
Health Care Needs of Retirees

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Successful Aging

- Avoid disease and disability
- Maintain physical and cognitive (and emotional) function
- Engage actively with life

- Rowe and Kahn, 1997



Prevention of Disease and Disability

- Exercise and fall prevention
- Healthy diet, alcohol moderation and smoking cessation
- Vaccines
- Screening tests
- Dental, eye and hearing care
- Sleep
- Social interaction
- Mental health screening

Living with Disease and Disability

- Diet
- Exercise
- Primary and specialty care
 - Care Coordination/team care
 - Scarcity of geriatricians
- ***Medications for chronic disease***
- Family caregivers
- ***Long-term care planning***
- ***Advance care planning***

Issues in Retirees

- Increased side-effects
- On many medications with potential for drug-drug interactions
 - 54% of people over 65 on 4+ meds
- Impact of over-the-counter drugs and supplements
- Less likely to report side-effects
- Adherence – taking as prescribed
- Cost

Strategies

- Report side-effects
- Be wary of supplements
- Conduct a comprehensive review with a clinical pharmacist
- Always bring a full list of medications and supplements to every doctor visit
- Use generics and discount programs
 - Work with your local pharmacist
 - Tell your doctor if you can't afford your medications

What is Long-term Care?

Services that help people live as independently and safely as possible when they can no longer perform everyday activities (e.g., walking, shopping, etc.) on their own.



LTC service needs in Retirees

- Disease and disability, especially falls, are the key drivers of needs – not normal aging
- Care can be short- or long-term
- Most care is done in the home
- 70% lifetime chance that a healthy 65 year-old woman will need some long-term care
- Most long-term care provided by family (mostly by women and unpaid)
- Caregiver burden, supply and training are major national issues

Costs and Coverage

- Sample costs (Twin Cities):
 - Home health aide \$75,000/year
 - Assisted living \$57,000/year
 - Nursing home \$125,000/year
- Medicare and medical insurance only pays limited amount of LTC after illness
- Medicaid will pay if assets are low
 - Multi-year lookback at assets
- LTC insurance very expensive
 - Average cost is \$4,000/year for healthy 55 year-old with annual premium increases
 - Caps on lifetime coverage

Principles of ACP

- **Autonomy**
 - The right to direct your own care
 - The right to refuse medical care
- **Substitutive judgement**
 - Name someone to speak for you if you can't speak for yourself – a proxy
- **Values-based preferences**
 - Understanding “what matters” to you
 - Current situation – may change over time
 - Longevity, function, and comfort
 - Documenting values and wishes
 - Health care providers honor your wishes

Key Components of ACP

- **Living Will**
 - State recognized document
- **Power of Attorney (POA)**
 - Health care and Finances
 - Used only if you can't speak for yourself
- **Communication**
 - Family, friends, loved ones
 - Doctors' offices
 - Personal attorney
 - Regularly revisit, especially if health changes

ADVANCE CARE PLANNING (ACP)

Common questions about ACP

- Why is it important?
- What if I can't decide now?
- Can't I wait until I get sick?
- What if I change my mind?
- Who should know my wishes?
- Will my wishes be followed?



Key Findings

- Masks and distancing work but infection rate climbing
- Treatment is improving
 - Mortality rate declining but still high
- Long-term effects are not well-known but worrisome
- Vaccine pipeline is robust
 - Timing?
- Other vaccines (e.g., flu) may provide some protection

Vaccine Priority (NASEM proposal)

- Phase 1
 - 1a: High-risk health care workers; first responders
 - 1b: All ages with underlying conditions and significant risk; older adults in congregate living settings
- Phase 2
 - Critical risk workers in essential industries that are at high-risk for exposure
 - Teachers and staff
 - All older adults not in Phase 1
 - People and staff in shelters or group homes, jails, etc.
- Phase 3
 - Young adults; children; essential workers not in Phase 2
- Phase 4 – everyone else

HEALTH CARE NEEDS OF RETIREES

Conclusions

- Play bridge and square dance
- Get up and move but don't fall
- Eat well and sleep
- Get your preventive care
- Report medication issues and concerns
- Don't get COVID
- Be nice to your sisters, daughters and daughters-in-law
- Elder attorneys, financial planners, nurse care managers, social workers & geriatricians are great resources
- Think about what matters to you and tell everyone
- Do a Living Will and POAs



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