



# A Healthwise “Gray” Paper: How the Baby Boomers Can Save Health Care

Molly Mettler, MSW  
Senior Vice President,  
Healthwise

Donald W. Kemper, MPH  
Chairman and CEO,  
Healthwise  
Founding Chair,  
IxCenter Board of Directors

With thanks to Tracey Willnerd  
for research and editorial assistance



## Table of Contents

America is aging! America is aging! .....	1
The Future We're Told to Expect .....	1
Boomers and the Staffing Crisis .....	1
Boomers and the Cost Crisis .....	1
Boomers and the Quality Crisis.....	2
The Better Future We Can Create .....	2
An Ix Solution: 3 Rules and 3 Sets of Tools.....	3
#1 The Self-Care Rule .....	3
#2 The Guidelines Rule .....	4
#3 The Veto Rule .....	5
Will the Chicken Littles Be Wrong Again? .....	5

Contact Information:  
Healthwise  
2601 N. Bogus Basin Road  
Boise, Idaho 83702  
Phone: 1.800.706.9646  
Fax: 1.208.345.1897  
e-mail: [twillnerd@healthwise.org](mailto:twillnerd@healthwise.org)  
[www.healthwise.org](http://www.healthwise.org)

October 19, 2007

## ***America is aging! America is aging!***

Is this a Chicken Little proclamation akin to “The sky is falling! The sky is falling!”? Or is it a bracing opportunity to refigure, reframe, and refocus health care?

America’s Baby Boomers, the 78 million people born between 1946 and 1964, are barreling down the highway poised to either overwhelm or overhaul the American health care landscape. Which will it be?

By their sheer mass and the well-known (and often scary) statistics that accompany them, Boomers *can and will* transform health care—one way or another.

Whether the transformation is negative or positive will hinge on how well we equip this generation (and that may include you, gentle reader) with the rules, the tools, and the culture shift that can make a difference.

The rules are simple:

1. Help Boomers do as much for themselves as they can.
2. Help Boomers ask for the care they need.
3. Help Boomers say “No” to the care they (and the parents they are caring for) don’t need.

The tools—chronic disease management, targeted and personalized information prescriptions, on-going targeted information campaigns, among others—are there for the asking.

The culture shift? That’s already happening: the Baby Boom generation is accustomed to asking for and getting what they want.

This transformation can significantly change the Chicken Little forecasts for health care. Perhaps it is the only thing that can.

## ***The Future We’re Told to Expect***

Will the Baby Boom generation swamp health care? Economists, policy makers, and health care strategists predict so. The numbers are undeniable. 78 million Americans were born between 1946 and 1964. Of this group, 72 million will survive to see their 65<sup>th</sup> birthday.<sup>1</sup> In 2030, approximately every fifth person you see will be age 65+.<sup>2</sup> That’s a lot of gray hair.

It’s predicted that this cohort of Baby Boomers will need extra medical care:

- They’ll be creaky. Every other Boomer will have arthritis.<sup>3</sup>
- They’ll be overweight. Every third Boomer will be obese.<sup>4</sup>
- They’ll be at risk. Every fourth Boomer will have diabetes.<sup>5</sup>
- They’ll be multi-tasking. Six out of ten Boomers will have more than one chronic condition.<sup>6</sup>

The prevalence of chronic conditions that need managing means that most of the chairs in a clinic’s waiting room will be filled with Boomers. The wait could be long and costly.

## **Boomers and the Staffing Crisis**

As Boomers age, the number of office visits will increase, as will the number of medical procedures, screening tests, and immunizations Boomers need. As more people live longer, the need for assisted living, skilled nursing, Alzheimer’s care, hospice, and palliative care will grow. In fact, everything seems to be on the increase *except* for the number of professionals who can meet the need.

From a health care workforce standpoint, we are in trouble. Current shortages of primary care doctors and nurses will get worse. Fewer medical students are choosing primary care as their specialty, and fewer individuals are entering nursing as a profession. And, since many physicians and nurses are Boomers themselves, the expected attrition through retirement (or death) of health professionals means that the demand for care will exceed the supply.

## **Boomers and the Cost Crisis**

The anticipated cost of providing health care for older Americans also contributes to a doom-and-gloom scenario. At the moment, U.S. health care costs soak up over 16% of the GDP (Gross Domestic Product).<sup>7</sup> An aging population will add further strain. Older adults today incur three to five times the medical costs of someone younger than 65,<sup>8</sup> and by 2016 the projected cost for Medicare alone is expected to top 862 billion dollars.<sup>9</sup> That’s roughly 4% of the entire GDP.<sup>10</sup> And unless disease prevention and health promotion efforts for older adults are successful, the nation’s health care spending is projected to increase by 25% due to demographic shifts.<sup>11</sup>

## Boomers and the Quality Crisis

Certainly a hallmark of quality is getting the right care, but that goal has been elusive. Medical guidelines for what works and what doesn't are often not followed. The landmark Community Quality Index Study conducted by Elizabeth McGlynn and colleagues at RAND Health boldly states: *"The bottom line: All adults in the United States are at risk for receiving poor health care, no matter where they live; why, where, and from whom they seek care; or what their race, gender, or financial status is."*<sup>12</sup>

***"The bottom line: All adults in the United States are at risk for receiving poor health care, no matter where they live; why, where, and from whom they seek care; or what their race, gender, or financial status is."***<sup>13</sup>

In another quality crisis, boomers will face a drug problem. Inappropriate prescribing for older patients is on the rise. The problem is threefold. Patients are:

- Being prescribed drugs they don't need,
- Not being prescribed drugs they do need, and
- Being prescribed the wrong drugs for their condition.<sup>14</sup>

Increasing demand, workforce shortages, inconsistent quality, and skyrocketing costs: this is the future we've been told to expect. The outlook is none too pretty. However, a vital resource—the Baby Boom Generation itself—has been overlooked, undervalued, and unexplored. This group can be, *and must be*, a transformational force in health care delivery.

## ***The Better Future We Can Create***

The Baby Boomers have every opportunity to save health care. They represent the single largest demographic spike in American history. And they have enormous influence. This is a generation that has defined, and continues to define, America's culture in so many ways: from popular culture to civil rights to religion and politics. Now this generation stands ready to redefine what it means to grow older, too. The Baby Boom generation has the cash, the college education, the computer experience, and the capacity to transform the health care system.

**The cash.** According to the Department of Labor's Consumer Expenditure Survey, America's Baby Boomers outspend other generations by an estimated \$400 billion each year on consumer goods and services.<sup>15</sup> Boomers are the largest, wealthiest and most influential consumer group in the United States. They can afford to drive innovations in health care.

**The college education.** The Boomer generation is the best educated in history. Almost 90% of Boomers have high school diplomas and 57% have been to college.<sup>16</sup> With education come higher reading levels, higher-skill employment, and a better sense of how to find and use information to make decisions.

**The computer experience.** In 2004, while only 22% of the senior population (65+) were using the Internet, 76% of Americans age 50 to 58 were using a computer at their workplace, at school, at home, or some other location.<sup>17</sup> The Baby Boomers, as a generation, may not be as tech-savvy as their children, but the vast majority are experienced in using online information to make purchasing decisions, and that includes medical decision making.<sup>18</sup>

**The capacity for a culture shift.** Boomers are experiencing two consciousness-raising events today: a seemingly paradoxical mix of awareness of both an extension of time and the end of time. Most people are living about 30 years longer than their grandparents did. This 30-year span is demanding that aging Americans do some planning for this "third age" of life. Given the trends toward Internet use and interest in health, much of this bonus time will likely be spent thinking about and grappling with health care.

At the same time, Boomers are coping with the late-life frailties and deaths of their parents. These care-giving and decision-making responsibilities are providing Boomers a hands-on education about the shortcomings of the current U.S. health care system. They see, up close and personal, the system's uncoordinated, episodic care; its tendencies toward error; its calcified record-keeping; and its incomplete and contradictory messages about what course of treatment to pursue. Boomers are experiencing all this with their parents and saying, "I do not want this for Mom—or for me."

With the numbers, the savvy, the skills, and the motivation, Boomers have all the ingredients needed to transform health care. How can we help them put it all together?

## **An Ix Solution: 3 Rules and 3 Sets of Tools**

In the context of a complex system, it sometimes takes a few simple rules and tools to break out of the old patterns. The Ix Solution rules and tools can create the disruptive innovation needed to reinvent health care in a more positive and cost effective way.

The clinics, hospitals, and health plans that implement first will have the best chance to thrive in the new world they create. And those that are slow to catch on will be swept up in the Chicken Little scenario.

### 3 Rules

- #1 *The Self-Care Rule.* Help Boomers do as much for themselves as they can.
- #2 *The Guidelines Rule.* Help Boomers ask for the health care that they need.
- #3 *The Veto Rule.* Help Boomers say “No” to care they don’t need.

#### #1 The Self-Care Rule: Help Boomers do as much for themselves as they can

Boomers know how to do for themselves. Using online tools, they book a trip to Fiji, buy and sell stock, pay bills, or send a bouquet to Aunt Lulu. Why can’t they also order their own blood sugar test, or get personalized prevention reminders, or choose other tools to help them manage their health? They can—but they’re not getting all the help they need from the health care system.

Even in the face of expanding demand from Boomers for online health tools, the health care industry remains woefully behind other economic sectors in responding to the needs of the one-size-does-not-fit-all health care consumer. Most Boomer patients, even those with many resources, are left in the dark about what they can do for themselves, how they can do it, and what their role could be in managing their own care. Some improvements are in motion, though: new ideas and innovations are bringing change.

### Tools for Health Care Transformation

*Self-Service Tools:* 24-7 access to health information, symptom checkers, and decision aids in self-care guides and on Web sites.

*Information Prescription Tools:* Short information prescriptions “prescribed” to patients by their doctors or health plans at every “moment in care.”

*Long-Term Engagement Tools:* Ongoing, interactive programs that are personalized and targeted to meet each individual’s self-management needs over time.

#### *Ix Solution: “Self-Service” Tools*

- Personal Prevention Plans. With online tools, every Boomer can develop a personal wellness, health promotion, and disease prevention plan to guide them toward healthy behaviors, healthy environments, and recommended schedules of immunizations and screenings.
- Chronic Disease Management Plans. With online tools, every Boomer with one or more chronic diseases can access a comprehensive self-management plan customized to personal conditions, preferences, and levels of interest and motivation.
- Patient Decision Aids. With online patient decision aids to explain the costs, risks, and benefits of treatment options, every Boomer can actively participate in treatment decisions along with his or her doctors.
- Basic Self Care. With printed self-care handbooks, Boomers (even those who are not online) can better manage minor conditions on their own and better determine when they need clinician care.

Self-care tools like these benefit a broad audience when they use “plain language” and appeal to different learning styles with audio-based, visual, and multimedia presentations.

## #2 The Guidelines Rule: Help Boomers ask for the health care they need

As a generation, Boomers are less passive in the doctor-patient relationship than their parents. They ask more questions, are inclined to try alternative therapies, and are more likely to search independently for information about their health.

It's smart to be skeptical about the care that is being meted out—inconsistently—across the country. Remembering that “overall, adults received only half of recommended care,”<sup>19</sup> the smart Boomer knows the evidence-based guidelines for a particular health condition and is informed about the health care he or she *needs*.

Physicians can be a health care consumer's best and most trusted partner. But if Boomers want good care, *the right care*, they need to help their physicians do their job.

- Less than half (45%) of people who have suffered a heart attack receive the recommended course of beta-blockers to reduce their risk of death. And only 61% get aspirin, also recommended. Increased patient understanding of the guidelines can reduce risk.<sup>20</sup>
- Only one out of four people with diabetes have their blood sugar levels measured regularly. For diabetics, poor control of blood sugar can lead to kidney failure, blindness, and loss of limbs.<sup>21</sup> A few Boomers have begun regularly scheduled mail-order blood tests to close that gap—but most still are unaware that the gap is even there.
- Asthma patients can go years using “rescue” medicines to manage asthma crises without ever learning about “controller” medicines.<sup>22</sup> Information prescriptions that help people understand the difference can lead to better care and lower costs.

In each of these cases, the guidelines are clear. And in each and every case, a Boomer who knows the guidelines is better equipped to ask for and get the recommended and needed care. Putting the guidelines into the patient's hands increases the competency of the patient side of the doctor-patient partnership so the patient can share in decisions about his or her care.

### *Ix Solution: Routinely “Prescribed” Tools*

Consumer-friendly patient instructions and secure “information prescriptions” from health plans can be

prescribed to each patient as *a routine part of care*. With evidence-based guidelines in hand, each Boomer will be better prepared to ask for the care they need. For every new diagnosis, every medical test, every prescribed medication, and every surgical decision, information can be given or sent to the patient to help him or her understand the options.

When patient instructions are integrated into the clinic's electronic medical records system, there is no added work to the clinician's work flow. Often, the physician saves time, because the patient instructions help people understand what they should do. And the patient instructions eliminate follow-up phone calls made when patients get home and realize they do not remember what the doctor told them.

Web-supported patient instructions can be prescribed either by the physician at the time of a visit or automatically by the electronic medical record system that he or she uses. The instructions are succinct, 1- to 2-page summaries of the problem or condition, with a focus on what the patient should do to ensure the best outcomes. Embedded within some instructions are links to additional Web-based tools for decision support.

Routine claims data, test data, or PBM data can trigger health plan-delivered information prescriptions. They, too, can provide people with targeted information for their current health issues and Web links to more interactive and extensive content. The greatest value of these services is to activate patients who would not otherwise look for information on their own. They also add value for the more proactive health seekers by making it easier for them to find good information without limiting their search.

Many health plans are making Ix investments on their own. Others partner with technology organizations like TriZetto to implement the rules engines and data-mining capabilities they need to continually identify the moments in care when information prescriptions can provide value. Soon, these information therapy applications will become a mainstream part of the way health plans help their members to self-manage their care.

Seattle-based Group Health Cooperative's clinicians use their EMR system to deliver information prescriptions via “After-Visit Summaries.” Patients leave each clinical encounter with information about their diagnosis, tests, and medications, and with clear guidelines about what they can do at home to improve their outcomes. When patients become accustomed to getting information prescriptions, it is hard for them to accept care without it.

The Web links in the information prescription that point to more extensive and more interactive tools add even more value. For example, a short patient instruction for back pain can include a link to an online decision aid that helps the patient understand the risks and benefits of their treatment options in the context of their own values. The decision aids and guidelines help ensure that the patient gets the care that is right for him or her. With permission, information prescriptions can be shared with family, caregivers, or others who help support the patient's care.

### *Ix Solution: Long-Term Engagement Tools*

The third level toolset in the Ix Solution includes ongoing and interactive campaigns to help each person "master" his or her chronic conditions.

Patients enroll in such a campaign much as they might enroll in a class or workshop. The campaign helps patients learn the skills and gain the motivation to manage their conditions. Each person's experience is unique and driven by a combination of seasonal prompts, care-based triggers (from EMR or claims data), and responses to self-administered questionnaires.

Technology now allows such campaigns to include "virtual conversations" in which motivational interviewing techniques explore how the person might succeed in changing behavior.

These campaigns and "conversations" are part of the disruptive innovation that will fuel the Boomer's transformation of health care.

### **#3 The Veto Rule: Help Boomers say "No" to care they don't need**

Boomers are the first generation to hit retirement with a well-practiced ability to say "No thank you" to their care providers. The basic issue is one of autonomy. As students, as employees, and as citizens—like no generation before them—Boomers have learned to think for themselves.

Sometimes the health care "veto" is preference-based, as when the 50-something man decides against prostate surgery because he doesn't mind the extra trips to the bathroom each night. Other vetoes occur when savvy consumers decide that the tests their doctors want them to have (and pay for) are primarily to protect the doctors' liability and would not likely change their treatment plans.

Generally, Boomers are more inclined (than previous generations) to ask:

- "Why do I need it?"
- "How will it help?"
- "How much will it cost?" or
- "Is there anything else we should consider?"

If the answers don't meet their standards, they are also more likely to decline the care. Cultivating this ability of patients to say "No" to unwanted care can become a major influence in what is needed to transform health care.

The bigger, and more difficult, vetoes in health care often come with end-of-life decisions that Boomers experience as they help to manage the care of their parents. Because the physician's work is so focused on preventing death, a veto may be needed to stop intrusive treatment when the end result becomes clear.

With the right tools and support, Boomers will find ways to make their advance directives meaningful for their own end-of-life care. Some will continue to fight against their conditions—even when all conventional treatments have failed. Others, however, will choose the comfort of palliative care. With real autonomy, patients can determine the care and comfort they want in their last weeks or months.

### *Ix Solution: All of the Above Tools*

All of the tools mentioned in this paper support the veto rule. Self-service, routinely prescribed, and long-term engagement tools all give people the knowledge and autonomy to say "no thanks" to the care that's not right for them.

## ***Will the Chicken Littles Be Wrong Again?***

In the story of Chicken Little, impending doom turned out to be just an acorn falling from the sky. The sky did not fall, and the tale had a happy ending. But in America's current health care story, the outcome is still up for grabs. The anticipated doom and gloom of the Baby Boomers' impact on health care is not out of the question. Unless there is an effort made to engage and empower the Baby Boom generation to make better health care decisions, there is a sizeable risk that an overwhelmed system will falter. The Boomers have the power and the opportunity to refigure, reframe, and refocus health care. Armed with a new set of rules and tools, Boomers can—and will—rewrite the story.

## Notes

- <sup>1</sup> U.S. Census Bureau, State Interim Population Projections by Age and Sex: 2004–2030. [www.census.gov/population/www/projections/projectionsagesex.html](http://www.census.gov/population/www/projections/projectionsagesex.html).
- <sup>2</sup> Ibid.
- <sup>3</sup> FCG projections based on National Center for Health Statistics, Trends in Health and Aging. Available online: <http://209.217.2.34/aging/ReportFolders/ReportFolders.aspx>.
- <sup>4</sup> FCG projections based on National Center for Health Statistics, National Health and Nutrition Examination Survey, 2002.
- <sup>5</sup> FCG projections based on National Center for Chronic Disease Prevention and Health Promotion, National Diabetes Surveillance System.
- <sup>6</sup> FCG projections based on Wolff J, et al. (2002). "Prevalence, expenditures, and complications of multiple chronic conditions in the elderly," *Archives of Internal Medicine*, 162: 2269–2276.
- <sup>7</sup> Poisal J, et al. (2007). Health spending projections through 2016: Modest changes obscure Part D's impact. *Health Affairs*, 26(2): 242–253. Available online: <http://content.healthaffairs.org/cgi/reprint/hlthaff.26.2.w242v1>.
- <sup>8</sup> Centers for Disease Control and Prevention and The Merck Company Foundation (2007). The State of Aging and Health in America 2007. Whitehouse Station, NJ: The Merck Company Foundation. Available online: [www.cdc.gov/aging](http://www.cdc.gov/aging) and [www.merck.com/cr](http://www.merck.com/cr).
- <sup>9</sup> CMS, Office of the Actuary (2007), National Health Expenditure Accounts. Available online: [www.openminds.com/indres/031207cmsnathealthprj.htm](http://www.openminds.com/indres/031207cmsnathealthprj.htm).
- <sup>10</sup> Ibid.
- <sup>11</sup> Centers for Disease Control and Prevention and The Merck Company Foundation (2007). The State of Aging and Health in America 2007. Whitehouse Station, NJ: The Merck Company Foundation. Available online: [www.cdc.gov/aging](http://www.cdc.gov/aging) and [www.merck.com/cr](http://www.merck.com/cr).
- <sup>12</sup> Rand Health (2004). The quality of health care received by older adults. Available online: [www.rand.org/pubs/research\\_briefs/RB9051/index1.html](http://www.rand.org/pubs/research_briefs/RB9051/index1.html) and [www.rand.org/pubs/research\\_briefs/RB9053-2/index1.html](http://www.rand.org/pubs/research_briefs/RB9053-2/index1.html).
- <sup>13</sup> Ibid.
- <sup>14</sup> Spinewine A, et al. (2007) Appropriate prescribing in elderly people: How well can it be measured and optimised? *Lancet*, 370(9582): 173–184.
- <sup>15</sup> U.S. Department of Labor, Bureau of Labor Statistics, Consumer Expenditure Survey, 2003.
- <sup>16</sup> U.S. Census Bureau, Current Population Survey, 2006 Annual Social and Economic Supplement [www.census.gov/population/socdemo/education/cps2006/tab01-01.xls](http://www.census.gov/population/socdemo/education/cps2006/tab01-01.xls).
- <sup>17</sup> Pew Internet and American Life Project (2004). Older Americans and the Internet.
- <sup>18</sup> Pew Internet and American Life Project (2006). Online Health Search 2006.
- <sup>19</sup> Rand Health (2004). The quality of health care received by older adults. Available online: [http://www.rand.org/pubs/research\\_briefs/RB9051/index1.html](http://www.rand.org/pubs/research_briefs/RB9051/index1.html) [http://www.rand.org/pubs/research\\_briefs/RB9053-2/index1.html](http://www.rand.org/pubs/research_briefs/RB9053-2/index1.html).
- <sup>20</sup> Ibid.
- <sup>21</sup> Ibid.
- <sup>22</sup> Diette G., Wu A, et al. (1999). Treatment patterns among adult patients with asthma: Factors associated with overuse of inhaled beta-agonists and underuse of inhaled corticosteroids *Archives of Internal Medicine*, 159(22): 2697.

Healthwise, Healthwise for every health decision, and the Healthwise logo are trademarks of Healthwise, Incorporated.

© Copyright 2007, Healthwise, Incorporated.

ix is a trademark of the Center for Information Therapy.

8237-101907