Health Care or Disease Care?

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Helen Zechmeister, 81 y/o
Deadlift 245 lbs
She once competed in a men’s 35-yrs and older bracket because there were no other women. She won.
Number of people age 65 and over, by age group, selected years 1900-2000 and projected 2010-2050

Millions

Note: Data for 2010-2050 are projections of the population.
Reference population: These data refer to the resident population.
Source: U.S. Census Bureau, Decennial Census and Projections.
The Tsunami

Older Americans born 1939 and earlier
The Baby Boomers

- 1946-1964
- 78 million people - 72 million will reach 65
- By 2030 - every fifth person in the US will be older than 65
- Continue to define popular culture
- In the middle - seeing the care their parents get now - and don’t like it!
Current Health Care

- We spend 17% of our GDP on health care
  - Twice as much per capita as any other country
- Lower longevity and higher mortality than most countries
- We lag in almost every measure
- “Overall, adults received only half of recommended care” (Rand Health 2004)
Boomer’s Health

- 50% will have arthritis
- 33% will be obese
- 25% will have diabetes
- 60% will have more than one chronic condition
- There will be fewer care givers
  - Families are smaller
  - Fewer MDs and RNs
A Giant Crisis?

- Absolutely!
  - If we keep doing the same stupid things
- Paradox of the boomers
  - Huge numbers may overwhelm system
  - The chance for radical change
- What are the special opportunities we have?
Special Opportunities

- Shifting our concepts of health care
  - Health care
  - Disease care
- Expanding human potential
  - Learning from dementia
- Using technology to limit technology

Disease Healthease
Who Is The Best “Provider?”

- The primary care doctor?
  - Areas of high specialty care have the worst outcomes and the highest cost (Dartmouth Atlas)
  - Severe shortage of primary care graduates
- Providing every preventive medicine intervention would take 7 hrs/day
- Simple recommendations not likely to lead to any change
Health Care vs. Disease Care

- Health care provider?
  - The patient!
- Health care specialists
  - Exercise advice
  - Nutrition counseling
  - Smoking cessation
  - Stress management
  - Alternative therapies for health maintenance
  - Immunizations and health maintenance tests
Eleanor Hyndman
Age 80

Started karate at age 78.

Says it gives her mental sharpness.

Recently won a gold medal.
Purple belt.
The Primary Provider Patient

- Access to and understanding of health information
  - Electronic medical records
  - Online queries
  - Decision-support tools
- Personal prevention plans
- Asynchronous access to advice
Health Care Specialists

- Access to information
- Collaborate with disease care providers
- Utilize motivational interviewing
- Teamed with personal trainers
  - Exercise assistance
  - Shopping/cooking trainers
  - Group interventions for addictions
Disease Care Providers

- Not just a matter of more family physicians and internists
- Change the way disease care is conceived
  - Guided by personal prevention plan
  - Use chronic disease management tools
  - Provide patient decision aids specific to patient’s problem
- Uses “Information Therapy” embedded in the care process

Information Therapy, Mettler & Kemper
Information Therapy

- Physician prescribed information
  - Tied to encounter or billing
  - Automatic
- System prescribed information
  - At point of care - hospital, ER
  - Automatic
- Patient prescribed information
  - Evaluated and rated
Help Boomers Say “NO”

- Onslaught of bad information
- Influence of drug companies
  - Advertisements
  - FDA influence
- Biased advice of physicians
  - Treatment orientation
  - Influence of drug companies
- Basic set of rules and questions
Basic Rules & Questions

- Don’t take anything that is advertised
- Don’t take anything until it’s been on the market at least 2 years
- Always ask:
  - Why do I need it?
  - How will I know it is working?
  - What are the side effects?
  - How much will it cost?
  - Is there anything else I can do besides taking this?
Patients lived longer on ZOCOR

30% reduction in total mortality

(p = 0.0003)
Example

- Statins for high cholesterol in an older person with heart disease
  - Studies have shown 30% to 70% relative risk reduction of another heart attack if patients 60-80 yr/o took statins
  - “You’ve had a heart attack and your cholesterol is high. I’m going to start you on Zocar.”
Example

- These studies report relative risk reduction (RRR).
  - If the rate of heart attacks was 12% in the placebo group, and 6% in the statin group, the RRR was 50% reduction.
  
- **BUT** the real difference is 12% - 6% = 6% (absolute risk reduction)

- **PLUS** this means 88% of placebo and 94% of statin patients didn’t have a heart attack.
Honest Talking

- “Are you interested in learning about preventing another heart attack?”
- “Statins have been shown to reduce the risk of another heart attack by 0.3% to 9%. It will cost you about $2000 over 5 years using a generic, or $10,000 using a brand name, to see that benefit.”
- “Would you like to learn about other ways to reduce your risk?”
Joe Bruno
71 y/o
Has swum the Golden Gate Bridge 53 times.
Disruptive Technology

- Powerful forces fight simple alternatives to expensive care
- Health care is BIG business
- Disruptive “technologies” are new ways of doing things that shake up the status quo
- Not to be confused with new technologies that support the power and financial structure (and raise costs)
Disruptive “Technologies”

- Ones that work
  - Nurse practitioners
  - Self-care training
- New technologies that raise costs and don’t improve health
  - Fetal monitors
  - MRI mammograms
  - CT scans for screening
  - Some cardiac surgeries
  - Many new drugs
Alzheimer’s Approaches

- Current technologies
  - Memory drugs
  - PET scans
  - Atypical antipsychotic drugs

- Disruptive technologies
  - Personhood approaches (Tom Kitwood)
  - Alternative long term care
  - “Bathing without a battle” (UNC-OHSU)
Guiding Principles for Disease Care Providers

- Communication
- Understand the social setting
- Participate in therapeutic review
- Adopt the functional approach

FSUCOM Reynold’s Grant
Communication

- Create understandable messages
- Assess effectiveness of communication throughout discussion
- Demonstrate skill in dyadic communication
- Document SOAP note with P inclusive of 3 components: diagnostic workup, therapeutic plans, patient education (including follow-up)
Understand The Social Setting

- Identify living arrangement - with whom, environment
- Assess social support
- Address safety vs. independence (patient perception)
- Identify financial concerns
- Assess adequacy of resources to meet needs, negotiate care plan
Therapeutic Review

- Explore current management thoroughly
  - Prescribed, over the counter, vitamins/supplements, alternative Rx
- Use evidence to evaluate benefit & harm of all Rx
  - (ex. Epocrates, Cochrane, InfoPoems)
- Explore patient perceptions of benefit & harm of current management
- Incorporate non-drug options in therapeutic plans
  - Behavioral approaches, diet, exercise, habit changes, music, stress management, massage.
  - This also includes doing nothing more than patient education!
- Negotiate care plan
John Turner, MD
67 y/o
“I think physicians have a responsibility to sell health at least as much as they sell pills.”

Growing Old is Not for Sissies
Etta Clark
Pomegranate Books
Petaluma, CA 1990
The Functional Approach

- **Identify ADL/IADL abilities**
  - Query patient abilities (with patient and family/caregivers)
  - Perform a functional physical exam
  - Discuss / observe existing compensation strategies

- **Associate functional deficits (existing and anticipated) with adaptive interventions**
  - Optimize function
A Special Opportunity

- Adaptation to the changes of age
- What elders can teach us
- What we can teach our children
- Accepting limits?
  - Murderball
  - Ride for World Health
Murderball
Ride for World Health
Questions?