



INTERNATIONAL LONGEVITY CENTER - USA

Contact:

Megan McIntyre
Director of Communications
212-606-3380, meganm@ilcusa.org

FOR IMMEDIATE RELEASE

**Experts Call for Major Structural Reform of Health Care System
to Meet the Growing Needs of Older Americans**

NEW YORK (November 21, 2006)— Major structural reform to the nation's health care system is recommended by leading experts in a new policy report issued by the International Longevity Center-USA (ILC-USA). Calling for health care that is "proactive, rather than reactive" the report urges that the special--and mostly unmet needs--of older adults in an aging population be given proper priority.

Redesigning Health care for an Older America, drawn from a consensus conference with top health experts and leaders, recommends a complete overhaul and rethinking of a system heralded by the invention of Medicare 40 years ago. The new structure would focus on health promotion, disease prevention, the treatment of chronic disease and increased investment in aging research.

"Our current health care system is not meeting the needs of our older population," says Dr. Robert Butler, president and CEO of the ILC-USA. "The Medicare program created in 1965 focused on patients being treated only when sick with little or no emphasis on prevention and coordination. We must integrate what we now know about health care for older persons into a new system with an emphasis on keeping people healthy and productive as they grow old."

Although some adjustments have been made to the services covered by Medicare, its essential structure has not changed since its inception. Rather than attempting to patch up an ailing system, it is time to redesign the health care system so it can meet the challenge of the largest population of older adults in United States history, says the report.

The ILC-USA brought together fourteen experts in economics, social work, political science and medicine for a two-day workshop to build on guidelines drafted by the ILC-USA's internal Health Care Task Force. The participants reviewed the previous guidelines and developed eight guiding principles, providing the necessary framework to ensure the future health of older Americans.

“We concluded that unless the system is changed, there will be a large and significant impact upon the health of older Americans, as well as profound social and economic effects,” says Dr. Harrison Bloom, participant in the workshop and senior associate at the ILC-USA. “The creation of these eight guiding principles provides public and private leaders a roadmap for reform.”

Corporate leaders should pay particular attention to these concerns says Dr. Charlotte Mueller, Director of Longevity Research at the ILC-USA and workshop participant. “With the retirement of baby boomers corporate America will be facing a critical shortage of experienced workers. Corporations need to have a vested interest in keeping workers healthy and productively engaged as they age.”

The guidelines included in *Redesigning Health Care for an Older America* are designed to stimulate and guide initial steps toward a serious revision of geriatric care and health care in the United States. The recommendations focus on eight key areas:

Life-Course perspective

Health in adulthood is affected by early-life exposure to adverse physical, psychological and social factors and to inadequate health care. Using the life-course perspective in medicine allows professionals to incorporate both biological and social experience. It enhances their understanding of the interaction of biological factors, physical environment and social context over time, and provides a scientific basis for understand the emergence of health problems.

Principles of Geriatric care training throughout health care community

The skills taught to clinicians training in geriatrics—understanding the process of aging, the changes in the ways diseases are manifested with age and the variation in individual response to treatments—need to be taught and broadly disseminated to all involved in caring for older persons.

Protect the rights, dignity and personal needs of older Americans

The health care system must, in a culturally sensitive and appropriate way, protect and respect the rights, dignity and personal needs of older patients by promoting and supporting a person-centered approach.

Continuum of care

Comprehensive integrated health care services, providing a continuum of care are necessary to maximize health and quality of life. An integrated system is inclusive of all types of services that

clients may need including the coordination of social care services, management of transitions, health care financing and the recognition of the productive activities of older people.

Evidence-based medicine

Clinical autonomy, guided by evidence-based medicine produced by scientific research and blended with clinician experience, is essential to optimal quality of care for older Americans.

Investment in aging research

Investments in aging research—basic biology, age-related diseases, clinical and health services delivery are crucial to improving care for current and future generations of older Americans.

Universal health coverage

Universal health coverage encompassing all age groups provides the best opportunity for assuring access to the continuum of care that can result in a healthier population experience a better quality of life.

Optimal Workforce

The workforce to provide high-quality health care for the current and future generations of Americans needs to be culturally and ethnically diverse, professionally trained, horizontally integrated into interdisciplinary teams and financially well supported.

The workshop, held in June 2006, was sponsored by the Josiah Macy, Jr. Foundation and the workshop participants included:

Claudia Beverly, Ph.D., R.N.
Associate Director, University of Arkansas Center on Aging

Harrison Bloom, M.D.
Director, ILC-USA International Geriatrics Clinical Education Consultation Service

Lawrence Brown, Ph.D.
Professor of Health Policy and Management, Columbia University Mailman School of Public Health

Robert N. Butler, M.D.
President and CEO, ILC-USA

Oliver Fein, M.D.
Associate Dean, Cornell University Medical College Network Affairs

Claudia Fine, M.S.W., M.P.H., C.M.C.
Chief Professional Officer, SeniorBridge Family

Sherry Glied, Ph.D.
Department Chair, Health Policy and Management, Columbia University Mailman School of Public Health

Michael Gusmano, Ph.D.
Senior Research Analyst, ILC-USA

Charlotte Muller, Ph.D.
Director of Longevity Research, ILC-USA

Nora O'Brien, M.A.
Director of Aging Programs & New Initiatives, Brookdale Foundation Group

June E. Osborn, M.D.
President, Josiah Macy, Jr. Foundation

Lois Quam
CEO, Ovations/United Healthcare

John Rother
Policy Director, AARP

Albert Siu, M.D.
Chairman and Professor, Mount Sinai School of Medicine Brookdale Department of Geriatrics

To download *Redesigning Health Care for an Older America* visit <http://www.ilcusa.org>. To request a copy of the publication please contact meganm@ilcusa.org.

The **International Longevity Center-USA** is a research policy organization in New York City and has sister centers in Europe, Asia, Latin America and Africa. Led by Dr. Robert N. Butler, a world renowned physician specializing in geriatrics, the Center is a non-for-profit, non-partisan organization with a staff of economists, medical and health researchers, demographers and others who study the impact of population aging on society. The ILC-USA focuses on combating ageism, healthy aging, productive engagement and the financing of old age. The ILC-USA is an independent affiliate of Mount Sinai School of Medicine and is incorporated as a tax-exempt 501(c)(3) entity. More information on the ILC-USA can be found at www.ilcusa.org

###