



Cutting through red tape

By Carol Edwards

Sometimes it seems like avoiding the bureaucracy and getting things done within our healthcare system is next to impossible, especially when we're trying to manage care for someone else.

Between the line-ups at the family doctor's office, the waiting times to see a specialist and the difficulties we often encounter trying to obtain the necessary tests, red tape can be a nightmare. The myriad of forms, wait times on the phone, call backs and delayed appointments can test the tolerance of even the most mild-mannered person.

You bet it's stressful

Over the years, I've experienced the frustration of trying to get through "the system" both as the adult daughter of ailing parents and as a geriatric care manager (GCM) working with my clients. Sometimes it's about the transfer of information, other times it's a road-block caused by the doctor's office not calling the pharmacist to renew a prescription or discuss a potential drug interaction. As caregivers, we

need to maintain privacy and confidentiality while respecting the wishes of the elderly person we're caring for. But we're also trying not to waste precious time and effort.

Of course, much of the caution or need to consult behind the scenes can be accounted for by maintaining confidentiality, but the outcome is almost always delays and time-consuming additional calls. In fact, it's seldom that you can expect to achieve a complete outcome in one session. Interestingly, most of us in the real world use email and cell phones, which are quick and efficient. Perhaps they are old fashioned or maybe it's because of privacy issues, but most physicians and their secretaries still hide behind the answering machines, insist on live appointments for things that could often be dealt with in a less awkward way and seldom call back after office hours.

A word to the wise: Make appointments to speak to the doctor on the phone. It can be done and it will save time, travel challenges and wasted time sitting in a waiting room.

Ask your doctors and caregivers to give you more direct access to them.

“Have you ever felt like a phone call that’s been disconnected?”

Shannen Doherty

Where is e-health anyway?

Just how easy is it to transfer records and for everyone to be on the same page? What would it be like to go online to book an appointment with your family doctor? Could a relative get a call back from the care manager’s cell phone as they are on route between patients? Or how surprising would it be to receive a text from your prostate cancer specialist, like one of my friends did one Sunday? Efficient, timely and certainly more human.

A word to the wise: Ask your doctors and caregivers to give you more direct access to them. You’d be surprised—they’ll often share an easier direct line or a pager number.

Then there is the complex care that I faced with both of my parents’ multiple medical conditions and the uncooperative staff at the facility. I soon realized that if I, an experienced nurse, found this challenging then “the public” would not be able to cope with the complex care of their loved ones. Consequently, both parties’ health would suffer. This was not an easy fact to live with, and the injustice weighed heavily on me professionally.

A word to the wise: Encourage people to “join the team.” If they feel that you know what’s going on, they might be less inclined to hide.

Lack of continuity

Changing care staff and long wait times can contribute to a disconnect and even exacerbate additional problems, since medical conditions in the elderly require prompt care. Their situation does not improve when attention is delayed. I found this when handling my father’s healthcare issues. As soon a problem arose, it was quickly followed by another. Issues were seldom thrown at me sequentially and it was easy to become swamped and exhausted. My father’s diagnosis was Pick’s disease—similar to Alzheimer’s disease, only worse—and he had other complex diseases. When these went unrecognized and untreated, they quickly became worse and frequently culminated in a hospitalization.

A word to the wise: Keep accurate records for yourself. Keep track of medication, test results and vital medical information, and don’t be afraid to speak up.

Managing complex multiple diseases

I soon learned that proactive action trumped reactive action every time. I spent my time assessing and reporting issues both face-to-face and remotely to the nursing staff at the long-term care facility. Meetings were hard to get and union regulations were often cited as reasons why changes couldn’t be made. I was often ignored and dismissed as a nuisance.

The result: it was easier to do things myself than cause myself aggravation by attempting to get the staff involved. This did not win me any popularity contests with the nursing staff. However, as power of attorney for my father, I was obliged to ensure that timely assistance was enlisted.

A word to the wise: Staff are extremely busy and may think you’re being “pushy” when you chase them down. Be patient. Pick the right time, but be persistent.

Contributing factors

We cannot ignore the fact that things are changing. The system is still adjusting to the desire of many seniors to stay independent for as long as possible and to live with care at home when necessary. Previous generations were at times intimidated and reluctant to question authority, ask their doctor a question



or express their concerns. New attitudes are opening up new territory for many—both families and care providers.

A word to the wise: Homecare requires flexibility from us all.

Consider your desired results

I have studied this carefully and my observation is that our healthcare system is driven by process rather than results. This is the exact opposite of how we conduct our geriatric care management practice. The goal for us is to always cut through the red tape. What goes wrong is often not a matter of skill—it's about attitude and appropriate care delivery.

A word to the wise: Staying focused on what you're trying to achieve keeps the client in mind, and not the myriad of other complex relationships and cooperation that is required to make things work.

The role of advocacy

The system requires navigation and you may need to get help from someone who is "in the know" as to how to achieve timely and accurate advice. Some of the value of a GCM is in the role of health advocate. The GCM is a knowledgeable healthcare provider who can navigate the system and be persistent in acquiring the needs and requests of their client or the power of attorney.

Don't be intimidated. People in positions of authority with access to appointments can appear to take on a superior or dismissive role. Know that this is sometimes tied to the fact that they are rushed, overworked and perhaps challenged with limited appointment slots.



A word to the wise: It's your job to get the job done. Be polite, but don't be shy.

Power of attorney and obligation of care

The power of attorney is responsible for finding the care that their elderly relative would have wished to receive. As those charged with this obligation, we have no choice but to push for what our relatives want and need.

Clearly, not everyone can afford paid assistance to chase, nudge and advocate on a full-time basis. However, it's certainly necessary to appoint one family member or loved one to take the lead. The volume of care, time and attention that will be required to carry the boomer cohort through the next few years threatens to bring the system to its knees.

It's safe to say that our government wants adult sons and daughters to play an active role in the care of their loved ones. I say it's time to simplify, streamline and accelerate change. With easier access, more timely assistance and the fostering of greater cooperation and partnerships between healthcare personnel and family caregivers, the system can work faster and more smoothly for us all. ●



Carol Edwards, RN, GCM, is President of Careable, Inc. and can be reached at carol@careable.com.

Keep track of medication, test results and vital medical information, and don't be afraid to speak up.

Don't take it sitting down

There is a strong possibility that the baby boomer generation will be better informed and therefore ask more direct questions. When caring for an aging relative, it's important to watch for the following:

- 1. Ageism:** When individuals or the system prioritize the care of younger persons ahead of the elderly.
- 2. Systems** that are process-driven rather than focused on results.
- 3. Ways to seek help** from a GCM or someone who understands how things work so that you don't get "stuck."
- 4. Intimidating behaviour.** Don't be put off by rushed physicians, secretaries and administrative people who seem dismissive.
- 5. The opportunity to tease out the information you need** by asking additional questions.