

# American older adults sicker and poorer than 10 other countries, survey says

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Older adults in the United States are sicker and more likely to skip treatment than senior patients in 10 other developed countries, according to an international survey by the Commonwealth Fund.

The reason: They can't afford care.

The 2017 Commonwealth Fund International Health Policy Survey of Older Adults examined healthcare and access issues of those 65 and older in the United States, Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland and the United Kingdom.

What makes this survey unique is that it looked only the age group of people who all are covered by Medicare, says Robin Osborn, MBA, vice president and director of The Commonwealth Fund's International Policy and Practice Innovations program and one of the authors of this study.

"We were surprised at how much more serious the shortfalls were for U.S. elderly than we thought," Osborn says. "In other surveys, the U.S. looks relatively poor on many measures, just because of access, but everyone age 65 has Medicare. Medicare is such a beloved program...yet in quite stark relief, we see some of (its) real shortfalls."

Across all 11 countries, at least one in eight {12.5%} older adults reported having three or more chronic conditions. But in the United States, the rate was the highest, with 36 percent {2.88 x higher} being considered high needs. "That's three times the rate of New Zealand (13 percent), and of this group, we are the sickest," Osborn says.

Americans, nearly a quarter at 23 percent, reported financial worries, saying that in the past year, they had not visited a doctor when they were sick, had skipped a recommended test or treatment, had not filled a prescription or had skipped medication doses because of the cost. This compares to five percent or less in

France, Norway, Sweden and the United Kingdom.

Additionally, 22 percent of American respondents in the survey reported spending \$2,000 or more on medical care in the past year. Except for Switzerland, which reported 31 percent, less than 10 percent of older adults in the other countries spent that much.

Problems get even more exacerbated for the high-need older adults—those with three or more medical issues—in that 31 percent of them skip care because of costs.

"We're talking about a sicker problem that's also more financially troubled," Osborn says. "The two together are a really bad combination."

Jordan Grumet, MD, an internal medicine practitioner in Evanston, IL who sees nursing home patients in multiple places and author of *I Am Your Doctor: And This Is My Humble Opinion*, says the thing that stood out the most to him in the survey was the fact that such a large percentage of older Americans can't manage the cost of their medical care.

"The wealth in this country is spread diametrically from the very, very rich to everyone else," Grumet says. "We have an incredibly expensive healthcare system. In Canada and parts of Europe, profits are not the goal for the healthcare system, even if you have an economically diverse strata of classes."

The economic challenges in the survey point to the problems of out-of-cost sharing and co-pays of Medicare, even though Medicare is a universal benefit, Osborn says. "That may not always be apparent to doctors who are caring for the elderly," Osborn adds.

Grumet says that most primary care doctors are immensely overwhelmed. "I think most primary care doctors feel like they're drowning as it is," Grumet says. "I don't think American physicians are trained worse, but the pressures on the American healthcare system are different. I love to compare (the American healthcare system) to conducting an orchestra. The way in our healthcare system is to make our conductor also the guy who is taking tickets at the front door. You can't do it all. Practicing medicine is hard enough, taking care of your patients, motivating them and monitoring their medicine and getting them to do things that are good for them is a momentous problem on its own."

Everything gets exacerbated by compliance requirements and paperwork, Grumet says. “Twenty-five percent of our time is spent on patient care, 75 percent is paperwork,” he says. “Residents in hospitals spend 5 to 10 percent of their time seeing patients, the other time is charting. The cost of compliance is insufferable.”

Another shortfall of the American system that the survey points to is follow-up calls and care: 22 percent of Americans surveyed reported that they don’t always get a call back the same day when they’ve called with a medical problem, and almost 20 percent waited six days or more for an appointment. After hours calls and problems were worse, Osborn says, with 40 percent saying that they could not receive care after hours on evenings or weekends without going to the emergency department of a hospital.

“A lot of primary care doctors don’t have the capacity or arrangements for after-hours care,” Osborn says. “That’s a point worth stressing.”

Osborn points out that in the Netherlands, primary care doctors are required by law to have an arrangement for after-hours care, and so there are after hours collectives, where they can go from 5 p.m. to 8 a.m. “They didn’t always see their own doctors, but the doctors they did see had access to their medical records, and they send notes to the patients’ doctors,” Osborn says.

Grumet says that physicians, as a group, could become more politically active, and he believes that many physicians try to address these problems with their own population of patients. “We can’t change the numbers of the overall population, but we can look after our patients the best that we can,” Grumet says. “But if you really want to compete with these other countries, we have to streamline our healthcare system and get the business interests out of medicine. I don’t see that happening anytime soon. I think it is a systemic problem.”

Ref: <http://www.medicaleconomics.com/medical-economics/news/american-older-adults-sicker-and-poorer-10-other-countries-survey-says>