

Corporate Office  
 3300 County Road 10 • Suite 505  
 Minneapolis, MN 55429  
 763/560-1010 • Fax 560-1717

# Issues

Information and ideas for those  
 serving seniors.

*on Aging*

## Helping Seniors Access Quality Health Care

Numerous recent studies describe the challenges faced by seniors as they attempt to access high quality medical services through our complex health care system. These studies suggest that the major barriers faced by seniors in obtaining excellent and appropriate care include a shortage of physicians trained in geriatric medicine; the rapidly growing enrollment of seniors in managed health care plans; and inadequate communication regarding end-of-life issues. However, when older adults have knowledgeable advocates, their general health and their independence is improved.

### THE SHORTAGE OF GERIATRIC PHYSICIANS

There is currently a shortage of physicians who are board-certified in geriatric medicine. Geriatrics is the medical practice that specializes in meeting the health needs of seniors, with an emphasis on maintaining their physical independence. Because of physiological differences between young adults and those over 65 or 70, physicians without adequate training and experience may prescribe inappropriate or excessive doses of medication. They may fail to recognize disease symptoms which are often different in older adults than in young people, or even dismiss complaints assuming they are due to old age. They may also be unaware of opportunities to maximize the wellness and independence of seniors.

According to the Alliance for Aging Research (AAR), there are only 7,000 geriatric specialists in the nation at this time, although 20,000 are needed to provide appropriate care for over 30 million American seniors. By the year 2030 when baby boomers reach the ages 66-84, more than 36,000 geriatricians will be needed to provide their care. And little is being done to address this issue.

Only 14 of the nation's 126 medical schools require a course in geriatric medicine, and less than 3% of recent medical school graduates elected such a course, according to the AAR report. These findings suggest that medical schools must ensure that all primary care physicians treating the elderly, such as family practitioners and internists, have coursework and clinical experience in geriatrics prior

to graduation. The board certification exams in family practice and internal medicine should also reflect the need for geriatric knowledge and expertise.

### RAPIDLY INCREASING ENROLLMENT OF SENIORS IN MANAGED CARE PLANS (MCP)

A second trend which impacts the ability of older adults is the rapid growth of enrollees in Medicare approved Managed Care Plans (MCP). The 1997 federal budget bill provides for growth in the number and type of MCPs, and contains additional incentives to direct seniors away from fee-for-service care into MCPs. [See Matrix's Issues on Aging Vol. 9, No. 6 for more detailed information about managed care and its impact on seniors]. Several recent studies have found that older women and persons with mental illness do least well in MCPs.

A report by the Older Women's League states: Managed health care poses a greater risk of injury to women over 40 than to any other sector of the population. The report was based in part on results of a Utah study which included 13,000 managed care patients suffering from high blood pressure, arthritis, ulcers, depression and anxiety disorders. The study found that women over 50 used 27% more medication than men and paid an average of \$100 more for drugs. These women also made a greater number of visits to health care providers, which can result in fragmentation of care.

A Minnesota study noted that older women and people with mental illness enrolled in MCPs had more difficulty accessing appropriate care and obtaining ongoing, coordinated services to meet their specific needs. However, when a MCP participating in a grant study assigned their patient representatives to telephonically assist seniors and mentally ill persons in coordinating their services, these people experienced fewer emergency room visits and hospitalizations.

### END-OF-LIFE ISSUES

The issues and concerns – physical, emotional and financial – associated with dying continued to be debated in the public arena. The right of competent adults to state their end-of-life wishes

for medical treatment, including artificially supplied food and water, and to have their surrogate carry out their written instructions, was upheld by the Supreme Court in the Nancy Cruzan vs. Missouri case. Following the Cruzan decision, many state legislatures enacted statutes which require that health care providers comply with the living wills and health care Powers of Attorney, and in some cases even provided an approved format for these documents.

The effectiveness of these advance directives has been challenged by three studies published recently in the Journal of the American Geriatric Society. The studies found that living wills and other advance directives have little effect on the care of the dying. Only 20% of patients write down their treatment preferences, and only 30% of these documents are provided to physicians to be placed in patients' charts.

When researchers reviewed the hospital charts of 4,804 dying patients, only 688 had an advance directive at all. Of these 688 advance directives, only 22 provided sufficiently specific language to guide medical decisions. The remainder used vague language such as indicating a willingness to die rather than prolong dying through artificial means.

The study also found that very few patients discuss their end-of-life wishes with their doctors – nor do most doctors bring up the topic with their patients. Dr. Tom Von Sternberg, a Minneapolis-based HealthPartners geriatrician, explained in a recent Star Tribune newspaper series on death and dying, that many doctors are resistant to telling patients that when their body fails, there are real limits to what medicine can do. In his experience, physicians are more comfortable starting treatments, such as oxygen for a patient with emphysema or tube feeding for a stroke patient who can't swallow, rather than discuss with that patient and family the probable necessity of being on a mechanical ventilator in a few months or on permanent tube feedings. He finds that even doctors who do bring up the medical technology tend to avoid discussing its limited usefulness in patients with end-stage organ failure.

## How Matrix Can Help

Our goal is to help clients resolve health and social problems, including obtaining appropriate, cost-effective long term care services. Our registered nurse Care Managers are knowledgeable about the health needs and problems of older adults and people with disabilities. In addition, they have a wealth of information about many types of community services that provide varying levels of care.

By working with clients and families to identify needs, goals and objectives, Care Managers recommend health and

social services which meet clients' needs and help them achieve their goals.

Trustees, attorneys, clients and families have found that working with a Care Manager can result in a positive outcome even when there are extensive health and social needs. Matrix recognizes the importance of these issues, and can arrange for a Care Manager to visit within 24 hours when necessary. In the metro area, please call 612/560-1010 for more information; in greater Minnesota, please call 800/560-0961.