

ELDER CARE



Understanding the problem:

Kaiser Permanente's older members require special attention to help them stave off age-related disease, as well as to deal with emotional, psychological, and other physical issues that accompany aging so that they can remain healthy, happy, high-functioning, and active throughout their "golden years."

Kaiser Permanente currently cares for over 920,000 members who are aged 65 or older. As the "baby boom" generation ages, this number is expected to grow dramatically to more than 1 million within the next few years. In 2003, 43% of members 65 or older suffered more than one of the following conditions: diabetes, coronary artery disease, heart failure, or depression.

Defining a strategy:

Despite their shared designation as "elders," the health care needs and objectives of a robust, active 70-year-old are dramatically different from those of a frail 80-year-old who cannot drive and depends heavily on family caregivers. To meet these diverse needs, care management strategies for elder care are multifaceted and highly flexible.

KP CMI's population-based approach has focused primarily on those with the greatest care needs, emphasizing clinically-proven techniques for managing the most serious health challenges.

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Older adults also are likely to suffer singly or in combination from chronic pain, cancer, cardiovascular disease, depression, and dementia. KP CMI's integrative approach facilitates awareness of the successful practices developed in these areas, which can then be adopted or modified as needed for an elderly population.

Tools and ongoing projects

- Evidence-based Dementia Guidelines and the Dementia Care Program — outline the information needed for clinicians to make an early diagnosis of dementia. The guidelines and program also describe successful models of managing dementia over time. This program and approach have been hailed by the National Alzheimer's Association as a "model for the nation's health care system the 21st century."
- Palliative Care Source Book — describes models of care for those with advanced, life-limiting illnesses in different settings, including hospital, clinic, home, and skilled nursing facilities.
- Palliative Care Initiative — tests ways to improve communication with and care of patients with advanced illness in three multi-site randomized controlled trials across Kaiser Permanente.
- Pain and Symptom Management Pocket Card — provides clinicians with a reference regarding appropriate management of pain and non-pain symptoms in older adults.
- High-Risk Medication Reports and Focus Group — provide physicians and pharmacists with outcomes data, thought-leadership, and guidance regarding elderly members and high-risk medications.
- Elder Care Core Competencies Self-Assessment Tool — enables regions or medical centers to evaluate their strengths and opportunities for improvement in elder care.

- Integration into KP HealthConnect — will provide point-of-service decision-support around geriatric issues in KP's electronic medical record system and will promote optimal information transfer across care settings to improve continuity.

Kaiser Permanente Aging Network

KP CMI has also supported the development of the Kaiser Permanente Aging Network (KPAN), a "virtual network" of elder care and Medicare leaders and stakeholders throughout KP. The long-term vision of KPAN is to ensure that all of KP's older adult members receive consistent, high-quality, integrated, personalized care centered on their goals across the continuum. KPAN builds on the focus areas of the KP CMI Elder Care initiative, utilizes the experience and resources of the KP elder care community, and leverages its national position to create, implement, and evaluate effective and efficient health care strategies and programs. To do so, KPAN aims to:

- set the standard by defining core competencies for the care of older adults across settings
- empower local clinicians by supporting the use of evidence-based strategies, approaches, outcome measures, training, and tools
- justify the investment of elder care strategies in terms of business and clinical value
- inform research through the development of pilot programs, quality improvement initiatives, and formal research projects
- involve all players whose work directly and indirectly impacts care of our older adult members
- know our members so that their goals inform treatment and business decisions
- unify our voice by creating a community of stakeholders with common goals and vision

Tracking results:

1

The most vulnerable group of older adults are those aged 85 and above. In 2004, KP CMI identified 9% of our total elderly population as belonging to this group. And while only 7% of our total population aged 65 or older were diagnosed with dementia in 2003, the condition was most prevalent among those 85 or older (28%).

2

KP CMI is producing some of the best benchmarks available anywhere on skilled nursing facility (SNF) utilization. The rate of SNF discharges among members aged 65 or older was 28 per 1000 in 2003. Continuing to follow these numbers and analyze them will help us and our communities determine what the “right” level of SNF utilization really is.

3

Hospital discharge rates for 2003 ranged from about 180 to 360 discharges per 1,000 across all regions, including visits for precautionary observation as well as those for treatment of illness. Most of our 65+ members spent no time in the hospital in 2003, with 84.4% recording no hospital discharges during the year. Another 10.5% reported one hospital stay, 3% reported two hospital stays, and just 2.1% reported three or more hospital stays during the year.