Beyond Healthcare to Successful Aging
On June 6, 2018, we came together as physicians, advocates, innovators, leaders, researchers, policymakers and entrepreneurs to forge new alliances, disrupt models of care, and devise practical policy solutions. We were honored to host the fourth annual d.health Summit in Boston – the birthplace of the American Revolution and among the top cities for successful aging in the nation – for the first time.

At this year’s Summit, we heard from esteemed thought leaders from the healthcare, finance, technology and policy sectors, many of whom are based in Boston or have studied at Boston’s world-class educational institutions. They shared their revolutionary, disruptive ideas addressing not only health, but also social determinants of health that contribute significantly to Successful Aging.

We were honored to welcome Dr. Alice Bonner, Secretary of Elder Affairs for the State of Massachusetts, along with two other outstanding keynote speakers at this year’s Summit. Dr. Christine Cassel, a luminary in health care and policy, shared her perspectives on The Aging of America: The New Normal and the opportunities it presents. Dr. Troyen Brennan, a consummate academician and health care executive, shared his insights on retail management of population health and CVS Health’s breakthrough partnership with Aetna.

The Longevity Economy is estimated to be an $8 trillion market. This creates enormous opportunity to modernize healthcare systems, create novel technological and process innovations, and transform delivery of health and social services. d.health is not just about a single day, it is about the impact we can make tomorrow. By sharing ideas, forming new partnerships, and working together, we can enact lasting, meaningful change to improve the everyday lives of aging Americans.
A demographic tsunami is looming in America, as every day, 10,000 people are turning 65. By 2030, just 12 years from now, 20 percent of the U.S. population will be 65 years of age or older, with the percentage of seniors even older rising rapidly as well.

The current healthcare system is not aptly structured or scaled to take care of seniors, now or in the future, nor are policies in place that look beyond the medical to enable successful aging — permitting seniors to age in place with access to high-quality, affordable services that preserve and protect their dignity, quality of life, and independence.

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About the d.health Summit

The fourth annual d.health Summit, held on June 6, 2018, in Boston, Massachusetts, brought together more than 200 leaders from the health, technology, finance, and policy fields to discuss the challenges and opportunities in serving America’s aging population. Speakers and attendees exchanged ideas in a setting aimed at fostering new relationships and encouraging disruptive technological and process innovations to revolutionize the lives of seniors in the United States and beyond.

By 2025, 70 million Americans will be 65 or older.

Providing What Seniors Want

Social and physical isolation due to declining physical condition, loss of friends and loved ones, and distance from family is perhaps the single greatest threat to the health of seniors. As panelist Charlotte Yeh noted, loneliness and related issues are more prevalent in the 65-and-older population than diabetes, obesity, and other concerns most often cited from the medical side. And the effect of this isolation is severe: loneliness can have the same negative health impact as smoking a half-pack of cigarettes a day.

Innovation offers significant promise in overcoming isolation, but it is critical that businesses recognize what seniors actually want from devices in the home. After all, the adoption rate for home monitoring systems in the United States is a mere 5 percent among the frail population, said panelist Joseph Coughlin. Even in the United Kingdom, where all costs are covered for patients whose doctors prescribe a monitoring system, the adoption rate is just 12 percent. People do not want a “safety net”; they want independence and self-determination.

“Right now, nobody owns the market...The opportunity is sitting before us, and the one who cracks that code has got a great future, not only for their company, but for us, too.”

— DR. CHARLOTTE YEH
CHIEF MEDICAL OFFICER
AARP SERVICES, INC.
Even fashion may be important. Panelist Mary Modahl drew attention to a clinical trial involving the Apple Watch and observed that the product’s appeal had a role to play in adoption and use, and in the consequent provision of data for analysis.

Finally, seniors want a sense of purpose. Having a motivator, or an optimistic outlook, can have significant positive health outcomes and at the same time drive medical costs lower. Continued or new employment may further enable the elderly to overcome the threat of loneliness and remain active, contributing members of society far past the age of 65. Keynote speaker Christine K. Cassel sees this as an opportunity for businesses in a full-employment economy to meet their needs for an experienced and effective workforce, provided they can tailor positions to accommodate the frailties associated with aging.

‘Can it be reimbursed?’ Ladies and gentlemen, reimbursement is not innovation. Innovation is when you want to take the money out of your pocket, or your mom’s pocket, because you want it, not because you need it.

— DR. JOSEPH COUGHLIN
FOUNDER & DIRECTOR
MIT AGELAB

“Telemedicine is one of those areas that can be difficult to understand, because there are so many applications of it, but I think that the big ‘Aha!’ of it is that if the software system can interconnect everybody with everybody else, then a world of innovation can be enabled.”

— MARY MODAHL
SENIOR VP & CHIEF MARKETING OFFICER
AMERICAN WELL
Innovating to Serve Seniors

How can technological and methodological innovation bring about improved health and wellbeing, and better outcomes for an aging and more vulnerable population? Although one’s first thought may be consumer-oriented products such as smartphone apps or wearables, other opportunities exist for developing platforms invisible to end users that enable their providers and payers to increase the quality of their care.

For example, healthcare technology firm Aetion gathers real-world data, as distinguished from the results of controlled clinical trials, to enable payers to make informed decisions about what treatments work best for what segments of their covered populations. Aetion’s CEO, Carolyn Magill, told summit attendees that Aetion evaluates interventions using comprehensive, real-world data, observed in real time and drawn from claims, electronic medical records, and patient-reported outcomes. And the company is looking beyond its current datasets to explore collecting information on social determinants of health, partnering with the government to capture Medicare claims data, and identifying global best practices that might be introduced in the United States.

The promise of Aetion’s model is the ability to identify subsets of covered patients who may benefit from a different approach than the standard, such as moving immediately to a second-line treatment - despite its increased cost per dose - to obtain a better outcome for the patient and a lower total cost for the payer.

Technological innovation can be combined with process innovation to improve outcomes as well. For example, Call9 CEO Timothy Peck described how the startup delivers emergency and palliative care in nursing home settings by embedding EMTs or paramedics on a 24/7 basis. He noted that medical access is often quite limited in nursing homes, with lab tests and EKGs taking considerable time, no physician onsite at night or on weekends, high patient-to-nurse ratios, and nursing staff experienced in chronic care, rather than emergency care.

As a result, nearly 20 percent of the ambulances that come to emergency rooms across the country come from nursing homes. Call9’s approach, which includes a remote connection with physician support, results in a substantial reduction in ER trips and an astounding cost savings: 80 percent of patients the on-site EMTs or paramedics treat get to stay in their beds, resulting in a savings of $8 million per 200-bed facility per year.

"How do we identify whether a drug is actually improving the quality of life? Where does that get captured in claims data? How is that represented in EMR data? Payers are looking to better understand whether the drugs that are on their formulary are truly best serving their populations."

—CAROLYN MAGILL
CEO, AETION

"Those who are investing in healthcare technology and healthcare services are starting to understand that value doesn’t only mean saving money, but you need to create that savings through good patient care. Value really means both of those things."

—DR. TIMOTHY PECK
CEO, CALL9
Perhaps the boldest plan discussed at the Summit was that outlined by the afternoon’s keynote speaker. Troyen A. Brennan, Executive Vice President & Chief Medical Officer, CVS Health, outlined how the pharmacy chain hopes to leverage its planned merger with insurance provider Aetna to create a new “chassis” for healthcare delivery.

Drawing on its pervasive reach, the company aims to employ digital data and analysis to enable its large healthcare workforce of pharmacists and nurses to provide in-person and digital consultations and health management for five common medical conditions (specifically: diabetes, hypertension, hyperlipidemia, and depression) complementing the efforts of primary care physicians.

Convenience is an important element of this plan, as more than 75 percent of the U.S. population is within 5 miles of a CVS, but the personal touch is critical as well. Earlier in the day Christine Cassel observed that pharmacists are the least-utilized healthcare professionals, yet they are trusted, which suggests that consumers may prove willing to embrace this retail model of healthcare.

Moreover, Brennan indicated that although initially the company would target Aetna’s covered population, an “open source” approach could see patients covered by other insurance companies taking advantage of the CVS service. Finally, Summit co-chair Abraham “Avi” Seidmann suggested in his closing remarks that we need to find solutions that are scalable for all income levels, and if CVS does move forward with this plan, other pharmacy chains would likely follow suit.

“Older adults experience disutility of care at higher rates than any other age demographic. They experience more harm, defects, delays, discoordination, you name it. Older adults suffer from it at higher rates and at higher proportions.”

— DR. KEDAR MATE
SENIOR VICE PRESIDENT
INSTITUTE FOR HEALTHCARE IMPROVEMENT
Empowering Seniors with Affordable, Accessible, and Transparent Healthcare

How can healthcare be made more affordable, more accessible, and more transparent for the aging population, especially when, as panelist Tim Lash noted, the current system often prioritizes profits and secrecy? Summit co-chair Ray Dorsey opened the event with news that, thanks to the Greater Rochester Health Foundation and the Edmond J. Safra Foundation, telemedicine is now being used to care for any person in the state of New York with Parkinson’s disease.

Now, individuals suffering from this debilitating condition — whose global incidence would qualify it as a pandemic were it infectious — can receive expert care in their home without regard to location or ability to pay. To date, more than 200 New Yorkers are receiving such care. Their average age is over 70, and the majority live in areas with a shortage of health professionals; one in five is homebound. Affordability challenges remain, however.

The shift to value-based reimbursement has begun but has far to go, and, as summit co-chair Shelley Lyford pointed out, drug costs are unsustainably high. In particular, she highlighted the problem that both Medicaid and the Veterans Administration can negotiate lower drug costs, but Medicare cannot.

And although recent regulatory changes will give Medicare Advantage plans and their pharmacy benefit managers more tools to manage and lower Part B drug costs, as may be done in the private sector, the step therapy approach may limit access. Moreover, the new policy does not establish a way for Medicare to negotiate directly with drug companies to lower prices and thus falls short of achieving the desired reform. Accessibility may mean more than just technological innovations.

“Hospitals are relatively isolated from where the people are... Where we feel like we are with CVS, and our CVS locations, is out in the neighborhoods, and that can be an important part of closing the gap with these patients who are fragile at home.”

— DR. TROYEN BRENNAN
EXECUTIVE VICE PRESIDENT & CHIEF MEDICAL OFFICER, CVS HEALTH
Policy Recommendations

A bloated system and entrenched interests threaten to thwart innovation and throw up obstacles to successful aging. A recent survey finds that about half of Americans disapprove of the way their representative in Congress is handling the cost of healthcare, and an even greater percentage (around 75 percent) say that the country does not receive good value for its healthcare spending. What can Congress, the Administration, and state and local policymakers do to support business innovations and efforts to achieve the goal of independent adults living where they want to live, how they want to live, for as long as possible? The following are some policy perspectives that reflect the Summit’s discussions.

Panelist Nora Super described how an elder-services organization was able to work with Medicaid providers to address missed appointments. In-home visitations allowed the organization to determine causes and address them — for example, by finding accessible housing for a wheelchair-bound patient and her husband. Similarly, in her welcoming remarks, Dr. Alice Bonner highlighted the important role of elder-services agencies in helping the state’s seniors live well despite the challenges of a high cost of living.

The state has increased funding and is seeking to create “senior centers without walls” so that the elderly can socialize more, in libraries, museums, and the like. Finally, it is important to help patients learn to ask the right questions, said panelist Matt Patterson. They need to know how to find out about aligned incentives and determine who is looking out for their best interests. They should be asking how their providers make their money, for example, and how the providers benefit from a course of treatment they are recommending.

“We need to transform our system to be more efficient, more effective, more affordable, more holistic, and ultimately more accessible and accepting of the innovations that we’re advancing. Together, as payers, providers, patients, but most importantly, as voters, we need to make our voices heard, we need to advance practices and policies that really do make and enable successful aging a reality everywhere.”

— TIMOTHY A. LASH
EVP, STRATEGY & SUCCESSFUL AGING
WEST HEALTH

“I would like to challenge the innovators to think of ways of driving costs down, ways of making things more affordable, ways of creating systems that don’t demand increased spending from older people, perhaps even make possible less spending.”

— DR. CHRISTINE K. CASSEL
PRESIDENTIAL CHAIR & VISITING PROFESSOR
UCSF

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— TIMOTHY A. LASH
EVP, STRATEGY & SUCCESSFUL AGING
WEST HEALTH
1. Leverage technology to improve outcomes, but design with seniors, not simply for them.

Effective technological and process innovation must recognize the explicit and implicit needs and concerns of seniors, their caregivers, their families, and other stakeholders in the healthcare system. The best results are obtained when patient, provider, payer, and even community are all considered. To ensure adoption by the target population, it is critical to take into account not merely what best meets the needs of the system, but what the person wants, and what is compatible with their privacy and dignity.

Placing the individual at the center is critical. Every person should be able to access his or her own medical data and obtain telehealth everywhere. The U.S. Department of Health and Human Services, with congressional support, should also work to ensure interoperability and standardized data interchanges for all participants in the healthcare ecosystem, so that information can flow freely wherever the patient desires it to go.

2. Shift to value-based payments to improve care and lower costs.

Although there has been some movement toward value-based payments and reimbursement, the pace must be accelerated. To ensure appropriate results, new outcome-based metrics must be developed, and these metrics must reflect changing demographics. There is still much to do to reduce excessive or outdated regulations that add complexity and cost and keep the focus on fee for service.

As part of these reforms, regulators should recognize the important role of social determinants of health and explore options for expanding coverage to such areas as dental care and incorporating coverage of social services that help people to live better, independent lives and stay out of the patient population.

Government leaders should look to simplify systems for patients, providers, payers, and vendors to restore flexibility. Important, too, is enabling or increasing reimbursement for telemedicine and home healthcare — creating incentives to deliver patient-centered care to anyone, anywhere.
3. Reform regulations to emphasize prevention and keep seniors active and engaged.

Public health or preventive medicine has an important role to play, as poor health in later years can often be traced to earlier behavior. Thus, it is incumbent on society to empower individuals to be healthier throughout their lives.

Congress and the Administration, and state and local lawmakers, should adopt policies that incentivize individuals to build up their savings in order to meet the financial demands of independent living even in the context of declining health toward the end of life.

Moreover, in the interests of economic security for seniors and benefits to the country as a whole, a national discussion on a reasonable retirement age in light of increased longevity, and of ways to incentivize companies to maximize the potential of older workers, is overdue. The growing cohort over 65 is skilled and experienced, and many of its members will continue to work, perhaps with some accommodations, contributing value to their employers and benefiting themselves through increased engagement as well.


The most marvelous technology will bring little benefit if the target market fails to adopt it, and holistic care initiatives will have scant success if patients will not share the data to inform decisions. Payers, providers, and policymakers all command little trust among the aging population. This lack of confidence makes providing transparency and aligning incentives central to achieving effective innovation and a satisfied and successfully aging population.
“There’s a lot more to effective care design than reimbursement and risk-sharing. There should be some sort of systematic long-term view, which the politicians on both sides of the aisle have so far failed to see.”

— PROF. ABRAHAM SEIDMANN
XEROX PROFESSOR
SIMON BUSINESS SCHOOL
UNIVERSITY OF ROCHESTER &
D.HEALTH SUMMIT CO-CHAIR

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