



Oakland Tribune My Word: Planned social cuts will actually cost state money

By Wendy Peterson
My Word
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BOTH DEMOCRATS and Republicans in Sacramento talk about hard choices and tough decisions as they move to eliminate community-based, long-term care in the name of fiscal solvency. These otherwise unconscionable cuts will, they say, balance the state's budget and finally fix our perpetual structural deficit.

The problem is their plans are pure fantasy.

In its rush to cut expenses, California's Legislature reminds me of the cartoon character who builds a bridge by frantically dismantling the structure behind him to supply timbers for the bridge in front. At some point (in the middle at the deepest point and too late) he realizes his folly.

Tucked into the budget that is taking shape this week is the destruction of much of California's community-based, long-term care -- Adult Day Health Care (ADHC), Multipurpose Senior Services Program (MSSP) and In-Home Supportive Services (IHSS).

Unfortunately, these programs are necessary for the rest of the budget to hold together.

Let me explain. A big part of California's budget-saving plan is the launch of Medi-Cal's new waiver -- touted as a cost-saving expansion and a bridge to health care reform. If the reformed Medi-Cal is truly the bridge that will reduce costs while allowing more Californians to have basic health care coverage, then community-based long-term care is the underpinning of the span.

This is because a small percentage of the

Medi-Cal population accounts for a large percentage of the cost. These are the high utilizers -- the people who have chronic or other medical

conditions that can quickly develop into acute crises without regular monitoring and support.

The only effective cost-controlling strategy for high utilizers is prevention. For these frail people, prevention means monitoring the patient's status and providing therapeutic services (like ADHC), coordination of medical and support services (like MSSP), and assistance with activities of daily living (like IHSS).

If you try to do these preventive things with hospitals and nursing homes, your costs are stratospheric. Opt for community-based care and your costs are significantly lower.

Bluntly stated, we can't rein in spending, control health care costs and balance our budget without addressing the high utilizers. Community-based, long-term care is cost-effective and necessary if Medi-Cal is going to deliver on promised savings.

While California's elected officials seem to think that cutting community supports for the high utilizers will solve the budget problem, this is a myth.

We are talking about more than 400,000 people. Take away their supports and many may die soon (after using expensive emergency rooms and hospitals), and others will migrate to (expensive) nursing homes. And what of the next decade, when the elderly will be the fastest-growing population group in California?

Why isn't California on the ball? A study by the Kaiser Commission finds that 32 states are dealing

with budget crises this year by making plans to expand home and community-based, long-term care.

Tell the governor and legislators to stop fooling us. If they are serious about balancing California's budget, they will protect community-based, long-term care.

Wendy Peterson is the director of the Senior Services Coalition of Alameda County. For more information, visit www.seniorservicescoalition.org.