

## Arizona Care Management Solutions

Navigating the Journey: Personal Advocacy for Today

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## We are living longer and dying slower

 At age 65, if you are in good health (no chronic illness), your life expectancy is 90+ years of age.



Creative planning can improve your quality of life.
Specify today how you want your life to look in the future.



## Today's presentation

- Keeping your life working even when you're not
  - Being the architect, director and client of your own care
- You are your best advocate
  - Physician, emergency room, hospital and skilled care



# Being the architect, director and client of your own care

### Develop your personal care plan

#### **Architect**

Design how you want your life to work.



#### **Director**

Manage your own affairs until you can no longer do so.



#### Client

Receive the care and support that you made plans for.





## Key "pieces" of information Architect

### Get the cornerstones in place first

- Medicare Options
- Power of Attorney (POA)
- Wills
- Beneficiary Deeds





#### Architect

#### Primary Care Doctor

- Oversees all your medical care
- Willingness to consult specialists
- After hours availability

#### Point Person/Care Manager

- Assist and implement your care plan
- Co-ordinate your care, i.e., specialists
- Helps to prevent complications of your care
- Monitoring of physical and mental decline



#### Architect

- Bookkeeper
  - Handles your day-to-day financial activities
- Tax Accountant
- Estate Planning Attorney (50% of people ages 80+ who have mental decline, put themselves at risk for poor financial decisions)



#### Director

Begin to implement your plan, together with your design team, as you travel the journey of aging.





#### Client

Peace of mind knowing you can no longer direct your plan, but your design is being implemented as you directed.





## Engage home care

#### **Medical Home Care**

 Covered by Medicare: Physical Therapy, Occupational Therapy, Speech Therapy and Nursing Care

#### **Non-medical Home Care**

 Private Pay or covered by a Long-Term Care policy-Assistance with Activities of Daily Living



## Two separate in-home personal care models of home care are:

### **Employee based model**

- Caregivers are employees of Home Care Agency and receive wages, taxes and worker compensation insurance paid by the Home Care Agency
- Home Care Agency conducts background checks on each caregiver at no additional fee to the client/senior
- If a Caregiver is injured on the job, it is the Home Care agencies responsibility not the client or their homeowner's insurance
- Home Care Agencies provide ongoing care, oversight and supervision to minimize the risk of neglect, abuse and/or exploitation
- Home Care Agencies have a pool of caregivers to provide back up if a replacement caregiver is needed for any reason



## Two separate in-home personal care models of home care are:

### Independent contractor model

- The client is responsible for paying caregiver wages and taxes
- If the Caregiver gets injured on the job it is the client's responsibility to pay their medical bills or file against their homeowner's policy.
- No oversight to minimize risk of neglect, abuse and /or exploitation
- No plan of care in place for illness or vacation
- No support offered to caregiver
- No ongoing education/training



## Cost of care for a single person



Senior independent living \$2,500 to \$8,000



Group homes \$3,500 to \$8,000



Assisted living \$3,900 to \$10,000



Skilled nursing care \$7,500 to \$10,000



Memory care \$5,000 to \$12,000



## ADVOCACY



# Preparing to see your primary care physician

- Compose a list of questions and concerns
- Update your medication list
- Gather any additional documentation
  - Blood pressure charting, glucose testing levels, oxygen levels, weight change - up or down
  - Changes in daily/hourly pain levels (level 1-10, with 1 low)
- Prepare a list of your top three concerns
- Have a "second set of ears" with you (ideally your Care Manager or POA)

A doctor can't help you unless you are prepared



## Day of your doctor appointment

- Briefly explain your top three concerns. REMEMBER: your time with the doctor is limited.
- Share any new limitations you are experiencing in your day-to-day life.
- Actively listen and take notes: don't interrupt.
- Ask clarifying questions.
- Note any recommended medication changes and why.
- Document any lab work requested and why, as well as any referrals requested.
- Document your follow up appointments.
- At the conclusion of the appointment, summarize back to the doctor what you heard.
- Obtain a copy of the doctor's notes.



## **Emergency room**

- 911 will look for a DNR and an updated list of emergency contacts on your refrigerator
- ALWAYS have a current list of medications and supplements in your wallet
- Have your care manager, personal assistant or POA with you, to be your voice in the ER.
- Verbalize not only what the issue is, but also what led up to why you are there, i.e., did you fall recently
- Be specific about the tests you ask for or wish not to have
- You can ask to be observed overnight.
- Be clear about discharge recommendations



## Hospitalization

- Either your care manager, personal assistant or POA should be with you
- Why?
  - Blood clots, bed sores, infections, drug side effects
  - Failure to rescue (failure to respond effectively if you begin to deteriorate quickly)

1 in 7
Medicare
patients are
harmed in
the hospital



#### Delirium

- Two types
  - Hypoactive
  - Hyperactive
- Hours count
  - Delirium appears suddenly
  - Largely preventable
- Medical delirium requires testing

By age 85,

85%

of patients develop delirium



## Delirium prevention

- Try to avoid all painkillers and opiates
- Engage with familiar people 24/7 if possible
- Dress daily, including glasses, hearing aid and dentures
- Always have a clock and a calendar within site
- Keep the environment calm
  - Have personalized 'media' with you, i.e., photos, favorite music, reading material and list of favorite TV shows
- Stay well hydrated and eat



## Hospital discharge

- Ensure that your advocate is with you when you are receiving all discharge instructions with the hospital case manager.
  - Both of you should take copious notes
- Communication is key.
- Understand the contact information for anyone coming to your home, upcoming appointments, and why.
- Understand your medication changes and how to get your medications filled.
- Problems are common even if you are in full command of your faculties.

20%
of hospital
discharges
were
re-admitted
within 30 days



## Support that sustains

- Keep your relationship with loved ones strong.
- Utilize professionals that have your well-being in mind and are your advocate.
- Make sure you are working with someone who not only helps you with your immediate needs but is also looking to the future to ensure your wishes will be met.
- Make sure that the decisions you make today will not jeopardize what you may need in the future.



#### THANK YOU

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