Global Coalition on Aging

Policy Principles to Improve Innovation & Equity for Healthy Aging

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Introduction

Innovation is one of the most critical enablers of healthier aging, which will be crucial to achieving health equity. New treatments and technologies allow us to live longer and healthier than ever, and it is vital that everyone has access to these innovations. That's why the Global Coalition on Aging (GCOA) Alliance for Health Innovation & Georgetown University AgingWell Hub hosted a Cross-Discipline Roundtable Discussion on Innovation & Equity for Healthy Aging on June 6, 2023.

GCOA and Georgetown University have focused on numerous initiatives to address the topic of aging through cross-disciplinary approaches. GCOA's Alliance for Health Innovation[1] and Georgetown's AgingWell Hub are just two examples of how both organizations bring multiple and diverse voices together to identify solutions for current and future aging challenges.

Our society is aging rapidly. The U.S. population aged 65 and over grew nearly five times faster than the total population over the 100 years from 1920 to 2020, according to the 2020 Census. The older population reached 55.8 million, or 16.8% of the population of the United States, in 2020.[2]

"Older adults are the greatest naturally growing resource that we have. So, they are the solution. They were the founders and the builders of so many industries that we rely on today, and they can continue to be our mentors and guides throughout all of that, even in their most vulnerable states. I believe that how we treat our elders reflects who we are and giving them a voice throughout their entire journey will make our solutions better."

Sarah Khasawinah

Deputy Staff Director, U.S. Senate Special Committee on Aging for Ranking Member Mike Braun (R-Indiana)

Our increased longevity is partially the result of the triumph of scientific innovations adding decades to our lives.

The fact that most Americans live longer, healthier, and more active lives as they age is worth cherishing, celebrating, encouraging, and enabling. Older adults increasingly live different lives than previously understood; they are a diverse group, using modern technology far more than often assumed, living independently, working longer, and increasingly aware that they still have a life ahead of them as they age. At the same time, we must acknowledge that living longer brings new societal challenges.

Our healthcare system was designed when life expectancy was lower than today. As a result, there is a strong focus on treating individuals for chronic diseases with long-term treatments that people must stay on for the duration of their lives; however, with life expectancy increasing, this has led to unsustainable trends in healthcare spending, underlining the need to focus on innovations in curative interventions as well prevention to benefit healthy aging and simultaneously lower healthcare costs over time. This is even more urgent as the United States spends 18.3 percent of GDP on healthcare - per person; this was $12,914 in 2021, over $5,000 more than any other high-income nation.[3]

"Not everybody has the ability to age well. Housing, health status, location, isolation, caregiving, tech skills, and access – can all be problems. And many of these people are in underserved communities. They need our special attention."

Bill Novelli

Professor Emeritus and Founder, Business for Impact Center

As people age, they often live with multiple chronic conditions for a prolonged period, increasing the need to provide people with better access to healthcare to prevent manageable diseases from deteriorating into serious health conditions with adverse effects on individuals' healthy aging and the healthcare system's sustainability.

Overall, we are trending towards longer and healthier lives. However, there remain challenges to ensure that this trend includes everyone and that underserved groups and communities reap the benefits of medical innovations. Additionally, we must ensure that our increased longevity translates into reforming our healthcare system to focus on prevention and innovation to curb future healthcare spending and guarantee equitable access for all.

We recognize that healthy aging can only be achieved with ongoing innovation and that scaling innovation demands attention to health equity. These goals must be pursued simultaneously to achieve healthier aging for all.

During the Cross-Discipline Roundtable Discussion on Innovation & Equity for Healthy Aging, our participants identified four policy principles that can guide future policy developments and highlight steps that policymakers can take to ensure everyone can access the innovations that allow people to live longer and healthier than ever.

To improve healthy aging:

1. **Individuals should be at the center of our thinking when discussing healthcare innovations. We need to engage with individual patients in their communities to ensure they can access the healthcare services and support they need.**

2. **Medical innovation must be sufficiently valued and incentivized.**

3. **Medical innovation must be accompanied by process innovation across the healthcare ecosystem.**

4. **Better awareness is needed on the return on investment of innovation and the benefits of distributing funding for healthcare services to the communities and support programs where it's most beneficial.**

"To support healthy aging, people need safe physical and emotional environments, community policies, healthcare access and utilization points, and innovation that supports health outcomes. And equally as important, we need effective clinical and psychosocial community programs and health services to prevent or reduce the effects of disease and social determinants of health and lift the untapped asset of healthy aging."

Scott Bertani

Director of Public Policy, HealthHIV

Policy Principles Overview

1.

Individuals should be at the center of our thinking when discussing healthcare innovations. We need to engage with individual patients in their communities to ensure they can access the healthcare services and support they need.

"You have to remember to put the individual patient at the center, and you have to do that by including them in the design and the testing. And then you apply person-centered principles."

Edwin Walker

Deputy Assistant Secretary for Aging, Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS)

The individual patient, their caregivers, and their families should be at the center of discussions on healthcare innovations. It starts with the design of our healthcare system. The current system is complex and needs to be more focused on the individual patient. There are many instances where the design of our healthcare system prevents doctors and other medical professionals from focusing on unique patient needs and preferences. It is fundamental to include patients, particularly older patients, in discussions about best practices to ensure access to innovations for the broadest possible group.

Additionally, we must make a collective effort to help eliminate stigmas and distrust in the healthcare system, which continue to be a barrier to patient access, particularly for older people and people of color. Stigmas around diseases like lung cancer, HIV, and Alzheimer's can be harmful and prevent timely diagnoses, resulting in deteriorating health for individuals and higher healthcare spending overall. One example is the stigma around HIV, where we know that more than forty percent of people only know a little bit or not much about HIV, and eighty-six percent of people believe a stigma still exists.[4] Destigmatizing a disease can change this and, as a result, lead to more awareness, earlier detection, and ultimately improved healthy aging.

"What we have seen over the last ten years is that it's really very important to engage people with one another. When we're talking about encounters with the healthcare system, we're talking about a very confusing system for many people on their own. So, the better way to go is to have someone there with them. I'm talking about at any age. It's very useful to have a parent with a child. It's very useful to have someone else who can be there to think about what's going to be obtained from this interaction and how that interaction is then going to yield a plan that's going to be carried out."

Gail Kohn

Coordinator, DC Age Friendly City

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One of our areas of focus is patient navigation for cancer care. Specifically, facilitating programs and services that support individuals throughout their diagnostic and treatment journey in way that is driven by their need and authentically aligned to their experiences. This is something that I believe is critical to the broader conversation around improving care and outcomes – creating a support pathway in cancer that holistically supports all patients."

Laura Okpala

Senior Director, Reimbursement Policy, Gilead Sciences

Our healthcare system is complex and challenging to navigate.

Many patients, including older people, with serious illnesses receive aggressive treatments that they don't always understand. Encouraging patients to bring a second person into the room – for instance, a child joining a parent in the case of older patients – can alleviate the stress and anxiety people experience when faced with difficult health decisions.

Given that our healthcare system is complex and challenging to navigate, it's essential to recognize that a patient- and community-centered approach can mitigate some of the challenges of navigating the system and accessing care. It's also important, in this context, to acknowledge the caregiver burden and the inherent inequities that exist between those patients who have a caregiver they can rely on and those who do not.

One possible solution is patient navigation, where others with similar experiences support patients, which can make it easier for people to understand what is happening and what they can expect to happen as they go through treatments. In addition, it's valuable to have direct reimbursement for professional navigators who can assist in determining which decisions benefit patients the most.

2.

Medical innovation must be sufficiently valued and incentivized.

Our increased longevity is partially the result of the triumph of scientific innovations adding decades to our lives. However, those innovations often take time and require significant public or private investments to yield results. In most cases, innovation is an incremental process whereby we progress over time. Thirty years ago, an HIV infection was a death sentence, and thanks to the research and development of innovative treatments and medicines, today it's a manageable chronic disease. We are witnessing the first generation of people living with HIV into older age. More than half of the people living with HIV in the U.S. are over 50, a triumph that seemed almost impossible 35 years ago. Today many people are living and aging with HIV into their 70s and beyond.[5] In 1990, the average HIV patient needed 25 pills per day, and today, it's one pill per day.[6]

"We've talked a lot about the progression and the evolution of innovative treatments in HIV and how it's impacted the community so significantly. We're now entering an era where it's not just one pill per day. It's going to be one injection every two months, one injection every six months, one injection a year. This new era is really transformative when you think about how that changes care."

Laura Okpala
Senior Director, Reimbursement Policy, Gilead Sciences

To ensure continued innovation, we must recognize the value of medical innovations for patients. New drugs, treatments, and technologies can drastically change a patient's life, especially as procedures become less invasive, treatment regimens become easier to follow, and side effects are further reduced. Building meaningful patient experience metrics into our healthcare system to recalibrate the definition of value and include the impact of a new drug, treatment, or technology can make a significant difference in a patient's life.

"Medicare payment right now is a product of measured quality divided by overall costs to produce value. There are many things that we could discuss about quality metrics. But there is no patient assessment being built into those quality metrics. We need to start talking about patient quality because all of the quality metrics that we're building in on the provider side are going to reach a point of diminishing returns."

Courtney Yohe Savage
Sr. Vice President, Policy and Advocacy, Cancer Support Community (CSC)

Equitable access to new drugs, treatments, and technologies is threatened by the increased use of health technology assessments (HTAs).

The use of HTAs often places a financial risk for healthcare payers above the health risk for individual patients. Additionally, HTAs are often ageist in nature, and, as a result, older people, as well as people of color, people living with disabilities, and people who have experienced socioeconomic disparities, are more likely to experience negative health outcomes as a result of decisions based on these assessments. Our healthcare system has no place for HTAs that exclude underserved groups, particularly older adults, from access to new drugs, treatments, or technologies.

"Health technology assessments by ICER and others are discriminatory towards older people, people of color, people with disabilities, and people who have experienced socioeconomic disparity. This is what's holding us back from maximizing healthy aging in the United States. Instead of looking at ways to invest, that's thrown out. We need to invest. But we're not investing."

Sue Peschin
President & CEO, Alliance for Aging Research

There is a growing trend toward policies that negatively affect medical innovation.

To curb healthcare costs, policies are being developed to maximize drug prices by setting upper payment limits or forcing biopharmaceutical companies to accept lower prices at the risk of substantial fines if they don't comply. While ensuring patient affordability is well-intended, setting upper payment limits is not the best way to achieve this goal as it will likely hurt access to future innovations, particularly in the Medicare program that covers the vast majority of seniors and those with disabilities in the US as well as in Medicaid, which covers those with significant socioeconomic challenges.

For example, the impacts of the drug pricing provisions of President Biden's 2024 budget, now proposed by Senator Baldwin as the "Strengthening Medicare and Reducing Taxpayer (SMART) Prices Act," would impose government price setting for selected Medicare drugs at only five years after initial FDA approval. As a result, it's estimated that we would see roughly 230 fewer Food and Drug Administration (FDA) approvals of new medicines over the next ten years. Additionally, between 146,000 – 223,000 direct biopharmaceutical industry jobs and a total of 730,000 – 1,100,000 U.S. jobs across the economy could disappear due to these policies.[7]

Disincentivizing innovation will harm healthy aging and reduce health equity by limiting access to new drugs and treatments, resulting in adverse health outcomes for older people and possibly damaging the financial sustainability of our healthcare system, as innovation, over time, typically leads to lower costs.

3.

Medical innovation must be accompanied by process innovation across the healthcare ecosystem.

"I think that most of the innovation we need is around how to make innovations accessible and then ensure equity. And that has been a big, big issue. When we look at all the data over the last 25 years on any innovation, even with improving outcomes for the entire population, you will see an increase in relative disparity for about 7 to 10 years."

Chiranjeev Dash, MBBS, PhD, MPH

Assistant Director of Health Disparities Research and Associate Professor of Oncology, Office of Minority Health and Health Disparities Research, Georgetown Lombardi Comprehensive Cancer Center; Infrastructure for Research in Equity, Aging, Cancer and Health (I-REACH)

Equally as crucial to improving healthy aging through the development of innovative medicines is working on equity, social, and organizational innovation. We also must look beyond medical innovation and focus on interventions that would improve the workings of our healthcare system to produce more equitable outcomes and ensure that the broadest group of people have access to new drugs, treatments, and technologies.

One aspect of this is the need for a continued focus on undersupported and underinvested communities. For example, several lessons can be taken from the vaccination effort during the COVID-19 pandemic, where getting vaccines to rural areas of the United States posed practical difficulties that would be easier to overcome if there was more attention on equitable access to healthcare in these areas.

Another aspect is the follow-up needed when free screenings for noncommunicable diseases such as cardiovascular disease, cancer, and Alzheimer's are provided. These screenings prevent diseases that negatively affect healthy aging and can help people live longer. However, outcomes are often inequitable when these screenings need to be followed by expensive diagnostics and treatments that are not accessible to people in underserved communities because they lack healthcare coverage or don't know how to navigate the healthcare system.

From this perspective, a more holistic approach to health – from people's homes and communities to general practitioners, clinics, hospitals, and long-term care facilities – is essential. We need to consider the role of different stakeholders within our healthcare system and position them so that they can provide their patients with the best possible care.

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There's this magical cut-off of sixty-five when it comes to aging. When you're sixty-five and above, Medicare kicks in, and you're considered older. But that's not clinically what we always see. We see a lot of patients who show signs of dementia younger than sixty-five – in their late fifties or, though unusual, even in their later forties. But you could even pull it back further to when patients first start developing amyloid, a toxic protein in the brain that can start developing 10-20 years before symptoms. We often try to order imaging tests or other very costly interventions, and a lot of patients just get denied coverage for these tests and interventions, simply because they're not 'old enough.'"

Saurabh Sharma, MD

The Memory Disorders Program, Department of Neurology at Georgetown University Medical Center

Part of that is a shift towards prevention and detection in primary care to catch noncommunicable diseases as early as possible and help people realize that their lifestyle can significantly impact their aging journey.

The shift from private healthcare plans to Medicare at 65 doesn't align with the reality of aging from a clinical perspective.

In practice, doctors see patients showing signs of dementia in their late 50s, and an increasing number of patients are showing initial symptoms well before 65. The challenge is that there is no incentive for early detection and intervention as people will either transfer from their private healthcare plan to Medicare or, in some cases, for the first time, get access to healthcare through Medicare when they turn 65.

"In a typical nursing home, a significant percentage of staff hired at the beginning of the year have left their job at the end. Through our own research, we've realized that money is not necessarily the cause. There are other factors, including flexible scheduling, for example. There is research that shows that when you buy scheduling software that can give staff better schedules, that many of them will stay longer. If you can use technology to create a schedule that is working for people, you're going to have significantly lower turnover. Retaining your staff will, in return, have significant implications for the well-being of the people living in the nursing home."

Niam Yaraghi

Nonresident Senior Fellow - Governance Studies, Center for Technological Innovation, Brookings Institute

One aspect of underutilized organizational innovation in healthcare is the use of data to improve internal processes in healthcare organizations and the information shared with patients, their caregivers, and their families. For example, the Centers for Medicare & Medicaid Services (CMS) relies on self-reported data from caregiving organizations, leading to exaggeration and ratings not representative of the actual quality of care.

To improve healthy aging, we must ensure that innovations reach the people who depend on them. To achieve this, we need to increase our focus on social or organizational innovation and improve equitable access throughout our healthcare system.

4.

Better awareness is needed on the return on investment of innovation and the benefits of distributing funding for healthcare services to the communities and support programs where it's most beneficial.

Improving innovation and equity within our healthcare system will significantly benefit healthy aging. On an individual level, these benefits are clear: we are trending toward longer, healthier, and more active lives. Unfortunately, the societal benefits of investing in new drugs, treatments, and technologies and improving equitable access to healthcare, especially in underserved and underprivileged communities, are less clear.

To increase support for the first three policy principles outlined in this briefing, we need better awareness of the return on investment of innovations in our healthcare systems and the benefits of distributing funding for healthcare services to the communities and support programs where it's most beneficial.

In discussions about the financial stability of our healthcare system, this awareness can guide decision-making and shift the focus from today's narrow view of cost containment to a broader view where we consider the potential future savings of interventions that focus on early detection and prevention of noncommunicable disease associated with aging. For example, if the Congressional Budget Office (CBO) or a think tank could project the possible gain of investing in prevention and early detection could curb the cost of long-term care over time, it would be easier for policymakers to support investments as the societal benefits become more evident.

The economic benefit of investing in improving innovation and equitable healthcare access is often overlooked. For example, Women's Health Access Matters (WHAM) examined the societal cost impact of increasing research funding in three diseases that present a significant disease burden for women: Alzheimer's disease and related dementias (ADRD), coronary artery disease (CAD), and rheumatoid arthritis (RA). They found that significant returns result from small health improvements attributable to increased women's health research funding. Savings include increased life years, reduced years with disease, fewer years of functional dependence, and reduced work productivity disruptions. The aggregate cost savings to society add up to more than $13 billion,[8] which proves that it's crucial to ensure that we fund healthcare innovations in those areas where it makes the most sense from an individual, societal, and economic perspective.

Conclusion

The trend toward longer and healthier lives is positive. Nevertheless, we need to tackle the challenges that remain to ensure that everyone – specifically, including underserved groups and communities – can enjoy the benefits of longer and healthier lives because of medical innovation. Our increased longevity depends on reforming our healthcare system to include a focus on prevention and innovation to curb our rising healthcare spending and, at the same time, guarantee equitable access.

The policy principles outlined in this brief can be applied to improve innovation & equity for healthy aging. Please reach out to Michiel Peters, Director at the Global Coalition on Aging, at mpeters@globalcoalitiononaging.com for any questions on this brief.

Roundtable Participants

The roundtable was moderated by Melissa Gong Mitchell, Executive Director of GCOA, and attended by the following participants:

Bill Novelli

Professor Emeritus and Founder, Business for Impact Center, McDonough School of Business, Georgetown University (Host)

Scott Bertani

Director of Public Policy, HealthHIV

Jeanne de Cervens

Director of Business for Impact's AgingWell Hub, Georgetown University McDonough School of Business

Chiranjeev Dash, MBBS, PhD, MPH

Assistant Director of Health Disparities Research and Associate Professor of Oncology, Office of Minority Health and Health Disparities Research, Georgetown Lombardi Comprehensive Cancer Center; Infrastructure for Research in Equity, Aging, Cancer and Health (I-REACH)

Sarah Khasawinah

Deputy Staff Director, U.S. Senate Special Committee on Aging for Ranking Member Mike Braun (R-Indiana)

Gail Kohn

Coordinator, DC Age Friendly City

Carolee Lee

CEO & Founder, Women's Health Access Matters (WHAM)

Carolee did not attend in person, but Melissa Gong Mitchell shared her remarks.

Laura Okpala

Senior Director, Reimbursement Policy, Gilead Sciences

Sue Peschin

President & CEO, Alliance for Aging Research

Courtney Yohe Savage

Sr. Vice President, Policy and Advocacy, Cancer Support Community (CSC)

Pamela Saunders

Program Director Aging & Health, Georgetown University

Saurabh Sharma, MD

The Memory Disorders Program, Department of Neurology at Georgetown University Medical Center

Edwin Walker

Deputy Assistant Secretary for Aging, Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS)

Niam Yaraghi

Nonresident Senior Fellow - Governance Studies, Center for Technological Innovation, Brookings Institute

Paul Yakoboski, PhD

Senior Economist, TIAA Institute

Endnotes

1. The Global Coalition on Aging (GCOA) Alliance for Health Innovation aims to establish awareness of the importance of innovation in achieving healthy aging through investments, policy reforms, and strategic partnerships – both for the value to patients and for health system sustainability. GCOA's Alliance for Health Innovation is made possible through support from Gilead Sciences.

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