



Aging in the Hudson Valley

2014

Is the Healthcare System Ready?

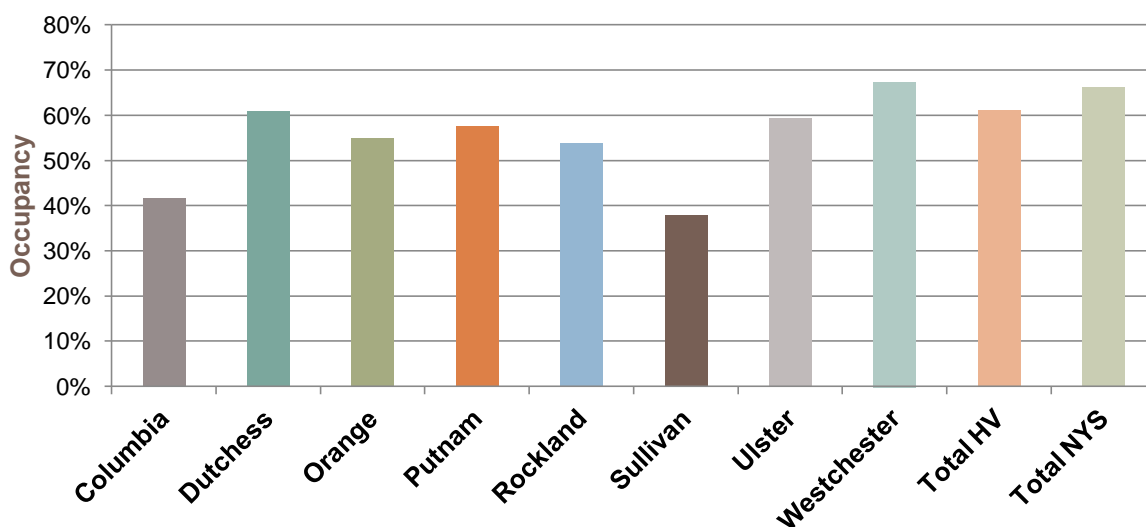
EXECUTIVE SUMMARY

The aging of the baby boomer generation will impact the healthcare system in terms of numbers, longevity and expectations. Is the Hudson Valley prepared? Under the guidance of a healthcare professional Advisory Panel, Hudson Valley Pattern for Progress sought to answer this question as part of a continuing series of research into the region's preparedness for the aging population. This Project evaluated hospitals, skilled nursing facilities, home healthcare, hospice, behavioral health (including Alzheimer's disease), associated workforce needs and regional health planning opportunities.

Cost, quality and access must be considered when evaluating the region's current healthcare system. The goal is to keep seniors healthy and enhance their quality of life, while also controlling healthcare costs in part by reducing hospitalizations and nursing home admissions in order to save limited financial resources. The Hudson Valley, defined here as Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester Counties, has 37 hospitals, 95 nursing homes, 174 home healthcare agencies, 10 Federally Qualified Health Centers, seven hospice agencies, hundreds of behavioral health providers, and over 7,000 licensed physicians. Models of increased consolidation and integration in other parts of the country, which result in better outcomes and lower costs, provide valuable lessons in the Hudson Valley's pursuit of better healthcare.

HOSPITALS - Hudson Valley hospitals in aggregate have occupancy rates and quality measures lower than optimal, and many hospitals face severe fiscal challenges. As more services move to the outpatient setting, no further expansion of bed numbers will be needed to absorb aging seniors. The region has at least 1,700 excess hospital beds as projected through 2040, and maybe more. The Hudson Valley must make a regional coordinated effort to consolidate the total number of acute care hospital beds by converting acute care hospital beds and services to other types of needed beds, including skilled nursing beds, transitional beds, swing beds, hospice beds, outpatient facilities, and specialized nursing units. The latter will serve to improve medical expertise and therefore outcomes. Also the region must protect rural critical access capacity. An in-depth analysis of those factors driving hospital admissions of seniors, their length of stay and the charges involved is necessary to properly plan for the future.

Hudson Valley Hospital Occupancy Rates by County



NURSING HOMES - Declining admissions, consumer preference and efforts to avoid nursing home admissions will only limit the need for new skilled nursing facility (SNF) beds to a degree. Even with substantial reductions of 30% in nursing home admission rates, the Hudson Valley still must prepare for more than 1,200 projected additional SNF beds by 2040. Without continued reductions in admissions rates, the projected SNF bed need could be much higher. Finding new SNF capacity will entail conversion of excess hospital beds where financially feasible and new development with the possible creation of specialized memory units, continuing care facilities and other housing alternatives that allow aging in place.

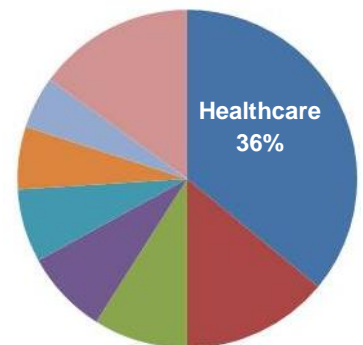
HOME HEALTHCARE - As providers and patients seek to avoid nursing home admissions, the Hudson Valley will require substantially more long-term home healthcare capacity. Even without reductions in nursing home admission rates, the Hudson Valley lacks home healthcare capacity. Additionally, home healthcare is projected to have the highest rate of growth in the healthcare sector for employment opportunity. The region should consider incentives to increase home healthcare capacity. Finally, innovation and consolidation efforts must be taken to make home healthcare more efficient and cost effective.

HOSPICE AND END-OF-LIFE CARE - By starting a community conversation about end-of-life care, Hudson Valley seniors can avoid hospitalizations and expensive intensive care unit bed days. Hudson Valley healthcare providers should create a regional, consistent approach to seek end-of-life directives at an early age from a high proportion of patients. The region should increase home-based hospice care as well as take the innovative step to establish hospice beds in institutional settings enabling reduced-cost hospice care in non-home settings.

BEHAVIORAL HEALTH - Additional supportive housing must be created in light of institutional downsizing. The regional health planning effort should also seek to integrate behavioral health into traditional healthcare services. A robust regional health planning effort should evaluate behavioral health data to make predictions of future need based on better data collection by New York State Office of Mental Health (OMH) certified and non-certified providers. Finally the Hudson Valley has a need for more behavioral health professionals specializing in geriatric needs and trained to address depression, suicide prevention, prescription drug and other substance abuse.

ALZHEIMER'S DISEASE - The healthcare planning effort should seek to quantify the incidence of Alzheimer's disease and dementia as well as build capacity to manage the projected increases. Healthcare providers educated on the potential increases and programs to train family members and caregivers will enable patients to avoid hospitalizations, live at home longer or comfortably at a healthcare setting, thereby improving quality of life and limiting costs of care. Specialized facilities such as memory units and other housing options must be explored, as well as efforts to integrate Alzheimer's into traditional geriatric care.

WORKFORCE DEVELOPMENT - The Hudson Valley workforce development system must prepare for the healthcare industry needs. The healthcare sector is projected to provide 36% of all Hudson Valley job creation through 2020. Large numbers of home health aides, personal care aides, and nurses will be needed. The region will experience growth in new occupations such as care coordinators and the need for more professionals working in occupations that extend patients' ability to remain in non-institutionalized settings. In addition, the Hudson Valley must begin a health professional recruitment program, particularly in those specialties such as behavioral health, where the current workforce is aging and no replacement appears imminent. Healthcare workforce development must be done collaboratively with educators, public health agencies, workforce development agencies and providers.



REGIONAL PLANNING - The Hudson Valley should begin its regional health planning effort in earnest. Regional health planning data must be centralized and consensus among providers reached, to ensure limited duplication of services as well as care coordination between the various institutions comprising the continuum of care. Further consolidation of these various components into integrated delivery systems as seen in high performance innovative systems will facilitate this effort.

INTEGRATION - All providers should seek to join the existing regional electronic health records (EHR) effort making regional interoperability a priority. In addition, providers should coalesce to establish metrics for comparisons at the physician level. The region can use the benchmarks set by the Center for Medicare and Medicaid Services (CMS) for hospitals, by New York State Department of Health (DOH) for SNFs, National Committee on Quality Assurance's Healthcare Effectiveness Data and Information Set measures for ambulatory practices and clinics and CMS's Physician Quality Reporting System for physicians. This data should be collected, formatted and made public on an annual or biannual basis. The large investment would be facilitated by large scale system integration.

IN CONCLUSION -The Hudson Valley healthcare community must find a way to work together to reduce costs and provide optimal services to its increasingly older population.

The region must look to convert unnecessary hospital beds to other uses and increase skilled nursing facility capacity. It must significantly increase the delivery of home healthcare and work to provide better and more cost efficient end of life care. The community must try to break down the artificial barriers between behavioral healthcare and traditional medical care as its seniors will require coordinated services.

Acting as a region, the healthcare community needs to plan for workforce development and achieve interoperability between its disparate information systems. In all sectors, investments must be made to optimize care by focusing on improving objective outcomes and the patient experience. The financial health of the Hudson Valley's hospitals, skilled nursing facilities and other providers must get better so that these needed changes and investments can be made.

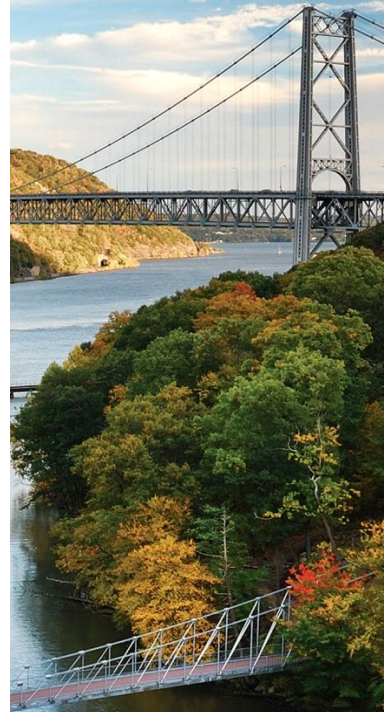
Objective, reasonable, non-parochial regional planning must provide the roadmap for these ambitious but critical requirements. Finally these goals will only be achievable if our "fragmented" sectors and providers find a path towards much greater integration.

The full report is available on line at

www.pattern-for-progress.org/aging-healthcare/

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