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Is Our Healthcare System Ready for the Age Wave?

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The United States currently spends nearly twice as much per capita on healthcare as all the other modernized nations, while our national life expectancy ranks at a humiliating 42nd place worldwide: It's not that we spend too little money on the problem, but that we may not be spending it in the wisest ways.

While most of the current debate about healthcare reform has focused on the critically important issues of how to cover the millions of uninsured Americans and who should pay for it, after 35 years working at the intersection of gerontology and healthcare, I am convinced that we have the wrong healthcare system for our aging nation.

THE AGE WAVE IS COMING

Until recently, most people died at relatively young ages of infectious diseases, in accidents or in childbirth. However, during the past century, advances in public health, medical diagnostics, pharmaceuticals, surgical techniques and nutrition have eliminated many of the problems that once caused most people to die young. The irony is that our medical successes have produced millions of long-lived men and women who now struggle for decades with debilitating chronic illnesses such as heart disease, cancer, arthritis, osteoporosis, chronic obstructive pulmonary disease and Alzheimer's. Our healthcare system absolutely cannot handle this overload, which causes immeasurable suffering and trillions of tax dollars to be misspent.

With the average life expectancy having vaulted to age 78 (and rising), the 13% of our population over age 65 now accounts for 44% of hospital care, 38% of all emergency medical services responses, 35% of all prescription use, 26% of all physician office visits and 90% of all nursing home use. And, the first of the 78 million baby boomers will become eligible for Medicare in January 2011!

The current debates on healthcare reform are reported daily in the media and make for a heady, often contentious, but vigorous discussion. To the mix, I add my proposed four-part solution to help prepare our healthcare system for the coming age wave.

THE FOUR-PART SOLUTION

Solution #1: Multiply the amount of scientific research needed to delay or eliminate the diseases of aging.

In May 1961, President John F. Kennedy looked to the sky and stated, "I believe that this nation should commit itself to achieving the goal, before this decade is out, of landing a man on the moon and returning him safely to earth." In response, the United States mobilized all of its science and energy to realize that dream a short eight years later.

Similarly, in order to avert the costly chronic disease pandemics looming in our future, we must bring about a commitment of sufficient intelligence, creativity and resources to replace *unhealthy aging* with *healthy aging*.

For each tax dollar we currently spend on treating disease, only about one cent goes to fund the scientific research that could delay or prevent some of these dread conditions in the first place. For example, it is estimated that if we could postpone the onset of Alz-heimer's disease by five years, half of all the nursing-home beds in America would empty. A crucial role for professionals in aging is to advocate for far more investment into the life sciences to battle the diseases of aging and avert potential pandemics.

Solution #2: Make disease prevention and self-care a national priority.

We have become a nation of gluttons: We eat too much, exercise too little and then expect our healthcare system to fix us when our unhealthy lifestyle choices make us sick. The lack of proper prevention, self-care and disease management winds up being a key factor in many of our eventual struggles with illness. This is true, even for older adults. For example, in the 65-plus population, 9% are chronic smokers, one-third did not exercise at all in the last month, 40% are overweight and 23% are considered obese.

According to the Centers for Disease Control, more than 50% of our potential for lifelong health is determined by our personal behaviors. Maintaining a healthy lifestyle can reduce heart disease, hypertension, non-insulin-dependent diabetes mellitus, colon cancer and osteoporotic fractures—most of the most common diseases of aging.

Healthcare professionals and professionals in the field of aging should join forces to educate and empower us all to compress the various diseases of old age into the shortest possible time at the very end of life, thereby raising the odds of living long *and* well. (I notice that Michael Moore neglects to mention self-care in his otherwise provocative documentary, *Sicko*. Was this because it is far easier to blame the system than it is to take responsibility for one's own role in contributing to the problem?)

Solution #3: Replace medical incompetence with aging-ready healthcare professionals.

When the leading edge of the baby boom arrived in the mid-1940s, America and its institutions were totally unprepared. There was a shortage of baby food and diapers. Waiting lists and long lines developed at hospitals across the country.

With the coming age wave, we should be preparing armies of "aging-ready" healthcare professionals. But we aren't: Less than 1% of all the physicians in America have been trained and certified as geriatricians. And however well-intentioned they may be, most primary-care physicians have received little or no continuing education in geriatrics. The same holds true in nursing, allied health and pharmacology.

Every medical school in the United Kingdom has a department of geriatrics. But within America's 130 medical schools there are, amazingly, only 13 such departments in the entire United States. Because of limited geriatric competency, every week our physicians make millions of costly mistakes: misdiagnoses, inappropriate surgeries and punishing complications due to faulty medication management (polypharmacy). This is unconscionable!

If our organizations and services that serve America's aging population—ASA, NCOA, GSA, AARP, the AMA and the Centers for Medicare and Medicaid Service—and all health insurers required physicians, nurses, social workers and other health and social service professionals to attain basic geriatric competencies in order to be eligible for reimbursement, mistakes and costly correctives would decrease. Also, the continuum of care would be better integrated and America's older adults would be better cared for—at a far lower cost.

Solution #4: Emphasize end-of-life palliative care: Treat death with dignity.

A century ago, 75% to 80% of all deaths took place at home with family and friends in attendance. Roughly the same percentage of all deaths now occurs in institutions such as hospitals, extended care facilities and nursing homes.

In fact, Medicare spends approximately 28% of its total budget on patients in the last year of life, paying for attempts to prolong life with interventions that merely contribute to an expensive, inhumane or high-tech death. The extension of dying in this fashion all too often becomes a capitalist feast as the longer the dying process is extended, the more some medical companies see their profits grow.

Professionals in aging must lead the discussion about why it would be wise to shift the emphasis for the dying patient to palliative care or hospice care, which focuses on the relief of symptoms, controlling pain and on providing emotional and spiritual support for patients and their families. Such treatment requires relatively little apparatus and technology, is much less

costly than the procedures currently in place in most hospitals and provides for a far more humane and dignified last stage of life.

A CHOICE, A CHALLENGE

On January 1, 2011, the first baby boomer will turn age 65. America now has a vitally important choice to make: We can watch our elders live as sick, frail and dependent individuals or help them to live vital, active and productive lives. Making this latter choice will depend upon our ability to dramatically alter the orientation, strategies, skills and financial incentives of our current healthcare system.

And so, while we are focusing now on the reform, coverage and financing of our damaged healthcare system, we should also focus on a new, proactive vision for the purpose of healthcare: to create long-lived, productive and healthy men and women. ❖

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