



Tompkins County Office for the Aging

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Strategic Planning - 2014 Medical Care for Tompkins County Elders

A Consensus Conference on the topic of Medical Care for Tompkins County Elders including health conditions, health care access, and health financing issues was convened on December 2, 2014 in the Rice Conference room at the Tompkins County Health Department. Lisa Holmes, Director of the Tompkins County Office for the Aging facilitated the discussion.

The following individuals participated:

Sarah Jane Blake, State Wide Senior Action Council
Christine Decker, Ithaca College Gerontology Institute
Diane Dawson, Lifelong
Susan Dunlop, Tompkins County Health Department
Betty Falcao, Health Planning Council
Beth Harrington, Tompkins County Department of Emergency Response
Lisa Holmes, Tompkins County Office for the Aging
Brooke Jobin, Tompkins County Personnel
Dr. William Klepack, Tompkins County Health Department
Frank Kruppa, Tompkins County Health Department
Theresa Lyczko, Tompkins County Health Department
Emily Mallar, CAP Connect
Ellie May, Tompkins County Office for the Aging Advisory Committee and Lifelong HIICAP Counselor
Suzanne Motheral, Tompkins County Office for the Aging
Mary-Ann Reeter, Decker School of Nursing
Bob Riter, Cancer Resource Center of the Finger Lakes
Trina Schickel, Tompkins County Office for the Aging
Fran Spadafora Manzella, Cancer Resource Center of the Finger Lakes

The following is a summary of the discussion and findings of this Consensus Conference.

Introduction and Overview of Medical Care for Tompkins County Elders

Introduction and Demographics

Lisa Holmes, Director of the Tompkins County Office for the Aging

The data are based on 2010 Census data and from the 2012 Office for the Aging Needs Assessment. In Tompkins County, there was a 34% growth of the 60 plus population between 2000 and 2010. Within that same population, there was nearly an 89% increase in people the ages between 60 and 64 years.

The non-white population in Tompkins County grew between 2000 and 2010, most notably the Asian population, which is now the largest group in the non-white population. The increases could result in language issues. Tompkins County is considered predominantly Caucasian.

Looking at the population projections to 2040, significant growth is not anticipated in Tompkins County. Over time, the younger cohorts between 0-59 years are projected to decrease while the older cohorts increase. The 85 plus age group, likely to have more health concerns, is projected to double during this period.

From the 2012 Office for the Aging Needs Assessment, self-reported health condition estimates for people 60 and over indicate that the most common condition is arthritis, followed by high blood pressure, then eye problems. Also, 14.2% older adults self-reported feeling anxious and 12.4% self-reported feeling depressed; 23% self-reported recently falling or were afraid of falling; 2% reported that someone in the household has dementia.

The majority of people report being covered by Medicare. EPIC, the New York pharmaceutical drug program which works in concert with Medicare Part D, raised the income qualification in the last year, so more people are eligible than ever before. Older adults self-reported that 13.4% have trouble understanding their insurance and that fewer than half of those knew about the health insurance counseling programs that are available through Lifelong and Office for the Aging. The survey indicated that 82% of participants take prescriptions daily. Nearly 10% of survey respondents were not enrolled in insurance for prescriptions and 4% said that they did not fill prescriptions because of cost or that they try to make them last longer. Most respondents—95%-- reported having a doctor who coordinated their health care needs; 97% had visited their doctor within the last year; 2% reported that they had difficulty finding health care due to financial or accessibility problems.

Tompkins County Health Department Community Health Improvement Plan focuses on two priorities for our area: preventing chronic disease, and promoting mental health and preventing substance abuse.

Strengths and Highlights

Tompkins County has programs and resources that are accessible and informative. For example, there is a local hospital, Cayuga Medical Center, that offers medical specialties so that people can obtain services such as cancer treatment within the county and not have to travel elsewhere. Medical transportation in Tompkins County is better than what is available in surrounding counties. There are agencies and programs such as the Office for the Aging, Lifelong, and Planned Parenthood that provide information about Medicare, Elderly Pharmaceutical Insurance Coverage (EPIC), and assist individuals how to make educated decisions to take care of themselves. The 2-1-1 Information and Referral is a hub for up-to-date information about local services.

With the clinical integration network and collaboration among agencies there are opportunities to identify community needs and to then meet them, such as occurred with the falls prevention program. This can lead to improved quality of life and independence for elders.

GIAC, Lifelong, and the Ithaca College Gerontology Institute are examples of agencies that sponsor elder wellness programs and networks. Tompkins County is fortunate to have the Ithaca College Gerontology Institute to provide professional training. Hospice and the Hospicare residence are important assets in the community.

The volunteer population of well elders is much appreciated for the many contributions that are made throughout the region. Ithaca and Tompkins County are considered retirement destinations and in the 2012 survey conducted by the Office for the Aging, the majority of respondents stated that they plan to remain in Tompkins County.

Challenges and Opportunities

Insurance and financial coverage for the cost of medical care is a major concern for many. An increasing number of employers are cutting their retiree health coverage. New Medicare clients may have difficulty finding a physician to care for them and people moving into the county from elsewhere may have difficulty locating a physician who accepts Medicare. Physicians find that payment by Medicare for physician services is low. Coverage of care provided by physicians or at Cayuga Medical can not be assumed—individuals must check with their insurance plan and the physician in order to determine what treatments are paid for by the insurance plan. Elders may be required to travel to Cortland, Sayre, or Schuylar in order to obtain “in-network” insurance coverage. Dental care is inadequately covered by Medicare and other private insurance, which has consequences for elders’ nutrition. There is a lack of geriatricians and no generally available geriatric psychiatrist.

When a person is discharged after a hospital stay and Medicare coverage is expended, that person will return home and need affordable and reliable in-home services. A reliable network of trustworthy informal supports is needed for the person, both skilled

and unskilled, and including an individual to accompany and perhaps transport the person to a medical appointment.

Older adults living in rural areas face significant barriers to adequate medical care. Regional transportation to sites for medical provision is a problem. A person's small medical needs that are untended may grow into more serious conditions. Many services are "Ithaca-centric" which causes problems for individuals who are averse to traveling to Ithaca.

Social isolation may result in declining health for some older adults. Cognitive decline may be unnoticed by caregivers who are not often present or who are greatly stressed. There may be a crisis such as unpaid bills that leads to a sudden discovery of ill health. Economic insecurity may result because of health costs and other life expenses.

Individuals, including retirees, may have questions about services and not know where to turn for information. Some persons with medical conditions may not understand the condition, or a medical test that is required, or the purpose and consequences of the medication they are supposed to take. Medical practitioners have too little time to explain and many individuals do not ask questions of their medical practitioner. Discharge instructions need to be comprehensible and feasible so that people can take care of themselves, and not miss information that could lead to their readmission to the hospital. Patient-advocates during discharge from hospital to home could assist.

Evidence-based chronic disease programs in Tompkins County may be under-utilized due to the differences between sparsely-networked rural areas and densely-populated areas. For example, larger areas often have community health centers serving large populations that include both primary care and educational services. The referral process is seamless. The requirements needed to sustain "best-practice" models can be costly in terms of staffing, funding, and the wide geographic area and may not be cost-efficient. Effective program outreach has been a challenge for a complex set of reasons.

There are problems with accurate transmission of Medical Orders for Life-Sustaining Treatment (MOLST) when patients are transferred between the hospital and a facility or their homes. This can result in unwanted or inappropriate treatment or care during a delicate time for the patient.

Recommendations and Priorities

Listed with number of votes tallied in parentheses

- Expand volunteerism model for skilled/unskilled ways to meet patients' needs at home with immunity from liability. (9)
- Utilize EMS volunteers who are willing to assist with the many basic needs of the community such as in-home assessments and care. (8)
- Engage in a media campaign to raise awareness about aging. In particular, inform employers about challenges their employees who are caregivers face, including

- Encourage health practitioners to utilize electronic health records to inform other service providers about a patient's needs (with the patient's permission). (8)
- Be aware of being too Ithaca-centric. Use advanced technology to care for people where they are without physically having to go to them and because some people will not come into Ithaca. (5)
- Encourage individuals to utilize resource centers (including Planned Parenthood) and other services that offer people information and support to make educated decisions to take care of themselves. (4)
- Recognize and address cognitive difficulties or decline before a crisis such as unpaid bills. (2).
- Advocate for both a geriatrician and a geriatric psychiatrist in Tompkins County who would be available to community-dwelling older people in the beginning or middle stages of their psychiatric episodes since a hospital-based geriatric psychiatrist will not be available for these individuals. (2)
- Establish "nodal points" for elders where one resource can connect a person to another (e.g., OFA). (2)
- Appreciate Ithaca College Gerontology Institute as an option for professional training, as well as Hospicare with its hospice residence. (1)
- Provide an advocate/ombudsman from hospital to home to help patients understand discharge instructions. (1)

Additional recommendations without votes:

- Create a day-to-day system of referrals in order to increase consistency and connection. Examples of "nodal points" include the EMS referring people to OFA for services, oncology labs referring patients, and Cayuga Medical Associates referring to Lifelong.

- Guide people to updated information resources. For example, the 2-1-1 Helpline stays in touch with organizations and updates its database regularly so that it is a reliable resource.
- Continue to promote preventative and well-elder programs, volunteerism and other options for social engagement.
- Develop an efficient rotation for Gadabout transportation in timing its pick-ups from doctor's visit or appointments that take longer than planned because some elderly patients have many health problems to discuss during their visits with physicians.
- Support caregivers who may currently or eventually themselves experience health changes as both they and their loved ones age together. Employers can actively address these issues by creating more empathizing and considerate work environments and by promoting campaigns and workshops that advocate for caregivers.
- Tap into younger generations of volunteers.
- Implement the electronic version of Medical Orders for Life-Sustaining Treatment (eMOLST) in Tompkins County in order to streamline transmission of time-sensitive medical information and have hospitals and facilities act on a patient's values and wishes.