

## When Walking Fails: Personal and Health Policy Considerations

*Lisa I. Iezzoni, M.D., M.Sc.*

A walk to the kitchen sink for a drink may seem an unlikely flash point for a health policy debate. But with nearly 19 million Americans living every day with mobility limitations, finding ways to ease simple daily tasks and get around homes and communities is a major public health challenge.

The groundbreaking work of Lisa Iezzoni, M.D., M.Sc., explores the impact of mobility difficulties at both the personal and policy levels and maps out creative solutions to improve the lives of those with trouble walking. Soon to be published in book form with support from a Robert Wood Johnson Foundation Investigator Award in Health Policy Research, Iezzoni's research should push walking difficulties out of the policy shadows and squarely into the light of public debate.

In view of data showing that assistive technologies and devices such as wheelchairs are unaffordable for more than 60 percent of Americans who need them, Iezzoni's work takes on even greater urgency. Almost half of those who need assistive technologies pay for them entirely out of their own pockets.

Through interviews with more than 100 people, Iezzoni describes the chronic conditions that cause walking difficulties and gives a personal face to the consequences. She also examines the health care community's reaction to mobility limitations, shedding light on how they are approached and treated by physicians, as well as how they are viewed by insurers. In particular, she takes a sharp look at how health payment policies hinder long-term therapy to maintain functioning or prevent its decline. These policies may also impede access to mobility aids that restore the personal independence most Americans take for granted.

Iezzoni's comprehensive prescription for change includes the following ingredients:

- Reshape the way front-line physicians treat patients with walking impairments, giving doctors more training, better assessment tools, and closer ties to rehabilitation resources.
- Prompt private and public purchasers to rethink their benefit designs, using pressure from the collective power of consumers with walking difficulties — particularly the aging Baby Boomers.
- Introduce greater consumer choice to the purchasing of assistive technologies.

### *Unheard Voices, Daunting Challenge*

Walking difficulties have generated little buzz among health care providers and payers. But the problem's nearly invisible presence at the health policy table is not a reflection of its rarity among the general population. In fact, the issue's limited policy profile stands in stark contrast to the relatively high prevalence of mobility limitations.

Among persons living in a community, roughly 10 percent of adults — at least 18.6 million Americans — report some difficulty walking, standing, or climbing stairs, according to research by Iezzoni and her colleagues recently published in the *American Journal of Public Health*. Of that total, an estimated 5.6 million people report that they are completely unable to perform these physical activities.

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Mobility limitations are not the exclusive domain of advanced age. Iezzoni’s research reveals that a fairly large share of individuals with mobility problems — an estimated 23 percent to 38 percent — are younger than 55. However, rates of walking problems do rise with increasing age.

Walking difficulties result primarily from progressive, chronic conditions. Topping the list of chronic causes are arthritis and back problems (which together account for nearly 40 percent of problems), followed by heart disease, lung conditions, strokes, osteoporosis, and diabetes.

Mobility problems often have profound, complicated ripple effects on individuals’ physical and emotional well-being. Iezzoni has interviewed people who express a loss of control and independence, coupled with the fear of burdening their family and friends. But most people tell Iezzoni that their impairment hasn’t changed their core sense of self. Many people adapt their lives to the reality of walking difficulties, curtailing their outside activities and adopting techniques such as “surfing” strategically placed furniture to avoid reliance on mobility aids like crutches, walkers, or wheelchairs. But if people limit their lives too much, they can become progressively isolated from others, sometimes triggering anxiety and depression.

Those who choose to use mobility aids, however, often discover that their quality of life improves and their sense of independence returns.

“Once people get over the initial emotional hurdle of recognizing the practical implications of limited mobility, they find mobility aids remarkably empowering,” Iezzoni explains. “When people are no longer afraid of falling or exhausted from the effort to move independently, the world suddenly opens up to them.”

But social perceptions can create awkward responses to persons with chronic conditions who use assistive devices such as walkers and wheelchairs. Many face misperceptions that they’ve somehow “given up,” or that they’ve become burdens on family and friends.

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### ***Health Practice and Policy Fall Down***

Many people faced with walking difficulties don’t discuss their daily functioning problems with their physicians. Those who do turn to their primary care doctors for answers about improving mobility — as opposed to treating underlying medical conditions — too often find that their physicians lack the knowledge to make a difference.

For those individuals with progressive chronic conditions, the need to deal with other, more acute clinical concerns during a physician office visit may squeeze out discussions about the impact of mobility problems on daily activities. And some patients hesitate to trouble primary care doctors with functioning problems that seem to be less important than purely medical matters. Add the time constraints of an office visit, and the result can be little or no discussion of mobility difficulties.

Across the examining table, physicians may have little to offer patients who do ask questions. About two of every three individuals with disabilities don’t receive rehabilitation services because their physicians haven’t recommended them, research indicates.

Most physicians are well-equipped with suggestions for acute interventions such as joint replacement or medications to alleviate pain. But far fewer have the training and understanding to talk with patients about the effects that walking difficulties can have on daily functioning, or to recommend interventions such as physical or occupational therapy or mobility aids that could improve functioning.

These factors underscore a critical need to re-examine the physician-patient relationship when the patient has a walking difficulty — to enhance physician sensitivity to mobility problems, encourage patients to discuss their daily difficulties with their doctors, and to provide primary care doctors with adequate training and support tools.

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## ***Payment Policies Create Obstacles***

People who do visit knowledgeable doctors or specialists or choose mobility aids can find themselves battling yet another barrier: health insurance.

Having an insurer pick up all or part of the cost of mobility aids or services isn't an option for the many people with mobility problems who are uninsured.

Even for those with insurance, payers' costs and benefit restrictions can force people to pay for mobility-related services out of their own pockets. Restrictions on physical and occupational therapy sessions and limits on the type and number of assistive technologies are routine among payers. Iezzoni herself has battled her commercial health insurer to cover the cost of a scooter, eventually choosing to pay out of pocket to get the technological assistance she needed.

Public-sector payers, too, can prove all too stingy when it comes to coverage for mobility aids and services. Medicare's policy of paying for rehabilitation only when beneficiaries demonstrate continual functional improvements is a significant barrier for people with progressive impairments where maintaining function or preventing its decline are the only realistic goals.

The result: Of the estimated 2.5 million Americans who need assistive technology such as wheelchairs, 61 percent can't afford it, according to the 1990 National Health Interview Survey on Assistive Devices.

For those who can afford it, choosing a mobility aid such as a wheelchair can become a Herculean task. People shopping for mobility aids face a fragmented market with little opportunity to take the technology for a thorough test drive. And insurers don't allow new owners a trial run with their new technology — if a wheelchair is uncomfortable, health insurers aren't likely to pay for a replacement.

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## ***Taking Steps Toward Workable Solutions***

Demographic trends and a handful of innovative approaches could bring fundamental change to the lives of those with walking difficulties, Iezzoni predicts.

Knocking down barriers for people with mobility impairments won't be simple. But the impending arrival of the Baby Boom generation among the Medicare set will likely deal a sharp blow to the status quo.

Although only about 13 percent of Americans today are older than 65, Baby Boomers will push that percentage above 20 percent by 2030. That generation's emphasis on active lifestyles may make them more willing to accept — and demand — mobility aids as empowering solutions. Even temporary use of a rented scooter, for example, could allow a person with a mobility problem to take that dream vacation.

Iezzoni emphasizes at least three conditions that would significantly improve the daily lives of individuals with difficulty walking:

1) *To sharpen the attention paid by health care providers to walking impairments, physicians must reorient their approaches to patients.* That will require many to abandon negative conscious and unconscious attitudes toward mobility limitations, Iezzoni says. Physicians must also make functional assessments of patients an integral part of the treatment process. Better treatment may require physicians, particularly primary care physicians, to develop referral networks to health care providers better able to address the needs of those with walking difficulties.

## About the Investigator

Lisa Iezzoni, M.D., M.Sc., is a professor in the Department of Medicine at Harvard Medical School and co-director of research at Beth Israel



Deaconess Medical Center's Division of General Medicine and Primary Care.

Iezzoni may be blazing trails in the field of mobility impairment policy, but she is no newcomer to health policy circles. She spent the first dozen years of her health care research career making a well-respected name for herself in the field of risk adjustment, searching for ways to improve quality-of-care measurement and payment fairness. Iezzoni literally helped write and edit the book on risk adjustment, *Risk Adjustment for Measuring Healthcare Outcomes*.

Her research findings have been published in several health policy journals, including the *Journal of the American Medical Association*, *Annals of Internal Medicine*, *Inquiry*, *Medical Care*, *American Journal of Medical Quality*, *American Journal of Public Health*, and *Health Services Research*. Iezzoni also serves on editorial boards for several health policy and medical journals, including *Health Affairs*, *Inquiry*, and the *Journal of General Internal Medicine*.

Iezzoni's work on risk adjustment earned her election to the Institute of Medicine and the American College of Medical Quality's Founder's Award for Outstanding Contributions to the Field. Iezzoni also holds a director's seat on the board of the National Forum for Healthcare Quality Measurement and Reporting.

After more than a decade at the forefront of risk adjustment research, however, Iezzoni found herself pulled in a policy research direction with very personal implications.

Because of multiple sclerosis, Iezzoni uses a scooter to increase her mobility. She frequently found herself fielding questions from curious strangers interested in the scooter. Those experiences prompted Iezzoni to take a closer look at the policies and practices surrounding mobility limitations.

Using her 1996 RWJF Investigator Award in Health Policy Research, Iezzoni has focused her considerable research skills on the study of walking difficulties. Her results have appeared in the *Journal of the American Medical Association*, *American Journal of Public Health*, *Health Affairs*, *Medical Care*, and the *Journal of General Internal Medicine*.

2) *Vocal Baby Boomers may prove loud enough to force public and private purchasers to change their benefit designs.* Better front-end coverage of physical and occupational therapy, modest home modifications (such as grab bars and railings), and mobility aids could generate plenty of back-end savings for insurers by preventing hip fractures and other costly and often avoidable medical crises. Insurers may also develop a more receptive ear to patient demands if the cost of assistive technology falls. That's likely to happen as the Baby Boomers age. With a larger population of people with difficulty walking in the market for mobility assistive technology, Iezzoni suggests, the price of technology such as scooters should drop.

3) *Consumers' demand for choice could reshape the way assistive technologies are marketed.* To solve the problem of individuals abandoning ill-suited technology, mobility aid sales could take a page from the all-under-one-roof strategy of retailers such as Best Buy. Iezzoni advocates the creation of a "mobility mart" where test-drives and two-week rental periods are standard practice.

By expanding access to assistive technology and developing a greater understanding of the challenges posed by mobility limitations, society stands to benefit handsomely as individuals with mobility problems remain within the mainstream of family, work, and community. Iezzoni's work will significantly broaden the perspectives of families, physicians, and policymakers, speeding the arrival of life-changing reforms for millions with walking difficulties.

## Publications

Dr. Iezzoni is drawing on her recent research to write a book that will explore the experiences of people with mobility difficulties and outline steps to improve treatment and coverage policies by health care providers and payers. Dr. Iezzoni's book, *When Walking Fails: Addressing Mobility Problems of Adults with Chronic Conditions*, will be published by the Milbank Memorial Fund and the University of California Press in 2003. To order a copy, call 1.800.777.4726 or visit [www.ucpress.edu](http://www.ucpress.edu) in 2003.

Related publications by Dr. Iezzoni include:

- Iezzoni LI. Boundaries. *Health Affairs*, 1999; 18: 171-6.
- Iezzoni LI, McCarthy EP, Davis RB, Siebens H. Mobility impairments and use of screening and preventive services. *American Journal of Public Health*, 2000; 90: 955-61.
- Iezzoni LI, McCarthy EP, Davis RB, Siebens H. Mobility problems and perceptions of disability by self- and proxy-respondents. *Medical Care*, 2000; 38: 1051-7.
- Iezzoni, LI. Clinical Crossroads: a 44-year-old woman with difficulty walking. *Journal of the American Medical Association*, 2000; 284: 2632-9.
- Iezzoni, LI, McCarthy EP, Davis RB, Siebens H. Mobility difficulties are not only a problem of old age. *Journal of General Internal Medicine*, 2001; 16: 235-43.

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To order additional copies of *When Walking Fails: Personal and Health Policy Considerations*, contact the National Program Office of the RWJF Investigator Awards in Health Policy Research at 732.932.3817, ext. 256, or [depdir@ihhpar.rutgers.edu](mailto:depdir@ihhpar.rutgers.edu).