

NEW YORK STATE OFFICE FOR THE AGING

2 Empire State Plaza, Albany, NY 12223-1251

Eliot Spitzer, Governor

Michael Burgess, Director

An Equal Opportunity Employer

INFORMATION MEMORANDUM

Number 08-IM-02

Supersedes

Expiration Date

DATE: March 7, 2008

TO: Area Agency on Aging Directors

SUBJECT: Senior Health Check-Up

.....
BACKGROUND: The Senior Health Check-Up Program, a new initiative of the New York State Office for the Aging (NYSOFA), is designed to promote better health and prevent or reduce chronic disease among older persons. This new initiative will assist New York State communities to impact on the quality of health for thousands of older New Yorkers and reduce unnecessary health care costs through prevention. It is based on utilizing a combination of specific disease screening, the welcome to Medicare exam, local and state level outreach and other initiatives.

The initiative was introduced on May 8, 2007 during the NYSOFA sponsored Senior Citizens' Day. At that time, Governor Spitzer announced a new program to help older people access preventive Medicare screenings and tests. NYSOFA is implementing this new initiative called Senior Health Check-Up.

The initiative is prompted by Center for Medicare and Medicaid Services (CMS) data (2005), which shows New York State is below the national average in the utilization of Medicare covered preventive benefits, including flu and pneumonia vaccinations, mammography, prostate cancer, diabetes, and the "Welcome to Medicare Exam". (See chart below)

Medicare Preventive Benefits -2005	NYS Total Utilization	National State Average
Flu shots	42.1	42.4
Pneumonia shot	5.7	6.2
Mammography	35.9	37.7
Pap-Test	12.5	11.1
Pelvic Exams	5.7	5.7
Prostate Cancer	18.5	19.3
Diabetes	9.2	9.9
Cardiovascular Disease (cholesterol checks)	61.5	55.1
Glaucoma	*	*
Bone Mass Measurement	9.3	8.4
Welcome to Medicare Exam	2.7	3.1

Source: CMS, Medicare Preventive Screening Data for New York State, 2005.

PURPOSE: The purpose of this Information Memorandum is to inform area agencies on aging (AAA) about this multi-year initiative. AAAs are essential to its success and are best equipped to increase the use of Medicare preventive services because of their outreach to older New Yorkers, service networks and collaborations with the health and human service systems. AAAs are encouraged to invest Title III-D funds to promote and further develop this new initiative into a successful program. We also encourage your office to promote this initiative through scheduled seasonal and existing promotional events and networking with local partners.

The goals of Senior Health Check-Up are: (1) to increase awareness of benefits available; (2) encourage and increase the use of preventive health screening and testing benefits available; and (3) expand and increase the use of evidence-based chronic disease management and prevention and health promotion programs; and (4) eventually decrease morbidity and premature mortality associated with preventable chronic diseases. Medicare's preventive benefits include flu and pneumonia vaccinations, mammography, pap-tests, pelvic exams, prostate cancer screening, diabetes screening, cardiovascular disease screening, glaucoma screening, bone mass measurement and the "Welcome to Medicare Exam."

Our expectation is to increase the use of these preventive tests by five to ten percent annually during the coming years and exceed the national average for the use of these benefits.

Senior Health Check-Up can improve the quality of life for New York State's 2.4 million elderly Medicare beneficiaries and decrease unnecessary hospital, emergency room and nursing home costs. New York State can use Senior Health Check-Up to do this one community, one underserved area, or one individual at a time.

PRODUCTS AND COMPONENTS: To help assist you in making the Senior Health Check-Up initiative a success locally, NYSOFA will send you products for your use. The components of this initiative are as follows: (1) providing and sharing informational and technical literature; (2) identifying ways to use resources to increase awareness and use of preventive health benefits via Medicare among older persons; (3) expanding the use of evidence-based interventions in communities; (4) developing and expanding existing partnerships to increase the reach of this initiative throughout the State; (5) documenting changes in preventive screening and service use rates and sharing the results; and (6) tracking changes in morbidity and mortality among older New Yorkers.

As a first step, we have included county specific information on the utilization of Medicare Preventive Benefits (see attachment).

BENCHMARKS AND TIMEFRAMES: In the coming months, NYSOFA will periodically provide informational resources and updates. In the short-term, our performance benchmarks include the following:

May, 2007: Governor and Office for the Aging Director announced the Senior Health Check initiative at the New York State's Senior Citizen Day event in Albany, New York;

May, 2007 – September, 2009: New York State is implementing a three year demonstration grant from the U.S. Administration on Aging entitled "Empowering Older Adults to Take More Control of Their Personal Health Through Evidence-Based Prevention Programs." NYSOFA is the lead agency and is partnering with the NYS Department of Health. The University at Albany's Center for Excellence in Aging services is providing technical assistance and project evaluation. There are three pilot sites – the Capital District, New York City and Broome County. They are each implementing evidence based Chronic Disease Self- Management Program and Active Choices developed by Stanford University;

October, 2007 and Ongoing: NYSOFA staff will meet with state, federal and local agencies to identify potential partnerships for the initiative;

November, 2007: Forwarded information to all AAAs on flu immunization including useful web site links and NYS Department of Health Adult Regional Contact people for adult immunization;

December, 2007: Mail survey to AAAs to assess existing initiatives occurring through AAAs;

March, 2008: Distribute IM to AAAs; Share best practice results of the December, 2007 NYSOFA survey of AAA best practices in preventive health;

April, 2008: Provide technical assistance brief on diabetes to AAAs; and

Ongoing: Periodically monitor and share New York State and county preventive health utilization rates; provide technical assistance materials to AAA network.

PROGRAMS AFFECTED:

- | | | | | |
|---|---|---|---------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> Title III-B | <input checked="" type="checkbox"/> Title III-C-1 | <input checked="" type="checkbox"/> Title III-C-2 | | |
| <input checked="" type="checkbox"/> Title III-D | <input type="checkbox"/> Title III-E | <input checked="" type="checkbox"/> CSE | <input type="checkbox"/> SNAP | <input type="checkbox"/> Energy |
| <input checked="" type="checkbox"/> EISEP | <input type="checkbox"/> NSIP | <input type="checkbox"/> Title V | <input type="checkbox"/> HIICAP | <input type="checkbox"/> LTCOP |
| <input type="checkbox"/> Other: | | | | |

CONTACT PERSON: Gary Malys
Cyndy Marshall

TELEPHONE:(518) 474-5476
(518) 474-3585

Use of Medicare Preventive Benefits - New York County-level Data By Rates

County	Influenza Immunization1	Pneumococcal Vaccination2	Mammography	Pap Test	Pelvic Exam	Prostate Cancer Screening	Diabetes Screening3	Cardiovascular Disease Screening4	Glaucoma Screening5	Bone Mass Measurement6	Welcome to Medicare Visit7
Albany	47.4	5.6	38.3	19	11	18.9	6.1	57.9	*	11.7	3.1
Allegany	52.2	6.6	38	14	7.9	24.5	5.5	53.5	*	8.6	1.6
Bronx	23.2	3.7	29.5	5.6	1.7	6.6	9.7	55.2	*	7.1	12.5
Broome	54.5	6.3	45.5	20.1	12	28.2	5.7	53.6	*	8.3	3.2
Cattaraugus	44.3	5.2	34.8	16.6	10.1	24	5	60.2	*	7.7	0.3
Cayuga	53.3	6.1	44.5	19.3	13.4	25.8	5.3	57	*	10.8	4
Chautauqua	50.9	7.6	38.4	15.2	8.2	25.2	5.3	56.1	*	9.7	3.2
Chemung	50.7	6.1	50.9	14.8	8.6	29.6	6	54.4	*	11.4	1.1
Chenango	43.1	6.1	39.6	16.1	5.7	27.1	14.7	53.1	*	5.2	3.6
Clinton	51.2	7.4	50.7	20.6	11.4	34	7	63.6	*	8.3	4.4
Columbia	46.7	4.8	39.3	14.2	6.9	22.9	8.4	57.5	*	8.9	1.5
Cortland	48.1	7.2	45.8	15.6	11.5	25.9	7.9	55.3	*	8.8	2.5
Delaware	43	5.1	39.4	14.5	5.5	27.7	19.1	54.2	*	6.7	3.2
Dutchess	46.8	5.8	39.7	14.1	7.1	21.2	7.5	59.6	*	8.9	3.4
Erie	44.6	5.3	37.7	16.6	9.4	15	8	57.6	*	8.3	1
Essex	43.4	5.4	44.1	14.9	4.8	22.7	13.8	53.9	*	8.3	2.7
Franklin	46.7	6.6	51.7	15.6	7.7	34.4	21.4	64.1	*	11.9	2.6
Fulton	44	4.6	39.1	14.2	9.6	10	9.3	60.1	*	8.6	1.8
Genesee	47.3	6.2	42.6	15.6	11.3	28.4	7.6	64.8	*	7.1	0.9
Greene	45	5.3	33.8	12.3	7.1	19.5	4.7	56.7	*	8.7	1.5
Hamilton	50.4	6.2	53.3	16.7	8	18.6	8.3	65.5	*	9.5	2.4
Herkimer	49.3	7.7	41	11.2	5.1	24.4	16.7	55.9	*	8.6	1.3
Jefferson	42.8	5.9	44.5	14.3	9.6	20.2	5.1	59.2	*	12.5	2.3
Kings	28.4	3.6	27	6.4	1.7	12.2	12.3	65.8	*	8.6	1.4
Lewis	52.4	5.5	40	13.9	5.4	15.1	4.4	56.4	*	8.8	1.6
Livingston	45.9	5.1	44.1	19.9	10.2	39.5	8.6	63.7	*	9	3.6
Madison	54.7	7.6	43.3	17.4	10	22.5	12.4	54.8	*	9.6	2
Monroe	49.1	6.2	39.4	22.8	11.4	29.9	13.8	61.1	*	8	2.2
Montgomery	45.9	5.9	37.6	10.6	6.5	19.2	12.9	59.4	*	9.4	1.6
Nassau	48	7	37.5	13	3.8	20.8	9	69.4	*	11.1	2.7
New York	32.9	4.5	31.1	7.1	2.1	12.1	7.5	59.2	*	9.5	1.5
Niagara	41.3	6.1	41.7	17.1	10.2	15.4	11.1	61.4	*	8.8	1.5
Oneida	53.3	6.5	42	13.2	8.5	22.4	6.8	55.4	*	7.6	2.7
Onondaga	55.5	8.7	45.8	20.1	12.8	25.7	7	60.5	*	12	3.5
Ontario	50.9	6.7	50.2	20.9	11	24.4	33.3	64.8	*	6.4	5.6
Orange	43.3	5.9	35.7	16.9	7.6	22	7.1	62.4	*	8.7	1.8
Orleans	43.7	5.4	38	15	8.8	27.4	10.9	55.8	*	5.7	1.9
Oswego	39.3	6.7	44.2	12.7	7.5	27.4	6.8	58.8	*	10.3	1.9
Otsego	36.6	6.1	42.2	18.9	7.7	27.5	22.2	47.1	*	6.6	1.5
Putnam	48.9	7.3	37	17.2	6.1	16.2	7	60.5	*	10.5	4.6
Queens	34.2	4.6	28.9	6.8	2.2	13.7	9.9	66.1	*	10.4	0.7
Rensselaer	50.4	5.9	36.2	17.2	8.7	22.9	8.8	59.3	*	11.2	6.2

County	Influenza Immunization ¹	Pneumococcal Vaccination ²	Mammography	Pap Test	Pelvic Exam	Prostate Cancer Screening	Diabetes Screening ³	Cardiovascular Disease Screening ⁴	Glaucoma Screening ⁵	Bone Mass Measurement ⁶	Welcome to Medicare Visit ⁷
Richmond	38.3	6.3	31.1	6.5	2.9	11.7	9.7	63.5	*	7	0.7
Rockland	41.8	5.7	35.4	15.2	8.7	15.6	10.3	66.4	0.1	10.5	1.3
Saratoga	55	6.1	41.1	18.8	11	21.3	6.3	60	*	10.7	4.6
Schenectady	54.4	6	41.2	18.4	10	24.8	7.9	58.3	*	9.1	1.8
Schoharie	45.5	8.1	38	10.8	5.2	15.7	35.4	52.9	*	6.1	2.7
Schuyler	52.9	5.7	45.8	13.9	7.6	24.2	8.5	50.1	*	8.8	0.9
Seneca	48.7	6.1	49.1	19.2	9.7	20.9	14.5	68.7	*	8.1	3.3
St. Lawrence	52.2	8.8	48.3	14.4	6.7	23.8	12.8	60.8	*	8.5	2.5
Steuben	47.9	5.8	42.6	13.2	6.7	24.2	5.7	53.2	*	10	3.6
Suffolk	46.3	6.9	35.4	14.2	4.5	18.9	8.4	62.4	*	9	1.4
Sullivan	47.1	6.9	34.8	20.2	10.6	26.3	5.9	58.3	*	7.8	0.5
Tioga	44.3	5.9	43.1	16.6	8.5	23.5	4.4	43.5	*	7.1	3.7
Tompkins	60.2	6.1	42.4	14.9	11.1	25.5	5.3	51.7	*	7	4.2
Ulster	48.8	5.5	39.6	13.4	6.9	23	7.8	58.3	*	9.2	3.6
Unknown	34.9	5.6	29.1	9.1	4.2	10.9	8.6	54.1	*	6.2	1.1
Warren	42.7	4	45.5	23.1	10.1	24.4	7.7	58.2	*	12.3	1.2
Washington	45.8	5.4	39.5	18.2	9.9	19.4	7.9	60.3	*	9.6	1.3
Wayne	51.3	6.4	42.8	25.2	14.7	31.7	10.2	63.6	*	7.1	2
Westchester	43.7	6	36.3	11.9	4.2	17.4	8.6	65.5	*	9.6	3.2
Wyoming	51.3	6.4	32.3	12.3	9.8	16.6	6	56.9	*	7.3	*
Yates	53.5	5.4	48.7	19.6	10.4	10.2	25.4	60.6	*	7.7	5.7
State Total	42.1	5.7	35.9	12.5	5.7	18.5	9.2	61.5	*	9.3	2.7
Average	42.4	6.2	37.7	11.1	5.7	19.3	9.9	55.1	*	8.4	3.1

The Crude Unadjusted Utilization Rate = persons-served / July 1 FFS Part B Enrollment. As noted below, for several services (bone density, glaucoma screening, and diabetes screening), the targeted populations have not or can not be reached. Some preventive benefits are limited to specific high risk persons, and not for the Medicare population as a whole. Others are once-in-a-lifetime (for example, pneumococcal pneumonia), or not likely to be used because of a

¹Influenza Immunization - Medicare claims data are likely to underreport the actual use of this benefit, as many people receive this service from providers who do not bill Medicare for it.

²Pneumococcal Vaccination - Most Medicare beneficiaries only need this service one time after they turn 65 to protect them. These data reflect vaccinations billed to Medicare in 2005 and do not include people who have been vaccinated previously.

³Diabetes Screening - Data include both screening and diagnostic services. Medicare covers once or twice a year for screening purposes, depending on a person's risk level. Medicare covers more often for diagnostic purposes if

⁴Cardiovascular Disease Screening - Data include both screening and diagnostic services. Medicare covers one test every five years for screening purposes, and more often for diagnostic purposes if considered medically necessary.

⁵Glaucoma Screening - Data are likely to underreport glaucoma screening, as this service may be bundled into another physician service provided at the same visit. Glaucoma screening is covered once every 12 months for specific

⁶Bone Mass Measurement - This benefit is limited to specific persons considered to be at risk for osteoporosis and/or other conditions that affect bone density.

⁷Welcome To Medicare - Benefit is only for people newly enrolled in Medicare Part B and eligible for Part B as of Jan. 1, 2005; this is a one-time benefit and must be used within the first 6 months of Medicare Part B enrollment. An

⁸Totals represent non-duplicative data.

* An asterisk represents a value that is too small for public viewing.

* 'N/A' represents a value where no data was collected.