



University of Pittsburgh



The Stern Center for Evidence-Based Policy



Addressing the Health Needs of an Aging America

New Opportunities for Evidence-Based Policy Solutions



Executive Summary

The U.S. population is rapidly aging. And its healthcare needs are changing.

By 2050, adults over the age of 65 will make up 20 percent of the U.S. population. The budgetary and policy implications of this demographic shift represent two of the greatest challenges faced by federal and state governments today. An aging population will place intense stress on our healthcare system, its funding sources, and American families. Addressing the needs of the elderly will be a top priority of policymakers at every level.

Evidence-based policymaking can improve the cost and quality of care for the aging.

Today, for many reasons, health policymaking often fails to fully consider scientific research evidence. With aging Americans and their loved ones at risk, policymakers have a responsibility to inform their decisions with rigorous, objective evidence. At the same time, health policy researchers must find a way to present scientific results in a manner that is relevant to and applicable by policymakers. This study is the first in a series of efforts to connect research evidence to the policy recommendations being made to address the health needs of older adults in the United States.

This study is the first to systematically map health policy recommendations for the aging to the body of research evidence.

In an unprecedented effort to map evidence to health policies, a multidisciplinary team of researchers conducted a two-phase study to identify opportunities for policymakers seeking to improve the cost and quality of healthcare for the aging. Results of a broad literature search of medical research evidence were matched and compared to policy recommendations from multiple, cross-cutting healthcare stakeholder groups. From an initial search return of over four hundred thousand literature citations and over 493 health stakeholder organizations, researchers conducted a scoping study and policy scan to identify unique stakeholder policy recommendations and studies related to the health of the aging population. An expert panel used these results to organize the information into 10 usable policy categories (further divided for easy reference into 75 subtopic areas), which combine to present a comprehensive and unbiased view of the best-available evidence and policy activity around healthcare for older adults. The study intends to inform future policymaking in this critical area with an easily applied index of evidence-based policy research mapped to the full range of policy options.

Matching these results allows policy makers and the stakeholder community to identify potential areas of interest:

- 1) Where there is significant policy interest and evidence to support proposed changes;
- 2) Where policy topics have a strong evidence base but are receiving little attention; and
- 3) Where there is policy activity but a lack of scientific evidence.

Where Evidence and Policy Meet

The study revealed three areas in which a rich base of research evidence and a high level of demand for policy change exist:

The Healthcare and Informal Caregiver Workforce reforms address a significant shortage in the number of clinicians who have the skills to treat complex geriatric patients. Policy interventions could support the use of new models of care to expand the role of **family caregivers**, leverage the skills of **advanced practice providers**, and train the workforce in **geriatric competencies**.

Coordinated Care interventions encourage healthcare payers and providers to move toward a more accountable system, where a greater portion of reimbursement is tied to patient health outcomes. The study revealed significant evidence and policy activity on interventions related to **care pathways and bundles, disease management programs, specialized units, discharge coordination and patient navigation, and coordinated delivery of primary and long-term care**.

Prevention and Wellness interventions lower the cost of care and improve health outcomes by preventing the onset or progression of disease through activities such as **screening and early detection; nutrition and diet; and patient education, empowerment, and physical activity**.

Evidence That Deserves Greater Attention From Policymakers

The following topics had an extensive, rigorous evidence base but received limited attention in the policy arena.

Patient Self-Care and Self-Management initiatives encourage patients to work with their providers to preserve their health status and minimize avoidable complications. These initiatives utilize strategies such as patient education to encourage healthy decisions, as well as technology-enabled self-care.

Palliative and End-of-Life Care refer to approaches that focus on relieving symptoms for patients with pain and terminal illnesses and providing support and resources for their family members. Approximately one-third of Medicare dollars are spent on patients in their last two years of life; these initiatives seek to reduce the suffering of patients at the end-of-life while creating considerable opportunities for healthcare cost reduction.

Policy Recommendations That Demand an Evidence Base

Two topics were notable for a large number of policy recommendations within the sampled stakeholder organizations, but a lack of research evidence to support them.

Long-Term Care: While reforming the current long-term care system is a major policy priority for many stakeholder organizations in the study, the evidence base on the effects of proposals to reform the system for financing and delivering long-term care is limited. Additional evaluation and research are needed to provide an evidence-base for these policies.

Medical Malpractice: The study found considerable gaps in the evidence base on how malpractice reform might affect the costs and quality of care for the aging population.

The Stern Center for Evidence-Based Policy

The Stern Center for Evidence-Based Policy (“Stern Center”) fosters, supports, and leads rigorous scientific research initiatives that generate actionable, evidence-based health policy recommendations. By leveraging significant advances in evidence-based research methods and collaborating with key stakeholders, the Stern Center aims to empower policymakers with the best research information available. The goal of the Center is to improve the health of the U.S. population by increasing the use of evidence in the policymaking process.

Housed in the University of Pittsburgh’s Health Policy Institute, the Stern Center brings together experts from across the health sciences, including medicine, public health, pharmacy, nursing, dentistry and the rehabilitation sciences, to collaborate on applied policy research. Subject matter experts are supported by a team of political scientists, health economists, biostatisticians, information scientists and regulatory experts who provide the methodological and analytical backbone for the Center’s projects. The Center partners with other academic institutions, research organizations, associations, stakeholder groups and governmental entities to enrich our work and disseminate findings.

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