Statement of Senator Robert P. Casey, Jr.
Special Committee on Aging
Person-Centered Care: Reforming Services and Bringing Older Citizens Back to the Heart of Society

Good morning everyone and thank you all for being here. I want to thank Chairman Kohl for the opportunity to call this hearing today and I'd like to give a warm welcome and tremendous thanks to the witnesses we have with us today – some of whom have traveled from as far away as Oregon, Colorado and Nebraska, others from PA and NY. Thank you all for taking the time to be here and for your tremendous expertise and commitment to the work we'll be discussing.

Our hearing is called "Person-Centered Care: Reforming Services and Bringing Older Citizens Back to the Heart of Society." What do we mean by person-centered care? It is both a philosophy of care as well as the defining principle of several exciting and specific initiatives within health care and long term care for older citizens. The philosophy is simple: Our older citizens deserve to live lives of dignity and respect through all stages of life. About 10 years ago, the Philadelphia Inquirer reported, "Life can have quality and meaning even until the very last breath." Elders have a profound right to be decision-makers in their own care – to be *at the center* of their own care, with a partnership of family and providers. And our older citizens are critically important to the overall health and well being of our society. I quote one of our witnesses today, Dr. Bill Thomas, and in fact our hearing title borrows a phrase from the following quote of his, "People of all ages will live better lives when we succeed in bringing elders back to the heart of our society."

In recent years, this philosophy of person-centered care has been translated into very specific action. This morning we will hear testimony about person-centered care within two types of settings: (1) outpatient care for older citizens living on their own or in assisted living, and (2) long term residential care in nursing facilities. I think you will find this testimony fascinating, enlightening and inspiring. We have with us experts in policy and academia and medicine. And we also have the ultimate experts – family members and direct care workers. All these individuals will testify about how person-centered care has transformed their professional and personal lives.

In hearings before the Aging Committee, we frequently hear the statistics, and they are alarming, about the increase in Americans over the age of 65. We currently have an estimated 38 million Americans in this age group, and that number is expected to double within the next twenty years. In the midst of this, health care costs are rising exponentially, the quality of outcomes is not consistent, older citizens are often abandoned to navigate a confusing and complex health care system. Also, older citizens report extremely low levels of satisfaction with life in nursing homes. This $122 billion industry includes 16,000 nursing homes and significant concerns persist about maltreatment and neglect of our older citizens in 20% of these homes. As I know from my work in state government, most nursing homes provide quality care but that 20% is what we hear most about. However, a recent survey by the AARP found that fewer than 1% of individuals over 50 with a disability want to move to a nursing home. There has to be a better way, and in fact there is.

Person-centered care provides that better way. It is a straightforward concept and yet it has taken years of hard work to get concrete initiatives underway. We have a long way to go

and much to learn. But in order to succeed, we must also examine why this kind of culture change is difficult.

Part of the answer is that our current systems for health care and long term care are neither structured nor rewarded for person-centered care. Medicare offers financial incentives for scheduling multiple patients and single services, not coordinating complex care and providing counseling and genuine partnership in care. This is unsatisfying for both patients and practitioners – and can even be dangerous or deadly. The NY Times contained a report Monday about a Philadelphia man, Robert Williamson, who received a cursory primary care exam which missed the danger signs of an oncoming stroke that Mr. Williamson suffered a short time later. Not only did Mr. Williamson suffer a severe health crisis, he incurred $30,000 in hospital costs and had to go on disability at a cost of $1,900 per month.

The number of primary care or "family" physicians, those who traditionally have an ongoing relationship with patients and their family members and the greatest understanding of comprehensive needs, is decreasing. The American Academy of Family Physicians reports a 50% decline in medical students choosing family medicine. Primary care physicians get lower reimbursements from Medicare and need to see increasing numbers of patients, in already over-crowded schedules, just to stay afloat financially.

In residential care, nursing facilities require residents to revolve around institutional schedules for such personal preferences as waking, bathing and dressing, far too often identifying residents by their health conditions, vulnerabilities and room numbers rather than their unique strengths and gifts. Staff members attracted to the field of direct care service because they want to help older citizens are just as ill-served by this institutionalized culture as are the residents. Workers are minimally trained, over-worked and carry patient loads that make it impossible to engage in any personal time with residents – in fact, such relationships are often discouraged. They have little or no say in decision-making, relegated – like the residents – to the fringes of a system that places the needs of the institution over those of the human beings in it.

The majority of our health care and long term care systems are missing a critical element in caring for our older citizens – and that is the importance of *relationships.* Elder care has become entrenched in habits and methodology and reimbursement policies that are more suited to "one size fits all" than to personalized, individualized care. We reimburse physicians on the number of patients they can see in a day rather than engaging older citizens and their family members in a partnership of care. We evaluate direct care workers on the number of pills they can dispense in an hour, rather than the joy they can engender in the life of an older individual.

Of course the culture change of person-centered care involves more than just an emphasis upon relationships, and we will hear much about its specific requirements here this morning. But changing the way we care for older citizens does not need to be difficult. We have to stop engaging in "business as usual" and look at what is working. That is why I chose to hold this hearing and will devote a great deal of attention to this issue here in the Senate. And that is why I will be introducing a bill that will provide loan funding for long term nursing facilities that commit to the principles of person-centered care.

The movement toward person-centered care has been called a revolution. But although it is revolutionary and "new" in what we are doing, it is also a *profound return* to the bedrock values of respecting our older citizens and living the golden rule. It's also about peace of mind for family members. The pioneers of this revolution – and we are fortunate to have many of them with us here today –show us how we can enrich the lives of both our older citizens and everyone around them. I am so grateful to them for their willingness to believe in something better, for their courage and persistence in engaging very entrenched systems in innovative change. They are here today to tell us how to create change in very specific – and successful – terms, focusing in particular on the outpatient "Medical Homes" model and the "Green House" model for in patient residential care. And since serious conditions often lead to hospitalizations and periodic rehabilitative care for older citizens, we will also hear testimony about how to best navigate such transitions within a culture of person-centered care.

The solutions we will hear this morning are win-win for everyone. They provide older citizens and their families with better care, better outcomes, and more enjoyable lives; they provide direct care workers long-overdue respect and job satisfaction; they allow health care practitioners to meet the comprehensive needs of their patients; and they save money in the long run.