CRISIS IN SENIOR CARE

Host Site: Anchorage, Alaska October 22, 2008

Senior organizations have been meeting and gaining information about Federal Senior program expenditures for a number of years. Increasingly in the past few years, the Senior population has grown, as the growing number of seniors come to and/or stay in Alaska. Simultaneously, Alaska's Primary Physician population has decreased as Medicare reimbursement has decreased, medical practice costs increase, Medicare recipients has grown, and many doctors are aging out of active practice. What troubled many for a number of years is now a crisis for Seniors, all of which are required to have their Medicare be the manditory first payer on medical bills.

Presenters:

Rita Hatch, Director, Older Person's Action Committee | Anchorage

Lynda Meyer, Anchorage Department of Health & Human Services | Anchorage

Shelia Wright, M.Ed, Director UAA Geriatric Education Center | Anchorage

William Streur, Deputy Commissioner, Department of Health and Social Services | Anchorage

Patricia Atkinson, SEARHC - Mt. Edgecumbe Hospital (S'áxt Hít) | Sitka

Tori Foote, Director of the UAF Rural Health Program | Fairbanks

Kathryn Dodge, Fairbanks North Star Borough Mayor's Office/Alaska Regional Development Organization | Fairbanks

Joan Fisher, Director of the Anchorage Neighborhood Health Center | Anchorage

Kay Branch, Alaska Native Tribal Health Consortium | Anchorage

Judith Bendersky, DHSS Senior Information Office | Anchorage

Jan Harris, UAA School of Nursing | Anchorage

Les Gara, State Representative District 23 | Anchorage

October's Joint Legislative Health Caucus examined the increasing difficulty Alaskan seniors face with access to doctors, medical services, and information. The foundation of this forum came from the ongoing Senior's Brainstorming Workgroup, Rep. Les Gara's Medicare Working Group, the Anchorage Department of Health and Human Services, the University of Alaska Anchorage Geriatric Education Center, and the University of Alaska Fairbanks.

Rita Hatch, Director, Older Person's Action Committee (OPAC)

Director Hatch explained that the directors of several Anchorage senior groups organized a 'think tank' to formulate legislative recommendations. They agreed that this is an issue most people under 65 don't know about. It is a federal problem because the rates and rules are set by the federal government and doctors won't accept the low Medicare reimbursement. Director Hatch presented several things the State can do.

1. One suggestion the group reached is for the State to provide incentives for primary care doctors who will accept Medicare patients. Director Hatch explained that it is primary care doctors who don't get paid enough. Their costs are much greater than Medicare's coverage. Medicare pays the doctor about $60 for a short visit, while doctors' charges amount to about $185.

2. The WAMI program, in which the State funds the education of new doctor's, could require that participants make a pledge to accept a portion of Medicare

patients upon completion of the program.

3. Community Health Centers (CHC) receive a higher rate of reimbursement for taking on Medicare patients. A waiver allowing non-CHC's doctors to qualify for this higher reimbursement scale would be a big help.

A bill that passed the 2008 Congress increased the amount doctors receive by 35%. However, surveys of doctors recently completed indicate that this may not be enough. Another problem with this is that doctor's who have opted out of Medicare cannot get back into the system for two years, meaning that the 35% increase will only apply to doctor's who have continued to serve current Medicare patients.

Judith Bendersky - DHSS Senior Information Office

The Senior Information Office answers Medicare questions, counseling and educating Alaskans about issues with Medicare. The office partners with a range of organizations statewide, including tribal corporations, senior centers, and community activists. In Alaska there are approximately 56,000 Medicare enrollees. 80% of these participants are 65 or older, while the other 20% qualify due to a disability.

Medicare is a health insurance program broken into four parts:

1. Part A covers in-hospital insurance: deductible period, premiums.

2. Part B covers ambulatory services as medical insurance: deductible, premiums.

If a person ages into Medicare at 65, who has not worked 40 quarters, the person may not be eligible for a premium but can still be enrolled in Parts A and B.

3. Part C represents Medicare Advantage Plans, provided as fee for service. This is uncommon in Alaska as there is not much benefit and they can be limited by state, since they are not portable if a person moves.

4. Part D covers drugs, and prescription drug plans: *www.Medicare.gov* can help to answer if this is a good plan for the person. Medicare Supplement Plans (MediGap) will pay different amounts of coverage for choices of plans by different companies.

"Doctors are turning Seniors away and saying 'once you're 65 we don't want you anymore,' which I think is appalling."

- Rita Hatch

Medicare Reimbursement by the Numbers:

At the Federal Qualified Health Center rate, a Community Health Center is essentially reimbursed at a flat rate.
For example, the Alaska Neighborhood Health Center receives $117.62 for any medical service or exam (with some exceptions).
In comparison, a private primary care doctor is eligible to receive only $62.85 in Medicare reimbursement for a normal visit.
Medicare picks up 80% of this rate and the patient covers a co-pay of 20%.
As of January 1, 2009, the amount a non-affiliated primary care doctor can be reimbursed by Medicare will be increased by 35%.

"Medicare patients are now a medically underserved population."

- Joan Fisher

Medicaid is medical assistance for people who meet financial eligibility guidelines, done through applying at the Adult Public Assistance office. When a person on Medicaid ages into Medicare, they may qualify for full benefits for prescription drugs and to pay for premiums, qualifying for low co-pay. The Senior Information Office also works to protect people from potential fraud.

Director Joan Fisher - Anchorage Neighborhood Health Clinic

Community Health Centers were formed out of the Public Health Act as "Federally Qualified Health Centers" requiring CHCs to provide preventative, dental, primary care, and immunization to medically underserved populations. Access to a CHC's grant funding remains contingent on providing these services, originally envisioned to cover the uninsured, low-income neighborhoods, and isolated communities. With the current issues of Medicare, seniors are now medically underserved.

In Anchorage a huge influx of Medicare patients is now competing with other people to see providers. A limited number of appointment slots determines accessibility to the Anchorage Neighborhood Health Clinic. In this way Medicare access in Anchorage is directly tied to ANHC's physician workforce, which is currently understaffed.

Patricia Atkinson - SEARHC

Patricia Atkinson spoke on behalf of SEARHC, a non-profit Native-administered health consortium serving the medical needs of Southeast Alaska Natives and rural residents across 18 different Southeast communites, which are often geographically isolated and difficult to serve. This includes physician staffed CHC's in Kluwock and Haines. Regarding CHC's, Atkinson agreed with Director Fisher, stating that there are "tremendous challenges with the workforce and that definitely influences people's access to care."

"There are many elders in communities that are just suffering tremendously from this lack of services...Many elders are forced to relocate."

- Patricia Atkinson

SEARHC recently completed a focused study on Southeast senior needs, examining lack of necessary service around the strong Southeast network of health care. This needs-assessment provided information for creating a systematic plan for medically serving Elders.

- Residential long term care is only available in five

communities of the 18 served.

· Home and community-based services are what SEARHC would like to emphasize because of both cost savings and the cultural values that maintain seniors as part of the community.

· Need State help to increase Medicare enrollment

SEARHC like to see the State work with the tribal health system to provide pre-development funding for tribes to explore expanding services.

***"We have a focus on home and community-based services because that's where Elder's want to be. It's also the most cost-effective service. When you look at the cost of a rural nursing home for a year at $237,000 versus the cost of 40 hours of personal care services for a year at $40,000, that's a huge savings to be able to provide home and community based services."* - Kay Branch**

Kay Branch - Alaska Native Tribal Health Consortium

The Consortium has been working on a plan for providing services to elders across Alaska. Specifically, they are developing long- term care services to increase tribal organizations' capacity to provide Medicare services. This will save the State general fund dollars: when money flows from a tribal health organization to a tribal beneficiary the money comes entirely from the federal government.

Over a fourteen month period 150 Alaskan Native elders lived in 66 different assisted living homes in Anchorage. This highlights the need for culturally relevant practices.

Report on long term care needs of Alaska Native elders.

Five years ago there were more home and community based services available in rural areas. This decline is due to regulatory changes: the personal care program, when implemented, increased Medicaid costs quickly. Regulatory changes meant two organizations that had provided personal care services had to get out of the business, significantly impacting tribal beneficiaries. The new regulations restricted the amount of reimbursement that was available to the same dollar amount statewide, neither taking into account geographic differentials, nor difference in provider costs in rural areas. It also flattened the funding between agency-based and consumer-directed services.

Tribal Long Term Care Service Development Plan

Also looking at facility-based care needs, specifically in Anchorage, the Consortium contracted a feasability study for a combination of nursing and assisted living services in Anchorage that would be tribally owned and operated and culturally appropriate. They would like to reverse the trend of Elders being forced to move to population centers in order to get care.

"Right now we in Fairbanks are on the cusp of a crisis: we're not there and we're looking to ask ourselves questions about how do we prevent ourselves from getting there."
- Kathryn Dodge

Kathryn Dodge - Fairbanks North Star Borough Mayor's Office

Currently Fairbanks lacks coordinated service delivery such as a dedicated ADRC office. Developing an ADRC in Fairbanks would greatly tighten the link between Fairbanks' available resources. The city also is struggling with affordable senior housing and a general lack of access to medical care. In the outlying areas of the Fairbanks North Star Borough (FNSB)—on the road system but separated by distance—people are not able to access the services they need. Community health aides might be useful to place on service nodes closer to these areas.

Director Tori Foote - UAF Rural Health Program, Fairbanks

Director Foote posed a difficult question: "What can a borough do to address this problem?" Boroughs do not have Health and Social Services powers, which limit their possible actions. What the FNSB has done is contract a survey of seniors, with the intent of determining what might encourage people to stay. They determined that the FNSB lacks a local ADRC to coordinate disorganized, smaller services. Part-time and volunteer work for seniors will be possible with this effort. They can coordinate part-time home services for seniors, which has a worker shortage. Review and strengthen Senior Commission in borough, supported at parks and recreation level, doesn't take on senior issues. There needs to be a partner with the state Aging department, and help with ADRC. There is lot of appreciation for funding home and community based services; the first increase in a decade.

At UAF, Director Foote has been working to enroll more rural people into the Community Health Aide program. *"The Community Health Aide program works really well for the rural sites. We don't have enough of them and we need more."* The community health aide positions are underpaid, resulting in high turn-over. It would be ideal to take these well-trained workers who are alreaady established in an Alaskan community and get them into a physicians assistant program.

Jan Harris - UAA School of Nursing

The new UAA Health Sciences Building will open in 2011. It has been designed to house medicine, nursing, physician assistant, and medical laboratory programs. Phase II of the building will accommodate many other allied health and therapies programs. The University of Alaska system has over 70 health programs with over 4000 students statewide, an increase of 68% since 2001. Approximately 40 of these programs are offered in statewide locations using distance delivery. Beginning this summer 2009, the full physician assistant program will be offered in Alaska.

Lynda Meyer - Anchorage Department of Health and Human Services

"When people have access to information, especially medical care, then often times we see

a decrease in money that is spent," explained Lynda Meyer. Lynda Meyer's focused on Project 2020, a plan advanced by NASUA. The project has three major goals:

1. Person-Centered Access to Information
2. Evidence-Based Disease Prevention and Health Promotion
3. Enhanced Nursing Home Diversion Services

Alaska's Aging and Disability Resource Centers are an effective example of person-centered access to information. "The state is already doing a lot of what nationally they're really promoting through Area Agencies on Aging." With a Health Promotion Nurse, working with allied health professionals to provide evidence based programs, we could really reduce the cost of Medicare across the state. Senior centers need to receive municipal grant funding.

Lynda Meyer closed saying, "Fully implementing person-centered access to information, evidence-based disease prevention and health promotion activities, and enhanced nursing home diversion services will allow communities to provide services to the growing aging population at a lower cost to consumers and the government through Medicaid and Medicare."

Director Shelia Wright, UAA Geriatric Education Center, explained that the UAA Geriatric Education Center has mainly focused on workforce development, embracing the "grow your own" philosophy. Healthcare provider vacancy statistics (see sidebar) demonstrate that Alaska must confront acute workforce shortages. The Geriatric Education Center focuses on continuing education for those already in the industry, bringing aging-related curriculum to health providers statewide. When talking about Medicare and health care access, workforce development is critical.

Profession	VACANCIES	Mean Longest Vacancy
Physicians	226	18 months
Registered Nurses	439	24 months
Behavioral Health	1033	17 months
Allied Health	434	11 months
Pharmacists	98	15 months
Therapists (OT,PT,ST)	234	24 months
Other occupations	994	

Representative Les Gara (District 23)

Rep. Gara heard about the difficulty with Medicare as the top issue when talking with his district's constituents. On October 8th he arranged a meeting to discuss solutions with medical providers. The group agreed that two major problems are: (1) A shortage of doctors, nurse practitioners, and physician's assistants across Alaska; and, (2) Medicare doesn't pay enough and the recent 35% increase is not likely to change this.

The forum then discussed what the State can do. Several ideas were reviewed:

1) Create a Medicare clinic to serve a small portion of those who cannot get medical care.

2) Offer a bonus to physicians who take a certain percentage of Medicare physicians. At the meeting a number of doctors said this might help.

3) Work with the University of Alaska to increase training programs. WAMI position increase is a very long term solution. However, specialty care is more profitable than family medicine; need commitment to do family practice.

4) Help to expand Community Health Centers. This will expand a base for services for anyone having trouble paying for medical care.

"It used to be senior citizens in the state had a hard time finding a doctor; now they have a pretty close to impossible time finding a doctor."

- Rep. Les Gara