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SCAN CHAMPIONS A NEW VISION OF LONG-TERM CARE

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Nearly 30 years ago, a group of older citizens, frustrated by lack of access to health services, formed the Southern California-based Senior Care Action Network (SCAN), which eventually led to the creation of the nonprofit SCAN Health Plan, a “Medicare Advantage” HMO serving the needs of approximately 105,000 elders on Medicare in seven Southern California and two Arizona counties. Those citizens and many others who have worked for decades to enact long-term care (LTC) reform received especially welcome news this past April when the SCAN Health Plan announced the new SCAN Foundation. Based in Long Beach, Calif., the Foundation’s mission is to advance the development of a sustainable continuum of quality care for elders, and it is an independent philanthropy formed from funds contributed through the SCAN Health Plan.

The SCAN Foundation’s primary goals are to find innovative ways to enhance elders’ abilities to manage their health and to control where and how they live. The Foundation’s board envisions a society where this population receives medical treatment and human services integrated into settings that meet elders’ needs and that promote healthy, independent lives. The board recruited Dr. Bruce Chernof, an internist and former director and chief medical officer of the Los Angeles County Department of Health Services, as the Foundation’s first president and chief executive officer. The Foundation intends to establish a niche role—one not filled by any other like entity—that advances development and enactment of LTC policy reform rather than focusing solely on programmatic funding.

THE EXPERTS CONVENE

To get feedback on proposed grant-making strategies, the Foundation, along with the National Academy of Social Insurance (NASI), convened two groups of LTC experts (see page 2 for access to participant list and experts’ findings). Meetings were held in last October in Burbank, Calif., and Washington, D.C. Dr. Chernof and SCAN Foundation leaders asked these experts to identify the primary barriers to providing comprehensive LTC services. Participants agreed that the United States does not have a continuum of care for seniors, is lacking in care coordination—including social services—and uses an outdated model of healthcare financing. They also emphasized the need for new models for organizing, delivering and financing services.

Nearly all in attendance agreed that there are no LTC champions presently in Congress. One expert mentioned that, due to congressional staff turnover, there is a weak institutional memory on Capitol Hill about past LTC reform efforts. Additionally, there seems to be lack of political will about addressing LTC issues and including them in general healthcare reform discussions.

Other experts pointed to the caregiving workforce, both formal and informal, as a barrier to providing comprehensive LTC services. There are not enough trained caregivers in the professional workforce, and most family member caregivers have no special training and need support to help ease the care burden.

The number of workers who have expertise working with older adults needs to increase, along with improved pay and benefits.

REFRAMING CARE

The Foundation also sought advice about two of its strategic funding priorities: how to elevate LTC as a state and national priority, and how to develop realistic policy options that would establish and finance a comprehensive continuum of quality LTC. Many experts encouraged the Foundation to reframe LTC beyond the definition of institutional care. Policymakers, the press and the public all equate LTC with nursing homes. Whichever way the issue is framed, the proper perspective must include supportive services and include people with disabilities. “Long-term care isn’t just about nursing homes,” said Ann Monroe of Community Health Foundation of Western and Central New York.

Robyn Stone of the Institute for the Future of Aging Services, at the American Association of Homes and Services for the Aging, Washington, D.C., added, “Continuum of care implies trajectory and decline, but people move in and out of services. A repertoire of care is a better description of what we are after.”

Steve Dawson, of the Paraprofessional Health Institute, New York, said, “Reframing long-term care as an economic development issue could push the agenda forward. Given the financial crisis, economic issues are going to come up, including job market issues. Investment in the long-term care workforce could mean less time off work for family caregivers and more jobs created. This framing might get lawmakers’ attention.”

Some experts advised the Foundation to find a way to translate personal experiences into system change. “Caregivers do not see the connection between what they are doing and public policy. Caregivers need to recognize that the financing and delivery systems can be better than they are now, but improving them will require public as well as private initiatives,” observed Joshua Wiener of RTI International, North Carolina.

DYNAMIC STRATEGIES

The groups discussed how to build the political will necessary to move LTC policy reform forward. “Consider three arenas: the public, the press and policymakers,” advised Diane Rowland of the California-based Kaiser Family Foundation. “The way you move policymakers is to have the press cover your issues, understand your issues well and keep the public engaged.” Her foundation’s success with their commission on Medicaid and its comprehensive website, www.kff.org, was cited as a positive force for change that could serve as a model for The SCAN Foundation. Another tactical suggestion concerned how The SCAN Foundation could fund congressional committee fellows to help raise awareness on Capitol Hill. Funding fellows for longer than one year would bring continuity to reform efforts.

Other experts advised that it might be necessary to forgo comprehensive LTC reform at the national level in the near term and instead prepare for the opportunity to include smaller reforms in any health-care bill that is considered in 2009 or 2010. Meanwhile, there might be some policy options to move at the state level, such as allowing states to tap into the Medicare funding stream or helping states design an efficient and effective reimbursement system for home and community-based care. “California has a lot of characteristics that make it a nice laboratory to try new things that might later be expanded nationally,” observed Dr. Jack Rowe from Columbia University’s School of Public Health, New York.

Carroll Estes, of the University of California at San Francisco, said, “Social insurance must be included in the policy discussion.” The idea of long-term care as a social insurance program needs to be a key part of the solution. Social insurance offers a paradigm based on the public interest and the greatest good. A universal risk pool addresses the huge barriers of financing and access. “I’m not saying there will be no private involvement whatever, but there’s got to be an anchor. As we see from the current financial crisis, government is the ultimate safety net, and social insurance concepts are real and absolutely critical,” she added.

Proponents of LTC reform eagerly await news of how the SCAN Foundation will proceed. The Foundation’s Board of Directors approved its 2009–2013 strategic plan, which is posted at www.thescanfoundation.org. They are beginning a first request for proposals and sponsored the distribution of NASI’s latest brief, “Long-Term Services and Supports as Part of Health Care Reform: Relief for the Invisible Uninsured?” by Lee Goldberg, director of LTC policy care initiatives, Service Employees International Union. The brief was released at the NASI January 2009 conference roundtable and is available online at www.nasi.org. ❖

Joni Lavery is the income security research associate at the National Academy of Social Insurance (NASI) and was a major contributor to their study panel report, Uncharted Waters: Paying Benefits From Individual Accounts in Federal Retirement Policy (January 2005). The report is available at www.nasi.org.