



WORKING TO IMPROVE THE HEALTH OF OLDER AMERICANS

The John A. Hartford Foundation

10 Great Stories about Health Care and Older Adults from the John A. Hartford Foundation

- 1. Care Transitions: Grounding the “Frequent Flyers.”** Twenty percent of Medicare patients are readmitted to the hospital within 30 days of discharge at a cost to Medicare of \$12-17 billion per year. Hospitals with high readmission rates for certain conditions face reduced Medicare reimbursement from October 2012. “Care transitions” programs help patients and caregivers learn to spot “red flags,” prevent medication errors, get appropriate follow-up care, and stop bouncing back to the hospital. **An expert source is Professor Eric Coleman, MD, MPH, of the University of Colorado Denver and creator of the Care Transitions Intervention (www.caretransitions.org).**
- 2. Bringing late-life depression out of the shadows.** Depression raises the risk of death and disability, doubles health care costs, and causes great pain, yet many older people are not receiving effective, evidence-based treatment, as a 2012 poll by the John A. Hartford Foundation discovered (see jhartfound.org/learning-center). An excellent intervention is **Project IMPACT**, a primary care-based depression care model tested in the largest-ever U.S. randomized controlled trial for depression. IMPACT was proven twice as effective as usual depression care, and is now being disseminated to medically underserved communities in the Pacific Northwest through a Social Innovation Fund Grant to the Hartford Foundation. **An expert source is geriatric psychiatrist and IMPACT creator Jurgen Unutzer, MD, MPH, of the University of Washington who also heads the AIMS Center (Advancing Integrated Mental Health Solutions) which helps primary care practices add depression care to their offerings.**
- 3. House calls?** They may sound old-fashioned, but the cutting edge of chronic disease care and acute care for older adults is to bring the hospital to them. Hospital At Home (www.hospitalathome.org), developed by the Johns Hopkins Schools of Medicine and Public Health and tested at medical centers across the country, is an innovative care model that lowers costs by nearly one-third, reduces complications and hospital readmissions, and is highly rated by patients and caregivers alike. **An expert source is Bruce Leff, MD, a professor of medicine at Johns Hopkins University School of Medicine who developed the Hospital at Home model and is president of the American Academy of Home Care Physicians.**
- 4. The Hospital is a Dangerous Place ... Especially if You’re Old.** High rates of medical error contribute to the deaths of 180,000 hospitalized Medicare beneficiaries every year. The rate of preventable harm in hospitals is 50% higher for patients over age 65. They are less able to withstand the injury due to age or frailty, and most health care providers have no geriatrics expertise to help them prevent, spot, or correct lethal medical errors. **An expert source is Christopher Langston, PhD, Program Director, The John A. Hartford Foundation.**
- 5. Take your medicine... carefully.** Older adults with multiple health conditions may take as many as 50 different drugs, prescribed by up to 14 different doctors. Medication errors cause about 7,000 deaths per year in the US and \$170 billion in associated problems. A recent *New England Journal of Medicine* report found that the majority of all “adverse drug events” (ADEs) among seniors were attributable to just four extremely common drugs — drugs many patients cannot live without. **An expert source is June Simmons, MSW, of Partners in Care Foundation, which runs a medication management program teaching social workers and nurse care managers to do home visits to help families and patients track their medications.**
- 6. Short white coat.** Most young doctors, unless they become pediatricians, will treat many older patients. Yet fewer than 3% take even one medical school course in geriatrics, and there are no required geriatrics competencies. Are tomorrow’s doctors being adequately prepared for the new old age? **An expert source is Richard Besdine, MD, professor of medicine and director of the Hartford Center of Excellence in Geriatric Medicine and Training at Brown University’s Alpert Medical School.**

10 Great Stories

continued

7. **Putting patients in the driver's seat of their own health care.** In today's high-tech, fast-paced medical environment, doctors often fail to consider the patient's own goals. Patient-centered care is an important quality indicator. It means soliciting and respecting a patient's personal preferences, whether that's choosing palliative care over aggressive tactics or wanting flexible hospital visiting hours. **An expert source and a personal experience angle can be found in the blog posts of Hartford Senior Program Officer Amy Berman, RN, who is living and working with Stage 4 inflammatory breast cancer and foregoing aggressive treatment in favor of quality of life. Amy's blog series on Health AGenda begins at www.jhartfound.org/blog/?p=2765.**
8. **The Problem of Pain or, Saying "No" to Stoicism.** Chronic pain is a widespread in older people but an all-too-common patient reaction is resisting prescribed pain medication. Some patients view their need for medication as wasteful, rash, hedonistic, or selfish; others see their ability to forgo analgesia as stoical, patient, thrifty, and selfless. Yet pain is not an inevitable part of growing older and new evidence suggests that "toughing it out" is counter-productive, untreated chronic pain is dangerous, and the problem of addiction to pain medications is overblown. **Expert sources include geropsychiatrist and health services researcher Stephen Thielke, MD, of the University of Washington, and Keela Herr, RN, of the University of Iowa.**
9. **Palliative care. It's not just for people who are near death.** Devoted to controlling pain and symptoms associated with both chronic and terminal disease, this fast-growing field can enhance long-term care, recovery from surgery, disability and dementia care, nursing home care, and more. It has been shown to reduce end-of-life health care costs, increase patient and family satisfaction, and even prolong life. **An expert source is Diane Meier, MD, of the Center to Advance Palliative Care at Mount Sinai School of Medicine, who received a MacArthur Fellowship for her pioneering work in palliative care.**
10. **High Tech, High Touch.** Nurses provide the majority of bedside hospital care, from spotting dangerous symptoms to responding to emergencies. As they master high touch care, nursing students have an ally in "SimMan," an anatomically and functionally correct manikin and simulation tool designed to allow students to build their hands-on patient care skills. Now SimMan's creator, Laedal Medical, is tailoring an older "SimMan" and developing geriatric case studies to help young nurses learn to deliver high-quality, age-appropriate care to the fast-growing population of older adult patients. **An expert source is Pamela R. Jeffries, PhD, RN, Associate Dean for Academic Affairs and Professor at the Johns Hopkins School of Nursing.**

Contact Information

The John A. Hartford Foundation
55 East 59th Street, New York, NY 10022
212.832.7788
www.jhartfound.org

Media Contact:
Strategic Communications and Planning
John Beilenson (jbeilenson@aboutscp.com)
610.687.5495
or Elliott Walker (ewalker@aboutscp.com)
917.846.6334



WORKING TO IMPROVE THE HEALTH OF OLDER AMERICANS

The John A. Hartford Foundation