BOOK REVIEW

New Ways to Care for Older People: Building Systems Based on Evidence. Edited by Evan Calkins, Chad Boulton, Edward H. Wagner, James T. Pacala. New York: Springer. 1999. 260 pages; \$43.95.

Twenty years ago, the U.S. General Accounting Office published the famous spaghetti diagram, in which a list of services for the chronically ill was placed on one side and a list of government payment sources on the other. Lines ran from each entry on the left to almost every entry on the right. Back then, a person's chances of successfully emerging from an encounter with this system were about the same as the probability that the Boston Red Sox would win the World Series. Unfortunately, although the general health care environment has changed significantly over the ensuing years, patterns of care for older people—with a few notable exceptions—have changed little. Despite the increasing penetration of managed care, with its theoretical potential to improve coordination of services for the frail elderly, the multiplicity of payers and players in geriatric care remains a major barrier to the development of coordinated health care systems, a point which is not lost on the editors of this useful book.

What has happened in twenty years, however, is that policy analysts and clinicians have begun to tease out and focus on the individual elements that are needed for successful care of the elderly, particularly those elderly who are chronically ill. The editors of the current volume have collected and analyzed the core of this research in one volume, which therefore serves as a very helpful starting point for those who would venture into this area.

The structure of the book provides a sense of the broad brush that must be used in considering the health care needs of the elderly. The editors thus devote separate sections to the needs of the healthy older person, those at risk or chronically ill, the care of acute illness including rehabilitation, and quality assurance and methods to establish a continuum of care.

If nothing else, the language of discourse has changed greatly over the past two decades. The chapters in this book reflect the new language. Although not always successful, the authors' goal is to provide evidence-based data for their conclusions, for which the gold standard remains the randomized trial. Randomized trials are often difficult, if not impossible, to carry out in research on systems of care, but they have shown promising results in some related areas. For example, randomized trials of multi-component interventions to prevent functional decline and falls have shown tantalizing results as have some intervention studies for specific illnesses such as congestive heart failure and diabetes.

On the other hand, evidence-based data is very limited in many areas. In some instances, there is not yet basic agreement

on language and framework. The chapter on frailty prevention begins with the admission that there is no consensus on a definition or criteria for frailty. Furthermore, the author points out that the relationship between physiologic capacity and functional limitation and disability is "non-linear." Nonetheless, his working definition of frailty provides a useful starting point for further research.

What intervention data are available for the effective treatment of chronic illness has been comprehensively collected in several of the chapters. A recurrent theme is the use of health care teams in many settings ranging from the outpatient arena to post-acute care. The team model is a key to the success of many of the innovative approaches of the past two decades. To cite just a few examples, teams drive model outpatient programs for the comprehensive care of patients with diabetes or other chronic illnesses, the community based Program for All Inclusive Care of the Elderly (PACE), the inpatient Acute Care of Elders Unit, innovative nursing home care programs, and the Social HMO. Rigorous analysis of the financial impact of teams remains ongoing, but their role in improving quality and patient satisfaction now seems well established.

Tacitly acknowledging that financial issues remain the thorniest in the thicket of health policy, the authors leave the discussion of Medicare and managed care to the penultimate chapter. In fact, cost effectiveness has been difficult to achieve for many programs mentioned in this book, whether it is the 1980s National Channeling Demonstration of long-term care case management or the Social HMO. Although studies of interventions like post-hospital nurse follow-up of certain chronic illnesses have shown financial promise, many other programs have not. Interestingly, interventions targeted towards high cost subgroups have more consistently shown financial benefits. For example, two programs not mentioned in the book, the innovative team programs of comprehensive care for spinal cord injured patients and AIDS patients cared for by Boston's Community Medical Alliance, both have shown significant cost savings. Demonstrating cost savings in the care of the frail elderly who do not require this level of baseline expense remains a challenge for all geriatric care programs. To the extent that policy is driven substantially by financial considerations, meeting this challenge will remain a strong sticking point for providers of geriatric care.

One factor in reducing high-end expenses may be intensive involvement of physicians. This aspect of the care of high risk patients with chronic illness receives limited attention in the book, partly, we suspect, because there is so little research attempting to tease out the physician's role. Many of us have the suspicion that the Channeling Demonstration failed because of its failure to integrate physicians into its case management strategy in a meaningful way. The Boston programs benefit from high physician involvement in reducing hospitalizations and rehospitalizations.

The concepts in this book are well presented and intelligible not only to those in the health field but to those in other fields. The logistics of establishing a health care continuum that must handle complex social and medical needs in a relatively underserved group of people, however, requires further definition. The ability of large health care systems to promote innovative strategies while under the financial gun is unclear. An integrated ap-

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proach to the establishment of new programs will challenge not only a health care system but a region and ultimately a nation. A redefinition of health care provider responsibilities may lead to a much-changed work force. Communication resources will have to be utilized in a much more extensive and efficient manner. Underlying all this need to enact change is the pressure of time. The older population is increasing; resources are shrinking; reimbursement structures are in flux. There are already many unmet needs

today, and will be more in the future. The editors have done an impressive job in bringing together this compilation of today's approaches to the older population's health issues. We shall see what tomorrow brings.—**LESLEY CARSON, MD**, *University of Pennsylvania School of Medicine, Penn Center for Rehabilitation and Care, Philadelphia VA Nursing Home Care Unit, Philadelphia, Penn*, and **WILLIAM KAVESH, MD, MPH**, *University of Pennsylvania School of Medicine, Philadelphia VA Medical Center, Philadelphia, Penn*.