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Sandwich Generation Take Note: Your Parents May Not Be Getting Care They Need

Worse, They Could Also Be Taking Risky Medicines

Lebanon, N.H. (February 17, 2016) – Members of the "sandwich" generation can attest to how much time their aging parents spend inside the health care system, because they often accompany them on their succession of visits to the doctor's office, lab, or hospital. Yet despite the fact that on average Medicare recipients spend more than half a month a year (17.1 days) in contact with the health care system, all those visits don't always add up to good care. Depending on where they live, these patients too often don't receive medical care that reflects the best evidence available and, despite progress, many still receive potentially harmful medications, according to a new report from the Dartmouth Atlas Project.

The report, "Our Parents, Ourselves: Health Care for an Aging Population," is a review of how adults ages 65 and older, a population predicted to surge from 43.1 million in 2012 to 83.7 million by 2050, receive health care in the U.S., based on 2012 Medicare data. It is also a roadmap for caregivers and patients, especially those with multiple ongoing health problems or dementia.

"Our bodies change as we age, and our priorities change, too, as the number of years ahead are fewer than the years behind us," said Julie P.W. Bynum, MD, MPH, associate professor of The Dartmouth Institute for Health Policy & Clinical Practice and the report's lead author. "The information in this report is a good starting point for patients and their caregivers to begin a conversation with their doctor about certain aspects of their care."

"The findings from this report will generate meaningful conversation about the care for our aging population and identify areas of action for consumers, advocates, health systems, and policy makers," said Terry Fulmer, PhD, RN, FAAN, president of The John A. Hartford Foundation, which funded the report. "This action is especially needed for older adults with multiple, ongoing health problems or dementia who face complex challenges when navigating the health care system and advocating for the best care possible."

The report highlights several items that individuals caring for aging parents should be mindful of:

- **Does your parent take a high-risk medication?** Some medications that are safe and effective in younger patients pose a risk to patients age 65 and over. These are medications identified by the National Committee for Quality Assurance to be avoided by older patients as they have significant rates of adverse effects. In 2012, 18.4 percent of Medicare beneficiaries filled at least one prescription for a high-risk medication. Rates of high-risk medication use varied more than threefold across regions, from 9.8 percent in Rochester, Minn., to 29.1 percent in Monroe, La. The risks are even greater for adults with multiple chronic conditions or dementia, one in four of whom were exposed to at least one high-risk

medication. According to the American Geriatrics Society, some high-risk medications include antihistamines, like diphenhydramine (generic for Benadryl), treatment for Type 2 diabetes, like glyBURIDE-metFORMIN (generic for Glucovance), and antidepressants, like amitriptyline (generic for Elavil).[1] Make sure to speak to your parent's doctor or health care team to determine if any of their prescriptions are high risk.

- **Is your father undergoing prostate cancer screening with a blood test, called a prostate-specific antigen (PSA) test?** The US Preventive Services Task Force (USPSTF) has recommended against PSA screening for men over 75 for several years, but in 2012 recommended against all PSA screening regardless of age. This is based on evidence that the benefits of PSA-based screening for prostate cancer do not outweigh the harms. Despite this recommendation, the national average rate of PSA screening among men ages 75 and older was 19.5 percent, and regional discrepancies were significant, from 9.9 percent in Casper, Wyo., to 30 percent in Miami, Fla.
- **Is your mother undergoing regular breast cancer screening with mammography?** The USPSTF recommends biennial screening mammography for women ages 50-74, but notes that there is insufficient evidence to assess the benefits of screening in women 75 years and older, and evidence has shown the potential harms of possible false positive results. However, the report reveals that the national average rate of screening mammography for women age 75 and older was 24.2 percent, and rates varied more than twofold across hospital referral regions, from 15.3 percent in Miami, Fla., to 37.2 percent in Sun City, Ariz.
- **Does your mother or father with dementia have a feeding tube?** Evidence has shown that feeding tube placement in dementia patients does not prolong life or improve outcomes, and in fact leads to further complications and adverse effects. Despite this evidence, on average six percent of older adults with dementia received a feeding tube during their last six months of life. This rate ranged from 1.3 percent of patients living in Portland, Ore., or Salt Lake City, Utah, to 14.2 percent of patients living in Lake Charles, La.

If you answer yes to any of these questions, consider talking with your family members about the best way to communicate their wishes and advocate for care that matches their needs.

The report also looks at 30-day readmission rates, annual wellness visit rates, and the number of unique clinicians that patients see on average, as well as end-of-life treatments, such as late hospice referral and the number of days spent in intensive care, among other findings. The full report can be found at http://www.dartmouthatlas.org/downloads/reports/Our_Parents_Ourselves_021716.pdf.

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[1] National Committee for Quality Assurance, HEDIS 2016 Final NDC Lists, http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures/HEDIS2016/HEDIS2016NDCLicense/HEDIS2016FinalNDCLists.aspx

About the Dartmouth Atlas Project
For more than 20 years, the Dartmouth Atlas Project has documented glaring variations in how medical resources are distributed and used in the United States. The project uses Medicare data to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians. This research has helped policymakers, the media, health care analysts and others improve their understanding of our health care system and forms the foundation for many of the ongoing efforts to improve health and health systems across America.

About The John A. Hartford Foundation
Founded in 1929 by John and George Hartford of the Great Atlantic & Pacific Tea Company (A&P), The John A. Hartford Foundation, based in New York City, is a private, nonpartisan philanthropy dedicated to improving the care of older adults. Every eight seconds, someone in America turns 65. The largest-ever generation of older adults is living and working longer, redefining later life, and enriching our communities and society. Comprehensive, coordinated, and continuous care that keeps older adults as healthy as possible is essential to sustaining these valuable contributions. The John A. Hartford Foundation believes that its investments in aging experts and innovations can transform how care is delivered, lowering costs and dramatically improving the health of older adults. The John A. Hartford Foundation was an early funder of the pioneering work of the Dartmouth Atlas on regional variation in health care. Additional information about the Foundation and its programs is available at www.jhartfound.org.

Methodology
The methods used in this report were developed over a number of years and have been described in detail in peer-reviewed publications and in previous editions of the Dartmouth Atlas. The data are drawn from the enrollment and claims data (100% sample) of the Medicare program. The analyses presented in this report focus on either the entire Medicare population between the ages 65 and 99 (demographic analyses); or a subset of that population, including those receiving fee-for-service care (excluding beneficiaries enrolled in risk-bearing HMOs) (utilization analyses), those with specific disease conditions (cohort-restricted analyses), or those at risk for a specific procedure or service (screening analyses).