

National poll: Low cost, lifesaving services missing from most older patients' health care

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Large majorities of older Americans experience significant and troubling gaps in their primary care, according to a new national survey, "How Does It Feel? The Older Adult Health Care Experience," released today by the John A. Hartford Foundation, a champion for improved geriatric care and longtime partner of the Hartford Institute for Geriatric Nursing at New York University's College of Nursing.

The poll focuses exclusively on Americans age 65 and older and assesses whether, in the past 12 months, patients received seven important medical services to support healthy aging, including:

- an annual medication review,
- a falls risk assessment and history,
- [depression screening](#),
- referral to community-based health resources, and
- discussion of their ability to perform routine daily tasks and activities without help.

This type of low-cost, low-tech geriatric care supports a health aging process by managing and lowering patients' risk of a number of preventable health problems that can be serious enough to erode quality of life, increase health care costs, cause disability, and even kill. Yet only a tiny number (7%) of older adults surveyed received all seven recommended services, which represent critical elements of a geriatric assessment. Fifty-two percent report receiving none or only one, and

large majorities (76%) received fewer than half.

For a complete list of findings from the poll, please visit <http://www.jhartfound.org/learning-center/hartford-poll-2012/>

"Primary care providers must recognize the uniqueness of care for older adults. The need to keep people at their highest potential for cognitive and physical function must be a priority," said Tara Cortes, PhD, RN, FAAN, executive director of the Hartford Institute for Geriatric Nursing at New York University's College of Nursing. "The Hartford Institute recognizes that addressing health needs and providing preventative healthcare is imperative in order for an older adult to age gracefully. Identifying [functional decline](#) and other health conditions before it begins or deteriorates, will assure that older adults are healthier and will need less intervention in the future."

"We feel this survey highlights why expert geriatric care is needed," said Christopher Langston, PhD, Program Director of the John A. Hartford Foundation, which commissioned the poll. "One of the central truths of geriatrics is that older adults are not just older 40 year olds, any more than children are just small 40 year olds. Older people need different care, and when they don't receive these kinds of evidence-based interventions, as many don't, the result is a lot of preventable disability and suffering."

Falls: One of the important and recommended services that large numbers of older adults are not receiving is counseling about falls prevention, and discussion of any history of falling. Falling is the leading cause of injury and injury-related death in older people and the cause of 90 percent of all hip fractures. A considerable body of evidence exists about risk factors and how, by controlling risks, older people can cut their risk of falling by about 30 percent.

Yet, even among people at elevated risk, the Hartford poll reveals a troubling lack of intervention on falls. For example, advanced age is a known risk factor for falling, yet 75 percent of adults 80 and older say their doctor has not talked to them in the past 12 months about how to avoid falling. Taking multiple medications is another known risk factor, yet 71 percent of people taking 5+ medications regularly say they were never counseled on avoiding falls. Even people receiving large amounts of care were likely not to receive this important intervention: among older adults who made 10 or more doctor visits in the last year, 57 percent said their doctor had not talked with them about how to avoid falling down.

Medicare's Annual Wellness Visit: The benefit nobody knows

Since January 2011, Medicare has offered a benefit specifically designed to promote these healthy aging interventions, the Annual Wellness Visit (AWV), which is free for patients (no co-pays or deductibles) and pays doctors nearly three times as much as an average office visit. Unfortunately, 68 percent of older adults surveyed had not heard of the benefit or were not sure if they had heard of it, and only 17 percent said that they had received their Annual Wellness visit. (In fact, the self-reported number may be overstated, as Medicare's records suggest that uptake is only 6.5 percent.)

"Older adults need to be made aware of this benefit, the opportunity it provides and the importance of wellness to ensure a good quality of life," said Tara Cortes, PhD., RN, FAAN, executive director of the Hartford Institute.

Strong support for geriatrics education:

Older adults in the survey also expressed strong support (93%) for requiring all medical and nursing students to take classes and training in caring for older people (which most are not presently required to do). Sixty-seven percent also said they believed they would "get better care" if their doctors, nurses, social workers, and other health professionals had more geriatrics training.

"We couldn't agree more," said Chris Langston of the Hartford Foundation. "One of the goals of the Hartford Foundation's grantmaking is to ensure that everyone who cares for older adults, specialists and non-specialists alike, receives the training required to understand and meet their unique health needs."

Provided by New York University

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