

# Hearing today to focus on reforms of senior care

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To provide quality care to older adults without bankrupting taxpayers, the nine-county Rochester/Finger Lakes region should cut nursing home beds, increase in-home care and assisted living housing, and start offering government funding for such long-term non-institutional care.

More geriatric professionals must be trained. Seniors' transportation needs must be addressed. And local families, who provide the bulk of care to elders, need more information about available help.

Those are among the conclusions of the Sage Commission, charged two years ago by the Finger Lakes Health Systems Agency with fixing the fragmented, unaffordable health system for the growing number of older adults in Monroe, Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates counties. The group included leaders from nursing homes, public health, hospitals, home care and disability service agencies.

At 3:30 p.m. today, the commission meets for a final review and vote. The meeting includes a time for public comment. The report next goes to the agency's board for approval and then to the state Department of Health. The state liaison couldn't be reached Tuesday for comment.

If the document is approved, a local task force will hash out more details and take action.

Daan Braveman, co-chairman of the commission and president of Nazareth College, considers the recommendations realistic and important to improving quality of life for older adults — people such as his father, who's 92 and lives independently but no longer drives. Braveman said his father relies on friends to get out regularly and on a Lifespan/Rochester Philharmonic Orchestra program where volunteers get free tickets for driving seniors to RPO concerts. That's one example of a local service that many seniors and caregivers might not be aware of.

Some changes are already happening. An expanded 2011 Caregiver Resource Guide is now available at [www.alz.org/rochesterny](http://www.alz.org/rochesterny). A list is being created of non-medical resources that families have found helpful after a hospital discharge. And transportation providers in 11 counties have been trying new ideas, such as managing appointments so patients can share rides to dialysis, said Lynn Varricchio, a senior planner with FLHSA who has assisted the Sage Commission.

But some of the commission's goals are difficult or controversial.

The commission calls for the region to cut about 700 nursing home beds — about 8 percent of the current total — by 2015, while adding adult day care and non-institutional housing options. That nursing home bed reduction is about half what the state has called for by 2016.

The Rochester region has slightly more than 50 nursing home beds per 1,000 people ages 65 and older, compared to the state and national averages of 40 per 1,000 seniors, according to the Sage report. The Sage Commission says voluntary reductions in nursing home capacity, using state incentives, are preferable. But then the report encourages the state to close poor quality, inefficient facilities.

Much of the new report hinges on significantly changing how elder care is paid for. The commission envisions developing a health payment system that uses existing resources from all payers more flexibly, for people of all ages.

Instead of cutting off physical therapy or other services on rigid timelines, for example, the pot of funding could be used to provide the services to keep a patient from suffering another fall and expensive hospitalization.

"Such a system ideally would be operated by a local board that would define the benefit package and be held accountable for both patient outcomes and cost," the report says. Commission members couldn't point to any example of such a system and said further details are still to be worked out. The Sage group expects overall costs to stay level or decrease under its plan. But the report acknowledges that if public funding starts covering assisted living or long-term in-home care, an unknown number of people could begin seeking that help.

"What the system pays for is what people end up using," said Ann Marie Cook, co-chairwoman of the Sage Commission and president and chief executive of Lifespan.

A new senior care system should encourage individual responsibility, the report says, unlike current rules that let people shield assets and get long-term care covered by taxpayer-financed Medicaid.

Cook said the idea of changing the funding streams seemed impossible five years ago, but the current fiscal crisis has left state health officials open to ideas. Medicaid in New York state pays almost twice what other states pay for long-term care services. The burgeoning aging population, an expected decline in informal caregivers (family, friends, neighbors) and a shortage of geriatric care workers are also driving the push for reform.