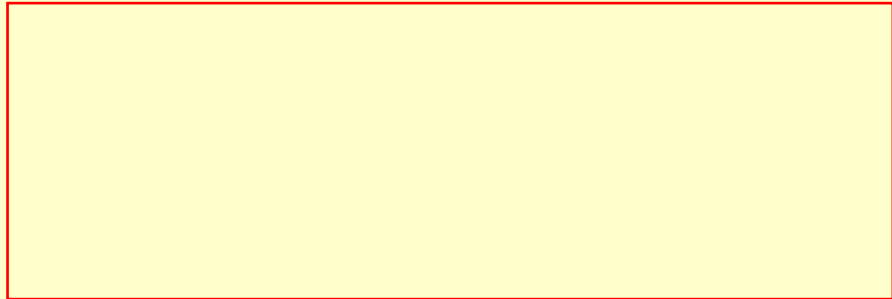


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4

Fall 2000



Activities in geriatrics and gerontology education and research

Virginia Center on Aging

Virginia Geriatric Education Center

Virginia Department for the Aging

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Adult Daycare: Sharing the Caring, Having a Life

Lory Phillippo Osorio, MPH, OTR/L

Lory Phillippo Osorio, MPH, OTR/L, is a licensed occupational therapist with a masters degree in public health (health gerontology) and a certificate in gerontology, both from the University of Michigan. Since 1980, Lory has been Executive Director of Circle Center Adult Day Services, a licensed, Medicaid certified, non-profit agency. She is also clinical assistant professor in the Department of Occupational Therapy at Virginia Commonwealth Uni-versity. Past President of the Virginia Adult Day Services Association (VADSA), she currently serves on Alzheimer's and adult daycare public policy committees and the Richmond United Way Services Older Adults Action Council.

Objectives

1. Demonstrate the role of adult daycare in community-based services for older adults.
2. Illustrate the diversity of services provided in adult daycare/day health care centers in Virginia.
3. Encourage public policy and funding to expand quality adult daycare in the Commonwealth.

Background

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The scenario is repeated 1,500 times every morning across Virginia. Elderly folks, many in their 80s and 90s, get up and dressed, leave home, and go off to spend an active day with friends. For these older adults with Alzheimer's, post-stroke disabilities, Parkinson's disease, or dozens of combinations of other diagnoses, "going to the center" has become the focal point of their daily routines. The center is their primary source of daily nursing, personal care and restorative services, and of their sense of purpose, connection, and community. Most of these older adults are at imminent risk of needing residential care, yet live at home, usually with family caregivers who work or are older adults themselves. Adult daycare makes living at home possible.

Adult daycare "shares the caring" with family members who can provide some, but not all, of their parent's or spouse's care. This service, which merges the economies and reliability of congregate care, the oft-preferred opportunity to continue living at home, and a multidisciplinary team approach, makes sense as a long-term care option. Provided primarily by non-profit and public agencies, adult daycare grew out of the grass roots needs of Virginia's families and communities. Growing from a few urban centers in the mid 1970s, programs have now spread to smaller cities and towns like Winchester, Smithfield, Blackstone, Farmville, and St. Paul.

Psychosocial Benefits

Staff in the 60 licensed Virginia centers could write volumes about the impact of adult daycare on the lives of the individual frail and impaired older adults they serve. Although most elders are initially reluctant to attend, the rich and varied daycare milieu usually works its magic, adding meaning and purpose, a sense of place, and structure to lives that have narrowed due to limitations that come with age and disability. After a few days of adult daycare, family members report changes such as a renewed enthusiasm for life, better sleep after a busier day, and something to share with the family at dinner. Even those with mid- and later-stage dementia demonstrate positive changes: more smiles, hugs for staff, diminishing anxiety when family caregivers leave for the day, and increasing involvement in activities and routines.

Family caregivers report adult daycare changes their lives as well. Elderly spousal and sibling caregivers benefit from regular, reliable respite, "having the house to themselves," time for rest, self-care and their own health needs, help with physical caregiving, emotional support from staff, assistance with health care decisions and resources, and myriad other benefits. Working caregivers report fewer work interruptions and lost work days because of

the reliability of center-based care, help from staff to learn caregiving skills, and time to resume other valued life roles such as friend, volunteer, and church member. All families find comfort in the safe center environment and the constant professional supervision provided, both to the elders in care and center staff.

Health Services

Health services are an equally important element of adult daycare. Centers vary in the range and scope of services provided. In Virginia, most provide daily, on-site nursing care by RNs and LPNs. At least two centers have nurse practitioners on staff in response to growing acuity levels and complexity of needs. Aide and assistant staff may be certified nursing assistants, certified adult day health care aides, or recreation assistants. In addition, most centers have therapeutic recreation specialists or degreed staff with arts, activity, or gerontology backgrounds. Some centers have staff with social work or counseling degrees, and several have occupational therapists or certified occupational therapy assistants. The 41 centers in Virginia certified by Medicaid also provide rehab coordination. Many offer physical, occupational, and speech therapy at the center through Part B Medicare certified home care agencies. Regardless of the health services provided, all licensed centers operate from individualized written care plans, based in multidisciplinary assessment of each participant's needs.

Financing Care

Paying for adult daycare is less problematic than most families and other agencies expect. At \$42 - \$60 for a 10 to 12 hour day, adult daycare is an economical alternative for those who must pay out of pocket for long-term care. For those who itemize, adult daycare is a qualified medical expense when filing federal tax returns. Medicaid pays for adult day health care and transportation, alone or in combination with in-home personal care, for those who meet financial and Uniform Assessment Instrument (UAI) nursing home criteria. Most public and non-profit centers also offer scholarships or sliding fee scales based on income. Many centers factor in reasonable household and medical expenses, so even middle income families can qualify for discounted fees. Long-term care insurance policies also cover adult daycare.

Utilization

There are several perceived barriers to effective utilization of adult daycare.

Many families and potential referral sources do not understand the service or fail to consider this option when long-term care is needed. Others have heard that it is “expensive” when, in reality, few are turned away if cost is truly a barrier. Transportation may be a real or perceived barrier. Center staff can be particularly helpful in problem-solving transportation alternatives. The older person’s reluctance to attend may present ethical dilemmas, but family caregivers can be reassured that encouragement to “give it a try” almost always produces subsequent positive attitudes. Family caregivers may face their own ethical dilemmas about lost roles and empty daytime nests, but mature adult caregivers understand that older relatives have legitimate needs for “a life” apart from family. Respite is a two-way street! Of course, some elders are truly home-bound, have very unstable health conditions, or present behaviors which cannot be resolved. Generally, centers cannot serve those who are combative, persistent wanderers, or those who are unable to attend with some regularity due to health or family issues.

New Opportunities

Funding new programs continues to present a challenge, but progress is being made. Medicaid-certified centers should meet building code I-2 use group criteria, as well as ADA and licensing standards, so capital costs can be substantial. Co-location with other service programs can resolve some of these cost barriers. In the next biennium, the Virginia Department for the Aging will fund Incentive Grants totaling \$750,000 to expand programs into unserved and underserved areas. Adult daycare is also emerging as a cost-effective alternative under managed care. The capitated PACE Model (Program of All-inclusive Care for the Elderly) has expanded to dozens of sites across the country.

Outcomes

Until recently, the impact of adult daycare on individual lives has been recorded through rich, albeit anecdotal, stories of change over time. More objective evidence of positive program outcomes are emerging as centers develop methodologies to document other kinds of “savings.” For example, Circle Center Adult Day Services (CCADS) has as a primary goal to delay or prevent nursing home placement, allowing program participants to live at home as long as possible. The Center uses the UAI to assess all participants. For the population served July 1, 1999 - June 30, 2000, 88% met nursing home admission criteria. If, instead, they had entered nursing homes, the Center prevented some 23,516 days of nursing home placement, a net savings for families and taxpayers of approximately \$1,374,446.

Outcomes for family caregivers were also positive. In confidential surveys, caregivers reported use of Center support and educational resources (100%), said the Center helped them cope (96%), met their needs for help with caregiving (96%), and helped them maintain valued life roles such as worker, caregiver, church member, and volunteer (100%).

Case Study

Mrs. B. is 82, has Alzheimer's, depression, and hypertension, and is cared for by her 83 year old husband. Mr. B. describes life before the center as a "daily nightmare." Mrs. B. paced, cried, and ruminated, unable to perform routine household and self-care tasks after a lifetime of caring for their home and family. An energetic man with many skills and interests, Mr. B. was essentially housebound and felt helpless to resolve his wife's emotional pain and confusion. Their adult children encouraged him to try adult daycare, if only for his own respite. After a few weeks, Mr. B. and center staff agreed there had been dramatic changes in Mr. and Mrs. B.'s lives. Mrs. B. remained confused, but came to the center with enthusiasm, calling it "school," enjoyed simple activities, the companionship of other participants, and the affection and support of staff. The center nurse practitioner and the family's physician identified a medication regimen that effectively controlled Mrs. B.'s residual depression, anxiety, and sleeplessness. As Mrs. B. was dangerously underweight due to depression and self-feed problems, the center's occupational therapist resolved issues related to positioning, equipment, and pacing of meals. Mrs. B. began to gain weight. Occasional urinary incontinence was prevented with a scheduled voiding program which Mr. B. continues during his wife's time at home. Mr. B. reports feeling more in control, knowing that his wife is receiving daily nursing care and monitoring. He regularly attends the center's MSW-led family support group with other men who are also caring for their wives. The B.'s adult children are elated and wrote touching letters to the center staff, thanking them for "giving both of our parents their lives back."

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Uniform Assessment Instrument. (1994). Richmond, VA: Commonwealth of Virginia.

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Study Questions

1. Which community-living older adults can be effectively served in adult daycare?
 2. How can real and perceived barriers to adult daycare utilization be removed in order to improve care outcomes for unserved individuals?
 3. What programmatic and policy changes could be implemented to accelerate the long-term care cost savings demonstrated by effective adult daycare programs?
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From the Executive Director, *Virginia Geriatric Education Center*

Iris A. Parham, Ph.D.

Many times over the years you have read in my column about the numbers of health and social services professionals trained by the VGEC: 40,000+ and counting. However, though numbers are laudable, it is interesting to get to know the individuals represented in those numbers. As we are completing our Geriatric Interdisciplinary Team Training (GITT) project, beginning our new five year funded project, and celebrating our GEC's fifteenth anniversary, it is appropriate to spotlight some of the very fine professionals who have completed the 50-hour GITT training. This training consists of didactic and clinical instruction and has been completed over the three years of this project period. The following ten individuals are excellent examples of the trainees the VGEC has been fortunate to work with over the last fifteen years. As I present brief bios of these practitioners and their reasons for participating, it is important to visualize what the long-term value of their geriatrics training will be. Individuals pursuing the 50-Hour GITT Certificate include:

Jane Desmond. Ms. Desmond is a hospital chaplain and social worker at Sentara Norfolk General Hospital, who also teaches several elective courses at EVMS. She pursued the GITT certificate to prepare her better for work with the increasing number of older adults she was serving.

Jane Hixon. Ms. Hixon is a Registered Nurse and Certified Case Manager for the Sentara Health System who manages those individuals who are covered under the Optima Health Plan. She was prompted to pursue the GITT certificate because, as a Case Manager, she is constantly in contact with older adults and believed the education provided throughout the GITT program would benefit her work with this population. Jane is also completing her graduate Certificate in Aging Studies this fall and hopes to study to become a Geriatric Nurse Practitioner.

Carlye Cook. Ms. Cook is a Clinical Social Worker for the Medical Respiratory Unit and House Calls program at MCV Hospitals of the VCU Health System. Because her primary focus is in geriatrics, she reasoned that the GITT training would help her clinical practice. The interdisciplinary component of the GITT program was also an attractive feature of the training for her, as she is responsible for working in a team environment. After obtaining the GITT certificate, Carlye plans to continue her education in geriatrics/ gerontology.

Karen Haines. Ms. Haines is an OCN certified oncology/ hematology nurse at MCV Hospitals of the VCU Health System, where she has served for 10 years. She expected that the training she would receive through the GITT program would supplement her education nicely, as she is currently pursuing a Master's degree through the Adult Primary Care program here.

Art Meyers. Mr. Meyers is the Nurse Case Manager for the Geriatric Evaluation and Management (GEM) Unit at the McGuire VA Medical Center in Richmond, Virginia. He decided to pursue the GITT certificate because he viewed it as an opportunity to increase both his knowledge and skills with regard to teaming. His goals are to apply what he learned when working in his highly interdisciplinary environment and to use it to educate other geriatric staff about interdisciplinary teaming issues.

Rita Mullins. Ms. Mullins is currently a part-time Registered Nurse on the Cardiac Unit at Sentara Bayside Hospital, as well as a part-time Geriatric Resource Nurse at Sentara Bayside. She decided to pursue the GITT certificate because, as she stated, "The more I know about geriatric patients, the better I can take care of them." Rita just recently started the weekend BSN program at VCU and believes that the knowledge she gained by participating in the GITT program will assist her in this new academic endeavor.

Madeline Dunstan. Dr. Dunstan is the Education Coordinator for The

Glennan Center for Geriatrics and Gerontology at Eastern Virginia Medical School. She has been an integral part of the success of the GITT program and a wonderful partner and colleague throughout this project. We were delighted when she, too, decided to complete the GITT training. Her responsibilities include the coordination of all geriatric medicine educational activities for medical students, residents, fellows, physicians, and other health care professionals. She decided to pursue the GITT certificate because she saw it as an opportunity to network with, and learn from, many different health care professionals. Furthermore, she believed that being part of the GITT program would provide her with extra professional and personal challenges. Madeline states that the program has increased her awareness of the importance of interdisciplinary teamwork and, as a result, she will be sure to incorporate more interdisciplinary issues into her curriculum.

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Brenda Dixon. Ms. Dixon is a Registered Nurse, Clin. 4 for the Medical Psychiatry Unit here at VCU. She chose to pursue the GITT certificate because her working environment is very team oriented. She saw this program as an opportunity to gain knowledge about teaming, which would help her to function better in her inter-disciplinary setting. She states that the program has been quite beneficial, as it has provided her with a more holistic understanding of geriatric care.

Linda Gillikan. Ms. Gillikan is the Director of Health Information for the Bon Secours Richmond Health System. She pursued the GITT certificate because she serves a primarily older clientele and, as a result, wanted to learn more about gerontological issues and available resources for older adults. She states that she has found the GITT program to have these desired results and has found most rewarding the discussion of available Richmond resources.

Beth Herndon-Snitzer. Ms. Herndon-Snitzer is an adjunct faculty member of the School of Nursing here at VCU and, as a managing partner in Consultation, Assistance, Resources, and Education (C.A.R.E.) for the elderly, families, and facilities, is a Care Coordinator for older adults in the community. Beth also was an important partner in this GITT project, essential to our successful training in the Hospital. She pursued the GITT certificate because, as she stated, when working with older adults, it is always important and worthwhile to learn as much as possible about them and the services available to them. She also saw the GITT program as an opportunity to network and get to know individuals from different disciplines. She states that the GITT program has provided her with the knowledge she needs when working in an interdisciplinary environment,

where she is responsible for making referrals and coordinating the care of individuals across all disciplines.

As you can see, this is an excellent group of individuals, and it has been a wonderful experience working with them. We wish them the very best as they pursue their work in geriatrics. Special thanks to Ms. Wendy Boggs for compiling this information and for her excellent leadership in all aspects of the GITT project. Lastly, I would like to welcome two new staff to the VGEC. Ms. Ruth Finley, who most of you know from her extraordinary work with the VCoA, has joined the VGEC. With her in-depth training in pastoral care and aging, she should be a real asset to the VGEC. Ms. Kandi Watson, a current Master's student here, has also joined us and we welcome her fine skills and enthusiasm. Next issue I will be reporting on the final outcomes of the statewide pressure ulcer videoconference; this has been a very successful community effort and we are delighted at the outcome.

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From the Director, *Virginia Center on Aging*

Edward F. Ansello, Ph.D.

The Need for a Good Samaritan Law for Transportation. Most of us would prefer to grow old and live out our days in our homes and neighborhoods, in the company of family and friends. In fact, most of us are able to satisfy this wish. The vast majority of older Virginians, indeed, older Americans, live their lives in these contexts. When we do need assistance, we, therefore, tend to turn to our family and friends for help. We have mentioned many times how greatly the number of hours of chronic care provided by family outnumbers that given by health-care practitioners and facilities. But what about friends?

Friends often do step forward to furnish help with chores, shopping, and transportation. The latter is a key means of keeping us connected to our communities. Without transportation, we often cannot maintain social connections like visiting senior centers or participating in clubs. Without transportation, we may not be able to maintain our physical well-being either: keeping appointments with doctors, dentists, therapists, and so on. Here friends are frequently the vital link to these services, offering rides and a companion to these necessary appointments.

But there's a problem. Friends providing transportation out of the kindness

of their hearts fear that they may be liable for law suits if anything should happen to the person being driven, for example, an auto accident or the passenger's suffering a stroke. A recent study of Medicaid abuse in Virginia revealed that friends were often reluctant to offer transportation to frail neighbors because of fear of "liability." This fear is not restricted to aging-related situations. Soccer moms report that they are no longer comfortable having their children's friends in the van on the way to the game because of "liability." Parents of scouts decline to convey other scouts to meetings and events.

Surely, there must be a remedy, some way that laws can be passed that protect well-intentioned neighbors and friends providing help with transportation out of kindness. We are not suggesting immunity from the lawful consequences of negligent behavior. But there must be some way that the caring spirit of friends and neighbors can be protected from the threat and actuality of punitive litigation. How have other states handled this matter? Perhaps a first step here in Virginia should be to study the Good Samaritan laws that other states have enacted to protect and encourage the sense of helpfulness so many of us say we cherish.

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From the Commissioner, *Virginia Department for the Aging*

Ann Y. McGee, Ed.D.

The Department for the Aging has a responsibility to seek out grant opportunities that can supplement the funds received through the federal Older Americans Act and the Virginia General Assembly. Grants not only bring additional dollars to Virginia's Aging Network, they also provide an opportunity to offer services in new and different ways. During this past spring and summer, Department staff stayed busy preparing several grant applications for submission to the federal government. This hard work has now paid off for Virginia, and I am pleased to announce that the Department has been the recipient of three different federal grants.

The Department has received \$350,000 a year for the next three years through the U.S. Administration on Aging's (AoA) *Alzheimer's Disease Demonstration Grants to States* to address the needs of families caring for relatives with Alzheimer's disease. This project will convene a state-level

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Alzheimer's Disease Response Task Force and award two grants to establish *holistic demonstration models* of respite care and four grants to establish *holistic enhancement models* in current respite care programs. In each model, local community response task groups will identify barriers to improved service at the community level and guide implementation of the model programs. The project will also collaborate with the Nursing Assistant Institute in Charlottesville to develop a train-the-trainer education program for certified nursing assistants across the Commonwealth.

The Department has also received \$130,000 from AoA to establish a *Consumer Protection Technical Assistance Resource Center Targeted to Vulnerable Populations for Preventing and Combating Health Care Fraud, Waste, and Abuse*. This three-year grant will allow Virginia to develop specific techniques and materials which enhance outreach to rural and geographically isolated older persons to educate them about fraud in the Medicare and Medicaid programs. The techniques and materials that are successful in reaching rural and isolated older persons will be shared with other states. This grant will operate out of the Department's new Center for Elder Rights.

The Government Performance and Results Act (GPRA) requires all federally-funded programs to determine their effectiveness through outcome assessment. In response to GPRA, the Department has applied for and received \$65,000 from AoA through a grant entitled *Developing Performance Outcome Measurement Systems in State and Community Programs on Aging*. The Department is working with staff from the Virginia Health Quality Center to assess the Commonwealth's current Uniform Assessment Instrument (UAI) to see if it collects sufficient client data to provide information related to client-specific outcomes that have already been developed by AoA. The grant will examine the UAI as a single instrument for collecting outcome data related to a variety of client-specific areas, including physical functioning, emotional status, nutritional status, and the client's ability to remain independent in his own home or apartment.

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I hope that you share my excitement about the Department's success in bringing more than \$500,000 in additional funding to Virginia. Please do not hesitate to contact the Department to learn more about these grants and their potential impact on older Virginians.

Focus on the Virginia Geriatric Education Center

Angela G. Rothrock

Angela Rothrock joined the Virginia Geriatric Education Center in June as the Senior Project Coordinator. Her responsibilities include the coordination and organization of daily activities and those related to the 2000-2005 Grant. In addition to her duties at the VGEC, Angela serves as adjunct faculty for the Departments of Gerontology and Rehabilitation Counseling at Virginia Commonwealth University.

Angela received her Bachelor of Arts degree in Psychology from Auburn University in 1996. Upon graduation, Angela worked as an assistant social worker for a rehabilitation and nursing home before relocating to Richmond in 1997 to attend graduate school. While in Richmond, she has continued to serve the aging population through her work at the Virginia Center on Aging as a research assistant and at the Hermitage at Cedarfield Retirement Community. Angela recently completed the requirements for a Master's degree in Developmental Psychology and the Certificate in Aging Studies. She is currently enrolled in the Department of Psychology's Doctoral Program at VCU.

Angela grew up in Huntsville, Alabama. Her love of Auburn is "almost a religion," and she returns whenever possible for football games. She also enjoys relaxing with her boyfriend, visiting with family and friends, going to concerts and movies, and collecting Precious Moments figurines.

Focus on the Virginia Center on Aging

Bert Waters

Leland "Bert" Waters joined the staff of the Virginia Center on Aging (VCoA) in August. In his capacity as Accountant, he prepares all financial transactions and analyses of the VCoA accounts and ensures compliance with applicable University and State policies, procedures and regulations. He also monitors and reviews all accounts, reconciles monthly reports, and prepares projections.

Bert's most recent position was as an assistant administrator in a local assisted living community. He received a B.S. in economics from VCU in 1987, and was employed as a representative for Virginia Election Services Inc. until 1998, assisting local registrars and electoral board members. This job required extensive travel, including visiting almost every county courthouse, city hall, and town hall in Virginia. He then returned to school to pursue a degree in Gerontology and is currently enrolled in the masters program at VCU with a focus on health care organization and planning. He is a member of Sigma Phi Omega, the Virginia Association on Aging, and is the VCU student representative for the Gerontological Society of America. Once Bert receives his degree, he hopes to pursue a career in health administration with a focus on long-term or hospice care.

Bert is the father of three, two daughters and one son. His free time centers around his family. His hobbies include collecting antique toys, travelling, and camping. His wife, Carolyn, has an MAT in English as a Second Language (ESL) and Spanish and teaches ESL at J. Sergeant Reynolds Community College.

Eye MDs of Virginia - Virginia Society of Ophthalmology Is National Partner in Effort to Prevent Blind-ness from Diabetes

A national initiative is under way to increase dilated retinal exams among Medicare beneficiaries with diabetes. In Virginia, the Diabetes Initiative will be implemented this fall by the Virginia Health Quality Center (VHQC), the Medicare quality improvement organization that in 1998-1999 led a project with the same goals, targeting areas in Virginia with the lowest eye exam rates.

That project was a resounding success, thanks to the participation of physicians across the state, including Virginia Society of Ophthalmology (VSO) members; the guidance of Kenneth D. Tuck, M.D., then incoming president of the American Academy of Ophthalmology (AAO) and a former member of the VHQC board of directors; and Charles J. Blair, M.D., Virginia chair of the AAO's Diabetes 2000 initiative, who provided the VHQC with invaluable guidance. Eye exam rates increased by 17% each month from July through October 1998, when the project's interventions were fully under way.

Research has shown that cost and transportation are two of the greatest barriers to regular eye care among people with diabetes. The Diabetes Initiative - a national collaborative effort of the Foundation of the American Academy of Ophthalmology, the American Optometric Association, the Health Care Financing Administration, and Peer Review Organizations led by the Texas Medical Foundation - has been designed to address those barriers. Populations targeted are those at highest risk: especially Medicare beneficiaries with diabetes who have not had an eye exam in the past three years.

Eye MDs (ophthalmologists) who volunteer to participate, agree to provide for qualifying Medicare patients a comprehensive medical eye exam and up to one year of follow-up care for any condition diagnosed at the initial exam, waiving all deductibles and co-payments, and accepting Medicare as payment. The initiative builds upon the AAO's National Eye Care Project (NECP), which will be responsible for matching qualifying patients with volunteer Eye MDs.

In addition to sending an informational letter and brochure on diabetic retinopathy to beneficiaries who haven't had an exam in three years, the VHQC also will collaborate with primary care physicians, pharmacists, area agencies on aging, parish nurses, and other advocates and providers. The VHQC also is helping to arrange for transportation for patients who need it.

For more information about the Diabetes Initiative, call Diana G. Westbrook, M.A., ABC, quality improvement specialist, VHQC, (804) 289-5320.

For more information about the NECP, call the NECP Help-line at 1-800-222-EYES (3937) or visit www.eyenet.org and click on "Public Information." The National Eye Care Project is designed for, but not limited to, financially disadvantaged seniors, and is funded by the Foundation of the American Academy of Ophthalmology and the Knights Templar Eye Foundation, Inc.

New Center for Elder Rights at VDA

Loretta Petty, Director
Center for Elder Rights

Imagine yourself as the typical working parent. One morning, you get up, get the kids off to school, then hop in the car and drive through heavy traffic to get to the office, where you know a big stack of projects is waiting to be done. Instead, when you arrive, there is a message waiting from a relative. Your 70-year-old mother has had a stroke.

Immediately, you are overwhelmed with unanswered questions: How will you take care of her? Where can she go to recover? Who will take care of all her bills and legal affairs? How are you going to pay for all of this?

You brace yourself for an ordeal. You know it will take a day of telephone calls just to figure what kind of help you need and where to find it. Or will it?

This past September, Virginia's Secretary of Health and Human Resources, Claude A. Allen, cut a ribbon to open officially the Center for Elder Rights in Richmond at the Virginia Department for the Aging. Established by Governor James S. Gilmore, III in his 2000-2002 biennium budget, the Center brings together, under one umbrella, a variety of legal, consumer, aging, and long-term care information and services for older Virginians and their families.

Now, people who are over-whelmed with questions about what to do in a crisis involving an older adult can call the Center's nationwide, toll-free telephone number (1-800-552-3402) to speak to a friendly counselor trained specifically to help clients sort through the multitude of choices they must make.

Virginia is among the first states in the U.S. to offer such a comprehensive and integrated clearinghouse for all aging-related inquiries. Although the Center is not likely to eliminate the need for multi-agency support in meeting the needs of older Virginians and their families, it is designed to reduce the time it takes for people to access these services.

As the Center for Elder Rights evolves, it will include:

- counseling for people with concerns about Medicare, Medicaid, and other health insurance;
- counseling on pensions and retirement benefits;
- a public guardianship program for indigent and incapacitated people who

have no other person suitable to serve as a guardian;

- a National Resource Center to develop strategies for educating rural and geographically isolated older citizens and their families about fraud, waste, and abuse in the Medicare and Medicaid programs;
- an ombudsman program (contractual) to resolve problems encountered in long-term care facilities and community-based programs serving older Virginians;
- an attorney who prepares public and professional information, education and training materials, and oversees legal services provided by Virginia's Area Agencies on Aging; and
- a registry of more than 100 attorneys from across the Commonwealth who can provide legal services to indigent and low-income older Virginians.

The Center also is partnering with other organizations to ensure the rights of older Virginians. Development of the Center's concept included a focus group jointly sponsored by the Department for the Aging and the Commonwealth Council on Aging.

The Center has made the following staff assignments:

- Terry Raney, Guardianship Program Coordinator, will be responsible for guardianship and other legal issues.
- Joe Guarino, Virginia Insurance Counseling and Assistance Program Coordinator, will be responsible for health care and long-term care issues.
- Cecily Slasor, Information and Assistance Coordinator, will be responsible for consumer issues.

To learn more about the Center, contact one of us at (804) 662-9338 or 1-800-552-3402.

Eldercare Atlas Available from LOA Area Agency on Aging

Our population is aging. Due to advances in medicine and the aging of the baby boomer generation, older age groups have steadily increased over the last ten years and are projected to continue increasing. How does this affect the seniors in our community?

- Many older people are likely to suffer from a chronic condition or illness, especially those 75 and older. They will need assistance and care in their

homes. Some of these caregivers will be forced to take absences from work or miss other scheduled events.

- Family members are involved in home care of elderly relatives the majority of the time. These informal caregivers are most likely spouses or adult children. They dedicate an average of 20 hours each week providing care or arranging services for their loved ones.
- Heavy emotional and physical strains on caregivers can lead to a wide range of illnesses and depression.
- These families need support and education to prepare them for managing the challenges that arise with aging. They need an effective way to tap into local resources.

Too often, the support offered comes in the form of overwhelming amounts of information. Stress and demands on caregivers' time limit their ability to process large amounts of information. The LOA Area Agency on Aging, in conjunction with other community organizations serving the elderly, has developed a resource guide called the **Eldercare Atlas** through a Venture Grant from the United Way. The **Eldercare Atlas is free of charge** (there may be fees for shipping and handling) and can help caregivers in the following areas:

- considerations of planning and coordinating care for the elderly,
- legal and financial matters,
- insurance information,
- housing choices
- available resources in the community.

This guide is easy to use and we feel it will greatly assist worn out caregivers. It contains the information they need to **act** in an informed manner, instead of **reacting** ineffectively to a crisis.

To request a complimentary copy, call (540) 345-0451 and ask for the Eldercare Atlas.

Journey Program to Begin at The Hermitage

Cathy S. Churcher, M.S.
Director of Marketing

The Hermitage in Richmond has received a grant from the Jessie Ball duPont Foundation to develop and initiate a program called Journey. The Hermitage is a Continuing Care Retirement Community celebrating over 52

years of service to older adults. Home to over 230 residents, The Hermitage received accreditation by the Continuing Care Accreditation Commission and the EAGLE Accreditation of the United Methodist Association in 1998.

The Journey Program has its roots in the Hermitage Bioethics Committee which, in late 1997, began discussing the development of a program of care that would help residents and family members in making end-of-life care decisions. As members reviewed case studies about health care decisions at the end of life, they found that, when a catastrophic event occurred, many elders had not made plans for end-of-life care. Family members or the attending physician were confronted with having to make difficult decisions without knowing the wishes of the resident. The Committee, comprised of staff and family members, created a program that focuses on end-of-life education and compassion.

The affirmation of both life and death as normal processes in human life is the rationale behind the development of Journey. Unlike a hospice program, Journey does not address only those who are terminally ill. Rather, Journey is an educational and learning process providing compassion and understanding which begins as soon as an older adult moves to The Hermitage.

The principle behind the Journey Program is to allow each resident, along with his or her family and friends, to participate in end-of-life care planning and decision making prior to the culmination of life. The Journey Program is ongoing and meant to serve both those still leading vibrant lives and those who are experiencing a limited remaining lifetime.

Journey is a multi-faceted program designed to prepare residents for a comfortable and dignified death while providing support to their family members and immediate caregivers. Participation in the Journey Program will be open to all future and current residents, their families and friends, and is entirely voluntary.

The goals of the Journey Program include: 1) creating a Journey Team to assist residents with issues concerning end of life care; 2) educating and informing residents, family members, and staff about issues related to end of life care; 3) respecting the residents' expressed wishes concerning end-of-life care; 4) counseling residents who participate in the Journey Program on the emotional and spiritual issues one faces with end-of-life decisions; 5) preparing a place where death comes in a caring and understanding manner; and 6) providing continuing education on end of life care issues for

staff. It is hoped that other communities will utilize the Journey Program and accompanying resources in their facilities.

The success of Journey will be determined by the response of the residents, residents' families and friends, and staff of The Hermitage. For more information, please call Donna Gilman, Social Services Coordinator, at (804) 355-5721.

Letter to the Editor

My name is Joshua Wilson and I am 27 years old. I have severe Cerebral Palsy. I was recently taken off of Medicaid Acute and was put on Medicaid Health Maintenance Organization (HMO). Due to my advanced disability, I have to have physical therapy on a weekly basis, so I can keep a handle on the immense pain that I am constantly in. Since I was put on Medicaid HMO, I have been having nothing but trouble getting to my medical appointments. I was forced to stop using a transportation service that I have been using for 12 years. The management of the transportation service had learned how to handle my advanced physical and mental needs. Now I have to use whatever transportation service my HMO sends for me. Many weeks I miss my appointments because they failed to come to pick me up, and if they do show up, they are so late it is no point of me still going. When they do come in enough time for me to make my appointments, they do not secure my wheelchair properly, if at all. When I complain about them not securing my chair, they call me a liar. When I miss my medical appointments, my physical pain increases to unbearable levels. I am enclosing a copy of a log that my Physical Therapist has kept of missed appointments and late arrivals. I am pleading with you to put me back on Medicaid Acute, so I can get the medical treatments that I desperately need.

Sincerely,

Joshua Wilson

After receiving this letter, the Virginia Center on Aging contacted the Department of Medical Assistance Services in order to determine Mr. Wilson's best contact for help. DMAS recommended that he contact the Medicaid Recipient Services Unit at (804) 786-6145 or his case worker at Social Services. This information was provided to Mr. Wilson, as well as being printed here.

Virginia Geriatrics Society (VGS)

The Virginia Geriatrics Society, an affiliate of the American Geriatrics Society has recently established a web site at www.vageriatrics.org. Membership in VGS is not restricted to physicians; anyone interested in geriatric health care is invited to join. For further information, contact Michael Godschalk, M.D., President, at (804) 675-5088 or mfg@visi.net.

SCC Advises Consumers to Use Caution When Buying or Selling Life Settlements

Ken Schrad, Director, SCC

Virginians considering whether to sell their life insurance policy or buy a life settlement need to be extremely careful. These are complex financial transactions, and the State Corporation Commission's (SCC) Bureau of Insurance and Division of Securities and Retail Franchising advise caution.

A life settlement is the sale of a life insurance policy to a third party. The owner of a life insurance policy gets cash for the policy. The buyer becomes the new owner and/or beneficiary of the life insurance policy, pays all future premiums, and collects the entire death benefit when the insured dies. Life settlements do not require that the insured have a catastrophic or life-threatening illness or condition. Life settlements are sometimes referred to as “**senior settlements**” because most of the life insurance policies purchased insure the life of a senior citizen.

People decide to sell their life insurance policies for many reasons, including the changed needs of dependents, a desire to reduce or eliminate premiums, and a need for additional cash to meet expenses. Virginia's regulation of insurance generally does not extend to life settlements. Certain aspects of these transactions may fall under the Virginia Securities Act. As such, there can be financial risks involved when entering into such arrangements.

If you are considering **selling** your life insurance policy, know your options. Before you enter into any life settlement transaction, you should:

- Contact your insurance agent or company for information about life settlements.
- Consult with your own financial advisor who knows your personal financial needs.
- Contact the Virginia Bureau of Insurance for information about current laws.
- Consider all of your options. Find out if you have any cash value in your life insurance policy. Review other sources of cash that may better meet your financial needs at a lower cost than a life settlement and allow you to keep your life insurance.

If you are considering **buying** a life settlement, know your options. Before you enter into any life settlement transaction, you should:

- Understand the details and the risks before purchase, and read your contract carefully.
- Consult your own professional advisor who knows your personal financial circumstances, investment objectives, age, and other considerations. You may want to consider other investment choices.
- Ask your tax advisor about possible tax consequences of buying a life settlement. Find out if it is appropriate to use 401(k), IRA, Keogh, or other qualified retirement plan funds to buy a life settlement.

ALERTS:

- If you do not have a life-threatening illness and you are interested in selling your life insurance policy, you should contact the Virginia Bureau of Insurance at (804) 371-9214 or toll-free (within Virginia) at (800) 552-7945 for more information.
- If you have been contacted by someone who wants you to take out a new life insurance policy and then sell it immediately, you should contact the Virginia Bureau of Insurance. *It is possible that you are being targeted to participate in fraud.*
- If you are asked to buy a life settlement, we recommend that you contact the Virginia Division of Securities and Retail Franchising at (804) 371-9187 or toll-free (within Virginia) at (800) 552-7945 to learn more about the risks.

American Geriatrics Society Presents 2000 Nascher-Manning Award to VCU/MCV Professor

Dr. Peter A. Boling, a Professor of Medicine on the Medical College of

Virginia Campus at Virginia Commonwealth University, received the prestigious 2000 Nascher-Manning Award from the American Geriatrics Society. This award recognizes physicians with a career of excellence and contribution to clinical geriatrics.

A graduate of Amherst College and the University of Rochester School of Medicine, Dr. Boling came to Richmond in 1981 for residency in primary care internal medicine at MCV. He joined the faculty in 1984 and started the MCV House Calls program. This program continues a long Richmond tradition, including turn-of-the-century work by Richmond City physicians, mid-century activities at the Medical College of Virginia led by Dr. Kinloch Nelson, and another Richmond City program that lasted until 1985 under Dr. Griffith Daniel. With Dr. Boling, MCV again picked up the mantle of service to the homebound using a new model of care. The program grew initially from two years of solo home care practice. Then, in 1986, Dr. Boling created a team of physicians, nurse practitioners, and social workers that has been in continuous operation for 14 years. This team model was chosen after visits to other East Coast home care programs. Access to care, patient-centered goals, continuity of care, and active case management are key principles that guide the team. The team has a census of nearly 200 patients and makes about 2,500 house calls each year. It was one of the first ten programs of its kind to be certified by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) in 1997 and was re-certified in 2000.

Dr. Boling has championed the physician-nurse practitioner-social worker team model throughout his career. Many nurse practitioners have trained with his House Calls team, and he and his colleagues have made national presentations and published articles about their work. Others have traveled to Richmond to learn from him and have modeled their own programs after the one at MCV.

In 1996, Dr. Boling started a second MCV team initiative involving nursing homes. This Long Term Care Program mirrors House Calls in being a physician-nurse practitioner partnership. The team works to develop better hospital-based treatment plans, visits a dozen area nursing homes, and follows 250 patients. The goals are similar to House Calls: access to high quality care in a timely manner, geriatric expertise, care coordination, and a patient-centered focus. Also in 1996, the Virginia Association on Aging recognized Dr. Boling with its award for Outstanding Service to Older Virginians, noting his clinical work and six years on the Board of the Capital Area Agency on Aging, among other efforts.

In the academic realm, Dr. Boling's interest in home care led him to formal studies of the subject with several publications of original research, and a single-author book, The Physician's Role in Home Health Care (Springer Publishing Company, 1997). This is the first work that authoritatively addresses many of the dimensions of this subject. The book was rooted in what he learned as a home care doctor in and around Richmond, and linked that experience with health services research on cost-effectiveness, models of care delivery, population need, and health care financing. His work in this area produced a national reputation and an interest in health policy.

Seeking to restore house calls to mainstream medical practice, Dr. Boling took to the national stage and became president of the American Academy of Home Care Physicians from 1996-1998. There he played a key role in greatly improving the Medicare payment rates for physician home visits (effective 1998) and was leader or co-leader of numerous Academy projects that include a successful home health agency medical director training and certification program, wound care and anticoagulation information resources, information services for physicians practicing medicine in the home, and a manual to assist in educating home care nurses and enhancing nurse-physician communication. For more information about the Academy, see aahcp.org.

Dr. Boling's expertise in home care and geriatrics is widely recognized. He has given many invited presentations, been a keynote speaker at several national meetings, and has been an expert consultant to the Veteran's Administration, the Health Care Financing Administration, and the Agency for Health Care Research and Quality, among others. He is actively involved as a technical expert on current projects to study home care quality improvement, and he has just finished a three year cycle writing test items for the United States Medical Licensing Exam.

At MCV-VCU, Dr. Boling's team is now engaged in a broad initiative that he developed and is leading. This is a comprehensive program to enhance the quality of care for the elderly. It includes strategies to educate hospital staff from many disciplines, as well as several programs to improve care coordination, and to link care between settings. The clinical work is integrated with the teaching and training of medical students, nurse practitioner and social work students, medical residents and geriatric fellows. Dr. Boling continues to work closely with the Virginia Geriatric Education Center in these educational efforts.

Currently, Dr. Boling's clinical work includes office practice, house calls, nursing home rounds, and hospital consults, and his research interests

center on chronic care in the community and quality of care during transitions. He believes that health care policy, education, and research should serve one primary goal which is better patient care. To accomplish that goal, those who teach, do research, and make policy must understand the real world of clinical practice. He is particularly concerned with the vulnerable patients who are least easy to serve and who most often fall through the cracks in our complex health care environment.

Central Virginia Task Force for Older Battered Women

The Older Battered Women Task Group is a regional collaboration of aging and domestic violence service providers working to raise awareness and improve the community response to older women who experience domestic and sexual violence.

This group intends to: 1) increase awareness of the prevalence of domestic violence in the lives of older women; 2) provide a working forum for interaction and information sharing among agencies, services, and individuals concerned with domestic violence and aging; 3) promote community education on issues affecting older battered women; 4) create and maintain collaboration and communication amongst community service providers; 5) support and develop effective violence prevention and intervention initiatives that address the needs of older women impacted by domestic violence and sexual assault; 6) develop and recommend policy and program development initiatives that advocate for the needs of older battered women in our communities; and 7) seek funding to provide specialized training outreach and services to address the needs of older battered women. For information about this group, contact Janett Forte at (804) 768-4783.

Calendar of Events

October 19-20, 2000

Making Aging a Priority on Virginia's Agenda. Annual VAA/VCA conference. Holiday Inn Patriot, Williamsburg, VA. For info. contact (804) 828-1525 or kspruill@hsc.vcu.edu.

October 23-26, 2000

39th Meeting & Exposition of the American Association of Homes and Services for the Aging. Miami Beach, FL. For info. contact (888) 508-9441 or www.aahsa.org.

November 10, 2000

Caring for the Caregiver. Sponsored by the Alzheimer's Association Greater Richmond Chapter. 1:00 p.m. - 4:00 p.m. at Imperial Plaza's Auditorium, Richmond, VA. For info. contact (804) 967-2580.

November 14, 2000

Meeting Everyday Needs: Aging with Cerebral Palsy and Other Developmental Disabilities. Midtown Inn & Conference Center, Richmond, VA. For info. contact (804) 828-1525.

November 16-17, 2000

Taking the Next Step: Workshop for Minority and Emerging Scientists and Students Seeking Careers in Aging Research. Sponsored by the National Institute on Aging. Washington, DC. For info. contact (301) 496-0765, palmerne@exmur.nia.nih.gov, or www.nih.gov/nia/conferences/taw2000.htm.

January 16, 2001

Legislative Breakfast. Annual gathering sponsored by the Virginia Center on Aging. St. Paul's Episcopal Church, Richmond, VA. For info. contact (804) 828-1525.

February 22-25, 2001

Capitalizing on Professional and Cultural Diversity to Benefit Older Adults. 27th Annual Meeting and Educational Leadership Conference of the Assoc. for Gerontology in Higher Education. Fairmont Hotel, San Jose, CA. For info. contact (336) 758-4665 or longino@wfu.edu.

April 4-7, 2001

Aging's Traditions, Transitions, Technologies: The Southern Touch. 22nd Annual Meeting of the Southern Gerontological Society. Marriott's Griffin Gate Resort, Lexington, KY. Deadline for Submission: October 16, 2000. For info. contact (423) 439-6275 or lloyd@atsu.edu.

June 28-July 1, 2001

Care/Case Management: Who Needs It? 5th International Care/Case

Management Conference. Presented by the Learning Center of the American Society on Aging. Sheraton Wall Centre, Vancouver, British Columbia, Canada. Deadline for Submissions: October 27, 2000. For info. contact (415) 974-9600, info@asaging.org, or www.asaging.org.

July 7-11, 2001

2001: An Aging Odyssey. 26th Annual Conference of the National Association of Area Agencies on Aging. Boston Park Plaza Hotel, Boston, MA. Deadline for Session Submission: October 20, 2000. For info. contact (202) 296-8130 or www.n4a.org.

July 15-18, 2001

New Directions in Alzheimer's Care. 10th National Alzheimer's Disease Education Conference from the Alzheimer's Association. Hyatt Regency Chicago, Chicago, IL. For info. contact (312) 335-5790 or www.alz.org.