Mark Masselli: This is Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, Congress averted that government shut down with a last-minute basket when the President and the Speaker of the House got a deal to cut $38 billion in spending to fund the government through September. Congress is finalizing the details. What's certain is that this is no way the end of the budget battle.

Margaret Flinter: And what did think about those giant countdown clocks at the news stations around showing us how many seconds it was until the government would be shut down.

Mark Masselli: Edge of my chair.

Margaret Flinter: But it is true. Congress is gearing up for more budget battles this week. And as you said, Mark, the budget deal that was struck late Friday night concerns the current year's budget, and that still needs full congressional approval this week. Then we have to move on to next year's budget.

Mark Masselli: Right, the short-term budget concerns are behind us, but the nation's long-term economic future is front in centre. We talked last week about Republican Budget Committee Chair Paul Ryan's proposal for 2012. It is very controversial proposal to change Medicare. Essentially, it would privatize the entitlement program for the elderly. This is expected to be voted on the House at the end of this week, and we will see if there are any Democrats who are in support of that.

Margaret Flinter: Well, Mark, I am going to be really interested to see whether there is any of the hands-off Medicare holds by seniors that we heard a couple of summers ago when privatizing Medicare or just discussing Medicare in the context of Health Reform was on the table. And it's interesting to watch President Obama. Certainly, he is not mum on the topic of the deficit and the long-term debt. Like everyone else, he knows this long-term debt ceiling is incredibly important, and I think he also wants to tackle some changes to entitlement programs like Medicare and Medicaid, certainly not in the same way as Representative Ryan but clearly very important strategic and policy issues for him.

Mark Masselli: Well, I think the tensions hopefully will come down. It sounds like the President and the Speaker who have gotten a better relationship and hopefully even the President talks to the country, he can start a conversation, and hopefully, we can have the public debate that President Obama provided in the Health Reform Act with any proposal that's coming out.

Margaret Flinter: And one thing that's clear is you can't talk about a growing federal budget or federal deficit without talking about health, and you can't talk about health-related expenses without acknowledging the really important issue of the aging baby-boomer population and issues of health care surrounding long-term care and long-term care expenses. And these are going to be front in centre I think in the discussion about Health Reform in the coming year.

Mark Masselli: And on today's show, we are going to bring long-term care into the limelight. We are happy that Dr. Mary Jane Koren, Vice President for the Picker and Commonwealth Fund Long-Term Quality Improvement Program, can join us today. She will give us some perspective on issues surrounding long-term care that are driving this need for change as well as some of the innovations and reform efforts that's seen most promising.

Margaret Flinter: We are delighted that Dr. Koren is with us today on Conversations. And remember, no matter what the story, you can hear all of our shows on our website Chcradio.com. You can subscribe to iTunes to get the show downloaded or read a transcript of our shows at Chcradio.com. If you are social media _____ 3:09, become a fan of Conservations on Health Care on Facebook. And don't forget, you can follow us on Twitter too.

Mark Masselli: And as always, if you have feedback, email us at Chcradio.com. We would love to hear from you. Before we speak with Dr. Mary Jane Koren, let's check in with our producer Loren Bonner with Headline News.

Loren Bonner: I am Loren Bonner with this week's Headline News. The Department of Health and Human Services unveiled a new plan to reduce health disparities. Some of the ideas outlined include working with states to increase the number of poor children who receive preventative dental care using trained promotoras, the Spanish word for a trusted local, as community health workers, initiating new studies comparing which treatments work best for diabetes, asthma, arthritis and heart disease in minority populations, and creating an online national registry of certified interpreters that doctors or hospitals can use for patients who don't speak English. HHS has yet to put a dollar figure on these pending projects but said it plans to pay for them with money already in hand and not subject to congresses ongoing budget battle. A grant program in the Health Reform Law will give states who are under pressure to cut Medicaid costs incentives for Medicaid recipients who demonstrate a commitment to improving their health. The Federal Grant Program is offering states $100 million to experiment with wellness incentives like quitting smoking. States have until May 2nd to submit final proposals, and a number have already indicated interest.

This week on Conversations, we are discussing long-term care, a word that can interpreted several different ways when we talk about caring for seniors and those who need personal services on a continuing or reoccurring basis. Nursing homes, assisted living facilities or homecare services may come to mind. But

what about a Naturally Occurring Retirement Community, or NORC as it's referred to? In New York City, this phenomenon is not all that new. In the late 1980s, Penn South, a high-rise co-op in midtown Manhattan, became the first official NORC program in the United States. Today, the NORC model, which allows seniors to age in their homes and communities, is spreading throughout New York and across the entire country. I visited one NORC in Northeastern Queens, New York. Like most American suburbs, Clearview Gardens was built after World War II to help fill the need for affordable housing. Low-rise brown brick housing units are spread out over 88 acres of quiet tree-lined streets. After the side of one unit, a sign points people around back to the NORC program office and community rooms.

Gary Babad: What ended up happening is people got older. And especially given the type pf community this is, some of the geographical spread of it and the fact that there is no elevators, and between the spread of the community and the steps that they had to take, we got more and more people that got older became isolated. And without the kids around to kind of pull people together either, the needs really grew.

Loren Bonner: That's Gary Babad. He directs the Clearview Assistance Program, a NORC that began in the late 1990s through the efforts of a group of seniors in the community who recognized the need for more support systems. By definition, a NORC is a demographic descriptor of a community or housing development where a large concentration of elders live. It's a community that wasn't built for seniors but now houses them, and a NORC program is the response to that. It's a model of care that offers a broad range of support for the residents of a NORC. A group of senior women who welcomed me in one of the two community spaces at Clearview rattled off a list of activities that could occupy their days, ranging from transportation services, to local shopping, to daily exercise classes and groups like needing for charity.

(Informal Talk)

Loren Bonner: Every NORC program is unique because it's based on the individual community's wants and needs. However, the objective remains the same, to improve of quality of life for senior residents. Health, of course, factors in heavily. Karen Schwab directs Older Adult Services at Samuel Field Y, one of the larger programs that oversees Clearview's NORC as well as two others in the area. She says the support staff at Clearview like **Patti** Clementi, the onsite nurse, make a huge difference in the health and well being of the residents.

Patti Clementi: Much easier engaging somebody who already knows about you. So when people already know Patti because they have already met her, and you have got to be _____ 8:22 as the NORC nurse. It's very easy to call somebody and say, "Can Paddy come over" because now we know who Paddy is, and that

is really so much important what the NORC is. So we really work very hard in engaging people when **they are well**.

Loren Bonner: Starting in about 2002, Congress directed the earmark spending to fund NORC programs in 25 different states across the country. This ultimately led to an increasing focus on prevention in NORC-funded programs. Fredda Vladeck is the Director of the United Hospital Fund's Aging in Place Initiative which focuses on advancing the NORC model. She is also the Founding Director of the first NORC program in New York City at Penn South.

Fredda Vladeck: Because we had such a critical mass in New York, we started to look at that very issue. So how are the NORC programs maximizing the health and well being of seniors? It took us a little while to really develop a framework that permitted us to identify the health risks, develop some standards of care practice and then measure the progress in reducing those health risks.

Loren Bonner: The Health Indicators project help different NORCs identify themselves in terms of the population's health. It permitted each NORC program to pick an issue and decide as a community that they were going to focus on reducing the risk of that problem. Clearview chose to address false risks because they figured it was going to be important to prevent them as the population grew older, again Gary Babad.

Gary Babad: What we do with the Health Indicators is we look at a set of factors that have kind of determined to contribute to people's likelihood of falling, and Patti is probably biggest part of that because a lot of it is looking at things like blood pressure. Patti will look at the trigger drugs, things that might lead to a fall or drug interactions that might be dangerous for people.

Margaret Flinter: In terms of cost, this model strays away from how health care is traditionally paid for, one hip fracture at a time, so to speak. Vladeck says the NORC program model is in tie to Medicare or Medicaid reimbursement because it's not the same as providing individualized medical care. Like most NORCs. Clearview is funded by a public-private partnership, receiving some funding from government grants and some from private donors. But staff like Schwab worry about sustainability amidst so much budget tightening, especially she says when thinking about future demand.

Female: In this community, you will have grandparents, parents and grandchildren all living here. They have been children who have moved back because of the supports. They are children that have moved back because they like growing up in the community.

Margaret Flinter: To learn more about the NORC model visit, Norcblueprint.org. Let's turn now to our interview with Dr. Mary Jane Koren from the Commonwealth

Fund who can tell us more about some other reform efforts that are underway to improve long-term care.

Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Dr. Mary Jane Koren who leads the Picker-Commonwealth Fund Long-Term Care Quality Improvement Program. Welcome, Dr. Koren.

Dr. Mary Jane Koren: Thank you.

Mark Masselli: Advocates for long-term care have realized the need to reform this type of care which, as you know, mainly serves senior citizens but also the disabled and chronically-ill adults who cannot care for themselves. What are the issues surrounding long-term care that are driving this demand for change?

Dr. Mary Jane Koren: Well, I think one of the things is that we have to realize that long-term care does not equal nursing homes. And in fact, there are a wide variety of supports and services that come under that 'umbrella' term. So for example, we have assisted living, we have adult foster care, daycare. And I think of the problems is that people have resisted the idea of long-term care because they think it's just nursing homes. The other thing, and you pointed it out, was that long-term care is not just for the elderly. I believe something like 35% or 40% of all long-term care services are given to people under the age of 65. So this is an issue for everyone.

Margaret Flinter: So Dr. Koren, the Commonwealth Fund, through the Long-Term Care Quality Improvement Program that you lead, is very committed to reform and innovation of the delivery system for long-term care. And as you just said, that's a much broader area than many people realize. You have identified several projects and practice models that have as their aim the improvement of the delivery of the long-term care services. Maybe you could describe one or two that you think are the most promising in terms of creating and sustaining change and improvement.

Dr. Mary Jane Koren: Sure. One of our programs that we have supported now for the last several years has been a quality campaign for nursing homes. It's called Advancing Excellence, and people can go and look at the website, it's Nhqualitycampaign.org. And we have sections in there for consumers, for health care workers, and also for the providers. And what we are doing is we are giving nursing homes – because it's nursing home directed – we are giving nursing homes the opportunity to voluntarily get better. And we have been really excited that we have been a partner with the Centers for Medicare & Medicaid on this, and we have been able to show over the last four-five years that the nursing homes that participate in the campaign actually get better, faster and improve more than nursing homes who are not in the campaign. And right now, there are over 7,000 nursing homes that have participated and joint Advancing Excellence. So that's one of I think our big wins. Another one, for example, is our pioneer

network that we have helped to support that. And I had talked a little bit about trying to transform the care in nursing homes, and the pioneer network has really supported all different kinds of providers with information to enable them to really put the person in the center of care, rather than again trying to make the person sit into the system in which they find themselves. So the pioneer network has really worked with policy makers. There is even a section in the Health Care Reform Law that calls for demonstrations to see how this kind of, what we call, culture change works, how it affects individuals in nursing homes and also how it affects workers at nursing homes.

Mark Masselli: And as you mentioned, the Affordable Care Law, there are several provisions that support long-term care. Perhaps the most care talked about is the CLASS Act, Community Living Assistance Services and Support. And as you know, that program would provide cash benefits to recipients that could be used for a variety of non-medical expenses such as paying for home health aid or family member who provides care. _____ 15:54 taking aim at the program over concerns that it won't be able to sustain itself financially, what's your perspective on the CLASS Act? Does it change things for the better?

Dr. Mary Jane Koren: I think that the CLASS Act is probably one of the most revolutionary pieces of legislation that we have seen. People should not have to impoverish themselves in order to get long-term care. And just as you ensure yourself against acute events when you are younger, you also should be ensuring yourself against long-term care needs. We certainly know, as I said, almost 40% of people who need long-term care are under 65. So this is not just a problem of the elderly. And we also know that, for example, something like one in five people over the age of 65 are probably are going to spend some time in the nursing home. So long-term care is probably going to be in your future. And what the CLASS Act does is it enables you to ensure against that by enrolling in the program early on and sort of self-ensuring yourself through that time period. We think this is incredibly important. It was very interesting, the SCAN Foundation did a poll of Americans right before the Health Care Reform Law was brought forward and found that 92% of Americans said they wanted improved coverage for care that would keep them out of nursing homes, and that's one of the things the CLASS Act does. So we know that there is widespread public support for this, and now what we need to do is to be sure people understand they need to enroll in it early.

Margaret Flinter: I agree with you in support when people understand but we haven't heard people talk about it that much on the street, so we are really glad to put some attention on that today. Let me ask you, Dr. Koren, in addition to the financing of long-term care, there is other areas of great concern, as you said, certainly quality improvement, probably some regulatory issues. But I want to talk particularly about workforce development. In the Reform Bill and in the literature, generally we talk a lot about shortages in primary care. But I would suspect that workforce development, recruitment training, retention both on the

clinical levels such as geriatrician like yourself but also on the frontline worker level with the elderly and with others in long-term care is an area of real concern. Anything that you are working on there is you see is promising and hopeful?

Dr. Mary Jane Koren: There is a lot going on in that area. You are probably familiar with the recent report that the Institute of Medicine did looking at the elder care workforce, recognizing, as you said, that as the baby-boom generation ages, we are going to need more workers and we are going to need better trained workers in order to care for them. One of the things we know in long-term care is that it's what we call high touch, not high tech. And so quality is going to be predicated on the quality of the workers. And that goes whether or not you are a geriatrician or you are a nurse's aide in a nursing home. One of the things that we have recognized with the culture change that I talked about is that it is as much about helping workers do the job they want to do as it is about changing the environment or helping the residents. And there are several alliances that are working on this. There is the Eldercare Workforce Alliance that really is looking at all the levels, both professional and non-professional, trying to do this. And so we are really excited about what's happening. And also, if you think about it from an economic perspective, in some ways, this is good because we are going to need an additional 3.5 million health care workers in the next 15 years. So it's a job opportunity.

Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Dr. Mary Jane Koren, a long-term care expert at the Commonwealth Fund. Dr. Koren, we would like to follow what innovations were happening at the state level here on Conversations on Health Care, and I am sure there are a lot in this area. And we have been looking at the states as incubators for a change or laboratories for change. So what do you see out in the states that we should be keeping an eye on?

Dr. Mary Jane Koren: One of the things that we are trying to do is we are trying to think about how we can use payment incentives to encourage nursing homes and other long-term care providers to really provide more, as we were saying, person-centered care. Colorado is testing some of these; a couple of other states are thinking about it. I know Ohio is looking at this. So we are really working closely with states to do just exactly what you said to sort of test things, to incubate ideas, try anything. We have culture change correlations in probably 25 or 30 states. So we know that this is a kind of thing that's happening. And one of the very encouraging things is that these are not just the efforts that are happening by people within the states but they are partnering with the agencies, the health department and the state Medicaid agencies, the Ombudsman program. All of these state programs are actually coming together and participating with consumers to try to create a better system. So it's pretty exciting.

Margaret Flinter: Well, I would like jump off the comments on culture change and maybe talk about culture in a little bit different sense. It is just such a grey area of fascination for all of us. It's just way the diverse the United States is, how many cultures, how many countries of origin. People here the in United States, having that, of course, as people get older continues right into the long-term care setting. At the Commonwealth Fund, you have done so much work looking at the differences and culture and health status and disparities. Is your center focusing on this sort of transformation that we will see in the long-term care area as well as our increasingly diverse culture ages?

Dr. Mary Jane Koren: What we are trying to do is we are piloting a program right now in four states called the Critical Access Nursing Home Project, and it is a project that we saw the need for based on some of the research that Dr. Vince Mor at Brown university was doing that really highlighted the disparities in care for people utilizing usually inner-city nursing homes. And very often, these were people who were poor, that were on Medicaid or were members of a minority ethnic group. So we really saw this as something that needed to be addressed. So what we have done is we have created networks within the states to come together and really try to work closely with a couple of nursing homes in the inner cities to see to see if we can improve their quality. And so far, we are having some really good effects. We are not finished with the project yet. But I think that it is addressing an issue that we know is there. And so far, there haven't been a lot of ideas out there about how to fix it.

Mark Masselli: Dr. Koren, speaking of ideas, we would like to ask all of our guests this question. When you look around the country and the world, what do you see in terms of innovation and who should our listeners at Conversations be keeping an eye on?

Dr. Mary Jane Koren: I think one of the really innovative ideas that we are seeing right now is a recognition that no single provider group can fix things, that in a sense, it takes the community to fix it.

Margaret Flinter: Today, we have been speaking with Dr. Mary Jane Koren who leads the Picker-Commonwealth Long-Term Care Quality Improvement program. Dr. Koren, thank you so much for joining us today on Conversations.

Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. This week's bright idea focuses on mobile applications that are helping patients better manage their pain symptoms and communicate their pain with caregivers and providers more effectively. Roughly 9,000 health-related applications are currently available across mobile platforms making it difficult for consumers to choose among the most effective. Pain Care, developed by Ringful Health, has gained recognition since winning a Project HealthDesign award. This award is part of a larger national program from the Robert Wood Johnson Foundation and the California

HealthCare Foundation that designs next generation Personal Health Record systems. The app provides patients with an electronic pain journal to record their daily symptoms. With pain, triggers, medications, users indicate pain levels by touching a frowning or smiling face as well as locations, durations, characteristics, mood, and triggers. This data can then be shared instantly with their provider so that they can treat the patient better as well as measure progress. The designers of Pain Care based the app on similar personal health application that was tested at the University of Massachusetts Medical School. The research team received input from focus groups on content, function and design and then tested a working prototype. User-friendly applications that are helping patients better manage their symptoms, medications and communication with caregivers and providers, now that's a bright idea.

Margaret Flinter: This is Conversations on Health Care. I am Margaret Flinter.

Mark Messalli: I am Mark Messalli. Peace and health.

Conversations on Health Care, broadcast from the campus of Wesleyan University at WESU, streaming live at Wesufm.org and brought to you by the Community Health Center.