

## Viewpoint: Integrated care, savings are possible through senior living, hospital partnerships



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The largest portion of health care dollars today is spent on caring for the elderly. Per person, health care spending for those 65 and older – due to costly chronic conditions – was \$18,988 in 2012. That's more than five times higher than spending per child (\$3,552) and approximately three times the spending per working-age person (\$6,632).

With this care load, emergency departments have become crowded and hospitals oversubscribed. We've also seen growth in urgent care models to prevent using hospitals for minor illnesses and accidents.

But for individuals past a certain age, chronic illnesses and even basic medical procedures require ongoing monitoring and management and, at times, emergency treatment. For those situations, an urgent care or hospital model may not be the best option. A better solution is for the senior-living industry to partner with hospital networks to provide a continuum of post-acute care. Aging adults have unique needs requiring cross-functional consideration, balancing what they physically need, what they can cognitively handle and what they emotionally want. Currently, there is no system, practice or service in place to do this.

But there could be.

A reasonably healthy man in his 80s named Dennis needs a pacemaker and is simultaneously diagnosed with memory loss. He's sent home with a packet of instructions, but, the day after surgery, he's at home – confused, nervous and in pain. He can't recall being told there would be swelling and bruising. And because he can't remember to take his medication, the pain makes him feel that something is terribly wrong. He wants to drive back to the doctor or the hospital for help, putting himself and others at risk, all while costing the system unnecessarily.

We experience this story repeatedly, and it needs to change. We must care for seniors in the later stages of their lives like we treat younger, more agile and cognitively astute individuals – but we need new practices and solutions to get it right. Each player in the senior care ecosystem has a piece of the puzzle. But the tall silos cannot be torn down and change cannot happen until there is: a new care model, new policies allowing that model, the ingenuity of innovators, and the willingness of hospitals, primary-care doctors, skilled-nursing communities, senior-living professionals and others engaged in the continuum of care.

To ensure care is delivered in the least costly and most appropriate setting, basic and chronic care for seniors must move to settings *devoted* to their unique needs, such as senior living communities, and away from traditional emergency departments and hospitals. Partnerships begun today can ensure such care exists tomorrow.

Benchmark Senior Living and Mount Auburn Hospital have taken a first step toward collaboration so that health care services may be done onsite, in homes of senior-living community residents. If those directing the care of someone like “Dennis” had solutions available leveraging the collective expertise of the entire system in a collaborative model of care, perhaps he could have received his medications and reminders of why he needed them in a more affordable, less disruptive fashion.

In addition to lowering costs, such alliances between senior living communities, hospitals and local providers, such as home care, can reduce risks and improve outcomes because care is easier for seniors to access and comply with.

So, let's start thinking outside of existing silos and begin building integrated senior care models from the ground up. And let's begin by asking seniors and their families what a world of compassionate, quality care and counseling might look like through *their* lens rather than the lens of existing systems designed to care for everyone else.

*Thomas Grape, Chairman and CEO of Benchmark Senior Living, and Jeanette Clough, President and CEO of Mount Auburn Hospital, are partnering to develop health care solutions for seniors. Mr. Grape also serves on the Governor's Council to Address Aging in Massachusetts.*



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