

**“My kids think I need to move....
but I’m doing fine.”**



Learning Objectives

1. Understand what office-based tests can determine the ability to age-in-place.
2. Learn what resources are available for seniors to continue to live in their homes
3. Discuss the current options in Long Term Care
4. Describe Alternatives and Cutting Edge Options for future long term care of seniors.

Margaret and Harold

- 87 y/o Harold, retired accountant, who has HTN, CAD/ CABG, OA, poor vision, does the cooking, driving, and having more problems walking.
- 81 y/o Margaret, retired teacher, who has OA, CHF, Fall / Hip Fracture with Pinning when on vacation. Mostly sedentary but can walk 15 feet without stopping.
- Live together in a bi-level house (6 steps to door, 8 steps in home to bedroom)

Is anyone worried?

- Son is worried. Wants to talk to you – their doctor – about whether they can live in their own home.
- Another son thinks that they should move into Assisted Living.
- Margaret and Harold want to live in their own home.



What does your gut say:

1. They can stay in their own home same as they have been doing until something goes wrong (e.g. fracture, hospitalization).
2. They should hire a homemaker / caregiver (s).
3. They should move into Independent Living / Assisted Living in a senior community.

8

Aging-in-Place

- The CDC defines *aging-in-place* as the ability to live in one's own home and community *safely, independently, and comfortably*, regardless of age, income or ability level.
- Seniors retire later today than ever before and approximately 45% of all adults >65 yrs volunteer annually.
- Seniors who remain in their own homes have less depression and maintain their physical function better than seniors who reside in assisted living facilities.

9

Successful Aging-in-Place

As our population matures, aging-in-place is no longer a simple outcome of being present in a home for seniors.

To successfully age-in-place, seniors have to be safe, able to handle their needs, or harness technologies and find surrogates that can fulfill their needs.

What to tell the son?

10

Pre-visit Homework

11

“Walk a day in their shoes”

- Ask family to spend a day with the senior –
.....not assisting but watching.
- Observe meal prep / eating habits, bathing/cleaning, walking around the house, driving.

12

On the Day of the Visit

13

Annual Medicare Wellness Visit

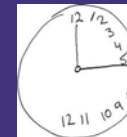
- Cognition Testing
- Physical Function
- Mood
- Talking about Future and Advance Care Planning
- Counseling

14

Screening Mini-Cog

- Mini-cog (3 words, clock draw, recall words)

Dog
Penny
Apple



Dog
Penny

Borson S, Scanlan JM, Chen PJ et al. The Mini-Cog as a screen for dementia: Validation in a population-based sample. J Am Geriatr Soc 2003;51:1451–1454.

15

Montreal Cognitive Assessment (MoCA)

www.mocatest.org

- 30 different languages
- Blindness
- Low education
- Multiple versions to avoid learning effect.

16

Physical Function

- Get up and Go
- Stand up in Chair without using hands
- Falls? Near Falls?
- Feel better pushing a shopping cart?

17

Red Flag Activities

- **Driving** - only in daytime and to familiar places. "Got lost when road detour." "No tickets." "I would not drive with my dad!"
- **Medications** getting mixed up. "I chose not to take that one."
- Family taking over for bills / **finances**.
- Weight loss (3 lbs is big!)

18

Options?

19

To Successfully Age-in-Place

- Driving Issues
 - Occupational Therapy to Evaluate
 - Car Service
 - Contact DMV
- Medication / Weight loss / Home Upkeep
 - Surrogate Assists with Finance Management
 - Hire Caregiver / Homemaker

PlanYourLifespan.org

Hospitalsizations
 Falls
 Memory Loss & Alzheimer's
 Talking to Others
 Finances

No one knows what their future health holds, but everyone wants to have their voice heard throughout their lifespan.

This website will help you plan for health events such as hospitalizations, falls, and memory loss that may happen as people get older. This planning differs from end of life care and wills.

Do you know...

- What your rehabilitation options are after a hospitalization?
- How to connect with local services and resources such as in-home care, Villages, and skilled nursing facilities?
- What steps you can take to help prevent falls?

Plan Your Lifespan will help you learn valuable information and provide you with an easy-to-use tool that you can fill in with your plans, make updates as needed, and easily share it with family and friends.

[Welcome, Bob](#)
[My comments](#)

 Home
 About
 Help
 Summary
 Sign & Exit

PlanYourLifespan.org

Hospitalizations

Falls

Memory Loss & Alzheimer's

Taking to Others

Finances

H

Introduction

What If I am hospitalized?

What are my rehab choices?

Am I prepared to return home?

Most Hospitalizations are Unplanned



Transcript

I think an important part of balance is really good physical therapy to maintain balance, to keep it from deteriorating, and to improve it. Starting last January I went twice a week, in the better cold, to a really fine hospital and got physical therapy to improve my balance. I said it's made a difference for me.

Welcome, Lee

4% complete

PLAN YOUR LIFSPAN

Home

About

Help

Summary

Save & Exit

PlanYourLifespan.org

The screenshot displays the Chicago Department of Family & Support Services website. The top navigation bar includes links for Home, Services, About Us, and Contact Us. The main content area is divided into several sections:

- What choices can I make now?**: A section with a video player and text explaining that users can choose where to receive services, such as at home, in a community center, or in a hospital. It also mentions that users can choose to receive services in a language other than English.
- More local resources**: A section with a video player and text explaining that users can find local resources, such as food banks, shelters, and job training programs.
- Places like your preferred choice**: A section with a video player and text explaining that users can find places like their preferred choice, such as a community center, a hospital, or a shelter.

The bottom of the page features a footer with links for Home, Services, About Us, and Contact Us, as well as a search bar.

Should I be driving?

No one wants to stop driving. There are simple things to make sure that you, your passengers, and your neighbors are safe when you drive. If people are concerned about my driving,



☐ My physicians can be asked about my driving



☐ I would like to be evaluated by a senior driving evaluation group



☐ I was once a driver



☐ I was to drive

Long term goals

People can live with Alzheimer's disease for years without needing help. Alzheimer's disease progresses differently for different people. It is important that if you ever need more help, people know your ultimate goal when it comes to your future.



☐ I am open to having someone help me in my home if it means I can stay there longer.



☐ My goal is to remain in my home as long as it is safely possible.



☒ I would like to move in with



☐ I am willing to move into a senior community.

Next →

← Previous

24

Smooth Sailing....Refusal of Help?

- So Many Options!
- *"She keeps firing the Caregivers."*
- *"He refuses to let them in the door."*

25

Inter-generational Living

- "Move Mom in."
- Oftentimes more successful with Grandchildren and Grandparent.
- "Sandwich Living" - 40 y/o with 10 y/o and 85 y/o

26

Moving from the Home?

- More social interactions needed?
- House not working.
- Personal Decisions

27

Terminology

- CCRC (Continuing Care Retirement Community)
- IL / AL (Independent Living/ Assisted Living)
- ADC (Adult Day Care)
- NORC (Naturally Occurring Retirement Community)

28

NORC (Naturally Occurring Retirement Community)



29

ALF vs ILF vs CCRC

- Assisted Living Facilities (ALFs)
- Independent Living Facilities (ILFs)
- Continuing Care Retirement Community (CCRC)

30

Average ILF Resident

- 80 y/o (ranges of 66 - 94 y/o)
- Widowed, white, ambulatory female
- Requires assistance with 2.25 ADL
- 3% housework
- 86% daily medication
- Ambulation not usually a problem
- 66% without devices
- 32% using mobility devices

31

Urban options



32

Suburban Options



33

PRICES OF ILF/ALF LIVING

Vary widely on location and needs of resident
On a national average, an ALF costs \$2358 a month, or \$28,689 a year
Northeast and West > Southeast and Midwest
City > Rural

For instance, pricing in the Chicagoland area
from \$2800 to \$3295 a month = \$39,540/yr
High end assisted living centers can charge as much as \$48,000 or more a year.

Caveats

- Moving into IL only facilities: "We need to hire a caregiver."
- Rentals versus Buy-Ins.
- "Try it out for a month."



35

How to find a good CCRC?

- Close to involved family.
- Active Community
- Memory Unit with Locks / Wandering Potential ?
- Check their Skilled Nursing Facility (SNF) rating on Medicare.gov.

36

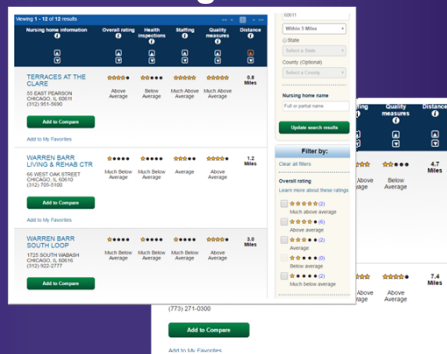
What is a good quality SNF? Where should we send Mom?

<https://www.medicare.gov/nursinghomecompare>



37

Federal Regulations are Public.



38

	TERRACES AT THE CLARE	ILLINOIS AVERAGE	NATIONAL AVERAGE
2006 Percentage of short-stay residents who made improvements in function. <i>Higher percentages are better.</i>	72.7%	50.5%	63.5%
2006 Percentage of short-stay residents who were re-hospitalized after a nursing home admission. <i>Lower percentages are better.</i>	32.6%	22.3%	21.1%
2006 Percentage of short-stay residents who have had an outpatient emergency department visit. <i>Lower percentages are better.</i>	17.5%	12.1%	11.5%
2006 Percentage of short-stay residents who were successfully discharged to the community. <i>Higher percentages are better.</i>	43.5%	51.5%	54.9%
Percentage of short-stay residents who self-report moderate to severe pain. <i>Lower percentages are better.</i>	5.9%	15.3%	17.1%
Percentage of short-stay residents with pressure ulcers that are new or worsened. <i>Lower percentages are better.</i>	0.0%	1.6%	1.3%
Percentage of short-stay residents assessed and given, appropriately, the pain reliever, ibuprofen. <i>Higher percentages are better.</i>	71.2%	75.6%	80.3%
Percentage of short-stay residents assessed and given, appropriately, the pain reliever, acetaminophen. <i>Higher percentages are better.</i>	85.4%	77.1%	81.1%
Percentage of short-stay residents who newly received an antipsychotic medication. <i>Lower percentages are better.</i>	1.4%	2.1%	2.2%

39

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/downloads/MDS20MDSAllforms.pdf>

35 Pgs of Assessments

“MDS Coordinator”



40

What is a good quality Home Health Care Agency?

www.medicare.gov/HHCompare

Quality Measures	Percentage for XYZ Home Care Agency	State Average	National Average
HIGHER PERCENTAGES ARE BETTER			
Percentage of patients who get better at walking or moving around	71%	76%	82%
Percentage of patients who get better at getting in and out of bed	74%	72%	72%
Percentage of patients who have less pain when moving around	59%	80%	76%
Percentage of patients whose wounds improved or healed after an operation	77%	76%	80%

41

Placement Agencies

42

When your patient is moving...

- Getting rid of stuff...
- Cognition
- Function
- Mood

43

After they have moved in

- Cognition Changes
- Increase in Alcohol Consumption
- Depression
- Weight gain / Weight loss
- Participating in activities and exercises
- Yearly Evaluation

44

Can we do better?

45

Yes – You Can Live on a Cruise Ship



We proposed that seniors who are no longer able to live independently live on cruise ships for extended periods.

Enjoy travel, have good cognitive function, and require some assistance with ADLs

Integration with "regular passengers"

"Home" cabin
Other passengers disembark as usual
Not a "Ship of the Damned"

Journal of the American Geriatrics Society  [Explore this journal >](#)

Cruise Ship Care: A Proposed Alternative to Assisted Living Facilities

Lee A. Lindquist MD, Robert M. Golub MD

First published: 26 October 2004 Full publication history

DOI: 10.1111/j.1532-5415.2004.52525.x View/Save Citation

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...More Outdoor Space



Handicapped Facilities



Other Cruise Ship Services

24 Hr On-board Nurse and Physicians

Laundry/Housekeeping Services

Salon Services

Security Services

Escort to Meals Available

Room Assistance Available

Cost- Effective Analysis

We performed a cost effect analysis comparing the two options of Cruise Ship Travel with Assisted Living Facility Care

Cruise Ship Care is a legitimate alternative for seniors unwilling to settle for traditional retirement living care.

20 year Markov Analysis

Model	Net Cost	Net Effectiveness
Traditional Options	\$228,075	1.65
Cruise Ship Care	\$230,407	1.97

- Cruise Ship Care is a legitimate alternative for seniors unwilling to settle for traditional assisted living care.
- Based on our interviews with community dwelling seniors, a market existed for this idea. Younger old populations and retiring "baby-boomers" felt that this idea would be a valuable option for their future

Implementation

Implementing the idea of Cruise Ship Care is not difficult on the person-to-person level. We recommend a one-month trial period before committing to a full year.



Margaret and Harold

- 86 y/o Harold who has HTN, CAD/ CABG X 3, OA, poor vision, does the cooking, driving, and having more problems walking.
- 84 y/o Margaret who has severe heart failure. Can only walk 15 feet without stopping.
- Live together in a bi-level house (2 steps to door, 8 steps in home to bedroom)

What does your gut say:

1. They can stay in their own home same as they have been doing until something goes wrong (e.g. fracture, hospitalization).
2. They should hire a homemaker / caregiver (s).
3. They should move into Independent Living / Assisted Living in a senior community.
4. Move into a Cruise Ship