



Eldercare: The current and future state of eldercare in the United States

The average American's life expectancy has increased tremendously within the last century, expanding the need for supportive services as increasing numbers of elderly people live with frailty and complex health conditions that many cannot afford¹. Medicare, Medicaid, and private insurance help with some aspects of care near end of life, but do not meet all needs or always align with the wishes of clients and their families. Community and institutional resources may be available, but access can be inconsistent depending on location.

While some U.S. counties may have numerous resources and programs, others — especially in rural areas — lack sufficient support. There are regional differences in access to services such as home care, skilled nursing homes, senior day programs, resources like Meals on Wheels, transportation assistance, and accessibility for those with disabilities. Geographic variation and differences in federal, state and county funding can all affect access.

“Professional case managers may have different experiences finding support for elders depending on where they live, while funded

programs vary from region to region,” says Anne Mercer, CIA, CFE, CFSA, board member at the Commission for Case Manager Certification.

These geographic differences make case managers' role invaluable as experts who can keep in mind and connect clients with critical community resources. Case managers also are likely to encounter elderly clients struggling to afford services, as Medicare and supplemental insurance often do not cover eldercare services, many do not have long-term care insurance, and people who do not have enough funds saved are unable to cover out-of-pocket expenses.

“(Most) individuals have not saved enough to pay for non-publicly funded services such as in-home caregivers,” Mercer explains. “Some seniors will need over \$100,000 to pay for services near their end of life². Most Americans likely do not have this amount set aside, and thus families will need to help.”

Mercer notes that case managers can be instrumental to assist clients and caregivers in negotiating eldercare issues, including helping them find assistance they can afford and coordinating services in geographic areas where they may be scarce.

1. Bureau UC. Living Longer: Historical and Projected Life Expectancy in the U.S. The United States Census Bureau. <https://www.census.gov/library/publications/2020/demo/p25-1145.html>

2. HHS Office of the Assistant Secretary for Planning and Evaluation; Office of Disability, Aging and Long-Term Care Policy. ASPE Issue Brief: Long-Term Services and Supports for Older Americans: Risks and Financing; 2016. <https://aspe.hhs.gov/sites/default/files/private/pdf/106211/ElderLTCTrb-rev.pdf#page=5>

“They can advocate for their frail clients and support families when difficult decisions are being made, but the case manager needs to know the options,” she says. “What resources in the community are helpful? What services best meets the needs of clients and families? How can families best use limited resources and save for the last few years of life?”

To best serve elderly clients in the face of these challenges, certified case managers must keep in mind current problems facing the system and what they can do to help clients overcome hurdles.

The “predictable disaster”: Systems ill-equipped to meet future needs

Dr. Joanne Lynn, MD, MA, MS, is a geriatrician, hospice physician, health services researcher, quality improvement advisor, and advocate whose aim is to shape American health care so every person can live comfortably in their last years of life at a sustainable cost to the community. As an expert in creating and advancing new models to expand long-term services and supports (LTSS) to a greater share of the aging population, she describes the future of eldercare as a “predictable disaster” that will be characterized by high costs and low ability to pay

among those who need LTSS — including people facing serious illness and disability as they age. With the number of seniors needing LTSS slated to increase in coming years, increasing demand for resources will make it even more difficult to get necessary help.

Long-term services and supports (LTSS) refer to services that assist with daily functionality such as meal preparation, eating, bathing, dressing, managing medication, and housekeeping. LTSS may be provided by unpaid caregivers, home health aides, nursing facilities, and transportation³... With the number of seniors needing LTSS slated to increase in coming years, increasing demand for resources will make it even more difficult to get necessary help.

She points to research demonstrating that 70% of adults who live until age 65 have a strong need for LTSS; 48% receive paid care within their homes, nursing homes, and residential facilities; and that those who have fewer financial resources are more likely to have longer periods of severe LTSS needs and paid care⁴. One study projects that by 2029, America will have 14.4 million middle-income people above the age of 65, of whom 60% will have mobility limitations, 20% will face high needs for health care and functional assistance, and 54%

will not be able to afford health care, food, and housing⁵.

Lynn highlights a contrast between how most people used to die when hospice was first introduced in 1983, with a single terminal disease that would lead to death more quickly, compared to now, with many facing gradually declining function, frailty, and higher risk of dementia (see Figure 1).

“Now, most of us have a prolonged dwindling and long period of time in which every month is just a little less capable than the last, and dying is almost an afterthought if some little thing happens,” Lynn states. “You get a bad cold, get pneumonia, fall and break something, or maybe just die of frailty. This has become the much more common way to come to the end of life, and we have never built a care system to make sense of this way of living out the last few years, so this model of how we live out the last few years of our lives has wholly inadequate supportive services.”

Most LTSS are not covered by Medicare, only by Medicaid⁶. Medicaid tends to have strict state-specific eligibility requirements, often only covering LTSS for people with very low income, which can leave out many who still need help affording LTSS⁷. In addition, the U.S. does not have enough quality nursing

3. Chidambaram P, 2022. 10 Things About Long-Term Services and Supports (LTSS). KFF. Published September 15, 2022. <https://www.kff.org/medicaid/issue-brief/10-things-about-long-term-services-and-supports-ltss/>

4. What is the Lifetime Risk of Needing and Receiving Long-Term Services and Supports? ASPE. <https://aspe.hhs.gov/reports/what-lifetime-risk-needing-receiving-long-term-services-supports-0>

5. Pearson CF, Quinn CC, Loganathan S, Datta AR, Mace BB, Grabowski DC. The Forgotten Middle: Many Middle-Income Seniors Will Have Insufficient Resources For Housing And Health Care. Health Affairs. 2019;38(5):10.1377/hlthaff. doi:https://doi.org/10.1377/hlthaff.2018.05233

6. U.S. Centers for Medicare and Medicaid Services. Long Term Care Coverage. Medicare.gov. Published 2019. <https://www.medicare.gov/coverage/long-term-care>

homes to meet its population's growing need, and many families lack the resources to afford nursing homes.

Lynn points out that nursing homes are failing in large numbers — understaffed, with poor infection control and underpaid employees — which can create obstacles for families seeking placement in nursing homes. Further, many people do not have long-term care insurance, which is often costly and limited. Even if a family finds a suitable nursing home, they likely do not have sufficient insurance coverage and are likely to be unable to afford it. The result is that home and community care is on the rise, but that comes with its own financial difficulties and inconsistent access. The result is that many people with severe LTSS needs are assisted by unpaid caregivers, such as family and friends, and, distressingly, 42% of unpaid caregivers experience financial strain due to inability to work⁸.

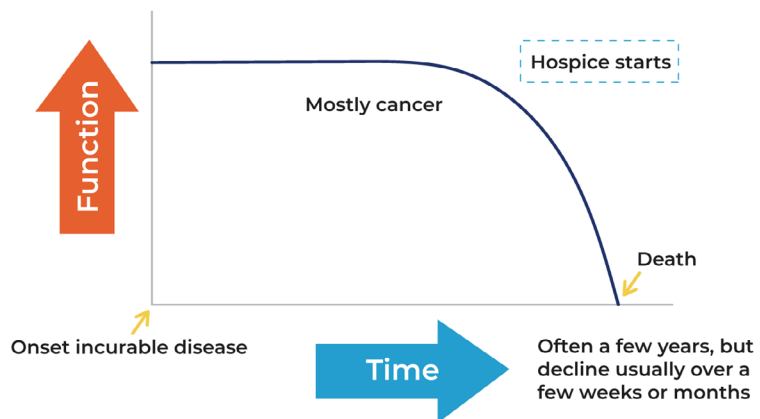
“Within 10 to 15 years, we will have very large numbers of people needing a great deal of supportive services,” Lynn notes. “And we will have no good way to pay for them outside of Medicaid.”

Additional pitfalls among current programs

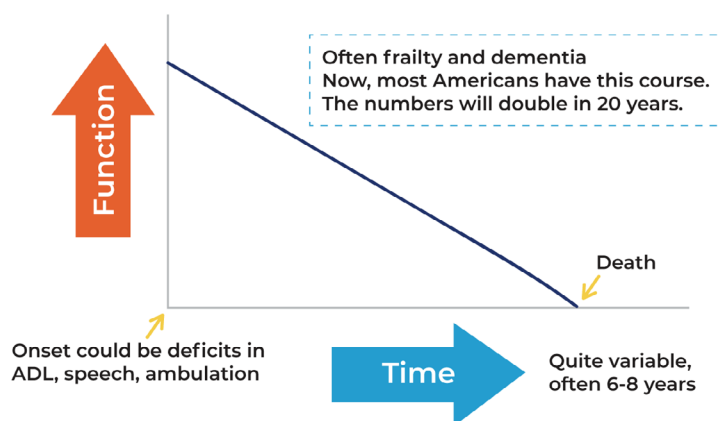
Current services available to elderly clients include home-delivered meals, personal care,

Figure 1: Past vs. Present Models of Death

Single Classic "Terminal" Disease: "Dying"



Prolonged Dwindling



transportation assistance, senior centers, nursing homes, Program of All-Inclusive Care for the Elderly (PACE), palliative care, and hospice, among other resources (see Figure 2). Ability to afford these services vary by client and service, and case managers must assess clients' individual situations to help determine the best options. Case managers are crucial liaisons to these resources and can help coordinate care in difficult cases, such as by persistently calling a community agency on behalf of a client. Sadly,

many community programs are overextended with long waitlists (sometimes from six months to multiple years), varying quality, and frequently changing criteria for access—sometimes even changing week to week.

While social services are intended to provide a safety net, Dr. Lynn notes that their impact is under-measured, and they do not fully cover care. Local community support from organizations such as churches and social groups can play an important role to

7. Chidambaram P, 2022. 10 Things About Long-Term Services and Supports (LTSS). KFF. Published September 15, 2022. <https://www.kff.org/medicaid/issue-brief/10-things-about-long-term-services-and-supports-ltss/>
 8. Stokes M, 2021. KFF Health Tracking Poll – October 2021: Home And Community Based Services And Seniors' Health Care Needs. KFF. Published October 15, 2021. <https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-october-2021/>

Figure 2: Types of Eldercare Services Available



fill in the gaps, but many of these resources are regional—for instance, a senior living in a rural area may live far away from the nearest resource for a particular need and may also lack transportation to get there. Lynn emphasizes the imperative need for policymakers to prioritize funding and support for quality healthcare services so that communities are prepared for a future where many seniors need assistance.

Medical care can be inconsistent, and access is often unequal. Lynn notes that there is an overreliance on emergency rooms and hospitals rather than geriatricians, attentive primary care physicians, and nurse practitioners. Further, she

states, medical services' funding is open-ended with standard goals that may be inappropriate—for instance, doctors might prescribe aggressive treatments that do not align with client wishes. When working with vulnerable clients, certified case managers can help look out for and prevent this by evaluating client wishes and ensuring care plans reflect them whenever possible.

In some cases, elderly individuals, especially those with disabilities, may require Adult Protective Services (APS) if they cannot care for or defend themselves and are in danger of neglect or abuse. These programs are often understaffed, and certified case managers may need to

be persistent in advocating for elderly clients in need of them.

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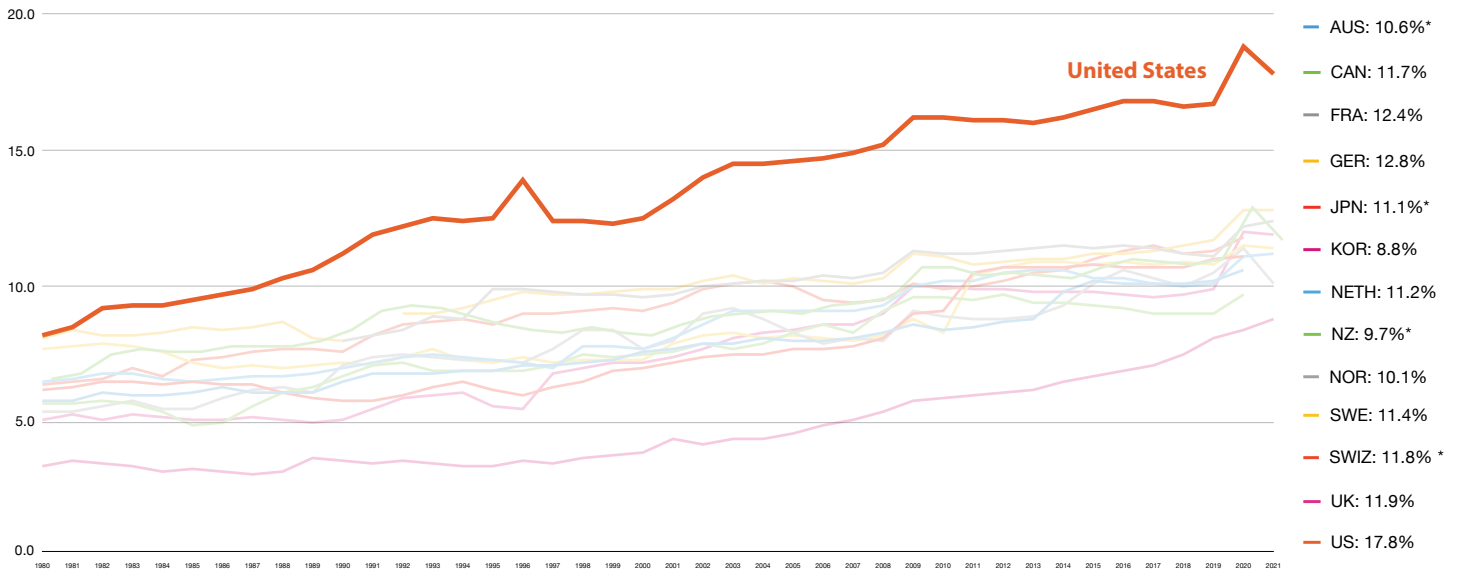
9. Programs of All-Inclusive Care for the Elderly Benefits | Medicaid. www.medicaid.gov. <https://www.medicaid.gov/medicaid/long-term-services-supports/pace/programs-all-inclusive-care-elderly-benefits/index.html>

10. Gunja M, Gumas E, Williams II R. U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes. www.commonwealthfund.org. Published January 31, 2023. <https://www.commonwealthfund.org/publications/issue-briefs/2023/jan/us-health-care-global-perspective-2022#:~:text=In%202021%2C%20the%20U.S.%20spent>

11. The Commonwealth Fund. Mirror, Mirror 2021: Reflecting Poorly. www.commonwealthfund.org. Published August 4, 2021. <https://www.commonwealthfund.org/publications/fund-reports/2021/aug/mirror-mirror-2021-reflecting-poorly>

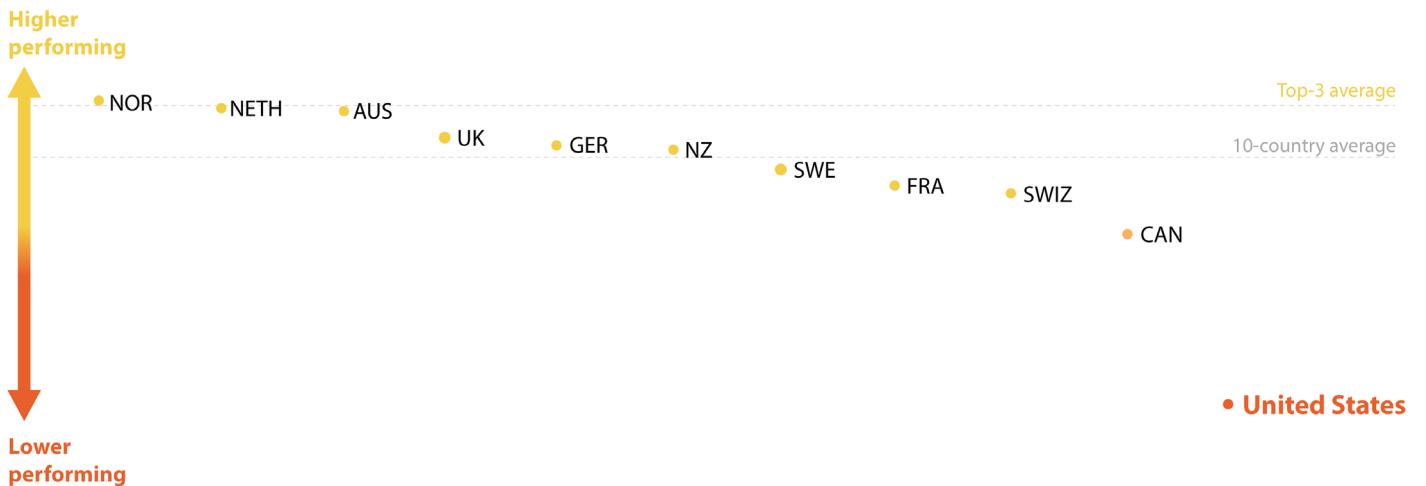
Figure 3: Comparing Countries' Health Care System Spending and Performance

The U.S. is a world outlier when it comes to health care spending



Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes (Commonwealth Fund, Jan. 2023). <https://doi.org/10.26099/Bejy-yc74>

Comparative health care system performance scores



Data: Commonwealth Fund analysis.

Source: Eric C. Schneider et al., Mirror, Mirror 2021 — Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries (Commonwealth Fund, Aug. 2021). <https://doi.org/10.26099/O1DV-H208>

The role of funding and insurance

The U.S. spends far more on health care than any other country, yet has worse health outcomes¹⁰ (see Figure 3). It ranks far lower than others on health care outcomes, access to care, and health equity¹¹. Dr. Lynn attributes this in part to other countries spending more on social services to support overall health and wellbeing, as social safety nets contribute to higher quality health outcomes.

While she explores many options, Lynn's long-term research on the subject indicates that federal long-term care catastrophic insurance is the strongest option to help prevent this looming crisis.

She asserts that typically, long-term care insurance only covers a chunk of care that is insufficient for the level of care that some people will need. She advocates for a broad insurance model akin to Social Security to ensure everyone buys into it, so that people do not need to rely on charity due to lack of planning ahead.

"It is much more prudent to have an insurance plan with a big deductible, but a predictable deductible," she explains. "You know what you need to save for, and then beyond that, the insurance will help pick up additional costs."

Lynn expresses hope that lawmakers will prioritize this, but asserts that in the meantime, a well-funded organization is needed to evaluate care priorities, including workforce support

and waiting lists. This organization could monitor pitfalls of eldercare in each geographic area such as financial strain, inadequate care, medication errors, and more. She mentions that Area Agencies on Aging are intended to fill in gaps and could potentially serve this role, but are currently underfunded.

"We need a way to understand where the shortfalls are in our community, then we need the leadership. We need someone who is responsible and who puts the stories in the newspaper and on the television and talks about what needs to be done. That's the thing most missing now."

— Dr. Joanne Lynn, MD, MA, MS, Eldercare Consultant and Advocate

The role of case managers: Essential care planners, navigators, and advocates

Care plans should always align with client priorities. Case managers can help advocate for elderly clients to ensure their care is focused on alleviating symptoms, preventing gaps in care, respecting clients and the importance of their families, accommodating disabilities, and assessing unmet needs in addition to care settings.

Case managers can help develop elder-directed comprehensive care plans that take client needs and wishes into account and extend beyond traditional medical

care plans, accounting for daily needs such as food, housing, personal care, transportation, and social activity. This plan should be flexible, able to be followed up on and transferred in case of changes in the clinical team or care setting, and ideally, the care team can align around the plan. Lynn states that a team aligned with the care plan alongside a client and their family is rare, but that case managers are important integrators to help ensure clients' wishes are heard and respected by their ad hoc care teams. Case managers can advocate on behalf of clients' need for stronger resources to support eldercare.

"With luck, and a good navigator—often a case manager—many elders make it through with no serious shortcomings. And it is very telling that the family who survives will say, 'Aren't we lucky that,' and they'll fill in the blank... What we need to do is to stop having to be lucky. We need to build a care system that routinely dishes up good care. It still is going to be sad to lose capabilities; it's still going to be sad to die. But at the very least, we shouldn't be worried about whether we'll have a roof over our heads or food on the table or decent personal care or decent medical care. There needs to be a solid social arrangement that makes sure that people don't have to be lucky."

— Dr. Joanne Lynn, MD, MA, MS, Eldercare Consultant and Advocate

Keeping in mind community at-home eldercare services is particularly important for case managers (see Figure 4). While case managers are likely to have

familiarity with some in their communities already, findhelp.com is a helpful site that Lynn recommends to fill gaps or find specific types instantly.

As strong advocates for clients, certified case managers are well-equipped to help clients navigate complex systems and liaise with community resource experts. Certified case managers' empathy can make a major difference in eldercare. By respecting and advocating for elderly clients, case managers can help ensure their needs are met. Anyone working to connect an elderly client with crucial resources is likely to encounter potential financial limitations, wait lists, and scarcity of resources, but case managers' tenacity, knowledge, and high-quality communication can be immensely helpful in navigating these challenges. Case managers can even help spread the word to legislators, sharing direct experiences and providing an inside perspective on the importance of improving current systems.

Reforming eldercare coverage and socioeconomic conditions is a tall order for the U.S., but in the meantime, certified case managers' skills are distinctly suited to working within elderly clients' unique needs and circumstances. As they advocate for clients in the face of difficult circumstances, plan care in line with client wishes, help clients navigate fragmented systems, and connect clients with critical resources, case managers are key to improving health outcomes for the elderly. ■

Figure 4: At-Home Eldercare Program Resources



Adult Day Care: Provides elderly people with physical and cognitive disabilities a safe place to socialize, offering a break for caregivers. Evidence shows they improve quality of life¹². [The National Adult Day Services Association offers a center finder for caregivers at this link.](#)



Home Health Care: Includes in-home clinical care provided by professionals such as registered nurses or physical or occupational therapists, often prescribed by a primary care provider. Providers can be found quickly at Medicare.gov or the [Eldercare Locator](#).



Home Care/Personal Care Services: Non-clinical care provided by aides who assist with daily functions such as dressing and bathing, including personal care aides, home health aides, licensed nursing assistants and certified nursing assistants, skilled nurses, and registered nurses.



Meal Delivery Services: These services send meals to elderly people who can no longer cook independently. [Meals on Wheels](#) is the oldest and most affordable option (free or donation-based) and has a waiting list. Other options include [Mom's Meals](#) and [Homestyle Direct](#).



Transportation Services: Assist elderly people with getting to and from appointments. [Managed Medicaid programs](#) often offer transportation services, and the [National Aging and Disability Transportation Center](#) offers resources to support accessible transportation for the elderly.



Friendly Visitor or Telephone Reassurance: Loneliness can be a major problem among the elderly, and these programs work to address it, though they vary substantially by region.



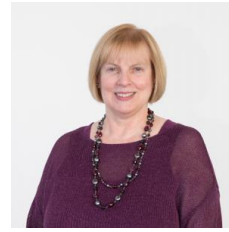
Respite Care: Gives caregivers a break, from a few hours to a few days, and charge by the hour or the day. [ARCH National Respite Network](#) offers a national services locator.

12. Ellen ME, Demayo P, Lange A, Wilson MG. Adult Day Center Programs and Their Associated Outcomes on Clients, Caregivers, and the Health System: A Scoping Review. *The Gerontologist*. 2017;57(6):e85-e94. doi:<https://doi.org/10.1093/geront/gnw165>

About the Experts



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Dr. Joanne Lynn, is a former geriatrician and hospice physician who is an expert in creating and advancing new models to expand long-term services and supports (LTSS) to a greater share of the aging population. Dr. Lynn was a Policy Analyst in the Program for Eldercare Improvement at Altarum. Joanne is the author of hundreds of journal articles and books on LTSS policy, including [MediCaring Communities](#), a blueprint for setting up, delivering, and funding LTSS services nationwide.

One of the first hospice physicians in the U.S., she is an elected member of the Institute of Medicine, Master in the American College of Physicians, Fellow of both the American Geriatrics Society and Hastings Center, where she was awarded the Lifetime Achievement Award in Ethics and Life Sciences, and faculty member of the Institute for Healthcare Improvement. Previously a medical officer for the Centers for Medicare and Medicaid Services (CMS), she helped craft 2010-2011 CMS reforms relating to care transitions, post-hospital, long-term care, home hospice and community settings. Dr. Lynn earned her MD at Boston University, her MA in Philosophy and Public Policy at the George Washington University, and her MS in Evaluative Clinical Sciences at Dartmouth Medical School. She has been a tenured professor at the George Washington School of Medicine and at Dartmouth Medical School and has worked in quality improvement for CMS, IHI, and the Washington, DC Department of Health. Dr. Lynn now works mostly on advocating for sustained funding for long-term supports and services and for changes in eldercare to ensure that elderly populations can live comfortably and meaningfully in the last phase of life when they mostly must live with disabilities and declining functional capabilities.

Anne Mercer, is a Certified Internal Auditor and Director of Professional Practices at The Institute of Internal Auditors (IIA) in Lake Mary, Florida. In this role she provides support management of The IIA's activities in developing and maintaining the International Professional Practices Framework and serves as a liaison between The IIA and its members. She also participates as a subject matter expert as The IIA defines relevant strategies to address general and specialized content topics and is a content developer and project manager for the production of thought leadership, guidance, and tools through collaboration with global subject matter experts.

Anne has 20 years of experience as a chief audit executive in the insurance industry, including 12 years as the chief audit executive for a Medicare Advantage plan. Prior to her employment with The IIA she had been a volunteer with them for more than 30 years. Her volunteer roles with The IIA included serving as past chairman of the North American Board and Global Ethics Committee, as well as serving as a member of their Global Board of Directors' Executive Committee. She has held volunteer board positions with the audit board of the City of Orlando, Guaranty Fund Management Services and is a National Association of Corporate Directors Governance Fellow.

Anne has served as a public member of the CCMC board since 2017 and has been on multiple and diverse committees. As the public member of the board, Anne works to ensure that the board considers the priorities and best interest of the public.



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