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Guest Editor's Message

Introduction to Baby Boomer Trends

Monika White, PhD, MSW, Guest Editor

Selecting a focus for this issue of the GCM Journal on Baby Boomer Trends was tough because the Boomer Generation affects just about every aspect of our current and future lives, both personally and professionally. Somewhere between 76 - 79 million strong (depending who you ask), we are rapidly approaching a time when one in every five people in the U.S. is a Baby Boomer!

Chances are that many practicing geriatric care managers are themselves Boomers working with and for other Boomers and, no doubt, many Boomers are looking for help with their older relatives. Understanding key Boomer trends may provide a better understanding of the challenges

and opportunities that apply directly to this generation. That is the purpose of this issue—to offer some direction to creating new, or strengthening on-going practices and services that appropriately appeal to Baby Boomers.

We are fortunate to be able to include a piece by Anna Liotta, a “Generationally Savvy Consultant and Speaker,” who is CEO of Resultance, Inc., a consulting and training firm in Seattle, Washington. She was a general session speaker at the 2012 NAPGCM Conference where she impressed and delighted attendees with her knowledge about and suggestions for working with the distinctive differences among

generations. The key is to recognize those differences and communicate accordingly. She emphasizes the relationship between appropriate communication and a profitable bottom line.

Kathryn Kietzman, PhD, is a Research Scientist at the University of California, Los Angeles Center for Health Policy Research. Her article, “Using a Person-Centered Approach to Improve Care Coordination: Opportunities Emerging from the Affordable Care Act,” pairs a familiar practice approach with the latest health care policies. In her article, she reviews the person-centered approach, briefly describes some new care coordination strategies and discusses



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the Affordable Care Act and its implication for GCMs in their work with Baby Boomers. Her article points to the importance of staying informed about policy developments and new legislation.

Claudia Cook, AM, an Elder Care Consultant with LivHOME, Inc. in Skokie, Illinois, reminds us that the aging experience varies significantly from one generation to the next. Her article titled, “This is Not Your Parent’s Aging Experience: How Geriatric Care Managers Can Leverage Their Knowledge and Know-How and Network to Respond to Baby Boomer Trends,” addresses three areas: Boomers’ increased caregiving responsibilities; incorporating technology into care plans; and, seeking and collaborating with non-traditional sources. She stresses the importance of considering these strategies to increase prospects for successful business practices.

In my article, “An Overview of Trends in Baby Boomer Finances, Employment, and Retirement: Facts and Challenges,” I have selected trends that should be of interest to geriatric care managers including finances and retirement. Clearly, the GCM’s special knowledge, skills, and experiences are ideally suited to meet the challenges that grow with the size of the Boomer population. Luckily, there is a wealth of available information and data about Boomers. This issue of the GCM Journal refers to several sources useful to those interested in knowing more.

Generationally Savvy Communication that Improves Your Bottom Line

By Anna Liotta

Effective communication in today’s multi-generational business world requires careful navigation. This is especially true in a workforce now comprised of four distinct generations – Millennials (Gen Y), Generation Xers, Baby Boomers, and Traditionalists – all of whom bring their own ideas, expectations, and fears to the job. Due to their different formative experiences, each generation has a unique way of seeing the world and, ultimately, a different way of communicating.

There are solutions to help ease the potential tensions in communicating across generations. To begin, leaders today need to understand each generation’s communication styles and how using them efficiently can profitably impact the bottom line. There are many hot buttons from each of the generations’ styles in language, dress, multi-tasking, and “work ethics,” which can cause stress in the workplace. Key areas of difference that can immediately influence employee engagement and productivity lie in leaders of high-performance companies recognizing that the key to their success is to create an engaged, empowered, and multi-generationally friendly culture.

No matter the economy, top performers have choices. This makes talent retention the next big challenge for business leaders and owners post-recession. In July 2009, Deloitte released a longitudinal study of 319 senior business leaders and human resource executives. The study found that “nearly two-thirds of executives are highly or very highly concerned

There are many hot buttons from each of the generations’ styles in language, dress, multi-tasking, and “work ethics,” which can cause stress in the workplace.

about losing high-potential talent in the year after the recession ends.”

From Sink or Swim to Welcome to the Team

High performers are looking for organizations that create a vibrant, innovative, fun, and results-oriented culture. As a result, savvy leaders need to make it clear to employees from Day One that they matter and that their talent is the key to their company’s success.

Top talent in today’s marketplace want to be part of something great, and this creates an opportunity and a challenge for businesses to make engagement a vital priority from the first point of contact through the crucial first 90 days. Gone is the old school orientation policy of sink or swim. Top cultures begin with an “onboarding experience” to integrate new team members. Many programs are intense immersions that last 30 to 90 days.

When a sports player joins a championship team, it can be

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difficult to integrate into the team's rhythm and learn all the signals and codes. Fast-growing companies that double in size or revenue have a similar integration challenge. In thriving companies, onboarding is not exclusively the role of one HR team member. Instead, everyone embraces it - from the president to the parking attendant. James Wong, CEO of Avidian, shares how his firm kicks off the game with their new employees. Wong says, "We don't have going-away parties; we have welcoming parties. On a new team member's first day, we hold a special luncheon to welcome them and learn their story."

No News Is Not Good News Any More

In successful companies, the cultural focus is on empowering people through company principles and not restricting them with company rules. Each person listens for what is missing and is free to speak up and give feedback without fear of reprisal.

The need for productive and timely feedback is a critical success factor for every team member and leader. Managers at all levels acknowledge "feedback" is important, but often they attempt to deliver the communication in their own generational style and in a way that meets their expectations and needs. This is where the big breakdowns happen, leading to disengagement, disillusionment, and, ultimately, costly turnover. To understand each generation's perspective, we can begin by asking what in each generation's formative experiences and training led them to consider certain frequency and tone of feedback appropriate.

Traditionalists (1927-1945) entered the workforce under the GI generation's military format where the rule was "No news is good news." If your boss wasn't yelling

at you, you were not in trouble. You assumed that you were doing the job right unless you heard otherwise.

Baby Boomers (1946 -1964) grew up with nearly 80 million peers and "competitors" for everything. Their childhood was like a perpetual game of musical chairs. When the music stopped, you'd better scramble for a spot because there was never enough for everyone. So, they didn't feel good waiting to be yelled at or not, and they thought it was a huge success when they got the "annual review" instituted so they knew how they were doing. They could now compare themselves against their peers and have the data and documentation to back it up.

Gen Xers (1965 - 1977) grew up as the first generation of latch-key kids, with divorced parents and lots of broken promises both from institutions and leaders. They grew up with a healthy skepticism of corporate speak and visionary promises. Xers demand leaders keep it "real" when sharing their feedback. They want applied feedback that correlates to the job at hand, not just once a year when it's mandated by policy. It doesn't need to be formal or written down—it just needs to be authentic and pragmatic.

Millennials (1978-1999) are the latest generation to enter the workplace. There are 40 million Millennials in the workforce now, and a projected 58 million more will enter the workforce by 2014. As the celebrated and cherished children of mid-late Boomer or second family of early Boomers, Millennials are a force to be reckoned with. They have grown up with more attention and resources devoted and available to them than any prior generation. They burst in to the workplace hungry for daily mentoring and coaching. Baby Boomers may have tolerated occasional meetings and annual performance reviews with their bosses, but Millennials are actually craving and demanding frequent contact with their boss.

Millennials want to be the best, and they don't want to waste time waiting months on end to find out how they're performing against expectations. If they don't get the feedback and updates on how they

are doing, they can quickly decide this company was a bad choice and immediately begin the search for a new home.

Losing an employee for lack of generationally appropriate feedback is an example of a costly generational mistake, as the price of one turnover can range from 50 to 150 percent of an employee's salary.

Buddies Make the World Better

To address these challenges high performance organizations also often assign a "buddy"-- an internal coach or mentor—who is not directly in the new employee's reporting line. Buddies discuss the new team members' individual goals and direct them to the right resources. The power of these relationships lie in the fact that the buddy is not a person of authority, but a person of trust who says, "We're in this together."

Check in Chats and Career Pathing - Where Can I Go From Here?

After spending valuable resources to hire the best and the brightest, savvy leaders recognize the onboarding process is not limited to formal, structured presentations; peak performance companies committed to retaining talent also have "Check-In Chats" at 30-, 60- and 90-days. The "chats" give leaders an opportunity to explore the new team members' experiences and informally address any problems or questions that arise.

As the key team member progresses in their development, leaders open a Career Pathing dialogue about the individual's goals and dreams. On average, Gen Xers will have seven to ten different jobs in their career and Millennial will have 13 to 26 different careers. Smart managers are proactively working to create the freedom and flexibility in their career path that will keep these talented individuals with their organization as long as possible. Establishing open lines of communication from Day One and throughout their tenure is a manager's top priority.

Simple steps can help management ease the stress and bridge generational communications differences:

- Educate the team. Awareness can go a long way to create greater sensitivity and harmony. Take time to train leaders in the workplace about the differing generational perspectives and needs around feedback, and consider consulting an expert on the topic.
- Plan for it. Whether launching a new project, orienting a new member to the team or reviewing a presentation, create opportunities to deliver both informal and formal dialogue and feedback.
- Leverage the differences. Hold a session with your team members to gain their input on feedback style and frequency. Create an option for a self-career-planning format that team members can proactively fill out and review with their managers.
- Engagement from Day One. Evaluate how you engage the hearts minds and dreams of your team members: Day One Welcome, Immersion Onboarding, Check-In Chats, Buddies, Career Pathing.

Leaders of healthy companies realize that when they proactively address the needs of their top talent their profitability and growth flourish. The benefit of taking these steps will pay dividends in the long run. And, while they might seem cumbersome when revenue conversations are taking priority, following these steps will prevent costly turnover.

Anna Liotta, author of *Unlocking Generational CODES*, award-winning speaker and expert on communication, leadership, and generational issues in the workplace, is the CEO of Resultance, Inc., a consulting and training firm. She can be reached at anna@resultance.com or (206) 283-2905 or visit her website at www.resultance.com

This is Not Your Parent's Aging Experience:

How Geriatric Care Managers Can Leverage Their Knowledge and Know-How and Network to Respond to Baby Boomer Trends

By Claudia Cook, AM

Considering the paradigm-busting history of the Boomer generation, why would anyone apply yesterday's thinking about aging and retirement to tomorrow's possibilities? —Ken Dychtwald, PhD, CEO of Age Wave

The 77 million aging Baby Boomer population opens great opportunities for the Geriatric Care Management (GCM) field. Since many Boomers enter their retirement years with the heavy burden of caring for aging parents, GCMs need to look at new opportunities and create new methods for helping. There are existing and emerging programs and technologies to leverage, new partnerships to develop, and new forms of education and marketing to change what it means to age and to obtain services in America.

The Age Wave has reached our shores! For the next 17 years, 8,000 Baby Boomers will turn 65 every day (www.AARP.org). By 2030, there will be double the amount of Americans over the age of 65. Society's view of "old" is forever changed. The period of "old age" will be longer and much different from what we know today. According to a MetLife study (2007), Baby Boomers consider "old" to begin at age 77 years and 10 months. They resist the idea that old age begins at age 50, when they are eligible for AARP membership or at age 66 when they could retire and begin collecting

Social Security benefits.

While many trends affect aging, this article addresses three key areas:

- 1) creating new services focused on the Boomers' increased responsibilities as caregivers;
- 2) integrating technology into care plans; and,
- 3) identifying and collaborating with untapped resources.

Each trend involves both challenges and opportunities for GCMs. Fortunately, many members of the National Association of Professional Geriatric Care Managers (NAPGCM) are already adapting to these trends.

Caregiving: It's Not Just About Mom Anymore

Baby Boomers are often characterized as self-absorbed and a "me" generation. While it may be unfair to generalize, there is truth in the fact that they want and expect services catered specifically to them. This is especially true as Boomers tackle the immense challenges of caregiving. The need for care of a spouse or parent often occurs suddenly, and few people are prepared or skilled to do it well. The caregiving role can affect the physical, emotional, and financial aspects of the caregivers' lives, and the toll it takes

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on individuals and families can be staggering.

In 2009 alone, more than 65 million individuals provided unpaid care for adults or children with a chronic illness, disability, or older family member or friend, spending an average of 20 hours per week (National Alliance for Caregiving, 2009). In 1990, there were about seven million caregivers in the U.S. By 2006, that number grew to an estimated 50 million people, a seven-fold increase over the 15-year time span. On average, Baby Boomers can expect to spend a year longer caring for an older relative (18.5 years) than they did caring for their children (17.5 years) (Moschis, 2007). Forty to seventy percent of family caregivers have clinically significant symptoms of depression; approximately one-quarter to one-half meet the diagnostic criteria for major depression (Zarit, 2006). Furthermore, family caregivers experiencing extreme stress may actually age prematurely, taking as much as ten years off their lives (Epel, 2004).

Most GCMs have focused their practices on helping the parents of Baby Boomers. Since family members are often part of the solution or the problem, there is an opportunity for GCMs to focus more directly on these caregivers. With existing clients, GCMs can focus on current methods of caring, but what happens when the client dies? How involved do GCMs remain through the many emerging tasks and responsibilities when a loved one dies? Are GCMs playing a key role during this phase? While the Boomer is grieving, the GCM can provide continuity and a trusted relationship. Once this process has settled, GCMs can help the Boomers

focus on themselves and create a plan that incorporates the lessons learned from their caregiving experience. With their wide professional network of attorneys, financial planners, insurance agents, and others who are ready and willing to help, GCMs can coach Boomers toward one of the key steps to successful aging: planning for their own future. It is also a good opportunity for GCMs to reciprocate by referring Boomers to their professional networks for services.

Training

There will simply not be enough GCMs, geriatricians, paid caregivers, and other professionals to meet the overwhelming needs of aging Baby Boomers. According to an NASW Center for Workforce Studies survey of licensed social workers, only 9%

When physicians, nurses, allied health care, and other professionals take an active role in identifying and addressing the needs of caregivers, people may more readily acknowledge their role and welcome assistance. With public awareness campaigns, this enormous population could gain the power to change government policies and corporations will be eager to tap into its revenue generating potential.

Coaching

In Maddy Dychtwald's book, "Cycles: How We will Live, Work, and Buy" (Dychtwald, 2003), she describes a major shift in life patterns stating that life is no longer viewed as a linear path of "learn, work, rest, and die;" instead, life's path is cyclical and includes

reinvention and renewal. There is a \$2.4 billion industry of business and life coaching, with an annual growth rate of 18% (Henderson, 2011). While the work is neither well defined nor regulated yet, it shows promise in helping individuals through

difficult life transitions. GCMs have the skill set and experience to help the Boomers through these transitions with a life-coaching model. Coaching is something most GCMs already do as they empower, guide, teach, and support clients through many issues in order to obtain a better quality of life.

Another coaching opportunity exists with Boomers who are more likely to be divorced and unmarried than their parents are. These individuals are single and often do not have any adult children to advocate on their behalf. Hiring a coach can result in the peace of mind that a professional will advocate for getting individual wishes and desires respected and brought to reality if there is a crisis.

Most GCMs have focused their practices on helping the parents of Baby Boomers. Since family members are often part of the solution or the problem, there is an opportunity for GCMs to focus more directly on these caregivers. With existing clients, GCMs can focus on current methods of caring, but what happens when the client dies?

of social workers today specialize in aging care (NASW 2008). However, GCMs can leverage their knowledge and skills to train family caregivers in how to best prepare and provide care for their loved ones. Some Alzheimer's Associations use a very successful training model called, "Powerful Tools for Caregivers" (www.powerfultoolsforcaregivers.org). By training the family caregivers, GCMs can focus and prioritize attention on the more severe clients.

One basic problem is that caregivers often do not identify themselves as such, so do not ask for help. However, when they do see themselves as caregivers, they are more likely to reach out for assistance.

The trend for integrated services and collaborations among professionals is increasing. Baby Boomers have more varied lifestyles and needs than those of the generations before them. GCMs need to continue with their holistic approaches for addressing the evolving, more complex client needs. Trends show that Boomers have a high interest in health and fitness, have more complicated relationships with families due to divorce and remarriage, will continue to work after they retire, and will seek learning opportunities.

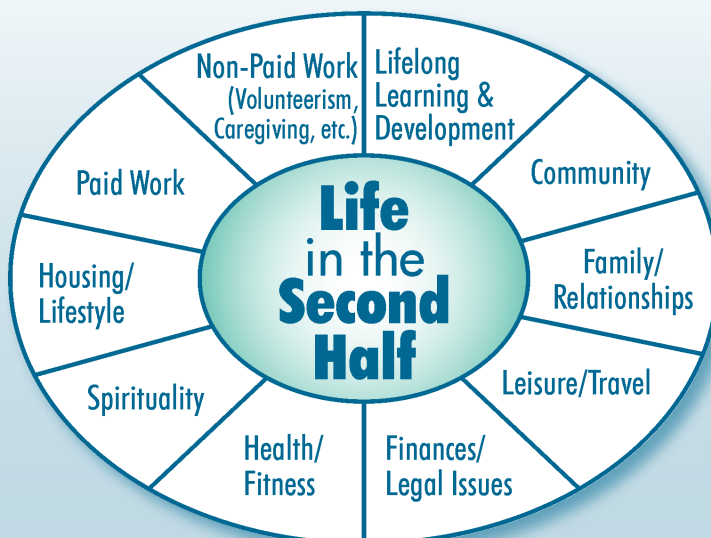
The Life Planning Network (www.lifeplanningnetwork.com), an association that provides training and resources for professionals working with older adults, created the diagram below. The components shown in the diagram suggest important areas of interest to clients that could benefit from care or coaching, utilizing the GCM's well-developed professional networks.

In most cases, GCMs are already specialists linking clients to a wide range of services and resources well beyond those they themselves provide. Based on the components shown below, a brief summary of the types of linkages GCMs can make follows:

Areas of Client Interests and Suggestions for GCMs

Paid Work	Connect with employment agencies; headhunters; provide online job listings; offer consultation and presentations in the workplace on caregiving, positive aging
Housing/Lifestyle	Educate about housing options including alternative communities; network with real estate agents; create a list of technologies and home modifications to make dwelling safer
Spirituality	Network with spiritual leaders; educate on caregiving and positive aging through faith-based organizations and groups
Health/Fitness	Identify "senior-friendly" spas, massage therapists, fitness clubs/trainers; nutritionists; wellness programs at health centers, senior organizations and local YMCA/YWCAs
Finances/ Legal Issues	Refer to estate planners; long-term care insurance agents; elderlaw attorneys; wealth managers; legacy planners
Leisure/Travel	Connect with travel agents; provide online list and web links of local activities; encourage respite care and use of paid caregivers; encourage hobbies
Family/ Relationships	Refer to family counselors and mediators; hold family meetings via Internet; encourage writing of life stories; identify dating websites; educate about sex with aging bodies and STD risks
Community	Connect to local Village Model programs; activity groups and advocacy groups; encourage volunteer activities
Lifelong Learning & Development	Connect to programs at local school districts, community colleges, emeritus college programs, universities, or online educational opportunities
Non-Paid Work (Volunteerism, Caregiving, etc.)	Provide online listing of volunteer opportunities and organizations; connect clients to a local Time Bank; list local or online caregiver support groups; develop and lead support groups

WHERE DOES YOUR PROFESSIONAL EXPERTISE / INTEREST LIE?



Leveraging and Integrating Technology

The LeadingAge Center for Aging Services Technologies (CAST) is heading the charge to expedite the development, evaluation, and adoption of emerging technologies that improve the aging experience. CAST is an international coalition of more than 400 technology companies, aging services organizations, research universities, and government representatives.

Exciting new technologies are coming in the next five to ten years that will potentially offer dramatic improvements in the quality of care provided. CAST's video, "Imagine - the Future of Aging" provides a glimpse through the eyes of one

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family of what the future of aging could look like with help from developing practical and affordable technologies. View the video at <http://www.leadingage.org/Imagine-the-Future-of-Aging.aspx>.

New user-friendly technology is coming out every day. Steve Barlam, past NAPGCM president and Chief Professional Officer at LivHOME, stresses the need for Care Managers to become early adopters and leverage technology to better enhance the quality of client and family lives. He uses the analogy of GCMs should be like personal fitness trainers when one learns new equipment. Based on the holistic and unique needs of clients, GCMs should know which technology would be best for them and provide ongoing training and support so the users integrate it into their daily lives.

LivHOME, Inc. has recently launched a new computer-based system for seniors. LivHOME Technology+ integrates care management and technology to offer a breakthrough solution that addresses the needs of seniors—many of them previously left on their own (increased risk) or forced prematurely into a care setting. This technology incorporates three main areas that Boomers and seniors value. For safety issues, there is a personal emergency response system (PERS). For social engagement, Internet, email, music channels, games, cognitive stimulation, photos, and ability to video conference. For control, it provides medication, appointment, and social reminders.

When a client signs up for the LivHOME Technology+ service, a LivHOME Care Manager works with everyone involved to customize the system specifically suited to the individual client's needs. LivHOME Care Managers then provide ongoing support, both in the home and remotely through a web application. For example, if the senior misses an appointment or a scheduled medication, a Care Manager will follow up. For a low monthly fee,

LivHOME monitors the system 24-hours a day, 7-days a week.

In addition to devices, Boomers have embraced the Internet for information, shopping, emails, dating, among other uses. According to www.SeniorNet.org, 42% of Americans age 50-64 use the Internet; 47% of them and 26% of those 65 and older use social media. With useful websites like www.WebMD.com and www.BenefitsCheckUP.org, Boomers are increasingly heading to the Internet for information. Studies show that Boomers place nearly as much value on the information they obtain online as they do their own doctors (Moschis, p. 170).

Another exciting area where technology enables new experiences for seniors is entertainment and fitness. While many seniors still play Bingo, a growing number are playing Wii games. For instance, Sunrise Assisted Living has held Wii tournaments inside and between their various facilities. In another example, a group of older nuns were learning how to Wii Bowl. One of the nuns was especially excited about it because she loved bowling but had not been able to for 25 years due to physical ailments.

It will be crucial for GCMs to identify and integrate technologies into the care they provide, as well as assist clients to take advantage of the many opportunities available to them. Technology has the capability to make caregiving more effective and efficient while enhancing the quality of life for clients.

Leveraging Collaborations

As noted by Robert O'Toole, one of the founders of NAPGCM and owner of Informed Eldercare Decisions, LLC. in Dedham, MA, "If potential and existing elder services providers look at the size of the population who 'need' our services and assume a rosy future of unlimited growth for their eldercare enterprise, they will encounter a crowded market of vendors all scrambling to attract the ten percent who can afford their products and services." Therefore, it will be important for GCMs and

other thought leaders to look outside the box and create win-win solutions to pay for care. Providers will need to develop cost-effective caregiver support services and develop pricing models that are more realistic and flexible than the "billable hour."

In response to this trend, O'Toole's company has developed a program called Elder Life Planning for Organizations (ELPO). "By 2005," O'Toole said, "we realized that GCMs and other elder service providers who were seeking to expand their services to the corporate sector kept running into a wall, because they could only offer services in a limited geographic area and not respond well to the needs of employees who were 'long-distance caregivers.' Building the infrastructure to make them competitive with EAPs is very expensive and out of the reach of most providers." Since then, Informed Eldercare Decisions has identified several special interest groups that have a stake in helping their members with the complex and often-stressful challenges of caregiving.

Over the past several years, O'Toole's company has redesigned ELPO to make it possible for local elder services providers with limited budgets to generate new revenues from businesses and organizations. The company's clients include community banks, credit unions, health care systems, churches and faith based organizations, labor unions, and other membership associations, to offer low-cost caregiver support to their members, patients, and depositors. They also customize the program with a provider's own "brand," manage all of the functions such as toll-free live care manager support, continuous updates of the data base management, on-site educational programs, and electronic and print newsletters. For more information about these programs, see http://elderlifeplanning.com/how_eldercare_professionals_can_generate_new_revenue.

Why would businesses be interested? According to a MetLife Caregiving Cost Study, the cost of lost productivity of working caregivers is

more than \$33 billion per year and the average cost per employee for all full-time, employed caregivers is \$2,110 (MetLife, 2012). Companies that implement and strengthen policies and practices to improve both the bottom line and the lives of employed caregivers will thrive. AARP reports that companies reap a \$3-\$14 return on every \$1 they spend on eldercare benefits. As of 2007, 33% of large companies offer basic eldercare benefits, as do 25% of all businesses (AARP, 2007). Popular benefits include resource materials and referral services, unpaid leaves of absence, dependent care flexible-spending accounts, counseling, or back-up elder care.

O'Toole's program is an excellent example of leveraging the needs of non-traditional payor sources in the field to help their bottom line. GCMs need to continue to educate these types of organizations to help them realize the benefits to the business and employees. Many organizations do not have the skills nor the knowledge or resources to set up a program like the ELPO. With the looming demand for services, it will be important for GCMs to form collaborations with businesses, organizations, and groups with access and incentives to help the Baby Boomers. While some may argue that they have enough trouble just taking care of their primary clients much less find money to develop programs for their clients' caregivers, GCMs know that if you take good care of the caregiver, the client does much better.

Conclusion

This is an exciting time to be in the field of aging. GCMs are in a position not only to improve the lives of many seniors and families but also to be a part of changing what it means to be old in America. Baby Boomer trends present opportunities for GCMs to generate new revenue streams by focusing on the needs of caregivers, by integrating technology into care plans, and by identifying and collaborating with non-traditional funding sources. GCMs have the skills and knowledge to

empower and train families to more effectively care for their loved ones. GCMs must become comfortable with enabling technologies, as well as marketing themselves on the Internet. GCMs should continue to position themselves as experts in aging with their holistic and clinical approach to care and their ability to coordinate a complex system of services.

On a final note, since Baby Boomers do not consider themselves "old" or "geriatric," it might be time for the National Association of Professional Geriatric Care Managers to give some thought to its name.

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An Overview of Trends in Baby Boomer Finances, Employment, and Retirement: Facts and Challenges

By *Monika White, PhD, MSW*

Introduction

Most of us in the field have heard Bill Geist's often-quoted statistic from his 1997 book, *The Big 5-Oh*, that every seven seconds someone turns 50. The 50-year olds he referred to were the early Baby Boomers. By 2006, they turned 60 and, on January 1, 2011, they began to turn 65. At the rate of about 10,000 a day, it will be another 18 years before the last of the boomers turn 65 and a lot will happen with the older Boomers by then.

Chart 1, below, shows the number of births between 1940 and 1994; the Baby Boomer years definitely stand out. There has been talk for many years about the aging of this enormous population and its effect on everyone and everything and now, it is here. The Boomer generation has been the subject of many studies, plenty of excitement, lots of concern, and much speculation about how they—and the

rest of us—will fare over the next few decades.

Baby Boomer trends cover a broad range of issues and there is much evidence what they are: retirement, finances, long-term care, healthcare, housing, aging in place, and health promotion to name a few. Addressed elsewhere in this issue of the GCM Journal, are trends in technology, caregiving, new partnerships, healthcare policy, and generationally appropriate communication techniques. While any number of issues fit the purposes of this article, the focus is on finances, employment, and retirement, topics closely related and very significant to Boomers and their families. Included are some facts that add complexity to Boomer lifestyles and present challenges to GCMs.

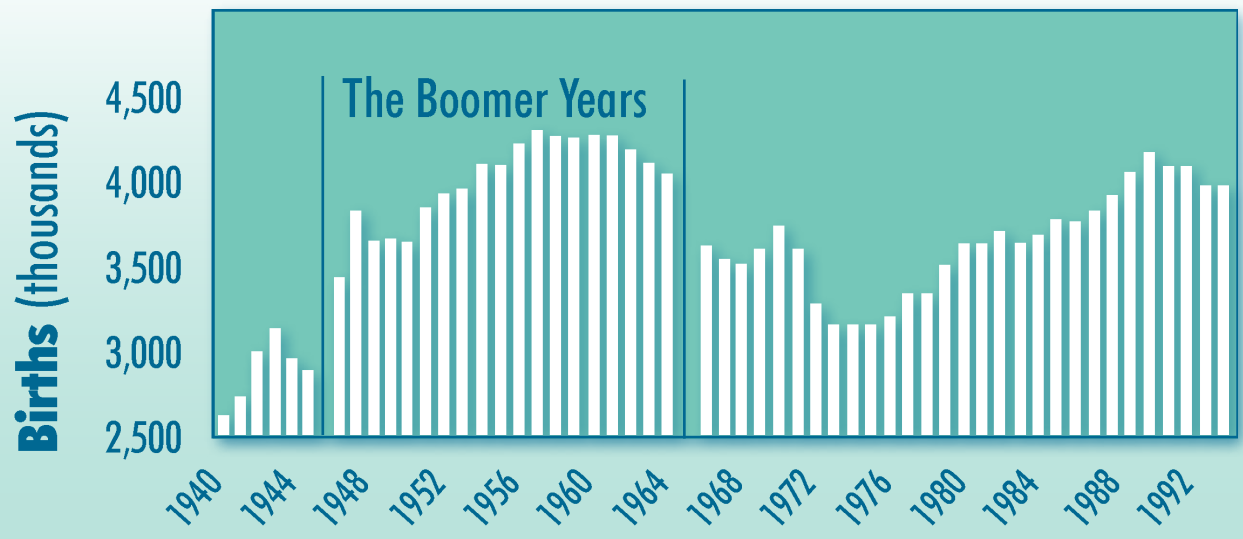
Finances

Finances are very much in the forefront for this age group but there

are conflicting views about Boomers and money. For example, a Society of Actuaries study shows that one-third of those now working think they will never be able to retire for financial reasons. A Pew Center survey reports that six out of ten Boomers age 50 through 61 say they will work beyond their retirement age because they need the money. In fact, the number of older employees in the workforce is growing faster than the number of younger ones (Cohn and Taylor). On the other hand, MetLife Mature Market Institute finds that "half of all Boomers feel confident that they are on track or have already hit their retirement goals (LaPonsie, 2012)."

The current U.S. Trust survey of wealthy and very wealthy Americans focused on how they are preparing to, "...meet a host of financial challenges in response to new economic realities, uncertain financial security, a looming elder care crisis and dual financial

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responsibilities for both children and parents (2012).” Conducted with individuals age 18 through 67 and older, 56% of the respondents were Baby Boomers age 47 through 66. A key finding was that the younger generation has more in common with the older generation than with the Boomers regarding such matters as the transfer of wealth. 76% of the younger generation and 73% of the older generation said that leaving an inheritance to their children was important, while only 55% of Boomers shared that view. Instead, about one-third of those Boomers said they would prefer to give their money to a charity.

About \$27 trillion will transfer to Boomers and their children over the next 40 years but, due to a number of factors, this amount may not materialize. Economic, housing declines, and costs associated with living longer are decreasing the amounts of inheritances. In addition, some Boomers are using their own money to help their parents with medical and other bills. One estate planner predicts that those counting on their parents’ money for their own retirement may find that it went to pay for their parents’ care (Tergesen, 2012).

Yet, in a special feature on their website, the Baby Boomer Headquarters emphatically points to the influence Boomers have on the economy, stating that, “... the economy IS the boomers [who] represent the vast majority of the work force,” and spend money on anything being sold (2011). Packaged Facts (2011) predicts that Boomers will work longer and, therefore, will continue to spend longer as they age.

An important financial risk for Boomers is the growing number of them that are caregivers for their parents. According to a 2011 MetLife study on the costs of caregiving, most of the ten million adult children 50 or older are Boomers. At a time when they should be planning for their own

future, many leave their jobs or reduce their hours to provide needed care. Combined with the 2008 data from the National Health and Retirement Study, the MetLife Study found that, “the total estimated aggregate lost wages, pension, and Social Security benefits of these caregivers of parents is nearly \$3 trillion.”

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Employment and Retirement

Currently 66 and at their official retirement age, Boomers are overwhelming Social Security Offices with requests for their benefits. The Federal Office of Personnel Management reports 104,810 applications from federal employees for retirement in 2011, a 24% increase over 2010 (O’Connell, April 2012). However, that does not mean they are actually retiring as we typically think of it. Many cut back to part-time hours, and, increasingly, employers encourage this as a way of keeping experienced workers in their companies or organizations. In fact, Boomers are very concerned about retirement because of finances and often say they will never be able to retire. In the Insured Retirement Institute’s (IRI) 2011 study of “Boomer Expectations for Retirement,” over 38% of respondents who were not sure when they would retire stated they plan to continue working at least part time or had no plans to stop working because they never expected to stop working; others will continue working because they enjoy it.

In another study of when pre-retirees age 65 expected to retire, one-third said that they could not afford it because they have to continue

earning an income to keep or increase their assets (Fox Business, 2012). The IRI study also found that only one-third of the subjects indicated they had enough personal resources to pay for most of their needs in retirement. Interestingly, the same study found that two-thirds of the respondents thought they would retire at age 65, a year

before any Boomer is eligible to collect Social Security. This indicates a lack of knowledge about their eligibility or they simply hold to the traditional view that people typically retire at 65.

It is early in Boomer years

so there is still time to learn more about the impact of the group’s size, personality, lifestyle, and expectations and to make changes to enable Boomers to experience what Mary Lou Parks has titled the, “E Ticket ride through the golden years (2009).” The “E Ticket” refers to the best rides at Disneyland, which used to issue booklets containing A-E tickets and the golden years represent retirement. She notes that there has been a major change in attitudes from an expectation for a positive retirement to a question of whether retirement is even a possibility.

Not everyone is pessimistic about the future. A recent USA Today article on America’s next decade quotes George Friedman, founder of a private intelligence service who said, “There’s this persistent conviction that our best days are behind us. We always think that the U.S. is finished.” He goes on to say that, the reason Americans are successful is that they overreact when they think they are on the verge of falling off a cliff; they meet the challenges and save themselves.

The Future

Most often referred to as the biggest generation of all times, Boomers may not own that place in history much longer. According to Christina Schultz, Chair of Social Science Department at

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Santa Monica College, the “Millennials,” born between 1981 and 2004, are edging out the Boomers (p.9). Note the rise in births starting in 1980 in Chart 1. Schultz based her remarks on a 2011 Pew Center study, which found that Millennials were 24.9% cent of the total population while the Boomers were 24.7%. That means by 2041, the first Millennials will turn 60 and the rate of individuals growing “old” will most certainly match that of the Boomers.

Early studies show that the Millennials have their own characteristics, will set their own trends, and leave their own mark on the political, economic, and healthcare systems of the country. How much will they learn about aging from the Boomers and where does the GCM fit in? How much will the GCM of today contribute to future models of care? Will GCMs meet the many challenges facing them between now and then? The following questions are posed for the reader’s consideration:

- Will GCMs implement new services to meet the expectations of Boomer clients?
- Will GCMs incorporate technologies that can enhance their practices?
- Will GCMs develop the collaborative relationships that could take them to new avenues of business?
- Will GCMs take an interest in relevant research and evidence-based programs to inform their practices?
- Will GCMs find their place in the promise of new healthcare policies?
- Will GCMs be flexible enough to transform with population, political, and economic changes?

Given the expertise and experience of today’s professional

geriatric care managers combined with their standards, ethics, and commitment to quality services, the future looks brighter because of their involvement.

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Using a “Person-Centered” Approach to Improve Care Coordination: Opportunities Emerging from the Affordable Care Act

By Kathryn G. Kietzman, PhD, MSW

Summary: A number of provisions within the Affordable Care Act encourage the use of a “person-centered” approach and enhanced care coordination in the delivery of health care, long-term services, and supports to older adults and persons with disabilities. This article examines the origins and meaning of “person-centered” care, provides a brief review of emerging innovations in care coordination, and discusses the practical implications for Baby Boomers and opportunities for professional geriatric care managers.

Introduction

The passage of the Affordable Care Act of 2010 (ACA) marked the beginning of significant changes to the provision of health care in the United States. This historic legislation aims to increase access to health care, reduce costs, and improve health care quality and outcomes. Those with a vested interest in the health and well-being of older adults will find a number of provisions within the ACA that have great potential to reshape the delivery of both medical care and long-term services and supports. These are exciting times as we move the conceptualization of health care beyond acute and institutional care settings and begin to recognize that health has social and environmental components that occur at home and in the community.

The ACA includes incentives for states to increase access to care and improve the performance of their health care and long-term services and supports (LTSS) systems. Some incentives encourage health care

The changes advanced by the ACA have tremendous implications for older adult consumers of care, their family members and caregivers, and the professional geriatric care managers who help them navigate, arrange, and coordinate their care options.

provider systems and professionals to work together across the traditional delivery silos and better coordinate for the whole needs of individuals with chronic care needs or functional limitations. Some ACA provisions are experimental and time limited, representing incremental changes that, with evidence of effectiveness, can be scaled up and widely adopted. Other provisions will be competitively awarded or are optional provisions that states can elect to adopt. The details and timelines for implementation are complex. Together, however, these provisions expand the parameters of health care delivery—where it happens and who provides it and how it is delivered—and represent a major paradigm shift from the ways in which health care has been administered in the United States.

The changes advanced by the ACA have tremendous implications for older adult consumers of care, their family members and caregivers, and the professional geriatric care managers who help them navigate, arrange, and coordinate their care

options. This article reviews some of the major changes that will affect the delivery of health care and LTSS to older adults, particularly those focused on improved care coordination, implementing a *person-centered* approach, and recognizing the role of the family caregiver in care planning and decision-making.

Person-Centered Care

The ACA includes language that places the consumer at the center of health care delivery and aims to organize and provide services based on their individual needs and preferences. These provisions specify the delivery of *person-* or *patient-centered* care.

Philosophical and Historical Underpinnings

The philosophy undergirding the notion of *person-centered* care stems mainly from the independent living movement that took root in the early 1970s as a younger, disabled adult population expressed

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the desire to exercise control over their environment. These advocates emphasized the critical importance of actively directing their own care, in their own homes and communities.

These principles of self-directed care resonated with older adult consumers of care, their providers and advocates, as they shared many of the same concerns. Consumer choice and control over personal care services became an increasingly visible movement in the 1980s, and consumer-directed care emerged as a popular and largely social model of care that provided a stark contrast to the traditional medical model of care with its focus on physical deficits rather than personal and individual strengths.

Efforts to shift the balance of care from institutions to the home and community intensified with the passage of the Americans with Disabilities Act (ADA) in 1990. The Olmstead Decision of 1999 further advanced these efforts by upholding the rights of individuals to receive care in the least restrictive environment. States were required to ensure that home and community-based alternatives, when feasible, became available to individuals with functional impairments and chronic care needs.

More than a decade later, the ACA advances the intent of the ADA and the Olmstead Decision in additional ways. Most significantly, a number of ACA provisions explicitly recognize the central role of the consumer as an active participant and decision-maker in the delivery of health care. In particular, it includes requirements for *person-centered* planning and the provision of long-term services and supports that encourage consumer choice, independence, and service

integration in home and community-based settings.

Professional and disciplinary differences are likely to affect how practitioners and administrators approach the implementation of *person-centered* care even though they may share its principles across delivery sectors. Because each profession has its own culture and views practice through a different lens, the location of care, and the organization and management of that care, will influence the realization of *person-centered* care.

Professional and disciplinary differences are likely to affect how practitioners and administrators approach the implementation of person-centered care even though they may share its principles across delivery sectors.

Patient-Centered Care in Institutional Settings

An important part of the culture change movement in nursing homes was the principles of *patient-centered* care, which also supported the development of medical homes in primary care settings. These movements have required the transformation of institutional practices that are acute and reactive and typically place health care professionals at the lead of care planning and implementation. Calling upon these providers to recognize consumer strengths and implement *patient-centered* planning to achieve better health outcomes is, for some, nothing short of a radical notion.

Donald Berwick, MD, invites such a radical change. As current president and CEO of the Institute for Healthcare Improvement (IHI) and former Administrator of the Centers

for Medicare and Medicaid Services (CMS) under President Obama, he advocates *patient-centered* care as an essential dimension of health care quality (Berwick, 2009). He further proposes a pathway to true *patient-centered* care, one that encourages:

- Giving control over decisions about care, in all aspects, to patients and their families.
- Transparency in all aspects of care, including science, costs, outcomes, processes, and errors.
- Individualization and customization of care— through flexible systems that can adapt, in real time, to the needs and circumstances of individual patients.
- Training all young professionals in these norms of professionalism.

Berwick also notes that the active participation of patients and families in the delivery of health care has been associated with positive health outcomes and brings useful knowledge to providers. He proposes a new definition of *patient-centered* care: “*the experience (to the extent that the informed patient desires it) of transparency, individualization, recognition, respect, dignity and choice in all matters, without exception, related to one’s person, circumstances, and relationships in health care*” (Berwick, 2009).

Person-Centered Care at Home and in the Community

For community-dwelling older adults with chronic care needs and functional limitations, the bulk of health and supportive care occurs in the home. It is in this context— where the locus of control naturally shifts toward the consumer—that the concept of *patient-centered* care becomes more appropriately translated to *person-centered* care.

Lynn Feinberg, MSW, Senior Strategic Policy Advisor of the AARP Public Policy Institute and former Deputy Director of the National

Center on Caregiving, elucidates an approach to *person- and family-centered care* (PFCC) that embraces the “whole person” (Feinberg, 2012). She describes PFCC as an orientation to care that considers the older adult’s needs, goals, preferences and cultural traditions, and, as appropriate, includes the consumer’s family at the center of the care team.

Person- and family-centered care advances the following ideas and actions into practice:

- Respect and dignity for the older person and family
- Recognition of the whole person
- Assessing and addressing the individual’s and the family caregivers’ information, care and support needs, and their experience of care
- Promotion of communication, shared decision-making, and empowerment
- Emphasis on coordination and collaboration across care settings

PFCC emphasizes a more holistic approach that values the individual’s stated preferences about what is meaningful in the provision of care and pointedly identifies the family as a potential next in line for decision-making. This is especially important for older adult consumers with cognitive impairment who may not be able to express their wishes or advocate for themselves. A family member may be the next best person to ensure acknowledgement of the consumer preferences in the planning and execution of care.

ACA provisions support the extension of a *person-centered* approach to family members by explicitly recognizing family caregivers as partners in the caregiving process and decision makers about care options. They also better support and prepare family caregivers to effectively assume the caregiver role whether the consumer is at home or in institutional care (Reinhard, Kassner, and Houser, 2011).

Realizing the Potential for Person-Centered Care

Implementing *person-centered* care is more challenging than simply making changes to procedures or activities; it requires a new approach to care and a paradigm shift that will take time. Translating the intent of the ACA into practice will entail making the meaning of *person-centered* care explicit and finding practical ways to encourage, implement, and maintain it as a standard of practice. To develop

the necessary knowledge and skills among administrators, direct care providers and supervisors will require training. The experience of consumer-directed home care (Benjamin, 2001) through Older Americans Act (OAA) and Medicaid funded LTSS are useful models for advancing *person-centered* care. They have increasingly promoted consumer choice and control through programs that deliver personal care, respite care, and family caregiver support (Kunkel & Lackmeyer, 2010).

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TABLE 1.

Medicaid provisions in the Affordable Care Act that support Person-Centered Care*

Community First Choice Option (Sec. 2401)

A new State plan option in Medicaid to provide person-centered community-based attendant supports and services to individuals with disabilities. States may also provide limited services to transition an eligible individual into the community, such as utility deposits and basic supplies. States that choose to use the Community First Choice option will receive a 6-percent increase in the Federal Medicaid match rate.

Health Homes (Sec. 2703)

A State option in Medicaid for beneficiaries at risk or with multiple chronic conditions that designates a qualified provider or team as their health home, and provides comprehensive, coordinated, person-centered health care. Participants can select as their medical home: 1) a designated provider; or 2) a team of healthcare professionals; or 3) a community health team that contracts with primary care providers to deliver support services such as care coordination, chronic disease management, care planning and similar functions. States electing the option get a temporary increase to Federal matching for relevant services.

State Balancing Incentives Payment Program (Sec. 10202)

A temporary program provides qualifying states (i.e., those with less than 50 percent or 25 percent of Medicaid LTSS expenditures allocated to non-institutional services and supports) with an increase in their federal match for state expenditures on Medicaid 1915 (c) Home and Community Based Services (HCBS) waivers, PACE programs, and home health and personal assistance under the Medicaid state plan HCBS costs.

Money Follows the Person (Sec 2403)

Extension of demonstration project (until 2019) that helps Medicaid eligible individual’s transition from institutions to community based care. Enhanced Federal match for community services for first year following transition.

***Note:** these are selected provisions, not an exhaustive list

Using a “Person-Centered” Approach to Improve Care Coordination

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How the Affordable Care Act Advances Person-Centered and Coordinated Care

Supporting Participant Direction and Increasing Options for Care

As noted previously, the ACA advances *patient-centered* or *person-centered* care in a number of ways. One overarching provision directs the Secretary of Health and Human Services (HHS) to develop a common framework that establishes the principles and process elements supporting participant direction across the department and all its programs (Section 2402(a)). Other specific Medicaid provisions require a *person-centered* or participant directed approach to service delivery. These provisions strengthen and increase access to home and community-based services while also giving consumers more of a say about their care. Table 1 (on page 15) provides a few examples.

Improving Coordination and Quality of Care across Settings

Care coordination is the bedrock of geriatric care management and defines what most professional Geriatric Care Managers (GCMs) do on a daily basis. GCMs assist consumers as they navigate the complex and fragmented landscape of medical and social services. Their most effective efforts to coordinate care consider all facets of the consumer experience and circumstances, and account for the complex web of medical, social, financial, and environmental needs.

The ACA invites health care professionals and provider systems to test new models of delivery to improve care coordination. Incentives offered are shared savings through provisions that reward positive health outcomes that also reduce costs to Medicare and Medicaid. Table 2 (at right) highlights a number of ACA provisions that encourage efforts to coordinate care.

TABLE 2.

Emerging Models of Coordinated Care*

Community-based Care Transitions Program (Section 3026)

A demonstration that tests models for improving care transitions from hospitals to other settings. Community-based organizations (CBOs) must work with hospitals to target beneficiaries at high risk for re-hospitalization or for substandard transitions and improve the quality of their transitions to post-acute care. Required program components include patient-centered self-management support and information specific to the beneficiary’s condition. To date, 30 CBOs across the country have already partnered with local hospital systems to achieve the goals of this program.

Accountable Care Organizations (Section 3022)

Groups of doctors, hospitals and other health care providers are offered incentives to work together to improve beneficiary health outcomes and reduce the growth of Medicare expenditures. They must design processes that promote evidence-based medicine, patient engagement, and care coordination. Successful ACOs will share in savings achieved for the Medicare program. As of July 1, 2012, 88 new ACOs began serving 1.2 million people with Medicare in 40 States and Washington, D.C.

Independence at Home (Section 3024)

A demonstration program to test the effectiveness of delivering comprehensive primary care services at home for Medicare beneficiaries with multiple chronic conditions. The program rewards health care providers that provide high quality care while reducing costs. Independence at Home is currently being tested in 16 practices across the country.

State Demonstrations to Integrate Care for Dual Eligible Individuals (Section 3021)

The Centers for Medicare and Medicaid Services (CMS) Innovation Center has awarded planning grants to 15 states for integrating care for Medicaid/Medicare dual eligible individuals. There are about 9 million “dual eligibles” in the United States; they are among the most vulnerable of older adults and most likely to benefit from enhanced care coordination. The grants support states to develop approaches to achieve better coordination of care and better health outcomes that account for the whole person.

Aging and Disability Resource Centers (ADRCs)

A major funding increase for the ADRCs which provide a visible place for individuals to get information on long-term care options. A collaboration of CMS and the Administration on Aging (AoA)/Administration on Community Living (ACL), the ADRCs provide a model for streamlining access to care and increasing the person-centered aspect of LTSS through coordinated information, options counseling, eligibility determination and case management systems.

*Note: these are selected provisions, not an exhaustive list

Health and Care Coordination Needs of Baby Boomers

A picture of the current and future health needs of Baby Boomers (the large post-World War II cohort born between 1946 and 1964) is mixed. One study found that the mortality rate of 59 year olds in 2005 was 31% lower than that of 59 year olds in 1982. However, over the same period, four health conditions— cardiovascular disease, obesity, diabetes, and lung disease — increased significantly, a trend difficult to interpret because it may partially reflect improved diagnosis and treatment (Martin, Freedman, Schoeni, & Andreski, 2009).

The generally rosy picture of healthy, educated, and wealthy Baby Boomers does not match the characteristics of many members of this cohort. Baby Boomers represent the largest and most racially and ethnically diverse older adult population in U.S. history. Their levels of income, education, and disability also reflect their diversity as do the many who have experienced inequities earlier in life that are likely to persist into old age (Villa, Wallace, Bagdasaryan, & Aranda, 2012).

The health and care coordination needs of Boomers range across a wide spectrum— from those with minimal chronic care needs, to those with multiple and complex chronic conditions and functional limitations. For those who are generally healthy, care activities will encourage healthy behaviors and coordinate preventive care that emphasizes better diet, regular exercise, preventive services, smoking cessation, and adherence to medical therapies if indicated. Those with complex chronic care needs will have more regular and active interaction with the health care system, and their services will more likely require coordination across home and community, and acute and institutional settings.

What do these ACA provisions mean for Baby Boomers?

The United States Supreme Court decision to uphold the ACA in its entirety signals numerous improvements in health care for all Americans. Among the older adult population, the leading edge of the Baby Boom generation (who started turning 65 in 2011) is now eligible for Medicare. This group will be among the first to benefit from ACA improvements to Medicare that include:

- Improved access to preventive medical services, through elimination of deductibles and co-pays, and elimination of cost sharing for screening services.
- Introduction of an annual wellness visit.
- Enhanced coverage of prescription drugs that will soon close the donut hole.
- Improved care coordination for those with both Medicare and Medicaid.
- Limited cost sharing for chemotherapy, dialysis, and other services in Medicare Advantage plans.

However, most Baby Boomers are not yet eligible for Medicare. Therefore, for some, the Medicaid expansion under the ACA will be especially important. Access to adequate and affordable insurance coverage is difficult for this group, due to their age and likelihood of health problems. In the wake of the “Great Recession,” many lost their jobs and/or their retirement benefits. The expansion of Medicaid eligibility to include those with incomes up to 133% of the federal poverty level provides an opportunity to reach those with limited financial resources and no source of health care insurance. However, the Supreme Court’s decision gives states the discretion to decide to expand Medicaid eligibility or not. General access to the healthcare safety net will increase for states that expand Medicaid. For those that opt out of Medicaid expansion,

some of the poorest individuals, including Baby Boomers between the ages 48 – 64, may be without access to affordable health insurance.

Baby Boomers and Person-Centered Care

In recent years, both the demand for, and availability of consumer-directed services has increased. The aging Baby Boomers can take partial credit for the growing popularity of *person-centered* and consumer-directed care. This group has become accustomed to having choices, is more likely to take an active role in health care decisions, and generally wants to have more of a say in planning, overseeing, and directing their own care.

An AARP survey found that 75% of adults 50 years of age and older would prefer to manage services themselves rather than receive care from agencies (Gibson, 2003). All states now have at least one program that gives individuals direct control over who helps them with their personal care needs, and 41 states have at least one program that allows consumers to decide how funds for personal care services are used (Mahoney, 2011).

Baby Boomers as Caregivers

As they age, Baby Boomers are increasingly likely to assume a caregiving role with their own parents or other aging family members. At the same time, family caregivers are at increased risk for poor physical and psychological health outcomes (Pinquart and Sorensen, 2003) and recent research indicates that Baby Boomer caregivers are more likely than non-caregivers to engage in a number of negative health behaviors, including smoking and regular soda and fast food consumption (Hoffman, Lee, and Mendez-Luck, 2012). These family caregivers of today may well become the health and long-term care consumers of tomorrow. Boomer caregivers are learning firsthand about the landscape of health and LTSS and can perhaps be encouraged to take

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Using a “Person-Centered” Approach to Improve Care Coordination

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steps to prepare for their own future long-term care needs.

Opportunities for Professional Geriatric Care Managers

The passage and implementation of the ACA heralds increased opportunities and support for GCMs, the most ideally positioned and trained to advance *person-centered* and coordinated care. There is no question about the role of GCMs in this new chapter in health care delivery—they already perform the very functions that the ACA provisions endorse: they *are* the care coordinators and communicators, the boundary spanners, the team players and advocates charged with addressing the health and long-term care needs of older adult consumers. GCMs therefore have an advantage that many other health professionals do not have: they already have the tools and the skills needed to advance *person-centered* and coordinated care. They are natural role models and leaders who can effectively bridge the silos between health care, social service, and informal (family) delivery systems to translate the intent of the ACA into practice.

With the implementation of the ACA provisions, there will be increased demand for the type of

work that GCMs perform. GCMs, as facilitators of *person-centered* care, can demonstrate practical ways to craft more tailored and individualized responses to consumer needs. Those who currently work independently may consider pairing up with community-based organizations or health care systems to directly provide care coordination or offer consultation services. Providers grappling with the demands of these new practices may not know who can assist them; GCMs may benefit from putting themselves forward as a valuable resource.

In the short run, navigating the new landscape of health care delivery may present a challenge; it will require new learning for providers, health care professionals, and consumers and their families. GCMs can act as intermediaries and knowledge brokers but will need to be vigilant, to stay abreast of provisions that are optional or time limited. For example, GCMs will need to follow state decisions about Medicaid expansion and track which organizations or providers are awarded pilot or demonstration grants. These decisions will affect the scope of resources available to consumers in different locations.

A major transformation in delivery of health care and long-term services and supports will not happen overnight. However, GCMs, already positioned to be active leaders in the realization of this paradigm shift, can seize this opportunity to advance their expertise, and the principles and norms of GCM practice that recognize the central role of the consumer in high quality health care delivery.

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Kathryn has conducted research and published on public policy and long-term care for more than 10 years. Prior to joining the UCLA Center for Health Policy Research, she was a legislative fellow in the office of United States Senator Debbie Stabenow and worked on a broad array of health care reform initiatives related to mental health, aging, chronic care coordination, prevention and wellness, as well as the integration of health care delivery systems.

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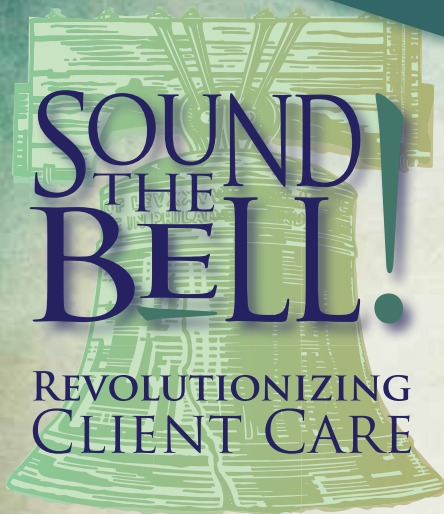
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