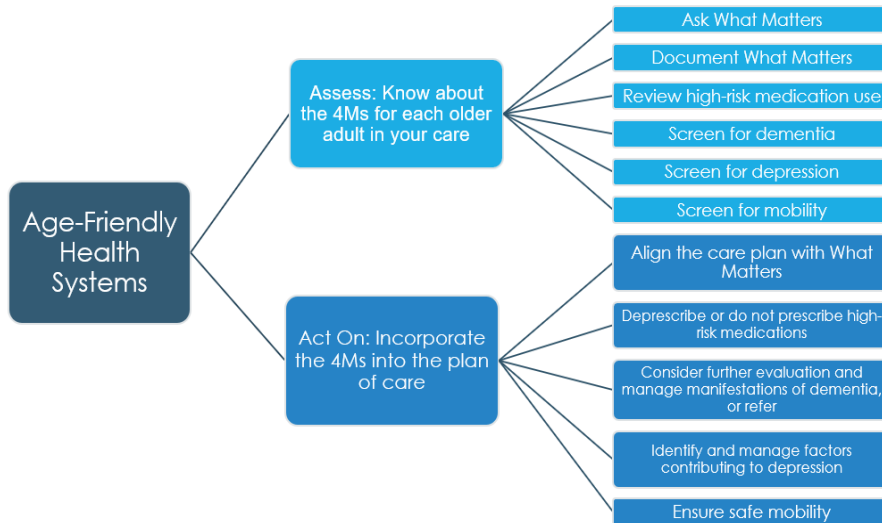


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## 4Ms Framework: Ambulatory/Primary Care



## Measures (stratified by age where applicable)



### Outcome:

- 30-day readmissions
- Emergency department visit rate
- H/CG – CAHPS
- Length of stay
- Delirium incidence rate
- Segmentation by race/ethnicity
- Goal-concordant care (by collaboRATE survey)

### Process:

- What Matters:
  - ACP documentation (NQF 326)
  - What Matters documentation
- Medications:
  - Presence of any of 7 high-risk medications
- Mentation: Screened & documented for
  - Depression
  - Dementia
  - Delirium (hospital only)
- Mobility: Screened for mobility

## Action Communities



Age-Friendly Health Systems

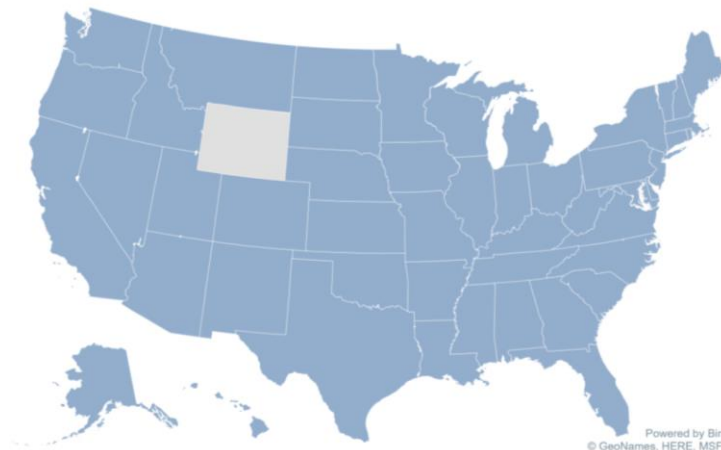


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## The Movement is Growing!



446 engaged teams in 49 states

Age-Friendly Health Systems

Teams engaged in any of the following:  
Pioneer Site, Action Community,  
Ready/Set/Go on [www.ihf.org/AgeFriendly](http://www.ihf.org/AgeFriendly),  
Expedition



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## The Movement is Growing!



247\*

Hospitals and practices have described how they are putting the 4Ms into practices ([4Ms Description Survey](#))



117

Hospitals and practices have shared the count of older adults reached described how they are putting the 4Ms into practices

*\*Age-Friendly Health System-Participants count is inclusive of hospitals and practices that went on to be recognized as Age-Friendly Health Systems-Committed to Care Excellence as of November 26, 2019*



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## Stakeholders Engaging with Our Work



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**American Hospital Association®**



**Department of Health**



THE BRAINS BEHIND SAVING YOURS®



**UCLAAnderson**  
SCHOOL of MANAGEMENT





## An Age-Friendly Health System Begins and Ends at the Kitchen Table



*Age-Friendly is a world-wide health and social movement*



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## Join Us in the Movement



Visit [www.ihl.org/AgeFriendly](http://www.ihl.org/AgeFriendly) to:

- Join an Action Community (more launching in 2020)
- Access resources including the **Guide to Using the 4Ms in the Care of Older Adults** and the **Business Case for Becoming an Age-Friendly Health System**
- Sign up for **Friends of Age-Friendly** quarterly update calls



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## The John A. Hartford Foundation and Rural Aging

*Aging should be explicitly addressed in any initiative on rural health. We should replicate existing evidence-based models and practices with an added lens for rural older adults' health on any funded project.*

### Examples:

- **Age-Friendly Health Systems**
  - Partner organizations, healthcare systems and Action Community include rural communities
- **PACE Rural Expansion**
  - \$7.5 million federal dollars to expand sites to rural communities
- **Expansion of depression care model to rural communities**
  - IMPACT (Collaborative Care) for FQHCs in rural NW and Alaska
- **Geriatrics Workforce Enhancement Program**
  - 30 of 44 HRSA-funded sites are rural; JAHF-funded Coordinating Center at AGS; focus on age-friendly 4Ms care
- **Elder Mistreatment, designed for low resources areas like rural communities**
- **n4a, aligning social services with health systems**
- **Creating Age-Friendly Public Health**
- **Health Affairs** – special theme issue on rural health Dec. 2019



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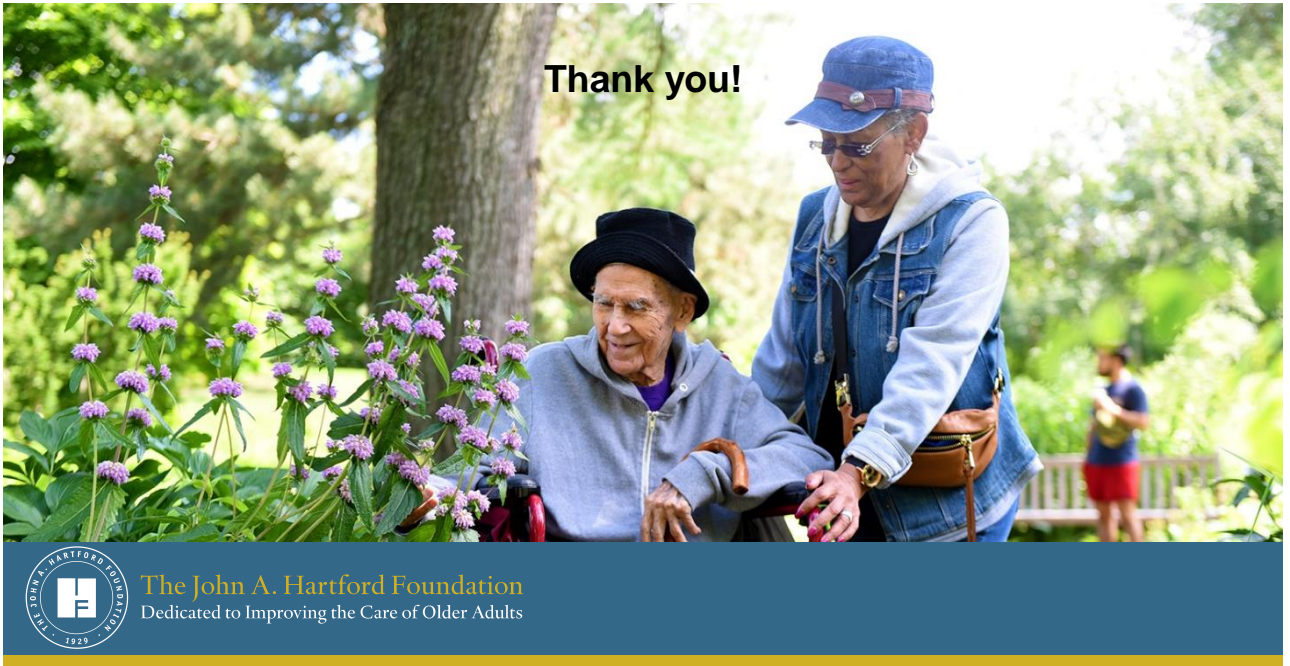
## Age-Friendly Health Systems, Family Caregiving and Serious Illness/End of Life Care: Rural Vision



Health care for rural older adults that is accessible and  
affordable and delivers  
high-quality, high-value services that matter most



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## Site Visit and Policy Recommendations

## Grass Valley in Nevada County, California

- Located in the Sierra Nevada Mountain Range
- Population of roughly 13,000 residents
- Medically Underserved Population
- Primary Care Health Professional Shortage Area (HPSA)
- High Needs Geographic Mental Health HPSA



Image retrieved from: <https://www.redfin.com/CA/Grass-Valley/15336-Duggans-Rd-95949/home/143378634>

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## Site Visit: Sierra Nevada Memorial Hospital

**Stakeholders:** Patients and health care providers from Grass Valley, Nevada County, and around the State. California Area Agency on Aging, FREED Center for Independent Living, Gold Country Community Services, Chapa De Indian Health, Partners in Care, Hospice of the Foothills, Helping Hands Adult Day Program, Elder-Care Providers' Coalition of Nevada County, Hospitality House, and Falls Prevention Coalition of Nevada County



Image retrieved from:  
<https://www.mesotheliomahelp.org/hospitals/sierra-nevada-hospital-community-cancer-center/>

- Operated since 1958
- Services provided include family medicine, cancer care, emergency services, outreach programs for Alzheimer's disease, caregiver support, etc.
- Several local groups serve as stakeholders

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## Site Visit Themes & Local Perspectives

- Local stakeholders all expressed transportation as a significant barrier for older adults who wish to receive services
  - Transportation noted as a limitation on older adults' food and nutritional choices
- Centralized senior center closed years ago
  - Has hindered the ability to provide services from a well-accessed location
  - Also noted homelessness as a growing issue
- Primary care, dental, behavioral health, and nutrition assistance were some of the most utilized care offerings locally
  - Other important services (e.g. case management, patient navigation) were provided without reimbursement

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## Site Visit Themes & Local Perspectives Cont.

- Identified the effects of recent wildfires in the region as particularly detrimental to older adults and those living with disabilities
  - Those who lost their homes because of wildfires had to go to assisted living facilities
- Mentioned that the area has still not recovered from the economic effects of the 2008 recession
  - A resource center providing training for caregivers and respite care services was forced to close
- Stigma in accessing services as a great barrier to care for their older adults
  - Person-centered planning programs have been introduced in the area to combat stigma for the aging population but these programs have limitations

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# Policy Recommendations

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National Advisory Committee on Rural Health and Human Services

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## Recommendation 1

The Committee recommends the Secretary create a comprehensive resource on the aging and long-term services and supports available to older adults in rural areas.

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## Recommendation 2

The Committee recommends the Secretary continue to expand flexibility in Medicare telehealth billing and provide a comprehensive resource of telehealth offerings in rural areas.

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## Recommendation 3

The Committee recommends the Secretary ensure the promotion and encouragement of age-friendly concepts within rural health grant programs.

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## Recommendation 4

The Committee recommends the Secretary explore the entry of Medicare Advantage Dual-Eligible Special Needs Plans into rural areas, identify potential barriers, and work with states to adopt policies that encourage or expand the reach of these plans to rural beneficiaries.

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## Further Policy Considerations

- Collaborating and Integrating Strategic Efforts across Federal Agencies
- Emphasizing the Importance of Non-Emergency Medical Transportation
- Supporting the Reauthorization of the OAA
- Including Social Isolation within the *Health People 2030* Framework
- Valuing the Need for Peer Navigators in the Care Delivery Process
- Promoting and Expanding Unpaid Caregiver Support Programs

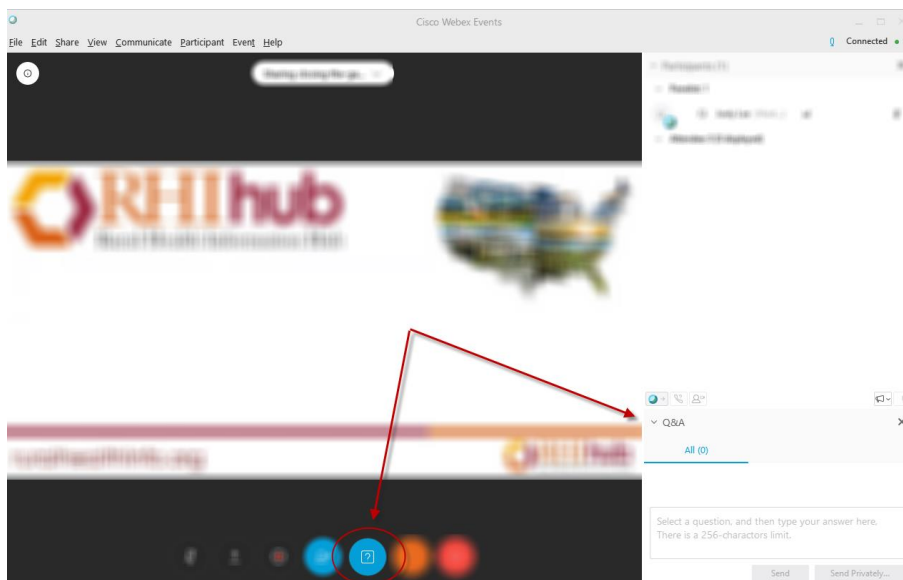
## For More Information

To find out more about the Committee, please visit our website at <http://www.hrsa.gov/advisorycommittees/rural/> or contact:

**National Advisory Committee on Rural Health and Human Services**  
 c/o Federal Office of Rural Health Policy  
 Health Resources and Services Administration  
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 Rockville, Maryland 20857  
 P: 301-443-0835

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 Steve Hirsch (Administrative Coordinator): [SHirsch@hrsa.gov](mailto:SHirsch@hrsa.gov)

## Questions?



# Thank you!

- Contact us at [ruralhealthinfo.org](http://ruralhealthinfo.org) with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website