

TRENDS & Ideas

ELDER CARE

Older Adults Keep Connected through Technology

With their families often hundreds of miles away, elderly adults have been giving a warm reception to “cold” technology to monitor their health and safety and avoid isolation, according to a recent article in the *Wall Street Journal*.

As more people older than 65 live by themselves, new technology has been growing to meet their needs. One estimate says the number of older adults on their own will rise 21 percent to 12 million by 2010. These independent elders face a risky lifestyle, according to a 1996 study of San Francisco paramedic calls.

That study found it common for old people living alone to be found helpless or dead in their homes. Some had suffered for days because they were unable to call for help.

Here is a sample of the high-tech wizardry designed to help seniors avoid such a fate. Some devices are already on the market; others are about to be released.

- A computer telephone service that dials older adults twice daily, greets them with a recorded message, and asks them to push a button to confirm they are OK.

- A device strapped around the torso that calls

for help when the wearer falls or stops breathing, even if the victim cannot move or is unconscious.

- A combination of Internet technology and video cameras to link older adults with healthcare and social workers, allowing them to videoconference with care managers, check calendars, or ask for rides or meals.

Kansas doctors have been using telemedicine to care for 40 patients at their homes. With nurses monitoring vital signs via the phone lines, checkup costs have been reduced by almost two-thirds—from \$90 to



Sim Gellman

\$35. And Medicaid officials in some states have given the nod to high-tech connections to at-home seniors.

The technology also has had a social dimension. At-

home videoconferences have renewed some seniors' interest in life, spurring them to dress, fix their hair, and invite friends to their video linkups.

EDUCATION

Finding Ways to Fund Medical Education

Increased financial stress on graduate medical education programs has led states to look for new ways to support residency programs and medical schools, according to *American Medical News*. Some states are considering using tobacco settlement funds, while others are moving to all-payer systems, in which a trust fund is created to pool funds from public and private health insurers.

During the past decade, managed care, declining reimbursements, competition from niche providers, and rising uncompensated care all began to have their effect on the revenues of teaching hospitals and graduate medical education programs. Passage of the Balanced Budget Act of 1997 reduced federal indirect funding for graduate medical education even more. Further cuts may seriously hamper teaching facilities' ability to teach residents, conduct research, and continue tertiary care missions.

Congress will consider several bills to reform graduate medical education funding this year. One would create a federal all-payer system, while another

would address problems created by resident caps imposed by the Balanced Budget Act. Meanwhile states are taking action to ensure funding. In 1997 New York overhauled its all-payer system to fund graduate medical education, which is also supported by Medicaid direct payments. Utah is also moving toward an all-payer system.

Some states “carve out” graduate medical education funding from the rates they pay managed care organizations for Medicaid patients. Sixteen states and the District of Columbia now make graduate medical education payments directly to teaching hospitals for treating Medicaid patients.

Minnesota Governor Jesse Ventura has proposed funding that state's medical education with interest income generated from \$450 million in tobacco settlement money. In Florida, which forecasts a \$60 million deficit at medical schools and programs over the next three years, a task force has proposed a combination of all three approaches: using tobacco settlement funds, creating an all-payer assessment, and carving out Medicaid payments.

ACUTE CARE

Catholic Hospitals Offer More Compassionate Care

“Compassionate care” is what makes Catholic hospitals different from their competitors, according to a study by Kenneth R. White, PhD, and James W. Begun, PhD, published in *Inquiry*.

The researchers examined a 1993 survey that the American Hospital Association had conducted of its members. From nearly 6,000 survey responses, White and Begun drew a sample of 2,023 hospitals. Of these, 287 had Catholic sponsorship, 1,362 were other-than-Catholic not-for-profit organizations, and 374 were investor-owned for-profits.

White and Begun asked themselves whether significant differences existed among these hospitals in the delivery of three kinds of healthcare services:

- *Access services.* These, which include emergency, trauma, and obstetric services, give the hospital a way to reach all local populations needing healthcare.

- *Stigmatized services.* These include treatment for HIV/AIDS, mental illness, and substance abuse.

- *Compassionate care.* These include spiritual counseling, home healthcare, hospice care, and all services involving the continuum of care.

The researchers found that, in fact, Catholic hospitals provided fewer *access services* than other not-for-profit organizations. The number of access services provided by investor-owned

hospitals was not significantly different than those provided by Catholic facilities.

As for *stigmatized services*, the data showed that Catholic and other not-for-profit hospitals provided about the same amount. Investor-owned facilities offered significantly fewer stigmatized services than the other two kinds.

The big differences were seen in the area of *compassionate care*, where Catholic

facilities provided significantly more services than either non-Catholic not-for-profit or investor-owned institutions.

White and Begun said provision of compassionate care was “key” in differentiating Catholic hospitals from others. Many such services are not reimbursed by third-party payers, the researchers noted. They asked: Who would provide them if Catholic hospitals did not exist?



DISEASE MANAGEMENT

Rx: Write about It

The possibility of a mind-body connection in sickness and in healing has long intrigued researchers but has been difficult to prove. But a study by Joshua M. Smyth, PhD, et al., published in *JAMA*, indicates that brief writing exercises can reduce symptoms in people with chronic illness.

In the study, patients with chronic asthma or rheumatoid arthritis wrote for 20 minutes three times a week about a traumatic experience in their lives. Those in the control group wrote about nonemotionally involving events. After four months, the patients who wrote about stressful experiences had clinical improvements in their health not shared by those in the control group, who had had the same standard medical treatment. Asthma patients showed improvement in lung function, while arthritis patients saw the severity of their disease reduced. Overall, nearly 48 percent of the patients who wrote of stressful topics showed increased improvement, compared to approximately 24 percent of the control group.

The authors of the study write that a growing body of literature suggests that addressing patients' psychological needs produces both psychological and physical benefits. Writing is a technique that has been successfully used in several studies. Why this is the case is not known, although it is possible that the patients' memories of past traumas change as a result of the writing exercise and this helps them adapt and cope more successfully with stressful events, such as chronic illness.

An accompanying *JAMA* editorial points out that the study shows that medical treatment is more effective when standard pharmacological treatment is combined with stress management. Venting negative emotions, even in brief writing exercises for unknown readers, appears to be of measurable help for patients dealing with chronic disease.

