

Access to Healthcare for the Elderly

Summary: This is an 8-page paper in APA format with 20 references that focuses on Health Care provision for the elderly. It analyzes the fact that while the current health care changes are restructuring the system they're not focusing on the largest segment of the population-the elderly, which needs the most health care.

Introduction

The restructuring of the health care industry refers to a sweeping array of changes in the organization, ownership, and regulation of health care providers and in the delivery of services. Cost concerns, increasing competition, influence of investor priorities, technological advances, changing social attitudes, and an aging and increasingly diverse population are factors that will sustain this dynamic situation. New and potent organisms and diseases have stressed the health care system. (Gill, Feinstein 1994)

Coupled with the focus on wellness, health care reform issues have defined the economic need for the earlier return to the home setting for illness and recuperative care. A major proponent of this recent acceleration of the changed health care environment has been the redesign of health care provider reimbursement. The shift from acute illness to chronically ill for the majority of health care services signals a move to the care orientation from the cure orientation. (Fletcher, Dickinson, Philip 1992)

The general consensus in today's changing Health Care system is that the elderly are not receiving adequate care. The basic reasons for this belief include: 1) the perception that Medicare does not pay enough of the medical expenses incurred by the elderly and the elderly cannot afford to pay the co-payment and charges not covered by the plan; 2)

fewer and fewer quality doctors are accepting Medicare; 3) some people are not familiar with the Medicare system (primarily the Hispanic participants) and require education about the system (particularly in terms of helping elderly parents receive Medicare benefits); 4) the perception is that many elderly Americans are commonly neglected, abused and cheated by long-term care providers; and 5) the elderly are easily worried about bills that go unpaid and become easily frustrated when having to deal with the details associated with health care insurance (e.g. bills from doctors, forms from the insurance company, statements, etc). Many participants feel that having to deal with Medicare and health bills actually places a great deal of strain on the elderly and their health. Most of the people believe that the elderly are "shoved to the end of the line" with regard to health care. (Moos RH, Lemke S 1990)

Long-term care presents a significant burden for many individuals and for public programs. More than a million elderly with extensive disabilities live at home, relying heavily on their families for assistance. The aging of the baby boom generation, particularly as members become age 85 and older, will have a dramatic impact on the numbers of people needing long-term care services and will challenge individuals, families, and public programs to finance and furnish that care. (Dowd, Feldman, Cassou, and Finch 1991)

Statistical Review¹

- The proportion of Americans over 65 is projected to grow from 13 percent of the population today to 16.5 percent by 2020.

¹ Source: Gene Koretz, "It's Not Just Social Security," Business Week, October 26, 1998.

- Over that period, the share of gross domestic product devoted to health care for the elderly could double -- to about 10 percent.
- Even if other medical spending stays at around 10 percent of GDP, the nation's total health care bill could rise from 14 percent of GDP in 1996 to about 20 percent in 2020.
- Medical bills for the elderly have been climbing at a pace of almost 4 percent annually, in real terms, over the past decade.
- Fuchs estimates that health care spending per senior will jump from an average of \$9,200 in 1995 to nearly \$25,000, in 1995 dollars, by 2020. This situation, he points out, will strain the resources of both the government and seniors themselves -- who on average cover about one-third of their own health bills.

Literature Review

Spending for long-term care for the elderly totaled almost \$91 billion in 1995, the most recent year for which expenditures from all sources were available. The elderly and their families and almost 60 percent paid for almost 40 percent of these dollars by Medicaid and Medicare. These amounts, however, do not include many hidden costs of long-term care, since an estimated two-thirds of the disabled elderly living in the community rely exclusively on their families and other unpaid sources for their care. According to current estimates nearly a quarter of the nation's elderly population-over 7 million elderly people-have some form of disability for which they require assistance, such as help with bathing, dressing, eating, preparing meals, or taking medicine. (Cerne, 1994) As the 76-million-strong baby boom generation ages, so too will its demand for long-term care increase. Long-range prediction of the magnitude of the baby boomers'

long-term care needs, however, vary, with estimates of disabled elderly ranging from 2 to 4 times the current disabled elderly. Estimates of cost are even more imprecise due to the uncertain impact of several important factors, including who will be needing care, the types of care they will need, and who will fund it. Long-term care, which includes an array of health, personal care, and social and supportive services, is provided to individuals who are at least partially unable to care for themselves because of a disability or impairment resulting from a chronic illness or condition-such as heart disease or diabetes. (Coile, R. 1994a)

Medicaid and Medicare, who currently finance almost two-thirds of long-term care, have undergone some significant changes in recent years. While historically the majority of Medicaid long-term care expenditures were for nursing home care, in recent years there has been a shift toward more financing of home and community-based care. At the same time, Medicare, the largest public payer for home-based care, has been paying for care that more and more resembles long-term care. (Coile, R. 1994b) Private long-term care insurance, seen as a means of helping reduce the catastrophic financial risk for people needing long-term care and some of the financing burden that falls to public programs, has contributed little to date. It is a relatively new form of insurance with a growing market. Nevertheless, after 10 years, a very small proportion of elderly or near-elderly have coverage. For example, in 1995, private long-term care insurance covered less than 1 percent of total long-term care expenditures. Consumers' reluctance to purchase long-term care insurance is attributed to their limited knowledge about the risk of needing long-term care and the limitations on Medicare and Medicaid long-term care coverage, as well as concerns about the affordability of policies. (Lohr K, ed 1990) What

we know today with some certainty is that the aging of the baby boomers will lead to a tremendous increase in the elderly population in the next 3 decades, with an even larger increase in individuals aged 85 and over, who are more likely to use long-term care services. What is less certain, however, is the nature, magnitude, and funding sources for those services. Financing these services-within the context of evolving service needs and alternatives-will be a challenge for the baby boomers, their families, and federal and state governments.

Today's elderly make up about 13 percent of the total population. The number of individual aged 65 and over will make up about 20 percent of the total population in 2030, when the first of the baby boomers will reach their 85th birthday. From 1997 to 2030, individuals 85 and older, the most rapidly growing age group and the group most likely to require long-term care, will more than double-from about 3.9 million to about 8.5 million individuals - and by 2050 will more than double again - to about 18 million individuals. The prevalence of chronic health conditions increases with age. Disability also increases with age, and the prevalence of disability increases markedly at advanced ages. Those aged 85 and older have almost double the rate of disability of those aged 65 to 74. (Bernstein, McGlynn, Siu 1993)

How the increased long-term care needs of the baby boom generation will be met or financed is uncertain. A recent survey of the elderly and near-elderly found that only about 40 percent believe that they or their family will be responsible for paying for their long-term care." HIAA reports that the industry expects continued growth, however, and that the "tax deductibility" of qualified policies will help accelerate that growth. Not only is the cost of long-term care insurance a problem for the elderly and near elderly, but

questions also remain about the value of the coverage relative to the premiums being charged. Individuals who consider and decide against purchasing long-term care insurance indicate skepticism about the policies 'providing adequate coverage.(Hilborne L, Leape L, Bernstein S 1993)

Analysis

The idea of a coherent rational and broad ranging health policy put into practice, especially at local level, is the essence of primary health care. People, such as those who are severely disabled, the frail elderly and the terminally ill, require services especially tailored to their circumstances. For them services would include for example long-term care, day centers and social work support, whatever is required to restore physical and social functioning and/or to provide care and comfort. (Boose, L.A. 1993)

The United States government must provide health care for people who have no health insurance because they are vulnerable to the outrageous cost of medical services. The inability to pay for health care is the primary cause of personal bankruptcy in this country (Navarro 15). Because many people can not afford the enormous cost of medical services, they are neglected treatment for their illnesses. David Himmelstein and Steffie Woolhandler of Harvard University estimate that 100,000 people in the United States die each year from lack of care. (Davies BP, Knapp MRJ 1981)

Many elderly people were hoping health care reform would cover long-term care and prescription drugs. Ask 87-year-old George Sandy, for example, what medications he takes, and responds by digging out his wallet. He's had two heart operations and always carries a little pink card that lists his drugs. Although Sandy has both Medicare and private health insurance, neither program covers prescription drugs. So, every month he

pays about \$175 out-of-pocket, a heavy burden he says on his monthly Social Security income of \$700. Sandy wants health care reform and he's not alone. According to a recent poll by the American Association of Retired Persons, the survey found nearly 60 percent of the group's members backed reform. But it also found they would be less inclined to support any proposal that doesn't include long-term care and prescription drug benefits. The problem is lawmakers have given up on reform for now. Instead, they're looking at more modest changes such as insurance reform and subsidies for the poor. They would pay for those subsidies by cutting Medicare payments to doctors².

Today, polls indicate that Americans have far less confidence in their health care system than do citizens in many other western nations (Grumbach 279). We must reform our health care program to provide health services to all Americans³. One step in the right direction will be the ratification of the International Covenant on Economic, Social, and Cultural Rights. The United States signed this treaty on October 5, 1977, but it was never ratified in the Senate, making it unenforceable. We can no longer allow the deprivation of health care in the United States. Health care is a social right in which all Americans should benefit, not just a chosen few. (Brown, R.S., J.W. Bergeron, D.S. Clement, J.W. Hill, and S.M. Retchin 1993).

The elderly of America are the largest growing population in terms of statistics and care should be taken to provide for them the health care required. Currently, a mixture of rationing methods deployed in the health care industry limits access and thus cost. The market system rations health care by consumer ability to pay for services, thus

² Author not available, Seniors Express Concern About Health Care Reform. , All Things Considered (NPR), 09-18-1994.

³ Lawson, Edward. Encyclopedia of Human Rights. USA: Taylor and Francis Inc, 1989.

influencing the behavior of the consumer. Implicit rationing⁴ sets limits on providers' decisions, presumably without interfering with provider judgment, thereby influencing the behavior of the provider. Explicit rationing entails administrative decisions regarding coverage within health care plans and influences the administration of services. The federal government had accepted the responsibility of paying for the health care needs of the poor and elderly in 1965 with the passage of Medicaid and Medicare legislation. This resulted in coverage of 76% of the poor. That number has diminished to 38% of those below the poverty level being covered by Medicaid today.

Conclusion

The number of people age 65 or older will exceed 39 million in a few years. The use of health services by this age group is significantly greater than its use by younger age groups. The confluence of these two actualities is the single most important factor influencing the future of health care in this country. Researchers have confirmed what common sense had made apparent: Education/knowledge influences attitude, and a positive attitude (toward the geriatric population) affects the quality of care. The condensed formula is knowledge affects outcome. If a positive attitude can result in quality care and a positive outcome, then the opposite is most assuredly true. What is so alarming is that numerous researchers found health care workers in general have negative attitudes toward the elderly. One study demonstrated that this is particularly apparent in students who are seeking medical careers in subspecialties. Students who are interested in primary care/family practice or internal medicine prove to have a more positive attitude

⁴ Fry S: Debate: Do we have health care rationing? In: McCloskey J, Grace H. Current Issues in Nursing. St. Louis: Mosby, 1994:705- 10.

toward aging and are more apt to have geriatric patients in their future practices. (Coile, R. 1994b)

The conclusion of early studies suggests that if negative stereotypes of the elderly are to be countered, students must receive an appropriate knowledge base. Beyond that, professionals who demonstrate positive attitudes and approaches must provide clinical training. The student learns process as well as attitude from the professor⁵. It follows that when the clinical instructor focuses on deterioration, rigidity, dependence and resistance to treatment in the elderly patient, so will the students.

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⁵ Internet. 1994. Available: www.hri.ca/partners.

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