

# Remarkable Integration: Where Is Washington?

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# Introduction

- Thank you Blair for introduction and your uniquely effective leadership both in organizing this conference and your day job too
- Great to be back with the good folks of the Piedmont/Triad Regional Council Area Agency on Aging
  - Part of the largest regional council in NC
  - A model area agency on aging serving 12 counties
  - I am always most pleased when I continue to see as one of your six standards for area agencies and all area agencies in NC: **ADVOCACY**

# Introduction (cont.)

- This conference topic is so timely; it does what we should all do: look ahead but always be looking around the corner
- I have to admit when I saw the title—I flashed back to being that little boy in the backseat of my parents car asking—are we there yet?
- Leads me to title of my speech—Remarkable Integration: Where Is Washington?
- I will say and explain—they might just be starting to get it

# Remarkable Integration: The Benefits

- Can promote and achieve better care and health outcomes
- Can offer more care choices
- Can focus on holistic approach to prevention and care addressing physical, behavioral and social needs
- Can offer new revenue streams to hard pressed service providers
- Can be new business market
- Can achieve better health equity
- Can save money
- Can be stepping stone to building a system of care

# The New Washington: After Midterms

- Pivotal election
- House majority flips to Democrats for first time this decade
- Flip leads to new leaders of key Committees and Subcommittees
- Senate majority remains with Republicans and increased by 2 seats
- Voter turnout highest in many years
- Health care identified as top issue, with protection of pre-existing conditions the number 1 concern
- Record number of women in Congress



# Changes in the Landscape

- The key is knowing committee chair changes and their potential impact on aging issues
- The most significant change in the Senate is the move by Sen. Chuck Grassley (R-Iowa) to become Chair of the Senate Finance Committee (Medicare, Medicaid)
  - He has a long-time involvement with many aging issues, especially elder justice
- House Appropriations Committee (funding) will be chaired by Rep. Nita Lowey (D-N.Y.), a champion of aging programs
  - The Appropriations Labor-HHS-Education Subcommittee will be chaired by Rep. Rosa DeLauro (D-Conn.), also a champion

# More House Shakeups

- House Education and the Workforce Committee (Older Americans Act) will be chaired by Rep. Bobby Scott (D-Va.). Subcommittee Chair overseeing OAA to be decided.
- House Energy and Commerce Committee (Medicaid) will be chaired by Rep. Frank Pallone (D-N.J.), a supporter of expanding long-term services and supports. Subcommittee Chair on health still to be decided
- House Ways and Means Committee (Medicare) will be chaired by Rep. Richard Neal (D-Mass.), who has a strong record of defending Social Security. Subcommittee Chair on health still to be decided
- And new effort underway to bring back House Select Committee on Aging

# Senate Consistency

- Senate committees will otherwise mostly remain the same
- Senate Health, Education, Labor and Pensions (HELP) (OAA, ACA) will be chaired by Sen. Lamar Alexander (R-Tenn.)
- Senate Appropriations (funding) will be chaired by Sen. Richard Shelby (R-Ala.)
- Senate Aging will be chaired by Sen. Susan Collins (R-Maine)

# NC Congressional Delegation in New Congress

- Sen. Burr: key on HELP and especially the OAA
- Sen. Tillis: Special Aging
- Rep. Butterfield: Energy and Commerce
- Rep. David Price: Appropriations
- Rep. Foxx: Ranking Member, House Education and Workforce Committee



# Three Factors Influencing “Remarkable Integration”

1. Ongoing and future demographic realities
2. An activist Administration combining with a new Congress
3. Political imperative of integration

# Factor 1: Ongoing Demographic Realities

- Increase in older adult population—More than 20% will be 65+ by 2030, compared to 13% in 2010 and 9.8% in 1970
- Fastest growing group: 85+
- Chronic disease—85% of older adults have at least one chronic health condition, and 60% have at least two chronic conditions
- Decline in older adults in nursing homes—now, slightly over 5% of all older adults as compared to 7.1% in 1998



# 1: Ongoing Demographic Realities (cont.)

- Bipartisan Policy Center found that healthy behavior, socioeconomic factors and environmental factors together account for 70 to 80% of what determines a person's health.
- 88% of health spending was on medical services—only 4% spent on healthy behaviors
- Rural factor: 20% US population live in rural areas, but only 10% of physicians practice there
- Shortages across the board in health care workforce, including specialists and geriatrics
  - From now until 2024, will be more than one million openings for RNs

# Factor 2: Activist Administration Meets New Congress: Healthcare

- Trump Administration activist in healthcare space in many directions, both positive and not so positive
- On the positive side...
- HHS Secretary Azar in recent weeks has issued important statements that can provide direction for future
- First, at Hatch Foundation, a full embrace of importance of social determinants of health
  - He noted, according to press accounts, that the root cause of so much of our health spending is social determinants of health

## 2: Secretary Azar (cont.)

- Also said that we need to do better job at aligning federal health investments with our investments in non-healthcare needs (noted work investment)
- Calling out Accountable Care Organizations model, where high utilizers of health care services are screened for social determinants such as food insecurity and domestic violence

## 2: Secretary Azar (cont.)

- On last Monday, speaking at the Hidden Heroes Convention, he said the following:
  - “An individualized approach is especially important to supporting Americans with serious healthcare needs in their homes rather than in an inpatient facility. No American should be in a nursing home who doesn’t need or want to be but helping Americans stay in their homes is an incredibly complex challenge. We can address this through making our programs better at addressing not just needs on an individualized basis but also more holistically.”

## 2: Administration: CMMI Work is Key

- Centers for Medicare and Medicaid Innovation
- Adam Boehler, new head of CMMI, like Sec. Azar, with relevant experience: founder and CEO of Landmark Health, a company that provides home-based medical care
- Again, a key is the Accountable Care Organizations model, where participating providers can screen high utilizers of healthcare services for things like food insecurity, transportation issues, housing issues, then connect them to navigators who guide them to local resources

## 2: CMMI (cont.)

- Also on horizon, CMMI models called Integrated Care for Kid and Maternal Opioid Misuse Model with goal to better align and coordinate the care of pregnant and postpartum Medicaid and CHIP beneficiaries with opioid use disorder and their infants through state-led delivery system reforms
- Both could start in spring for 5 years
- CMMI holds enormous promise: another important key for them is to work more with states

## 2: Activist Administration: Medicare Advantage

- 1 in 3 people on Medicare, or 19 million people, enrolled in MA
- Administration clearly favors this program
- In 2019, MA will cover non-medical services such as transportation, in-home health visits and more
- In Florida and Texas, two of the largest insurance plans will pay for up to 42 hours of help from home health aid for people who need respite care
- Advocacy push for 2020: full inclusion of nutrition and home modifications

## 2: Medicare Advantage (cont.)

- Most recently, CMS seeking comments on proposed rule to expand telehealth services in MA plans starting in 2020—important to rural areas
- All grew out of CHRONIC Care Act—bipartisan bill Congress passed earlier in 2018 but both Congress and Admin active in implementation and will continue to be



## 2: Medicare Advantage (cont.)

- Two big questions:
  - Will this save Medicare \$\$\$?
  - How long until this gets extended into traditional Medicare?
- New Congress will spend time looking at these questions and other remaining implementation issues around the CHRONIC Care Act as well as MACRA

## 2: Activist Administration: Medicaid

- Election ensures that no radical changes (block grant or per capita spending limit) will occur to Medicaid
- Election also produced new states likely to expand Medicaid, including Maine, Utah, Idaho, Nebraska, and Kansas
- Administration will continue to make policy changes through approval of waivers as well as funded demonstration projects in states

## 2: Medicaid (cont.)

- Azar's comments included a commitment that CMMI is moving to introduce a new model that would allow hospitals and health systems to directly pay for patients health related social needs like housing, healthy food or other services through Medicaid
- Goal in new Congress is to continue the trend of having Medicaid spend more on HCBS than institutional care

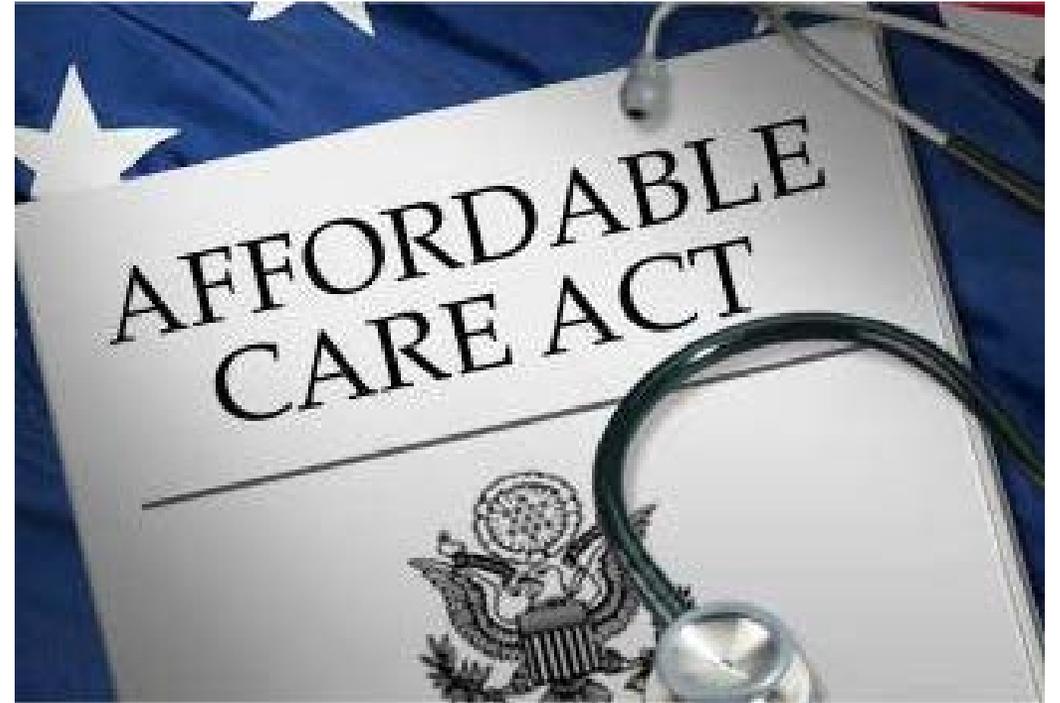


## 2: Current Congressional Actions

- Some actions from this Congress were also important in this space:
  - H.R. 6563, the Medicare Long-Term Care Services and Supports Act, which would expand Medicare to add an LTC/LTSS benefit—introduced by incoming chair of Energy and Commerce
  - H.R. 5942, the Health Equity and Accountability Act, which includes language on social determinants of health
  - Hearings held by the Senate Special Committee on Aging, including “Patient-Focused Care: A Prescription to Reduce Health Care Costs” and “Aging With Community: Building Connections that Last a Lifetime”

## 2: New Congress, New Life for ACA?

- A major takeaway from the mid term is the resilience of the ACA
- The House flip means all efforts to repeal should end
- Addressing the issue of coverage for those with preexisting conditions is front and center– a bipartisan approach likely
- Also more stabilizing of the insurance market



## 2: New Life for ACA? (cont.)

- An important advocacy push will be made to strengthen the Prevention and Public Health Fund with increased funding for their evidence based programs which will help on the social determinants front
- Also the Balancing Incentives Payment program
- But beyond that, we can expect the improvements to Medicare to continue, especially related to expanded preventive benefits
- And as mentioned: the importance of CMMI by both sides

## 2: New Congress: Older Americans Act Reauthorization

- Opportunity is here to gain deeper appreciation for the value and foresightedness of this Act
- Value measured in how many older adults it allows to remain at home and in the community through intervention of key services which address some of the key social determinants of health—such as nutrition
- Can its recognized relevance lead to more resources?

## 2: OAA Reauthorization (cont.)

- Key North Carolina players: Sen. Burr and Rep. Foxx
- Do we tinker with or transform the Act?
- Need to examine changing landscape
- Opportunity to more closely align its services to create more healthcare partnerships, leading to new revenue sources?
  - Pressure is growing to do this as more managed care entities enter communities

## 2: OAA Reauthorization (cont.)

- Nutrition program remains largest program in act and one that is attractive to health care sector
- Effort will be to make stronger and make stronger linkages in two areas
  - Nutrition and better health: intervention of daily nutrition service can prevent malnutrition and hospital or nursing home placement
  - Nutrition combatting social isolation and loneliness
- RRF/NANASP study makes the strong case



## 2: Socialization Project

- NANASP is in a third year of grant funded by the Retirement Research Foundation
- Purpose to study the value of socialization in the Older Americans Act nutrition program
- A purpose stated in law: “to provide a socialization opportunity”
- Grant has featured interviews with over 200 older adults in programs, including several in NC
- More than 90 percent declare socialization main reason they come to the program
- Interaction with others—the meal—the nutrition education: all can help in effort to reduce older adult malnutrition

## 2: OAA Reauthorization (cont.)

- Other programs in Act need to be viewed with a wider lens in our remarkable integration discussion:
  - Case management
  - Family caregiver
  - Preventive health
  - Senior centers
  - Employment
  - Elder abuse prevention
- Move out of individual silos and promote integration at ground level



## 2: New Congress—Budget Challenges

- Concern growing about FY 2020 budget
- At end of September, a two-year budget agreement which did things like raise OAA spending by \$150 million and averted elimination of key programs ends
- What follows?

## 2: Budget Challenges (cont.)

- Also ending will be “paygo” for tax bill
- And debt ceiling has to be lifted
- President is proposing across the board cuts (but not to either Social Security or Medicare)
- Will be a constant advocacy focus

## 2: New Congress: Other Expected Actions

- Continued work on payment reforms:
  - Commonwealth Fund study notes: “Our findings highlight the key role that payment reforms play in building a more integrated health care and social delivery system for complex patients” but “there is no consensus on the most appropriate payment model or how to move away from our current system”
- Need for funding to build evidence base for cross-sector partnerships
- Models exist and need to be identified and incentivized to do more
- Provide a new rationale for return to earmarks?
- Extend the Money Follows the Person program (maybe in lame duck?)

## 2: New Congress: Other Actions (cont.)

- RAISE Family Caregivers Act: creates an Advisory Council to evaluate federal policy around family caregiving
- Supporting Grandparents Raising Grandchildren Act: creates a council to better support “grandfamilies”
- Both RAISE and Grandparents Councils now seeking nominations



# Factor 3: Political Imperative of Integration

- 2020 election already underway, both Presidential and Congressional
- Idea is to stake ground out early on making important policy issues into compelling political ones too
- Saw that health care—especially pre-existing conditions—determined some races

## 3: Political Imperative (cont.)

- Idea is to position today's topic in a political context
- Reward those who advance the ideas, challenge those who do not and who could
- Must better understand each member of the NC delegation and their Committee assignments

# Older Voters/Health Care: 2 Keys

- After 5 straight elections of Republicans overwhelmingly capturing senior vote, the gap narrowed in 2018: voters over 65 went 50% for Republicans and 48% for Democrats
- 56% of voters were over 50, compared with 46% in 2016
- Mostly due to health care ads; Democrats ran 325,000 health care ads in midterm races—next highest category were ads about taxes at 83,000
- 48% of all voters said they trusted Democrats in Congress more on health care; only 35% trusted Republicans more



# Remarkable Integration: Bipartisan!

- Remarkable integration can be a bipartisan political winner
- Care and services that are preferred because they are home and community based
- Health care costs can and will decline
- Greater choice as a by-product
- Addresses social determinants of health
- Aids in reducing social isolation (a growing issue)

# Importance of Advocacy to Advancing Remarkable Integration

- New world in D.C. will be about seeing and seizing opportunities
- Understanding the players—the process the terminology
- Each party wants/needs to build on their success in time for next election
- Administration looking for ways to get things done in bipartisan fashion early on?



# Opportunities Exist

- Opportunities may come through things that are expected—OAA, pending rules in Medicare Advantage/Medicare Part D
- Opportunities may come from things that are hoped for, such as infrastructure, long-term care legislation, a new budget agreement

# Conclusions

- It is all about preparing and positioning.
- This conference exactly the right idea to advance the agenda around the remarkable integration of human services and health care partnerships.
- But to really advance
- Move it on the policy side—make it bipartisan/ show value/ show it as investment vs expenditure

# Conclusions (cont.)

- Move it on the political side localize and humanize this issue to get attention and action. Show benefit to NC. Get those who benefit to become involved
- Remarkable integration was not the title of this conference to be a question—rather, to be an aspiration for the future direction of a holistic outcome-based system we all want.



**NANASP 2019!**  
**FULL STEAM AHEAD!**

**MAY 15-17**

 *NANASP*  
National Voice. Local Action.

**The Queen Mary - Long Beach, CA**

The poster is framed in a dark blue border. It features a central graphic of a ship's funnel with smoke, set against a background of blue and white horizontal stripes. The text is in a bold, serif font, and the dates are on a red ribbon. The logo at the bottom consists of a stylized 'N' with a star and the word 'nanasp' in a cursive font.

Go to [www.nanasp.org](http://www.nanasp.org) for more details!

Get ready to embark on a conference experience like no other!

# Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

## Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

# Resources

- Senate Aging Hearings: [aging.senate.gov/hearings](https://aging.senate.gov/hearings)
- KFF brief on social determinants: [kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/](https://kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/)
- Sec. Azar's comments:  
[hhs.gov/about/leadership/secretary/speeches/2018-speeches/the-root-of-the-problem-americas-social-determinants-of-health.html](https://hhs.gov/about/leadership/secretary/speeches/2018-speeches/the-root-of-the-problem-americas-social-determinants-of-health.html)
- Centers for Medicare and Medicaid Services (CMS): [cms.gov](https://cms.gov)
- Administration for Community Living (ACL): [acl.gov](https://acl.gov)