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RI ARA

*“Fighting for the future of our members,
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Medicare Accountable Care Organizations may add emphasis on primary care

Shared Savings Program Proposed Rule reflects focus on primary care and improved incentives for participation, quality, and efficiency



In response to suggestions from program participants, experts, consumer groups, and the stakeholder community at large, the Centers for Medicare & Medicaid Services (CMS) has proposed changes to improve the Shared Savings Program for Accountable Care Organizations (ACOs). CMS says this will put “greater emphasis on primary care services and promoting transitions to performance-based risk arrangements.”

A CM news release says it “is seeking to continue this important dialogue to ensure that the Medicare Shared Savings Program ACOs are successful in providing seniors and people with disabilities with better care at lower costs.”

CMS Administrator Marilyn Tavenner said, “This proposed rule is part of our continued commitment to rewarding value and care coordination – rather than volume and care duplication. We look forward to partnering with providers and stakeholders to continuously refine and improve the Medicare Shared Savings program.”

Through the Affordable Care Act, ACOs encourage doctors, hospitals and other health care providers to work together to better coordinate care when people are sick and keep people healthy, which helps to reduce growth in health care costs and improve outcomes. ACOs become eligible to share savings with Medicare when they deliver that care more efficiently while meeting or exceeding performance benchmarks for quality of care.

The Shared Savings Program now includes more than 330 ACOs in 47 states, providing care to more than 4.9 million beneficiaries in Medicare fee for service. Recently, CMS announced first year Shared Savings Program (SSP) results. [Click here to view the results.](#)

Medicare wants seniors to get approval for non-emergency ambulance use

Anti-fraud program begins December 1, 2014 in Pennsylvania, New Jersey and South Carolina

By *Lisa Gillespie*

Senior citizens living in three states will need prior approval from Medicare before they can get **an ambulance** to take them to cancer or dialysis treatments. The change, which begins today, is part of a **three-year pilot** to combat extraordinarily high rates of fraudulent billing by ambulance companies in Pennsylvania, New Jersey and South Carolina.

The good news is that Medicare beneficiaries in those states will now know beforehand whether the program will cover their non-emergency transportation to treatments. The bad news, say advocates, is that many fragile people will be left with no way to get to appointments that might mean the difference between life and death.

“Often people have to go long distances, they feel lousy when treatment is over, and in some cases, it’s to the point of being dangerous in providing their own transportation,” said Jon Burkhardt, a consultant who has studied transportation for dialysis patients.

The pilot is part of a move by Medicare to require prior approvals for services and equipment associated with a high incidence of fraud, such as wheelchairs, chiropractic visits and plastic surgery. Officials said the three states were selected based on “high utilization and improper payment rates.”

If cost savings are shown, the program is expected to be expanded nationally... [Read More](#)



HERE WE GO AGAIN!!!!!!

From the Washington Post, 12/4/2014



Congress could soon allow the benefits of current retirees to be cut as part of an agreement to address the fiscal distress confronting some of the nation's 1,400 multi-employer pension plans.

Several unions and pension advocates opposing the move, which would be unprecedented, say that permitting financially strapped plans to cut retiree benefits would violate the central promise of traditional pensions: that they would provide a defined benefit for life.

"This proposal would devastate retirees and their surviving spouses," said Karen Friedman, executive vice president of the Pension Rights Center, a nonprofit group. "The proposal would also torpedo basic protections of the federal private pension law . . . that states that once benefits are earned they can't be cut back."

Several of the nation's large multi-employer pension plans are on a course that would leave them insolvent within a decade. If that occurred, the federal insurance fund that protects the retirement benefits of more than 10 million Americans in multi-employer plans could collapse.

In a proposal made more than a year ago, a coalition of plan trustees and unions said the only way to salvage the most distressed pension plans without a government bailout is to allow them to cut retirement benefits before they run out of money. The reductions would be voted on by the trustees of individual plans, as well as retirees, under proposals now being negotiated by lawmakers. Advocates point out that the plan laid out by the coalition would leave pensioners in distressed plans with more than what they would receive from government pension insurance if their plans failed.

"The plans that are headed for insolvency would have benefit cuts under existing law," said Randy G. DeFrehn, executive director of the National Coordinating Committee on Multiemployer Plans. "At least this proposal would preserve benefits above existing law."

In recent weeks, negotiations over the proposal have heated up on Capitol Hill. Still, some key elements are unresolved, including a way to satisfy objections from UPS, which withdrew from one of the most distressed plans in 2007 but would be on the hook to make up for any pension cuts affecting its retirees.

If those details can be ironed out, congressional aides said an agreement is possible before the current session of Congress ends this month.

"Members are still discussing the details about a possible legislative solution to the multiemployer pension crisis and remain hopeful Congress will act before the end of the year," said a bipartisan statement for the House Committee on Education and the Workforce. "Any decisions regarding how a possible solution might move through the legislative process will be made by leadership at the appropriate time."

Multi-employer plans are formed by businesses and unions that join forces to provide pension coverage for a wide range of working-class Americans from truck drivers to grocery store clerks and construction workers.

Their finances have suffered over the past decade in large part because of stock market plunges and a decline in employment and union membership, leaving the plans with a growing share of retirees to current workers.

Employees covered by the plan are part of a diminishing share of private-sector workers who are still covered by pensions that pay them a fixed percentage of their pay for the rest of their lives. The idea of allowing cuts to benefits now being paid to retirees is supported by some unions, even as it is adamantly opposed by others.

"This is nothing less than a declaration of war by Congress on American retirees," said R. Thomas Buffenbarger, international president of the International Association of Machinists and Aerospace Workers. "Allowing cuts to existing retirees' pensions is simply the wrong way to address the problems of a few troubled pension plans. . . . The long-standing promise of a secure pension system must not be overturned by unaccountable lawmakers in a lame duck session of Congress."

Since 1974, the federal law governing the nation's private-sector pensions have prohibited cuts to the benefits of workers who have already retired — a precedent that is now endangered.

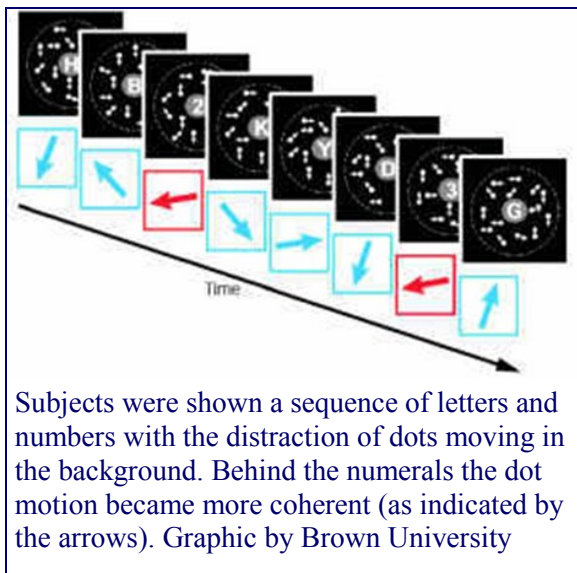
Opponents have accused Congress of negotiating the deal "behind closed doors." Also, while the general proposal has been aired in legislative hearings, they say the specific legislation now being hammered out has not.

"Retirees, most of whom are living on modest incomes, have few alternatives, and no ability to plan for or absorb cuts in their benefits," said Joyce Rogers, senior vice president of government affairs for AARP, the lobbying group for older Americans. "Before demanding reductions in the pension income of current retirees, Congress should first require the key stakeholders to take every possible action permitted under current law to restore their plans to solvency."

RI ARA President, John A Pernorio: "It's not bad enough that Congress wants to cut Social Security & Medicare, now they want to cut our pensions as well. Why is it that older Americans making the least amount of money and just about surviving, are always the targets of cost cutting measurers"

Elderly brains learn, but maybe too much

Not as good as younger people at filtering out irrelevant information



Subjects were shown a sequence of letters and numbers with the distraction of dots moving in the background. Behind the numerals the dot motion became more coherent (as indicated by the arrows). Graphic by Brown University

A new study led by Brown University reports that older learners retained the mental flexibility needed to learn a visual perception task but were not as good as younger people at filtering out irrelevant information.

The findings undermine the conventional wisdom that the brains of older people lack flexibility, or "plasticity," but highlight a different reason why learning may become more difficult as people age: They learn more than they need to. Researchers call this the "plasticity and stability dilemma." The new study suggests older people may indeed be facing it.

"Plasticity may be kept OK, in contrast with the view of many researchers on aging who have said that the degree of plasticity of older people gets lower," said Takeo Watanabe, the Fred M. Seed Professor at Brown University, corresponding author of the study in *Current Biology*.

"However, we have found that the stability is problematic. Our learning and memory capability is limited. You don't want older, existing important information that is already stored to be replaced with trivial information."...[Read More](#)

Mobility is most common disability for American senior citizens

High disability rates for seniors in Southern counties, especially central Appalachia and Mississippi Delta

Nearly 40 percent of people age 65 and older had at least one disability, according to a U.S. Census Bureau report that covered the period 2008 to 2012. Of those 15.7 million people, two-thirds of them say they had difficulty in walking or climbing.

Difficulty with independent living, such as visiting a doctor's office or shopping, was the second-most cited disability, followed by serious difficulty in hearing, cognitive difficulty, difficulty bathing or dressing, and serious difficulty seeing.

The oldest old - those aged 85 and older - had the highest prevalence of disability. While this group represented 13.6 percent of the total older population, they accounted for 25.4 percent of those with a disability.

While populous states such as California, Florida, New York and Texas had the largest number of older people with a disability, high disability rates were seen in Southern counties, especially in central Appalachia and the Mississippi Delta.

Older Americans With a Disability: 2008-2012, a report based on data collected during the **American Community Survey**, examines disability status by age, sex and selected socio-economic characteristics, such as marital status, living arrangement, educational attainment and poverty status....[Read More](#)

U.S. Population Aged 65 and Over With a Disability by Type of Disability 2008-2012

U.S. Census Bureau

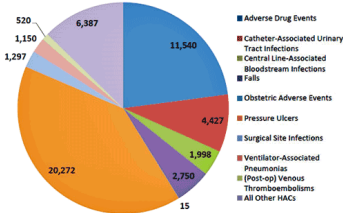
Type of disability ¹	Total	
	Number	Percent
Vision	3,028	19.2
Hearing	6,354	40.4
Cognitive	4,529	28.8
Ambulatory	10,467	66.5
Self-care	4,468	28.4
Independent living	7,523	47.8

Improving patient safety saves 50,000 lives, 1.3 million from harm, \$12 billion in cost

Hospital-acquired conditions decline by 17 percent over a three-year period

A report released by the Department of Health and Human Services yesterday shows an estimated 50,000 fewer patients died in hospitals and approximately \$12 billion in health care costs were saved as a result of a reduction in hospital-acquired conditions from 2010 to 2013. This progress toward a safer health care system occurred during a period of concerted attention by hospitals throughout the country to reduce adverse events...[Read More](#)

Estimated Deaths Averted, by Hospital-Acquired Condition, 2011-2013



Elderly couples need marriage counseling to avoid risk of broken heart

A bad marriage is more harmful to heart health than a good marriage is beneficial; women at greatest risk



Older couples in a bad marriage – particularly female spouses – have a higher risk for heart disease than those in a good marriage, finds the first nationally representative study of its kind. The findings suggest the need for marriage counseling and programs aimed at promoting marital quality and well-being for couples into their 70s and 80s, said lead investigator Hui Liu, a Michigan State University sociologist.

“Marriage counseling is focused largely on younger couples,” said Liu, associate professor of sociology. “But these results show that marital quality is just as important at older ages, even when the couple has been married 40 or 50 years.”

The study, funded by the National Institute of Aging, an arm of the National Institutes of Health, is published online in the *Journal of Health and Social Behavior*.

Liu analyzed five years of data from about 1,200 married men and women who participated the National Social Life, Health and Aging Project. Respondents were aged 57-85 at the beginning of the study.

The project included survey questions about marital quality and lab tests and self-reported measures of cardiovascular health such as heart attacks, strokes, hypertension and high levels of C-reactive protein in the blood.

Liu set out to learn how marital quality is related to risk of heart disease over time, and whether this relationship varies by gender and/or age. Among her findings:

Negative marital quality (e.g., spouse criticizes, spouse is demanding) has a bigger effect on heart health than positive marital quality (e.g., spousal support). In other words, a bad marriage is more harmful to your heart health than a good marriage is beneficial.

- ◆ The effect of marital quality on cardiovascular risk becomes much stronger at older ages. Over time, the stress from a bad marriage may stimulate more, and more intense, cardiovascular responses because of the declining immune function and increasing frailty that typically develop in old age, Liu said.
- ◆ Marital quality has a bigger effect on women’s heart health than it does on men’s, possibly because women tend to internalize negative feelings and thus are more likely to feel depressed and develop cardiovascular problems, Liu said.

Heart disease leads to a decline in marital quality for women, but not for men. This is consistent with the longstanding observation that wives are more likely to provide support and care to sick husbands, while husbands are less likely to take care of sick wives. “In this way, a wife’s poor health may affect how she assesses her marital quality, but a husband’s poor health doesn’t hurt his view of marriage,” Liu said.

Her co-researcher on the project is Linda Waite, sociology professor at the University of Chicago.

The study is titled “Bad marriage, broken heart? Age and gender differences in the link between marital quality and cardiovascular risks among older adults.”

Prescriptions for drugs that make bones stronger lower than expected for senior men

This therapy recommended for men receiving androgen deprivation therapy in Canada

The prescribing of drugs to strengthen bone for men is low, even for those at high risk of subsequent fractures, according to a Canadian study in the December 3 issue of *JAMA*.

Some guidelines recommend use of bisphosphonates (a class of drugs used to strengthen bone) for men on androgen deprivation therapy (ADT), an effective, widely used therapy for men with prostate cancer. Adverse effects include bone loss and increased fracture risk.

Canadian guidelines recommended bisphosphonate use in men with osteoporosis or fragility fracture as early as 2002 and in men on ADT in 2006.

Bisphosphonate prescribing patterns are relatively unknown and may have changed over time because of increasing awareness of bone effects of ADT and evidence of bisphosphonate efficacy, according to background information on why the study was done.

Using administrative databases at the Institute for Clinical Evaluative Sciences and the Ontario Cancer Registry, Husayn Gulamhusein, B.H.Sc., of the University Health Network, Toronto, and colleagues examined rates of bisphosphonate prescriptions in men initiating ADT in Ontario between 1995 and 2012....[Read More](#)



Seniors favor tougher driving laws, even for themselves

Nearly 90% of older drivers – age 65 up - report no crashes or moving violations in last two years

Senior citizens want tougher driving laws, including everything from bans on the use of wireless devices to ignition interlocks for DUI offenders. None of this is surprising about the law-and-order age group. What may surprise many, however, is that an overwhelming majority of seniors favor greater scrutiny in the license-renewal process for themselves and their peers, according to the AAA Foundation for Traffic Safety's latest report on aging Americans.

More than seven out of 10 drivers age 65 and older favor policies that require drivers age 75 and older to renew their license in person and also support requirements that seniors pass a medical screening to remain licensed.



The AAA Foundation's report *Older American Drivers and Traffic Safety Culture* also found:

- ◆ Nearly 80 percent of drivers over age 75 favor medical screenings for drivers ages 75 and older
- ◆ Nearly 90 percent of older drivers (65 and older) reported no crashes in the last two years
- ◆ Similarly, 90 percent of older drivers reported no moving violations
- ◆ 65 percent of drivers age 75 and older reported never using a cell phone while driving compared to only 48 percent of the younger "older" drivers (those age 65-69) who never use a phone when behind the wheel

"Even though public perception tends to unfairly characterize seniors as a menace on the road, these findings indicate that older Americans tend to support policies to keep themselves safer behind the wheel, making them key allies in their mission to keep driving--smarter and longer," says Peter Kissinger, President and CEO of the AAA Foundation for Traffic Safety."

Earlier this year, the AAA Foundation also released the *Understanding Older Drivers: an Examination of Medical Conditions, Medication Use and Travel Behaviors* report that found:

- ◆ 86 percent of those age 65 and older still drive
- ◆ 84 percent of Americans age 65 and older hold a driver's license compared to barely half in the early 1970s
- ◆ 68 percent of drivers age 85 plus report driving five or more days a week...[Read More](#)

Spanish Friday Alert now Available

The *Friday Alert* will now be available each week in Spanish! To see last week's *Alerta Semanal*, go to <http://tinyurl.com/mq7gpry>. For the Alliance's Spanish language page, which includes fact sheets and other translated documents from the main site, go to <http://tinyurl.com/nllcz6n>. More outreach from the Alliance to the Hispanic elder community will be coming in the next few months.

The New England ARA state affiliates are actively pursuing these Petitions.

Petition Subject: Observation Status: "Current Hospital Issues in the Medicare Program"

ADD
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NAME

**Get The Message Out:
SIGN THE PETITION!!!!**

Petition Subject: House Concurrent Resolution 67 and Senate Concurrent Resolution 26 to get power doors installed in Post Offices and other federal buildings.

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**Get The Message Out:
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Petition Subject: Elimination of the Unfair GPO and WEP Provisions of the Social Security Act to make sure the Congress of the United States enacts legislation, HR 3118 & S 896

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SIGN THE PETITION!!!!**