




# **TOWN HALL MEETING ON AGING**

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## OBJECTIVES FOR DR. GOMEZ SECTION:

- Give an overview of the medical resources that are available to assist aging patients and their families
  - Discuss the levels of care in a hospital and post-hospitalization services
  - Give practical tips on how to support caregivers
  - Discuss Medical Power of Attorney, Living Wills and Advance Directive paperwork
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# THE CASE OF MR. SMITH

- 78 y/o with Mild Dementia
- He walks with a walker and moved in with his son and his family 6 months ago after his wife died – his daughter-in-law quit work to stay home
- His Dementia has been worsening and now he is falling
- He often gets confused and tries to leave the house at night
- Last night he fell and was sent to the ER with a possible broken hip



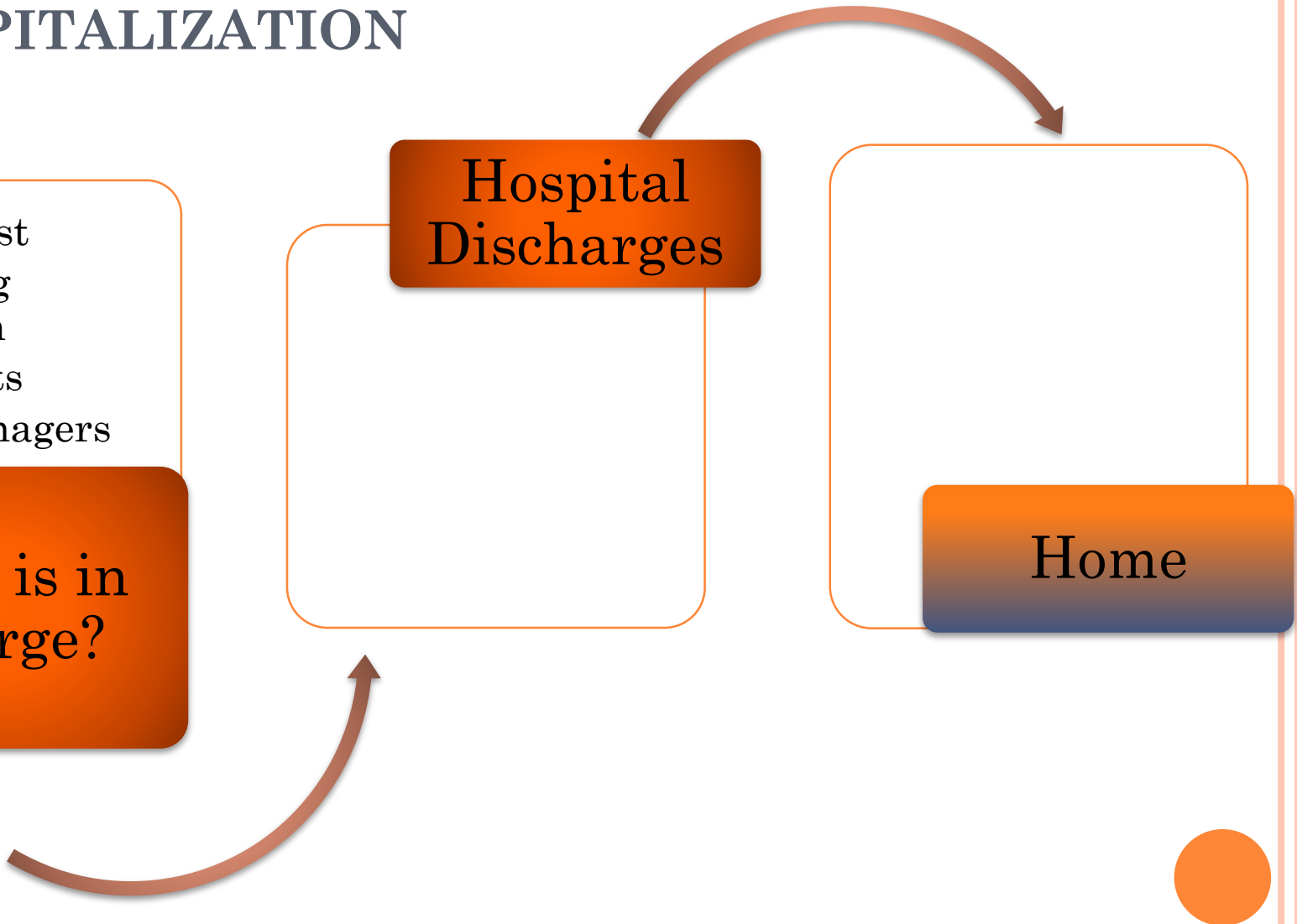
# WHAT HAPPENS DURING A HOSPITALIZATION

- Hospitalist
- Attending Physician
- Specialists
- Case Managers

Who is in charge?

Hospital Discharges

Home



# TIME AT THE HOSPITAL

- He got his broken hip fixed
- The family did not know who the main doctor was – What is a Hospitalist ?
- The family was not called routinely with updates – you can request this?
- On the 4th day the Case Manager calls saying “He is ready to discharge, what do you want to do?” – What is a Case Manager
- Mr. Smith now needs 24/7 care and his family is not prepared to take this on



# AFTER THE HOSPITAL STAY

- Hospitalist
- Attending Physician
- Specialists
- Other

Who is in charge?

## Hospital Discharges

- Long Term Hospitals (LTACs)
- Skilled nursing Facilities
- Another hospital where different services are available

Home



# DISCHARGING FROM THE HOSPITAL

- Case Manager Presents the Options
- What Medicare covers
  - Long Term Hospitals (LTAC) 25 days or more
  - Skilled Nursing Facility
  - Rehab Hospital
- What Medicare does not cover
  - Paid Caregivers at home
  - Regular room and board at nursing homes
- Private insurance policies
- Why does it feel like we are getting kicked out?



## CASE OF MR. SMITH

- The family chose a rehab hospital but because he needed some Intravenous medications he did not qualify
- The family then chose a skilled nursing facility
  - Tips: Tour the facility, pick one close so you can visit, ask lots of questions- how often is therapy, what do they do if the patient refuses, how much staff do they have present at night, make sure you sign the paperwork, bring familiar items to make your loved one comfortable, **PICK THE DOCTOR WHO WILL FOLLOW**





# AT THE SKILLED NURSING FACILITY

- Mr. Smith got more confused and could not make decisions for himself
- The Social Worker asked the family if they had a Medical Power of Attorney (MPOA)
  - A legal document that appoints a proxy to make medical decisions for you when you cannot make them



# HOW DO YOU PICK A PROXY

- Need to be over 18 years of age
- This person would be willing to speak on your behalf
- Would be able to act on your wishes and separate his/her own feelings from yours
- Lives close by or could travel to your side
- Knows you well and understands what is important to you
- Is someone you trust with your life
  - Commission on Law and Aging American Bar Association



# HOW DO YOU PICK A PROXY

- Will talk with you now and will listen to your wishes
- Will likely be available long into the future
- Would be able to handle conflicting opinions between family members, friends and medical personnel
- Can be a strong advocate in the face of an unresponsive doctor or institution
  - Commission on Law and Aging American Bar Association



*“WE NEVER TALKED ABOUT THIS”*



# MEDICAL POWER OF ATTORNEY

- You cannot give the power to have someone make decisions for you if you cannot make decisions already
- Once you pick a proxy let them know and make sure they agree



## MR. SMITH

- Mr. Smith did not have a Medical Power of Attorney but because his wife had died and his son was his only child – His son was his next of kin and could make decisions
- The case manager then asked about a Living Will – what is that?



## A LIVING WILL

- A **living will** spells out your preferences about certain kinds of life-sustaining treatments. For example, you can indicate whether you do or do not want interventions such as cardiac resuscitation, tube feeding, and life support



# WHY TALK ABOUT THIS IN ADVANCE?

- Emergencies are never planned
- No matter what your living will says – others will not understand your wishes unless you talk about them
- It will help your loved ones make difficult decisions – **It is a gift you give them**
- It may even bring your family closer together





# STARTING THE DISCUSSION

- Start with the story of someone else's experience
- Blame it on the attorney or the doctor or social worker
- Use a letter as a starting point – it may be easier to start the conversation



# TIPS ON RESISTANCE TO THE DISCUSSION

- State the obvious – it is uncomfortable
- Point out how much more uncomfortable it would be if you try to make decisions during a crisis
- Ask someone else to be the spoke person
- Watch the movie
  - “Consider the Conversation: A documentary on a Taboo subject”  
[WWW.considertheconversation.org](http://WWW.considertheconversation.org)



***Cost of meeting with a physician  
to discuss Advance Directives***      ***\$50 - 200***

***Cost of one day in the ICU***      ***\$10,000***

***Knowing what my mother would  
Want if she was seriously ill***      ***PRICELESS***



# AFTER THE SKILLED NURSING UNIT

- Hospitalist
- Attending Physician
- Specialists
- Case Managers

**Who is in charge?**

## Hospital Discharges

- Long Term Hospitals (LTACs)
- Skilled nursing Facilities
- Another hospital where different services are available

- Home Health
- Assisted Living Facility
- Personal Care Home
- Paid Caregivers
- Providers through the State of Texas

**Home**



# WHAT SERVICES CAN I GET?

## ○ Home Health

- Paid by Medicare, Private Insurance, Medicaid
- Over 1200 agencies in Houston alone
- Provide a nurse, therapy, social worker, nursing aid, phone support
- A doctor must order and renew the services
- You must qualify and have a “skilled need”
- The goal is try to get you some support once you are home but you must be home bound



# HOME HEALTH MYTHS

- The nurse will come every day
- It will never end
- You don't have to be home bound
- They will provide someone to help care for my loved one so I can go to work
- They will cook my meals, clean my house, help me live independently and replace a caregiver



# HOW DO YOU GET IT?

- Your doctor must order it
- If your doctor did not order it but you feel you need it – call your doctor!
- You need to pick an agency – check references, make sure they cover the area where you live
- Your insurance may only have contracts with certain agencies



## FOR 24/7 CARE

- Paid Caregivers
- Organizing family and community support
  - Make a honey -do- list
- Meals on Wheels 713-533-4978
- AniMeals on Wheels
- Medical Equipment
  - You will need a Rx





# CHURCH SUPPORT

## ○ Ministries

- Second Family
- CanCare
- Caring Cooks
- St Joseph's Helpers
- St Vincent de Paul
- HAAM
- Homebound Errand Committee
- Martha's Quilters
- Financial Planning Committee



“ I decided to place my mother in a facility when my exhaustion overcame my guilt”

- exhausted caregiver



# ALTERNATIVES TO HOME

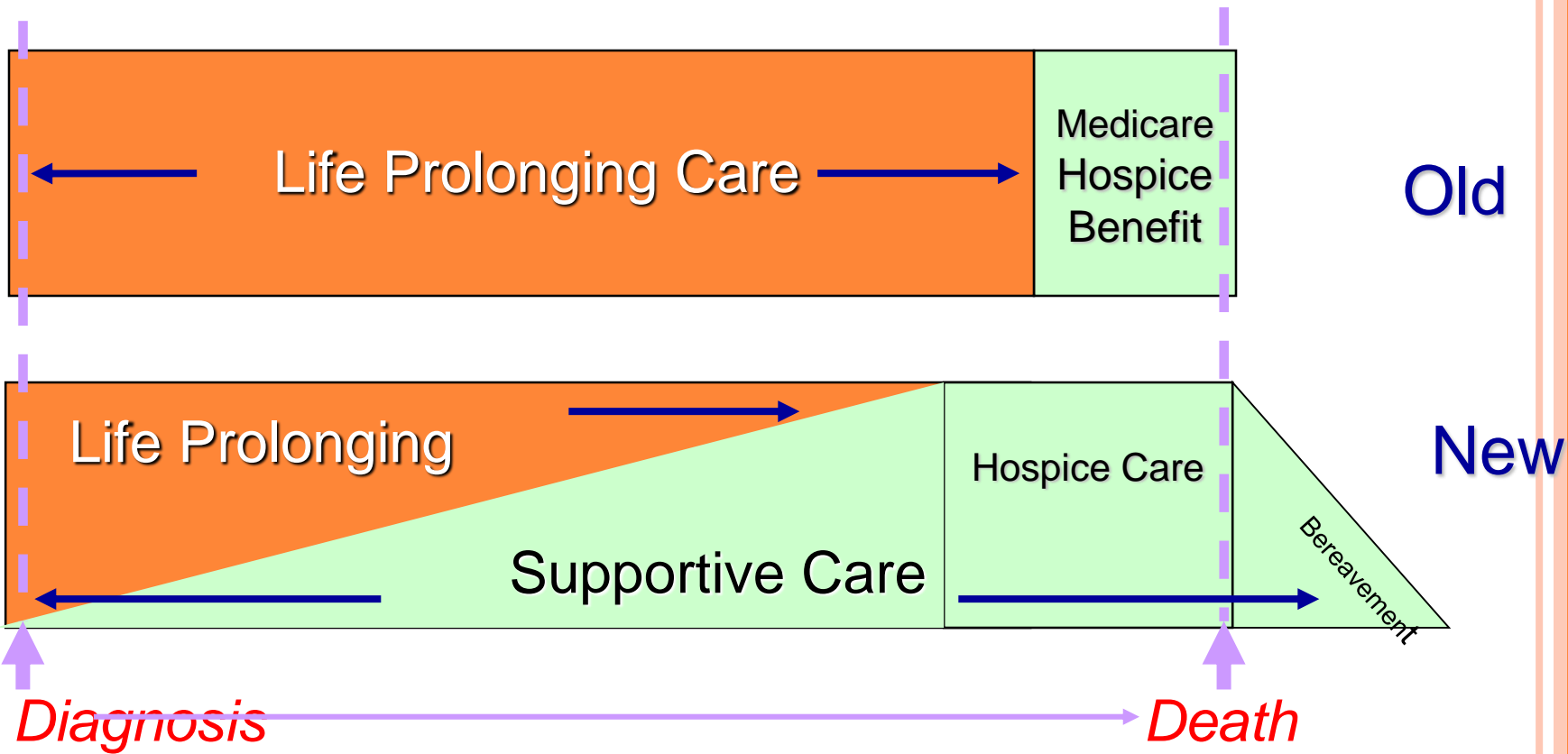
- Assisted Living
- Independent Living
- Personal Care Homes
- Nursing Homes
- Memory Care Units



# WHEN THE DISEASE ADVANCES

- What happens if I think Mom/Dad will die from this illness?





# SUPPORTIVE CARE VS HOSPICE

	Hospice	Supportive Care
Interdisciplinary Approach	YES	YES
< 6 month prognosis required	YES	NO
Services Provided	At the end-of-life and when curative tx not effective or desired	At any stage in the illness with ongoing curative treatments
Efforts to cure and prolong life covered	NO	YES
Focus on relief of symptom burden	YES	YES



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

# Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A.,  
Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H.,  
Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N.,  
Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H.,  
J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.

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# WHAT IS HOSPICE?

It involves a **team-oriented** approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the person's needs and wishes during a terminal illness. This support is provided to the patient's loved ones as well.

**National Hospice and Palliative Care Association  
(NHPCO)**

**National Hospice Foundation (NHF)**





# WHAT IS HOSPICE?

1. Euthanasia and physician assisted suicide?
2. Giving up?
3. Morphine and Ativan use (overuse!)
4. Last 24 - 48 hours
5. Death squads



# WHO ARE THESE PEOPLE?

- Services provided directly by the hospice
  - Nursing
  - Counseling (spiritual, bereavement, dietary) Bereavement for 13 months
  - Medical Social Services
  - Physicians
  - Volunteers
  - Interdisciplinary Group (IDG)

