

Systems Change: Aging in Community-Based Services

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LifeLong Medical Care and Federally Qualified Health Centers

- Health Centers now serve 26 million people nationally, including over 2 million elders
- LifeLong serves over 60,000 patients per year and over 6,000 elders
- Includes lots of families but also elders and adults with mental health problems, homelessness, and disability issues
- LifeLong provides primary care physician services, mental health services, dental services, as well as support on social issues and social determinants in our communities
- LifeLong provides care from East Oakland through Berkeley and Western Contra Costa County through Pinole and Rodeo ... plus elder care in Marin County



Medicare and Medi-Cal Changing

- Both programs, but especially Medicaid, are under severe threat from Trump administration, both ACA attack and budget attacks.
- Other aging programs will also be under pressure as social compact programs are ravaged to provide tax cuts for wealthy.
- Medicaid is our only LTSS coverage system.
- Both programs want to move from “Volume” to “Value”.
- Medi-Cal is being managed by health plans, for the most part.
- Medicare, especially in the Bay Area, will continue to have high penetration of Medicare Advantage managed care programs.





Other Factors in the Aging Services World

- Demographic growing at the same time as traditional funding threatened.
- Silos still exist making coordinating care for consumers and families difficult.
- Medicare and Medi-Cal are two of the silos (Medicare and IHSS also).
- Progress has been made in understanding the need to integrate services.
- See Health Homes and Whole Person Care (primarily affecting Medi-Cal patients) and Duals Demos in other states and counties.
- HH and WPC will primarily affect the young old pre Medicare because after 65, Medicare will be the primary payer for most.

New Relationships Needed/ New Opportunities



- Most dollars are in health programs, not Older Americans Act.
- Community-based aging providers need a strategy to think how they will interact with the health plans and systems.
- LifeLong is lucky because we are a primary care provider with plans and work with hospitals.
- We still need to think about how to work on these changes beyond our primary care role – issues that may be similar for other aging providers.



More Opportunities



- LifeLong as an example...
- Work with health systems and health plans on their high priority work.
- How can we help them meet their goals, e.g., provide better care to most complex highest cost users?
- Help them deal with social determinants of health.
- Pursue being a CBCME under Health Homes when they come to Alameda County. Monitor Whole Person Care opportunities.
- Help hospitals reduce readmissions. Pay attention to Community Benefit plans.

Improve Integration



- Our world will be better integrated in the future.
- Data sharing will support that
- Find health provider, health system, & health plan partners
- Work hard at those partnerships.
- Make sure your services are integrated into an overall package or redesign your services to fit.
- Make care be easy, of high quality, and efficient for our own consumers.
- Get sophisticated on providing data that shows value in your partners' interest areas.





Making our Services meet our Patients' Needs

- LifeLong example
- De-emphasize care in our elder health center
- Emphasize getting care to people where they want or need
- Increase Primary Care at Home Program
- Look at increased care in SNFs and other residential settings
- Use virtual tools, portals, telehealth, monitoring
- Pursue virtual community tools
- Urgent care available off hours

And finally...

- Advocate to protect ACA
- Grow legislative and policy making champions
- Stand up for Elders
- Plan for the numbers that are coming
 - Think way different ... from how we've BEEN doing it!

