

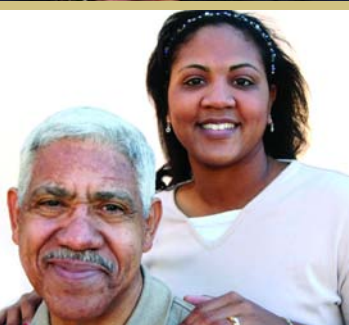
Brookdale Department of Geriatrics and Adult Development

Lilian and Benjamin Hertzberg Palliative Care Institute

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Dear

If you or your spouse or siblings are members of the baby boomer generation, you are fast approaching that time when you encounter the same quality of life issues as your elderly parents are – or soon will be – facing.

There are two probable outcome scenarios for aging in America, and these apply to each of us, no matter our education or financial state.

Each scenario depends on your personal vision of how you want to be cared for as you age. It also depends on how we, as a society, reconsider what constitutes quality medical care in a world that will soon become, for the first time in history, populated by a large number of older people living into their eighties and nineties.

How will you live? Have you thought, for example, about the types of physicians you will want caring for you, in what environments and under what circumstances?

Will you wind up following the “chronic acute-care” model, where you come to depend on repeated emergency hospitalizations and nursing homes and technology to maintain your existence as you grow ever more disabled, physically and mentally? Where specialists are called in repeatedly to open arteries or implant devices, remove tissue, or manage a set of isolated symptoms...until the next hospital admission, and the next and...

Alternatively, will you manage your health in a way that helps you to experience the inevitable declines of age gradually, in a supportive context, with body and mind functioning optimally and crises held to a minimum?

This second scenario, a “gradual supported care” model, is a non-crisis-driven approach wherein physical and mental symptoms are routinely evaluated, where prevention is always practiced, nutrition is highly valued, and mental health and sexuality supported in a far more life-enhancing environment than in the high-tech scenario described above.

The choice can be yours.

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The Problem...

Until the twentieth century, human beings died relatively young. The largest segment of the population had always been the youngest and potentially the healthiest – children under age five.

Now, however – for the first time in history — there are as many 60-year-olds living as there are five-year-olds. In 30 years, there will be as many people alive over the age of 80 as there are those living under the age of five.

This strange new demographic is having profound social, economic and medical implications that will directly affect how you experience your coming old age, as well as how you manage the care of your aging parents and how your children will ultimately care for you.

For example, we continue to cling to the notion of retirement at age 65, forgetting that this limit was set when people didn't live much longer than their sixties. Now, however, with an extra 15 or 20 years of extra life left, planning for good health care management in advanced old age is not wishful thinking – it's a necessity, for you will most likely grow very old.

...and the Solution

In 1998, a Minnesota research team identified 568 men and women over age 70 who were living independently but were at high risk of becoming disabled because of chronic health problems.

This group was enrolled in a study where half were assigned to see a team of geriatric specialists for all their health care needs. The other half were asked to see their usual physician, who was notified of their high risk status.

Eighteen months later, the results for those seeing the geriatric team, versus those who continued to see their usual physician, were startling:

33%

WERE LESS LIKELY TO BECOME DISABLED

50%

WERE LESS LIKELY TO DEVELOP DEPRESSION

40%

WERE LESS LIKELY TO REQUIRE HOME HEALTH SERVICES OR INTENSIVE INTERVENTIONS

The geriatricians didn't do anything magical, nor did they have to resort to high-tech means to achieve these results. They came to know their patients personally. They made sure nutrition was optimal, that toenails were trimmed, that arthritis, glucose, and blood lipids were optimally controlled and that medications were properly managed.

Wouldn't you think that such a study, replicated in other cities, would have profoundly positive results on the practice of medicine? Unfortunately, the answer is no. Our current health care system rewards high-tech interventions – for example, Medicare will pay for pacemakers and implanted defibrillators, but not for the extra time and effort that the Minnesota study suggests will keep people healthier longer — but it pays scant attention to prevention and the “whole person” approach to health care delivery.

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Right now, reimbursement for geriatric care depends on inadequate Medicare payments that often require the physician or hospital to spend more on patient care than they are reimbursed. They actually lose money providing optimal and coordinated care. No wonder many hospitals – especially the poorer ones – are shrinking or eliminating their geriatric outpatient services: **THEY SIMPLY CAN'T AFFORD TO PROVIDE QUALITY GERIATRIC CARE WHEN INSURERS LIKE MEDICARE WON'T PAY FOR IT!**

At Mount Sinai, a research study conducted by faculty members at Coffey Geriatric Associates demonstrated that our physicians spend 62% more time outside of the office visit providing unreimbursed but critically important coordinated care to our patients than they do providing reimbursed in-person care.

Here are some other sobering facts:

- Geriatricians and adult primary care practitioners are among the lowest-paid physicians by specialty. Nationally, the number of certified geriatricians in the U.S. fell by more than 30% between 1998 and 2004.
- Applications to training programs in adult primary care medicine are falling rapidly and training opportunities are dwindling, while applications to plastic surgery and cardiology training programs are skyrocketing.
- Many hospitals are closing their geriatric divisions because they are not adequately reimbursed by insurers for geriatric care.

Please Support Our Mission

If we want to redefine health care for our old age, we must support the options that guarantee the services that keep us physically and mentally healthy for a longer period without the need for last minute, heroic interventions, as in the “chronic acute-care” scenario described earlier.

Here at Mount Sinai, just like at the medical center in Minnesota, our emphasis is on providing personalized, ongoing, supportive care to elderly patients. We also provide medical students and doctors in training with the tools and the psychosocial perspective needed to manage the care of the very old, who often present with multiple chronic illnesses and psychological issues such as depression or dementia or social isolation.

To build upon our stellar reputation in geriatric care, and to continue to train physicians in how to best care for their older patients and to conduct research into diseases affecting the elderly so that you and your elderly parents will have the option of aging well and gracefully, we need your tax-deductible financial assistance — and we need it now!

Please be generous. Enhancing and expanding a geriatrics-driven model of health care means that quality, dignified, coordinated care will be there for you and yours when you need it. But we need your support to make that guarantee.

Sincerely,



Albert L. Siu, MD, MSPH



Albert L. Siu, MD, MSPH

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