

Age + Action

June 17–20, 2019 | Washington, DC

ncoa

National Council on Aging

Making the Case:

Successful Strategies to Win Support for Prevention Engagement & Investment

Margie Hackbarth, MBA, WIHA Dir. Business Development

Kris Krasnowski, WIHA Dir. Communications & Mktg.

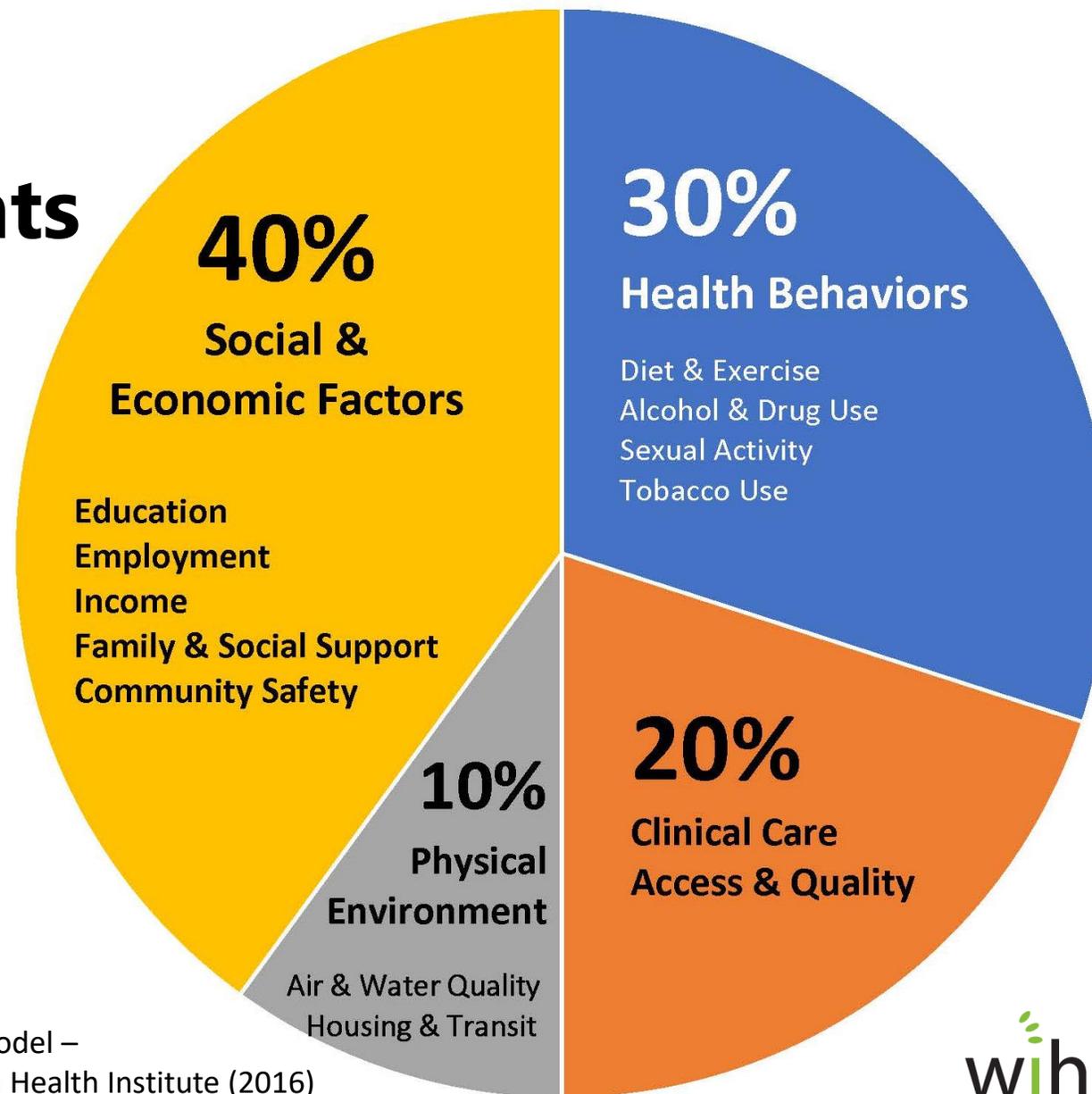
Monday, June 17, 2019, 1:15 to 2:15 PM (EST)

#AgeAction2019 | #WeAgeWell

Today's Presentation:

- Introduce the Wisconsin Institute for Healthy Aging (**WIHA**)
- Identify **potential partners, providers & payers** & a values proposition for each partner
- Process for gathering **data & analysis**
- Calculating an **ROI**
- **Message strategies**
- **Engaging potential participants:** Help Yourself to Better Health
- **Questions & Answers**

Modifiable*
**Determinants
of Health**



Source: County Health Rankings model –
University of Wisconsin Population Health Institute (2016)

* Does not reflect unalterable factors that impact health – predominantly genetics.

Wisconsin Institute for Healthy Aging





WIHA Partnerships

From Research, to Practice, to People

Academic Researchers



From the University of Wisconsin School of Medicine & Public Health, Pharmacy, Nursing, Psychology, Engineering, and other disciplines

Wisconsin State Public Health & Aging Policy Agencies



Wisconsin Division of Public Health's Bureau of Aging and Disability Resources and the Bureau of Community Health Promotion

Community Organizations



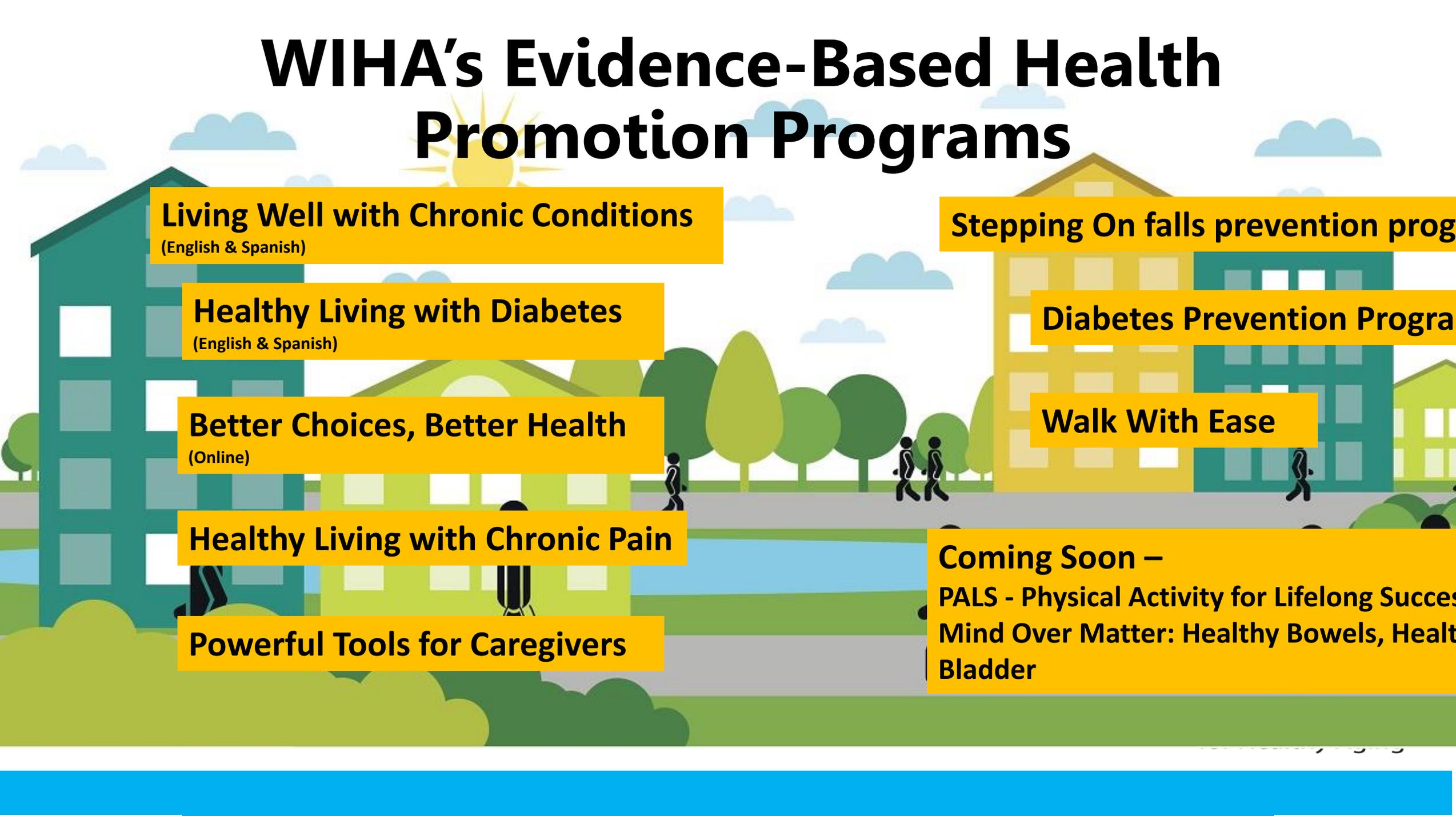
Local aging offices and Aging & Disability Resource Centers (ADRCs), senior service providers, public health agencies, senior centers, senior dining programs, senior housing facilities, fitness centers, culture-focused groups, disability agencies, faith-based organizations, and more.

Health Care and Related Organizations



Health care providers and payers including hospitals, clinics, health systems, and health insurers

WIHA's Evidence-Based Health Promotion Programs



Living Well with Chronic Conditions

(English & Spanish)

Healthy Living with Diabetes

(English & Spanish)

Better Choices, Better Health

(Online)

Healthy Living with Chronic Pain

Powerful Tools for Caregivers

Stepping On falls prevention program

Diabetes Prevention Program

Walk With Ease

Coming Soon –

PALS - Physical Activity for Lifelong Success

Mind Over Matter: Healthy Bowels, Healthy

Bladder

Identify **potential partners, providers & payers** & a values proposition for each partner



Why Prevention?

Incentives for consumers/state & local agencies:

- Avoids chronic illness and injury, which
- Avoids acute and long-term care, which
- Helps people maintain their independence

Incentives for payers:

- Save health care dollars

New incentives for health care providers and payers:

- Higher compensation for better outcomes

What's YOUR vision for healthy aging in your community?

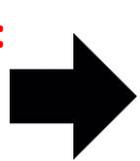


For WIHA, Healthy Aging = MORE BUNS IN SEATS!

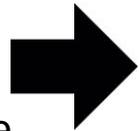


How to Make Change

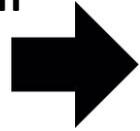
Start with people who:
Do Most Know Most Care Most



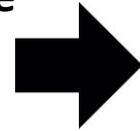
Have Data to Support the Request/Cause



Have a Solution to a Problem:
A Health Promotion Program



Have a Message that resonates with "deciders"



Identify & Cultivate the right Messengers



Move Deciders to act

Decide:
What chnge should happen.
Involve stakeholders.

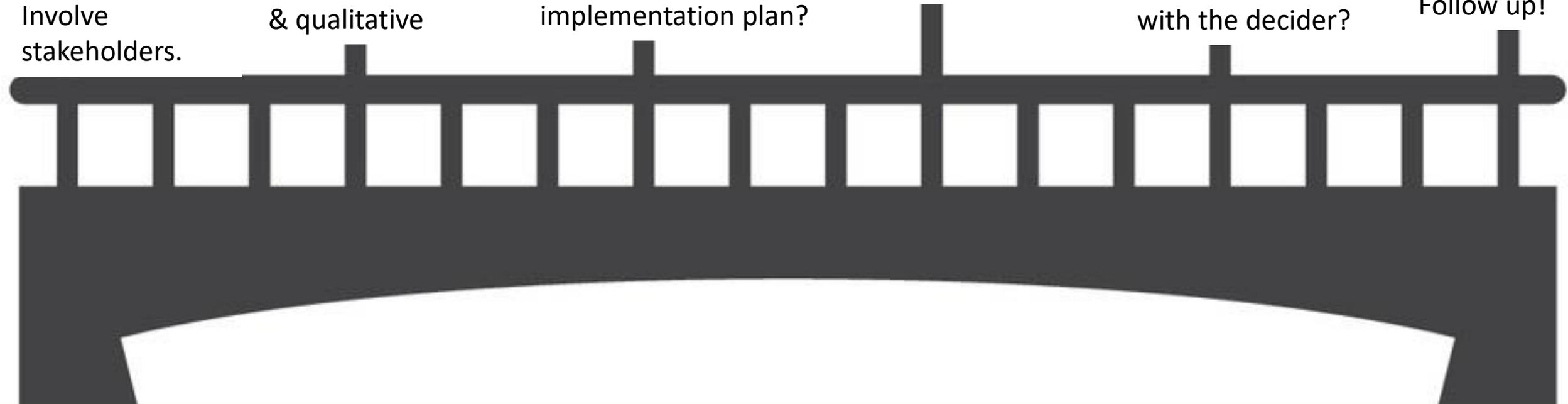
What data makes your case?
Both quantitative & qualitative

What intervention meets the need?
Do you have an implementation plan?

Using data, develop **key reasons** to support the change.

Who is most likely to be **persuasive**?
Who has **influence** with the decider?

Make the approach.
Follow up!



Process for gathering data & analysis

When feasible, request data (RFI) from potential partner (Health Plan, Health System, Large Employer)

- **Utilization**: Members or Patients by County – for Top Five Counties in service area
- **Utilization**: by Age Category
- Members or Patients by **Health Condition**
- Members by **Falls Risk**

Health Conditions:

Type 2 Diabetes
Arthritis
BMI \geq 30 (obesity)
COPD
Heart Failure (CHF)
History of Stroke
Depression
Lower Back Pain

Members by Risk of Falling:

| |
|---------------------------------------------------------------------------------------------------------|
| Members who self-report falling in the past 12 months* |
| 1 or more physical therapy claims in previous 12 months |
| History of hip replacement |
| History of knee replacement |
| Hospital, ED or Clinic stay/visit due to a fall with injuries in the previous 12 months |
| Early stages of MS, Parkinson's Disease or closely related condition |
| Currently taking 4 or more medications (includes prescription, over-the-counter, vitamins, supplements) |
| 2 or more high-risk medications** |
| Vision impaired |
| Hearing impaired |
| Vertigo |
| Subtotal of Falling Risk Factors: |

RFI: Stepping On

Analysis of members or patients who are at risk for falls:

- 11 key factors
- Some data is better than no data
- Each line item is *optional*



Sample Request for Information (RFI)

| | A | B | C | D | E | F | G | H | I |
|----|------------------|-----------------------------------------------------|------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|------------------------------------------|-------------------------------------|
| 1 | | | (Health Plan X) Top 5 Counties (as ranked by number of members) | | | | | | |
| 2 | | | County A | County B | County C | County D | County E | | |
| 3 | Line Item | (Health Plan X) Members by County: | (Insert Name of County) | (Insert Name of County) | (Insert Name of County) | (Insert Name of County) | (Insert Name of County) | Other Counties (Not included in A to E): | TOTAL - All (Health Plan X) Members |
| 4 | 1 | Total Number of (Health Plan X) Members: | | | | | | | |
| 5 | | (Health Plan X) Members by Age Category: | | | | | | | |
| 6 | 2 | Ages 60-64 | | | | | | | |
| 7 | 3 | Ages 65-69 | | | | | | | |
| 8 | 4 | Ages 70-74 | | | | | | | |
| 9 | 5 | Ages 75-79 | | | | | | | |
| 10 | 6 | Ages 80+ | | | | | | | |
| 11 | | Subtotal Ages 60+ | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | (Health Plan X) Members by Health Condition: | | | | | | | |
| 14 | 7 | Type 2 Diabetes | | | | | | | |

Sample RFI

Below are some instructions to help you complete the data worksheet. Please call or email if you have any questions: Margie Hackbarth, Dir. Business Development, 715.571.5250 or margie.hackbarth@wihealthyaging.org.

Green Highlights (Members by County)

Please segment your current members by county, giving added attention to the five counties with the greatest number of Inclusa members:

County A (Column C) = County with the greatest number of Inclusa members

County B (Column D) = County with the 2nd greatest number of Inclusa members

County C (Column E) = County with the 3rd greatest number of Inclusa members

County D (Column F) = County with the 4th greatest number of Inclusa members

County E (Column G) = County with the 5th greatest number of Inclusa members

Blue Highlights (Members by Age by County)

Please segment your members by age and by county as indicated.

Red Highlights (Members by Health Condition by County):

Please segment your members by health condition (primary and secondary diagnosis) and by county.

Leave blank any conditions you are not able to segment.

Grey Highlights (Members by Falls Risk Measures by County)

Please segment your members by falls risk measure and by county.

Leave blank any falls risk measures you are not able to segment.

What does the RFI data tell you?

- **Total population** (Can this population support your prevention program?)
- **Targeted population** (Age, health condition & fall risk)
- **Targeted population by County** (Is there alignment with your program providers?)
- **Age** (What percent of total population? May want to look at all age 60+ & what percent of older adult members are young-old? Old? Old-old?)
- **Health conditions** (What percent members/patients have each health condition?)

“Things get done only if the data we gather can inform and inspire those in a position to make [a] difference.”

– Mike Schmoker, former school administrator, English teacher and football coach, author.

Calculating an ROI



FALLS – A Big Problem

- **Pain & suffering**
- **Injuries & deaths**
- **Families & care-giver supports required**
- **Additional financial impacts (ED, hospital, nursing home & ambulance charges)**



FALLS - The Solution

Offer Stepping On workshops

- **Reduces participants' risk of falling by 31% to 50%.**
 - **31% Randomized Clinical Trials in Australia**
 - **50% Post- RCT Participant Pre- & Post Surveys in Wisconsin**
- **Increases participants' confidence in their ability to avoid a fall**
- **Reduces social isolation**

Calculating an ROI

| | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| \$3,279 | Average Fall-related Emergency Dept (ED) Charges in 2015 n=32,870 age 65+ Fall-related ED Visits Source: Wisconsin Dept. of Health Services (WISH) Data https://www.dhs.wisconsin.gov/wish/injury-ed/form.htm |
| \$43,475 | Average WI Fall-related Hospitalization Charges 2016-2017 n=11,592 age 65+ Fall-related Hospitalizations Average length of stay = 4.7 days Source: Wisconsin Dept. of Health Services (WISH) Data https://wish.wisconsin.gov/results/ |
| \$61,502 | Average WI inpatient charges per hip & femur fracture repair (2017-2018) See separate table. n=1,495 fractures Average length of stay = 5.5 days Source: Wisconsin Hospital Association's Pricepoint http://www.wipricepoint.org/Select2.aspx?id=4 |
| \$274.14 | Wisconsin Median (2018) cost per day in a nursing home Source: Genworth Cost of Care Survey 2018, conducted by CareScout Based on monthly rate of \$8,334 divided by 30.4 days |
| \$830 | Median Wisconsin ambulance fee Base rate only/ One-way |

Assumptions: Charges

\$3,279 Average Fall-related ED Charges

\$43,475 Average Fall-related Hospital Stay Charges

\$61,502 Average WI Inpt Charges for Hip & Femur Fracture Repair

\$274 WI Median Cost/Day in a Nursing Home

\$1,660 Median Ambulance Fee

Calculating an ROI

| Assumptions | |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5.74% | Rate of ED visits for injurious falls among the elderly was 57.4 visits per 1,000 persons Age 65+ Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576613 |
| 1.20% | Rate of Injury Hospitalizations per 100,000 Population in 2015 1199 Falls-related Hospitalizations/100,000 Age 65+ Source: https://wsh.wisconsin.gov/results/ |
| 1.0% | Rate of hip fracture injury for persons age 65-74 Age 65+ Source: https://dash.harvard.edu/handle/132306636 (957.3 per 100,000) from 1985-2005 study of age 65+, n= 786,717 hip fractures) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3468115/ https://www.annualreviews.org/doi/pdf/10.1146/annurev.pu.13.050192.002421 |
| 35% | Percent of hip fracture patients discharged to SNF (32,130 SNF transitions/89,723 hip fracture patients) Medicare population only Source: Gerontology Journal, Sept-Oct 2004 https://www.ncbi.nlm.nih.gov/pubmed/15331858/ |
| 41.7 | Median SNF length of stay (days) for Medicare fee for service plans (n=211,296 Medicare patients with hip fracture, 2011-2015) Source: Retrospective cohort study https://www.ncbi.nlm.nih.gov/pubmed/29944655 |

Assumptions - Rates & Statistics

5.74% Rate of ED visits for injurious falls for age 65+

1.2% Rate of fall-related hospitalizations for age 65+

1.0% Rate of hip fracture for age 65-74

33.5% Percent of hip fractures transitioning to nursing home

41.7 Median SNF Length of Stay in WI

Calculating an ROI

100 Older Adults Age 65+

| | |
|---|------------------------------------------------------------------------------------------------------------------------------------------------|
| A | \$18,821 ED Visits (100 older adults x 5.74% = 5.74 x \$3,279 = \$18,821.46) |
| B | \$10,507 Fall-related Hospitalization Less Hip Fractures (1.2 less .9573 = .241 per 100 older adults = .24 * \$43,475 = \$10,507) |
| C | \$58,876 Hip Fracture Hospitalization (100 older adults x .009573 = .9573 x \$61,502 = \$58,876) |
| D | \$1,992 Ambulance Fee (Applied to all fall-related hospitalizations: 1.2 x \$1660 = \$1,992.00) |
| E | \$3,667 Hip Fracture Transitioned to LTC (.9573 * 35% x 41.7 days * \$274.14) |
| | \$93,864 TOTAL CHARGES |

Calculating an ROI

| | 100 Older Adult Participants in Stepping On – Charges Reduced: | Per Participant Charges Reduced: |
|--|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| | 31 Percent reduction in falls as demonstrated by RCTs in Australia: $31\% \times \$93,864 = \$29,097.81$ | \$290.98 |
| | 50 Percent reduction in falls as demonstrated by a WI study of falls survey data post-RCTs = $.5 \times \$93,864 = \$46,931.95$ | \$469.32 |
| | | |
| | | |
| | | |

Message Strategies

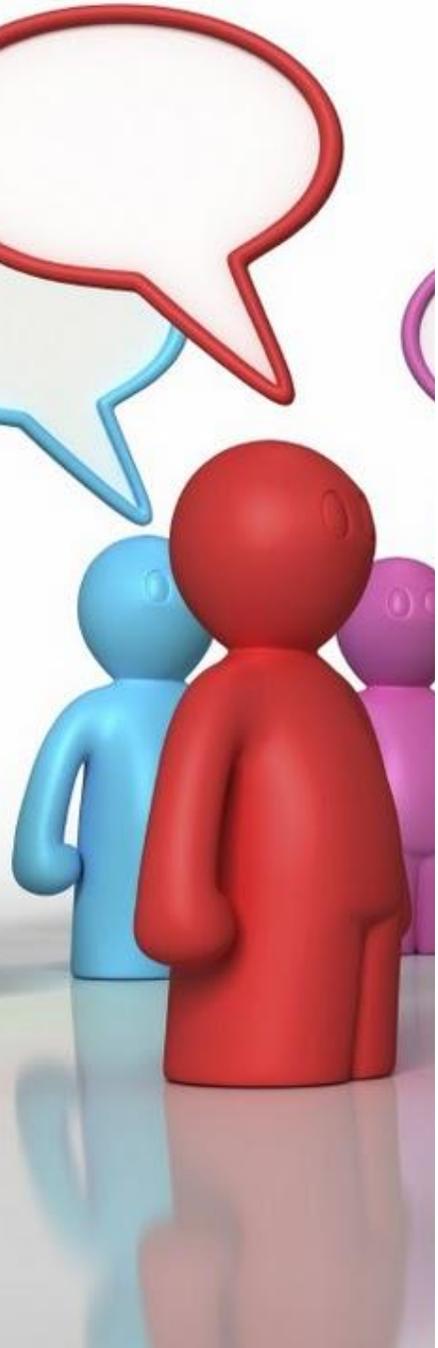
MESSAGE STRATEGIES

By implementing a Stepping On program we could:

- Potentially reduce charges for ED visits, hospitalizations, ambulance transfers and skilled nursing facility days
- Decrease the number of people who need services prematurely
- Increase participants' confidence in their ability to navigate at home and in the community.

Who makes the pitch? Depends on THE DECIDER.

- Who has influence? Who has experience with the program or falls? Who can articulate the case?





The Healthy Aging Movement at Home

Reorienting Your Stakeholders

1) Consumers & County Agency Staff

How do we change the way we talk about health promotion services?

- **Focus** on wellness and independence.
- **Focus** on self-management – what YOU can do to delay or prevent the need for long-term care.
- **Focus** on finances; delaying or eliminating the need for LTC saves \$ for state, but also for consumers who would need to spend down.

Message Strategies:

2) Agency Boards/Commissions

- **Focus** on wellness and independence.
- **Decreases** the need for other services.
- **Enlist** board members as champions and thought-leaders amongst their peers and deciders to help you make the case



Message Strategies

3) County Board & Local Decision-Makers

Make the case that keeping people well in the community is worth supporting health promotion.

- **Focus** on wellness, independence for citizens of the community (our family members and loved ones)
- **Avoids** need for services saving money
- **Engage** other local partners/agencies (public health, etc) to support your position in LTC





Message Strategies:

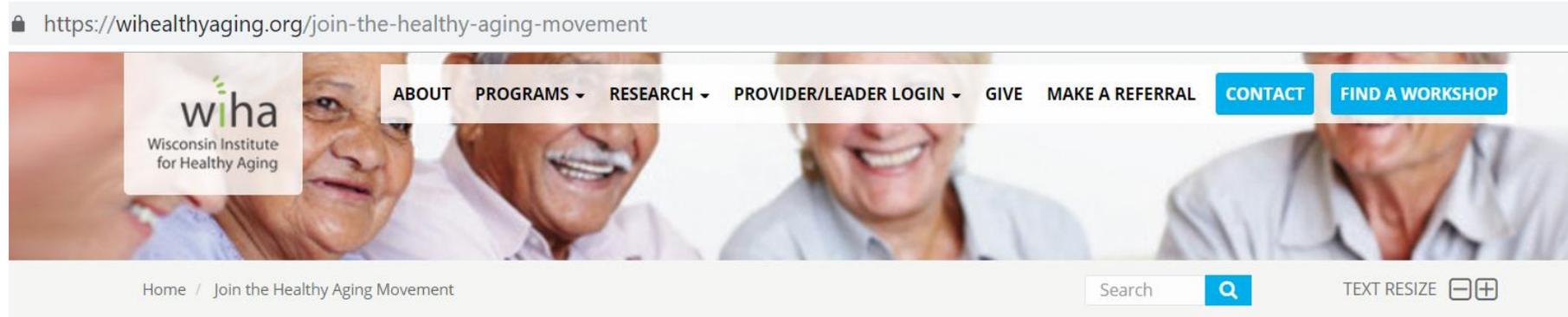
4) State Elected Officials

- **Focus** on delaying the need for long-term care & cost-saving
- **Work** to educate and develop champions who can help forward legislative initiatives

Engaging
consumers in
health
promotion

THE COMMON DENOMINATOR
OF **SUCCESS**

<https://wihealthyaging.org/join-the-healthy-aging-movement>



Help Yourself to Better Health

A movement to enlighten and empower people to better health

We're all aging from the day we're born, but somewhere along the way we begin to think that being older is a bad thing. Why? Because getting older has become synonymous with physical and mental decline - so why

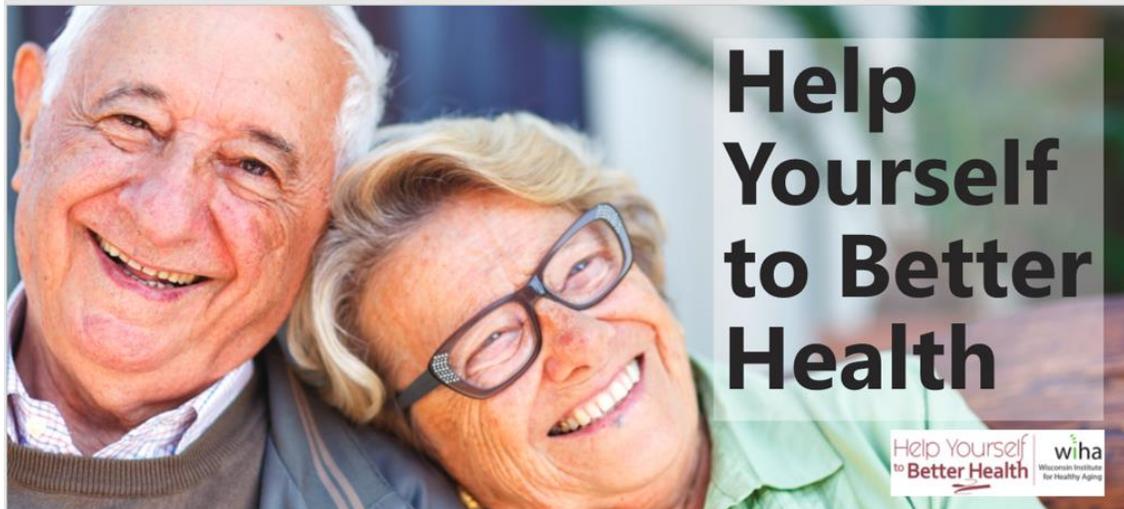


A little inspiration from Brown County!

Tell Us Your Story!

We know there are all kinds of inspirational stories of people who have helped themselves to better health. Tell us yours! If you're a program leader, coordinator or participant, we want to hear how evidence-based health





Help Yourself to Better Health

Help Yourself to Better Health | wiha
Wisconsin Institute for Healthy Aging

Do ongoing health problems or the fear of a fall keep you from doing the things you want to do?

If there was something you could do to take control of your health — and your life — would you? **There is!** Sign up for a health promotion workshop near you.

Ask Me About

7.5

wiha

Wisconsin Institute
for Healthy Aging

Ask Me About 7.5

Research has shown that people with POSITIVE perceptions of aging **live, on average, 7.5 years longer** than those who don't. And, they . . .

- Experience much higher rates of recovery from illness and injury
- Have better brain performance and improved memory
- Have a greater sense of control over their lives and a greater will to live
- Are more likely to talk to a doctor about health problems, get preventive care such as blood pressure screenings and flu shots, and pursue health promotion programs

**Positive Views on Aging =
7.5 Years Longer Life!**

All research conducted by Becca Levy, PhD, Yale
School of Public Health

https://publichealth.yale.edu/people/becca_levy/profile

Message Strategies:

Another 7.5 Years

Research shows that people who have a positive perception of aging live an average of 7.5 years longer than those who don't. A positive outlook on aging makes you more likely to engage in health promotion activities which provide better health outcomes.

Your Health: You play a role

Did you know that only 20% of your health is determined by what happens in the doctor's office? The other 80% is based on your environment, social and economic factors like your education, health disparities, etc - and a full 30% is based on how well you take care of yourself.

Message Strategies:

Your Independence

Research indicates that the biggest fear older people face is the loss of independence. Managing ongoing health problems and avoiding injuries are key factors in staying out of nursing homes and maintaining autonomy and independence in the community.

Your Wellness

Older adults cite declining health as another major concern. We all want to be well and have control over our health. Self-efficacy - the confidence in ones' ability to manage - is an outcome of health promotion programs.

Your Money

Running out of money is yet another major worry for older people. Avoiding the need for costly medical care by better caring for yourself can save money.

To review:

- Introduce the Wisconsin Institute for Healthy Aging (**WIHA**)
- Identify **potential partners, providers & payers** & a values proposition for each partner
- Process for gathering **data & analysis**
- Calculating an **ROI**
- **Message strategies**
- **Engaging potential participants:** Help Yourself to Better Health



What was your biggest
“a-ha” from this session?

What do plan to do/what changes will
you make based
on what you’ve learned?

For more information

Wisconsin Institute for Healthy Aging

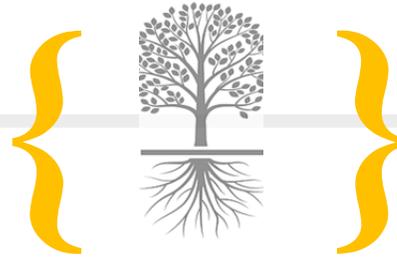
1414 MacArthur Road, Suite B

Madison, WI 53714

Email: Margie.Hackbarth@wihealthyaging.org

(715) 571-5250

Website: wihealthyaging.org



Like what you heard? Share it!



Tweet using **#AgeAction2019** or **#WeAgeWell**



Rate the session and speakers on the mobile app



Vote in the conference poll