Trustee Insights

POPULATION HEALTH

Aging Is Not a Trend: Why Boards Must Lead in the Longevity Era

Aging care is the ultimate test of leadership and a better model for all

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The longevity era is here. One in five Americans will soon be over 65, and in many communities, older adults already represent the majority of health care needs, particularly in chronic and inpatient care. This shift is not a distant projection — it's a lived reality for many families, communities and care teams navigating the evolving needs of older adults.

Rather than viewing this transformation as a looming challenge, it is time to recognize it as a powerful opportunity. Aging is not a problem to solve but a reality to lead through. With longer life spans come new expectations around quality, continuity, dignity and independence in care. Meeting those expectations requires a bold rethinking of how health systems are designed, staffed and governed.

Treating the Longevity Era as a Strategic Opportunity

Today's aging population is reshaping health care delivery in ways that demand board-level attention. Clinical complexity, workforce shortages, rising patient expectations and margin pressures are converging. Aging amplifies each of these stressors, not because older adults are a strain, but because the system was not built for longevity.

Boards are uniquely positioned to turn this moment into a generation-defining opportunity. By championing innovations that support aging with purpose and personalization, they can help build a care model that works not only for older adults, but for everyone. Aging care is no longer a specialty. It is the cornerstone of a more connected, equitable and sustainable health care future.

Boards can help shape this strategy by asking:

- Are we preparing for the rising complexity of older patients in every operational setting?
- Are we investing in access models that support rural, low-in-

come and dual-eligible seniors?

- Are we measuring the proper performance indicators, such as senior satisfaction, avoidable admissions or caregiver burden?

If the answer to any of these questions is no, it is time to elevate aging as a systemwide strategic priority.

What Happens If We Do Not Act

When health systems are not designed for an aging population, the cracks show fast: more emergency room visits, extended hospital stays, higher readmission rates and widening gaps in care. These outcomes expose deeper strategic vulnerabilities in how systems operate and their ability to adapt.

From a governance perspective, boards must treat aging care with the same urgency as financial risk. Inaction raises costs, erodes workforce resilience, undermines trust —especially among vulnerable populations and their families — and ultimately leads to poor patient outcomes and experiences.

Below are five essential focus areas that boards can use to guide a systemwide redesign of how care is structured, supported and sustained.

Five Pillars of a System Designed for Aging

1. Care Models That Prioritize Continuity

The care journeys of older adults are often shaped by a host of factors including multiple chronic conditions, mobility and cognitive limitations, and the support — or lack thereof — from family caregivers. However, too many systems still center on one-off episodes or emergency interventions. As a result, care teams miss critical care transitions, patients land in the hospital when that could have been avoided and the outcomes fall short of what older adults and their families need and deserve.

Forward-thinking systems are moving beyond episodic care and redesigning models to support patients consistently across settings and throughout their care journeys. Some are reimagining the front door by introducing geriatric-focused emergency departments that flag cognitive and functional risks early to avoid unnecessary admissions. Others are shifting high-acuity care into the home, using hospital-at-home programs to deliver intensive services in a setting that supports comfort and cost savings. At the foundation of these programs, advanced primary care teams with 24/7 access and embedded social support help manage complex needs before they escalate.

A question worth asking: Are we investing in care models that prevent avoidable admissions and

A Governance Checklist for the Longevity Era

To lead effectively in this new era, boards should:

1. Embed aging into enterprise strategy.

- Treat aging care as a design principle, not a service line.
- Integrate aging priorities into strategic planning, service line development and community health goals.

2. Track the right metrics.

- Monitor readmissions, length of stay, caregiver stress, satisfaction scores and access gaps.
- Disaggregate performance indicators by age, geography, income and dual-eligibility status to expose differences.

3. Define clear leadership ownership.

- Ensure someone at the executive level is accountable for the aging strategy across functions.
- Tie aging care goals to leadership evaluations and cross-functional performance reviews.

4. Align incentives and investment.

- Link aging-focused initiatives to capital, IT and workforce decisions.
- Prioritize funding for models that improve outcomes for older adults, such as advanced primary care and home-based care.

5. Look for red flags.

- Track system strain indicators like repeated emergency department boarding, high readmission rates or burnout in senior care teams.
- Watch for gaps reflected in declining satisfaction scores or limited access for rural, dual-eligible or socially isolated older adults.

follow patients across settings, or are we still centered on episodic, facility-based care?

2. Technology Designed for Complexity and Usability

Technology has the potential to transform aging care, but only when it is designed with the user in mind. Older adults often face barriers that many tools overlook, from limited mobility and vision to low digital literacy. When systems roll out new technology without considering these realities, they risk adding friction rather than solving problems.

Organizations should take a more human-centric approach. Instead of defaulting to one-size-fits-all tools, they can choose platforms that prioritize accessibility and ease of use. For example, virtual nursing programs help extend staff capacity without overwhelming bedside teams, while remote patient monitoring allows care teams to intervene earlier, tailoring support in real time.

To deliver on the promise of digital health, health systems must shift from deploying more tools to deploying the right ones, designed for the needs of older adults and the teams that care for them.

A question worth asking: How do we evaluate whether our technology investments are truly usable and effective for older adults, caregivers and frontline clinicians alike?

3. A Workforce Strategy Built for the Future

The convergence of an aging population and a shrinking clinical workforce is a looming crisis and an urgent opportunity. Geriatric care requires not just more staff but also different staffing models altogether. Traditional ratios and role definitions are failing in the face of rising complexity.

Workforce strategy is central to sustainability. Leading organizations are forming interdisciplinary teams that include social workers, pharmacists, therapists and virtual care providers. They also build capabilities to support family caregivers, whose unpaid labor is essential yet often unsupported.

In the long term, health systems must invest in pipeline development. That means introducing geriatrics earlier in training, building career pathways in aging care and finding practical ways to reduce burnout.

A question worth asking: Do we have a plan to grow, support and retain a workforce equipped for aging care or are we reacting to shortages without addressing root causes?

4. Financial Models That Align to Value

Fee-for-service models were not built with older adults in mind. They pay for more visits and procedures, not necessarily better outcomes or more connected care. Older adults often face more complex needs, and without coordinated care they can bounce between providers, undergo repeat tests and be hospitalized for issues that better planning could have avoided.

Value-based payment models offer a better fit. When designed thoughtfully for geriatrics, Medicare Advantage plans allow for more flexible benefits and care management tailored to complex needs. Programs like ACO REACH and other Capability Maturity Model Integration pilots support systems that deliver proactive, preventive care, not just more services. Bundled payments specific to geriatric conditions help align incentives across acute, post-acute and community-based care.

A question worth asking: Are our financial incentives driving proactive care or more utilization?

5. Access as a Core Design Principle

No two adults experience aging the same way. For some, essential needs like transportation can become a barrier to care. In low-income communities, older adults may qualify for both Medicare and Medicaid, yet still experience gaps when systems fail to coordinate care. Others struggle with digital tools or feel isolated, especially when living alone or facing language barriers.

When health systems lack a deliberate strategy that puts patients' needs at the center, these challenges and gaps grow. When leaders approach aging as a universal issue of concern to all, the solutions often benefit far more than just one population. Helping older adults get to appointments, connect with care teams and use technology can improve access across the system. Advancing health for all including aging care is not just the right thing to do; it reflects whether the system is truly designed to serve everyone.

A question worth asking: Do we know where older adults in our community are being overlooked and what we are doing about it?

Solving for Aging Benefits Everyone

Caring for older adults improves

quality, reduces costs and strengthens health for all. Perhaps more importantly, it signals who you are as a health care system.

Boards have the opportunity and responsibility to lead this transformation. The true test of a health system's innovation and resilience will be how effectively it meets the needs of all patients — starting with the growing aging population.

That future starts in the boardroom.

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