HEALTHCARE BARRIERS IN THE GERIATRIC POPULATION
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DISCLOSURES
• NONE
OBJECTIVES

UNDERSTAND DEMOGRAPHIC CHANGES IN THE USA IN RESPECT TO THE ELDERLY POPULATION.

IDENTIFY THE MOST COMMON BARRIERS TO ACCESSING HEALTH CARE

IDENTIFY LOCAL SERVICES THAT COULD MINIMIZE BARRIERS TO HEALTHCARE IN THE EL PASO AREA.

GERIATRIC MEDICINE

A geriatrician is a medical doctor who specializes in the diagnosis, treatment, and prevention of disease and disability in older adults.

When an older adult experiences physical, mental, or emotional illnesses or disabilities that lead to a dependence on assistance from others, or when his or her condition causes stress on caregivers (e.g., family members and friends), a geriatric physician should be consulted.

Geriatric physicians focus on all aspects of health care and work as part of a health care team.

The geriatric health care team focuses on many aspects of the patient’s life, including his or her social support (e.g., spouse, children, other relatives), living conditions and home life, and community.

Professionals who work with geriatricians include nurses, social workers, nutritionists, physical therapists, occupational therapists, pharmacists, and geriatric psychiatrists.
The number of Americans ages 65 and older is projected to nearly double from 52 million in 2018 to 95 million by 2060, and the 65-and-older age group's share of the total population will rise from 16% to 23%.
2030 is the year when every baby boomer will be in the geriatric population (> 65)

by 2035 there will be more people 65 and over than children < 18 yrs

Baby boomers is the generation born from between 1946 and 1964
The aging of the baby boom generation could fuel more than a 50 percent increase in the number of Americans ages 65 and older requiring nursing home care.

Demand for elder care will also be driven by a steep rise in the number of Americans living with Alzheimer's disease, which could more than double by 2050 to 13.8 million, from 5.8 million today.

The large share of older adults also means that Social Security and Medicare expenditures will increase.

Over one-fourth (26 percent) of women ages 65 to 74 lived alone in 2018. This share jumped to 39 percent among women ages 75 to 84, and to 55 percent among women ages 85 and older.

COST OF CARE

- NHE grew 2.9% to $3.5 trillion in 2017, or $10,739 per person, and accounted for 17.9% of Gross Domestic Product (GDP).
- Under current law, national health spending is projected to grow at an average rate of 5.5 percent per year for 2018-27 and to reach nearly $6.0 trillion by 2027.
- The elderly were the smallest population group, nearly 15 percent of the population, and accounted for approximately 34 percent of all spending in 2014.
Per person health care spending for the 65 and older population was $19,098 in 2014, over 5 times higher than spending per child ($3,749) and almost 3 times the spending per working-age person ($7,153).

Ismael Rodriguez, 8/3/2019
SELF PERCEPTION OF AGING AS A BARRIER

Self-perceptions of aging (SPA), or attitudes toward one’s aging experience, have been linked to health through multiple pathways. How older adults view the aging process affects not only their health status but also their use of health care resources. Evidence from multiple studies of middle-aged and older adults show that individuals with more negative aging self-views are less likely to seek preventive health services, but more likely to require intensive or emergent care such as hospitalization.

Previous research has shown that compared with their more positive counterparts, older adults with more negative SPA have shorter lives, suffer from more functional limitations and are less likely to recover from disability.


RESULTS/ ANALYSIS

After adjusting for age, gender, and other predisposing factors, each (SD) increase in negative SPA was associated with a 49% higher likelihood of health care delay in the 2011 sample and a 57% higher likelihood of health care delay in the 2013 sample.

Individuals with more negative SPA were not only more likely to delay care overall but also reported more reasons for delay.
BARRIERS TO HEALTH CARE ACCESS AMONG THE ELDERLY AND WHO PERCEIVES THEM

10.2105/AJPH.94.10.1788.
questionnaires competed by 4889 participants as part of the cardiovascular health study CHS
Ismael Rodriguez, 8/7/2019
It is intriguing that in this study an elderly person’s perception of the physician’s lack of responsiveness was a greater disincentive to seeking care than more tangible barriers.

Other studies have found that barriers to care such as cost, transportation, lack of information, and caring for others prevent individuals from obtaining health care.

A qualitative study of angina found that patients felt physicians were busy and that patients did not like to bother them with their own conditions.

PATIENTS VS. PAPERWORK

- Medical appointments are getting shorter by the year; sometimes it feels like doctors don’t have time to spend with their patients
- What’s to blame for those brief clinical interactions?? EHR (electronic health records)
- Changes in how insurance companies and the government pay for medical care, doctors need to increasingly document their care in a computer causing them to spend more time with the computers that with their patients.
ALLOCATION OF PHYSICIAN TIME IN AMBULATORY PRACTICE

- 57 U.S. physicians in family medicine, internal medicine, cardiology, and orthopedics who were observed for 430 hours, 21 of whom also completed after-hours diaries.
- Results: During the office day, physicians spent 27.0% of their total time on direct clinical face time with patients and 49.2% of their time on EHR and desk work.


THAT CAN'T BE RIGHT! LET'S TRY IT AGAIN

- In the second study, researchers gathered data on how much time 500 primary care physicians spent logged into their EHRs, but not interacting with patients.
- Using this different methodology, they found disturbingly similar results—with physicians spending less than half of their work hours in direct patient care.

Ming Tai-Seale, Cliff W. Olson, Jinnan Li, Albert S. Chan, Criss Morikawa, Meg Durbin, Wei Wang, and Harold S. Luft. Electronic Health Record Logs Indicate that Physicians Split Time Evenly Between Seeing Patients and Desktop Medicine.

Percentages of physician time spent on various activities, 2011-14

Face-to-face visit
Desktop medicine
Prescription refills
Other
Secure messages
Telephone encounters
Progress notes

Source: Authors' analysis of access logs embedded in electronic health records of 471 physicians. The activities in face-to-face medicine are explained in the Exhibit 1 Notes.
Key findings:
- 23% of older adults in the U.S. said that, in the past year, they had not visited a doctor when sick, had skipped a recommended test or treatment, had not filled a prescription, or had skipped medication doses because of the cost.
- In US one-quarter reported they often worry about having enough money to buy nutritious meals or pay for necessities like housing.
- US seniors are sicker, more economically vulnerable, and face greater burden in accessing medical care than older adults in other countries.

Barriers:
- Fewer physicians
- Fewer specialists
- Higher case load
- Less support staff
- Limited public transportation option
- Longer wait times to get appointments

Adults ages 85 or older in rural districts have significantly higher levels of chronic disease, take more medications, and die several years earlier than their urban counterparts.
An international survey of older adults finds that seniors in the United States are sicker than their counterparts in 10 other high-income countries

Ismael Rodriguez, 8/9/2019
NUMBER OF PHYSICIANS PER OLDER PERSON BY RURAL-URBAN CONTINUUM CODE

![Graph showing number of physicians per 10,000 older persons by rural-urban continuum code. Data from 2006.]

OFFICE-BASED PHYSICIANS PER 10,000 OLDER PERSONS BY RURAL-URBAN CONTINUUM CODE. DATA FROM 2006

“...I would be a lot healthier if you’d stop finding things wrong with me!”

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COMMON BARRIERS FACED BY SOCIAL WORKERS AT UMC

- Transportation
- Nutrition
- Medication
- Caregiver Services
- Border City