

TRENDS & Ideas



Sim Gellman

HEALTHCARE COSTS

Burden of Care Falling on the Family

When catastrophic health insurance is discussed, the focus is usually on elderly people. But the families of younger patients may be equally in need of such coverage, according to Kenneth E. Covinsky, MD, et al., writing in *JAMA*.

The authors analyzed the cases of 2,129 patients, each of whom was hospitalized for treatment of a severe, life-threatening illness (the nine diagnostic categories included severe congestive heart failure and metastatic colon cancer) and then discharged home. Each patient (or a surrogate named by the patient) was interviewed about the impact of the patient's illness on his or her family.

Since most of the patients had hospitalization insurance, the families were rela-

tively unaffected until discharge. After that, however, the families often experienced a severe care-giving or financial burden. The interviews revealed that, of the families involved:

- 55 percent suffered a major adverse impact because of the patient's illness.
- 31 percent lost most or all of their savings.
- 29 percent lost their major source of income (because either the patient or a family care giver was unable to work).
- 17 percent had to change personal plans (e.g., delaying education or medical care for other family members).

Patients whose families were likely to lose most or all of their savings were more

often nonwhite, had lower incomes, and reported worse functional status than families without savings loss. More surprisingly, such patients were also often younger. The study's authors say they are not sure why families of younger patients tend to suffer

greater economic hardships than those of patients who are older. They suspect it may be because younger patients have had less time to accrue savings and are ineligible for government subsidies such as Social Security and Medicare.

It is clear that severe illness can be as heavy a burden on the families of younger patients as it is on those of the elderly. It is also clear that, as care of the seriously ill is increasingly given at home rather than in hospitals, the nation should make a greater effort to protect the families who provide it.

HEALING

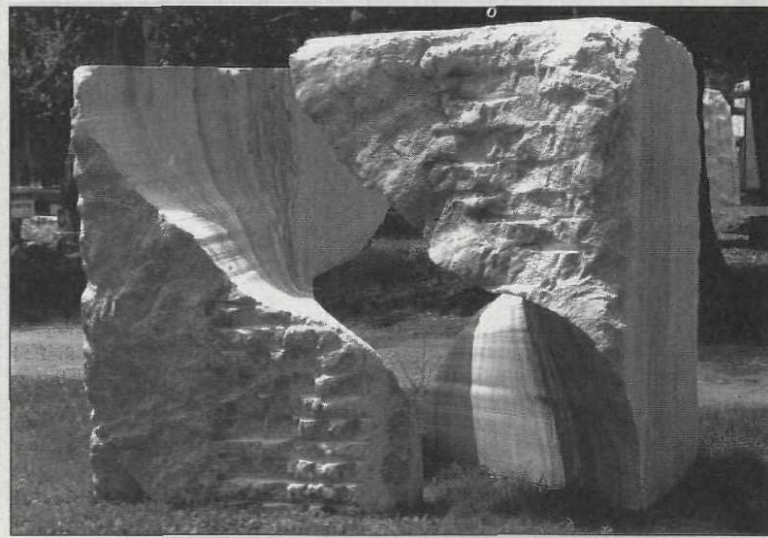
The Power of Art

Belief in the healing power of art is evident at Lehigh Valley Hospital, Allentown, PA. The hospital has the nation's largest display of outdoor art in a healthcare setting, thanks to Philip and Muriel Berman of Allentown. They donated to the facility more than 100 paintings, prints, and tapestries and 28 sculptures—one of the largest single donations of art to a U.S. hospital.

Lehigh Valley Hospital's commitment to displaying artwork began in 1986, when it created its Arts Advisory Council. The council, made up of community members, artists, and physicians, has worked to humanize the hospital environment by acquiring and displaying art and by hosting performing arts programs for patients and staff.

"Art can achieve more than beautification," says Walter Okunski, MD, acting chairperson of the Department of Surgery and a member of the hospital's Arts Advisory Council. Art brings a "true component of healing. Psychologically, art can have a positive effect on recovery," Okunski adds.

In November, the hospital opened a sculpture park, named in honor of the Bermans. Trees, benches, and a walking path complement the setting.



LONG-TERM CARE

Need Will Grow Despite Improved Treatments, Technology, Life-style

Despite advances in medical treatments and technology and healthier life-styles, in the next 25 years spending on long-term care services is expected to be more than double the \$108 billion spent in 1993, reports the U.S. General Accounting Office (GAO) in *Long-Term Care: Diverse, Growing Population Includes Millions of Americans of All Ages*.

One might reason that improved medical treatments and technology should reduce the need for long-term care; however, this is not always the case. The GAO report points out that better "management of AIDS complications has and could continue to result in the need for long-term care over longer periods."

In addition, persons who have suffered stroke and heart disease are experiencing lower death rates. This,

says GAO, "may actually result in a larger number of people living with disabilities."

Americans are also surviving other previously fatal conditions, resulting in permanent disabilities that require care. And many low-birthweight babies who survive experience lifelong developmental disabilities.

But children and working-age adults are not the only ones increasing the need for long-term care. "While most elderly people are not disabled, the elderly as a whole have the greatest likelihood of needing long-term care," GAO notes. The

report predicts that by 2020 between 10 million and 14 million elderly will need long-term care, double the 1993 figure of 7 million.

In addition, the number of persons aged 85 and older is projected to grow more rapidly than any other age group. GAO notes that the need for long-term care intensifies significantly after

age 85. According to the GAO report, "Declining death rates may actually increase long-term care need if, for example, more people live to develop age-related disabling conditions such as Alzheimer's disease or live longer with existing disabilities."

Despite all these factors, some life-style changes will offset the increased need for long-term care. For example, persons who quit smoking or never did smoke experience fewer incidents of heart disease—"one of the most common causes of functional impairments that necessitate long-term care," reports GAO. In addition, bicyclists' and motorcyclists' use of protective headgear and better motor vehicle safety can prevent many traumatic brain injuries, which may cause mental and physical disabilities.



PUBLIC RELATIONS

Easing the Anger At Hospital Bills

One out of five patients is unhappy with hospital billing and collection procedures, according to a survey conducted by Zimmerman & Associates, a Wisconsin consulting firm. The complexity of a typical hospital bill is not itself the cause of this unhappiness, the analysts argue. The problem is more likely to be found in the hospital's public relations.

According to the survey, 20 percent of hospital patients are to some degree dissatisfied with the clarity, accuracy, and completeness of the bills they receive. For many, that unhappiness is then exacerbated when they seek assistance from the hospital's business office. Twelve percent were dissatisfied with the billing representative's courtesy, 14 percent were unhappy with the representative's ability to solve problems,

and 17 percent were unhappy with the length of time it took to get the problem solved.

Zimmerman & Associates advises hospitals to develop a collection policy and require employees to uniformly follow it. Hospitals should also redesign and rewrite their collection letters so that they are less likely to cause confusion and provoke hostility.

The consulting firm reminds hospitals that their services are increasingly provided on an outpatient basis. Hospitals should therefore sharpen the public relations skills of personnel working in outpatient registration. Satisfied patients often pay their hospital bills at the time the services are rendered, thus reducing the costs of collection.

