STATE OF AGING IN CENTRAL INDIANA

CENTRAL INDIANA SENIOR FUND
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SECTION 10
HEALTH CARE

April 2021

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In this report, we refer to three subsets of older adults.
Younger-old: age 55-64
Middle-old: age 65-84
Oldest-old: age 85+

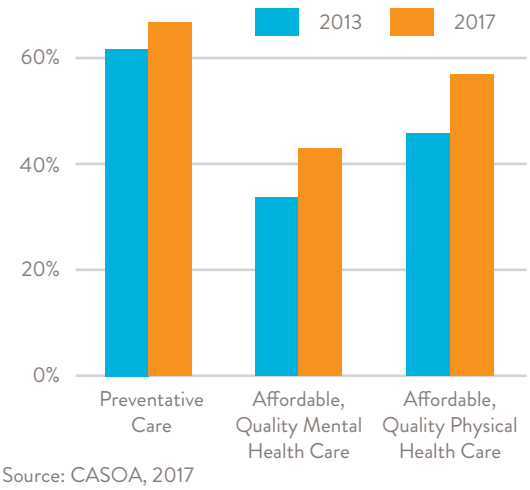
HEALTH CARE

The health-related needs of older adults are often more complex because of advanced chronic disease and associated disability and require additional attention to care coordination. This section of the report discusses availability and use of health care and of home- and community-based services. Key findings include:

- Older adults in Central Indiana feel health care is broadly available, but one in four have trouble affording or getting the health care they need.
- Providers identify falls and the fear of falling, mental health and emotional issues, dementia and fragmented care as issues that need more resources and attention.
- Recipients of home- and community-based services report positive outcomes for hospital discharges and chronic conditions, but many who could benefit are unaware of or ineligible for those services.
- Low-income and other vulnerable Medicare recipients in Central Indiana visit hospitals and emergency rooms more frequently than other Medicare recipients.

Older adults in Central Indiana feel health care is broadly available, and mental health services are somewhat available.

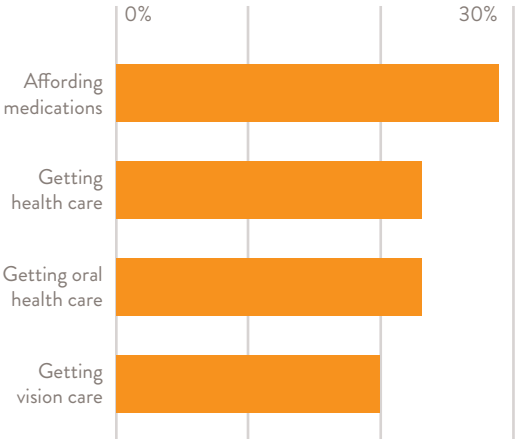
Percent of CASOA respondents who say availability is good or excellent for...



Source: CASOA, 2017

Still, some older adults in Central Indiana have trouble getting the health care they need.

Percent of CASOA respondents who report at least a "minor" problem with the following



Source: CASOA, 2017

Chronic disease in older adults is often accompanied by disability, high health care utilization and high health care costs.[1] A significant issue that arises with aging and advances in medical capabilities is how to balance the goals of maximizing quantity of life versus quality of life.

AVAILABILITY OF HEALTH CARE

Central Indiana is fortunate to have an abundance of health care professionals and health care organizations, and more geriatric specialists relative to other areas of the state. (See Data Appendix.) The majority of Central Indiana respondents to the Community Assessment Survey for Older Adults (CASOA™) age 60 and older reported feeling that health care is broadly available.[2]

However, as with the rest of the country, the number of health care professionals and health care organizations specializing in the care of older adults is not adequate for the aging population.[3] In Indiana, the ratio of residents per physician in rural areas is 1331:1 as compared to urban i.e., 566:1.[4] These disproportionalities adversely affect the access to care in rural counties where the point of care for most older residents is their primary care practitioner. The availability of specialized geriatric services in these primary health care provider shortage areas coupled with other socio-economic factors like low income further deteriorates the possibility of geriatric healthcare access. Shelby County, for example, has only one healthcare system serving its entire population and it does not have any geriatric services available. (See Data Appendix.)

In interviews, professionals providing health care and social services to older adults in Central Indiana communicated the need for additional resources and attention to address several issues, including:[5]

- Falls and the fear of falling (See Health Outcomes section for associated statistics)
- Mental health and emotional issues in older adults, including depression and schizophrenia (See Health Outcomes section for associated statistics)
- The need for memory care programs and better treatment and support for persons living with dementia and their caregivers who are friends or loved ones
- Fragmented care and the lack of coordination between hospital discharge planners and community-based case managers

These shortcomings in health care for older adults have been recognized nationally and have led to the Age Friendly Health Systems initiative of the John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) which aims to build a social movement so all care with older adults is age-friendly.[6] Becoming an Age-Friendly Health System entails reliably providing evidence-based elements of high-quality care. These are knowing and acting on what matters to the older person, along with critical geriatric care concepts related to medication, mentation and mobility. Several hospitals and clinics in Central Indiana have been recognized by the Institute for Healthcare Improvement as an Age-Friendly Health System. (See Data Appendix.)

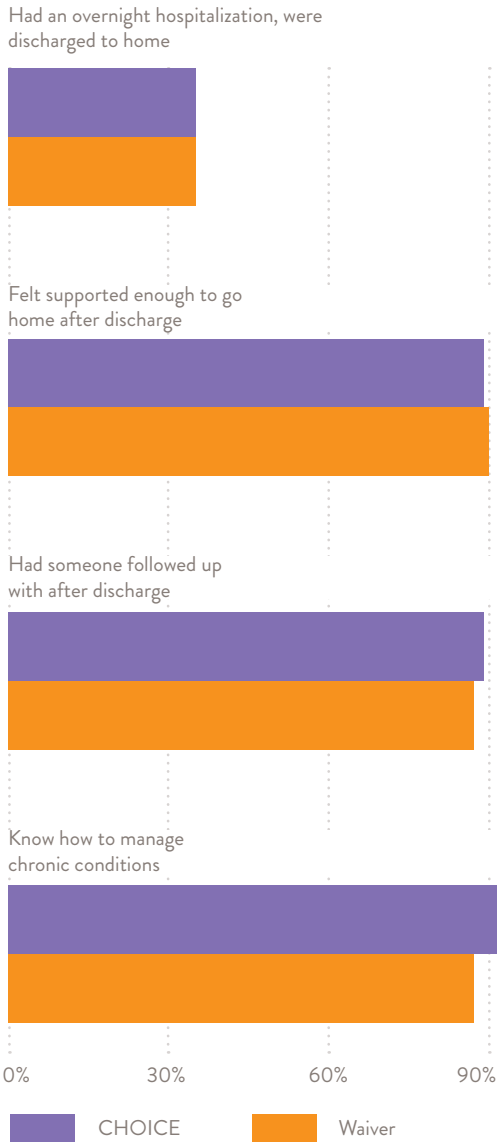
In addition, several of the larger health systems in Central Indiana have established specialized geriatric services proven to result in better outcomes for older adults with complex needs. These services typically involve a team of health care professionals such as a physician, nurse and social worker; and include geriatric emergency department programs, Acute Care for Elders (ACE) hospital consultation, hospital-to-home care transitions programs, outpatient consultation for falls and memory assessment and office and in-home primary care. Details about the availability of these services in the healthcare systems in Central Indiana are provided in the appendix.

As adults age, integration of health care and social services becomes more important for achieving optimal health outcomes, yet fragmentation of care remains a problem (and an opportunity). In response to the need for more integrated care, CICOA Aging & In-Home Solutions is working closely with an increasing number of hospitals to embed social services staff. In two hospitals, CICOA staff are collaborating with hospital discharge planning teams to improve care transitions and prevent hospital readmissions. CICOA also has taken the lead in Central Indiana to increase awareness and provide education about dementia through the Dementia Friends Indiana program.

Several hospitals in Central Indiana are working with CICOA to become a Dementia Friends Indiana Hospital and requiring staff to become more familiar with how to appropriately care for persons with dementia. (See Appendix.) The number of geriatrics health care professionals and services has grown over the years in Central Indiana which has helped to address these issues. However, there is still limited capacity compared to the

Most home- and community-based service recipients experience positive outcomes related to hospital discharges and chronic conditions.

Percent of Indiana statewide HCBS waiver recipients who...



Source: 2018-2019 National Core Indicators for Aging and Disabilities © (NCI-AD)

need that exists. For example, a geriatrician is a physician who is specially trained to evaluate and manage the unique health care needs and treatment preferences of older adults. In 2018, there were only 87 board certified geriatricians in practice across all of Indiana.[7] Both Indiana University School of Medicine (IUSM) and St. Vincent Hospital offer training programs for physicians desiring to specialize in geriatric medicine. IUSM also hosts a U.S. Health Resources and Services Administration funded Geriatrics Workforce Enhancement Program that aims to provide education and training in geriatric care principles to medical, nursing and social work trainees as well as staff of local primary care practices.

LONG-TERM SERVICES AND SUPPORTS

Long-term services and supports (LTSS) consist of a broad range of health and social services needed by people with functional limitations due to physical, cognitive conditions or disabilities. The likelihood of needing LTSS grows as people age.[8] Older adults with chronic illnesses and significant disabilities needing assistance in performing activities of daily living may receive help from family members, friends, or paid helpers; or community organizations or government programs. The two main models of LTSS are home and community-based services (HCBS) and institutional care such as provided in nursing homes.[9] HCBS include assistance at home and in other community settings such as an assisted living facility or adult day program.[10]

HOME- AND COMMUNITY-BASED SERVICES

Many older adults in Central Indiana have problems maintaining their home and/or performing daily activities and require support from home- and community-based services, such as Indiana's Community and Home Options to Institutional Care for the Elderly and Disabled program (CHOICE)[11] and the Medicaid Aged and Disabled Waiver (Waiver) program.[12] The Waiver program provides home and community-based services (HCBS) to supplement informal supports for people who would require care in a nursing facility. Services offered under the CHOICE and Waiver programs include transportation, congregate and home-delivered meals, personal care assistance with activities of daily living, home modifications, personal emergency response system, caregiver support, respite care, adult day services and assisted living including

memory care (Waiver only). In 2017-2018, individuals in Indiana receiving home- and community-based services under the publicly funded CHOICE or Waiver program experienced positive outcomes.

Assisted living is for people who need help with activities of daily living, but not as much help as a nursing home provides. Assisted living residents usually live in their own apartments or rooms and share common areas. They have access to many services, including up to three meals a day; assistance with personal care; help with medications, housekeeping and laundry; and social and recreational activities. There are numerous opportunities for assisted living in Central Indiana, including several facilities covered under the Waiver program and some that have a secure memory care unit for persons living with dementia.

The Program of All-Inclusive Care for the Elderly (PACE) model, also offered by Indiana Medicaid, serves individuals ages 55 or older certified by the state to need nursing home care, able to live safely in the community with supports, and live in a PACE service area. PACE is responsible for delivering all needed medical and supportive services and coordinating the enrollee's care under Medicare and Medicaid to help them maintain their independence in their home as long as possible. Central Indiana has one PACE program serving residents of Johnson County and parts of Marion County.

Although these home- and community-based service programs help to meet the needs of enrolled participants, functional and financial eligibility criteria along with limited acceptance of social services by older adults limit access to just a proportion of those who might benefit.[13]

NURSING HOME CARE

Most nursing home care is custodial care such as help performing activities of daily living (like bathing, dressing, using the bathroom and eating). Many nursing homes are certified as a skilled nursing facility and thereby also provide medically necessary skilled nursing care (like changing sterile dressings). Nursing homes that participate in Medicare or Medicaid are included in the Centers for Medicare & Medicaid Services (CMS) Nursing Home Compare Five-Star Quality Rating System that provides residents and their families with an easy-to-understand summary of three dimensions of nursing home quality: health inspection results, staffing data and quality measure

data. The goal of the rating system is to help consumers make meaningful distinctions among high- and low-performing nursing homes. Among the many nursing homes in Central Indiana, approximately one of every four facilities currently has a five-star overall rating.

LTSS STATE SCORECARD

The AARP Public Policy Institute recently published the 2020 LTSS State Scorecard to empower state and federal policy makers and consumers with information they need to assess their state's performance across multiple dimensions and indicators, learn from other states, and improve the lives of older adults, people with disabilities and their families.[14] Compared to the 2017 LTSS State Scorecard, Indiana's overall ranking in 2020 was up to 44 from 51, and Indiana improved on indicators under two of the five dimensions: Affordability and Access and Quality of Life and Quality of Care. Compared with the other states and the District of Columbia, Indiana ranks highest (19) in Quality of Life and Quality of Care and lowest (51) in Support for Family Caregivers. For the dimension of Choice of Setting and Provider, Indiana ranks in the bottom quartile (48) receiving particularly low scores for a) the percentage of Medicaid and state LTSS spending for HCBS vs. nursing home care, b) the percentage of Medicaid LTSS users receiving HCBS vs. nursing home care and c) adult day services supply.

LOW-INCOME AND OTHER VULNERABLE OLDER ADULTS

Older adults in Central Indiana have concerns about the expense associated with health care access, eligibility for Medicaid (e.g., "making too much money" to be eligible), inadequate health care coverage by Medicaid and Medicare and cost of medications.[15] See the Financial Stability section of the report for additional discussion.

Medicare and Medicaid are separate government-run health insurance programs serving two different populations. While Medicare provides health coverage to 65 years and older or disabled individuals, Medicaid provides health coverage to low- or very low-income individuals. Individuals who are eligible for both Medicare and Medicaid benefits, referred to as "dually eligible," make up about 17% of total Medicare enrollment.[16]

Dually eligible individuals tend to have more chronic medical conditions and greater levels of physical disabilities and mental illness than persons with Medicare only.[17,18] In addition, those who are dually eligible visit the emergency department (ED) and are hospitalized at more than twice the rate of those that have Medicare only. Nationally, the proportion of dually eligible beneficiaries of color increased from 41% in 2006 to 48% percent in 2018.[19] In Indiana, approximately 80% of those dual eligible in Indiana are White while 15% are Black, which is disproportionate to the total White and Black population.[20]

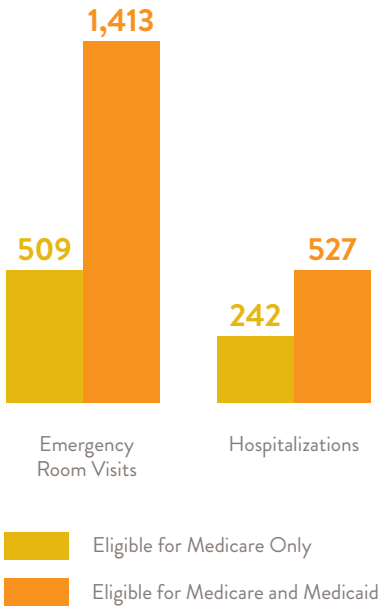
Hospital readmissions are often avoidable and may indicate a lack of coordination of medical care or inadequate follow-up after patients leave the hospital. In 2019, the 30-day all-cause readmission rate for the 65 to 74-year-olds in Indiana was 14%.[21]

Older adults with dementia[22] are also known to have higher hospitalization rates than those without dementia. A study at Eskenazi Health, a health care system in Indianapolis, demonstrated that older adults with dementia had more than twice the number of hospital admissions and care transitions compared to older adults without dementia.[23]

Local providers also expressed concern about the barriers experienced by the older adult LGBTQ+ population. Older LGBTQ+ adults experience difficulties finding and accessing basic health care in Indiana for a variety of reasons. First, there is a limited presence of health care providers who specialize in LGBTQ+ specific health care. This is particularly the case for transgender people who struggle to find health care practitioners with knowledge regarding medical transition. Furthermore, one LGBTQ+ informant expressed concern regarding accessibility of general health care needs[24] because of visible discomfort on the part of the health care provider. To learn more, see "Highlighting Equity" on disparities in health care access and quality for LGBTQ+ older adults.

Low-income Medicare recipients visit hospitals and emergency rooms twice as frequently as those who are not low-income.

Incidence of ED visits and hospitalizations in Central Indiana per 1,000 people per year



Source: CMS

HEALTH CARE ACCESS AND QUALITY CONSIDERATIONS FOR LGBTQ+ OLDER ADULTS

Compared to their non-LGBTQ+ peers, LGBTQ+ older adults experience higher rates of disability, poor physical health, and psychological distress.[25] Using the social-ecological framework, we highlight some factors that can influence LGBTQ+ healthcare access and outcomes in Central Indiana.

INTERPERSONAL FACTORS:

Fear of disclosing sexual orientation or gender identity:

Many LGBTQ+ older adults experience fear or bias when disclosing their LGBTQ+ status to healthcare providers. One national study found that fifteen percent of LGBTQ+ older adults were fearful about accessing health care services outside of the LGBTQ+ community, and nearly one quarter had not revealed their sexual orientation or gender identity to their primary care provider.[26] Many LGBTQ+ older adults grew up in a time where non-heteronormative behavior could result in imprisonment, violence or loss of freedom, which led many to hide their sexual orientation or gender identity from others, including health providers.

Provider bias:

Providers can also demonstrate negative behaviors toward LGBTQ+ older adults, further demotivating these individuals to self-disclose their sexual orientation or gender identity. These negative behaviors of healthcare providers can either be intentional, such as refusing care or joking about the patient with other staff members, or unconscious, such as assuming that the patient's married partner is of the opposite sex. LGBTQ+ older adults' non-disclosure of their sexual orientation or gender identity may cause adverse health outcomes, such as a delay in diagnosing a significant medical issue.[27]

ORGANIZATIONAL FACTORS:

Lack of LGBTQ+-inclusive health services:

Another factor that influences LGBTQ+ older adults' health care in Central Indiana is the lack of guidelines or services for LGBTQ+ care in health care systems. The Human Rights Campaign's Healthcare Equality Index 2020, which evaluates healthcare facilities' policies and practices on LGBTQ+ patient inclusion and equity, only designated two Central Indiana healthcare facilities, Eskenazi Health and the VA Richard L. Roudebush Medical Center, as "LGBTQ+ Healthcare Equality Leaders". This designation means that these facilities have LGBTQ+-inclusive policies around patient and employee non-discrimination and family visitation, provide LGBTQ+- specific patient services

and support, and engage with the LGBTQ+ community through initiatives, events, or marketing.[28] In contrast, three healthcare facilities in Central Indiana do not have an LGBTQ+-inclusive patient nondiscrimination policy, and one does not have an equal visitation policy for family members.[29]

Limited LGBTQ+-inclusive medical education:

Another organizational concern is the lack of LGBT- inclusive education that is provided in U.S. medical schools. A 2018 report from the Association of American Medical Colleges found that while three quarters of medical schools included some LGBTQ+ health themes in their curriculum, roughly half said that this education consisted of three or fewer lectures, group discussions or other learning activities.[30] This lack of comprehensive medical education leaves many providers feeling inadequately trained to care for their LGBT patients. A 2018 survey of over 600 medical students found that 80 percent of respondents felt "not competent" or "somewhat not competent" in treating LGTBQ+ patients.[31]

POLICY FACTORS:

Lack of explicit LGBT-inclusive healthcare policies:

The lack of explicit local, state, or national policies around LGBT-inclusive health care also can have negative effects on this population. For example, Indiana's Medicaid program has no explicit policy around transgender health coverage and care, which can create barriers to health care for transgender people receiving Medicaid in the state. In contrast, 22 states currently have an explicit policy for transgender health coverage and care in their Medicaid programs.[32]

DATA APPENDIX

Specialized Geriatric Services Offered by Health Systems in Central Indiana

Health System and County	Geriatric Emergency Department	Acute Care For Elders(ACE) Inpatient Consultation	Geriatric Psychiatry Inpatient Unit and/or Consultation	HELP Program (Hospital Elder Life Program)	NICHE (Nurses Improving Care for Health System Elders	Care Transitions Program (Hospital-to-Home)	Nursing Facility Program
Ascension St. Vincent (Marion, Hamilton County)	✔	✔	✔		✔	✔	
Community Health (Marion, Hamilton, Johnson County)	✔	✔	✔	✔	✔	✔	✔
Eskenazi Health (Marion County)		✔		✔	✔		✔
Franciscan Health (Marion, Johnson County)							
Hancock Regional Hospital (Hancock County)							
Hendricks Regional Health (Hendricks County)							
Indiana University Health (Marion, Boone, Hamilton County)		✔				✔	✔
Johnson Memorial (Johnson County)							
Major Hospital (Shelby County)							
Riverview Hospital (Hamilton County)							
Witham Health Services (Boone County)			✔				
Richard L. Roudebush VA Medical Center (Marion County)		✔				✔	

Age-friendly hospitals are defined by Institute for Healthcare Improvement. Dementia-friendly hospitals are defined by CICOA. All other parameters were sourced from key informant interviews.

Health System and County	Geriatrics Outpatient Consultation	Geriatrics Outpatient Primary Care	Geriatrics Home-Based Primary Care	GRACE Team Care (Geriatric Resources for Assessment & Care of Elders)	PACE (Program for All-Inclusive Care of the Elderly)	Dementia Friends Indiana Certified hospital/clinic	Age-Friendly Health System
Ascension St. Vincent (Marion, Hamilton County)	✔	✔				✔	✔
Community Health (Marion, Hamilton, Johnson County)	✔		✔				✔
Eskenazi Health (Marion County)	✔	✔	✔			✔	✔
Franciscan Health (Marion, Johnson County)					✔		
Hancock Regional Hospital (Hancock County)						✔	
Hendricks Regional Health (Hendricks County)							✔
Indiana University Health (Marion, Boone, Hamilton County)	✔			✔			✔
Johnson Memorial (Johnson County)							
Major Hospital (Shelby County)							
Riverview Hospital (Hamilton County)							
Witham Health Services (Boone County)						✔	✔
Richard L. Roudebush VA Medical Center (Marion County)	✔	✔	✔	✔			

Download the data used in this chapter.

Download spreadsheets containing our source data
by clicking here or scanning the QR code below.

ENDNOTES

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2 Community Assessment Survey for Older Adults TM. National Research Center Inc., 2017. https://cicoa.org/news-events/research/.

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5 Thirty-five key informant interviews with caregivers and service providers were conducted during 2019 and 2020 to collect input on issues facing the older adult population in Central Indiana. Public and not-for-profit sector leaders and service providers who are knowledgeable about service systems and issues pertaining to older adults in Central Indiana were identified and interviewed as key informants during report preparation.

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10 "Home & Community Based Services | Medicaid," accessed January 27, 2021, https://www.medicaid.gov/medicaid/home-community-based-services/index.html.

11 CHOICE is an acronym for the program's full name Community and Home Options to Institutional Care for the Elderly and Disabled. The CHOICE program is administered through Indiana's 16 Area Agencies on Aging. The CHOICE program provides home- and community-based services to assist individuals in maintaining their independence in their own homes or communities for as long as is safely possible.

12 Indiana Medicaid pays for services for individuals who choose to remain in their home as an alternative to receiving services in an institution, such as a nursing facility. These services are referred to as home and community-based services. These programs are intended to assist a person to be as independent as possible and live in the least restrictive environment possible while maintaining safety in the home.

13 Counsell, S., MD, FACP, AGSF. Professor of Medicine at Indiana University (IU) School of Medicine. Founding Director of the IU Geriatrics program from 1997-2016. "Personal Communication," November 2019.

14 "LTSS 2020 Short Report PDF 923.Pdf," accessed January 25, 2021, http://www.longtermscorecard.org/~/media/Microsite/Files/2020/LTSS%202020%20Short%20Report%20PDF%20923.pdf.

15 Nine focus groups with older adults were conducted during 2019 and 2020 to collect input on issues facing the older adult population in Central Indiana. The focus groups composed of older adults were assembled with the identification and recruitment assistance of community service

providers. These focus groups were conducted by researchers, in person prior to the COVID-19 pandemic, and by Zoom after the pandemic began. The questions asked of the focus group participants were discussed and agreed upon by research faculty and staff.

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23 Christopher M. Callahan et al., "Transitions in Care among Older Adults with and without Dementia," Journal of the American Geriatrics Society 60, no. 5 (May 2012): 813–20, https://doi.org/10.1111/j.1532-5415.2012.03905.x.

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26 Mary Beth Foglia and Karen I. Fredriksen-Goldsen, "Health Disparities among LGBT Older Adults and the Role of Nonconscious Bias," The Hastings Center Report 44, no. 0 4 (September 2014): S40–44, https://doi.org/10.1002/hast.369.

27 Foglia and Fredriksen-Goldsen.

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29 "HEI Interactive Map - HRC," accessed January 25, 2021, https://www.hrc.org/resources/hei-map.

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31 "Medical Students Push For More LGBT Health Training To Address Disparities," NPR.org, accessed January 25, 2021, https://www.npr.org/sections/health-shots/2019/01/20/683216767/medical-students-push-for-more-lgbt-health-training-to-address-disparities.

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