

Stuck In Bed

Uncovering the Truth About an Aging Population's Impact on Healthcare

Across New Hampshire and Vermont, patients who no longer have acute care needs—medical care for short-term, severe illnesses or injuries that require immediate attention—are “stuck” in hospital beds awaiting to be discharged home or to a rehabilitation or long-term care facility.

Several factors—an aging population, housing concerns, insurance issues, the lack of availability of post-hospital specialized services, and access to basic transportation—have turned hospitals into a social safety net for our most vulnerable populations. These factors significantly impact the delivery of health care to the entire population.

Demographic Shifts

The fastest-growing age group in the United States is those aged 85 and older. New Hampshire has the second-oldest median age population nationwide: more than 20% of the state's population is over 65. As the state's largest health system, Dartmouth Health is at the epicenter of aging.

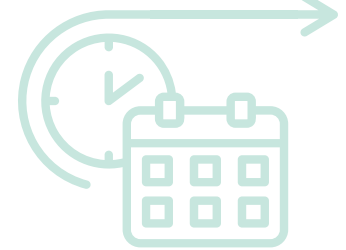
This unprecedented demographic shift is more than a rude awakening for hospitals and health systems. It's a wake-up call like no other—a global public health crisis with no fast or straightforward solutions.

These challenges aren't unique to older patients. The barriers to discharging patients with more complex health challenges increasingly threaten timely and efficient care for people of all ages.

Healthcare Worker Shortages – Supply Versus Demand

Quite simply, there are not enough healthcare workers or post-acute care facilities to support and sustain the needs of our aging population. Without more skilled workers and safe places to discharge patients, hospitals remain overwhelmed by backlogs of boarders. This dilemma limits admission capacity for new patients who need high levels of care. Although identifying this pipeline problem is easy, solving it is a challenge requiring broad-scale public awareness, political action, and systemic intervention.

Case in Point



An elderly woman suffering from dementia was brought to Dartmouth Health ED without identification.

Dartmouth Health's Complex Care Team worked to identify her, obtain guardianship, access her financial power of attorney, and navigate Medicaid on her behalf to secure her care benefits.

She was discharged 176 days beyond what was medically necessary.

New Challenges = New Terminology

- **Boarding:** Holding a patient in the emergency department ED, often in hallways, after they have been admitted because there are no inpatient beds available
- **Exit Block:** Occurs when patients in the ED requiring inpatient care are unable to gain access to appropriate hospital beds within a reasonable time frame

Such critical bed shortages are due, in large part, to systemic societal shifts toward aging populations with longer life expectancies, healthcare worker shortages, emergency department overcrowding, and multiple complex barriers to hospital discharge.

The American Association of Medical Colleges (AAMC) predicts a **shortage** of as many as **122,000 physicians** by **2032**.



Even if healthcare use patterns were immediately equalized across **race, insurance coverage, and geographic location**, the **United States** would need **an additional 95,900 doctors**.

America's entire healthcare system is challenged, and our long-term care partners face the same issues of understaffing, cost increases, and decreasing funding sources as our hospitals and clinics. Some additional factors contributing to this crisis include:

■ Social Pressures

- Rising housing insecurity
- Increased cost of utilities
- Lack of aging resources for families
- Increased cost of self-care
- High rate of substance use disorder (SUD)

■ Financial Barriers

- Long Medicaid intake processing times for long-term care
- Lack of post-acute payment source
- Increased complexity of reimbursement due to the prevalence of managed plans

■ External Markets

- Lack of beds for high-complexity, post-acute care
- Challenging primary care market
- Limited home health availability
- Diminished workforce capacity due to workforce contraction
- Inadequate third-party transportation resources

■ The Aftereffects of Overcrowded Healthcare Systems

- Delays in the treatment of patients due to lack of suitable spaces
- Treatments are administered in other spaces, including corridors
- Prolonged, unnecessary patient stays at the end of medical treatments pending transfers to units
- Inability to care for patients being transported by ambulance.
- Obstruction of the entry and exit routes of emergency departments

Unclogging the Public Health Pipeline

Many suggestions have been made to address this healthcare crisis and support our patients. At the national and state levels, increasing Medicaid reimbursement and investing in workforce development have been prominently suggested.

Dartmouth Health continues developing solutions to address this public health crisis as part of our commitment to weaving world-class care into our communities.

- Dartmouth Health supports a special fund that allows LTC facilities to admit patients with a *pending* long-term Medicaid application.
- Dartmouth Health also supports a bill that expands eligibility and increases reimbursement for [Public Guardians](#).
- The [Dartmouth Health Workforce Readiness Institute](#) is partnered with New Hampshire's Department of Education to ensure training and career advancement opportunities.
- Our [Aging Resource Center](#) is focused on helping older adults navigate a myriad of complex mental and physical health issues.
- In addition, in 2019, Dartmouth Health established its [Geriatric Emergency Department](#) as part of an effort to reduce the risk of ED revisits and avoid re-hospitalizations.

Dartmouth Health, New Hampshire's only academic health system and the state's largest private employer, serves patients across northern New England. Dartmouth Health provides access to more than 2,000 providers in almost every area of medicine, delivering care at its flagship hospital, Dartmouth Hitchcock Medical Center (DHMC) in Lebanon, NH, as well as across its wide network of hospitals, clinics and care facilities. DHMC is consistently named the #1 hospital in New Hampshire by U.S. News & World Report, and is recognized for high performance in numerous clinical specialties and procedures. Dartmouth Health includes Dartmouth Cancer Center, one of only 56 National Cancer Institute-designated Comprehensive Cancer Centers in the nation, and the only such center in northern New England; Dartmouth Health Children's, which includes the state's only children's hospital and multiple locations around the region; member hospitals in Lebanon, Keene and New London, NH, and Windsor and Bennington, VT; Visiting Nurse and Hospice for Vermont and New Hampshire; and more than 30 clinics that provide ambulatory and specialty services across New Hampshire and Vermont. Through its historical partnership with Dartmouth and the Geisel School of Medicine, Dartmouth Health trains nearly 400 medical residents and fellows annually, and performs cutting-edge research and clinical trials recognized across the globe with Geisel and the White River Junction VA Medical Center in White River Junction, VT. Dartmouth Health and its more than 15,000 employees are deeply committed to serving the healthcare needs of everyone in our communities, and to providing each of our patients with exceptional, personal care.