Healthcare Transformation: Translating Aspiration into Action

Charlotte Yeh, MD
Chief Medical Officer, AARP Services, Inc.
The Healthcare Transformation Mission:

Deliver on the promise of quality care for the 50+ through better outcomes, experience and affordability.
Addressing the needs of a population by working together with providers of AARP-branded health products.

How we define success for:

- **Consumers**
  Higher quality care and an unmatched care experience

- **Communities**
  A transformed delivery system capable of coordinating care in a more organized and reliable manner

- **Society and policymakers**
  Deeper insights through a rich health research agenda focused on performance and the needs of the people served
Pilot programs

Recognizing that an individualized, holistic approach to healthcare delivery is essential to healthcare transformation:

- Participants included AARP members insured in the *AARP Medicare Supplement Plan* in Central North Carolina, Cleveland, Los Angeles, New York City, and Tampa.
- Designed to improve health outcomes and determine if care coordination can be successful in a traditional fee-for-service Medicare environment.
- Program was offered at no additional cost for the member.

*Note: This was a learning trial foundational to the HCT journey and is NOT nationally available at this time.*
Pilot program savings

The TOTAL SAVINGS for the program was $8.3 million.

Program Savings by Payer

- 81%: Medicare
- 8%: Participant
- 11%: Medigap
Insights on engagement

Engaged
- Saw themselves as “sick”
- Had less communication from their doctors
- Had less support at home

Not Engaged
- Saw themselves as “well”, and were less likely to report symptoms of depression
- Could get answers from their doctors
- Felt comfortable managing their health for now

How is your health?
58% said “Better than others my age.”

“Living independently at home” versus
“Managing my health”
And then there is the research...

- This Healthcare Transformation initiative is the **leading producer** of research on the Medigap population.

- Since 2009, UnitedHealthcare has authored **over 90%** of the publications on this population.

- To date, **42 manuscripts** have been published in peer-review journals.
So what’s next?

It’s time to disrupt the way we think about aging and health.
A new lens for healthcare

Moving from a traditional model focusing on the clinical determinants of health to a model that addresses elements of the social fabric that are critical to our members’ quality of life.
Move...

From: Patient

To: Person
Social fabric of life determinants

Note: Graph shows data from various Optum/AARP studies on Medicare Supplement insureds as well as in the literature (Last updated: March 2017).
Move...

From: Managing a healthcare plan

To: Co-designing a life plan
76% of Americans are either expecting or experiencing a life change.

- 2 hours per week for doctor appointments
- 55 hours per week caregiving for dementia
- 26 hours per week caregiving for others
It’s time to pivot.

We need to examine how can two patients with the same condition can realize such different outcomes...
Move toward “Aging Strong”

Healthcare Transformation 2020:
- Building Courage
- Confidence, and
- Caring

- To achieve this goal, we will focus on three pillars:
  1. Purpose
  2. Optimism
  3. Social engagement
Purpose in life

From prescribing treatment... to prescribing purpose.

People with a sense of purpose have:

- 71% reduced risk of stroke
- 61% fewer overnight hospitalizations
- 58% better sleep
- 32% fewer doctor visits
Optimism and positive perceptions of aging

- Optimism adds 7.5 years to life.
- Those with a positive view of aging:
  - Are 44% more likely to fully recover from a severe disability.
  - Have a larger hippocampus and less anatomic evidence of Alzheimer’s dementia on MRI.
  - Have an 80% reduction in cardiovascular risk.
Loneliness is the “new smoking,” considered equivalent to smoking 15 cigarettes per day.

Loneliness shaves 8 years off longevity.

Nearly 30% of older people live alone, and almost half of women age 75+ live alone.

Loneliness has the largest negative effect on quality of life, and is the single largest predictor of dissatisfaction with healthcare.

Mortality risk for loneliness is greater than obesity.
Impact of hearing loss

The burden of hearing impairment has a larger negative impact on quality of life than many common medical conditions, including diabetes, stroke, and cancer.

More than 2/3 of adults age 70+ in the U.S. have clinically meaningful hearing loss.

Hearing loss is associated with increased risk of dementia, falls and depression.

Hearing loss represents 9% of potentially avoidable cases of dementia, the most of any risk factor.

Hawkins et al, 2012: The Prevalence of Hearing Impairment and Its Burden on the Quality of Life Among Adults with Medicare Supplement Insurance
Goman et al, 2017: Research Letter: Addressing Estimated Hearing Loss in Adults in 2060
“I believe that it’s not about aging in place, it’s about thriving in motion.”