

# Western Pennsylvania Hospital News

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## Challenges Abound for Western Pennsylvania Senior Care Providers

By John Fries

As we all know, Allegheny County is home to the second-highest concentration of senior citizens, Only Miami-Dade County, Florida has more.

And, according to statistics published by the Commonwealth of Pennsylvania, our state has the third largest percentage of people age 65 and older, just behind Florida and West Virginia. It is estimated that, by the year 2020, approximately one in four Pennsylvanians will be age 60 or older.

The state has been trying to help older adults through a variety of programs. Recently, application forms for property tax and rent rebates (of up to \$650) were mailed to nearly 550,000 senior citizens and residents with disabilities who received rebates last year. To date, more than \$236 million in property tax and rent rebates have been sent from the state to homeowners and renters.

The large and continually growing number of older adults presents a unique set of challenges to care providers here in western Pennsylvania, as well. One concern that's continually being explored, addressed and discussed is reimbursement--especially when budget cuts are happening or impending. These cuts affect providers of residential, skilled nursing and palliative care, among others.

"The Bush administration is currently proposing significant budget cuts in hospice care, which will affect all hospices that deliver end-of-life care in long-term care facilities," says Alyson Pardo, general manager of VITAS Innovative Hospice Care® of Greater Pittsburgh, part of the oldest national network of hospice and palliative care providers. "People should have the right to access hospice services no matter where they live. Long-term care facilities and their residents benefit greatly from partnering with hospices when caring for residents who choose palliative care at the end of their lives."

She adds that, "Our hospice team is highly educated in the unique physical and spiritual needs of patients and families at end of life which is important when dealing with complex pain and symptom management. The long-term care facilities recognize our expertise, which is why they want us in their facilities. For the people who live in these facilities, the staff members who care for them ARE their family and deserve the same considerations for expert intervention just as if they were living at home."

Pardo believes there are opportunities in reforming long-term care.

"Removing hospice from the long-term care environment will place undue strain on an already strained situation," she says. "We know that hospice saves money for Medicare when people with terminal diagnoses choose to receive comfort care at home or in a facility instead of futile treatments in the hospital. If hospice is removed from long-term care, there will be an increase of hospitalizations for seriously ill long-term care residents, which will put a burden back on Medicare. We'll be going backwards."

An important factor that Pardo believes needs to be addressed as soon as possible is the impact today's aging baby boomers will have on the health care system as they become senior citizens--a shift that has already started.

"The demand for all services will rise with the increased number of aging boomers," responds Pardo. "Who's going to take care of them? Today, all healthcare providers are feeling the strain of a shrinking workforce—and it's not getting any better."

She continues, "There will be a dramatic increase in long-term care needs. Children of baby boomers will be unable to pay for at-home care for their parents and will have to turn to nursing homes to care for them."

When asked what is being done now to prepare for this situation, Pardo says, "It's not a done deal. We are fighting hard to make people aware of what's happening. We are all attempting to contact our government representatives to voice our concerns and to invite them to see firsthand, in the field, what a difference hospice makes for patients and families.

"By doing this, our objective is to ensure that policymakers don't make changes that will have devastating effects on people's choices to access care that is right for them."

At ManorCare, a long-term care facility in the North Hills, administrator Kimberly Josephs reflected on the senior care industry as a whole, noting that her comments were not necessarily indicative of her facility's situation. As you would expect, reimbursements were uppermost in her mind.

"Combining the six percent inflationary increase with a zero percent increase in both the Medicare and Medicaid rates creates a situation in which it will become more difficult for our business to manage our expenses while continuing to provide excellent resident care," she says. "One example is staffing. No funding will be provided to allow us to increase our staffing to meet the needs of the ever-increasing acuity of our residents. However, we will still be expected to maintain acceptable staffing levels to meet resident need."

Like Pardo, Joseph notes the dramatic changes coming down the road as boomers become senior citizens. "Demands and expectation will shift dramatically," she says. "We will see more of a focus on technology and speed. They will have more demands for services, especially those that are community-based. They will desire earlier access and will want more options and choices when it comes to their care. Also, we are seeing an increase in volume of shorter-stay patients. Baby boomers are more educated and healthier and have a longer life span."

A problem, she says, is that not a lot of planning is underway to prepare for this next age group. "Long-term care policy has not really changed since 1987," says Josephs. "We must evaluate the vision for the future and evaluate our consumers needs and wants. There needs to be much more dialogue about this." She adds that, "The presidential candidates have not truly addressed the 'elephant in the room' topic of long-term care. We have not seen Congress do much either."

She says that, "Fundamentally, patients admitted to skilled care facilities are much more clinically complex. As a result, we need stable reimbursement to ensure we can continue to care for our residents."

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