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Age-Friendly Health Centers: A Proving Ground for Change

California stands out as a proving ground for change. With its diverse geography, cultures, mix of rural and urban populations, and wide disparities in income, the state faces many challenges in meeting the care needs of an aging population.

September 13, 2016 | Candace Baldwin

This article first appeared on the Capital Impact Partners (http://www.capitalimpact.org/ca-fqhc-age-friendly-health-center/) blog on August 30, 2016.

Wouldn't we all like to age in our homes and communities, surrounded by what is familiar, supported by a health care team that really understands who we are and how to serve us as individuals with unique needs? This kind of age-friendly health system has generally been an anomaly in the United States, particularly for low-income, older patients. Coupled with the fact that 90 percent of older adults want to age in their own homes, integrated care models are best supported at the community level.

A third of patients over 70 and more than half over 85 left hospitals more disabled than when they arrived, according to a study (http://www.ncbi.nlm.nih.gov/pubmed/22028354) published in 2011 in the Journal of the American Medical Association. While this is disconcerting, it raises the

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question of what type of community-based care models can be created that would address the needs of individual patients while in the hospital and upon discharge to keep them from becoming more vulnerable than they already are.

The situation for the nation's elders doesn't have to be this way. And many Federally Qualified Health Centers (FQHCs) are working to integrate and improve care for an aging population, many of whom are dual eligible for both Medicare and Medicaid. It's not easy; these patients are high-cost and high-need.

According to a recent New England Journal of Medicine article (http://www.nejm.org/doi/full/10.1056/NEJMp1608511#t=article) by David Blumenthal, M.D., M.P.P., high-cost, high-need patients, many of whom are older, account for just five percent of the U.S. population but 50 percent of the country's health care spending. California currently has the fastest growing population of dual eligible patients — seven out of 10 patients over the age of 65.

Are our Community Health Centers Prepared to Meet This Need?

California stands out as a proving ground for change. With its diverse geography, cultures, mix of rural and urban populations, and wide disparities in income, the state faces many challenges in meeting the care needs of an aging population. Several of the state's FQHCs have established themselves as models of how to provide integrated care for the "whole person" through community partnerships, changes in processes, and a commitment to making the Affordable Care Act 's new pay-for-performance model cost efficient.

Lifelong Medical Care (http://www.lifelongmedical.org/) in Berkeley, for example, pioneered integrated care and services for seniors more than 35 years ago, providing primary care, chronic disease screening and management, referrals to specialists, mental health services, social services resources, and health education through an array of hospital and community partnerships.

Meanwhile, Redwood Community Health Coalition (http://www.rchc.net/), which serves Marin, Napa, Sonoma, and Yolo Counties, provides a model of integrated care through its Population Health Improvement Program. The program aims to improve patient health, enhance patient experience, and reduce health care visits using a Care Coordination Medical Record that provides in-depth patient profiles and health care planning across an array of providers.

In Redding, Shasta Community Health Center (http://www.shastahealth.org/) demonstrates that partnerships and care coordination can happen in a rural and severely impoverished setting, too. The center provides coordinated care for the community's homeless residents, has established partnerships with many northern California health clinics, and offers mental health services.

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(http://www.rwjf.org/en/library/research/2009/04/beyond-health-care.html) outlined, "Making America healthier will require action at all levels of society. Individuals, communities, health care, businesses and unions, philanthropies, and local, state and the federal government must work together to improve our nation's health."

close-up/)

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But as Blumenthal points out in The New England Journal of Medicine, "Putting new programs in place often requires upfront investments by health care providers." And providers accustomed to the fee-for-service model may not easily see the value in a new integrated care model. However, Blumenthal says, "Value-based payment...[involves] rewarding providers for controlling costs of care while maintaining or improving quality."

Developing Sustainable Solutions

At Capital Impact Partners (http://www.capitalimpact.org/), we help health centers and communities develop sustainable solutions for serving the health and wellness needs of aging, high-need, high-cost patients (http://www.capitalimpact.org/focus/dignified-aging/). Over the past 30 years, we have invested more than $780 million in FQHCs (http://www.capitalimpact.org/focus/health-care/) to support innovation and cross-sector coordination to provide better access to care as well as more effective wellness delivery models.

We have a 20-year history in the aging space, supporting 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.

To that end, we provided support to the very first GREEN HOUSE (http://www.thegreenhouseproject.org/) home in Tupelo, Miss., in 2003. Today the GREEN HOUSE project supports 180 small, home-like environments for aging adults in 28 states, and we continue to support the project's growth.

Capital Impact was also integral to the development of the Village to Village Network (http://www.vtvnetwork.org/) that began in Boston's Beacon Hill neighborhood. This nationally focused, independent peer-to-peer network now encompasses 205 Villages in 41 states and enables older adults to age in their homes by leveraging the community's existing social capital to provide supports and social engagement.

We also operate Age Strong (http://www.capitalimpact.org/what/strategic-financing/age-strong/), an investment fund focused on the needs of the low-income, 50+ population, in partnership with AARP, AARP Foundation, and the Calvert Foundation. Age Strong reflects our mission to provide financing that supports connections across communities, in part by enabling FQHCs to finance innovative, integrated care services for seniors that take advantage of already existing community resources.

Helping Community Health Centers Innovate

We benefit from living in an era ripe for innovation and an opportunity to truly integrate primary and long-term care for our nation's most vulnerable older adults. By helping community health centers design models of care and delivery that address a population's unique needs, we not only provide better care to low-income, older community members, but also reduce health care spending by cutting hospital readmissions, improving communication among health care and long-term care service providers, and providing patients one-stop access to health and wellness services.

While we don't have all the answers on how to best establish integrated care in community health centers, we are in the process of finding answers. Our desire to understand best practices was the driving force behind our co-sponsorship with Rush University Medical Center and Health & Medicine Policy Research Group of a roundtable in Chicago in February to assess how FQHCs can best meet the needs of a growing high-cost, high-need population. We will further explore best practices and brainstorm potential innovations at our next roundtable (https://www.cvent.com/c/express/94ff0567-7525-4a86-ab41-4bfe77290b85) in Berkeley, Calif., on September 16.

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If you have ideas, we want to hear from you! If you would like to join us, please register now (https://www.cvent.com/c/express/94ff0567-7525-4a86-ab41-4bfe77290b85). We are honored to have Lifelong Medical Care CEO Marty Lynch, Ph.D., helping us organize the Berkeley roundtable, and we're thrilled to be joined by FQHC colleagues from throughout the state.

By investing in integrated care today, we can trim costs and improve health outcomes tomorrow.

ABOUT THE AUTHOR

Candace Baldwin

As Director of Strategy for Aging in Community at Capital Impact Partners, Ms. Baldwin assists communities, foundations, states, and government agencies in the development of community based, long term supports options, systems and sustained infrastructure to expand access for older adults to age in their community.

Ms. Baldwin also serves on the National Rural Aging Network, an initiative of Grantmakers in Aging, and as a board member for Capitol Hill Village. Previously, Ms. Baldwin helped provide strategic direction to the Village to Village Network – a key initiative of Capital Impact Partners – which helps connect older adults, ranging from age 55 to 100+, to service supports, health care, neighbors, wellness programs and social enrichment to assist them in aging in their own homes.

A national, nonprofit Community Development Financial Institution, Capital Impact has deployed more than $2 billion in loans to increase access to education, healthy food, affordable housing, cooperatives and dignified aging facilities. In the aging space, Capital Impact has delivered more than $28 million to nearly 200 projects benefitting 14,000 elders. You can learn more **here (http://www.capitalimpact.org/)**.

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