Fact Sheet—Senior Risk Reduction Demonstration

Background

- The aging of the population, the prevalence of chronic disease, and the rapidly rising cost of health care in the U.S. provide a sense of urgency and immediacy for finding innovative solutions that improve the health and well-being of seniors, and prevent or delay debilitating and costly disease onset.

- Recent research suggests that well-structured risk reduction programs can achieve significant improvements in a population's health risk profile. Other supportive studies have shown that multi-component health promotion programs that engage participants in self-care activities and increase their involvement in health care decision-making can achieve long-term behavior change and health risk reductions in large populations.

- A recent study of Medicare retirees from General Motors suggested that those who completed health risk appraisals and engaged in one or more health promotion programs had lower Medicare costs per year, ranging from $95 to $577 per person per year (depending on the analysis).

- The Senior Risk Reduction Demonstration is based on evidence that CMS gathered as part of its Healthy Aging Project, which showed that effective risk reduction programs, beginning with the administration of a Health Risk Appraisal (HRA) and including evidence-based and tailored behavior change follow-up interventions, exert a beneficial effect on behavioral, physiological and general health status outcomes.

Design

- Rather than taking a single risk factor approach to health management and risk reduction, the SRRD will address the multiple risks that contribute to disease, including physical inactivity, obesity, smoking, depression, high blood pressure, cholesterol and glucose, and inappropriate use of clinical preventive services.

- Approximately 85,000 fee-for-service Medicare beneficiaries randomly selected from across the country will be invited to participate in the three-year demonstration, 17,000 per demonstration organization.

- Beneficiaries who choose to participate will complete a health risk appraisal, and will be randomly assigned to one of three intervention groups:

    1. *Arm 1 – **Standard** Treatment (HRA + <u>Standard</u> Tailored Follow-Up).* Vendors will provide beneficiaries an individualized feedback and follow-up report; tailored, behavioral risk-specific intervention modules delivered through the mail, via the Internet (if the beneficiary prefers) or *(optionally)*

through proactive telephone counseling and health coaching; high-risk programming; a help line that beneficiaries may call with questions and concerns; and referrals to national or local risk reduction resources.

2. *Arm 2 – **Enhanced** Treatment (HRA + Enhanced Tailored Follow-Up).* Vendors will provide all the components of Arm 1, but will offer more intensive interventions including required proactive telephone counseling with selected beneficiaries. (The individual vendor will determine the subgroup of Arm 2 beneficiaries that are most suitable for telephone counseling.) In addition, vendors can offer additional tailored behavior change modules, more frequent and/or intensive interactions with beneficiaries, and/or greater access to health educators to support risk reduction efforts.

3. *Arm 3 – **HRA-Only** (HRA + Generic Health Advice).* Vendors will send a standardized generic, non-tailored letter describing the advantages of a healthy lifestyle. No additional follow-up interventions will be provided. This group will also be administered follow up HRA instruments at annual intervals in order to assess behavior change, risk reduction, and other key outcome measures.

- The evaluation will examine health and cost outcomes, as well as beneficiary satisfaction with demonstration services.

Demonstration Organizations

- CMS issued a solicitation in August 2006 seeking applications from organizations capable of providing risk reduction services under this demonstration.

- The five organizations selected through a competitive process are Health Dialog, Focused Health Solutions, HealthPartners Health Behavior Group, Pfizer Health Solutions, and StayWell Health Management.

- These five demonstration organizations will work with 10 local aging organizations, including several Aging and Disability Resource Centers, to link beneficiaries to health promotion programs in their communities. While the Aging and Disability Resource Center grant program was originally initiated to support states in developing a one-stop shop to help consumers make decisions regarding long term care options in their communities, they have expanded their role to include providing information and assistance on other issues, including Part D and health promotion programs. The 10 local organizations are as follows:

    1. Senior Information and Assistance of Senior Services (WA)
    2. LinkAge Line Info Network (Metro AAA) (MN)
    3. Broward County Aging and Disability Resource Center (FL)
    4. ElderLink-Aging Resource Center of Milwaukee County (WI)

5. Forsyth County Aging and Disability Resource Center—Senior Services, Inc. (NC)
6. 211/Aging and Disability Resource Network/Western Reserve AAA (OH)
7. Aging and Independence Services, San Diego (CA)
8. Elder Services of the Merrimack Valley, Inc. (MA)
9. Yellowstone County Council on Aging Resource Center (MT)
10. Bexar and Alamo Area Agencies on Aging (TX)

Timeline

A one-year pilot to ensure that all processes are fully operational will begin in April 2008, with the demonstration beginning recruitment in October 2008. The demonstration ends September 30, 2011, and final results are expected in 2012.