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HEALTH REFORM: We Can't Fix Health Care By (Merely) Fixing Health Care

by Ira Byock, MD

I recently cared for an 83-year-old man I'll call Dennis. He was hospitalized after a fall caused by low blood pressure, kidney failure and worsening heart failure due to a calcified heart valve. He described a steady decline in his ability to care for himself over the past eight months, but found that basic help at home was hard to come by.

When Dennis develops an acute medical problem the system kicks into gear. Three times in as many months, he was admitted to the hospital. He had chest pain on one occasion, a sudden fever and confusion on another, and most recently, his fall. Cost is no obstacle. Medicare pays for the ambulance, blood tests, EKGs, MRIs, his cardiac catheterization. It would have paid for his heart valve surgery if he had not refused the procedure.

However, Medicare will not pay for all the help Dennis needs every day at home -- help in getting up and dressed, bathing, preparing meals, handling his medicines. After all, that's not "health care." His three-times-a-week dialysis for his kidney disease is covered, but Medicare requires that a person be strictly homebound to receive visiting nurse services. Since Dennis goes to church most Sundays and to his barber once a month, he isn't homebound under current Medicare rules. That means he doesn't qualify to have a nurse come by to check his blood pressure and help keep his many medications straight. He does not qualify for hospice under Medicare either, unless or until he decides to give up his life-sustaining dialysis and embrace his death.

So once he was stable, I had to discharge Dennis from the hospital. We had to send him home to fend for himself and lurch from one costly emergency to the next.

Politicians tout healthy lifestyles and disease prevention as ways of controlling our nation's health care costs. There is intrinsic value in living long and healthy lives, and I certainly welcome legislation that will finally cover all Americans. But from a coldly economic perspective, merely delaying the onset of the diseases that humans die from is just kicking the can down the road. Even healthy adults remain mortal. Nearly two-thirds of all health care dollars are spent in the last two years of life, whether those last years occur during a person's 60s or 80s.

We must prevent disease when possible, but more important to the twin goals of improving quality while saving costs, we must prevent the complications and crises that plague ill people. In Dennis's case, having a primary care physician -- or medical home -- through which he could get all his medical treatments and planning under one roof would help a lot. So would a weekly

visit from a home health nurse. A nurse could have detected his low blood pressure, and prevented the fall that led to his most recent hospitalization. It would have saved lots of money. It would have saved Dennis injury, pain, dislocation and further insults to his already frail health.

I practice and believe in patient-centered medicine. But patient-centered is not enough. It is time for our social policies to become person-centered. Health information technology, administrative efficiencies, and evidence-based medicine are all worth pursuing and may yield savings. But for real savings, and real transformation of our system, we need to connect the dots between social services, community services, health care and even basic civic services.

For Dennis, that might mean having someone from Meals on Wheels check in on him regularly, in addition to delivering dinner. It would include reliable transportation from his apartment to the local Senior Center to share nutritious group lunches and noon-time discussions on advance directives for health care, practical tips for weatherizing his home, and Internet basics to help him keep in touch with his family. Social isolation isn't good for our health either. Perhaps a parish or Stephen's Ministry nurse from his congregation could teach him to check his own blood pressure. A local service club, such as Kiwanis, Lions, Elks or Rotary, might install hand rails in his bathroom tub or shovel his front walk after it snows. Laws and government policies can support such efforts in myriad ways.

Jeffersonian ideals of individualism fail miserably when applied to public health, leaving vulnerable ill and elderly people to feel abandoned. Real reform must dissolve the artificial boundaries between what is medical and what is personal. Health care works best when people live in community with one another, rather than merely in proximity to one another.

Dennis died about six weeks after we sent him home. He was surrounded by friends and supported by hospice; he had community. I wait for the day when our health care system can provide care as well as community to patients -- or rather, to people -- all along.

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