

## What “Up” can teach Washington about health care reform

There is scene in the latest Pixar film, “Up,” where two men arrive at Carl Fredrickson’s door intent on moving him from his home to Shady Oaks nursing home. Carl promises he will be along momentarily if the men will wait outside in their van. But instead of surrendering his home, he releases thousands of helium filled balloons tethered to his house, lifting it into the air and thereby escaping society’s push to institutionalize this proud man. It’s a triumphant scene, and one our legislators should see as they debate health care reform.

Our hospitals and nursing homes are filled with people of every shape, size, creed and color. But these people all share a common dream – they all dream of going home. No one wants to be in a hospital, nursing home or any institutional setting; they want to be in their own homes. But rather than recognize this universal desire, our federal health policies discourage home care. While Medicare will pay for hospitalization and physician visits for virtually any reason and Medicaid pays budget-busting sums for nursing homes, home care comprises less than 2 percent of all health care expenditures.

“Up’s” Carl Fredrickson walks with the aid of a cane, and gets up and down his stairs with the benefit of a stair lift. A stair lift is both an assistive device and safety aid. It can be purchased and installed in most homes for less than \$2,500. Medicare won’t pay for the cost of a stair lift in the home of a frail senior.

Nor will it pay for any portion of a bath lift, a tub bench, a grab bar or any of a bevy of other assistive devices or companion care that help seniors stay in their home, safely. This is short-sighted health policy. One in three senior will suffer a serious fall, and those falls often lead to a cascading descent in quality of life, not to mention extraordinary health care costs. Medicare will spend tens of thousands to treat a hip fracture caused by a fall in the bathtub, but won’t spend a few hundred dollars on bath safety devices. It willingly spends \$2,000 a day on hospitalization for seniors with serious breathing problems, but balks at the \$7.50 a day for oxygen equipment and supporting service when the senior stays in the home.

When it comes to health care, Congress and federal bureaucrats often think only in a transactional perspective, not strategically. In refusing coverage for an item like Carl Fredrickson’s stair lift, they see their decision as “saving” \$2,500 in health care costs. What they fail to see is that a stair lift costs less than 15 days in a nursing home, or that Medicare could put bath lifts in homes of hundreds of seniors for the price of a slip-and-fall by one frail senior getting out of a bathtub, or that companion care in the home costs less and results in better outcomes than institutionalization in a nursing home. Our “sickcare” system is transactional; home care is strategic.

Carl, the hero of “Up,” not only avoided the nursing home, he went on to carry out a great adventure while still living in his home. Our seniors deserve the respect and dignity that comes with staying in their home as long as they can. I can only hope our elected officials in Washington see “Up.” It is a delightful movie, and if they pay attention they just might learn a thing or two that helps improve our health care system.

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