

Boomers, Elders, and More E-Newsletter

2140 Belcourt Avenue

Nashville, TN 37212

<http://vanderbilt.edu/child-family-center/>

Message from the Coordinator

October 15 marks the start of Medicare's seven-week annual election period, when current beneficiaries can add, drop or switch prescription-drug plans and make other coverage changes.

During Open Enrollment it is important to review your plan and explore your options because your plan can change annually.

Tennessee's State Health Insurance Assistance Program (SHIP) can help you! This is a statewide program that provides free and objective counseling and assistance to persons with questions or problems regarding Medicare and other related health insurances.

A representative from SHIP will be our speaker for October's lunchtime session. The representative will focus on the basic parts of Medicare and answer questions regarding Open Enrollment.

The session will be held on October 21, 2015 from 12 p.m. to 1 p.m. in Light Hall Room 433.



News Highlight

Study puts Medicare's three-day inpatient hospital stay in focus

By: Adam Smelt/ Pittsburgh Post-Gazette

Medicine has changed a lot since the 1960s, but Medicare still has in place a policy created in 1965 that requires that patients spend three days as an inpatient before they can be removed to a skilled nursing facility.

“The concern is that the policy may be unnecessarily extending the length of hospital stays. We know that every day in a hospital carries some risk, whether it’s for an infection, blood clots or some other risk,” said health policy researcher Amal N. Trivedi, whose study appears in the journal *Health Affairs*.

Reshaping the mandate could shorten a lot of those hospital stays, avoid medical complications and curb costs, said Dr. Trivedi, a Brown University professor who worked with several colleagues on the two-year study.

His research found the hospital stays were around 10 percent shorter for people on a handful of privately administered Medicare Advantage plans that eliminated the three-day mandate.

Because his comparison involved only 28 Medicare Advantage plans and about 258,000 enrollees, it isn’t clear how the findings might translate to traditional Medicare policies that cover about 70 percent of program participants nationwide, Dr. Trivedi said.

Still, he and other industry observers said the analysis should encourage Medicare to take a fresh look at the hospitalization standard.

Program officials did not immediately discuss the study.

“You don’t have to sit around the hospital waiting for lab tests. You don’t have to sit around the hospital waiting for incisions to heal. We now have technology that is minimally invasive,” said Howard Degenholtz, an associate professor in health policy at the University of Pittsburgh.

He said Dr. Trivedi’s review follows a 40-year national trend toward shorter hospital stays encouraged by better antibiotics, rehabilitation and diagnostic techniques. Keeping inpatient visits brief can be especially important for the elderly, who are prone to dangerous losses of muscle mass when they stop moving, Mr. Degenholtz said.

Medicare covers more than 55 million elderly and people with disabilities.

Average hospital stays could top two weeks when the Medicare policy took effect in 1965.

At that point, Medicare supporters viewed the three-day hospitalization mandate as protection, a buffer to make sure patients would not be discharged into nursing homes before doctors had finished key medical evaluations.

Now Medicare beneficiaries’ average hospital stays are about five days, and “it would be reasonable for a hospital to make a determination on skilled nursing care in less than three days,” Dr. Trivedi said.

At McCandless-based Vincentian Collaborative System, a Catholic nonprofit that cares for more than 500 senior citizens, president Raymond E. Washburn didn’t cast any blame for the three-day rule.

“We’re just in a different world,” said Mr. Washburn, who urged a thorough review of the regulations. He said hospitalization still makes sense to stabilize some ailing patients before they arrive in a group home.

Yet “in a lot of cases, they probably didn’t need the acute-care stay at all and could have just come into the nursing home,” Mr. Washburn said.

He estimated an overnight hospital stay can cost thousands of dollars, while the same night in a nursing facility can run several hundred dollars. Dr. Trivedi said he didn’t know how much hospitals and the government might save by amending the hospitalization mandate. Shorter stays cited in his study saved around \$1,500 on average.

At the Pennsylvania Health Care Association, which represents nursing and assisted-living homes, president W. Russell McDaid said relaxing the rule could give patients easier access to their Medicare benefits.



Source: <http://www.post-gazette.com/business/healthcare-business/2015/08/06/Study-puts-Medicare-s-three-day-inpatient-hospital-stay-in-focus/stories/201508060073>

Long Distance Caregiver—Coping with Emotions

By Catherine Murphy, R.N.

Being a long distance caregiver has a unique set of problems. I have been on both sides of the coin, and know that the emotional drain of being too far from our loved



one to be of direct help, can be devastating. How can one describe the fear that envelops you when the phone rings? Or the shrill of the bell, that you know and wait to come, which tells of yet another crisis with your loved ones? It is something you learn to live with every day. However, you never are ready for that call. I understand because I have been there. I have been both long distance, and now full time primary caregiver. We all feel the same emotions: guilt, anger, frustration, and isolation. It is just that they differ as our individual caregiver roles differ.

As long distance caregiver, I had to struggle with my guilt of not being there all the time. Or not being able to ensure that proper care was provided on a regular basis. And while I learned to deal with these issues, I think I was never really comfortable with it. Many times I felt isolated in that I would learn of a change after the fact, and usually after I could have been of any help. That leads to a sense of being a fragmented part of the family. And eventually, it is easy to see how that family member might not offer any advice or help at all. Or if they do offer it, often it is not very practical in the eyes of the primary caregiver because “you aren’t here, how do you know what mom or dad or granny need?” And, in time this fragmentation can and often does lead to anger, with siblings, which is the last thing that should happen. This is a time when families need to bond closer together and share both the good as well as bad.

Now, as primary caregiver, I have had to face just that same thing. I have had to look at my siblings and understand that while they can’t be here, it does not diminish the concern they may have for our father. In this light, I would like to mention a few things that all family members can do for each other to help ensure that proper care is provided to their loved one. As long distance caregiver, you have an opportunity to offer a much-needed respite to your sibling. It may be difficult, but arrange for regular visits so that the primary caregiver has a break.

The primary caregiver has an obligation as well. We need to keep lines of communication open with those family members away from home. Offer regular updates on our loved ones condition and include them as much as possible in the decision making process. Remembering we do not have to carry the whole load and letting other family know their input is needed is essential. And, it will go a long way to reducing the fear of a telephone call late in the night.

source: http://www.caregiver.com/articles/print/long_distance_caregiving.htm

We Are Not A Machine

We are the caregivers, but wait, there is more.
So please, hear us out before closing the door.
No we're not perfect, but we're doing our best.
We just want to get some things off our chests.
When was the last time you tried to come by,
Or the last time you called, if only to say hi?
Do you really realize just what we do here?
And just how often we are driven to tears?
Our loved ones and we are in worlds far apart,
And their verbal abuse can tear at the heart.
Their physical care can at times be a pain.
And the emotional struggle can be quite a drain.
What is it exactly, we are trying to say?
What would it take to really brighten our day?
A card in the mail, "I'm thinking of you."
Or a phone call to ask "Hey! What can I do?"
Even better, a visit from family and friends,
To laugh, to talk, and smile once again.
We must be honest, we don't want to demean.
But please understand, we are not a machine.

By Jerry Ham

Upcoming Events

The State Health Insurance Program (SHIP) provides free, non-biased Medicare counseling to beneficiaries and their families. A representative from SHIP will speak on the basics of Medicare. The representative will discuss the Open Enrollment period and why it is important to review your prescription drug plan for all Medicare beneficiaries. This presentation may help you or a loved one save money on their medications in 2016! This month's Boomers, Elders, and More Luncheon Session will be held on Wednesday, October 21, 2015 from 12 p.m. to 1 p.m. in Light Hall Room 433. Please feel free to bring your lunch.

The Child & Family Center's Caregiver Support group will be held on Wednesday November 11, 2015 from 12:00 p.m. to 1:00 p.m. in Medical Center East 8380A. The caregiver support group is a time to share information and openly discuss your problems without judgment, to process your feelings, and to hear others talk about their experiences.



If you need information or resources to assist you in your caregiving journey,
contact Stacey Bonner, Family Services Coordinator,
at stacey.l.bonner@vanderbilt.edu or 936-1990.