notable results

Walter Leutz, PhD'81

Closing the Gap in Chronic Care

Catalyst: You assert that people with chronic illnesses or disabilities are best served through a combination of medical-care services, provided by doctors and hospitals, and community-care services, provided by homemakers, personal care attendants, and the like. Yet you say these two sectors often operate in "parallel universes." Can you give an example of that?

Leutz: The one that people run into most often—and where people are most vulnerable—is after-hospital care. For example, a person on a prescribed set of medications goes into the hospital, where there exists a different formulary for medication. The hospital changes the patient from this heart drug to that heart drug, from this blood-pressure pill to that blood-pressure pill. After he's sent home, the linkage between the hospital and the home-care system falls apart. The families and the home-care providers are left not knowing what they should be doing.

Catalyst: How do we better integrate medical-care and community-care services?

Leutz: For the typical elder person with a disability or a chronic illness, I've argued for a system I call coordination, in which a single point of contact who has standing in both the medical system and the home-care system—usually a nurse—can monitor the patient and call a doctor when there is an issue. You don't have to set up special payment systems, you don't have to assemble teams, and it's feasible for a very broad segment of the population.

Catalyst: What are the main impediments to the two systems' better working together?

Leutz: The lack of home-care benefits, except for the poor through Medicaid, is the biggest problem. But that's not all. Medical providers—doctors, nurses—are interested in diagnosis, in treatment, in cures. On the home-care side, you have social workers, early-childhood education professionals, and therapists who are interested in functionality and social relationships. It's a challenge to have people from different orientations collaborating.

Catalyst: You're a strong proponent of Social HMOs. How do they work?

Leutz: They're programs that add a long-term-care benefit to Medicare. Members join like they join an HMO. The program delivers all their medical services, and if they have a disability, they are assigned a care coordinator who helps them choose long-term-care supports. There's a saying that goes, "Medicare stops at the bathroom door." Medicare will pay for a wheelchair, which will get you to the bathroom, but it won't pay for bath bars, it won't pay for raised toilet seats.

Catalyst: You spent a year studying the new national long-term-care insurance programs in Germany and Japan. What did you learn?

Leutz: That they accept that we're all in it together. They set up systems for long-term care that pay for everybody, and they finance it through broad-based tax mechanisms.

Catalyst: If you could wave a magic wand and change one thing about the way America cares for its elderly, what would it be?

Leutz: I would create an entitlement for home- and community-based long-term care and a care coordinator as part of Medicare. It creates a stable friend as a resource for families. That person who knows the system and is an advocate for people is really important.

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