



## 5 Ways to Avoid a Health Care Train Wreck

By Bill Santamour  
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America is woefully unprepared to handle the 'senior surge'

This morning when I boarded a standing-room-only el train on my way to work in Chicago's Loop, a commuter in his 20s rose to offer me a seat. I was flummoxed — evidently, he mistook me for one of his elders, a specious assumption based no doubt on the fact that the beard I've recently started to grow is as white as what's left of the hair on my head. I would have snubbed his offer except that the arthritis in my right knee is particularly acute that early in the day.

Nobody said getting old was easy, or that we wouldn't suffer serial indignities — however politely intended — as we dash toward senior citizenship. And we all know it's a very crowded race. Something like 78 million baby boomers are heading for 65 in the next several years and already upwards of 7,000 Americans become eligible for Medicare every day.

Many people have spoken out about how unprepared this nation is to meet the health care needs of this "senior surge." Ken Dychtwald does an excellent job of summing up those issues and offering advice on how we might get a handle on them in the October issue of *Caring*, the journal of the National Association for Home Care and Hospice. Dychtwald, a psychologist and gerontologist, is the founding CEO of Age Wave, a consulting firm.

He points to data from the CDC's National Center for Health Statistics showing that "roughly 13 percent of our population aged 65 and over accounts for some 27 percent of all doctor's office visits, 38 percent of all hospital stays and 45 percent of in-hospital stays of care." Eighty-six percent of Americans 65 and older have one or more chronic disease and 56 percent have two or more.

Dychtwald doesn't just list the familiar litany of health care challenges posed by this phenomenon, he also outlines five areas we, as a nation, should focus on to avoid what he calls the "health care train wreck in our future." Here are the five areas, though the *Caring* article offers more details:

1. Promote research on how to delay or eliminate diseases of aging
2. Educate aging-ready health care professionals
3. Make disease prevention and self-care a national priority
4. Shift our focus to home-based care
5. Take a humane approach to death

The lack of clinicians and ancillary staff with even minimal training in geriatrics in particular illustrates how unprepared we are and how misguided our national policies are. Dychtwald cites data showing that we'll need 36,000 geriatricians by 2030. Currently there are just 7,000. That's partly because it's one of the lowest paying medical specialties and partly because many physicians suffer from the so-called YAVIS syndrome: they'd rather see patients who are young, attractive, verbal, intelligent and single.

Worse, Medicare — you know, that federal program intended to support health care for older Americans — helped underwrite 100,000 medical residencies, but only 405 were in geriatrics in 2009-2010. And, Dychtwald notes, "while Medicare spent nearly \$10 billion in graduate medical education costs in 2009, only a tiny fraction of those dollars were directed toward the education of physicians who focus on the needs of older adults. This is insane."

Everyone in health care, and all of us about to enter the next — and final — lap of life, need to better understand the crisis that is brewing and what we can do to head it off. Dychtwald's article is a good place to start. You can [read it here](#).

Also, the next installment of our Clinical Management series will focus on geriatrics. Look for it the December issue of *H&HN*.

*Bill Santamour is managing editor of Hospitals & Health Networks. Follow his tweets at [www.twitter.com/hhnmag](http://www.twitter.com/hhnmag). This article can be found at <http://www.hhnmag.com/hhnmag/HHNDaily/HHNDailyDisplay.dhtml?id=6550002422>.*