

**The Next Generation  
Consumer Voice in Healthcare  
Kaiser Permanente Senior Caucus  
*Building on the Legacy of GHC***

Christine Fordyce MD  
Chair Caucus Advocacy Development and Training  
Aging and Disability Services Advisory Council

3/10/17

# About Group Health

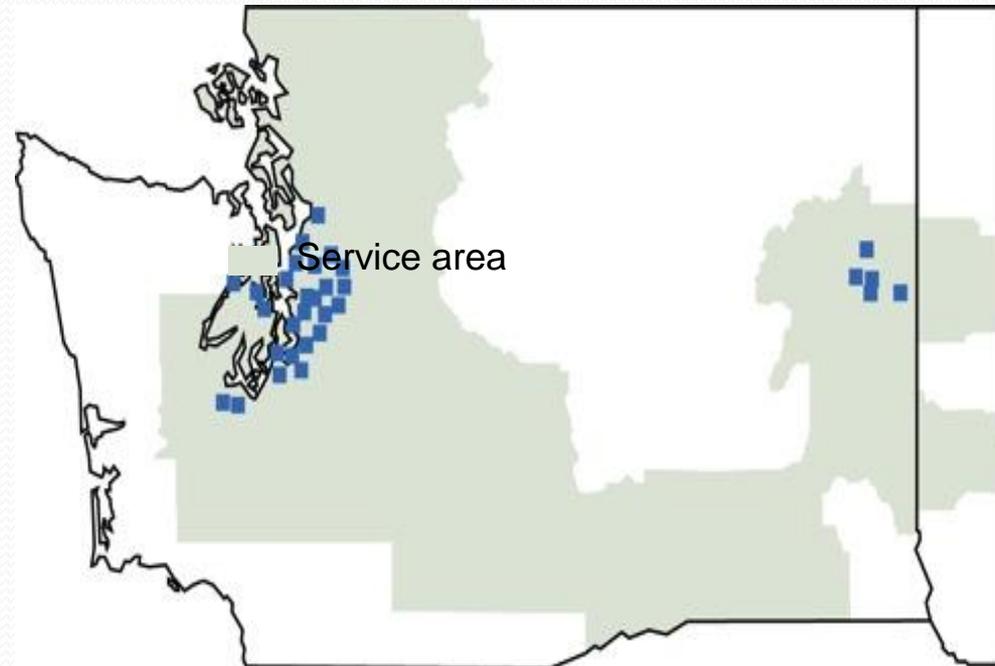
Founded in 1947, we are a consumer-governed nonprofit health care system that coordinates care and coverage. Focused on preventive care.

**Over 672,000 members** served by

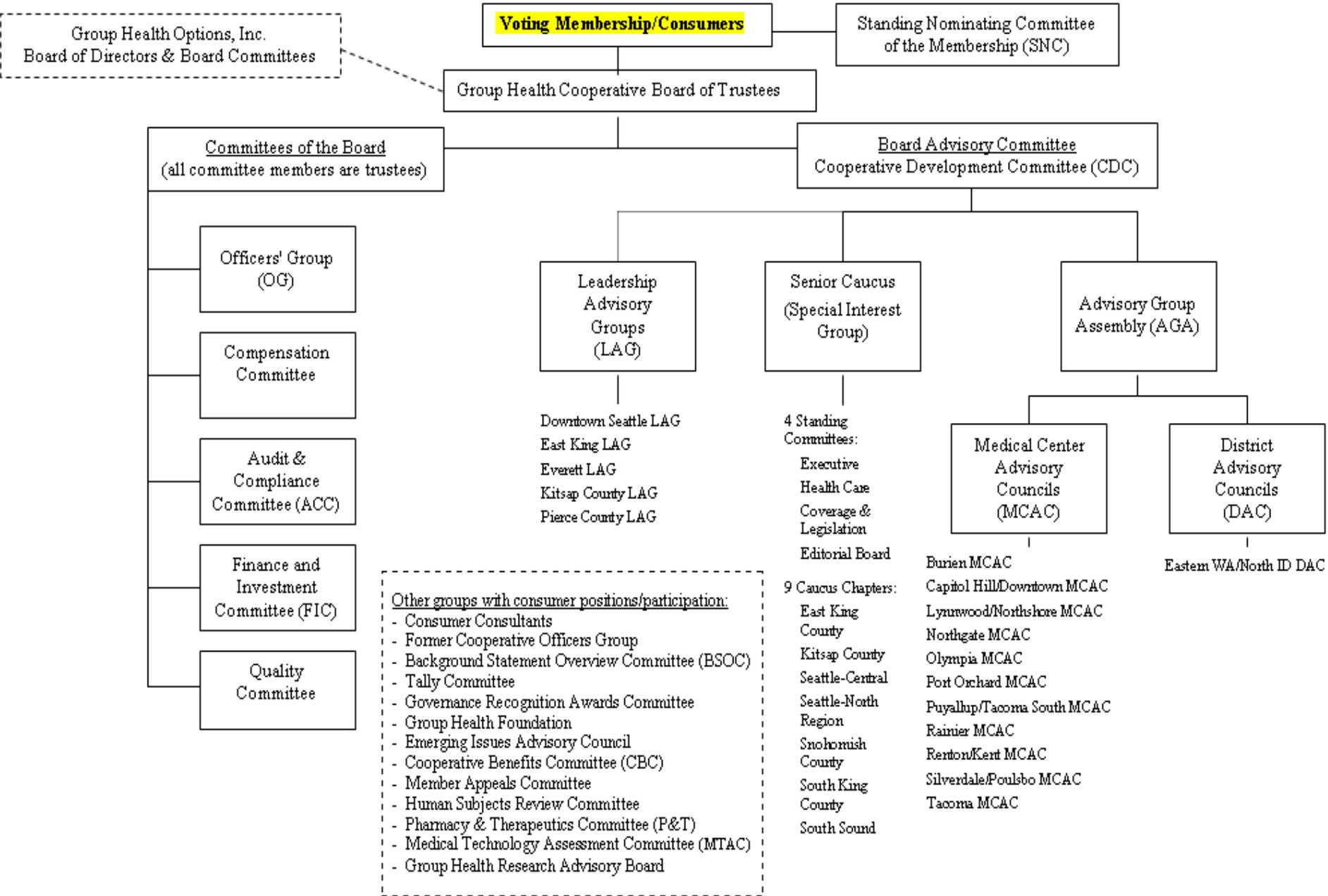
- Group Health Physicians
- Contract with 9,000 physicians and 44 hospitals

**Over 1,280 providers** in primary care and 27 different specialties

- 26 primary care sites
- 4 multispecialty sites
- 10,000 employees



# Group Health Governance Structure



## Medicare is born...

## And GHC becomes one of the first risk contracts

- Medicare, government paid health care, becomes the law in 1962
- 1976 GH becomes one of the first TEFRA Risk contracts, allowing Medicare to pay based on risk scores rather than fee for service
- 1982 Dr. Bruce Perry becomes one of the first Directors of Geriatrics in the country
- Dr. Charles Strothers , passionate about death with dignity, forms a task force focused on that issue and in 1983 the *Senior Caucus* was officially recognized as a special interest group of the Board.

# 1980's: Medicare Risk Contracts succeed in lowering costs and improving care

## GHC

- Government Programs and Director of Geriatrics create Senior Care Planning group: Long Term Care insurance program, Silver Glen planning and development, focus on clinical care including hospice and end of life, manage the Risk contracting, prevention focus
- Center for Health Studies (CHS) looks at the 'biggest bang for the buck' in chronic disease and senior care

## Senior Caucus

- Encourages active participation in research studies
- Participation in the Senior Care Planning group and benefit planning
- Development of educational programs on both end of life issues and member participation in GHC

# Rapid change in healthcare for older adults in the late 1980's and 1990's

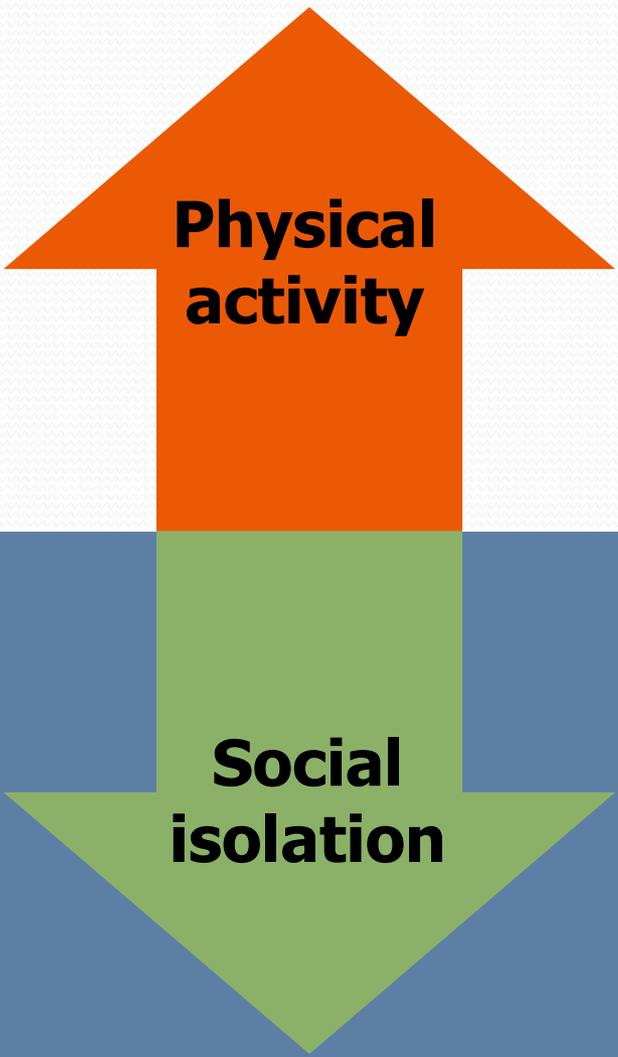
## GHC

- Focus on frail older adults in need of higher levels of care
- Grow home care dramatically
- Best practices: Geriatric Assessment Unit, bring primary care to nursing home residents
- Health Promotions: chronic conditions workshops and physical activity focus
- Purchase Kelsey Creek LTC facility

## Senior Caucus

- Growing local caucus groups at clinics
- Caucus publications
- Educational meetings
- Annual meetings with CEO
- Research: active participation

# Healthy Aging



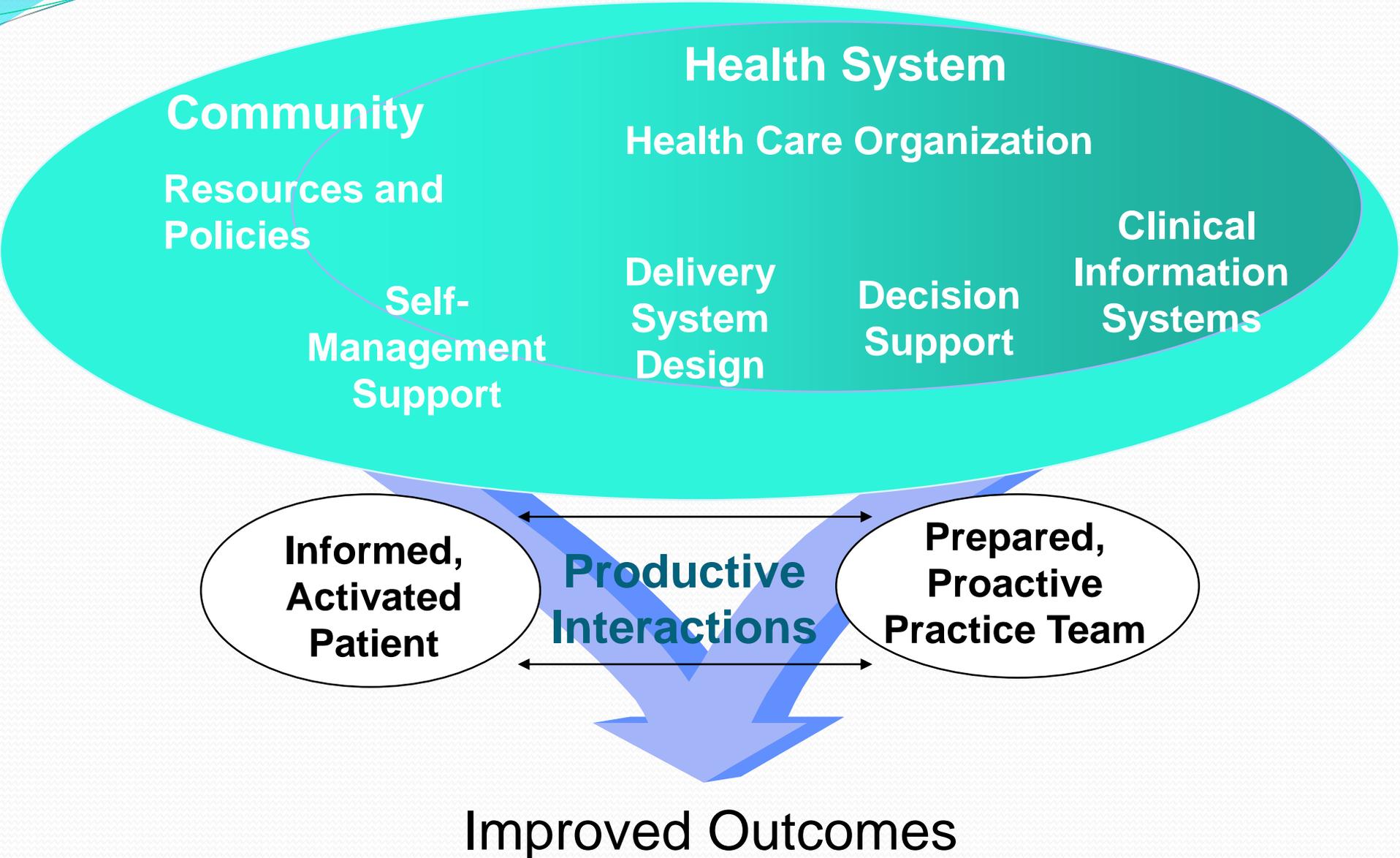
**Physical  
activity**

There is no more important “prescription” for doctors to write than regular **physical activity** for all patients.

**Social  
isolation**

The one thing that most negatively affects overall health for people over 65 is **social isolation**.

# Chronic Care Model



# *1990's: Chronic Disease focus and Geriatrics becomes a subspecialty*

## GHC

- Transitional Care: 1<sup>st</sup> in state
- New Department of Geriatrics focused on the care needs of the whole Medicare population
- Chronic Disease Model
- Senior Care Roadmap: preventive care/ **HEP**; service delivery planning
- Dyad of clinical and business senior care leaders
- **Focus on exercise and social isolation: Lifetime Fitness, Silver Sneakers**
- **Community partnerships**

## Senior Caucus

- Partnerships with GHC expand to include clinical and business roles
- Rapid expansion of educational programs and active policy participation at both the local and state level
- Participation in benefits and coverage area decisions
- Marketing: Focus groups on the needs of older adults

# GHC Senior Care Integration Model

## POPULATION CONTINUUM

### Health Status Subpopulations

<b>End of life</b>		Hospice, home care, palliative care
<b>Frailty</b> (~700 or 1% use 20% of hospital days)	2-4%	Preventive Care, <i>Physical activity</i> programs, chronic care management, case management, Hospital, SNF, NH, BH
<b>Functional decline</b>		Preventive Care, <i>physical activity</i> programs, chronic care management, PT, OT, ST, MSW, BH
<b>Chronic Disease</b>	88%	Preventive Care, <i>Physical activity</i> programs, chronic care management, RN's, clinical pharmacists, specialty care, BH
<b>At risk for functional decline</b>		Preventive Care, <i>Physical activity</i> programs
<b>At risk for chronic disease</b>		Preventive Care, <i>Physical activity</i> programs
<b>Robust and healthy</b>	20%	Preventive Care, <i>Physical activity</i> programs

# And then in 1997 competition came to WA state in Medicare Managed Care...

## GHC

- Near bankruptcy
- Moved from cadillac to VW bug
- Stopped Medicare marketing
- Department of Prevention/Health Promotion decimated
- Roadmaps dissolved...
- BUT we did get Silver Sneakers and Lifetime Fitness covered as a benefit!

## Senior Caucus

- The Caucus played a major role in letter writing and lobbying campaigns supporting bills that addressed Medicare funding inequities
- Rules change in DC and Board/Caucus no longer able to lobby in this way
- Membership dwindled;
- Government Programs lost site of the value of a Senior Caucus

# Newsweek

September 18, 1995 : \$2.95

CLINTON HILL ON PACKWOOD



Get Ready  
to Get Less:  
The Attack  
on Medicare

# MediScare

Young vs. Old:  
Who Will Carry  
the Burden?



01134

0 706288 38

# Since 2000...

## GHC

- SLOWLY dug out from potential financial ruin
- Restarted Medicare marketing
- Focus on the care of the frail, high need and cost members: care and case management

## Senior Caucus

- Educational programs continued on healthcare, coverage and legislation
- Communications on issues important to older adults continued in paper form
- Leadership frustrated finding a meaningful role.

# Times again are changing...

## GHC

- Growing Medicare business increasingly important
- Medicare Advantage is threatened but risk payments are not and will be based on quality measures with some focus on consumer voice in meeting the needs of older adults
- Kaiser comes along with has years of commitment to senior care.

## Senior Caucus

- Redefining its role in the new world of Kaiser, the changing world of Medicare financing, and most importantly in healthcare reform
- CMS, health systems, providers, advocacy groups and policymakers are looking for new models of consumer involvement in patient-centered care systems.

# *Kaiser Permanente Senior Caucus*

- The Kaiser Permanente Senior Caucus is supported as the legacy of Group Health Cooperative.
- The Senior Caucus has the opportunity to learn from the GHC Board and its Senior Caucus experience and move the best of both forward into the future with KP and WPMG.
- In doing so, the Senior Caucus can help redesign health care, volunteerism in retirement, and the aging experience overall to improve the health of older adults in our communities and the nation.
- We will be inclusive of the geographic and psychosocial diversity of our members.
- We are blessed with a rich diversity of talent and wisdom in our older adult membership.

# Volunteers

Using  
our  
talents!



# Some of our thinking...

- We have the opportunity to build a bottom-up senior advocacy forum within Kaiser.
- Value added partnership with our local Kaiser leadership in both the health plan and the physician group will be essential.
- Understanding healthcare systems, needs of Kaiser members, and our communities will give the Caucus the best opportunity to be true advocates for the care needs of older adults.
- To do that effectively, Caucus members who want to be in leadership at any level within the health system or in the community should have the opportunity to attend leadership training.
- We can't do it alone!

# Partnership with Community

## Catalyst: *Training Topics*

- Why consumer engagement matters
- Becoming an effective representative for your constituency
- Translating needs into policy change
- Designing effective meetings and coping with challenging behaviors
- Creating effective 'feedback loops', i.e., designing structures to ensure the Caucus voice is heard by relevant decision makers and action taken in response is conveyed back to the Caucus

## ***The Caucus Will Represent the Needs of Older Members:***

- In all geographic areas in WA state in which older members reside
- Our rich diversity of race, religion and age
- Women, men and the LGBTQ community
- Caregivers and people who receive care
- Members who are robust and healthy, have chronic conditions or functional limitations, and members near the end of life

# How can the Senior Caucus add value to ...

- KP older adult members
- KP of Washington and nationally
- Washington Permanente Medical Group (clinical care)
- The communities in which we live?

# Plan to Grow Old



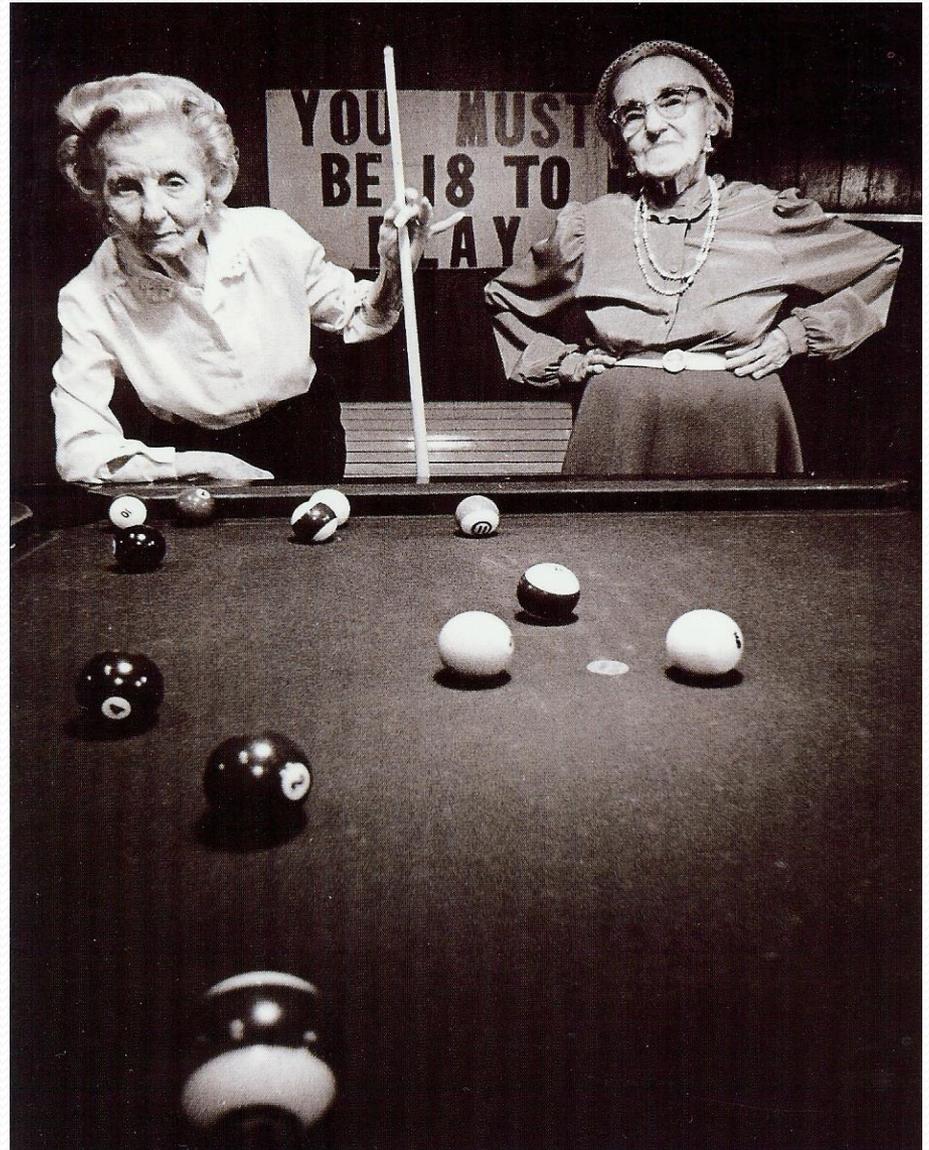
- Plan for the challenges of aging
- Centenarians are the fastest growing segment of the population
- Stay in control of your life and choices



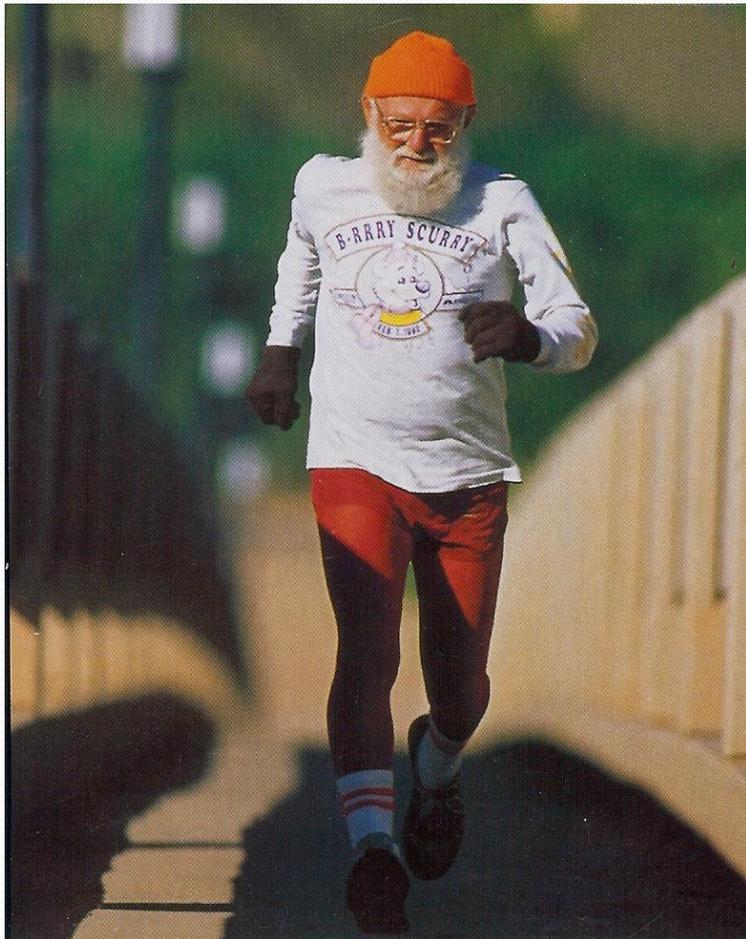
# Challenges of Aging

- *Medical problems*
- *Disability*
- Transportation
- Housing
- Loss of friends/family
- Financial
- Physical environment
- Social support systems...

***‘Old age ain’t  
for sissies!’***



Possiamo morire giovani, il piu  
tarde possibile!



# *Kaiser Permanente Senior Caucus:*

Community  
Based  
Organizations!!!

Public Policy

National  
organizations  
focused on  
aging issues

Kaiser Permanente (KP)

**Kaiser  
Permanente  
Senior  
Caucus**

Washington  
Permanente  
Medical Group  
(WPMG)

**Healthier  
Communities**

# Health Enhancement Project

- Group Health and Pac Med patients >70 yo
- Geriatric Syndrome screening, assessment, intervention and follow-up by ARNP/MSW team based in a senior center
- Evidence-based interventions known to improve overall health outcomes with clear roles for each of the multi-disciplinary team
- Shown to decrease healthcare costs, improve function and QOL in 6-12 months
- *Partnerships between health plans, patients, practitioners and community resources*

# Community Benefit Programs/Foundations



# The KP Senior Caucus Buckets List:

- Executive functioning
- Programs and Education
- Advocacy and Training
- Finance
- Policy and Legislative
- Healthcare
- Community Partnerships

# The new Kaiser Senior Caucus

- Environmental Scan of organizations similar to us looking at organizational structures useful in our planning
- Surveying ourselves and our partners re: what is 'best' to carry forward of the GHC learnings, and what to avoid



We have the opportunity to develop a new model with patients truly at the center of health care reform in a way no other group does in the country.

**AND, WE CAN'T DO IT ALONE!**

