Creating Connections between the Healthcare Ecosystem and Villages

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West Health Mission and Collaborative Research Approach

Our Mission

Lower healthcare costs to enable seniors to successfully age in place with access to high-quality, affordable health and support services that preserve and protect their dignity, quality of life, and independence.

Applied Medical Research

The West Health Institute is focused on finding evidence-based solutions that lower costs and improve care for older adults. Our research spans geriatric emergency care, telehealth, aging services, healthcare costs, and behavioral health and drives everything we do from developing or validating new models of care to creating tools and resources for health professionals, policymakers, and other stakeholders.

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Healthcare: Village Friend or Foe

FOLLOW THE MONEY

- Healthcare spend in the US surpassed $4.4 trillion in 2023

- This is 4x the nation defense budget

- Surpasses Germany in Gross Domestic Product

Despite having the most expensive health care system, US ranks last overall compared with 6 industrialized countries—Australia, Canada, Germany, the Netherlands, New Zealand, and the United Kingdom—on quality, efficiency, access to care, equity, and the ability to lead long, healthy, and productive lives,

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The older adult population is growing and the need will be greater

MOST OLDER ADULTS LIVE IN THEIR OWN HOMES

Historic 10-year increase in older adults- 34% (43 million in 2012 to 58 million in 2022)

HISTORIC 10-YEAR INCREASE IN OLDER ADULTS- 34% (43 MILLION IN 2012 TO 58 MILLION IN 2022)

SENIORS ARE THE FASTEST GROWING UNHOUSED POPULATION & STATE SERVICES FOR UNHOUSED PEOPLE AGED 55+ INCREASED 84% FROM 30,462 TO 56,056

MILLION OLDER ADULTS SPENT MORE THAN 30% OF INCOME ON HOUSING COSTS, AN ALL-TIME HIGH

Challenges to Village Growth and Financial Sustainability

Percent of seniors that need supportive services is growing

Needed services either don't exist or are not accessible

Village operations are funded by "Bake sales and car washes"

Most Villages in upper middle class communities leaving out other groups

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Basis for Connecting Villages to Healthcare: Who Needs What Care & When?

- There is an emerging recognition of the impact of loneliness and isolation oh healthcare—an impact that is more pronounced and costly for seniors

- Villages provide innovative, community-based solutions to improve quality of life and expand choices at all stages of aging, empowering older adults to sustain independence through community and remain in charge of their lives as they age.

- Preliminary evidence (unpublished) between Sutter Health and San Francisco Village suggests that social prescribing of village membership reduces hospital readmissions.

As village members age, there is a growing need to connect villages to healthcare

Current Status & Future Aspirations for Social Prescribing: Connecting Villages to Healthcare

Editorial

Social prescribing: addressing societies holistic health-care needs

"Whilst there are data to link social interventions with improved health-care outcomes in individuals, real world case studies on the role these initiatives can have at a societal level and the potential economic benefits are scarce."

Theoretical Basis for Connecting Villages to Healthcare: Predicting Who Needs What Care & When?

Challenges in predicting future high-cost patients for care management interventions

Targeting Community-Based Palliative and Serious Illness Care Resources: Challenges of More Stringent Diagnostic Criteria for Prospective Enrollment
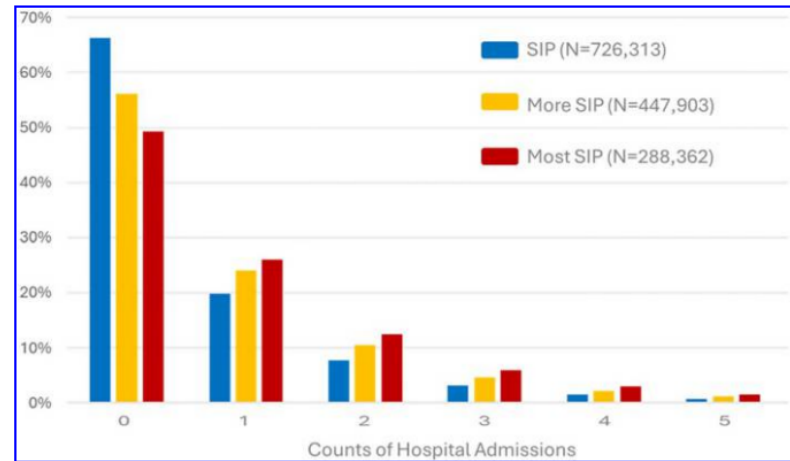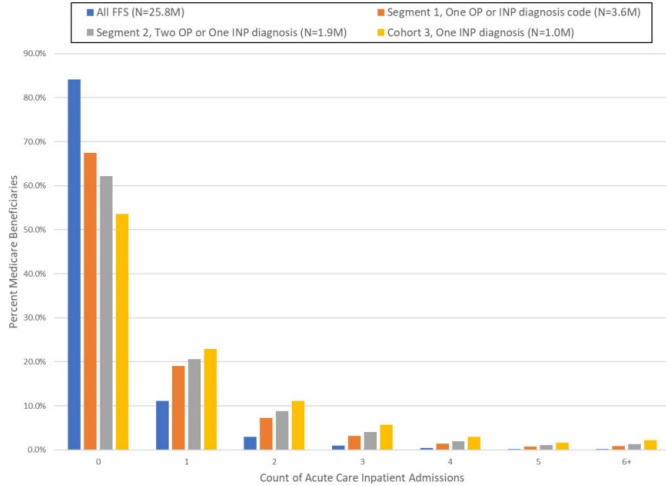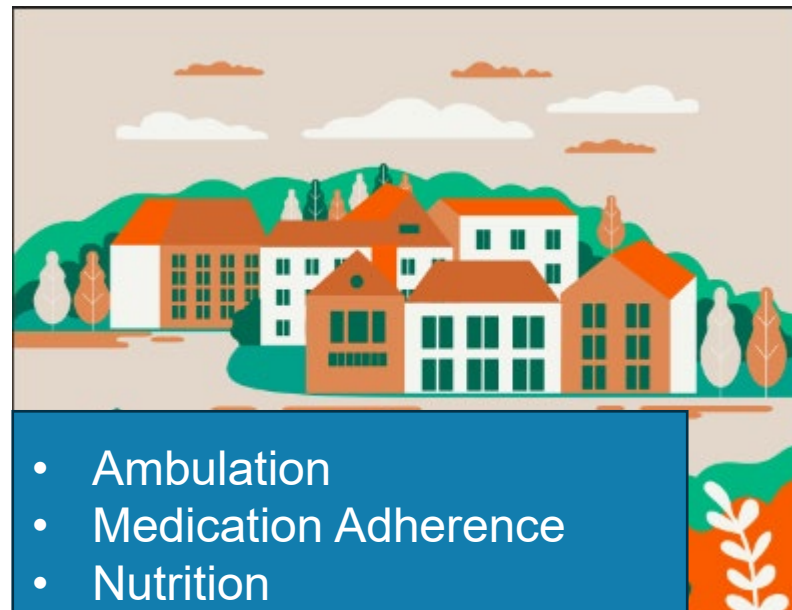
Operational/Conceptual Models for Connecting Villages to Healthcare: 1) generic referrals

- Village Services
- Village Activities
- Reduced Isolation

Models for Connecting Villages to Healthcare: 2) Specific Post-Discharge Orders
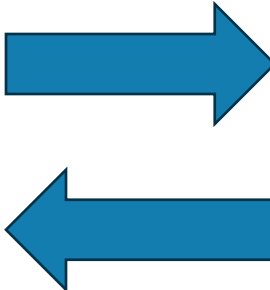

- Ambulation
- Medication Adherence
- Nutrition
- Hydration
- Fall Risk Reduction
- Village Activities
- Reduced Isolation

Models for Connecting Villages to Healthcare: 3) Bilateral Village Support of Post-Discharge

- "Having Trouble Walking"
- "Eating is OK"

- Ambulation
- Medication Adherence
- Nutrition
- Hydration
- Fall Risk Reduction
- Village Activities
- Reduced Isolation

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Questions Needing Answers from Villages, Health Systems, and Payers

Village Organizations
- Willingness/Readiness to take on more responsibility
- Scope: Limited e.g., 60-90 days post discharge versus indefinite
- Added Operational and IT Scope
- Added Cost & impact on Dues
- Liability

Health Systems
- Expectations
- Willingness to Translate Clinical to Layperson Instructions
- Scope: 60-90 days versus indefinite
- Receptivity and Processes for Bi-Lateral Village Engagement

Village Members
- Privacy Issues
- Willingness/Readiness have Villages Know their Medical Business
- Limited e.g., 60-90 days post-discharge versus indefinite
- Added responsibilities for Village Volunteers

Payors: Medicare Advantage, Accountable Care Orgs, & Medicaid
- Expectations
- Willingness to Subsidize Memberships of other paid liaisons
- Quantitative Outcomes

Measures are needed to Gage Successful Village/Healthcare Connections

- **Added costs for Villages**
- **Added costs for Healthcare**
- **Number Reduced Hospital Admissions/Readmissions**
- **Other reductions in healthcare cost**
- **Total Cost of Care**
- **Hospital Admissions**
- **Patient/Member satisfaction**
- **UCLA loneliness score**
- **ROI: to/for whom**

Some Connections are Already Happening

Specific Examples and Initiatives

- **UnitedHealthcare**: covers various non-medical benefits in MA plans, (transportation & meal delivery), which align with the types of services Villages provide

- **Humana**: MA plans offer benefits that include companionship, transportation, and home safety modifications.

- **Anthem**: Anthem introduced supplemental benefits in its MA plans that include adult day care, caregiver support, and home health aides.

- **Pilot Programs**: Various local and regional MA plans have pilot programs focused on reducing hospital readmissions and improving quality of life by addressing social needs.

Future Trends

- **Increasing Recognition**: As the healthcare industry increasingly recognizes the importance of social determinants of health, more Medicare Advantage plans are likely to include Village-like services as supplemental benefits.

- **Policy Support**: For the inclusion of non-medical services in MA plans will likely lead to more widespread adoption of these benefits.

- **Data and Outcomes**: Positive outcomes from current pilot programs and partnerships will encourage more insurers to adopt these models.

While not yet universally adopted, there are instances where Village memberships or similar community-based support services are included as MA supplemental benefits. This trend is likely to grow as the healthcare industry continues to emphasize the importance of addressing social determinants of health to improve overall well-being and reduce healthcare costs.

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Examples of Efforts in the Village Ecosystem

VILLAGE OF SONOMA VALLEY

HEALTHY AGING VILLAGES FOR ALL

West Health Institute: Research Portfolio Advancing the Mission to Lower Healthcare Costs and Enable Successful Aging (in place)

Integra- Community Resources to Enhance Signaling, Detection and Escalation within a Value-Based Care Model- "Integra Pal"
- 33 averted ED visits for savings of $37,614
- 12 averted hospitalizations for a savings of $184,816
- Community Paramedic dedicated to a village (example fire dept concerns for persons suffering from dementia)

Manatt- Connecting Home Care Workers to the Business of Value-Based Acute Healthcare
- Originators of Stop and Watch Plus
- Recruitment- 78 workers have attended orientation, 31 attended training and 18 have submitted survey results
- 189 Stop & Watch observations over 7 weeks.
- verted ED visits for savings of $37,614
- 12 averted hospitalizations for a savings of $184,816

Gary and Mary West PACE- Personal Care Assistants- Detecting Changes in Status

West Health Institute: Research Portfolio Advancing the Mission to Lower Healthcare Costs and Enable Successful Aging (in place)

Village Movement California- Exploring and Developing Enhanced Connections between Villages and the Healthcare Ecosystem

o *The Village model supports aging in place and the well-being of community dwelling older adults with goals that are aligned with the incentives of healthcare entities taking on financial risk for a population*

o Surgeon General's 2023 warning re: harms of loneliness and isolation. We hypothesize Villages can be part of the solution

o Series of Focus Groups with Villages and Healthcare entities (both Providers and Payers) with objective to test connections in 2025

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What are your thoughts, perspective, ideas, recommendations?

1. What is a bridge too far (i.e., healthcare system becomes Big Brother and infiltrates Village, people in your business)?

2. What is demonstrably useful in the connecting villages to HC?

1. Audience vote

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