

Health Care or Disease Care?

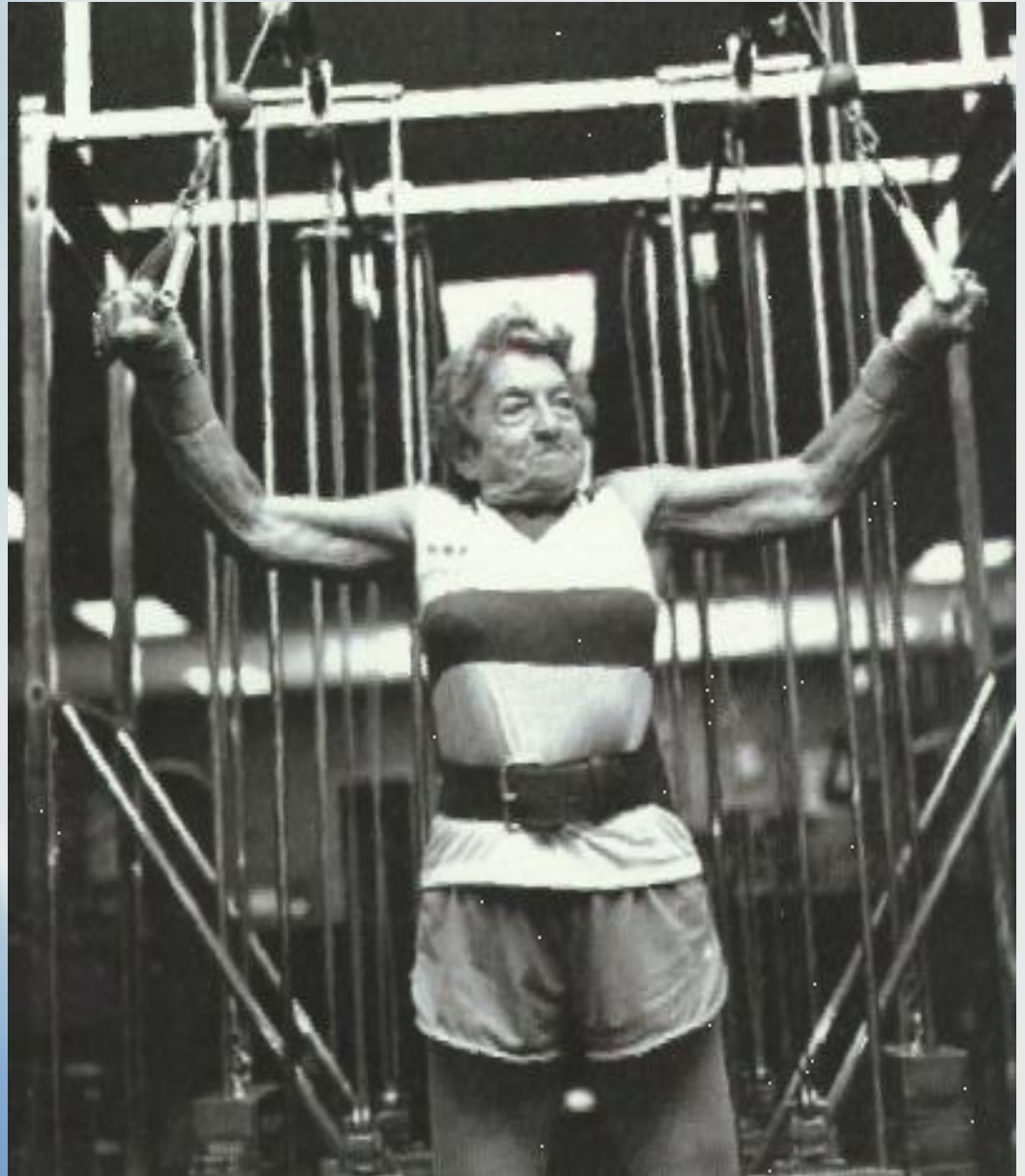
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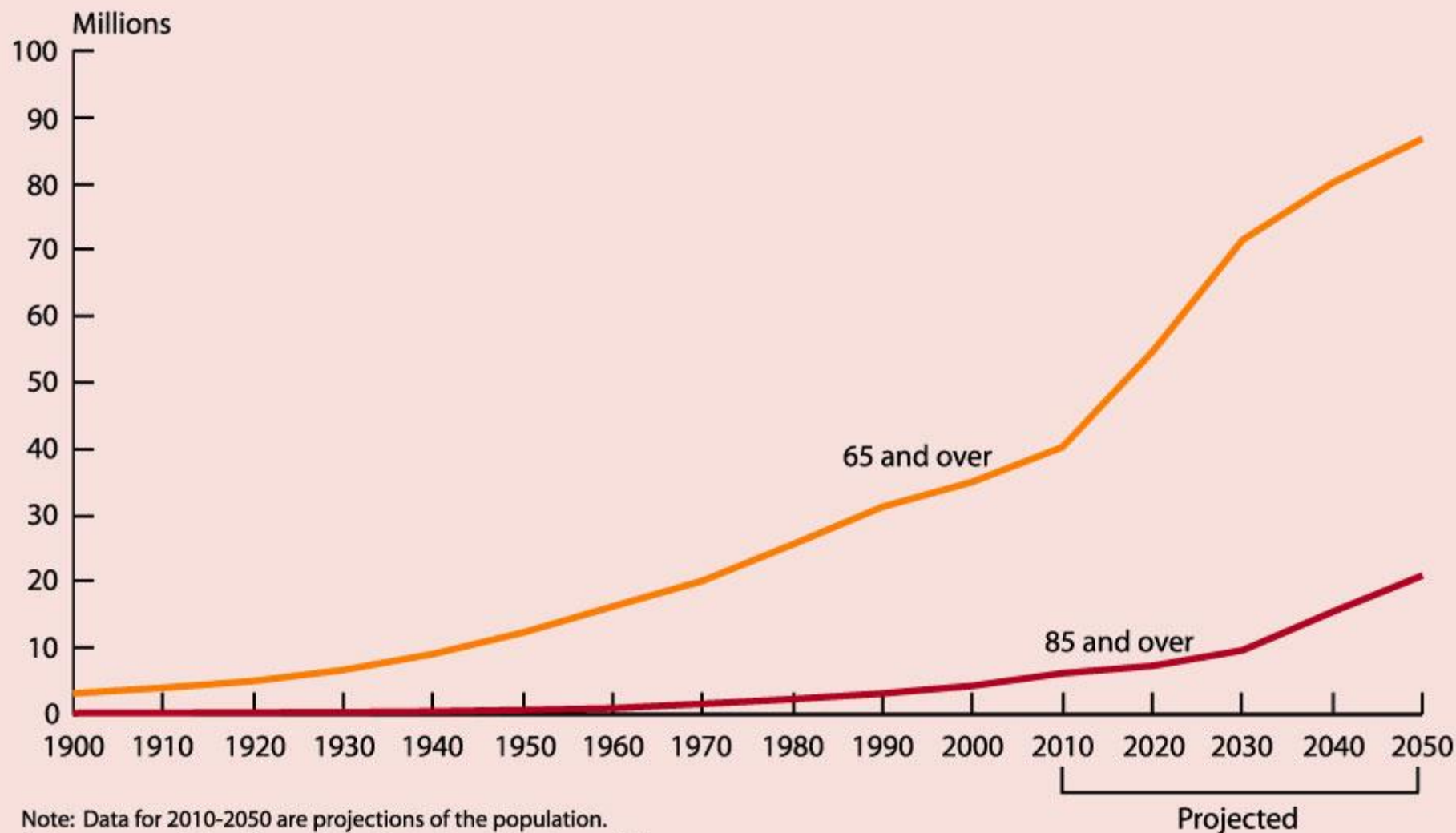
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**Helen Zechmeister,
81 y/o
Deadlift 245 lbs
She once competed
in a men's 35-yrs
and older bracket
because there were
no other women.
She won.**



Number of people age 65 and over, by age group, selected years 1900-2000 and projected 2010-2050

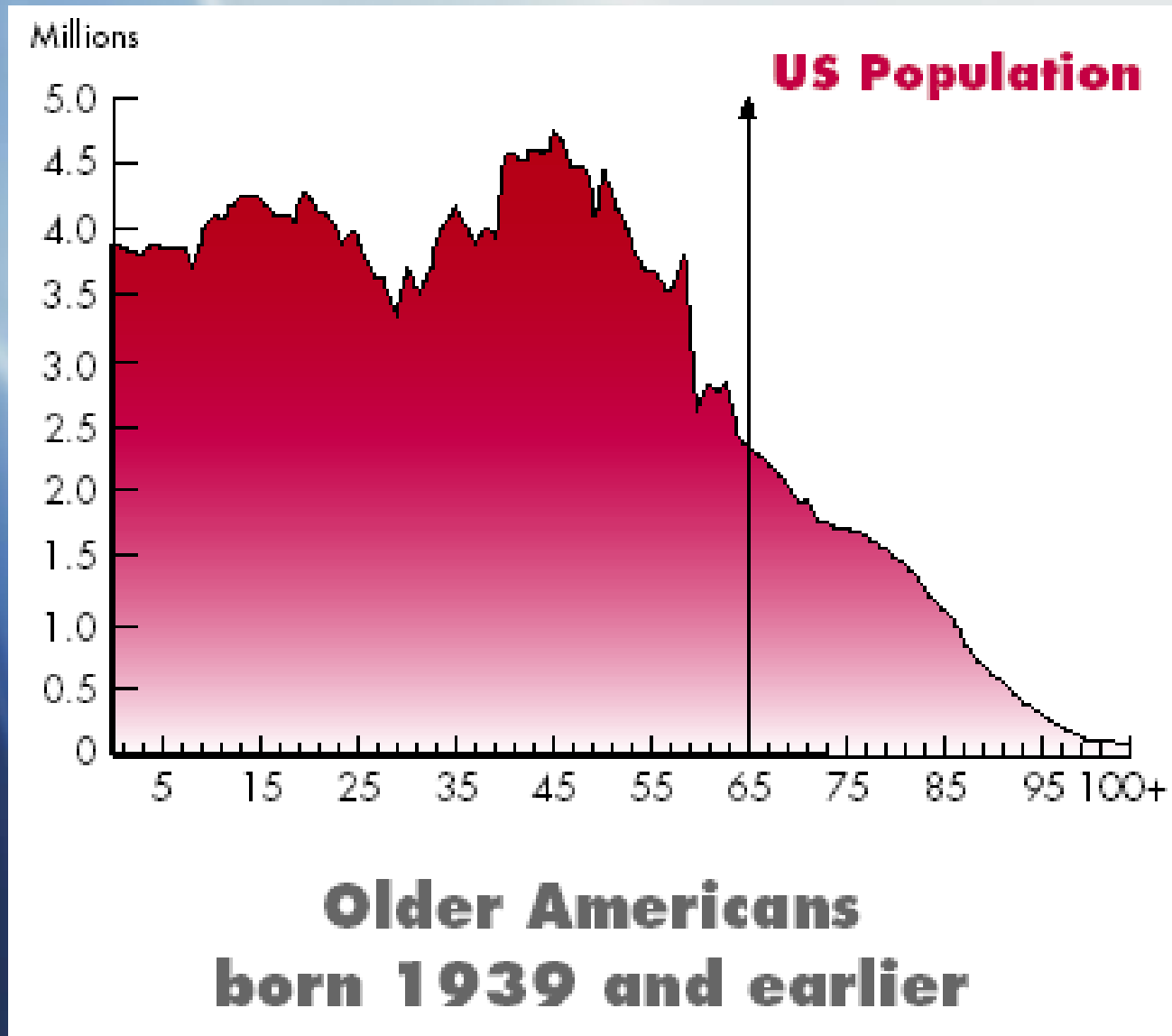


Note: Data for 2010-2050 are projections of the population.

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, Decennial Census and Projections.

The Tsunami



The Baby Boomers

- 1946-1964
- 78 million people - 72 million will reach 65
- By 2030 - every fifth person in the US will be older than 65
- Continue to define popular culture
- In the middle - seeing the care their parents get now - and don't like it!

Current Health Care

- We spend 17% of our GDP on health care
 - Twice as much per capita as any other country
- Lower longevity and higher mortality than most countries
- We lag in almost every measure
- “Overall, adults received only half of recommended care” (Rand Health 2004)

Boomer's Health

- 50% will have arthritis
- 33% will be obese
- 25% will have diabetes
- 60% will have more than one chronic condition
- There will be fewer care givers
 - Families are smaller
 - Fewer MDs and RNs

A Giant Crisis?

- Absolutely!
 - If we keep doing the same stupid things
- Paradox of the boomers
 - Huge numbers may overwhelm system
 - The chance for radical change
- What are the special opportunities we have?

Special Opportunities

- Shifting our concepts of health care
 - Health care
 - Disease care
- Expanding human potential
 - Learning from dementia
- Using technology to limit technology

Disease



Healthease

Who Is The Best “Provider?”

- The primary care doctor?
 - Areas of high specialty care have the worst outcomes and the highest cost (Dartmouth Atlas)
 - Severe shortage of primary care graduates
- Providing every preventive medicine intervention would take 7 hrs/day
- Simple recommendations not likely to lead to any change

Health Care vs. Disease Care

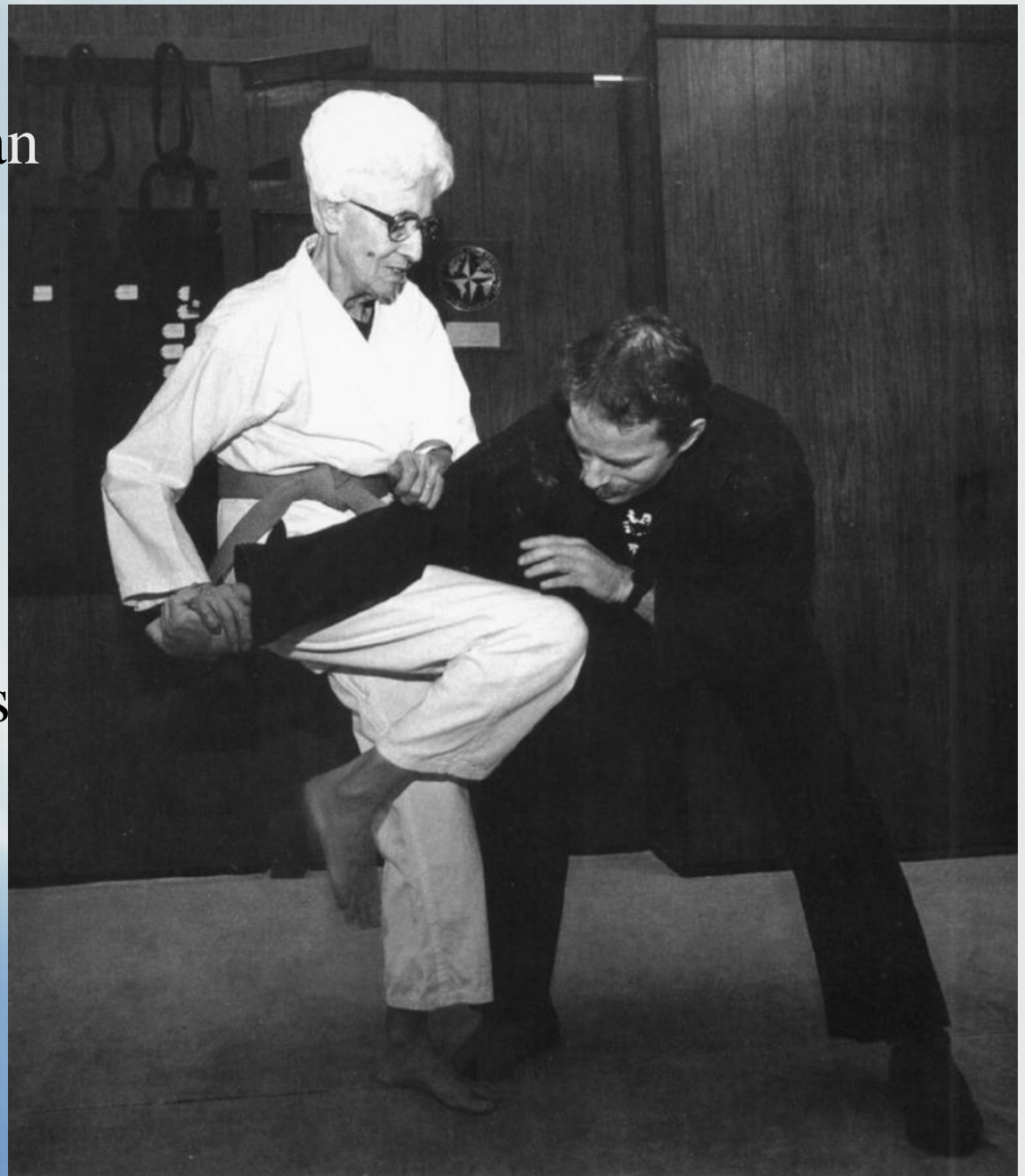
- Health care provider?
 - The patient!
- Health care specialists
 - Exercise advice
 - Nutrition counseling
 - Smoking cessation
 - Stress management
 - Alternative therapies for health maintenance
 - Immunizations and health maintenance tests

Eleanor Hyndman
Age 80

Started karate at
age 78.

Says it gives her
mental sharpness

Recently won a
gold medal.
Purple belt.



The Primary Provider Patient

- Access to and understanding of health information
 - Electronic medical records
 - Online queries
 - Decision-support tools
- Personal prevention plans
- Asynchronous access to advice

Health Care Specialists

- Access to information
- Collaborate with disease care providers
- Utilize motivational interviewing
- Teamed with personal trainers
 - Exercise assistance
 - Shopping/cooking trainers
 - Group interventions for addictions

Disease Care Providers

- Not just a matter of more family physicians and internists
- Change the way disease care is conceived
 - Guided by personal prevention plan
 - Use chronic disease management tools
 - Provide patient decision aids specific to patient's problem
- Uses “Information Therapy” embedded in the care process

Information Therapy

- Physician prescribed information
 - Tied to encounter or billing
 - Automatic
- System prescribed information
 - At point of care - hospital, ER
 - Automatic
- Patient prescribed information
 - Evaluated and rated

Help Boomers Say “NO”

- Onslaught of bad information
- Influence of drug companies
 - Advertisements
 - FDA influence
- Biased advice of physicians
 - Treatment orientation
 - Influence of drug companies
- Basic set of rules and questions

Basic Rules & Questions

- Don't take anything that is advertised
- Don't take anything until it's been on the market at least 2 years
- Always ask:
 - Why do I need it?
 - How will I know it is working?
 - What are the side effects?
 - How much will it cost?
 - Is there anything else I can do besides taking this?



**Patients
lived longer
on ZOCOR**

30%
reduction in
total mortality

(p=0.0003)

Example

- Statins for high cholesterol in an older person with heart disease
 - Studies have shown 30% to 70% relative risk reduction of another heart attack if patients 60-80 yr/o took statins
 - “You’ve had a heart attack and your cholesterol is high. I’m going to start you on Zocor.”

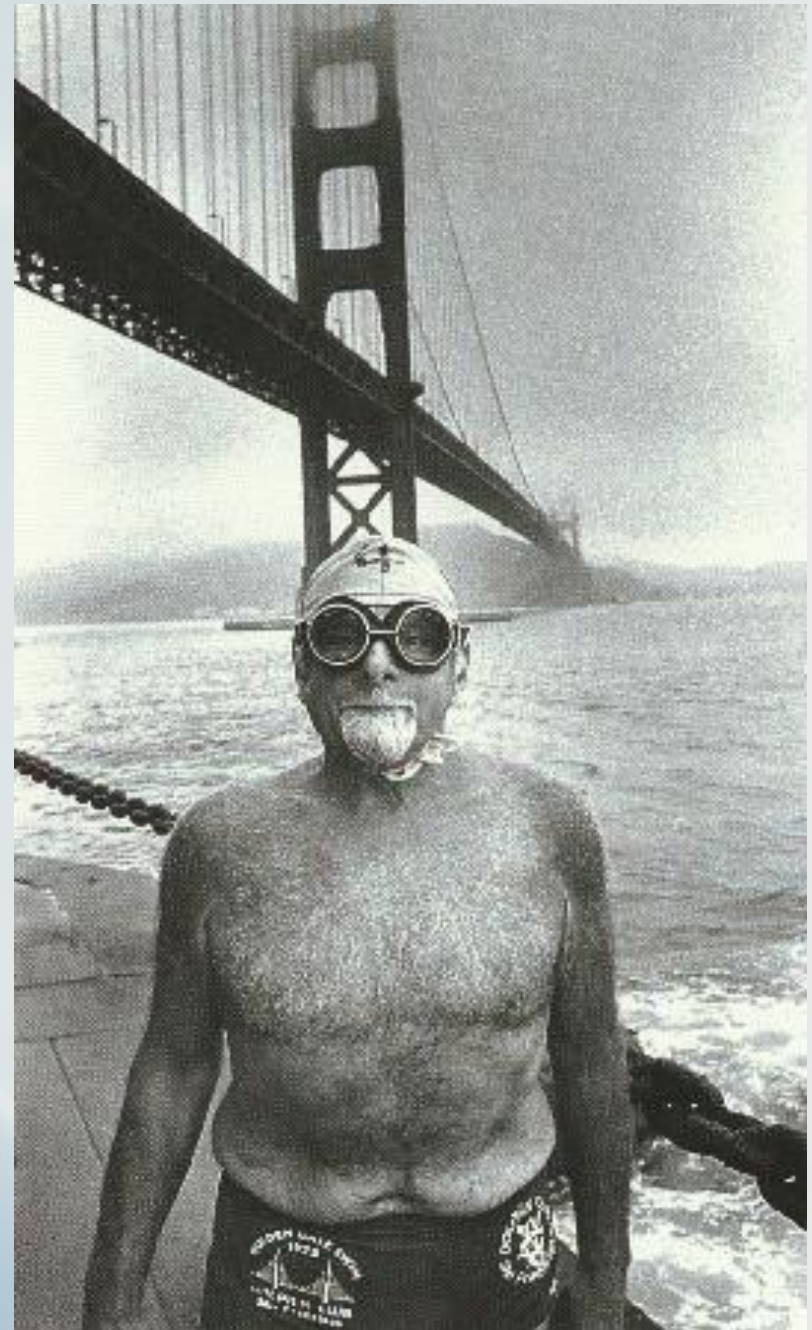
Example

- These studies report relative risk reduction (RRR).
 - If the rate of heart attacks was 12% in the placebo group, and 6% in the statin group, the RRR was 50% reduction.
- BUT the real difference is $12\% - 6\% = 6\%$ (absolute risk reduction)
- PLUS this means 88% of placebo and 94% of statin patients didn't have a heart attack.

Honest Talking

- “Are you interested in learning about preventing another heart attack?”
- “Statins have been shown to reduce the risk of another heart attack by 0.3% to 9%. It will cost you about \$2000 over 5 years using a generic, or \$10,000 using a brand name, to see that benefit.”
- “Would you like to learn about other ways to reduce your risk?”

Joe Bruno
71 y/o
Has swum the
Golden Gate
Bridge 53 times.



Disruptive Technology

- Powerful forces fight simple alternatives to expensive care
- Health care is BIG business
- Disruptive “technologies” are new ways of doing things that shake up the status quo
- Not to be confused with new technologies that support the power and financial structure (and raise costs)

Disruptive “Technologies”

- Ones that work
 - Nurse practitioners
 - Self-care training
- New technologies that raise costs and don't improve health
 - Fetal monitors
 - MRI mammograms
 - CT scans for screening
 - Some cardiac surgeries
 - Many new drugs

Alzheimer's Approaches

- Current technologies
 - Memory drugs
 - PET scans
 - Atypical antipsychotic drugs
- Disruptive technologies
 - Personhood approaches (Tom Kitwood)
 - Alternative long term care
 - “Bathing without a battle” (UNC-OHSU)

Guiding Principles for Disease Care Providers

- **Communication**
- **Understand the social setting**
- **Participate in therapeutic review**
- **Adopt the functional approach**

Communication

- **Create understandable messages**
- **Assess effectiveness of communication throughout discussion**
- **Demonstrate skill in dyadic communication**
- **Document SOAP note with P inclusive of 3 components: diagnostic workup, therapeutic plans, patient education (including follow-up)**

Understand The Social Setting

- **Identify living arrangement - with whom, environment**
- **Assess social support**
- **Address safety vs. independence (patient perception)**
- **Identify financial concerns**
- **Assess adequacy of resources to meet needs, negotiate care plan**

Therapeutic Review

- **Explore current management thoroughly**
 - Prescribed, over the counter, vitamins/supplements, alternative Rx
- **Use evidence to evaluate benefit & harm of all Rx**
 - (ex. Epocrates, Cochrane, InfoPoems)
- **Explore patient perceptions of benefit & harm of current management**
- **Incorporate non-drug options in therapeutic plans**
 - Behavioral approaches, diet, exercise, habit changes, music, stress management, massage.
 - This also includes doing nothing more than patient education!
- **Negotiate care plan**

John Turner, MD

67 y/o

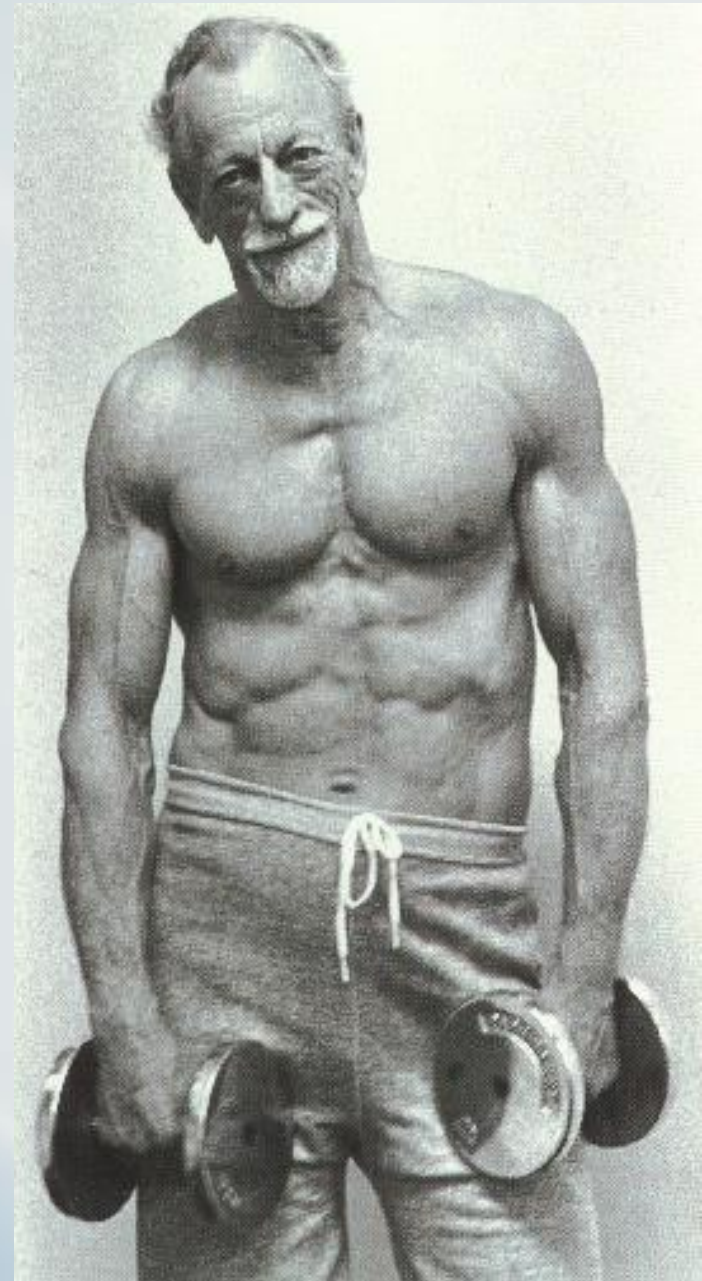
“I think physicians have a responsibility to sell health at least as much as they sell pills.”

Growing Old is Not for Sissies

Etta Clark

Pomegrante Books

Petaluma, CA 1990



The Functional Approach

- **Identify ADL/IADL abilities**
 - Query patient abilities (with patient and family/caregivers)
 - Perform a functional physical exam
 - Discuss / observe existing compensation strategies
- **Associate functional deficits (existing and anticipated) with adaptive interventions**
 - Optimize function

A Special Opportunity

- Adaptation to the changes of age
- What elders can teach us
- What we can teach our children
- Accepting limits?
 - Murderball
 - Ride for World Health

Murderball



Ride for World Health



Questions?

