

Acute Care Hospitals: Prepare for the Boomers

The boomers are coming," and hospitals are ill prepared to meet their needs, Victor Kane, PhD, warned the audience at the American Society on Aging's March conference. In 1996 the first baby boomers (born between 1946 and 1965) turn 50, the age when many people first begin to experience chronic illnesses. Boomers, tomorrow's elderly market, will live longer (and thus will be sicker) and will demand more information and higher quality care than previous generations, predicted Kane, a project director with Age Wave, a consulting firm based in Emeryville, CA.

With national healthcare expenditures for the over-65 age group projected to total \$641 billion by the year 2000 (up from \$294 billion in 1992), hospital executives need to set strategic directions now to prepare their organizations to respond to the needs of the aging. In a study that Age Wave conducted for Baxter, a supplier of healthcare products and services, fewer than half of the 301 participating hospitals were "aging ready," Kane reported.



To care for aging patients, hospitals will need to identify clinical pathways, said Victor Kane.

REVISING HOSPITALS' PRIORITIES

Hospitals need to revise the way they think about services, Kane advised. Some are beginning to offer such nonacute-care services as geriatric assessment, chronic disease management, long-term care, health promotion, rehabilitation, and women's healthcare, he said. But still widely lacking are care management systems; clinical and management information systems that link multiple sites of care; and systems to educate providers, patients, and families in caring for the aging.

HOSPITALS' GREATEST CHALLENGES

For hospitals increasingly pressured to constrain costs and assume risk for the care of patients in managed care scenarios, the challenges of caring for frailer patients with multiple chronic conditions require innovation. Some hospitals are including elderly care in facility-wide strategic planning, even assigning an executive responsibility for elderly planning, Kane said.

Flying in the face of conventional wisdom that

Continued on page 26

PATIENTS, NURSES VOICE CONCERNS ABOUT HOSPITAL CARE

In focus groups conducted for the Baxter-Age Wave study, recently discharged patients over age 50 and nurses indicated their concerns about hospital care for older patients:

- Iatrogenic problems such as adverse drug reactions, falls, pneumonia
- Sensory impairment that inhibits patients' communication with staff and increases fears of loss of control and not receiving information
- Patients with multiple health problems and frailty

- Duplicative and excessive testing
- Long waits for tests
- Lack of quality control to avoid medication mix-ups in the path from pharmacy to patient and to prevent adverse drug interactions
- Insensitive hospital environments that have poor lighting and signage, inconvenient call and bed control buttons, lack of personal space, and inattention to temperature fluctuations and the discomfort of inadequately covered patients
- Need for patient and family educa-

tion on care management, health promotion, medication use, nutrition, community resources, financial and insurance management

- Need for staff education about the elderly's special needs and common health problems, risk management (e.g., to prevent falls), and how to build multidisciplinary teams of care givers
- Need for staff sensitivity to culturally diverse populations with varying views of aging and death and to language barriers that retard communication between patients and care givers

ANALYSIS

Continued from page 17

hospitals must downsize as more care is shifted to outpatient settings, Kane predicted a need for more inpatient capacity in the first or second decade of the twenty-first century to accommodate the older, sicker boomers. He noted that people over 65 now make up 12 percent of the population, but they account for 44 percent of inpatient days.

To care for aging patients, Kane said, hospitals will need to identify clinical pathways, evaluate prescribing patterns, and reduce iatrogenic conditions that raise costs. They should develop medical group practices oriented toward the aging and initiate staff training programs.

Key to success, Kane insisted, will be forging relationships with various agencies and long-term care facilities to "build internal and external referral networks." —*Judy Cassidy*

ACTION STEPS TO PREPARE FOR THE BOOMERS

- Educate physicians and staff about the elderly's special needs
- Initiate services for the elderly such as geriatric assessment and care management
- Establish clinical and management information systems to support coordinated care
- Build relationships with other providers and agencies
- Provide a user-friendly environment, with special attention to lighting, color, and signs
- Offer patient and family education on care management and prevention

HEALTH POLICY

Continued from page 16

He predicts that despite interest group lobbying, the health reform question will come down to essentially a public referendum.

It is thus critical for activist reformers such as the Clintons to define their plan in ways that the public understands and supports. A Kaiser Family Foundation and Harvard University poll shows that the public still misunderstands key reform proposals, problems, and terms of the debate.³ The poll shows that although two-thirds of the public have heard of an employer mandate, fewer than one-third know that the president is its principal sponsor. Only 25 percent of Americans say they understand health alliances.

"Now that the focus is shifting from the President's plan to various congressional alternatives, it's important that the media and policymakers explain the concepts behind the major health reform alternatives and explain how they would affect American families," explained Harvard University's Robert Blendon in releasing the poll's findings.

In March, Kaiser also released an analysis of media coverage of health reform that was prepared jointly with the Times Mirror Center for the People and the Press and *Columbia Journalism Review*.⁴ Interestingly a number of the ad campaigns on health reform appear to have had a positive influence on the public's opinion that universal coverage is an important goal and that the health system needs major changes.

About 75 percent of Americans surveyed reported having seen, read, or heard a paid advertisement about health reform in the past six months. The interest group ads mentioned most often were those of the health insurance industry (45 percent), the AARP (35 percent), and the AMA (33 percent).

MISSION AND COALITION IMPORTANT

So what does this mean for hospitals—a key interest group in the reform debate? Oliver's advice is to recognize the divisions within the sector and to become "clearer about what your particular hospital's mission is" in making a case to Congress and to the public. In addition to understanding the interest group fragmentation, it is also important to understand who the other players might be in a coalition with not-for-profit healthcare facilities and to understand "how your interests may coincide with other groups of consumers, health professionals, community organizations, etc."

Columbia University political scientist Lawrence D. Brown sums up the importance of interest group politics to the overall health reform debate: "The conflict management that is politics . . . is not some nonrational and inefficient sideshow that threatens the reformist visions of the best and brightest, but rather a challenge central to making health reform come out for the better—indeed, come out at all."⁵ □

NOTES

1. Mark A. Peterson, "Political Influence in the 1990s: From Iron Triangles to Policy Networks," *Journal of Health Politics, Policy, and Law*, Summer 1993, pp. 395-438.
2. Thomas R. Oliver and Emery B. Dowell, "Interest Groups and Health Reform: Lessons from California," *Health Affairs*, Spring II 1994, pp. 123-141.
3. Henry J. Kaiser Family Foundation, press release, March 25, 1994.
4. Henry J. Kaiser Family Foundation, Times Mirror Center for the People and the Press, *Columbia Journalism Review*, "Media Coverage of Health Care Reform: September 1-November 30, 1993," March 1994.
5. Lawrence D. Brown, "Who Shall Pay? Politics, Money, and Health Care Reform," *Health Affairs*, Spring II 1994, pp. 175-184.