The Affordable Care Act: Easing the Burden on Older Women

FACT SHEET

Access to affordable, quality health care is central to the well-being of older women. It is a key determinant of their quality of life, their economic security, and their ability to thrive, prosper and participate fully in our society.

Older women are more likely to have chronic conditions[1] and consequently bear the brunt of shortcomings in our health care system – among them high health care costs and poor quality, fragmented and uncoordinated care. Older women also are more vulnerable than men to the increasing cost of care, due to lower wages and time out of the workforce to meet family caregiving responsibilities during their working years.

The good news is that older women have a lot to gain from the Affordable Care Act (ACA). The health reform law does much to ease the burden and improve the affordability and quality of health care for older women. Here's how:

Filling Gaps in Prevention

The Problem
Prior to enactment of the ACA, there were some notable gaps in traditional Medicare coverage: Annual wellness visits were not covered, and some preventive benefits important to older women's health, such as mammography, clinical breast exams, bone density tests, and visits for Pap tests and pelvic exams have required 20% coinsurance – often a financial barrier to getting these recommended services,[2] especially for older, low-income and minority women.

How the ACA Helps
As of January 1st 2011, 50 million Medicare beneficiaries are eligible for an annual wellness check-up without any co-pays. This will include time for their health care providers to conduct a comprehensive health risk assessment and create a personalized prevention plan. And whether the patient is a Medicare beneficiary or continues to purchase private health insurance, services such as annual mammograms and cervical cancer screenings will now be conducted without any out-of-pocket costs for the patient.

Closing the "Donut Hole"

The Problem
In standard Medicare Prescription Drug Coverage (Part D), after reaching a few hundred dollar deductible, beneficiaries pay 25 percent of the cost of their prescription drugs and Medicare covers the remainder until their total annual cost for prescription drugs has exceeded $2,840. At this point, beneficiaries may fall into the "donut hole" – that gap in coverage where Medicare pays nothing. Beneficiaries must pay the full cost of their drugs until they have personally spent a total of $4,550 out-of-pocket[3]. After they hit this "catastrophic" cap, beneficiaries only have to pay either 5 percent of the cost of their drugs or a pre-determined lower copay.[4] About 16 percent of Medicare beneficiaries reach the donut hole each year. Older women, in addition to people with diabetes and Alzheimer's disease, are the most likely to end up in the donut hole.[5]

How the ACA Helps
Collectively, older women will save millions of dollars as reform closes the Medicare prescription

1875 connecticut avenue, nw, suite 650 ~ washington, dc 20009
202.986.2600 ~ 202.986.2539 (fax) ~ info@nationalpartnership.org
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drug coverage gap. Last year, beneficiaries who fell in the "donut hole" received a $250 rebate. This year, they will benefit from 50 percent off brand name drugs in the "donut hole." By 2020, the donut hole will be closed, and beneficiaries will only have to cover 25 percent of the cost of their drugs all the way up until they hit the catastrophic cap, when they will only have to pay 5 percent.

Improving Care Coordination

The Problem
The current health care system is not providing the kind of comprehensive, coordinated, quality care people need most. The lack of care coordination is a particular problem for women, who are more likely to suffer from multiple chronic conditions.[6]

Consider this: Older adults with multiple (five or more) chronic health conditions have an average of 37 doctor visits, 14 different doctors and 50 separate prescriptions each year.[7] A significant number of people with multiple health conditions report receiving different or even conflicting diagnoses from different providers, and having duplicate tests and procedures.[8] And because of poor discharge procedures and inadequate follow-up care, nearly one in every five Medicare patients – a large number of whom are women – who are discharged from the hospital are readmitted within 30 days.[9]

How the ACA Helps
The Affordable Care Act created the Center for Medicare and Medicaid Innovation to test, evaluate and rapidly expand new care delivery models that improve quality and care coordination, such as the Patient-Centered Medical Home and Home-Based Primary Care. ACA also encourages the use of health information technology in these models to help improve care coordination and reduce medical errors. If evidence shows that these new care delivery models foster patient-centered care, improve the quality of care patients receive, and reduce costs, the Innovation Center will be able to expand the model broadly across Medicare.

New medication management services will also encourage pharmacists to educate and train patients and caregivers about their medications to help reduce dangerous medication interactions and medical errors.

In addition, more attention and resources will go toward making sure older women are safe when they transition from a hospital to home or another facility. The new law funds hospitals and community-based groups to provide transitional care services to high-risk Medicare beneficiaries to help make these transitions smoother and safer. Hospitals will have their payments reduced and have to publicly report "excess" readmissions that often result from poor coordination and failure to communicate effectively with patients and caregivers.

Providing Support for Family Caregivers

The Problem
Many older women are caregivers to spouses, other relatives or friends who are also suffering from one or more chronic health conditions.[10] While helping in this way can be tremendously fulfilling, caregivers often suffer physical and psychological strain as a result of caregiving, and are at risk of becoming patients themselves due to the physical and mental health effects of caregiving.[11]

How the ACA Helps
Family caregivers will benefit from new supports that help them care for their loved ones while also taking care of themselves. For example, the Affordable Care Act establishes Geriatric Education Centers (GECs) to support training in geriatrics, chronic care management, and long term care

issues for family caregivers, as well as health professionals and direct care workers. The GECs are required to train family caregivers at minimal or no charge and to incorporate mental health and dementia best care practices into their curricula.

Investing in Medicare Providers

The Problem
By the time the baby boom generation has retired the number of Medicare beneficiaries will double. Older women currently make up more than half of the Medicare population (60 percent) and that number will continue to grow.

The nation's health care workforce is too small and unprepared to care for the growing number of older adults in the U.S.[12]: Only 7 percent of medical students choose careers in primary care,[13] yet population growth, combined with the aging of the population, is predicted to expand primary care physicians' workloads by nearly one-third between 2005 and 2025.[14] In addition, the serious shortage of geriatricians continues.

How the ACA Helps
The Affordable Care Act and the American Recovery and Reinvestment Act (commonly referred to as the 2009 stimulus package) will together support the training of more than 16,000 new primary care providers over the next five years.[15] The ACA will also provide enhanced training and support for nurses and other primary care providers.

Further, the Affordable Care Act includes important payment reforms that will support primary care and reward better quality, coordination and communication among providers, patients and family caregivers. This will lead to more affordable care for older women and help ensure the Medicare program is around for the long haul.

The bottom line: The Affordable Care Act contains critical changes that will improve life for millions of older women throughout the country by laying the foundation for affordable, comprehensive, quality health care.

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[15] See note 15.