THERE IS A BETTER WAY TO DO THIS

Policy Must Recognize the Role of Functional Assessment of Older Adults

Ruth Katz

OVERVIEW & KEY POINTS

- Function is what really matters for older adults. Diagnosis is not useful.
- Rehabilitation is different for older adults than younger people.
- Translating functional assessment to functional status to care plan.
- Social indicators and environment are part of the equation
- The data dilemma.
- The financing challenge in the U.S.
- Policy examples – some progress, more needed.

FUNCTION IS WHAT MATTERS FOR OLDER ADULTS

- Older people have different goals.
- Movement and independence make all the difference.
- Maintaining function allows them optimal quality of life and better mental health.
- Even when their medical conditions are serious, functional assessment and rehabilitation can support their best lives.
- Memory care must speak to the whole person.

REHAB IS DIFFERENT FOR OLDER ADULTS

- Post-acute care can return function and independence.
- But it may not enable return to previous function.
- Functional assessment for post acute rehab must include social indicators of health, environmental/ecosystem, and goals for living.
- Environmental changes and technological supports improve ability to function.
- Long-term rehab (even maintenance rehab) can positively impact well being.

INFORMED CARE PLANNING

- Diagnosis is one step; functional assessment is essential
- Emphasis on person centered planning – what are your goals? What's possible?
- Policy note – don't do things that do not make rationale sense for the person. (Settings rule.)

THE DATA DILEMMA

- Function and personal goals difficult to capture.
- Most electronic health records and claims data do not capture function.
- Impossible to use these data to understand outcomes and make the case
- Need better functional measures that are easily incorporated into assessments and care plans and collected in a standardized manner.

APPLIED EXAMPLE: FROM RUGS TO PDPM

- FFS Nursing home spending - $28.5 billion (2022) (14% of Part A Medicare).
- Growth outpacing overall health spending – 5.6% vs. 4.6%.
- 2019 change from RUGS to PDPM to shift the focus from therapy minutes to person centered care and treatment.
- Focus has shifted to resident outcomes.
- Reimbursement for therapy declined 9% in the first year.

APPLIED EXAMPLE: SSI & SSDI

- Supplemental Security Income and Social Security Disability Income – income for people with disabilities.
- Eligibility determined based on income (SSI), Medicare history (SSDI), an inability to work, and disability.
- Disability determined based on medical condition, age, and past work experience.
- Use “list of medical conditions” (or “Blue Book”) and inability to work for at least a year (i.e., a “severe disability.”
- Most common conditions are muscle/skeletal/back/joint problems.

POLICY CHALLENGES

- Multiple programs with diverse eligibility and operational standards.
- Patchwork long-term care financing in the U.S.
  - Aging of the population brings challenges to light.
  - Long-term care is an essential component of health care.
  - Need a broader framework for rehabilitation.
- Moving slowly and cautiously.
  - Supplemental services under Medicare Advantage.