BARRIERS TO GERIATRIC CARE

Joseph Basler, PhD, MD
Scope of the problem

- Barriers to effective medical care for the elderly exist at many levels.
- Identification of barriers requires:
  - Definition of a model for care
  - Understanding the intricacies of the model
  - Troubleshooting the points of potential distraction & failure
  - Testing the model in real-life situations
  - Refining the processes or the model
Current systems of care for the elderly

- Medicare
- Private health insurance
  - Medicare supplements
  - Medicare ‘advantage’ plans
- Medicaid
- County health plans – CareLink, etc
- Other government health care plans
  - VAH, Champus, Military, others
- Self Pay
The Ideal Care System

- Patient = client=consumer=fellow human (PCCFH)
- Physician = partner in health care with client
- Health plan – facilitates a healthy relationship
- Hospitals, offices, etc – provide a place for safe interaction of the PCCFH and provider/partners
- Goals:
  - Healthy patient to extent possible
  - Maintenance of respect, dignity and comfort
Focus of the Health Care System

- Prevention
- Health Maintenance
- Monitoring & Anticipating Problems
- Treatment of Unanticipated Illness
- Restoration of Health & Functionality
- End of Life Care
Current Systems

- No preventive emphasis
- Little or no Health maintenance
- Patient is always someone with a ‘problem’
- Problem-based health care standards & reimbursement
  - Assumes every condition is treatable, curable & uncomplicated
  - Assumes that standardized treatments are beneficial
  - Example: Pay for performance
- Insurance is actually a profit driven entity with profits derived from premiums.
- Punitive emphasis to reduce utilization – copayments, deductibles, exclusions, etc
Barriers by Entity

- Individual
- Physician
- Nurses and other Health Care Providers
- System Barriers
- Physical Barriers
- Conceptual Barriers
Barriers to Adequate Health Care

- **Individual – Human Target of Health Care (hTOHC), (PCCFH)**
  - Personality
    - Independent, stoic, non-complainer
    - Dependent
  - Non-healthy lifestyle, habits
    - Smoking, obesity, ETOH use, drug abuse, etc
  - Knowledge-base
    - Poor understanding of benefits, believe in distracters, etc
    - Going with the odds... “Can’t happen to me!” attitude
  - Financial
    - Socioeconomic status
      - Limited “Fixed” income, poor family support, etc
    - Medicare & other premiums too costly
  - Medical problems of the elderly
    - Forgetfulness, dementia, poor mentation, depression, etc
    - Poor eyesight, hearing loss, other disability, etc
    - Nursing home bound, depend on caregivers of various sorts
Barriers to Adequate Health Care

- **Physician**
  - Untrained in Geriatric issues
  - Feels slighted by Health Care System
    - Medicaid, Medicare pays too little
    - VA too overburdened with regulations
    - Carelink – too many ‘no-shows’
    - Etc
  - Forced to increase work volume and decrease time with patients to compensate for declining revenues
  - Declines the more complicated elder due to time issues (more time required for history, exam, etc)
  - Complicated patient relegated to least well-trained
  - W/C or stretcher = reduced or modified exams
Physician Bias & Frustration

Chart bypassed several times by all levels of provider – seen ~11:45

Added by well-meaning technician

Appointment time
Barriers – Lack of Effective Communication, Social Beliefs, Poor Education, etc, etc

News in Brief

ED Levels Off Two Years After EBRT
For men who have had external beam radiotherapy (EBRT) for prostate cancer, the greatest decline in sexual function is in the first 24 months post-treatment, with no significant changes thereafter, according to a report in the International Journal of Radiation Oncology, Biology, Physics (2010;76:31-35). In 143 men followed for up to eight years (median four years), the only statistically significant reductions in sexual function occurred in the initial 24-month after appear in the Journal of the American Society of Nephrology (2010; published online ahead of print), indicates that measuring immune cells could provide a valuable new approach for predicting skin cancer risk after kidney transplantation.

Acetaminophen May Stop Renal Damage
Acetaminophen may help ward off threatening kidney damage brought on by statin drug interactions, chronic injuries, excessive exercise, or severe muscle injuries, according to research published online in the American Journal of Kidney Diseases (2010; published online ahead of print).

Suicide Risk Shown to Rise Following PCa Diagnosis
Receiving a diagnosis of prostate cancer raises a man’s risk of suicide or cardiovascular death, particularly in the first few months after learning the news. Data from 340,000 prostate cancer patients indicated that 148 men committed suicide and 6,845 died of cardiovascular disease, yielding mortality rates of 0.5 and 21.8 per 1,000 person-years, respectively. Suicide risk was highest during the first year post-diagnosis, especially in the first three months. The risk of cardiovascular death was also elevated in that first year, particularly in the first month and among those with metastatic disease. The study by Fang Fang, MD, and colleagues, which was published online in the Journal of the National Cancer Institute, suggest a need for counseling and support for the newly diagnosed.
Barriers to Adequate Health Care

- **Nurses & Other Health Care Professionals**
  - Untrained in Geriatric issues
  - Role in actual patient care eroding
  - Regulations limit the traditional roles in health care
  - Paperwork mounting...
  - HIPPA gets in the way of communication with ancillary providers (NH, ECU’s, etc)
  - NH limits on communication, mail, etc
  - NH staff downgrades limit effective communication
  - Same frailties as Doctors when it comes to complicated patients
Barriers to Adequate Health Care

- **Health Care Systems**
  - Mixed Missions – profit vs patient care
  - Rules for patient care are budget and work efficiency driven
    - Limited access to specialists (Champ VA)
    - VA - ACA scheduling system
      - Waiting times down, patient satisfaction up, clinics smaller
      - Patient responsibility for calling to schedule appointments
        - Ignores vulnerable and dependent aged population
        - Led to hundreds of lost-to-follow-up patients
        - Compounded by lack of checks & balances in the system
Key Concepts in Understanding Advanced Clinic Access

- Shape the Demand
- Work Down the Backlog
- Reduce Demand
- Match Supply and Demand
- Understand Supply and Demand
- Reduce Appointment Types
- Plan for Contingencies
- Redesign the System to Increase Supply
- Manage the Constraint
- Optimize the Care Team
- Synchronize Patient, Provider, and Information
- Predict and Anticipate Patient Needs at Time of Appointment
- Optimize Rooms and Equipment
System Barriers – Budget Limitations

Regarding ChampVA patients:

- South Texas Veterans Health Care System **ONLY** provides **Primary Care Services** to ChampVA beneficiaries.
- ChampVA beneficiaries are **NOT** to be referred or appointed in Surgical Subspecialty Clinics, they are limited to Primary Care Services only.
- ChampVA patients are **NOT** to be referred out under fee or contract arrangements as they are not Veterans.
- ChampVA patients are **NOT** eligible to be admitted as an inpatient to the Hospital as they are not Veterans.
System Barriers – System Engineering

Please note below.

As part of VCB’s move toward independence, patients assigned to VCB clinics will not get travel/lodging to get labs/xrays/tests that they can have done locally in the Valley.

Additionally, [redacted] reaffirmed our need to transition VCB vets to local subspecialists.

Regarding care not exclusively provided ALMD, please alert the admin office if you get ANY new outpatient consults for VCB patients prior to approval.

Thanks!
System Barriers – Fighting Back for Profit!

- Hospital Sticker-Shock Relief
  Leslie Clark spent less than 24 hours in the hospital during an attack of diverticulitis. But she felt even sicker when she saw the bill: $10,206. So Clark, a New York TV writer, turned to a medical negotiation company, Healthcare Mediation, to reduce her bill by $5,200. She paid $769 for the service, but such companies usually collect up to 30 percent of the amount the bill is reduced. They employ skilled negotiators before or after a procedure to see if the client has been overcharged, is insured or qualifies for other coverage and compare costs elsewhere to use as leverage. One firm, Medical Cost Advocate, says it saves its clients money 80 percent of the time, with an average savings of 20 percent of the bill. For a list of medical negotiation companies, go to www.billadvocates.com. —Sally Abraham

- Airport Deals for You
  Don't fear the dark parking garage en route to the airport. Park your car, then dash to the terminal? Here's one way to cut the hassle and get a good night's sleep. Consider a package deal that includes an airport hotel for the night before your flight, seven to 14 days of parking, and a shuttle to and from your gate—all costing not much more than parking alone. ParkSleepFly.com is a one-stop shopping site where you can compare the rates and amenities of hotels brands, giving you a choice of more than 1,500 airport hotels in 129 cities in the United States and Canada, and even a few in Europe. Similar sites are Stay123.com and ParkingAccess.com. —Joan Ratterman Heilman

DID YOU KNOW: Creating an estate plan is a wise financial move. In fact, an estate plan can mean the difference between your voice being heard and it being unheard. Their legacies are lost. Too often, this happens because they didn’t take the time to create an estate plan. Creating an estate plan contributes to this situation, but estate planning doesn’t have to be expensive.

Legal fees are the biggest portion of estate planning costs. The more you can reduce the amount of time and money you spend gathering information from you, the less your estate planning will cost. AARP Foundation, the charitable arm of AARP, can help. Using our Confidential Organizer, you can collect and organize your planning information. This may reduce the time you may need to spend with your attorney on these tasks and the final bill for your estate plan.

Take charge of your legacy. Let your voice be heard. Call Director of Gift Planning Karen Gallardo at 1-866-800-9977 to get your free Confidential Organizer today.

MARCH 2010  http://bulletin.aarp.org  23
System Barriers - Profit Motives?

Prostate Cancer Surgery Less Likely in Private Hospitals

Men treated for prostate cancer in private facilities were nearly 2.5 times more likely to undergo radiation and more than 4.5 times more likely to initially receive hormone therapy rather than surgery when compared with their counterparts in county hospitals. As reported in Cancer (2010; 116:1378-1384), 314 low-income men received prostate cancer treatment at county hospitals and 244 from private providers. Age and tumor characteristics were similar between the two sets of patients, but treatment decisions appeared to be significantly influenced by the type of health-care facility, with 54% of the men at the county hospitals undergoing surgery compared with 29% of the men treated by private providers. Type of physician may have contributed to the variation in treatment decisions: At the county hospitals, patients were initially under the care of urologists; at the private facilities, the initial providers were urologists, radiation oncologists, and medical oncologists.
Barriers to Adequate Health Care

- **Physical Barriers**
  - Building/office access
    - Largely dealt with by ADA requirements
      - Accessibility devices & architectural design
  - Hospital areas
    - Eliminating danger while maintaining functional workspace
    - Baths, etc based upon traditional, less safe designs
  - Distractions abundant that limit:
    - Functional movement
    - Auditory focus
    - Visual concentration, etc
Barriers to Adequate Health Care

- **Conceptual Barriers**
  - Lack of education about disease processes
  - Lack of education about available resources
  - Cultural & Religious distracters
  - Advertising distracters
    - Prey on vulnerabilities
    - ‘Experts’
  - Political distracters
    - Health care ‘Armageddon’, etc
Barriers – Expert Opinion...

From Medscape Medical News

PSA Discoverer Says PSA Screening is "Public Health Disaster"

Zosia Chustecka

March 11, 2010 — Screening men for prostate-specific antigen (PSA), the most commonly used tool for detecting prostate cancer, has become a "hugely expensive public health disaster," says the researcher who discovered PSA in 1970.

Richard Ablin, PhD, research professor of immunobiology and pathology at the University of Arizona College of Medicine in Tucson, expressed his forthright views in an opinion piece entitled The Great Prostate Mistake, which was published in the New York Times on March 9.

The annual bill for PSA screening in the United States is at least $3 billion, he points out. But the test is "hardly more effective than a coin toss," he writes.

"It's amazing to see the physician who discovered PSA take such a strong stance against it," said Elizabeth Whelan, ScD, MPH, from the American Council on Science and Health (ACSH). "The ACSH admires his courage and honesty in doing so," the organization noted in its daily dispatch.

Should Not Be Used For Screening

PSA screening is recognized as being an imperfect tool, and there is continuing ongoing debate about how best to use it.

In his opinion piece, Dr. Ablin writes: "As I've been trying to make clear for years now, PSA testing can't detect prostate
Barriers - Free Market at its Best

Unapproved Drugs: A Serious Threat to Public Health

Join us on Tuesday, May 11, 2010 from 12:00 pm - 1:00 pm EST for a conference call with Dr. Sal Giorgianni who will share his expertise and perspective on the topic of unapproved drugs. The call will be moderated by MHN Vice President, Scott Williams.

Dr. Giorgianni is currently Assistant Professor and Director of Experiential Education and Development at the Belmont University School of Pharmacy. He is also an esteemed member of the Men’s Health Network Board of Advisors and a recognized expert in drug regulatory and US pharmaceutical policy as well as in organizational reputation management and strategic alliance development. He is a registered pharmacist. Prior to joining Belmont in September 2007, Dr. Giorgianni had a 26 year career with Pfizer Inc., where he held positions in the medical, regulatory, training, public policy, business planning, sales and marketing groups. He also was the originator and served for almost ten years as the Editor-in-Chief of The Pfizer Journal, a bi-monthly publication of Pfizer Inc. dedicated to exploring important policy issues in healthcare and biomedical research.

Men’s Health Network recently released a Policy Statement on Unapproved Drugs expressing our concern over the use of commercially available drugs that have not been
Conceptual Barriers – Politically Motivated

Debate on U.S. Health Care Reform

MYTHS AS BARRIERS TO HEALTH CARE REFORM IN THE UNITED STATES

John P. Geyman

The U.S. health care system is deteriorating in terms of decreasing access, increased costs, unacceptable quality, and poor system performance compared with health care systems in many other industrialized Western countries. Reform efforts to establish universal insurance coverage have been defeated on five occasions over the last century, largely through successful opposition by pro-market stakeholders in the status quo. Reform attempts have repeatedly been thwarted by myths perpetuated by stakeholders without regard for the public interest. Six myths are identified here and defused by evidence: (1) “Everyone gets care anyhow;” (2) “We don’t ration care in the United States”; (3) “The free market can resolve our problems in health care”; (4) “The U.S. health care system is basically healthy, so incremental change will address its problems;” (5) “The United States has the best health care system in the world”; and (6) “National health insurance is so unfeasible for political reasons that it should not be given serious consideration as a policy alternative.” Incremental changes of the existing health care system have