



Strategic Action Planning Group on Aging

Meeting Minutes – September 9, 2019

Participants: Christian Itin (Chair), Maureen McDonald (Vice Chair), John Zabawa, Sarah Elliott, Steve Child, Gabriel Kaplan, Dave Norman, Chris Lee, Hayley Gleason, Jim Collins, Tony Tapia, Jayla Sanchez-Warren, Karin Stewart, Josh Laipply, Karen Brown, Jean Nofles, and John Emerson

Not in Attendance: Kathleen Hall and Mindy Gates

Public Participants: Bob Brocker, Rich Mauro, Doug Rex, George Maxey, Jane Barnes, Jodi Waterhouse, Rachel Miner, Greg Smith, and Sophie Shulman

Action Items:

- Jarett Hughes to have Transportation Committee rank their draft recommendations.
- Christian Itin to work with Boards and Commissions regarding upcoming appointments

Meeting Notes

Welcome, Roll Call, and Approval of Minutes

- Meeting called to order by Christian Itin at 12:00 pm
- August minutes and September agenda approved

Environmental Scan related to Strengths of Planning Group

Christian Itin asked each Planning Group member to share what they felt to be one of the major strengths, or most important components of the committee. Christian prompted members with this question in hopes of informing an upcoming conversation with folks from the SCAN Foundation as it relates to the launch of the Master Plan on Aging efforts in California. The responses were as follows:

- Dave: Statewide involvement and input from rural areas
- Chris: Broad stakeholder input and the interdisciplinary nature of the group
- Hayley: Importance and duties of subcommittee work
- Steve: Public involvement and engagement in Planning Group work
- Jim: Rural input and representation
- John Z: Collaborative, interdisciplinary, and inclusive
- Tony: Having a clear vision and goal
- Sarah: Collaboration with other groups and stakeholders
- Jayla: Education and awareness among the legislature
- Karin: Broad participation and involvement
- Josh: Focus on emerging technologies
- Karen: Importance of funding support and establishing an initial framework for work
- John E: Focus outside of just metro-Denver area and rural input
- Maureen: Funding support is important and engaging with interdisciplinary thought leaders



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Future of Health Care Panel

Claire Cruse, Deloitte Health Solutions

Claire set the stage for our panel discussion with a presentation focusing on what strategies Medicare Advantage (MA) plans are using to improve health outcomes of members. Health span and life span were central concepts to this presentation. The average health span is about 63 years old, more than a decade short of our average life span of 79. The focus should not be on increasing life span, but a focus on how to support health span.

More than 20 million Medicare enrollees use MA plans, this represents 34% of total Medicare enrollees, and there is an expectation that this will increase. Future beneficiaries are going to be familiar with having health coverage options similar to MA plans and will be more accustomed to Preferred Provider Organizations and Health Maintenance Organizations. Passage of the CHRONIC Care Act in 2018 will open up opportunities for MA plans to offer special supplemental benefits for older adults with chronic conditions. This may involve a focus beyond traditional medical care, such as home and community-based services that address social determinants of health (SDOH).

There is an emerging business case for addressing SDOH. While current research on overall cost savings is sparse, there is a growing body of evidence that shows SDOH interventions are cost effective. As such, for-profit companies are beginning to align themselves with organizations focused on SDOH (e.g., CVS Health and Unite Us).

[See full presentation](#)

John Emerson, Telehealth Trends

John, SAPGA member and with Flying Cloud Health, shared telehealth product trends related to MA plans and payment/policy trends. There are three drivers that must fall in-line in order to support adoption: reimbursement, improved provider experience, and improved patient experience. Telehealth is much more than just appointments with doctors, it involves remote coaching/monitoring and management of chronic conditions, care management transitions and rehabilitation, and can also support behavioral health and counseling.

A big change coming related to MA plans and telehealth is that location limitations are expected to be removed in 2020. Previously, MA plans would only reimburse for telehealth in rural and underserved areas. This new rule could allow for the expansion of telehealth services, but supporting adoption is critical. A move towards increasing remote patient monitoring for post-acute care within Medicare is also an emerging opportunity. Still, telehealth is easier with Medicaid benefits and the need within Medicaid is greater due to lack of available providers.



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Opportunities for SAPGA related to telehealth:

- Support behavioral health among older adults
- Home health monitoring for chronic conditions
- Encourage use in skilled nursing settings

[See full presentation](#)

Jayla Sanchez-Warren, Opportunities for Area Agencies on Aging

Jayla, SAPGA member and Area Agency on Aging (AAA) Director for the Denver Regional Council of Governments, shared a potential opportunity for AAA's within the expansion of MA plans. Colorado AAA's are funded by Older Americans Act and State Funding for Senior Services dollars. Shifting demographics, growing demand, and lack of state and federal dollars to bridge the funding gap are emerging issues for AAA's in Colorado and around the country. It is important for AAA's to think outside their traditional funding streams in order to catch up with demand. As the number of adults living into later life increases, the demand for these services will continue to grow.

AAA's are effective at addressing SDOH and there may be opportunities within MA plan expansions which will include home health and non-medical in-home services in the coming years. Capitalizing on private insurance funding streams in a fee-for-service model may be a significant opportunity for AAA's to offset the costs of providing services to adults at no cost, increase service capacity, and become more financially sustainable over the long term. The Canton, Ohio AAA is a model to look at for pursuing these opportunities.

Opportunities for SAPGA:

- Support new ideas and approaches to AAA operations
- Advocate for sustainable funding
- Advocate for inclusion of AAA network in efforts to reduce state and federal health spending associated with Medicaid
- Encourage collaboration between AAA network and insurance providers
- Encourage the use of AAA services in county self-insured employee plans

[See full presentation](#)

Group Discussion

It was asked if a sliding fee scale could be used for AAA services. AAA's cannot charge for service provision, though donations are allowed, a fee-for-service model would have to be independent, but could be affiliated, with a AAA. Within the context of the AAA's, it was also mentioned how important it is to integrate clinical providers and community-based organizations.

Small Group Work Report Out



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Group One: Be cautious and conscientious when approaching involvement with MA plans. AAA's will need to work to develop a business-like structure to ensure sustainability of programming and this can be difficult for human services providers. Working with MA plans may not be ideal for rural AAA's. But, with that said, there is a clear need to rethink the AAA model and service provision to match growing demand. There is also an opportunity to connect with the Behavioral Health Task Force and ensure they are applying an aging lens to some of the issues they explore

Group Two: It is critical to get the insurance providers to the table to be a part of these discussions in order to move any efforts forward.

Group Three: What role can Lifelong Colorado play in all of this? It is important to capitalize on emerging trends and new technologies though we must consider the tech savvy and non-tech savvy.

Group Four (Phone): Broadband is still a concern that needs to be addressed before telehealth and telemedicine options can be full realized. Another barrier would be the adoption of telehealth services by providers and patients. It would be important to make the business case to the legislature for this expansion of telehealth and telemedicine options.

Feedback on Transportation Recommendations

The Planning Group was given the chance to review recommendations from the Transportation Committee. The group asked that the Transportation Committee rank the recommendations from most important to least important. Other comments related to recommendations included:

- The value of looking into cost sharing between medical providers and insurance providers;
- Focusing on dialysis transportation is worthwhile;
- What possibility is there for telehealth as a transportation solution?

Adjourn 3:00pm