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AARP: Utah scores high, low on long-term health care service

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When it comes to making sure the needs of Utahns with long-term health challenges are met, state policies sometimes work and sometimes don't, according to an AARP report released Wednesday.

The first-ever state scorecard evaluated long-term services and supports for older adults, people with physical disabilities and family caregivers. AARP found the Beehive State performs well on quality of life and quality of care issues in nursing homes and for people who receive medical help at home.

When measuring the affordability of and access to health care, however, the state's ability to deliver is fragmented enough for AARP's researchers to rank it 36th in the nation overall, based on 25 separate measures.

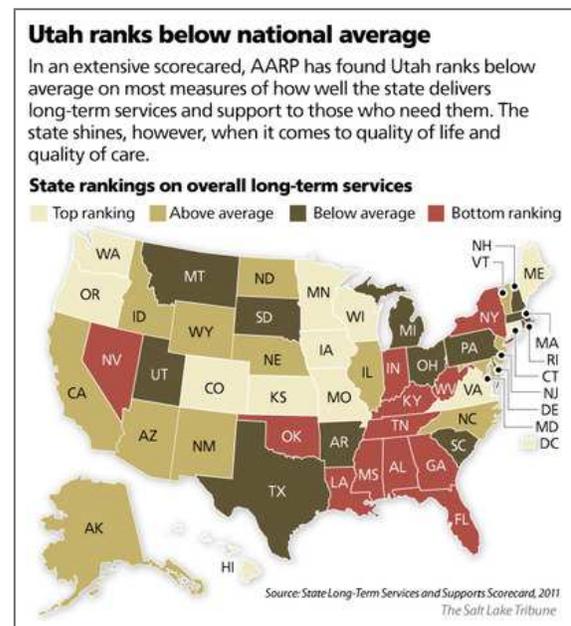
But even top-ranked Minnesota, Washington and Oregon need — along with the rest of the states — to vastly improve home care, assisted living, nursing home care and support for caregivers, the study found.

The Beehive State ranked first in the nation for affordability of private-pay nursing home care. Its low rate of sending home-health or nursing home patients to hospitals brought it top marks, as did its recognition that people with lesser health needs don't need nursing home placements.

At the same time, Utah's ability to get people qualified for Medicaid was considered among the worst in the nation.

Judi Hilman, executive director of the Utah Health Policy Project, said her organization and others have been critical of the state's limited marketing of Medicaid, a federal-state partnership program that provides health care for people in poverty.

The nonprofit sector and legal community hope to fill that gap with "Take Care Utah," an effort to network all service providers so that each knows how to guide people to help. The consumer-assistance program



will launch in Title I schools across the state, in communities where the need is greatest, Hilman said. “Eventually it will be statewide,” she said.

AARP pushes such an approach — a single point-of-entry that can connect people to a variety of services. That’s also the strategy driving Utah’s “options counselors,” who work in four rural communities educating people who need long-term care after a hospital stay but not necessarily in nursing homes.

“Millions of older adults and those with disabilities need access to high-quality services, and there isn’t enough information out there to allow consumers and policymakers to make sound choices,” said Mary Jane Koren, a physician with the Commonwealth Fund, which with AARP’s Public Policy Institute and the SCAN Foundation compiled the scorecard.

The report found that more than 80 percent of Utah caregivers usually or always got the support they needed, the second-best ranking in the country. At the same time, the legal supports for those caregivers were almost nonexistent, putting the state in 50th place.

Sonnie Yudell, state manager for the Utah Caregivers Support program, said she travels the state talking to people who are caring for loved ones or friends but don’t know they can ask the state and counties for help.

“We probably need to do a better job to get the information out into the community,” Yudell said.

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AARP’s long-term care scorecard

AARP on Wednesday released an analysis of 25 services that states offer to older adults, people with disabilities and their families. The study found that if all states matched the performance of the top-ranking states, the nation could see significant gains in health at potentially lower costs.

667,000 more people with disabilities could be covered by Medicaid.

202,000 fewer Americans would experience unnecessary and costly nursing home admissions.

121,000 hospital admissions could be avoided at a savings of \$1.3 billion nationwide.

If Utah matched the top-ranking states:

7,269 more low- or moderate-income adults with physical disabilities would be covered by Medicaid.

1,240 new Medicaid enrollees would get services first in their homes rather than in nursing homes.

374 nursing home residents who don’t need 24-hour skilled care could receive necessary services in the community.

65 unnecessary hospitalizations of people in nursing homes could be avoided.

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