

From the Editor: Series looks at our aging boomers

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Wasn't it just yesterday when the baby boomers were bouncing around to The Who's "My Generation" and singing along ...

"Things they do look awful cold / Hope I die before I get old."

Of course we didn't mean it, and of course it didn't happen for most of the generation born after World War II. So come January, the boomers officially begin moving from middle age into, well, the next age, use whatever adjective you like.

Are we in California ready for the health issues that come with advancing years?

A few months ago, The Bee joined forces with a nonprofit journalism organization, the California HealthCare Foundation Center for Health Reporting, to dig into that question.

We began with a roundtable discussion including people on the front lines of aging and health care. The reporters, April Dembosky for The Bee and Emily Bazar for the Center for Health Reporting, and editors from both organizations used the conversation as groundwork for deep reporting over the next two months.

The resulting two-part series, "The Boomers Turn 65," appears today and Monday on The Bee's front page and at sacbee.com.

The series breaks down issues and concerns in a number of short pieces, making what could be a dense topic more approachable. And while our reporting identifies many questions and few immediate answers, it also spotlights some of the people and programs working to meet the needs of a growing senior population.

David Westphal, a former Washington bureau chief for McClatchy Newspapers, now heads the CHCF Center for Health Reporting and led their side of the collaboration.

He said the stories show how "rising health costs, indebted governments and this new element – the retirement of 75 million baby boomers – threaten the system of senior health care we've grown to rely on.

"A financial collision is in the making," he wrote me in an e-mail.

Tamma Adamek, the Bee's lead editor on "The Boomers Turn 65," said the experts' roundtable "drove home the point that this is a big deal" and that "California needs to get ready for a tsunami of retirees."

Westphal said the series findings provide a dual message for Californians:

"Plan well, because health care may well take a much bigger chunk of your retirement income than it does for today's retirees," he wrote. "And second, as citizens we all have work to do in deciding what government can afford to do – and not do – in subsidizing seniors' health care."

Westphal added, and I agree, that the series also illustrates the benefits that can result when traditional and nonprofit journalism organizations team up to take on in-depth reporting projects.

This is The Bee's most significant effort with the Center for Health Reporting, which has worked with other California newspapers, including McClatchy's Fresno Bee and Merced Sun-Star.

The Bee competes vigorously to provide the region's best news coverage, and as an advertising-driven enterprise has more competitors than ever.

Yet in seeking the best coverage for readers, we also have worked with a growing list of nonprofit and commercial news organizations – including some television and radio competitors.

As Westphal noted, such partnerships are "an important development in the news revolution under way."

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This special report, "The Boomers Turn 65," is the result of a partnership between The Bee and the [California HealthCare Foundation Center for Health Reporting](#) based at the [University of Southern California Annenberg School for Communication & Journalism](#). The center is an independent organization devoted to reporting about health issues that concern Californians. It's funded by the nonprofit, nonpartisan California HealthCare Foundation.

- **Emily Bazar**, senior writer for the Center for Health Reporting, is a former Bee staff writer.
- **David Westphal**, editor-in-chief for the Center for Health Reporting, is former Washington editor for McClatchy Newspapers.
- **April Dembosky** is a regular contributor to The Bee.
- **Tamma Adamek** is an assistant metro editor at The Bee.

Read more: <http://www.sacbee.com/2010/12/26/3280298/series-looks-at-our-aging-boomers.html#ixzz19Z48s1KC>

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Boomers turn 65: Health system challenges mount

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First of two parts

The baby boom generation, which has been shaking up American society for more than a half-century, is about to unleash one last revolution.

Starting next month, the first of the nation's 75 million baby boomers – born in the generation after World War II, between 1946 and 1964 – will reach age 65, setting the stage for a huge retirement rush that will test the resources of government and boomers alike. The frontier will be health care, and the danger is that the combination of rising costs and boomer retirements could swamp the health system.

Nowhere is the challenge bigger than in California, with the nation's largest boomer population (nearly 9 million) and a safety net already under enormous financial pressure.

"Two realities are on a collision course," said Gary Passmore, director of the Congress of California Seniors, which lobbies on behalf of older adults. "The number of seniors is growing, by amounts that nobody can yet appreciate."

Simultaneously, he said, revenues "at every level of government ... are really stressed. These two things are going to create enormous tension."

It's not just the safety net that will be tested. Boomers of all stripes must adjust to a transformed health care system less centered on hospitals and nursing homes and more focused on cost savings. Many will be expected to shoulder more of their own health costs.

The spike in California's 65-and-over population will happen suddenly. The number of Californians reaching 65 in 2012 will be up nearly 25 percent from this year's total.

By 2040, with boomers well into their retirement, a projected 11.5 million people will be 65 and older in California, more than twice today's total. Meanwhile, the number of people 85 and older will more than triple, to nearly 2 million, as life expectancy continues to grow.

This will put enormous pressure on Medicare, the subsidized national health system for 47 million older adults. Medicare costs have been climbing so quickly, even before the first boomer retires, that future retirees should anticipate some combination of scaled-back benefits and higher out-of-pocket costs.

But Medicare isn't the only problem area as the boomer retirement gets under way:

- State and local health programs in California have already been cut back and more reductions are certain. The safety net for the poor is weakening, and many government programs promoting innovation in health delivery have been pared.
- Parts of the state already are experiencing shortages in primary care doctors and geriatricians.

Many boomers haven't saved enough during their working years, and have been stymied in the past decade by plummeting home values, a stagnant stock market, the elimination of pension plans and, for some, long periods of unemployment.

Rita Rogers, a part-time legal assistant who lives at Sun City Lincoln Hills, will be in the vanguard of retiring boomers, turning 65 on Jan. 9. She's been looking forward to her new Medicare policy for years but admits she was surprised to learn that there is much Medicare doesn't cover.

"You grow up and always hear Medicare is the answer to everything," she said. "I wasn't aware of all the things I have to pay for. ... This stuff worries me."

At the same time, Rogers figures her generation will be the impetus for solutions.

"The whole system's going to have to revolve around the needs of the boomers," she said. "We're going to end up being the catalyst for that change."

Many of the biggest challenges will come as boomers get deeper into retirement, but some will surface immediately.

One of them is finding a doctor who accepts Medicare. California has among the worst doctor participation rates in Medicare – 92.6 percent here compared with 95.1 percent nationally – according to the Centers for Medicare & Medicaid Services.

"There are fewer and fewer primary care doctors who are accepting new Medicare patients today," said Dr. Don Wreden, president and CEO of the Sutter Medical Group in Sacramento, Nevada, Placer and El Dorado counties. The problem is especially strong in parts of the state where Medicare physician fees are lower than in adjoining regions, and some doctors are turning away their own patients when they join Medicare.

Health care experts say there's a clear message for retirement-bound boomers: They'll need to shoulder more responsibility for their own health.

"The window of opportunity is slamming shut," said Will Tift, planner for the Area 4 Agency on Aging unit that serves Sacramento and six other counties. "We really need for those boomers to do all they can now physically,

financially, socially to make sure they will be able to live independently when they can't drive anymore or get upstairs anymore."

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Where will boomers get long-term care?

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Second of two parts

After a severe leg infection landed Bill Hollingworth in the hospital a few years ago, the Citrus Heights man was sent to a nursing home to recuperate for what he hoped would be a few weeks.

A few weeks turned into 13 months.

Hollingworth, who relies on a wheelchair to get around, figures he would have stayed there indefinitely if he didn't have access to In-Home Supportive Services, a publicly financed program that helps some low-income elderly and disabled people receive care at home.

Now Hollingworth gets 236 hours of monthly paid care in his apartment from a worker who cleans, cooks, helps with bills, bathes him and assists with other life necessities. "I wouldn't be able to function without her," said Hollingworth, 63.

California was a pioneer in creating home- and community-based alternatives to nursing homes more than 30 years ago with programs such as IHSS and Adult Day Health Care. In the past several years, however, state and local budget cuts and policy decisions have battered these and a range of other long-term care programs, from Alzheimer's Day Care Resource Centers to Caregiver Resource Centers, resulting in reduced services, slashed staff levels and in some cases, closed doors.

These cuts, and more likely to follow, could threaten a promising strategy for making affordable the old-age health needs of the massive baby boomer population, which begins to hit 65 next month. Health policy experts agree that unless more of seniors' care can be shifted to less-expensive care in their homes and community centers, and away from nursing homes and hospitals, the system may become unsustainable.

The outlook is bleak enough that some officials are exploring nongovernmental solutions, such as transferring some programs to nonprofits.

"It's not an overstatement to say the survival of the aging network is in jeopardy, pending what the state budget does, and then the cascading effect to county and city budgets after that," said Will Tift, planner for the Area 4 Agency on Aging, which serves Sacramento and six other counties.

Come February, all IHSS recipients will receive a 3.6 percent reduction in hours, a result of state budget cuts. Hollingworth will lose more than eight hours per month, which means that important but less-critical tasks, such as range-of-motion exercises for his legs, won't get done.

"It seems like every time they're having a problem with the budget, who are the ones that suffer? The poor, the disabled and the elderly," he said.

State's home care legacy

In-Home Supportive Services is for low-income individuals who are over 65, disabled or blind who need help with activities of daily living such as grooming, dressing and cooking.

California's program, the largest in the country, has grown significantly. In the 2005-06 fiscal year, there were 352,026 average monthly recipients, compared with 428,962 in 2009-10, according to the state Department of Social Services.

Counties administer the program, and their social workers determine eligibility and hours for each recipient, with a maximum of 283.

Sacramento County serves about 20,000 recipients and pays in-home workers \$10.40 an hour.

"It's cost-effective compared to warehousing people," said Evan LeVang, executive director of Independent Living Services of Northern California.

While the most dramatic state cuts to the program have so far been blocked by courts, a 3.6 percent across-the-board cut in recipient hours begins in two months.

Counties have cut, too. In Sacramento, the IHSS budget has fallen to about \$19 million this year from \$27 million in 2008-09, largely because of reductions in county general fund dollars, sales tax and vehicle license fees, according to the county Department of Health and Human Services.

As a result, the number of IHSS social workers has been halved (118 to 60) in four years while the number of recipients has increased.

The remaining social workers now carry bigger caseloads, which caused months-long delays earlier this year for residents waiting to join the program, said department Director Ann Edwards-Buckley. To eliminate the backlog, the county has delayed its annual reassessments of existing IHSS participants.

Because budget cutting likely isn't over, the county must consider creative ways to continue offering IHSS and other safety net services as the aging population expands, said Bruce Wagstaff, administrator of the Countywide Services Agency. A county task force is looking at options, such as partnering with nonprofits, he said.

Already this year, two county programs have been turned over to nonprofits to run: Senior Nutrition Services, which provides meals to the elderly, and Mather Community Campus, which provides housing and job training for the homeless.

"The need is still there. You can't just walk away from that need," Wagstaff said. "You've got to find ways to continue to do it. We've got to find different ways of doing business."

Day centers slashed

Adult day health centers are another pillar of government's push to keep seniors out of institutions.

The Eskaton Adult Day Health Center in Carmichael is a place where frail older adults with physical or cognitive limitations can spend the day, in part to help give caregivers and families a break. Participants sing, do muscle exercises, socialize, play word games and, in some cases, get bathed or take speech therapy.

About 60 people are enrolled, but not all come every day. Their medical challenges range from dementia and strokes to diabetes and broken hips from falls.

"Sometimes it's the simplest things like that to keep people in the community and avoid institutionalization," said Jill Yungling, the center's administrator and program director.

This center and others are open to Medi-Cal recipients and people who pay out of pocket or have long-term care insurance. Medi-Cal, the state's public health insurance program for some low-income residents, pays \$76.27 per day.

In part over budget concerns, the state enacted a moratorium in 2004 that prevents new Adult Day Health Centers from participating in the Medi-Cal program, with limited exceptions.

There were 365 centers when the moratorium went into effect, and now there are 312, according to the state Department of Aging. Enrollment also has declined.

Some centers closed down because they're expensive to run and others were closed by the state for quality reasons, said Lydia Missaelides, executive director of the California Association for Adult Day Services. Providers haven't opened new ones to replace them because of high start-up costs and fears they won't be financially sustainable without Medi-Cal reimbursements, she said.

"Instead of an expansion mode, we're in a contraction mode," said Denise Peach, chief of the Department of Aging's Adult Day Health Care branch. "We've got a growing number of individuals who would potentially be needing long-term care services."

State Assemblywoman Mariko Yamada, D-Davis, said she will make lifting the moratorium a legislative priority. "It will ultimately save the state money," said Yamada, who chairs the Assembly Committee on Aging and Long-Term Care.

Budget cuts, such as the recent elimination of state funding for the Alzheimer's Day Care Resource Center program, also have strained Adult Day Health Care. The Alzheimer's program has provided specialized care for Alzheimer's and dementia patients through some ADHC centers.

Woodland Healthcare's Yolo Adult Day Health Center lost \$74,000 annually in Alzheimer's funding and is trying to recoup the lost money through fundraising and grant applications, said program manager Dawn Myers Purkey. It also raised prices for private pay participants.

"Our bottom line is worse every year," she said. "We need to begin rebuilding what California started 30 or so years ago."

Violeta Gonzalez, 80, started attending the Carmichael ADHC center three times a week after her husband died earlier this year. For Gonzalez, who is mentally sharp and physically strong, the center allows her to get out of her house and socialize.

The center's bus picks her up at her door in the morning and drops her off in the afternoon. "It gives me something to do. I don't have to bother anybody to take me here or take me there," said Gonzalez.

The thought of a nursing home or assisted-living facility makes her shudder. "From here," she said of her home, "I'm going to the grave."

Assisted-living oversight

As publicly funded programs shrink, there's been a boom in private-pay assisted living facilities.

The residential care industry which caters to middle-class Californians who will pay out of pocket has steadily grown in the past decade, with 7,822 of them now in California, up more than 25 percent.

But these facilities increasingly are taking on customers with significant health needs, raising questions about whether more oversight is needed. Residential care sites are not medical facilities. The vast majority are small homes, with 15 beds or less, where residents can get help with daily tasks like dressing, eating or managing medications. Costs can range from \$2,000 to \$6,000 a month or more.

However, as the aging population lives longer with more chronic conditions, the residents of assisted-living facilities have gotten sicker than originally intended. For example, more have dementia.

"These are not the assisted-living facilities of 15 years ago. Across the country you see facilities admitting and retaining people with higher health care needs," said Eric Carlson, directing attorney with the National Senior Citizens Law Center in Los Angeles.

Carlson said the state needs to demand higher standards for health care. He recommends that California follow the lead of some other states, which have adopted tiered licensing standards that take into account the changing nature of long-term care.

"I see California as a definite straggler," he said.

Just as more facilities open, budget cuts to the Department of Social Services and attorney general's office have reduced oversight.

"There are fewer investigators, fewer ombudsmen and fewer people in the licensing agencies," said Jody Feldman, deputy attorney general at the Bureau of Medi-Cal Fraud and Elder Abuse.

Patient-safety advocates say there are many potential weaknesses in state law: Facilities are inspected once every five years, facility operators need attend only a 40-hour certification program, and staff members need just 10 hours of training.

Feldman said smaller facilities in particular "slip through the cracks. They're not watched as carefully."

Even discerning family members don't always catch problems at assisted-living facilities.

When Kim Kuviora, 50, of Folsom couldn't take care of her dad at home anymore, she found an assisted-living facility in Orangevale.

"It was just like an Embassy Suites. It was so beautiful," she said. "And they sold me that, hook, line and sinker."

But there were problems with the health care Kuviora's dad received, so bad that she moved him out and filed a lawsuit against the facility. They settled, so Kuviora can't discuss the details.

"All I can say is, with every single facility I ever dealt with, it seems like all facilities can't seem to get medications handled correctly or dispensed correctly," she said.

Kuviora said she and her husband now talk all the time about how to prepare for their own potential long-term care needs, especially since they don't have any children of their own to care for them.

"We are savers, big savers. But I don't think even at this point that we saved enough to be able to afford what long-term care is going to cost by the time we need it. I don't think we'll be close."

New health law to offer some relief on long-term care

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Roughly seven in 10 people who turn 65 will need long-term care at some point in their lives, according to the SCAN Foundation. Chances are that most of them don't know how they'll pay for that care.

"Every person is on his or her own in terms of long-term care, and long-term care is incredibly expensive," said Barbara Gillogly, chairwoman of the gerontology department at American River College.

On average, home health aides in California cost \$21 per hour, adult day health care costs \$77 per day, and a one-bedroom unit in an assisted-living facility costs \$3,500 per month, said SCAN, which advocates for long-term services that keep seniors independent and at home.

The federal government is stepping in to address the expense by creating a voluntary long-term-care insurance program.

The Community Living Assistance Services and Supports (CLASS) program, part of the new health care law, will provide an average minimum daily benefit of \$50 to help participants pay for a variety of services, from in-home caregivers to nursing homes. It will be funded by premiums that vary by age. People won't be denied coverage based on their health status.

But boomers who already have retired, or plan to soon, are out of luck. The program won't get rolling until late 2012 at earliest, and even then, participants will have to pay into it for at least five years before they can receive payouts.

"It will make a big difference in the latter half of the boomer generation. Those folks are still working and have a lot of years ahead of them," said Bruce Chernof, SCAN's president and CEO.

Once the program gets going, working adults can purchase the insurance through payroll deductions; those who don't want to participate can opt out. The benefits won't be exclusively for elderly people; participants with disabilities or cognitive impairments who need help with daily activities can also benefit.

While the program may not cover all long-term care costs, it may make the difference that keeps someone at home for care, said Bonnie Burns, training and policy specialist for California Health Advocates.

"It might buy you somebody coming in a couple of hours in the morning, a couple of hours a night, helping you get into bed, out of bed or take a bath," said Burns. "Those are the kinds of things people need help with."

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Training helps control costs

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Alison Navas organizes the complexities of her life on her BlackBerry, keeping track of her fifth-grade son's tutoring lessons and ballet classes, family parties and doctor's appointments.

Several weeks ago, she started tapping a new activity into her calendar: 20-minute walks.

"I want to improve my health and my stamina for my son. I want to be able to keep up with him," said Navas, 51, of Elk Grove.

Navas, who was diagnosed with inflammatory arthritis in her spine and feet two years ago, was inspired to start exercising regularly by a free "Healthier Living" workshop that teaches people with chronic medical conditions how to manage their diseases and symptoms.

The 2 1/2-hour group sessions, held once a week for six weeks, teach participants about their conditions, how to talk to doctors and how to set goals around diet and exercise.

"The real philosophy behind it is empowering the individual that has the chronic condition to make changes," said Lora Connolly, chief deputy director of the state Department of Aging. The department is part of the California Collaborative for Chronic Disease Prevention, which offers the workshops in Sacramento, Sierra, Nevada and other counties.

As boomers age, they will tax a medical system already plagued by runaway health care costs, an inadequate supply of primary care physicians and expensive – often unnecessary – hospital stays.

Around the state and nation, programs such as the Healthier Living workshops are part of a revolution aimed at helping people avoid expensive hospital and doctor visits by shifting to prevention and home-based care.

Another program is Advanced Illness Management, run by Sutter Health Sacramento Sierra Region. AIM is for people with chronic, incurable conditions such as congestive heart failure who are in the last 12 to 18 months of their lives, the most expensive time for health care costs.

AIM patients receive much of their care at home from nurses, dietitians and social workers who make house calls, said chief medical officer John Mesic. Sutter debuted AIM in parts of Sacramento and Davis in November 2009 and expanded it to Roseville and more of Sacramento in October.

AIM patients don't need to see their primary care physicians as often as before, their health costs go down, and they're happier because they're in their homes, Mesic said.

"What we have seen is fewer emergency room visits, fewer hospital visits ... and a very high patient satisfaction in terms of overall quality of life," he said.

Unlike AIM, the Healthier Living workshops are not focused on people near the end of their lives. Common diseases among participants include diabetes, arthritis and heart disease.

During Navas' final workshop, she and the other four participants, all women, reported on the goals they had set the previous week, including eating more fruit, reducing negative thoughts and making time to relax.

"Seeing a lecture, you might be, 'Yeah, yeah, yeah, I get it, I get it,' and then you walk out and you never do anything," said Connolly. "So this is facilitating a conversation, it's developing an individual action plan, it's reporting back from week to week in terms of what you've done."

Navas had avoided exercise because her doctor warned against anything too vigorous. She found that scheduling walks into her BlackBerry kept her accountable.

She now walks three times per week, sometimes in neighborhoods surrounding her son's dance classes or math lessons.

"I feel a lot better," said Navas, a physician assistant. "My stamina is better and the walking is easier."

To find out more about the Healthier Living workshops, visit www.cahealthierliving.org.

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Doctor shortage: Primary care will be harder to find

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Boomers will face intense challenges finding a doctor right when their medical needs start to increase, putting greater demands on them to improve their own health and better manage their chronic conditions.

Rural areas are expected to suffer the most from doctor shortages in coming years, and Latino and Asian patients will have particular trouble finding a doctor who speaks their language.

"A Medicare card is like a hunting license," warns Wells Shoemaker, medical director for the California Association of Physician Groups. "You can get a hunting license, but that doesn't mean you'll get any deer."

He described the baby boomers' impact on the current supply of physicians as a "triple whammy." Nearly 30 percent of doctors in California are over age 60 – more than in any other state – and are expected to retire in the next five years. Meanwhile, younger generations of medical students are going into high-paying specialties rather than primary care or geriatrics, so retiring doctors aren't being replaced. And those that are going into primary care aren't seeing as many patients as their counterparts did in the 1960s and 1970s.

Primary care has been steadily losing appeal among aspiring doctors for decades. Primary care physicians are being asked to manage a larger array of testing and care. And a UC Davis study this fall found that specialists are paid as much as 52 percent more than primary care doctors.

Even fewer students are interested in geriatrics.

"It's a difficult profession," said Barbara Gillogly, chair of the gerontology department at American River College. "Seniors are not easy. They all die. That's seen as failure."

Some argue for restructuring the Medicare reimbursement system to increase what some primary care doctors get paid. Others say California needs to relax rules that restrict lesser-trained professionals, such as licensed practical nurses, from taking over duties now performed only by doctors.

UC Davis geriatric specialist Michael McCloud says consumers need to take matters into their own hands. McCloud created a Mini Medical School where he educates seniors directly about health care issues in a series of

Saturday morning classes. Since it began in 2002, more than 3,000 people have taken the courses, he said. The next session begins in February.

"The only way we're realistically going to meet the needs of this coming wave of seniors is do-it-yourself geriatrics," he said. "People go to Home Depot and learn about home plumbing. That's exactly the situation we're in."

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Facilities: Limiting hospital stays is major goal

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As they move into retirement, boomers will stress not only California's network of medical staff but the hospitals and clinics where they seek care.

Unless health providers fundamentally change how they deliver care and patients shift their expectations of how they receive it, experts fear a shortage of beds, outpatient surgery centers and other facilities.

"The delivery system needs to change to be faster, better, cheaper," said Ian Morrison, a health care consultant and futurist based in Menlo Park. He predicts that the future of medical care will include more telemedicine and home-based medical monitoring, coupled with fewer visits to doctors and hospitals.

Better management of chronic conditions, such as diabetes, is a must, he added. If these changes don't happen, "we'll be overwhelmed. There will be no room at the inn," he said. "We'll be trying to deliver 1990s and 2010 technology and care processes for a population that's going to be much larger and older and more chronically ill."

In her 2008 report, "Beds for Boomers," Jennifer Joynt, a health care consultant in Berkeley, said demand for hospital beds would increase 76 percent between 2000 and 2030 if current treatment patterns persisted. "If we don't do a better job of keeping people out of the hospital, we could have an issue in terms of not having enough beds," she said.

Sacramento is among three regions in the state that could experience a shortfall by 2020, Joynt concluded.

Brad Stuart, of the Sutter VNA & Hospice, a Northern California home care agency, says the "worst thing" communities can do is build more hospital beds. Instead, he said, they should invest in preventive care that keeps people at home and in their communities.

One way hospitals are grappling with costs and the expected surge in population is by moving more surgeries and procedures to outpatient clinics.

"There are so many things happening outside of a hospital operating room that used to always exclusively occur in those rooms," said Scott Seamons, regional vice president of the Hospital Council of Northern and Central California. "The practice of hospital inpatient care is changing."

UC Davis Medical Center is planning an expansion of its outpatient facilities, including its cancer center – though it may also add up to 200 hospital beds by 2025, said Mike Boyd, executive director of facilities.

Sutter Medical Foundation, too, is looking to expand outpatient services, among them a new outpatient surgery center in Elk Grove to debut in 2012, said Eric Rasmussen, the foundation's director of growth and development.

"The goal is to keep people from having to go into the hospital," he said. "It's not only more expensive, but it's more difficult on patients."

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Family structure: With fewer offspring, care options reduced

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<http://www.sacbee.com/2010/12/26/v-print/3281382/with-fewer-offspring-care-options.html>

Baby boomers may have more than one kind of caregiving problem. Unlike their parents, who have been attended to in their old age by their large broods of sons and daughters, boomers typically had small families – 1.8 children on average vs. their parents' 3.5. That means fewer close family members watching over them as they age.

"I'm very concerned," said Kim Kuviora, 50, owner of a court-reporting business in Folsom. She and her husband had no kids.

"We won't have anyone to be an advocate for us," she said. "But then there's no guarantee if you do have children that they'll want to take care of you."

Divorce is also a complicating factor for boomers' long-term care needs.

"We're no longer asking kids to help with the care of a father, but a stepfather or stepmom," said Esther Lara, a social worker at the UC Davis Alzheimer's Disease Center. "So I'm having to work with two families to take care of a couple."

For Lara, that means a more difficult conversation in negotiating care for stepparents.

"I see stepchildren feeling more like, 'Well my stepmom should be able to take care of my dad. It's her responsibility now,' " she said.

Disputes about money are more common in such families, she said.

Caretaking issues are also a critical topic in immigrant communities where family connections and implicit social contracts have been rocked by immigration patterns and evolving cultural values.

"We have more people who have been in this country for several generations and their preferences and ideas about lifestyle and being old and what you do will be very different from those who immigrated during their lifetime," said Donna Yee, CEO of the Asian Community Center in Sacramento.

In a traditional Chinese wedding, for example, the bride serves tea to the groom's parents and bows before them in a symbolic promise to care for them when they are older. But as second-, third- and fourth-generation Chinese women have been adopting more American values, they've been phasing out such portions of the ceremony, said Yee. Without that explicit promise, family caretaking networks and obligations are unclear.

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Finances: Most won't have the money to live comfortably in retirement

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Many boomers appear to be in trouble on the savings front.

They were raised in a prosperous, consumer-centered era, took on debt freely and saved meagerly. Their parents, the traditionalist generation, were raised during and after the Great Depression, and many arrived in their old age with healthy nest eggs and, often, pension benefits.

Times are quite different for boomers. Pensions are evaporating, college costs for boomers' children are skyrocketing and home values have plummeted, by almost 50 percent in Sacramento County.

Only a quarter of boomers will be financially comfortable in retirement, according to the AARP Public Policy Institute. A quarter will end their years in poverty. The other half will fall somewhere in between.

"If I talk to a current family and then I talk to a baby boomer family next to it, I see a dramatic difference," said Esther Lara a social worker at UC Davis Alzheimer's Disease Center. "Most of our traditionalists were used to

cooking seven days a week or at least six. They didn't go out very much, they really thought about their purchases and overall really planned for having money when they retired.

"I think our culture has changed and ... we tend to purchase stuff without really thinking how much we need to save for retirement."

Gary Passmore, director of the Congress of California Seniors, said many boomers reckoned they could use their fast-appreciating homes as retirement capital. "Many of them are underwater now," he said.

Sidney Palaca, who turns 65 on Jan. 18, said she and her husband have lost 75 percent of their retirement savings in the past five years and have had to adjust their retirement plans. Her husband, who turns 65 in October, will work longer than he originally planned. To save money, they became renters and scaled back their formerly ambitious travel schedule.

"It was just absolutely devastating," the Lincoln resident said. "When you're in your 30s and 40s and you have a little glitch in your life, it really doesn't make that much difference and you just go on. When you're 65, you go 'OK, this is very difficult,' and you make all the adjustments you need to make in your lifestyle and everyday living. If you don't, you're not going to make it."

Fidelity Investments estimated that a 65-year-old couple retiring this year will need \$250,000 to pay for medical expenses throughout retirement, not including long-term care.

"The boomer population isn't ready," said Margaret Reilly, program manager for HICAP Services of Northern California, which provides free counseling on Medicare.

Reilly said many prospective retirees don't realize that Medicare covers about 80 percent of covered benefits and notes that many services, from hearing aids to long-term care, aren't covered. "Many people ... think all their insurance needs are going to be met, and they're not," she said. "You will need a way to supplement medical care."

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Health and Disease: Living longer brings own set of problems

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One snapshot of baby boomer health shows the generation as rugged outdoors men and women who go mountain biking and kayaking.

"In a way we're in better shape. In a way, we're in worse shape," said Candace Roeder, executive director of Seniors First, a nonprofit senior services agency serving Placer County. "We've really used up our joints. I'm 57 and already had a knee replacement. We've played hard. We continue to play hard."

In fact, though, boomers will face just as many health problems as their parents have, said Will Tift, planner for the Area 4 Agency on Aging.

"What I would describe as a highly visible minority, the sky-diving baby boomer who's out there adventure-seeking, those people exist. That's a minority faction of all boomers," Tift said.

Boomers are certainly expected to live longer than any generation before them. Medical advances in antibiotics and surgery have significantly curbed the likelihood of death from heart attacks and infectious diseases. That means boomers and their doctors will spend more time managing ailments associated with aging, such as arthritis, dementia and other chronic illnesses.

Another of the biggest challenges for boomers will be their struggle with weight. Already one-third of them are clinically obese and another third are overweight, said Tift. "That's the main factor that drives the other chronic conditions: diabetes, hypertension, osteoarthritis."

By 2030, when all boomers are over age 65, one-fourth of them in the Sacramento region, about 125,000, are projected to be living with diabetes, according to a report by the Area 4 Agency on Aging.

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Medicare spending: Shrinking budgets to limit services as demand surges

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While demand for senior services is mounting, the government's ability to provide those services has been weakened by soaring health care costs and state and local budget cuts.

In some cases, public officials are enlisting nonprofits to help them provide services.

By 2029, Medicare won't have enough money to pay for the benefits that members consume, according to the 2010 Medicare trustees report. If the health reform law is repealed or pared back, that situation could come even sooner.

"What everyone agrees on is that the system ... is not sustainable," said Brad Stuart, senior medical director of Sutter VNA & Hospice, a Northern California home care agency. The costs of Medicare Part B, which helps pay for outpatient care such as doctor visits and lab tests, have increased an average 8.3 percent annually over the past five years, the trustee report says.

"Medicare's not going to go away ... but Medicare will change for baby boomers," Stuart said. "Even if the economy really takes off ... Medicare will become more expensive for individuals. Co-pays and deductibles will grow. Things you don't have to pay co-pays for now, you may have to later."

Medicare isn't the only public health program for seniors that's getting pinched. In California, the state budget crisis has triggered years of reductions for senior services.

Since 2007-08, the California Department of Aging budget has been cut by about \$24 million, said spokeswoman Sarah Ludeman. Programs that have suffered include Senior Nutrition Services and the Long-Term Care Ombudsman Program, which investigates complaints from people in long-term care facilities.

"It's a big hit," Ludeman said. "These programs have not been eliminated but they have lost a large portion of state funding."

When state funding drops, the effect is felt by local and county governments, which administer some elder-care programs and are doing their own cutting. Among the most critical to seniors are In-Home Supportive Services, which helps some elderly people receive in-home care, and Adult Protective Services, which investigates charges of elderly abuse or neglect.

In Sacramento County, the IHSS budget has fallen to about \$19 million this year from \$27 million in 2008-09, according to the county Department of Health and Human Services.

Despite the budget cuts, the county still serves roughly the same number of people – nearly 20,000 recipients, said department director Ann Edwards-Buckley.

Roseville resident Jeanne Andrews says her mother, Dolores Hanson, has advanced Alzheimer's disease and qualifies for the maximum amount of paid in-home care that IHSS will allow: 283 hours per month. Andrews, 54, is her mom's primary caregiver under the program, a responsibility she juggles with a part-time job as a medical transcriptionist.

Come February, there will be mandated cuts in hours, and her mom, 78, will lose about 10 hours of paid care per month. To make up for the lost wages, Andrews will have to take on more transcription work or trim a budget that barely breaks even now, she said.

"They need to keep this program strong, not ruin it. For every person like my mom, who is still at home, she and I are saving the state a lot of money," said Andrews. "If she were in a nursing home, it would cost them, last time I

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looked, \$8,000 or more per month. They spend one quarter of that letting her stay at home. ... It's the only humanitarian thing to do as well."

But Bruce Wagstaff, administrator of the Countywide Services Agency, said he expects more cuts to this and other programs.

As a result, he said, the county must consider creative options, such as partnering with nonprofits.

In July, the county turned over operations and management of its Senior Nutrition Services to the Asian Community Center of Sacramento Valley. The program provides about 2,000 meals to seniors each day.

"Communities across the state are trying to figure out how we're going to address this need given the fiscal reality we have. It's going to require a larger response from different places in the community. ... There's a real possibility that while there will be a role for government, it won't be as large as it has been."

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Medicare primer

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WHAT IS MEDICARE?

Medicare is the federal health insurance program for people 65 and over, people under 65 who have certain disabilities and people with amyotrophic lateral sclerosis (ALS) or end-stage renal disease.

Medicare Part A, known as the "hospital insurance" portion of Medicare, helps pay for inpatient hospital stays, inpatient skilled nursing facility stays (after a hospital stay), some home health care and hospice care.

Medicare Part B, known as the "medical insurance" portion of Medicare, helps pay for outpatient medical care such as doctor visits, lab tests and durable medical equipment.

Medicare Part D is optional prescription drug coverage available for purchase from private companies.

Parts A and B do not cover some services at all, including long-term care, routine dental care, dentures and hearing aids.

HOW TO ENROLL

If you already receive Social Security benefits before you turn 65, you automatically will get Medicare Parts A and B starting the first day of the month you turn 65.

If you don't already receive them, you can sign up for Medicare starting three months before the month you turn 65. The initial enrollment period lasts for seven months. Enroll by calling Social Security at (800) 772-1213 or use the online application at www.socialsecurity.gov.

Most people don't pay a premium for Part A and therefore sign up right away. However, everyone must pay a monthly premium for Part B.

People who don't sign up for Part B during the initial enrollment period may face financial penalties that could permanently increase their premiums when they eventually join.

People can delay enrollment in Part B without penalty if they're covered under their own (or their spouse's) employer group health plan. They can sign up for Part B without penalty during a special enrollment period that begins when their job or group health coverage ends, whichever comes first.

Delaying enrollment in Part D beyond the initial enrollment period also may result in penalties. Penalties may be avoided if you already have prescription drug coverage that is at least as good as the Medicare drug benefit.

WHAT DOES IT COST?

Although Medicare helps with health care costs, it does not cover all medical expenses or the cost of long-term care. It requires premiums, deductibles and other cost-sharing.

In general, Medicare covers about 80 percent of negotiated health care costs for covered benefits. You are responsible for the rest.

Medigap policies pay for part or all of the costs that original Medicare doesn't cover, such as co-insurance and deductibles. They do not restrict you to a specific network of providers and facilities; you can see any doctor or use any hospital that accepts Medicare. You pay a monthly premium for the policy in addition to the monthly Part B premium.

Medicare Advantage plans (also known as Medicare Part C), offered by private companies and approved by Medicare, generally are managed-care plans, but there are preferred provider organizations (PPO) and other options. They often require members to use specific doctors and hospitals. Some include Part D drug coverage and extra benefits, such as vision and dental. In addition to your Part B premium, you often pay a monthly premium.

Prescription drug costs can add up quickly, even if you have Part D coverage. In 2011, once you and your plan have spent a combined \$2,840 on covered drugs, you will hit a coverage gap known as the "doughnut hole." At that point, you pay 50 percent out-of-pocket on covered brand-name drugs and 93 percent on covered generics until your out-of-pocket costs reach \$4,550 for the year. After that, you pay 5 percent or a small co-payment for covered drugs, whichever is greater.

WHERE TO GET HELP

- California Health Advocates is a Medicare advocacy and education organization: www.cahealthadvocates.org
- HICAP Services of Northern California offers free counseling to help people resolve Medicare questions and concerns. In the Sacramento region, call (916) 376-8915 or visit www.hicap-services.net. For HICAP services elsewhere in the state, call (800) 434-0222
- Medicare: (800) 633-4227 (800-MEDICARE) or www.medicare.gov
- Social Security Administration: (800) 772-1213 or www.socialsecurity.gov

Sources: California Health Advocates, HICAP Services of Northern California, Medicare, Social Security Administration

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