

MINUTES  
NEWTON COUNCIL ON AGING  
TUESDAY, APRIL 24, 2012

A meeting of the Newton Council on Aging (NCOA) was held at the Newton Senior Center (NSC), 345 Walnut Street, Newtonville, MA on Tuesday, April 24, 2012. The meeting was called to order at 7:35 p.m. by Marian Knapp, Chair.

**Commissioners Present:** Nancy Brown, Mary Claflin, Audrey Cooper, Marian Knapp, Susan Paley.

**Commissioners Absent:** Louise Hauser (notified), Howard Haywood.

**Advisory Council Members Present:** Shirley Farnham, Norman Hartstone, Adele Hoffman, Ellen Krasney, Ernest Picard, Carol Rose, Eric Rosenbaum, Ruth Sherman, Tom Shoemaker, Diane Sostek, Jeanne Stolbach.

**Advisory Council Members Absent:** Kenneth Chang, Robert A. DeSimone (notified), Margaret Dwyer, Holly Gunner (notified), Jo-Edith Heffron (notified), Dena Salzberg (notified), Joyce Picard (notified), Nancy Scammon (notified), Carol Ann Shea (notified).

**Staff Present:** Jayne Colino, Director of Senior Services, Newton (NCOA/NSC).

**Guest Present:** Judy Fischbach.

Members were introduced to our Guest Speaker, Dr. Richard Parker. Jeanne then introduced Dr. Parker, Internist at the Beth Israel Deaconess Hospital—Boston (since 1985). A graduate of the Brown University School of Medicine, Boarded in Internal Medicine, Dr. Parker participates in the BID Patient Site Program whereby his patients can get their own personal medical information on line. Most importantly, he is Medical Director of the BID Physician Organization of 1,700 doctors who have contracted to participate in the Accountable Care Organization Program (ACO). Most of Dr. Parker's patients are over 65 years of age and are enrolled in Medicare. He acknowledged that recent mailings to patients who participate in the newly launched Medicare ACO have caused anxiety and confusion. Dr. Parker's purpose in meeting with us was to share information about the ACOs. He described some of the financial situations that his patients have shared with him and the urgency of the topic—that health care costs in the U.S. are out of control (18.2% of the Gross Domestic Product, as compared to 9-10% of the GDP in Canada). Medicare is a Federal program whereas Medicaid for impoverished individuals is funded half by the Federal Government and half by State Funds. Major points: The Accountable Care Act does NOTHING about the PRICE of care. The ACO has created budgets for doctors in 33 ACO groups across the U.S., including 5 ACOs in Massachusetts (which include BID, Partners, Stewart Health Care System, some Partners' physicians at Mt. Auburn Hospital and Atrius). Other practice groups are not affected. BID has 33,000 patients on Medicare. The ACO provides \$8,000-12,000 per year per patient. If participating physicians come in under this budgeted amount in providing optimal care, the doctors will share in the surplus. If doctors order services beyond budgeted amounts, they will incur revenue reductions. During the Clinton era, the concept of capitation was introduced and patients felt that treatment was being withheld from them. The ACO describes the current program differently in a letter to Medicare enrollees but essentially the

Medicare patients in ACO groups have no option to withdraw. Several questions were raised by NCOA members, e.g., will the patient be given good care without cutting procedures, etc.? Dr. Parker responded that the ACO attempts to put a lid on overspending for unnecessary tests and to allow for Nurse Practitioners to visit patients at home, enable patients to return home with I.V.'s, etc. Patients who have diagnoses of heart failure, heart attacks and pneumonia will be followed at home after hospital discharge aiming to avoid readmissions within 30 days. Other countries such as Denmark do a much better job than the U.S. with home visit programs. Carol Rose mentioned the Veterans' care programs which reward patient compliance. Dr. Parker stated that the V.A. has an excellent unified electronic medical record throughout the country. Dr. Parker mentioned that due to Medicaid fraud in the U.S., for EVERY patient who gets a Visiting Nurse visit, a separate form has to be completed by the doctor. The costs of medical education are high! Doctors graduate with \$180,000 in medical education debt. Medical tests are very expensive; doctors do not set the costs of tests. The pharmacy industry charges what the market will bear. Drug costs in Canada are about 1/3 of what our drugs cost. The pharmacy industry has the largest number of lobbyists in D.C. Discussion: Perhaps the NCOA could schedule a program for the Fall 2012 Library Series with presentation by a Nurse Practitioner from an ACO. It was mentioned that there are currently 3 MDs who will do home visits for their patients (2 from Mt. Auburn Hospital and 1 from St. Elizabeth's).

The **Minutes of the March 27, 2012 meeting of the NCOA** were moved, seconded and approved as written.

**Director's Report.** Jayne announced that the Newton Employee & Retiree Health Fair, an Annual Event, will take place at Newton City Hall tomorrow, April 25<sup>th</sup> from 11 to 2. She recruited members to cover a NSC table: Marian 11-12, Diane 12-1, and Judy, 1-2 p.m. It was noted that a Newton Throw is contributed each year for the Employee Fair. Jayne will provide the annual Budget Presentation at City Hall on May 9<sup>th</sup> at 7:45 p.m. Jayne, Marian and Carol Rose, a Newton Highlands resident, attended the recent Newton Highlands Council meeting. On May 14<sup>th</sup> Carol Rose will discuss with staff from the planning department the current overlay projects in 3 villages, part of the "livable city concept."

**Old/New Business.** It was noted that the Newton League of Women Voters plans an open meeting on Parking, Thursday, May 17<sup>th</sup> at 7 p.m. at the Main Library. It was noted that feedback on the recent NSC program on Housing, presented by Kathy Laufer, was excellent!

The meeting was adjourned at 9:15 p.m.

**Next Meeting: Tuesday, May 22, 2012 at 7:30 p.m. at the Newton Senior Center.**

Respectfully submitted,  
Jeanne Stolbach, Secretary