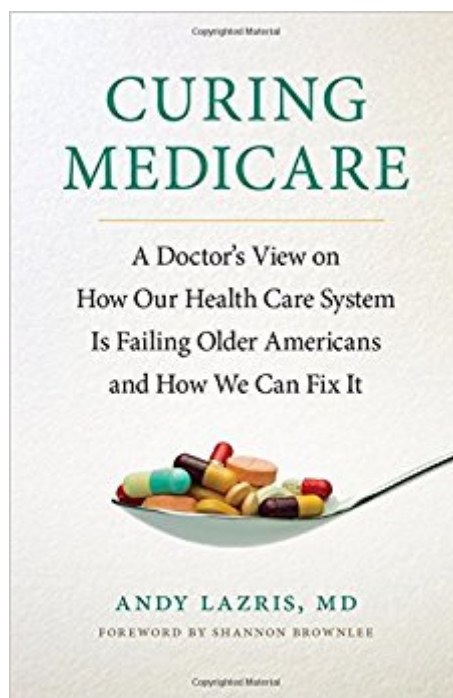


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Curing Medicare: A Doctor's View On How Our Health Care System Is Failing Older Americans And How We Can Fix It (The Culture And Politics Of Health Care Work)



Synopsis

Andy Lazris, MD, is a practicing primary care physician who experiences the effects of Medicare policy on a daily basis. As a result, he believes that the way we care for our elderly has taken a wrong turn and that Medicare is complicit in creating the very problems it seeks to solve. Aging is not a disease to be cured; it is a life stage to be lived. Lazris argues that aggressive treatments cannot change that fact but only get in the way and decrease quality of life. Unfortunately, Medicare's payment structure and rules deprive the elderly of the chance to pursue less aggressive care, which often yields the most humane and effective results. Medicare encourages and will pay more readily for hospitalization than for palliative and home care. It encourages and pays for high-tech assaults on disease rather than for the primary care that can make a real difference in the lives of the elderly. Lazris offers straightforward solutions to ensure Medicare's solvency through sensible cost-effective plans that do not restrict patient choice or negate the doctor-patient relationship. Using both data and personal stories, he shows how Medicare needs to change in structure and purpose as the population ages, the physician pool becomes more specialized, and new medical technology becomes available. *Curing Medicare* demonstrates which medical interventions (medicines, tests, procedures) work and which can be harmful in many common conditions in the elderly; the harms and benefits of hospitalization; the current culture of long-term care; and how Medicare often promotes care that is ineffective, expensive, and contrary to what many elderly patients and their families really want.

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Customer Reviews

"Lazris, a primary care geriatric physician and medical director at facilities for the frail elderly, advocates a minimalist approach to medical intervention for many chronic health problems of advanced age, including dementia. He argues that Medicare's outdated payment rules and assumptions about life expectancy are financing an interminable search for eternal life instead of ensuring that Medicare pays for long-term 'palliative' care, ideally at home. With an insider's view, the author does an excellent job of diagnosing pervasive problems in the Medicare system. A fascinating look at how Medicare must change." •Kirkus Reviews

"There is now a sizable choir of American physicians recruited from all corners of the profession whose voices are raised in anguish over the difficulty of practicing medicine according to their conscience. Now Dr. Andy Lazris adds *Curing Medicare* to the repertoire. It is a compelling lament that is at once strident and compassionate. It earns Lazris a position in the front row of the choir. If only we could fill the pews." •Nortin M. Hadler, MD, Emeritus Professor of Medicine and Microbiology/Immunology, University of North Carolina Medical School, author of *The Last Well Person: How to Stay Well Despite the Health-Care System* and *Rethinking Aging: Growing Old and Living Well in an Overtreated Society*

"As a medical student, I was trained in 'thorough' the goal being to find as many problems with my patients as possible. In *Curing Medicare*, Dr. Andy Lazris seeks to redefine 'thorough' and not simply to humanize our profession but to protect the elderly from the harms of too much medical care. It is a passionate but thoughtful critique of medicine's relentless focus on numbers, unimportant measures of performance, and turning people into patients." •H. Gilbert Welch, MD, MPH, Dartmouth Institute for Health Policy and Clinical Practice, author of *Overdiagnosed: Making People Sick in the Pursuit of Health*

"*Curing Medicare* is at once serious and wise, humorous and entertaining. There are not many writers who can weave concrete and meaningful data into a book that reads like a juicy suspense flick. Dr. Andy Lazris has skillfully woven data, experience from his medical practice, and real-life patient stories we can all relate to into a call to action to change our broken Medicare system and improve patient quality of life. This riveting book shows Lazris to be a stand-out thought leader in an arena that affects us all: Medicare, over-care, and the disconnect from the peaceful beauty that is possible in the context of aging and death when we don't clutter up the process with end-of-life heroics. Lazris is a fierce advocate for his patients and for educating health professionals and health consumers alike of the dangers of overtesting and overtreating." •Bridget Hughes, MAc, LAc, author of *Unlocking the Heart of*

Healing" I recommend *Curing Medicare* for all patients, politicians, physicians, nurses, and health policy thinkers. This is an important book by a very skilled individual. Somehow Dr. Andy Lazris effectively transforms his frustrations with the Medicare system into wonderfully clear teaching stories and solid policy recommendations." •Robert M. Duggan, author of *Breaking the Iron Triangle: Reducing Health-Care Costs in Corporate America* "*Curing Medicare* is a trenchant analysis of the ills of the current health care regime for the elderly. Dr. Andy Lazris's message is a timeless one: you're not sick. You're just getting older. It is not, after all, an unusual condition in the scope of human history. Throughout he warns of the perils of too much, too much surgery, too much medicine, and too high an expectation for eternal youth. It's a page-turner." •Phillip Soergel, Chairman and Professor, Department of History, University of Maryland, College Park "Dr. Andy Lazris, a general internist and geriatrician, has written a wise book. All doctors in training and doctors in practice should read it, and so should their patients. Our health system has been slowly but steadily making it hard to be well. This book is well written, well researched, and makes a strong case that less is more for many of the common conditions and maladies that bring people to doctors. Organized medicine and academic medicine makes much of evidence-based practice. But what happens when the evidence is weak? Read this book and judge for yourself." •Daniel Becker, MD, MPH, Director of the Center for Biomedical Ethics and Humanities and Tussi and John Kluge Professor of Palliative Medicine, University of Virginia Medical Center

Andy Lazris, MD, is a primary care physician specializing in geriatrics and currently directs a group practice in Columbia, Maryland. He is Medical Director of several assisted living facilities and retirement communities. He is the coauthor of *Interpreting Health Risks and Benefits: A Practical Guide to Facilitate Doctor-Patient Communication*. Visit his blog at www.curingmedicare.com. Shannon Brownlee is a journalist and the acting director of the Health Policy Program at the New America Foundation. She is the author of *Overtreated: Why Too Much Medicine Is Making Us Sicker and Poorer*.

First, I would recommend this book to anyone who has elderly parents or who is approaching old age themselves. The author discusses the obsessive focus of the US health care system on managing numbers rather than tailoring care to each patient. Increasingly the system rewards statistics and pours Medicare dollars into overly heroic end-of-life treatments. Lazris makes the point that we all die and, as the end approaches, it makes no sense to subject the "frail elderly" (his term) to batteries of tests, over-medication, and invasive procedures in a futile attempt to defeat death. He

argues that much Medicare money would be better spent on end-of-life comfort - palliative care, home care, etc. - rather than forcing families to choose between depleting their own resources to keep a loved one at home or have them spend their final days being poked, prodded and tested in a hospital simply because Medicare will only pay for the latter. Anyway, whether you agree with his views or not, it's an informative book.

An important book. Very in-depth look at Medicare and the rest of our health care system as well. Lazris has the education, experience, and background to talk about this with an expertise that few have.

Author Lazris documents, using actual cases in his practice, several improvements needed in Medicare that would make it more realistic while also saving some taxpayers' money. It's well worth a read.

Dr. Lazris complains of many of Medicare's policies, and the negative influence they have on the practice of medicine. His complaints would be better directed to the U.S. Congress, or to our society's general attitude about health and medicine.

The take-home: Less is more, when it comes to medical care for the elderly. Pretty much required reading for those with aging parents, and those who are getting old themselves.... The author, a geriatric GP, talks mostly about the perils of over-treating frail elders who are reaching (or over) the limits of independent living. Many medications' side-effects outweigh their benefits for frail old people, and admission to hospital is very often their death sentence. Dr. Lazris relates a case early in his career, an active 90-year old farmer with extremely high blood pressure. Dr. Lazris prescribed medication, his patient started taking it, and was dead within a week. On thinking it over, he thinks the man had narrowed arteries, and his body was compensating by raising the pressure. When the medication lowered his pressure, he died. Oops. Medicare spends roughly a quarter of its budget on patients in their last year of life - a proportion that has remained steady for decades. "The operations were a success, but the patients died." Medicare spending in 2015 exceeded \$600 billion. So it's pretty obvious there are serious problems here, many relating to top-down, one-size-fits-all Medicare regulations, and this is widely known in the medical business. It's also clear that there are major financial beneficiaries from the high spending: Hospitals, attending physicians, and drug companies. Which suggests why Medicare has been slow to pay for

less-expensive palliative and home care for frail old people. Which is what most of the patients actually want. But to get Medicare to pay, they often must go to the hospital, often to lose their lives in pain and indignity. Catch-22. Cross-ref to the first edition with 22 customer reviews, averaging 4.8/5 stars:Â Curing Medicare: One doctor's view of how our health care system is failing the elderly and how to fix it. Link to sample chapters and synopsis at the first comment, per house rules. Happy reading--Peter D. Tillman

Dr. Lazris has an excellent grip on the realities of geriatric medical care under the Medicare system. His detailed account of how Medicare rules and financing militate toward WORSE care of the elderly -- so that he can usually not in reality do what is best for his patients despite his best efforts -- is much needed. Medicare makes it easy for him to overtreat and overtest and hospitalize, but makes it impossible for him to arrange home assistance or meal delivery and makes it incredibly time-consuming and difficult to get home health visits or an electrified wheelchair for his charges. Another needed reform he doesn't mention because it probably doesn't come into his purview is Medicare's omission of dental care coverage. Although he's glad Medicare is available to most of the old, he wishes it would take another shape and not push toward "thorough," intensive, and often cruel "care." His criticisms are very well taken and I'd like to see him interviewed on radio and TV shows to continue the discussion. One real strength of the book is that it is very detailed in how specific Medicare practices such as quality indicators and the "three-night rule" and the associated financing determine the sort of care that is given. He also mentions other bureaucratic practices with an impact on care such as nursing home surveys. [Sometimes his informed jargon is jarring to a non-insider, such as referring to "skilled patients" when he means patients in the "Skilled Nursing Facility" category.] I have two small criticisms. One is that, as much as I agree with him, he sometimes seemed a little one-sided in his presentation as an advocate. A small, pedantic criticism is that he twice states that ALL Americans over age 65 get Medicare Part A free. This is simply untrue. It depends on work history and a small number of the elderly do NOT qualify (and most who do not cannot afford the expensive premiums) and are generally not covered by Medicare Part A. This may not be a big deal in the big picture but it is typical of our fragmented system and is a big deal for some of those who do not qualify.

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