

Key Talk Answers to Follow-up Questions

- 1. Where can a caregiver or family go for help regarding advocacy? For example, if a patient is not receiving appropriate care at a hospital or care center?**

In the hospital setting, one can access a medical social worker or the patient assistance program/advocacy. In the skilled nursing facility or an assisted living facility, one can contact the State of WI Ombudsman who is responsible to check into the concern.

Most hospitals or care centers have a grievance procedure and this should be the starting point in addressing concerns about the facility. If this fails, you could seek help from the Consumer Protection office at the Wisconsin Department of Agriculture, Trade and Consumer Protection or seek help from one of our local TV stations that has a consumer protection focus (I believe WISC-TV and WKOW-TV have this focus). If there is abuse taking place, there is an Elder Abuse Hotline: 608:261-9933. Perhaps the last avenue is to seek help from an attorney.

- 2. What effect does adding or subtracting a drug affect other drugs a person is taking?**

Very good question! Adding a drug can increase the risk of two or more drugs interacting. The interaction can be mild, moderate or severe enough to cause the person to seek medical attention. These interactions are quite well known, yet some are in debate as to their significance. Second, when removing a drug one must also consider that the drug being removed may have had either an inhibitory or accentuating effect on one of the other drugs which can lead to either a lower of a remaining drugs' effectiveness or for one to become toxic. Other possible options are additive effects that lead to toxicity. For example, many drugs can impair memory, some only slightly, but when added to a mix of similar drugs it may be enough for the persons' memory to be impaired to the point it affects their ability to function safely.

- 3. Have you advocated for a loved one who lives in a different state? Who do you contact?**

Yes, I have. My recommendation is to contact the state/local Area Agency on Aging who can guide you to the appropriate group. One could also seek out a care manager who can assist with overall management and advocacy role.

- 4. What are some primary signs or triggers that it is time for an older adult or couple to move from their home to an assisted living facility? Any tips for having this conversation when they are resistant?**

Many times the individual/couple are resistant. I recommend that one identifies the consequences of decisions made and potential outcomes of their decisions. It is ultimately the individuals decision to make a change. Develop short and long term goals. Some triggers would include increased confusion, not attending to their basic needs, putting others at risk.

Inadequate nutrition is a key sign in considering a move to assisted living; nutrition is critical for physical health, cognitive/mental health, immunity, energy levels, recuperation from illness or

injury, and prevention of chronic diseases. Concerns about safety are also important; if there is a risk of a loved one falling while moving around the house or going up and down stairs or there are risks of fire (leaving a stove burner on or firing a wood burning stove) this may be another trigger for a move. Forgetfulness and/or dementia is yet another concern. In discussing this issue with a resistant loved one, take advantage of any incident that causes you to be concerned (a fall, a stove burner left on, signs that the loved one is not getting adequate nutrition, an operation that requires recuperation in a nursing home) and indicate your concern in the most caring way possible while acknowledging that you understand their desire to live independently.

5. What resources are available for elderly patients with limited financial resources for care (outside of Medicare)?

There are some funding opportunities, however, these funds continue to be cut. It is best to talk with a benefit specialist through the Aging Disability Resource Center (ADRC) who can assist with specific financial options/benefits.

Medicaid is the primary program for persons with limited financial resources, yet there are significant spend-down provisions which need to be closely followed to become eligible for the program. It would be important to seek the advice of an attorney or financial counselor before beginning to pursue this path.

6. Is there a trend or movement toward building more CCR facilities versus traditional nursing homes? It would appear that the quality of life and ability to thrive is better.

I have seen a significant increase in Residential Care Apartment Complexes (RCAC's) in the communities allowing people to live independently but have options for care if/when needed and would need to pay for these services.

Quality of life in a CCR facility is usually better than in a nursing home, but continuity of care is the main benefit from seeking out such a facility. There are several programs that offer continuity of care in Dane County: Oakwood Village, Attic Angel Place and Capital Lakes Retirement Community.

7. If someone is thrust into the caregiving role as Sally was, is there a place you recommend they call to understand what they need to do and the resources in the community available to them?

I recommend contacting the ADRC who not only have resource information, but the benefit specialists who are there to assist as well.

8. How do people that don't have advocates get one? Are there enough advocates and Dane County? Who can be one?

Care management professionals. There is certification to become a senior advisor.

There are 15 Senior Focal Points in Dane County...15 centers or coalitions that offer services to seniors throughout our county. Starting points for contacting any of these services are the Area

Agency on Aging (608:261-9930) or the Aging and Disability Resource Center (608:240-7400). You can also call the United Way information and referral service by simply calling 211. Organizations that offer caregiving training and support can be reached by contacting any of these three agencies which, in turn, are likely to refer you to one of the 15 Senior Focal Points in our county.

9. **Why aren't pharmacists more engaged, and involved, in monitoring excessive use of medication?**

My perspective is that it's because pharmacists work for businesses that have a business model reliant upon a reimbursement system that is **based on profit per prescription**. That's the short of it. 😊 However, there are some pharmacies that make more of a commitment to doing medication reviews and focus on this area of **medication minimization**, albeit few and far between. My vision for some time has been that we need to shift the incentives in order to get a full scale effort to deliver highest-quality medication management to where it is needed. This would be consistent with an alternative payment methodology (APM), similar to what Medicare is working towards, and some payers. Imagine paying a pharmacist **more profit per customer per year** than if they would make on dispensing their prescriptions, yet it's because the payer (insurance of government) saved even more money because unnecessary or low value/harmful drugs were removed. I.e. Lower the drug expense but share in the savings with the pharmacist/pharmacy so their profits increase. But back to the core of it, it is a professional that realizes how much harm we can cause from unattended or inappropriate medication use, hence regardless of the incentives and their alignment or "malalignment", we should be focused on calling out when there is a concern and involve those necessary to fix the problem. But in the long run the reimbursement system needs to change.