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# Expanding Community Health Services to an Aging Population

Berkeley Roundtable | October 2016

In 2016, Capital Impact Partners launched a national conversation focusing on integrated care as the linchpin for providing high-quality, cost-efficient primary and long-term health care for a low-income, aging population.

**Following the first roundtable in February 2016,  
we convened an array of health care experts from across  
California in Berkeley to expand our understanding of  
how to serve an ever-growing aging population through  
Federally Qualified Health Centers.**

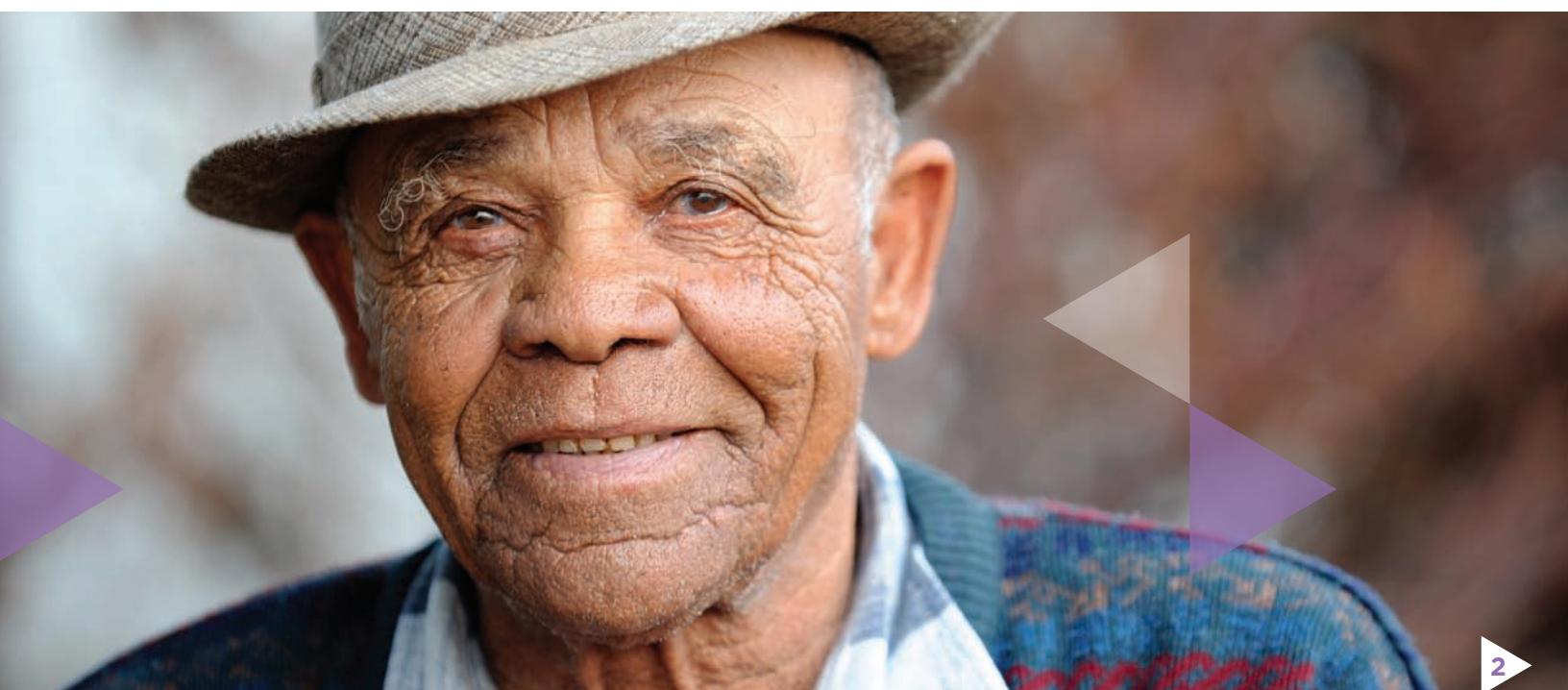
# Expanding Community Health Services to an Aging Population: Challenges and Opportunities

With the launch of the Affordable Care Act in 2015 and subsequent increase in dual-eligible patients, community-based aging and human services organizations began to re-evaluate their role as service providers to a low-income aging population. As a result of that reevaluation, these health and human service organizations have discovered that integrated care not only works but offers an array of incentives for physicians and other health care providers to scale and replicate this service model.

Changes in health care architecture, which include a transition from fee-for-service to fee-for-performance health care delivery, provided an opportunity for Federally Qualified Health Centers (FQHCs) to offer substantially more integrated care to a growing population of aging patients. By establishing partnerships with existing organizations that provide a continuum of medical, social, and economic services to dual-eligible members of the community, FQHCs can assume a significant role in treating the whole person—thereby reducing costs and improving efficacy of care.

**Capital Impact Partners see integrated care as the linchpin for providing high-quality, cost-efficient primary and long-term health care for an aging population. Thus, we are working to identify best practices for age-friendly, individualized care. We see several major keys for getting there:**

- ▶ Empowering health care providers and workers to make decisions that promote innovation in the long-term care industry in the interest of providing expanded, more efficient, and less fragmented care
- ▶ Providing expanded community-based care so older patients can age safely where they already live
- ▶ Offering equity of access to quality care through cross-sector partnerships with hospitals, social services organizations, and other community agencies that provide resources for older individuals in low-income communities that have typically been overlooked and left behind.



# Convening FQHC and Aging Leaders: The Berkeley Roundtable

As a mission-driven Community Development Financial Institution (CDFI), Capital Impact strives to create connections to amplify social impact across sectors that include investment in health care, housing, education, and nutrition. Developing new strategies and innovations for FQHCs to better serve and strengthen their commitment to our aging population is critical.

Capital Impact and partner organizations are working to establish an overall theory of change for making age-friendly, integrated health care possible, more accessible, and affordable. To that end, we sponsored a roundtable in February 2016, in partnership with Rush University Medical Center and Health & Medicine Policy Research Group, convening 35 FQHC representatives and policy experts in Chicago for a discussion on the challenges and opportunities of serving a low-income, aging population. Then in September 2016, in partnership with Age Strong and Morgan Stanley, we sponsored a second roundtable in Berkeley that included more than 20 participants from organizations working in aging and health services in California.

Participants in the Berkeley roundtable included representatives from Capital Impact as well as The SCAN Foundation, California Health Care Foundation, Meta Fund, National PACE Association, OLE Health, LifeLong Medical Care, On Lok Lifeways, Dignity Health at St. Mary's Medical Center, California HealthPlus Advocates, Senior Services Coalition of Alameda County, Public Health Foundation Enterprises, and NCCLF.

Gretchen Alkema, vice president of policy and communications at The SCAN Foundation delivered the roundtable's keynote address, emphasizing the idea of creating a health care environment with one central source or person whom a senior can approach for guidance and support rather than navigating a system of multiple care providers.

**Through guided discussion, roundtable participants identified key challenges to providing seniors the type of personalized and integrated care that changes at the policy level (namely the ACA) seek to provide:**

- ▶ Overhauling an overcomplicated reimbursement system through Medicare and Medi-Cal
- ▶ Changing the reimbursement model to adequately reflect value over services provided and allows providers to spend more time with elderly patients
- ▶ Identifying who will serve in the role of the patient's voice
- ▶ Establishing and navigating an individual's "totality of needs"
- ▶ Addressing personnel shortages in the aging space and in health care in general
- ▶ Bridging the lack of common data infrastructure across multiple networks of service providers

**However, with these challenges come opportunities as well, and roundtable participants discussed how FQHCs can transform and thrive under evolving health care laws and guidance:**

- ▶ Getting the chance to serve and retain patients after age 65
- ▶ Establishing FQHCs as major providers and players in the aging space, deepening their connection to communities and expanding their cultural competency to advance health equity
- ▶ Providing patients the peace of mind of integrated, personalized, and navigable health care

**In light of these challenges and opportunities, roundtable participants engaged in panel discussions and small work groups to brainstorm potential solutions for helping FQHCs adjust to, profit from, and expand services relative to new pay-for-performance models.**

# The Integrated System That Older Patients Need

## Starting Points for Change

Marty Lynch, CEO, Lifelong Medical Care; Jay Luxenberg, chief medical officer, On Lok Lifeways; and Jerry Coil, an independent strategic advisor/consultant guided a panel discussion focused on opportunities and barriers in key operating functions for FQHCs. The discussion addressed marketing, state policy, financing, workforce, partnerships, and technology. That panel then broke into small group discussions in which participants reflected upon concerns around four key issues:

- ▶ Providing one-on-one personalized care that allows elderly patients to continue living at home, to socialize, and to avoid experiencing the financial as well as potential psychological costs associated with nursing home care for as long as possible, if not indefinitely.
- ▶ Offering long-term care for as many people as possible and looking at a more efficient care model that may involve one point of contact supervising care for six to 10 people.
- ▶ Addressing the misalignment of funding and incentives with the concept of integrated care.
- ▶ Making FQHCs the node of an integrated network of health and wellness



## Four Essential Attributes of an Ideal Care Scenario

In her keynote speech to roundtable participants, SCAN Foundation's Gretchen Alkema advocated that the ideal care scenario for our aging population would contain the following four essential attributes:

- ① A central care provider, ideally a contact at the patient's local FQHC, would identify and evaluate each individual's range of needs and goals—medical and non-medical—and reassess on an ongoing basis.
- ② The provider would address each individual's needs in a person-focused way to provide integrated care that is "tailored, safe, and timely."
- ③ Each individual would benefit from a cohesive, navigable health care delivery system.
- ④ That delivery system would also receive its structure and direction from individuals and their families or caregivers in order to provide custom resources and services.



# FQHCs Serving An Aging Population: Case Studies

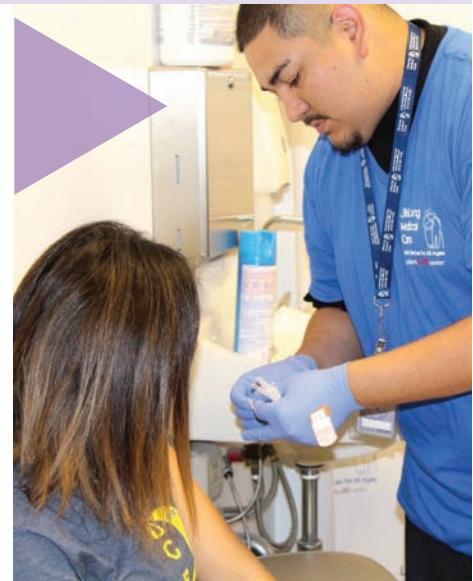
## LifeLong Medical Care

Established in Berkeley by the Gray Panthers in 1976, LifeLong Medical Care offered, at its founding, a revolutionary approach to health care for an aging population. They achieved this through creation of the Over 60 Health Center, which was designed to address the growing and unmet needs of seniors. Today the Over 60 Health Center, now LifeLong, has 14 locations serving more than 52,000 patients annually, with 30 percent of them older than 50.

LifeLong has made treating the “whole person” the core of its mission. And it does so by providing quality integrated services including primary care, chronic disease screening and

management, referrals to specialists, mental health services, social services resources, and health education.

Over the years, LifeLong has provided this diverse set of services that address medical as well as social determinants of health by establishing solid partnerships. These organizations include local hospitals, adult day health centers, independent living centers, and PACE programs like the Center for Elders Independence in Oakland and Berkeley. LifeLong Medical Care’s sites are also recognized as Patient Centered Medical Homes (PCMH), which means they meet the formal requirements for coordinating care.



## On Lok Lifeways

Founded in San Francisco's Chinatown in 1971, On Lok Lifeways replicates a British model of care for seniors where aging members of the community go to a center for health and support services during the day and return to their homes at night. In 1986, On Lok distinguished itself as the model for creation of the Program of All-Inclusive Care for the Elderly (PACE). Today more than 100 PACE sites operate in 32 states funded with pooled capitation money from Medicare and Medicaid.

On Lok partners with hospitals, home health agencies, labs, ambulance companies, Durable

Medical Equipment (DME) providers, and medical specialists. It also serves as a long-term care service provider, holding contracts with residential care facilities for the elderly (RCFE) and skilled nursing facilities.

On Lok has evolved into a family of community-based, nonprofit organizations designed to help seniors maintain a quality of life that permits them to continue living in their homes and communities. On Lok serves 1,650 over-50 patients annually.



# Expanding Community Health Services to an Aging Population: **Action Items**

The Berkeley roundtable discussion identified key areas where thought leaders in the aging space need to take action:

- ▶ Get more FQHCs into the conversation in California and nationally. Start by establishing an FQHC working group and reaching out to the California Primary Care Association.
- ▶ Initiate pilot projects to discover what works and what doesn't. Possibilities might include an FQHC-PACE partnership or experimenting with on-the-ground partnerships at the county level.
- ▶ Look at how FQHCs could initiate and fund their own education stream for future employees in an integrated network of care.
- ▶ Investigate how FQHCs can capitalize their own health plans and find other income streams. On Lok, for example, bought its own senior center.

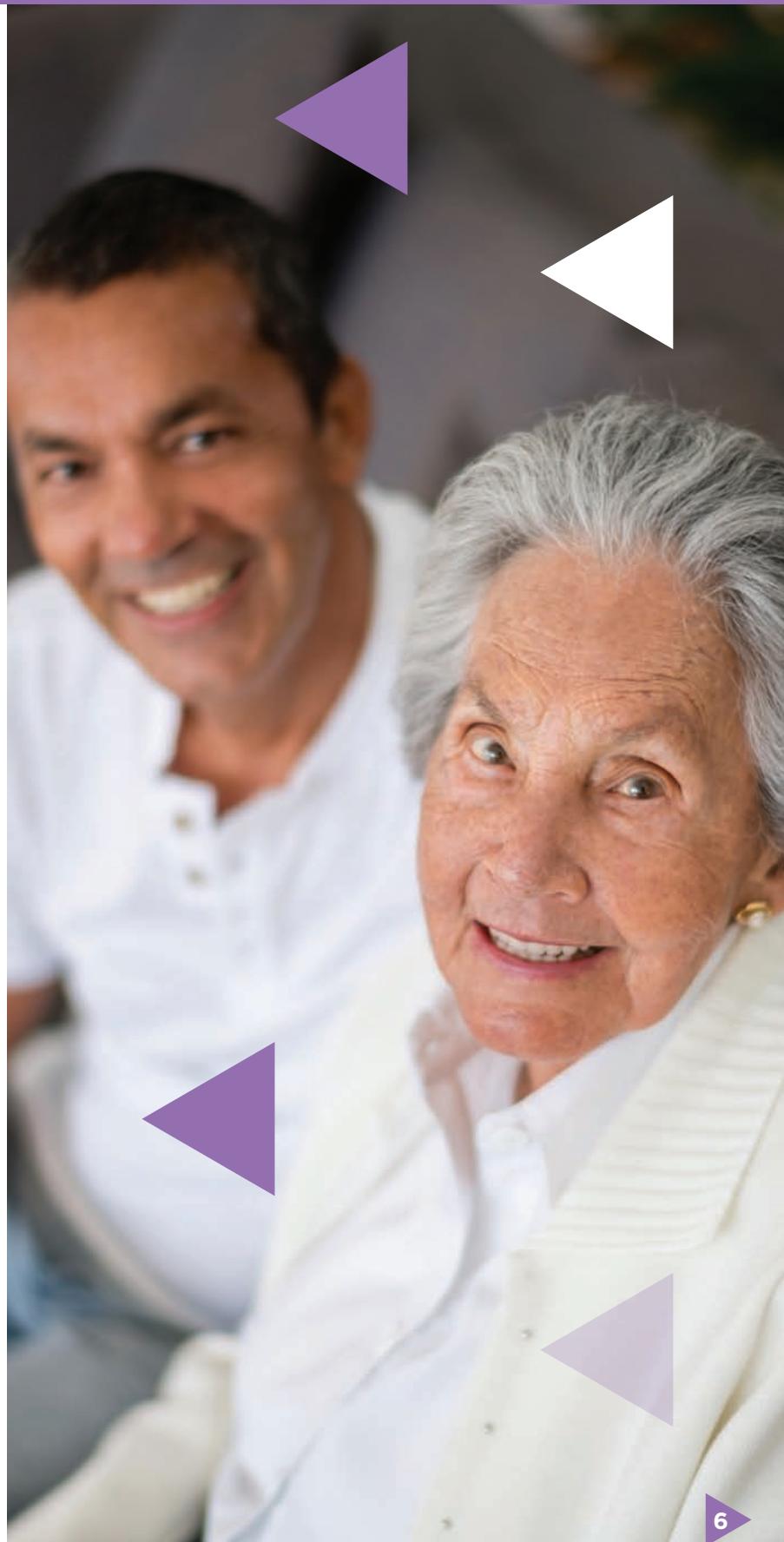
FQHCs have a promising opportunity to serve as the primary medical home for an ever-expanding population of low-income, aging adults. Doing so effectively, however, will require breaking down silos within FQHCs themselves and within potential partner organizations. Decision-making will need to occur both vertically and horizontally going forward and involve shared risk across a diverse, integrated partnership to work with new care and funding models.

**Capital Impact Partners  
would like to thank the key  
sponsors for their support of  
the Berkely Roundtable:**

**Morgan Stanley**

**AGE [STRONG<sup>TM</sup>]**

An opportunity with  
AARP<sup>®</sup> Foundation



# Capital Impact in the Aging Space

Over the past 30 years, Capital Impact Partners has invested more than \$780 million to support innovation and cross-sector coordination to provide better access to care as well as more effective wellness delivery models. Our organization has provided financing to more than 50 percent of the FQHCs in California.

We have a 30-year history in providing financial and educational support to organizations serving an aging population. Our mission in the aging space is to support health care initiatives that treat the whole person, providing quality medical care, mental health and social services support, access to safe and



affordable housing, transportation services, and social interaction. We believe older adults are more likely to thrive when they can age at home in their own communities.

To that end, we provided support to the very first Green House home in Tupelo, Miss., in 2003. Today the Green House project supports 160 small, home-like environments for aging adults in 27 states, and we continue to support the project's growth.

Capital Impact played an integral role in the development of the Village to Village Network that began in Boston's Beacon Hill neighborhood. The network, which now encompasses 145 villages in 41 states, enables older adults to age in their homes while remaining a part of their communities. The Village to Village Network currently serves more than 25,000 seniors, providing them access to local health and wellness services and programs, transportation, vetted home repair services, and opportunities for educational and recreational programs and trips.

In partnership with AARP, AARP Foundation, and Calvert Foundation, we also administer and manage Age Strong, an investment fund focused on the needs of the low-income, 50-plus population. Through Age Strong, Capital Impact has provided financing to FQHCs to help them establish and expand innovative, integrated care services for seniors.

**In the course of our work helping FQHCs better serve an aging population, we have identified eight critical domains to inform our discussions on barriers, opportunities, and innovations:**

- ▶ Motivation
- ▶ Workforce/capacity building
- ▶ Marketing
- ▶ Finance
- ▶ State/local policies
- ▶ Partnerships
- ▶ Technology

It is through consideration and analysis of these domains that we can help FQHCs incubate new programs and initiatives and ultimately scale.

## SUPPORTING AGE-FRIENDLY COMMUNITIES NATIONWIDE

**\$28  
MILLION+**

FINANCING

**187**  
Age-friendly  
Projects

SERVING

**14,000**  
Elders

# TRANSFORMING UNDERSERVED COMMUNITIES INTO STRONG, VIBRANT PLACES OF OPPORTUNITY



## Delivering Social Impact Nationwide

Capital Impact Partners builds strong, vibrant communities for underserved people. A nonprofit Community Development Financial Institution, we deliver strategic financing, incubate new social ventures, and support capacity building to help ensure that low-to-moderate-income individuals have access to quality health care and education, healthy foods, affordable housing, and the opportunity to age independently.

  
**506**

**HEALTH CENTERS**  
providing health care to  
more than 2 million patients

  
**228k**

**STUDENTS**  
in 219 high-quality  
charter schools

  
**76**

**HEALTHY FOOD**  
retailers providing 1 million  
people access to fresh food

  
**14k**

**ELDERS**  
aging with dignity  
in 185 communities

  
**35k**

**AFFORDABLE HOUSING**  
units in 229  
communities

  
**208**

**COOPERATIVE**  
businesses serving 850  
thousand customers

WE HAVE DEPLOYED OVER **\$2 BILLION** TO SERVE NEARLY  
**5 MILLION PEOPLE** AND CREATE MORE THAN **32,000 JOBS**  
NATIONWIDE IN SECTORS CRITICAL TO VIBRANT COMMUNITIES.



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