

Addressing an Impending Healthcare Crisis for Our Seniors



It's time we all pay more attention to the mental health needs of our expanding senior population. Already, according to the National Institute on Aging, 35 million Americans are at least 65 years old. Over the next 30 years, this number will double, and we can expect America's older adults to require increasing amounts of medical care within our healthcare system. With mental disorders affecting more than 1 in 6 senior citizens, experts forecast an impending shortage of clinicians and services for the mentally ill elderly. Now, more than ever, we must ask Congress and our President to address this problem.

The general public poorly understands geriatric mental health needs, particularly dementia. Alzheimer's disease, the most common form of dementia, is the most prevalent mental health issue for our elderly population. It already affects 4 million Americans, and the numbers are rapidly increasing. Many think of this disease simply in terms of its neurological effects on memory without realizing how profoundly it also disturbs behavior, emotions, personality, and other basic functions of life. People with Alzheimer's disease experience terrible problems with depression, anxiety, disturbances in reality testing, sleep problems, and agitated behaviors. Their care is complex, interdisciplinary, and prolonged. They require multiple medications to slow down the ravages of their disease, to ease the burden on family caregivers, and to delay the sad and expensive day when home care becomes no longer possible and institutional care must begin.

As pressure mounts to enroll our seniors in managed care programs that promise reduced premiums and increased prescription benefits, we must remember how unsuccessful such programs have already proven. Experience in Massachusetts, where managed care has made inroads into the Medicare market, has shown most managed care programs dismally unable to meet the healthcare needs of Alzheimer's patients, especially those requiring mental health services.

As Congress contemplates new programs for coverage of seniors' prescribed medications, we must recognize the vast relief such a program could provide and the huge savings that may result from allowing our elders to obtain their required treatments. Currently, many Alzheimer's patients forego treatment because of inability to afford the medications that potentially would reduce suffering and delay institutionalization.

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Further, we must address the inequitable coverage for mental health services, and we must fight for parity. When Alzheimer's disease patients seek neurological treatment for memory loss, their Medicare insurance covers 80 percent of their professional bills. And yet, when these same patients seek psychiatric treatment for associated mental symptoms, only 50 percent of the professional charges are covered. Therefore, many patients cannot receive critical psychiatric treatment because they cannot afford to pay the remaining 50 percent. The same discriminatory 50 percent co-payment applies to outpatient mental health treatment for seniors who take care of family members with Alzheimer's. Aging family members often suffer from anxiety or depression as a result of caring for loved ones with Alzheimer's. There is simply no clinical justification for treating reimbursement of mental disorders differently from other medical disorders in the elderly.

Finally, psychiatric care of our elders will soon be restricted by a new funding system called Prospective Payment (PPS). It will likely reduce coverage for care of the most severely affected of our seniors. This new system, under which payment per day successively drops as inpatient psychiatric care progresses beyond a few days, threatens to gut our current system of care for Alzheimer's patients with behavioral disturbances such as agitation, screaming, or aggression.

The Massachusetts Psychiatric Society, which represents over 1,700 psychiatric physicians in the Commonwealth, calls upon our lawmakers to pursue immediately the following four steps toward responding to an imminent healthcare crisis:

- First, the incursion of managed care into the Medicare market must be resisted and seniors must be allowed to purchase affordable and comprehensive care under Medicare.
- Second, a meaningful prescription coverage plan must be added to Medicare.
- Third, the discriminatory 50 percent co-payment for mental health services under Medicare must be ended and mental health services must be covered at the same rate (80 percent) as other medical disorders.
- Finally, lawmakers must make certain that the Prospective Payment System recognizes that seniors require interdisciplinary, high-quality psychiatric inpatient treatment settings to address the complex behavioral problems associated with Alzheimer's disease – and that such units must be funded sufficiently to cover adequate staffing and sufficient treatment duration.