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DEL ESTADO LIBRE ASOCIADO DE
PUERTO RICO

LONG-TERM CARE IN PUERTO RICO

Long-Term Health Care Continuum Summit

PR Chamber of Commerce

March 14, 2013

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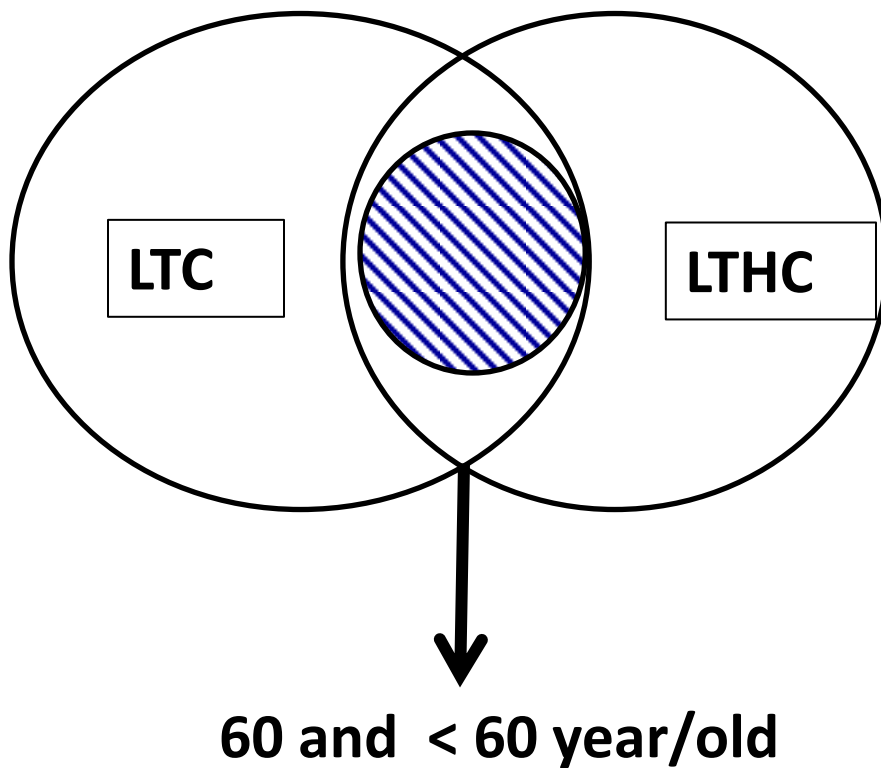
Overview

- ❖ What is Long- Term Care?
- ❖ Demographics
- ❖ Health conditions
- ❖ Vision of the current administration
- ❖ Premises for Action
- ❖ New models of care
- ❖ Quality
- ❖ Workforce retraining
- ❖ A new integrated health care system for PR



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Long Term (Health) Care





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What is Long-Term Care?

- ✓ A variety of services that includes medical and non-medical care to people who have a chronic illness or disability. Long-term care helps meet health or personal needs. May be needed at any age.
- ✓ Most long-term care is to assist people with support services such as activities of daily living like dressing, bathing, and using the bathroom.
- ✓ Long-term care can be provided at home, in the community, in assisted living or in nursing homes.



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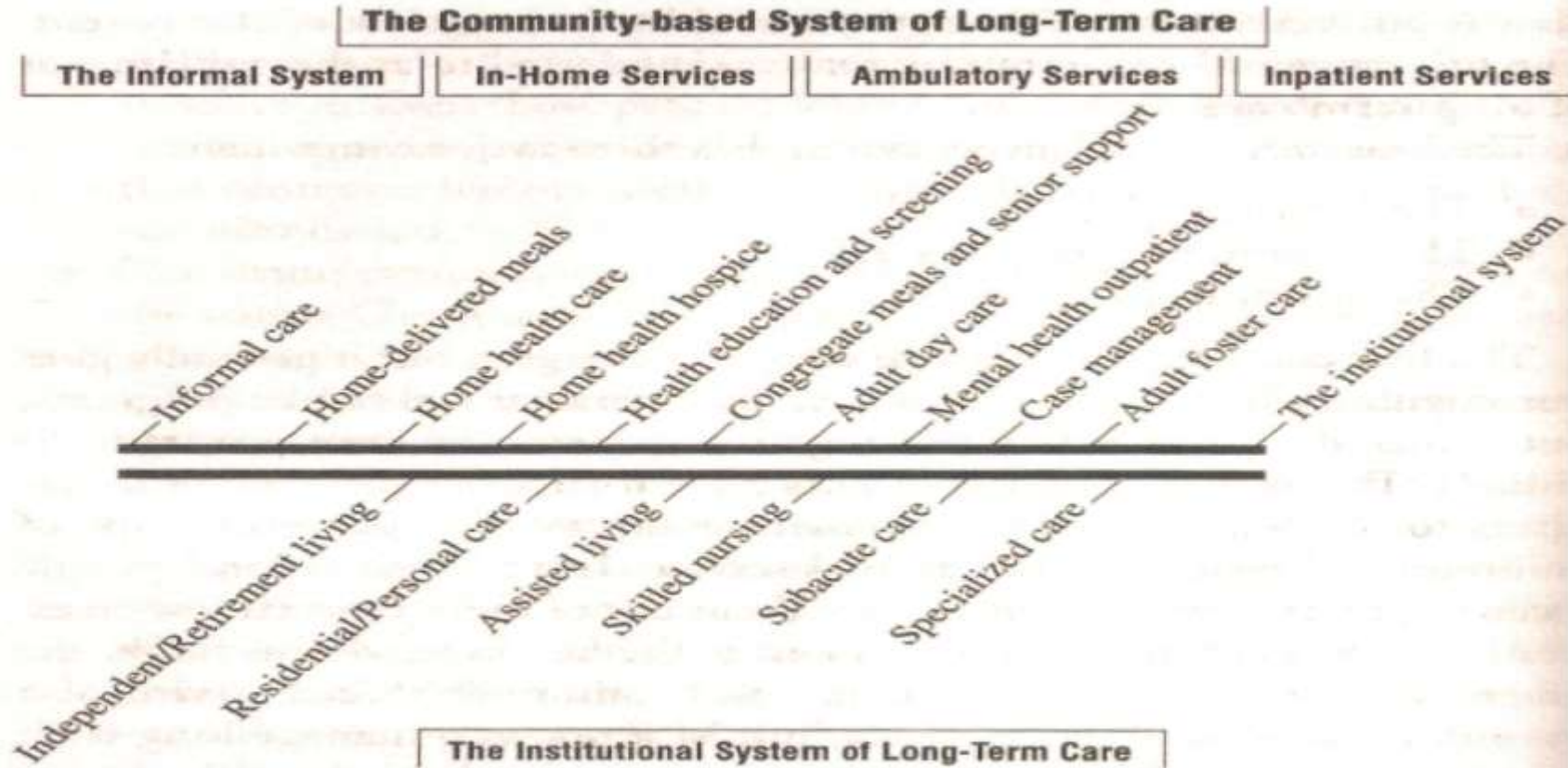


FIGURE 1-5 The Continuum of Long-Term Care



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Some questions about Long Term Care

1. How will demographic and labour market trends affect the supply of family and friends available to care for this population?
2. Can we rely on family care givers as the sole source of support for frail seniors?
3. Should family care givers and friends be better supported, and if so, how?
4. Can we attract and retain care workers: Is it just a matter of paying them better?



Some questions about Long Term Care

5. Will public finances be threatened by the cost of providing care in the future?
6. What should be the balance between private responsibility and public support in care-giving?
7. Can we reduce costs by improving efficiency of long-term services?



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Ageing Population

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60 + years old
[Law 121,1986]

USA

65+ years old

- Parameters of the population sector



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Ageing, Disability and Long-Term Care Burden

“ Assessing the effects of ageing on the magnitude of costs of long-term care services for dependent elderly in Latin American Countries is important for three reasons First , the speed of demographic aging in these countries will be unprecedented, at least twice as large as that observed in Western European and North American...”

Monteverde, Noronha and Angeletti ; 2010



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Ageing, Disability and Long-Term Care Burden

- Second, the population reaching age 60 or more after 2000 is unique:... these birth cohorts will be more susceptible to the major chronic diseases that dominate at old age (diabetes, hypertension, and cardiovascular diseases). And, if so, the burden of associated disability will be particularly high.

Monteverde, et als, 2010



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Ageing, Disability and Long-Term Care Burden

- Third, rapid aging will be occurring in a fragile and changing institutional environment. Institutions that traditionally operated as safety nets in the past, protecting elderly of lower socioeconomic status, are rapidly being reformed, transformed or dismantled... and ...the ratio between potential caregivers and elderly persons is projected to decrease sharply everywhere, from levels of about 5.5 in 1950 to about 2.2 in 2010.

Monteverde, et als, 2010



Ageing, Disability and Long-Term Care Burden

- Preliminary estimates of individual expected costs suggest that Puerto Rico has the highest levels of long-term care costs (both, in US dollars at current prices and when converted into purchasing parity power in each country (ie, Mexico, Argentina)

Monteverde, et als ; 2010



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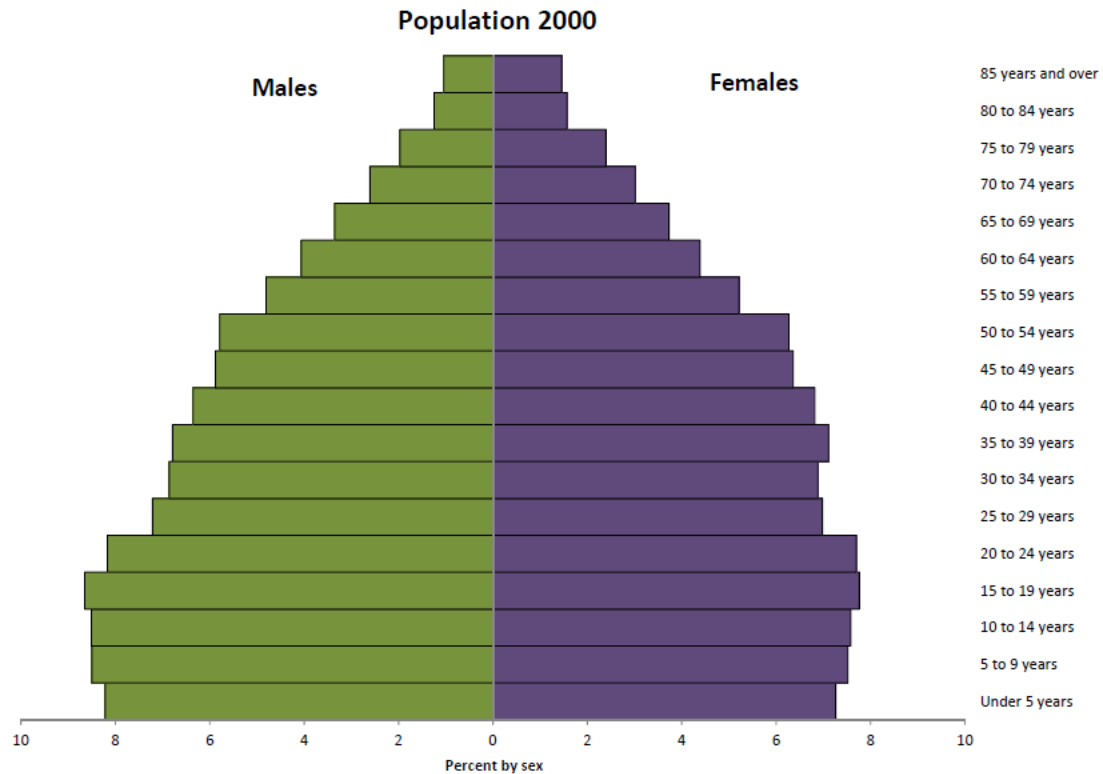
Demographics

	Puerto Rico	United States	Metric
Infant Mortality	8.5	6.7	Per 1,000 live births
Low birthweight	12.6%	8.1%	% of live births
Teen birth rate	51.4	34.2	Per 100,000 population
AIDS diagnosis rate	14.9	10.8	Per 100,000 population
Adults with disabilities	19.1	10.4	% of adults
Alzheimer's death rate	39.8	24.2	Per 100,000 population
Adults with diabetes (75+)	30.9%	17.9%	% of adults
Adults with diabetes (65-74)	31.1%	19.9%	% of adults
Diabetes death rate	64.5	20.9	Per 100,000 population
Flu and pneumonia death rate	24.2	16.2	Per 100,000 population
Overweight/obesity rate	66.2%	63.3%	% of adults



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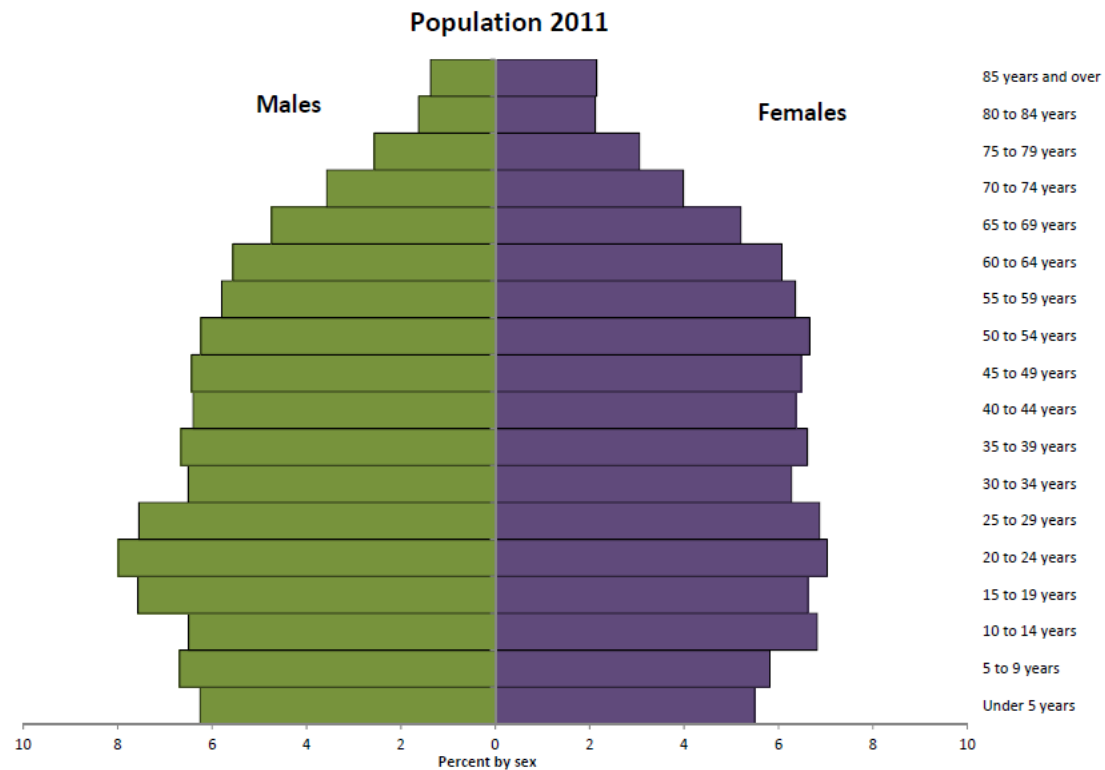
An ageing population





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An ageing population, cont.

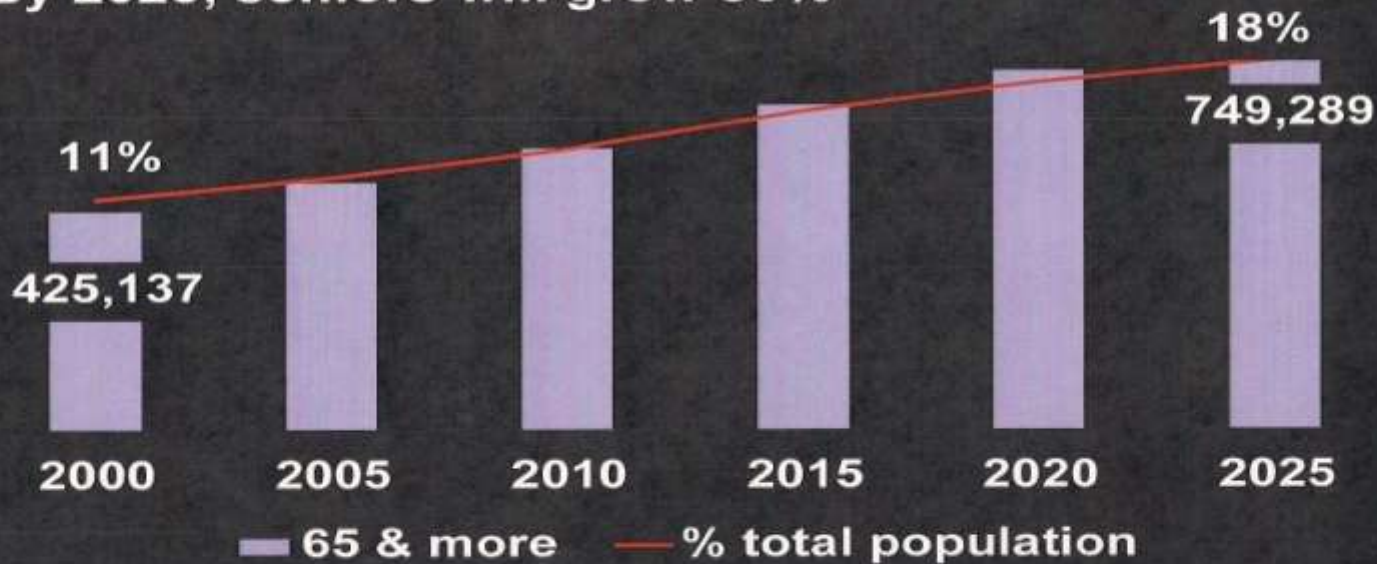




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PR population is rapidly aging

By 2025, seniors will grow 80%





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The longevity revolution

- **Scenario:**
 - By 2025, the number of Puerto Ricans aged 65 and older will reach 749,289, or 3x the same number in 2000.
 - This increasing population will put more pressure on health systems.



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Health conditions 65 + years old population



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Asthma:

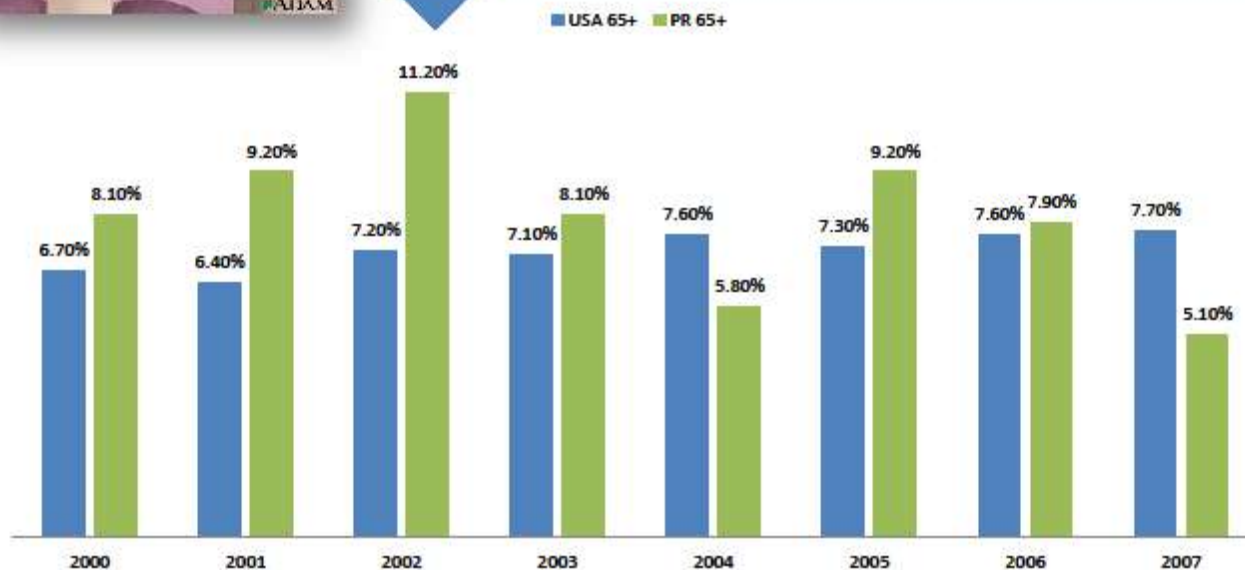
Adults of 65+ who have told they currently have Asthma



	2000	2001	2002	2003	2004	2005	2006	2007
USA 65+	6.70%	6.40%	7.20%	7.10%	7.60%	7.30%	7.60%	7.70%
PR 65+	8.10%	9.20%	11.20%	8.10%	5.80%	9.20%	7.90%	5.10%

Note:

- For the year 2007 as compared to 2000, Puerto Rico the percent of change of adults 65+ with Asthma have decrease **37.04%** versus 14.93 increase in the USA%.





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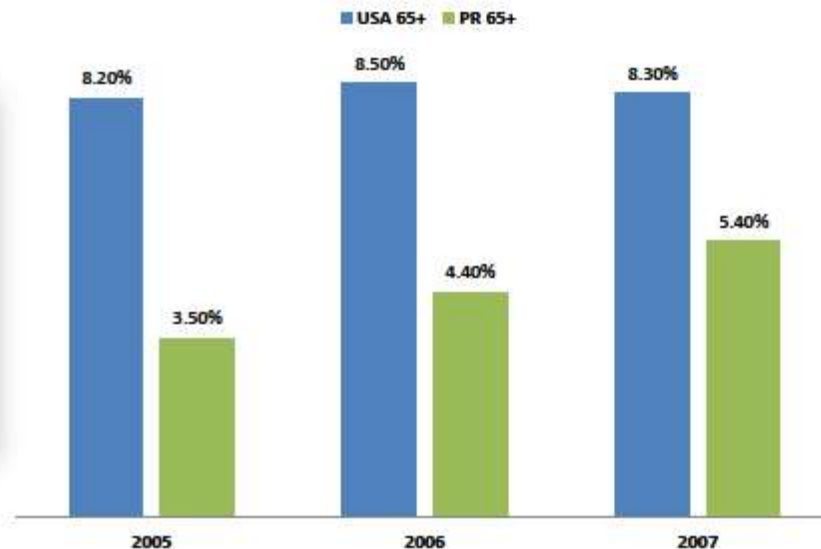
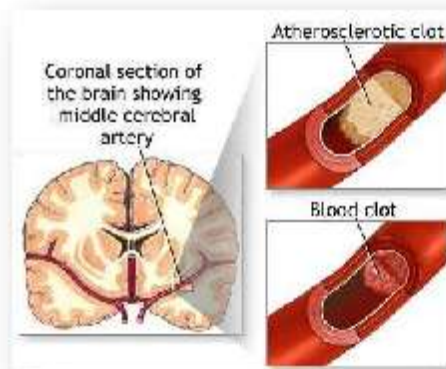
Cardiovascular Disease

Adults of 65+ that had a Stroke

	2005	2006	2007
USA 65+	8.20%	8.50%	8.30%
PR 65+	3.50%	4.40%	5.40%

Note:

• Puerto Rico shows consistently lower rates for Stroke as compared to USA. However, there is an increasing trend for this condition on the Island.





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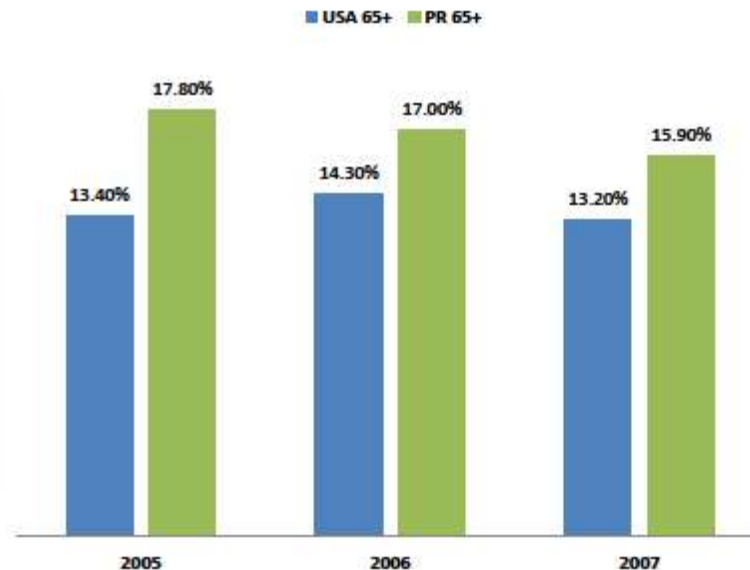
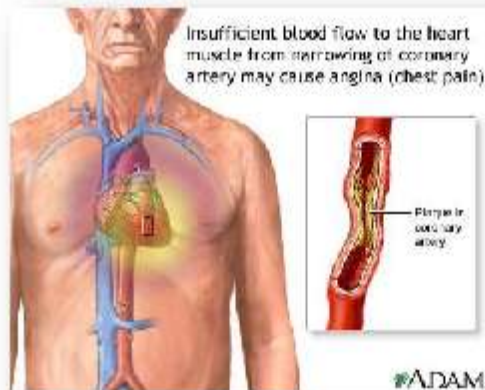
Cardiovascular Disease

Adults of 65+ that told had Angina or Coronary Heart Disease (CHD)

	2005	2006	2007
USA 65+	13.40%	14.30%	13.20%
PR 65+	17.80%	17.00%	15.90%

Note:

• Consistently higher figure for Angina and CHD for Puerto Rico. However the a decreasing trend is observed for the Island





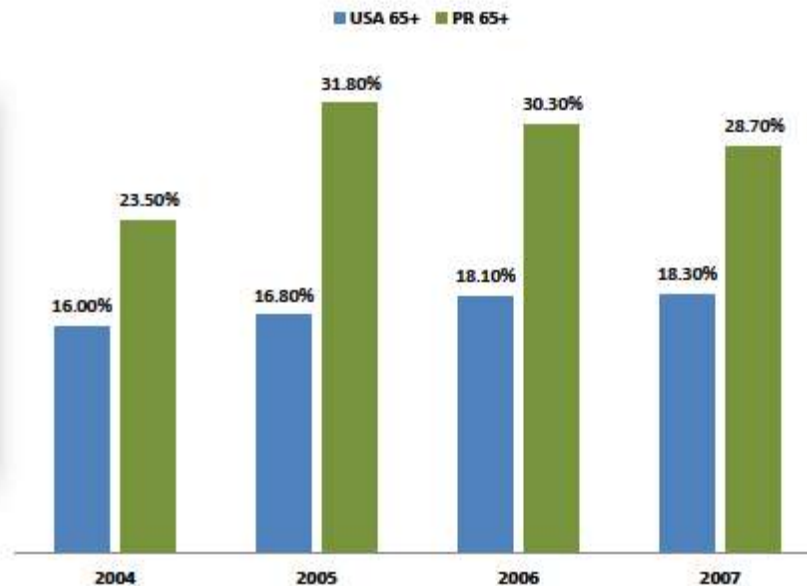
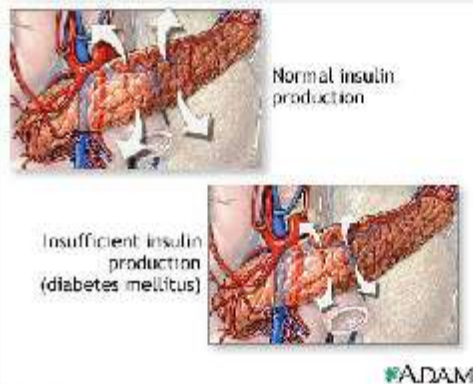
Diabetes

Adults of 65+ told by a doctor that you have Diabetes

	2004	2005	2006	2007
USA 65+	16.00%	16.80%	18.10%	18.30%
PR 65+	23.50%	31.80%	30.30%	28.70%

Note:

- Puerto Rico have consistently higher numbers of adults 65+ that were told having diabetes versus USA. However, a decreasing trend is observed on the Island for the last three years.



*This statistic excludes the answers (Yes, pregnancy-related), (No), (No, pre-diabetes or borderline diabetes)

*Note: Pregnancy-related is not included

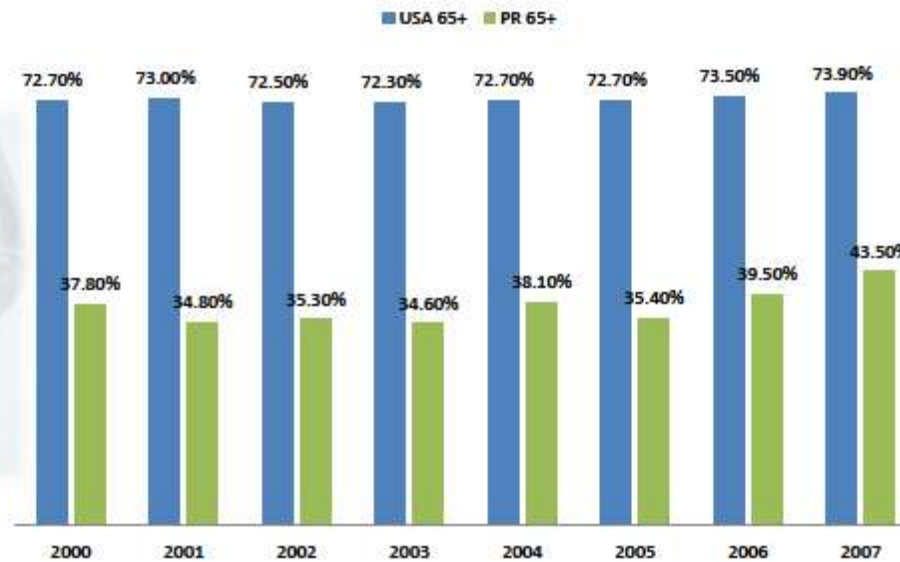


Health Status

	2000	2001	2002	2003	2004	2005	2006	2007
USA 65+	72.70%	73.00%	72.50%	72.30%	72.70%	72.70%	73.50%	73.90%
PR 65+	37.80%	34.80%	35.30%	34.60%	38.10%	35.40%	39.50%	43.50%

Note:

•The percent of people reporting a **Good** Health Status 65+ increase to the best ever in 2007. However the numbers are significantly lower as compared to the USA.



*The only answer evaluated is Good or Better. This analysis excludes the answers (Fair or Poor)



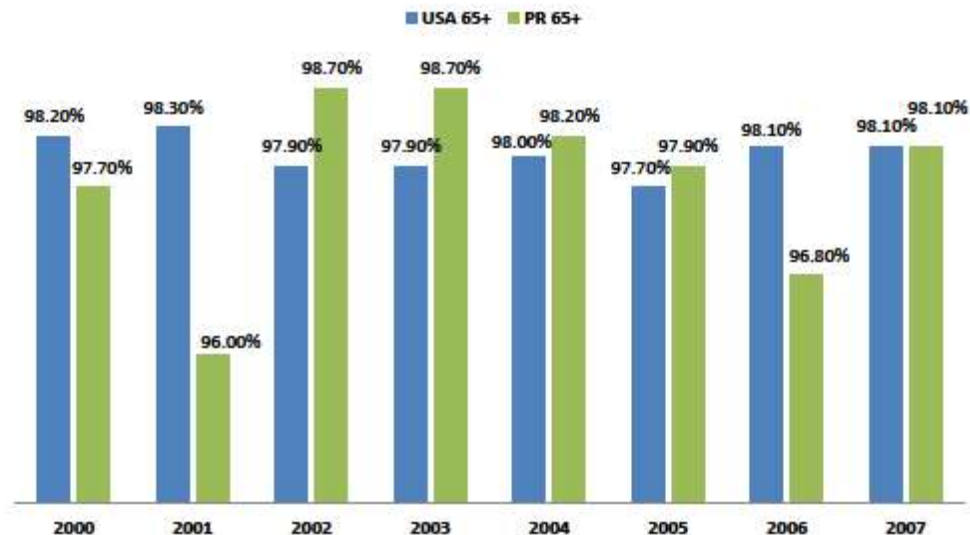
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Health Care Access/Coverage: Adults of 65+ that have any kind of Health Care Coverage

	2000	2001	2002	2003	2004	2005	2006	2007
USA 65+	98.20%	98.30%	97.90%	97.90%	98.00%	97.70%	98.10%	98.10%
PR 65+	97.70%	96.00%	98.70%	98.70%	98.20%	97.90%	96.80%	98.10%

Note:

•The percent of change of adults of 65+ that have any kind of health care coverage increase in 2007 leveling with USA for the first time ever.





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Hypertension Awareness

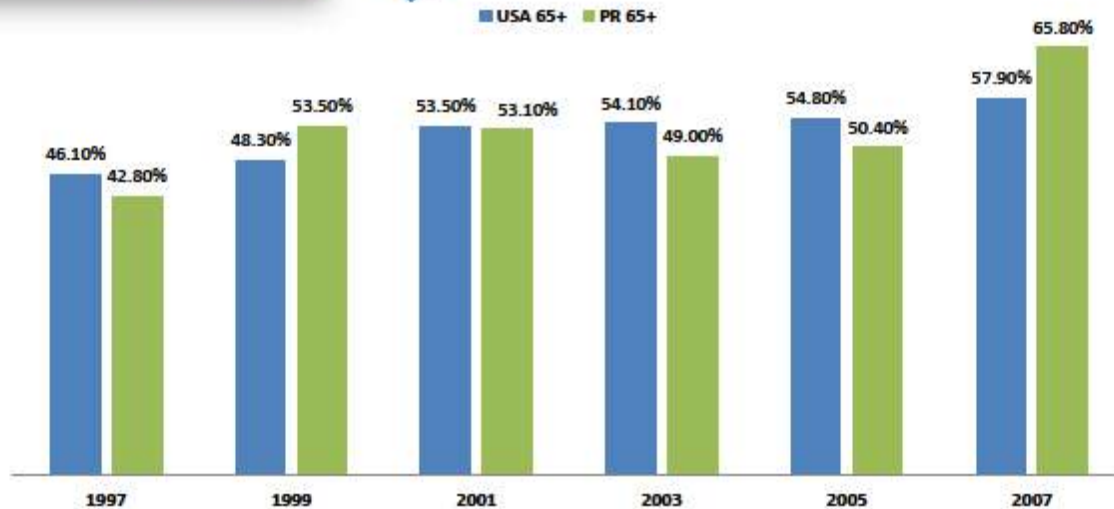
Adults of 65+ that have been told they have High Blood Pressure.



	1997	1999	2001	2003	2005	2007
USA 65+	46.10%	48.30%	53.50%	54.10%	54.80%	57.90%
PR 65+	42.80%	53.50%	53.10%	49.00%	50.40%	65.80%

Note:

•The percent of adults of 65+ that have been told they have high blood pressure have increase to the best time ever passing the rates for USA.





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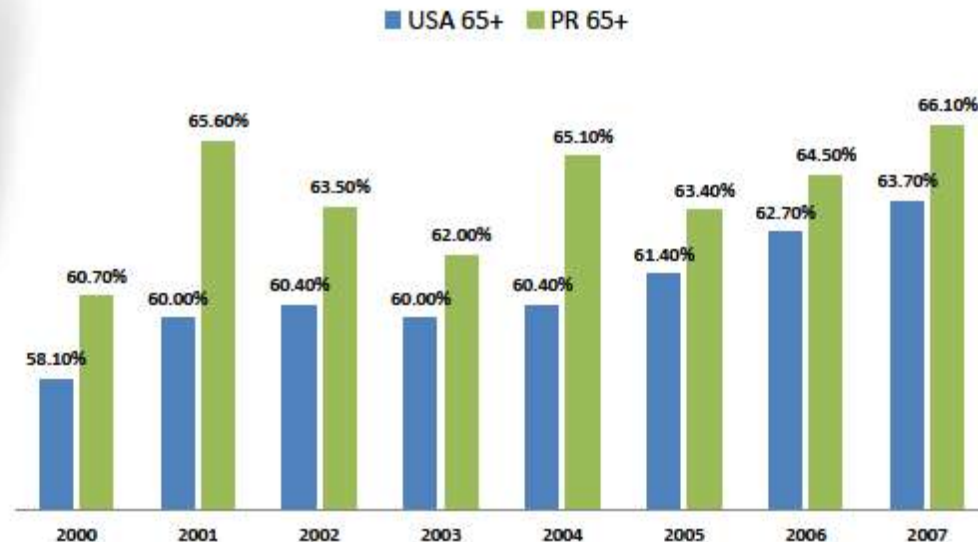
Overweight and Obesity

Weight classification by Body Mass Index (BMI)

	2000	2001	2002	2003	2004	2005	2006	2007
USA 65+	58.10%	60.00%	60.40%	60.00%	60.40%	61.40%	62.70%	63.70%
PR 65+	60.70%	65.60%	63.50%	62.00%	65.10%	63.40%	64.50%	66.10%

Note:

• Puerto Rico constantly showed a higher percent of Overweight or Obese people as compared to the USA



•Neither overweight nor obese (bmi le 24.9)

•Overweight (bmi 25.0 - 29.9)

•Obese (bmi 30.0 - 99.8)

•This statistic only includes the Obese data. It excludes the answers (Neither overweight nor obese) and (Overweight)



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Coverage

- Medicare: 693,652; 19%
- Medicare Advantage: 483,978; 70% penetration
- Medicaid: 1,342,950 (Mi Salud)
- Medicaid Managed Care: 896,562; 82% penetration
- State population: 240,347
- Dual Eligible: 180,285 (SNP for Medicaid benefit)
- Private: 1,500, 631
- Uninsured: 300,000, 7.5%



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Providers

- ✓ Hospitals: 66
- ✓ Authorized beds: 11,887 (40% in San Juan area)
- ✓ Hospital beds in use: 8,660
- ✓ Primary Medical Groups: 488 (Mi Salud)
- ✓ Health Centers and Look-alikes: 77
- ✓ Physicians: 9,424
 - A reduction of 4.5% since 2004
 - 23% general practitioners; 13% internists; 12% pediatricians;
- ✓ Home health services: 45
- ✓ School-based health centers?
- ✓ Nursing homes: ?



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Long-term care in PR : Current condition

**"Long term care in PR is
a cottage industry".**

University of Puerto Rico and
Vanderbilt , Center for Better
Health; 2008



Long-term care in PR :Current condition

Although the population of Puerto Rico is aging, there is a serious shortage of long-term care facilities and supports. There are also few services for mentally ill and developmentally disabled citizens.



Long-term care in PR : Current condition , cont.

- ✓ Few skilled nursing facility beds in the Commonwealth to serve a population of almost 4 million.
- ✓ Little or no supervised living settings available; essentially no extensive formal long-term care infrastructure for the disabled and the elderly.
- ✓ Home care is available to limited privately insured and self-pay families, and a very small number of extremely low-income high-risk individuals who get assistance from the Family Department and a handful of municipalities.



Long-term care in PR : Current condition , cont.

- ✓ There is no coverage for long-term care under Puerto Rico Medicaid; restrictive financial caps leave no funding for this rapidly growing segment.
- ✓ In contrast, long-term care coverage in fiscal year 2004 represented nearly one-third of Medicaid expenditures in the 50 states.



Long-term care in PR : Current condition , cont.

- ✓ The traditional Puerto Rican family culture no longer supports elderly family members as well as it once did. Because there are few formal networks, controls, standards, or certified practitioners, to provide long-term care in Puerto Rico each family must improvise.
- ✓ In many instances, caregivers are essentially untrained workers hired from other islands. In other instances, the elderly are relocating to the states where Medicaid does offer long-term care coverage.



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Households 65+: Almost 50% with income below \$10K





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Who will help to sustain PR seniors' health expenditures?

Workers per senior

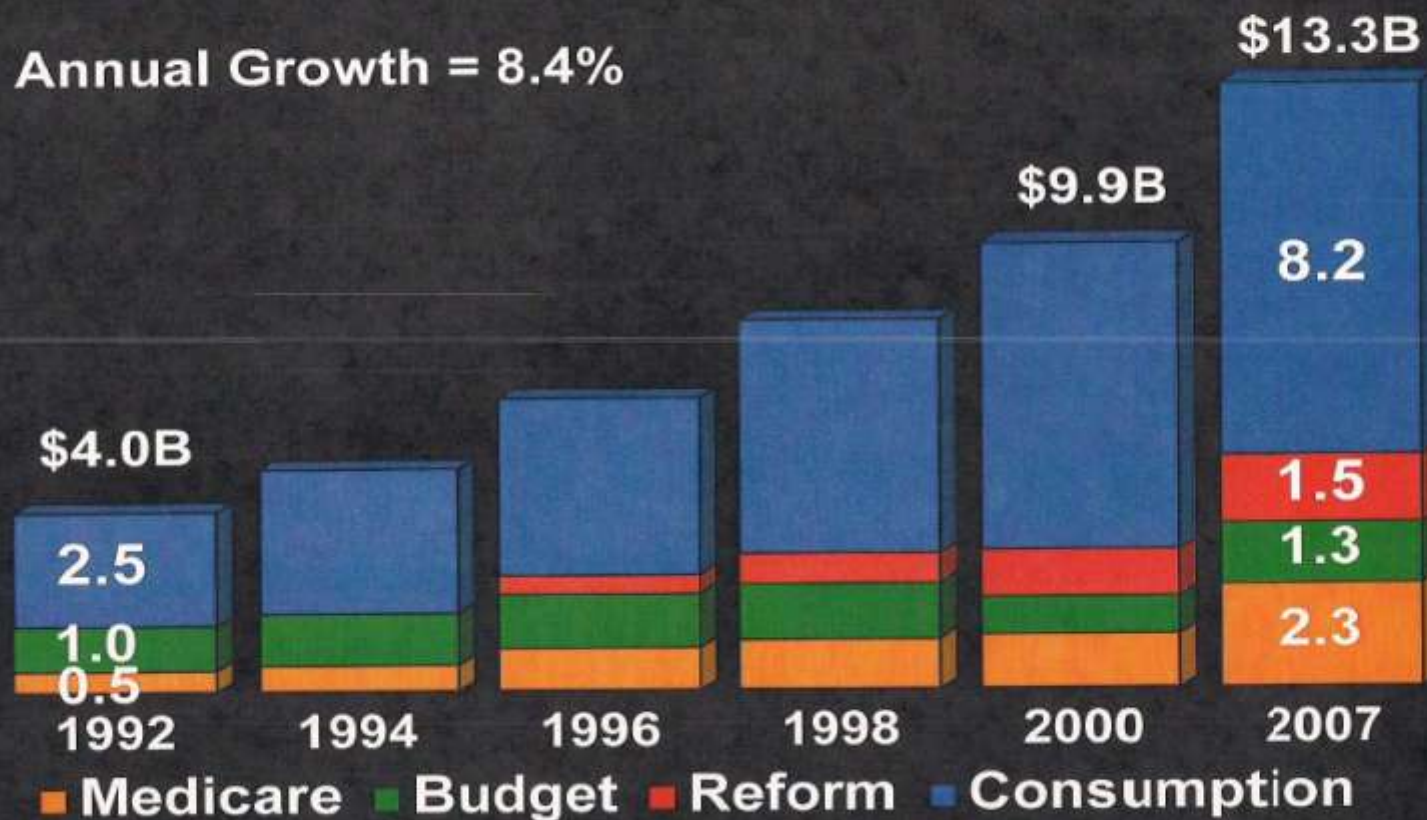




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Health spending in PR

Annual Growth = 8.4%





Vision

A system of services and supports to sustain individuals with disabilities and their caregivers over extended periods of time, in the least restrictive settings, to ensure high quality of life. A system that strengthen traditional social and cultural bonds and not disrupt them.



Premises for Action

- ❖ Programs should be created to define and manage current and future long-term care needs.
- ❖ The long term care system should take advantage of Puerto Rico's strong family culture to develop and promote home and community based care systems that supports family caregivers when these are available.
- ❖ Planners should analyze the current 'grey market' which exists in Puerto Rico's current long term care delivery system. This will include formal training and education for family caregivers and paid workers, as well as the regulation of the environment.



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Premises for Action

- ❖ The long-term care environment must be a part of the integrated health system model, and should work to overcome the false dichotomy between acute care and long-term care
- ❖ Long-term care should address the social and psychological needs of both patients and caregivers
- ❖ The long-term care delivery system will require an affective case management system and care advocacy programs that promotes the coordinated care



New Models of Care

The public and private sectors are pushing forward new models of care:

- ✓ Accountable Care Organizations (ACOs)
- ✓ Managed Long Term Care (MLTC)
- ✓ Health Homes
- ✓ Bundled Payments
- ✓ Patient-Centered Medical Homes

These new models will require:

- ✓ Integration of providers across silos
- ✓ HIT and quality infrastructure
- ✓ Risk-bearing at the provider level



Quality

Quality is beginning to play a role in reimbursement and this will only continue:

- Value-based purchasing
- Readmissions penalties
- ACOs

Quality performance will also be more transparent:

- Medicare Hospital Compare
- Leapfrog Hospital Survey



Workforce re-training

Existing workforce will need to be retrained to work in this new environment:

- In multidisciplinary teams
- To follow patient across the continuum of care

Models will engage different types of workers in new ways:

- Nurses
- Care managers
- Pharmacists



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An Integrated Health Care System: for Puerto Rico

- ❖ Defined governance structure
- ❖ Coordinated , patient- centered, medical practices, primary care centers, hospitals and specialists
- ❖ Coherent program of benefits for the patients
- ❖ Continuous monitoring and improvement of quality
- ❖ Health information and medical records exchange



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Health conditions: Priorities

- ✓ Asthma
- ✓ Hipertension and congestive failure
- ✓ Diabetes
- ✓ High risk pregnancy
 - ✓ primary cesareans
 - ✓ premature births
- ✓ Overweight and obesity
- ✓ Protocols



Integrated Health Care System for PR : 2013-2014

- ✓ Integrated Health Care System
- ✓ Intermediaries: limited and regulated
- ✓ Physical and mental health integration
- ✓ Electronic records
- ✓ Defined population
- ✓ Access
- ✓ Prevention, promotion and protection
- ✓ Coordination of care
- ✓ Others: ASES; Medicaid State Plan
- ✓ Evaluation



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