Seattle Guide to Healthcare for Seniors

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Hello,

This is the second iteration of this guide, the original completed in 2019. It is meant to help provide resources for healthcare for seniors in the Seattle area. Needless to say lots of things have changed in healthcare due the Covid-19 pandemic.

Some changes that I have seen include longer wait times in emergency rooms as well as more difficulty getting primary care visits. Hospital admissions and discharges have had a higher threshold for admissions and lower threshold for discharges. In some areas medical care has shifted to being delivered in the home, either in person by telemedicine. All of this has occurred in the face of staff shortages, particularly in nursing and caregiving.

This guide is focused on medical services for the older individual. It is not meant to be an endorsement of any particular medical group, type of care, or specialist. It is not meant to give any specific medical advice. Please contact your primary care provider or specialist for any specific questions. I have not included specific names of clinicians as to avoid any bias or recommendation, also knowing that availability and location of clinicians may change. Any comments regarding medical organizations are purely my own. My apologies for any omissions.

Please note I have used the word **clinician** to include medical doctors (**MD**s), doctors of osteopathy (**DO'**s), advanced care nurse practitioners (**ARNP**s), doctorate of nurse practitioners (**DNP**), and physician assistants (**PA**s). I refer to Nursing homes and skilled nursing home as facilities.

Best wishes for good health,

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Organizing Your Health Care Information

These recommendations are to help both you and your health care team be more efficient, more accurate, avoid errors and ultimately have a more comfortable health care experience. The recommendations seem pretty simple, but they may help avoid significant problems.

1. Have a primary care clinician. Having a clinician know you and maybe some of your family members or friends can be quite helpful in understanding who you are and how to help you navigate medical issues and decision making. Our healthcare continues to be more and more fragmented – but the better a primary care clinician knows you, the better they can help.

2. Keep a list of your clinicians. Keep track of the names, telephone numbers (or other contact information) and type of practice for all of your clinicians. Share these numbers and any online access information (such as MyChart) with people you would want to have this information, especially emergency contacts or close family members. Having your loved ones, emergency contacts have access to your electronic medical record, if you have one, is a good idea.

3. Keep an active list of your medications. This includes doses and how many times a day the medication is taken. This also includes supplements. Even with most medical offices using computers it remains remarkable how medication lists can be inaccurate and not up to date.

4. Write down your questions before clinician visits. Clinicians really do appreciate this as it helps us make sure we address your concerns. Don't wait to the end of the visit to bring up questions. If there is a medical assistant getting you set up for the appointment don't hesitate to mention your questions at that time.

5. List of major medical conditions. Not minor but major. List of medical conditions can get so incredibly long and complicated that the important history gets lost. Include major surgeries, major diagnoses, and dates of surgery or diagnosis.

6. Advance Directives – very important to have a Durable Power of Attorney (DPOA)and a living will. See below. It is important that all of your clinicians have access to this, including any updates. Make sure your clinicians have copies.

7. List of important contacts. Emergency contacts, family, close friends, your medical Durable Power of attorney (DPOA,) etc.

8. Have an advocate. Having someone that knows your medical history and wishes can be incredibly helpful if and when there are urgent or emergent issues. Ideally have a person accompany you to, and into, the clinic visits to "be another set of ears"

to hear what has been said and also to ask questions on your behalf. Medical jargon is so difficult to understand and clinicians are not always as aware as they should be in making their language understandable.

9. Keep a copy of your documents ready to take in an emergency. Documents should be very easily accessible and together. I have seen families keeping a folder on top of the refrigerator. Some retirement communities have a standard place (attached to door under the sink) so all know where to look.

Choosing a clinician

Obviously this is a very individualized process, and can be quite difficult, emotional and frustrating. It is very important that you feel your clinician listens to your concerns, and provides explanations that you can comfortably understand. Some people do a lot of "doctor shopping", while others just want the basics and are happy with a nuts and bolts approach to their own health care. Looking at a clinicians profile on their work site will give you important general background. I will say looking at online reviews of clinicians does not seem like it is very reliable. There tends to be small number of reviews of very opinionated people. Asking friends or family for recommendations of clinicians may be a good way to find a clinician, particularly if you are new to the area.

A few things to think about:

Access. This really means how easy is it to get in touch with your clinician. Can you call or email with a question or concern and get an answer? Does your clinician or his or her office respond to you in a timely manner? Is there a clinic staff member that will call you back? Does your clinician work part time and/or have other clinicians stepping in to answer questions? Do they use online communication where you can email a question confidentially?

Access continues to be a growing issue in medical care and likely a big reason that concierge medicine (discussed below) has such an appeal. You may not hear back quickly or at all from a doctor but you should expect a response about a concern from the clinic or medical staff within a reasonable amount of time.

What is their training and experience? Do they have training and experience in the area of medical care that you are seeking? I will say that age, or years of practice may be misleading. Place of training may be misleading too. Certainly there is a component of wisdom with years of medical practice but there are some very sharp and up to date younger clinicians that keep us "seasoned" doctors on our toes.

What is their bedside manner? And what does this mean to you? Is a clinician paying attention to your concerns? Are they empathic? These qualities in themselves do not necessarily mean that a clinician is knowledgeable or qualified. I

would say that an important aspect of your health care is that you feel listened to, understood and cared about.

What are the clinic hours? It is more and more common that a clinician will be available less than full time (not every weekday). They may only be available to see you on certain days of the week. This is particularly true with academic clinicians. How important is this to you? Will you mostly be seeing associated staff such as nurses or physician assistants? Is this something that would be important to you or maybe not so much?

Clinical Setting. What kind of setting does your clinician practice in? Is it a very small group, or really large group, which may mean it is easier to get to be seen urgently but possibly by someone you have not previously met? Transportation and parking in Seattle is a big issue. How easy is it to get to the clinic? Does the clinic have any weekend hours?

Types of Clinicians

Primary care as defined by American Academy of Family Practice (AAFP)

"***Primary care...includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic conditions".***

A primary care clinician may be a physician, nurse practitioner or physician assistant. One of the main roles of primary care is to help screen for medical issues, manage current conditions such as high blood pressure or diabetes, and also to help be a point person to help you figure out when you may need specialty care and if so help you chose a specialist. Your primary care clinician is your "go to" person for questions and concerns about your health.

Primary Care may be delivered by clinicians who were trained in Family Practice, Internal Medicine, or Geriatrics (or pediatrics). Here are some differences in the backgrounds of these clinicians.

Family Practice: Family Practice involves four years of residency training after medical school. As the name suggests, Family Practitioners are trained in care for all ages, as well as obstetrics and some surgery. Family practice training is focused on taking care of the whole family and all aspects of health care although some family practitioners will focus on certain areas of care.

Internal Medicine: Internal Medicine residency training is three years after medical school. Internal Medicine focuses on "adult medicine". Most medical specialties (such as cardiology pulmonology, nephrology etc.) stem from Internal Medicine training.

Geriatrics: A geriatrician is a clinician that has special training and focuses on the older adult. About a third of geriatricians started with a background in Family Practice, two thirds in Internal Medicine. A geriatric fellowship is one or two years of additional training beyond residency training. There is a significant lack in geriatricians throughout the U.S. (many reasons for this). Due to the scarcity of geriatricians sometimes they function as specialists, or even sub-specialists, helping primary care in specific areas such as dementia, falls, or frailty.

What is an older adult? That definition seems to be changing pretty quickly. Sixty five and older was considered "geriatric" but as a geriatrician myself, I would consider that a fairly young adult! One way to consider geriatrics is young old 65-75, old 75-85, and old old 85 plus. There are certainly more and more centenarians with the fastest growing demographic 85 plus. And now the old are taking care of their 100+ year old parents!

You may have care provided by different types of clinicians in different settings.

Specialty care is care that is focused on a specific problem or organ system, such as cardiology caring for the heart. Specialists will typically defer back to primary care clinicians for issues that are outside of their area of focus.

If your primary care clinician refers you to a specialist it is likely that the specialist will be in the same medical group, or the primary care clinician knows and feels comfortable working with that specialist. It is ok to ask for second opinions or more explanation of specialty recommendations. Specialty care can be confusing, even to primary care clinicians.

Hospitalist A hospitalist is a physician that provides care in the hospital setting. Hospitalists typically work several long days in a row then hand off their list of hospitalized patients to a colleague. Unfortunately it is rare now that a primary care clinician will follow you into the hospital when you need to be there. The benefit of a hospitalist, however, is that they are available in the hospital when you need them; they are "on site". They have special skills related to the care you will need when you are ill to the extent you need to be in the hospital.

Post Acute Care It is common after a hospitalization that one may need to have some recuperation in a nursing facility. There are many such facilities in the Seattle area. A skilled nursing facility (SNF) is a nursing facility that can provide a skilled nursing need, such as wound care, physical and occupational rehabilitation, or continued monitoring of a medical condition that is taking a while to improve. SNFs are typically staffed with one or more physicians, Physician assistants, and ARNPs (we jokingly call these folks Sniffilists). It is common that the physician will be present a day or two a week with the ARNP or PA having more physical presence. Depending on your care needs in a SNF you may be seen only intermittently by the MD, ARNP or PA.

Care by a Nurse Practitioner or Physician Assistant? Advanced care nurse practitioners (ARNPs), doctorate of nurse practitioner (DNP) and physician assistants (PAs) are a very important component of our health care system. All are able to make diagnosis, prescribe and provide medical orders. ARNPs and DNPs are independent; they may work without physician supervision. Physician Assistants work with a physician as a supervisor. ARNPs, DNPs and PAs can be excellent in providing good quality care and are often part of a larger care team. I rely regularly on Nurse Practitioners and Physician Assistants in my work environments –and continue to learn from them!

Residents and Fellows Residency is the training that a doctor will receive after completing medical school. They are "real" doctors but are now in their area of choice for continued training. Fellowship is specialty training after residency. Fellowship training can be lengthy depending on the specialty. Residents and fellows will have some oversight from **attending** or senior physicians, although depending on the circumstance you may not meet the senior doctor.

Residency Programs in Family Practice

Valley Medical Center
Kaiser Permanente
Swedish medical Center – Cherry Hill
First Hill
University of Washington

The WWAMI Region Family Medicine Residency Network is based at the University of Washington in Seattle and comprises thirty family medicine residency programs across five northwestern states (WWAMI = Wyoming, Washington, Alaska, Montana and Idaho) each being a member of the larger collaborative program.

Residency Programs in Internal Medicine

University of Washington
Virginia Mason Medical Center

Geriatric Fellowship programs

University of Washington
Swedish Medical Center

Choosing a health care system

Primary care and specialty care availability. I do think it is helpful that a primary care clinician has close contact to specialists. One of the very helpful aspects of having a primary care clinician is that they will help guide you to appropriate specialists that they have confidence in. Primary care clinicians will typically refer to specialists within their organization for ease of communication or simply from familiarity of working with them. Care within an organization typically has less continuity issues – fewer gaps in communication. This might be an advantage of a larger organization that includes different specialists.

Size of the organization. Well, see above. A smaller group might be more intimate and you would know the clinicians better. A larger organization would have more ability to care for specific medical needs. University settings tend to have the fullest array of specialists.

What about seeing clinicians at different medical organizations? You may have a primary care doc in one medical group and a specialist in another. I would say ideally keeping your care within one group is good, and certainly easier for the clinicians. But as long as your clinicians communicate well with each other this should be fine.

Location It goes without saying that a clinic should be easy to get to. Parking can be a really significant issue in Seattle as well.

Hours. Some clinics have late and weekend hours. Others may not be available during the full workweek. How important is this to you?

Urgent care Does the clinic provide urgent care or same-day care? Most clinics will have some contingencies for urgent needs such as appointments during the day held for urgent needs that come up. These spots however might not be obvious. There may not be an official "walk in policy". It's fine to ask a clinic what their process is for urgent, same day care.

Emergency care. If your clinic is not part of a hospital that has emergency services, where would you go? Is there an emergency room associated with your clinic? Do they share an electronic medical record?

Is this a teaching site? Most hospitals in the Seattle area participate in some form of medical education. This may extend to the clinics. Typically with medical education you may see different trainees with or followed by the "attending" clinician or doctor who supervises them. The plus side of being seen in a teaching setting is that you will likely have a bit more time to talk about your concerns and have more minds coming together to consider your problem. The down side is that it may take a bit longer for the visit.

Electronic Medical Records Almost all clinics now have a computer based medical record system. The most common medical record system is called EPIC. Most of the medical facilities in the Seattle area will either use this system or have access to it. An important aspect of a medical record is your ability to see your results on-line, or contact the clinic through computer messaging. Access to your medical results and being able to communicate with your clinic electronically is now quite standard. It can be very helpful to understand the use of electronic communication with your clinic. If you have trouble doing this it may be helpful to get some instruction (perhaps from a family member) or give permission to someone you trust to help communicate on your behalf. Access to looking at your medical information can be given by you to a family member.

Medical Organizations in Seattle

University of Washington

The University of Washington has 4 affiliated hospitals

University of Washington Medical Center –University Campus

Harborview Medical Center – level one trauma center First Hill

Northwest Hospital – Northgate

Valley Medical Center – Renton

The University of Washington Medical Center is a very large academic medical center. Harborview Medical Center is the county hospital for King County and is a level one trauma center – and a very good one at that. University of Washington clinicians staff Harborview Hospital. Major trauma injuries will typically be taken to Harborview. The University Hospital handles most cardiac surgeries and advanced cancer treatments for the University system. Inpatient psychiatric hospitalization is managed at Harborview Medical Center with Northwest hospital holding a geriatric psychiatry inpatient unit. Northwest hospital in the Northgate area and Valley Medical Center in Renton are now affiliated and under the administrative direction of the University of Washington. At both, Harborview and University of Washington Medical Center you will encounter medical trainees of all types and stages of training. The University of Washington also staffs the clinicians at the Seattle Veterans Medical Center.

Senior Care Clinic at Harborview Medical Center

https://depts.washington.edu/geront/senior-care.html

Clinic Hours:
Physician Providers: Monday, Tuesday, Thursday
ARNP Provider: Monday, Wednesday, Friday

The Senior Care Clinic at Harborview is an interdisciplinary geriatric clinic with the average age of patients around age 88. It is an academic, multidisciplinary clinic with geriatricians, social workers, psychiatry, pharmacy and nursing. The individual doctors typically have limited hours (such as a half day a week). Most are doing research or other teaching during the week, but the clinic is available 5 days a week. The clinic will provide primary care as well as one or two-visit consultation. You will likely encounter trainees in this clinic. The clinic is closely affiliated with the falls clinic and memory clinic.

Falls Prevention Clinic at Harborview

https://www.uwmedicine.org/locations/fall-prevention-harborview

Clinic hours on Tuesdays and Thursdays

The Falls Prevention Clinic at Harborview specializes in assessing those who are at very high fall risk, or have had significant falls. The clinic has a physical therapist that assesses exercise needs and practices to reduce falls. The doctors in the clinic assess for medications that may contribute to falls as well as other medical conditions that may need to be addressed to reduce injuries. There is usually an initial evaluation, a plan developed with some follow up appointments to see how you are doing.

Memory and Brain Wellness Center at Harborview

https://depts.washington.edu/mbwc/

This clinic is for evaluating and treating those with memory and other cognitive problems. The clinic has multiple types of clinicians (neurologist, geriatric psychiatrist, neuropsychologist, social work, nurse practitioners). This team approach aids in the care of those with memory or cognitive difficulties, as well as help for families who provide caregiving. The clinic provides consultation (typically over a few visits) as well as continued care for memory issues. They have a very robust support system for patients and families.
They can also help you if you are interested in participating in any studies relating to memory loss.

Memory Hub

This is not a clinic but deserves special mention. The Memory Hub is located on First Hill in Seattle on the property of the Frye Museum. It is a collaboration between the museum, the UW, the Alzheimers Association, and Full Life adult day care program. It has some wonderful programs and other resources for persons with cognitive difficulties as well as providing support for caregivers. The Memory hub is a nationally leading powerhouse in advancing support for persons with dementia.

https://thememoryhub.org

University of Washington – Outpatient Clinics

There are many UW outpatient clinics in the Seattle area, too many to list but likely one in your neighborhood. These clinics are typically staffed by family practice and internal medicine clinicians.

https://www.uwmedicine.org/search/locations?s=&f%5B0%5D=expertise%3APrimary%20care&f%5B1%5D=expertise%3APrimary%20care&latlng=&l=&page=1

Swedish Medical Center/Providence

Swedish Medical Group is an affiliation between Swedish Medical Center, Polyclinic, Kaiser Permanente (which has acquired Group Health) and Pacific Medical Centers. These previously independent medical groups use the Swedish Hospitals and other facilities but maintain a degree of independence. For example, the groups have their own dedicated physicians in the hospital.

Swedish Medical center has seven hospital campuses: First Hill, Cherry Hill, Ballard, Edmonds, Issaquah, Mill Creek, and Redmond. First Hill and Cherry Hill campuses are the larger hospitals.

They also have a large number of community clinics providing primary and specialty care. In 2011 Providence Medical Group, a large Catholic based medical group, acquired Swedish Medical Center.

https://www.swedish.org/services/primary-care

Swedish Geriatric Assessment and Consultation Clinic

Swedish has a geriatric clinic that is used for geriatric assessments. This is also part of their geriatric fellowship and family practice training programs. This is a good option for general geriatric evaluations.

https://www.swedish.org/services/geriatric-medicine

Kaiser Permanente (formerly Group Health)

https://wa.kaiserpermanente.org

Kaiser is an HMO based in California. In 2017 Kaiser acquired Group Health which was a longstanding Washington Health Maintenance Organization (HMO). Kaiser partners with Swedish for hospital use. As it is an HMO, you will need to be under

Kaiser's medical plans to be seen by Kaiser clinicians. Kaiser Permanente has many outpatient clinics around Puget Sound, some of which provide urgent care. As Kaiser is an HMO, medical care will be directed to clinicians and care within the system.

Pacific Medical Centers

https://www.pacificmedicalcenters.org/who-we-are/

Pacific Medical Centers has a long and interesting history. The big brick building on Beacon Hill is the old Public Health Service Hospital where things started in 1933 for this group. Pacific Medical Centers now consist of primary and specialty care in several community clinics. They have a strong focus on retired military and their dependents. They are affiliated with Swedish Medical Center for hospital care.

The Polyclinic

www.polyclinic.com

As its name suggests the Polyclinic has various generalist and specialists. The Polyclinic has had a longstanding partnership with Swedish Medical Center. Polyclinic and the Everett Clinic are part of Optum which is under United Health Care, a very large medical insurance company.

Virginia Mason Medical Center/Franciscan Health

https://www.virginiamason.org

Virginia Mason was established in 1920 by a group of doctors with different specialties. The main campus of Virginia Mason is on First Hill; however, there are several satellite sites. Virginia Mason has its own hospital and emergency room on their main campus on First Hill. Virginia Mason has an internal medicine residency program. They have residencies and fellowships in other specialties as well. A resident trainee in clinic or in the hospital may care for you if you are seen at Virginia Mason. In 2021 Franciscan Health in Tacoma, a subsidiary of the very large CommonSpirit Health, aquired Virginia Mason, which is now known as Virginia Mason Franciscan Health. Of note, this is a Catholic institution as is Swedish Medical Center (since Swedish was acquired by Providence Medical Group).

Veterans Administration

The Seattle VA is a large veterans hospital serving veterans from areas even outside of the state. It is a wonderful institution providing excellent care. It is of course for veterans who qualify for services there. Like Harborview, the county hospital, the VA is staffed with University of Washington clinicians, employed by the VA. If you are a veteran and don't know what your benefits are it may be good to find out.

Seattle Cancer Care Alliance (SCCA)

SCCA is a cancer treatment and research center. SCCA provides clinical oncology care for patients treated at its three partner organizations: Fred Hutchinson Cancer Research Center, Seattle Children's and UW Medicine. SCCA provides world class medical care for cancers . You can find more information at the link below.

https://www.seattlecca.org/

URGENT CARE

It can be quite difficult in the moment of some urgent or emergent medical need to know just what to do, who to call, or where to go. If in any doubt of course call 911 to receive the fastest medical response. For urgent matters it is good to know ahead of time what options are available to you.

Primary or Specialty Care: Does your primary care or specialty have after hours call lines where you can talk to a clinician? Do they have special spots in the schedule for urgent visits? Ideally your primary clinician's office would have 24 hour availability for calls; however, some clinics have limited availability.

Health Insurance Consult Line: Most insurance companies now have a 24 hour nurse triage line. Discussion with a triage nurse can help you decide the urgency of next steps.

Urgent Care Centers: What urgent care centers are close to you and what are their hours? Remember that urgent care centers are limited in what they can do but ideal for minor injuries, mild to moderate illnesses etc.

House Calls: Some medical services focus on the need (and desire) for house calls. **DispatchHealth** is a company that employs nurse practitioners and physician assistants to do home visits. They are available seven days a week 8 am to 10 pm. They accept some managed Medicare and work with a variety of insurance companies. Care is supervised by physicians who work remotely.

https://www.dispatchhealth.com

Urgent Care vs. Emergency Room When urgent or emergent care is needed sometimes it can be hard to tell if an emergency room visit is needed, or a trip to your regular clinician, or if the local urgent care will do. Urgent care clinics (now in some drugstores) are convenient and typically much less expensive than emergency rooms. How do you know if an urgent care visit will suffice? For relatively minor injuries or illnesses urgent care is great. If you are quite ill, or have a complex medical history, I would err on the side of seeing your primary clinician if available,

or certainly Emergency Room if getting care quickly is needed. Urgent care clinics may not have a medical record that "talks" to your primary clinician's medical system (again a reason to keep both your medical history and medication list with you).

[Triage phone lines were already covered on the previous page, so I have suggested omitting the short paragraph about them that was here but seems redundant.]

Concierge Medicine

I wanted to make a special mention for concierge medicine. In return for a fee, usually a prepaid monthly out of pocket cost, you gain better access to a clinician, more visit time, and likely house calls. The fee that is required is payed by you and not by insurance. Concierge clinicians may be doctors, nurse practitioners or physician assistants. They may even give you their direct phone number as part of providing excellent service. The clinicians will bill insurance for visits, just as in a regular practice. If you would need specialty care the concierge clinician may help a bit more with referral and contact with the specialist. I would not necessarily say concierge medicine is better medical care, but would say it is focused on better service. There are several concierge medical practices in the Seattle area.

Know Your Insurance Plan and Benefits

This may be a bit of a daunting task but a few things are good to know ahead of time.

Copayments: what will your copayment be for preventative visits, routine visits, and emergency visits? What is your copayment for prescriptions?

In or out of network: This is important to know for both clinicians and hospitals (they may not be the same – the hospital can be in the network but the physician in the hospital may not be!). The clinician referring you may or may not know what specialists are within your network.

Travel coverage: What is your coverage out of area? Out of country?

Coverage for Urgent Care: This may be more of an issue in managed care programs where cost is attempted to be "managed". See above regarding urgent care. It is good to know what copayments may be required for an urgent care clinic vs. an emergency room.

Comparing Plans A good source to compare medical plans comes from the Washington State Healthcare Authority

https://www.hca.wa.gov/employee-retiree-benefits/public-employees/compare-medical-plans

Medicare vs. Medicaid

Medicare is a federal program that provides health care for those over 65 or with certain special needs (such as kidney dialysis). **Medicaid** is a state run program (with federal backing) for low income residents with benefits and qualifications varying state by state. One must qualify for Medicaid, where as Medicare Part A (which covers hospitalization and related services) is an "entitlement" benefit that almost everyone (over 65) is entitled to.

A common misunderstanding is that Medicare will pay for long term care (LTC) meaning nursing home care, which it will not. A large proportion of nursing home care is paid for by states through Medicaid. One must be low income and not have significant financial assets such as bank accounts or real estate to qualify for LTC under Medicaid. Frequently people need to "spend down," meaning spending their money until they qualify for Medicaid.

https://www.hhs.gov/answers/medicare-and-medicaid/what-is-the-difference-between-medicare-medicaid/index.html

Medicare

Most people are familiar with Medicare. Medicare has been around since 1965 and now covers about 18% of the US population and 50% of those over 65 who have insurance [Per a comment I made on an earlier version, I'm puzzled by this statement. According to CMS, 97% of older Americans are covered by Medicare, so the 50% figure stated here seems way too low. If there's some question about the facts in this sentence, it may be better to omit it. I think most readers will already know whether they have some Medicare coverage and won't need to know how many other people have it, although they may not be sure which of the various ABCD parts they have.]. 40% of those over 65 have commercial or private insurance, usually in addition to Medicare [Is that what you mean? Being covered by Medicare and being covered by commercial or private insurance are not mutually exclusive, so the percentages don't have to add to 100%.]. About half of those with Medicare have a Medicare advantage plan.

Medicare ABCD looks like this

Medicare A traditional Medicare covering hospital and hospice services

Medicare B covers clinic visits and labs

Medicare C this is the Medicare Advantage plans, covering a bit more

Medicare D D for drugs. This is the drug benefit plan which may also be included in a Medicare Advantage Plan.

Medigap this is supplemental insurance that will cover some out of pocket costs such as deductibles, coinsurance and copayments. It will not cover medications.

https://www.medicare.gov/health-drug-plans/medigap

Medicare C, commonly known as **Medicare Advantage Plans,** has had a big growth in recent years now comprising about 48% of all Medicare recipients. This is Medicare that is managed by an insurance company. You pay a bit extra for this plan in order to get a few more benefits that are not provided under traditional Medicare A and B. A common question is “is it worth it to buy supplemental insurance?” It depends of course. Here are some pros and cons.

Medicare C vs. Traditional Medicare

		Traditional Medicare	Medicare Advantage
Cost	Premium	Monthly premium part B	Monthly premium, may need to pay supplement
	Deductible	20% of Part B after deductible	out of pocket costs vary
	Yearly cap	no limit to what out of pocket costs might be	Plans will have an out of pocket cost limit
Flexibility care	Primary	Can be seen by any provider accepting Medicare	Need to be in network
	Specialist	No referral needed	In network referrals needed
Coverage		Clinic, hospital	Clinic, hospital Vision dental hearing
RN triage		Not available	Available with most plans
Medication coverage		Medicare D supplemental drug coverage available	Depends on plan Usually cheaper

Here are two sites that have more explanations of traditional Medicare Vs. Medicare Advantage

https://www.consumerreports.org/medicare/pros-and-cons-of-medicare-advantage-a6834167849/

https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/your-coverage-options/compare-original-medicare-medicare-advantage

Medicare Wellness Visit

As the name suggests this visit is an appointment meant to make sure standard medical screening that has been determined to be important is completed. This visit is allowed every 12 months. **Note – this is not a "physical".** I have heard many people be disappointed that a physical exam was not included in this visit. A clinician may do the wellness visit checklist and add on other services (including an exam) but this is not required – and would be billed as a separate part of your appointment. The visit itself should not have a co-pay –but if additional services (exam) are provided, a co-pay may apply.

Medicare Annual Wellness Visit - components.

A review of your medical and family history
Updating a list of current medical providers and prescriptions
Height, weight, blood pressure
Screening for any cognitive impairment
Personalized health advice
A screening checklist, including depression, immunizations, cancer screening
Advance care planning

This visit type began in 2010 with the Affordable Care Act (ACA). Due to lack of strong evidence of benefit a yearly physical exam is not a covered service under Medicare. But "screening" for certain conditions was felt to be important enough to be included in the ACA.

A couple things of note –there is quite a bit of leeway in what the clinician decides to include in screening. For example, there is no standard depression or cognitive screening procedure – it's up to the clinician to decide what to do (for dementia this could be just asking a few questions, or a short test). Also, what should be discussed or done concerning Advanced Care Planning is quite open to interpretation.

https://www.medicare.gov/coverage/yearly-wellness-visits

Please note Medicare now pays for visits for advance care planning.

ADVANCE CARE PLANNING

What is advance care planning and why is it important?

Advance care planning (ACP) is any type of planning, typically written down, that states what interventions a person would want for their healthcare if they become unable to make decisions for themselves.

There has been some debate as to the utility of advance care planning in the medical community in recent years. The debate tends to focus on the fact that quite often what is written down is not followed. Two of the main reasons this happens is that we certainly can't predict what medical issues might come up, and surrogates, the person or persons making a health care decision for someone who cannot make that decision, may have different thoughts about what is best in a particular medical situation once that situation arises.

My personal belief is that advance care planning is quite important. First of all, such planning helps a person get care that is consistent with his or her wishes and values. This is commonly referred to as "**goal concordant care**." Secondly, ACP may help reduce a friend or family member's stress on making tough medical decisions. Questions after a death concerning what could have or should have been done can be quite difficult to deal with.

Let's look at the documents of advance care planning.

Advance Care Directive - This is a document by which a person makes provision for health care decisions in the event that he/she becomes unable to make medical decisions. There are two main types of **advance directive —** the "**Living Will"** and the "**Durable Power of Attorney for Health Care."**

Living Will There are lots of types of living wills. I consider these "*If – then"* documents. ***If*** I were to be in such and such a condition, ***then*** I would like this to happen. A very significant issue with living wills is that it is very difficult to predict what might happen, how you might feel about your particular situation at that time, and what kind of course your medical journey may take.

It is very good however to think about your wishes, even if only in general terms, and discuss with family and friends and your medical providers. A personal essay or statement of values and wishes can be added and can quite useful in helping others get a "big picture" of your wishes.

Durable Power of Attorney for Health Care (DPOA). (There can also be a separate durable power of attorney for finances).

A DPOA is a person you designate to make medical decisions for you if you are unable to do so. This designation should be in writing. In Washington State a lawyer or notary can certify a DPOA or you can use two witnesses (not family relations) to certify a DPOA. Ideally you will discuss your wishes in certain medical scenarios with the person you are choosing for DPOA and document your wishes in a living will. If you are not able to make medical choices at a time of illness your DPOA will act on your behalf. Please note a DPOA is not required to follow written wishes. There can be so many factors at play as well as the presence of strong emotions at the time when medical decisions need to be made.

Designating someone you would want to make medical decisions for you is quite important. In some aspects this is likely more important than stating specifics of what you would want in a certain medical condition (because that is so hard to predict!). Washington State has a default order of surrogates. If you do not choose and legally document that you would like a certain person to make decisions for you the default would be:

(i) The court-appointed **guardian** of the patient, if any
(ii) The individual, if any, to whom the patient has given a **durable power of attorney**
(iii) The patient's **spouse or state registered domestic partner**;
(iv) **Children** of the patient who are at least eighteen years of age (all must be in agreement);
(v) **Parents** of the patient (must be in agreement); and
(vi) Adult **brothers and sisters** of the patient (must be in agreement).
(vii) **Friends** who have had a meaningful relationship with the patient

So, commonly a spouse or adult children are the default decision makers. However, it is not uncommon that a spouse may decide that an adult child would be the medical decision maker. In that case documentation for durable power of attorney should be made.

This link outlines the current State of Washington law:
https://app.leg.wa.gov/rcw/default.aspx?cite=7.70.065

Please note in the case of surrogates with equal status, say several adult children, it is expected that there will be a general consensus. As you may imagine there are situations in which family members will have a difference of opinion, which may cause tension within the family and even delay medical care. This is a very important reason to not only discuss and document wishes but also discuss and document who you would want to be DPOA. Remember, one of the biggest benefits of advance care planning is to decrease the burden on loved ones.

POLST: This stands for **P**ortable **O**rders for **L**ife **S**ustaining **T**reatment. This form is actually clinician (MD, DO, ARNP, or PA) orders to help medics, police, firemen etc. know what you would like them to do in an emergency. In Washington State the POLST is a bright green form to make it easy to find and is typically placed on the fridge or back of the front door. In retirement communities it can be helpful to have a standard place for POLST forms, such as the back of the cabinet door under the sink, someplace everyone would know to look.

POLST forms are to be used only when a person cannot make decisions for themselves, for example when they are non-responsive. Please note a surrogate decision maker (DPOA) if present at the time of an emergency can decide to do something different from what is stated on a POLST form if they choose (but of course they should consider the wishes that were chosen).

POLST forms have gone through different iterations since being initiated in Washington State in 1992. Currently there are two main categories to consider. In section A resuscitation (CPR) or not is chosen, and in section B the level of selective medical intervention is chosen. There are two issues I have encountered frequently when reviewing POLST forms:

1. They must be signed and dated by both a clinician and patient (or surrogate)

2. They are meant, but not required, to be updated. A POLST over a year old always makes me wonder if there are circumstances that have changed.

POLST forms in Washington State are the product of the Washington State Medical Association:

https://wsma.org/POLST

If you choose DNR (Do Not Resuscitate) on your POLST form, it can be useful to wear a bracelet or medallion to that effect, so that your wishes can be known if the POLST is not immediately available. Copies of your POLST are valid and should be given to your provider and to your DPOA.

The Washington State Medical Association (WSMA) has put together several easy to use forms.

https://www.honoringchoicespnw.org/advance-directive-documents/.

Special Advance Care Directives

Two special types of advance care planning deserve mention. One is specific to persons who have been diagnosed with any illness that will eventually impact their thinking, such as Alzheimer's dementia, and a second directive is specific to mental

health. As advance care planning evolves as an increasingly important part of our medical culture it is apparent that specific medical conditions may need adjustments to medical directives.

Advance Care Directive for Major Neurocognitive Disorder (e.g., Dementia) [or if dementia is the only condition to which this section applies, it may be better just to omit the jargon-y label "Major Neurocognitive Disorder"]

Having a medical condition in which you know that you will likely be unable to make your own decisions can be very unsettling. Dr. Barak Gastor of the University of Washington has developed an advance directive specific to dementia. The form walks one through decisions that might be made at various stages of ability to make decisions.

https://dementia-directive.org

Advance Care Directive for Mental Health

Washington State Health Care Authority has a mental health advance directive. Just as with a medical illness a mental health condition may make one unable to make a decision. This directive is meant to be active when one has impaired judgment, then once judgment has recovered decisions return to the individual.

https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/mental-health-advance-directives#what-is

PALLIATIVE CARE

What is palliative care? A very good definition of palliative care comes from the Center to Advance Palliative Care (CAPC):

Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family.

Palliative care takes a very holistic view of a person's situation. Certainly physical symptoms are considered but so are social, emotional and even spiritual issues. Palliative care services ideally include social workers and chaplains; however sometimes there is just not enough funding for these positions to be filled.

Palliative care may sometimes be confused with hospice. Hospice is certainly palliative but palliative care will encompass persons who do not have a life limiting illness but have serious medical issues that can't be "fixed".

There has been a tremendous interest and growth in palliative care in the last 15 years with the vast majority of hospitals now having palliative care services. Clinic palliative care (outpatient) has grown less quickly and unfortunately access to these services remains limited. Outpatient services may be tied to specialty services such as oncology or cardiology.

Primary palliative care: This encompasses general palliative issues such as living wills, general goals of care discussions and symptom management of chronic illnesses. All the clinicians you encounter should have basic skills in palliative care.

Secondary palliative care: This refers more to specialized palliative services, typically with clinicians specifically trained in palliative care. This could be in a hospital, a clinic, or nursing home etc. These specialists may be helpful for symptoms that are hard to control such as pain or shortness of breath. They may also be helpful in helping to decide what kind of path or treatment fits a person's goals the best.

Hospice

What is hospice? Hospice is commonly thought of as a place to go to die. Historically that has been the case, however in the US hospice relates to a medical benefit that is available when one is approaching the end of life. Hospice criteria are set by Medicare regulations and other insurance plans tend to follow Medicare guidelines.

Criteria for hospice admission: In short there are two very basic criteria for hospice services.

1. A person is determined to have 6 months or less of life expectancy if the primary illness runs a typical course. Two medical clinicians need to "attest" to this prognosis. This is usually the referring physician, NP or PA and then the hospice medical director – a physician.

2. Secondly that the person or family must want hospice services. This might sound simple or not necessary however, it is very important that the hospice goals--keeping a person comfortable and avoiding medical interventions--are what a patient and/or a family wants.

The vast majority of hospice care is delivered in the home. Hospice services include nursing visits, access to social workers, chaplain, physicians associated with the hospice as well as some volunteer support. Hospice will supply needed medical equipment, such as a hospital bed, as well as necessary medications. One other common misconception with hospice, other than being a place to go, is that hospice will provide a caregiver – someone to stay with a person at the end of life. Caregivers are unfortunately, not provided by hospice.

The hospice nurse is the main person to have contact with a patient and family with other members of the hospice teem being involved as needed.

I want to add a word on **non-profit** and **for-profit hospices** as well as **religious** or **non-religious hospices.** For-profit hospices make up the majority of hospices in the US. However the regulations and services are the same and excellent compassionate care should be expected from any hospice. Religious hospices may have more restrictions on involvement with death with dignity (see below). However, none exclude enrollment based on a wish to proceed with death with dignity. Also to note religious-based hospices do not promote any religion. All chaplains from any hospice will support one's spiritual background no matter what religious background or beliefs a person has.

Seattle has seen growth in the number of hospices in the area. Here is a list you can search by area.

http://www.nationalhospicelocator.com/hospices/washington/seattle

Death with Dignity: This is also known as medical aid in dying or MAID In 2008 Washington passed initiative 1000 that allowed persons with a terminal illness to legally obtain medications that would end their lives. Laws permitting MAID originally started in our neighboring state of Oregon and has certainly become part of the Pacific Northwest medical culture, and now laws enabling MAID are active in 11 states and Washington DC.

An amendment to the Washington State Death with Dignity law (SB-5179) will go into effect July 24 2023. This law provides three notable changes. 1. Timing of waiting to obtain medications was decreased from 15 days to 7 days. 2. PAs and NPs can participate in as one of the two clinicians required to qualify patients for MAID; 3. Medications can be provided by mail.

In short the law states that there must be two clinicians who agree that :

1. The patient has a prognosis of 6 months or less (as is the case with hospice eligibility)
2. The patient must be able to self-administer the life-ending medicines.
3. The patient's decision to seek the death with dignity option must be their own decision,
4. A person seeking MAID must have capacity to make medical decisions; **if either clinician** is concerned about a patient's capacity further assessment including psychological or psychiatric evaluation may be needed.

Also note there must be at least 72 hours between the two clinician evaluations.

This is a link to more information about the law.

https://doh.wa.gov/you-and-your-family/illness-and-disease-z/death-dignity-act

A good relationship with a clinician can be very helpful to guide persons and loved ones through this process. Palliative care clinicians can often help with discussing such options. Admission to a hospice service is not required to utilize the death with dignity process, however, hospice can be quite helpful for support in this situation and the vast majority of persons in Washington State utilizing Death with Dignity are enrolled in hospice.

PHARMACY

In the US persons over 65 take on average 4 medications a day while 50% of those over 65 take more than 5 medications a day. A rule of thumb is that more than 5 medications equals poly-pharmacy.

Poly-pharmacy: This is literally "lots of medications". I do believe the saying that "fewer medications is better". That said there are some very important medications, even lifesaving that should not be stopped or even missed. Always check with your clinician before stopping a medication.

Here are some of the problems that may occur with taking multiple medications:

1.There is a higher chance of interactions between medications
2. There is a higher chance of not taking the medications correctly
3. Increased chance of side effects
4. Increased chance of emergency room visits (one of the major reasons for emergency room visits for seniors).
5. Cost
6. Increased risk of falls

It is very common for medications to continue to be added by different clinicians without an overall picture of what medications are really necessary. Having a good look at your medication list with your clinicians to see what medications may be stopped is something that should be done regularly if not at every visit (it is unfortunately not always easy to find time for this in a visit).

Generic Medications: In the US a medication patent lasts 20 years. Once the patent has expired other companies can produce the drug. Usually this will provide a less expensive choice, however some generics can still be quite expensive.

Generic medications are the same drug, however the manufacturing process and other elements in the medication may be different (such as different compounds to hold the medication together or different dye colors). Once in a while someone may have a reaction to a generic medication and need to stick with the original medication. Otherwise there should be no trouble taking generic medications.

Supplements: There are so many supplements (vitamins, minerals, herbs) available today it seems a bit overwhelming. Supplements in the US are classified as "foods" believe it or not. They cannot be promoted to treat or cure anything. That does not rule out the possibility that some may be of benefit (such as vitamin D and calcium for bone strength for certain people). One significant effect of supplements may be that they change how your other medications work! Also, they can be quite expensive.

Keep any supplements you take on your list of medications.

Medication costs and discounts: Medications can be very very expensive. There is work being done to try to limit medication cost for those on Medicare

1. Talk to your pharmacist. They can be a wealth of information and typically have much more insight into cost than the prescriber. They may have discounts within their own pharmacy that they may be able to apply to your prescription.

2. Do some research. Look up the medication and see if there are discounts or generics. Needymeds is a good source. https://www.needymeds.org

3. Generics: See above. It never hurts to ask if there is a generic alternative. I have a hard time keeping up with when a medication will be available as a generic. You might be on a medication for a long time and not realize when there is a cheaper alternative.

4. Buy in bulk (90 day supply)

5. Use mail order. Insurance companies like this. The medications are usually discounted. Some people use Canadian mail order pharmacies on-line with great cost savings.

6. Prescription saving cards. These programs can offer meds at a cheaper price. However, if you use a savings card you cannot use your insurance for the medication and the cost does not go towards any medication deductible.

Some saving cards include:

BlinkHealth
GoodRx
SingleCare
WellRX

7. Know your insurance formulary. Insurance companies will have a list of medications they approve of and typically have "tiers" of costs. Prescribers do not typically know what the list is. Again a pharmacist can help with this.

8. Use a paid prescription plan. There are many companies (Walgreens, Amazon) that have prescription plans. There is an annual fee to join and then you are eligible for the pharmacy discounts. Whether this is cost savings depends on the fee and the overall medication discount.

Always keep an updated list of your medications – including supplements.

URGENT CARE

It can be quite difficult in the moment of some urgent or emergent medical need to know just what to do, who to call, or where to go. If in any doubt of course call 911 to receive the fastest medical response. For urgent matters it is good to know ahead of time what options are available to you.

Primary or Specialty Care: Does your primary care or specialty have after hours call lines where you can talk to a clinician? Do they have special spots in the schedule for urgent visits? Ideally your primary clinician's office would have 24 hour availability for calls however some clinics have limited availability.

Health Insurance Consult Line: Most insurance companies now have a 24 hour nurse triage line. Discussion with a triage nurse can help you decide the urgency of next steps.

Urgent Care Centers: What urgent care centers are close to you and what are their hours? Remember urgent care centers are limited in what they can do but ideal for minor injuries, mild to moderate illnesses etc.

Concierge Medicine: Concierge medicine offers excellent access to a clinician. Most concierge groups will provide urgent house call services as well. See above.

House Calls: Some medical services focus on the need (and desire) for house calls. **DispatchHealth** is a company that employs nurse practitioners and physician assistants to do home visits. They are available seven days a week 8 am to 10 pm. They accept some managed Medicare and work with a variety of insurance companies. Care is supervised by physicians who work remotely.

https://www.dispatchhealth.com

Getting Help in the Home – Home Health

Sometimes there is the need to have medical care in the home. Home health care or simply home health refers to professional care that is focused on tackling a specific problem usually for a limited time. This is different than caregiving, which is focused on activities of daily living such as dressing, bathing, and eating. Home health is typically ordered by a primary clinician or from a hospital clinician when leaving the hospital. Two common types of home health are skilled nursing and physical or occupational therapy.

Skilled Nursing This is a type of home care that addresses a specific issue such as wound care. Having skilled nursing at home can allow a return to home from a hospital at an earlier time or may keep one from entering the hospital in the first place.

Occupational or Physical therapy – OT/PT Like home health, OT/PT is ordered for a limited time for a specific reason such as improving walking stability, or help with recovering an injury. Occupational therapy focuses on improving function for an activity, such as putting clothes on, or using utensils. Physical therapy works on general functions such as getting up out of a chair or working on stability with walking. Therapy at home is not as frequent as it would be in the hospital or in a skilled nursing facility. Typically therapy is a few times a week and will end when goals of care are met or there is no further progress.

Professional Caregivers

As people get older family members tend to provide more and more support with everyday activities. Sometimes extra help from a professional caregiver can be very helpful allowing some respite for a family member, or sometimes there is not a family member or friend available to help. Caregivers can vary significantly in how many hours a day they are present and for how many days a week. Sometimes there is a minimum amount of caregiving that is required, such as 4 hours a day. As you might imagine professional caregiving can be quite expensive. For persons with low income Washington State has a program called Community Options Program Entry System or COPES. This program will pay family members to be caregivers in the home. Caregivers must qualify as being able to perform general caregiving duties. Here is a link to some information on the COPES program and the requirements.

https://www.dshs.wa.gov/altsa/home-and-community-services/becoming-paid-caregiver

Alternative Living Places

Needing a "higher level of care" as one ages can be a very difficult and sometimes a very uncomfortable transition. This can be especially difficult if it needs to occur in a quick or emergent way, such as after a significant illness or hospitalization. Knowing one's wishes and options can help a transition if it needs to occur. I have found that the vast majority of seniors want to stay in their home or apartment even when care needs are clearly more than what can be provided in the home. However I have also found that people who do move into another setting with more care tend to enjoy the increased presence of others and ones social life can be greatly improved. Here are some types of living alternatives with increased care.

Assisted Living This is pretty much what it sounds like. Assisted living facilities are basically apartment houses with people living independently but the facility will "assist" with things like meals, some basic nursing needs, and social events. The fanciness of assisted living can vary greatly as can the cost that is above the cost of the apartment. Assisted living is not a nursing home and residents tend to be quite active.

Nursing Home or Long Term Care (LTC) I know that this is what most people think of when needing more care and having difficulty remaining in one's home. I also know most people have a negative opinion of nursing homes. Some nursing homes can be lovely while others may seem like there is quite a bit of room for improvement. Nursing homes provide meals, medication management, nursing care, social work services and medical care. Nursing homes will have a physician assigned to the home as a medical director. This person provides oversight in the nursing home typically along with a physician assistant or nurse practitioner. [The next 2 sentences repeat material presented earlier and could be omitted.]The vast majority of payment for nursing homes comes through state Medicaid programs. Payment through Medicaid for room and board occurs after a "spend down" that is, once funds are depleted, the state will start paying. Nursing homes are very regulated to assure good care. They are also rated along several metrics. You can find ratings of nursing homes below. I will caution that the ratings are just one aspect of looking at considering a specific nursing facility. The ratings, good or bad, do not always tell the whole story but they are a general estimate of how good the facility is. Here are some resources in finding a facility. Note that A Place for Mom is a cost-free service.

https://www.medicare.gov/care-compare/?redirect=true&providerType=NursingHome

https://www.aplaceformom.com/

Nursing Home Ombudsman for long term care
https://www.waombudsman.org/resident-rights/

Memory Care Units These units are specific to persons with cognitive difficulties like memory loss, confusion, and increased difficulty in doing simple daily things like feeding oneself. Most often these units are locked which can seem unsettling but the danger of wandering and potential harm is a legitimate concern. Memory units may have people residing there that are confused enough that they need supervision at all times but may be relatively independent ["relatively independent" seems like a contradiction with "need supervision at all times"] and fairly physically active. Other residents may have significant impairment and be limited to staying in bed. Having activities, a pleasant physical environment and socialization is key and of course the importance of a caring staff cannot be overestimated. There has been a lot of improvement in the atmosphere and philosophy of care in memory units in the last several decades.

Skilled Nursing Facility A skilled nursing facility or SNF provides care for persons coming out of the hospital who are not yet ready to return to their own home. The skilled part of the facility includes occupational, physical, and other therapies as well as nursing care. There are physicians, physician assistants and nurse practitioners who provide care as well. Care is covered by insurance as long as there is a need for continued care and there is improvement. It is important to know that under Medicare the first 20 days are covered at 100% then 80% thereafter as long as care is needed. This means that there is a 20% per day co-pay under Medicare after the first 20 days.

Adult Family Homes A really nice alternative to living in a large facility is living in an adult family home. These are literally homes in the community, set up by owners as business ventures. The owners typically do not live in the home. The homes can have up to eight residents at a time and are staffed around the clock by caregivers. The homes can vary a bit in cost as well as the general quality of the home. Some homes are run by caregivers with nursing or other medical type backgrounds, and if so this could be a nice advantage. It is important to ask what kind of training the staff has. Adult family homes have an intimacy that is different than other nursing facilities, however, the flip side is that they likely do not have extended resources such as clinicians that come to the home or specialty staff such as social work. Currently there are almost 300 adult family homes in the Seattle area. The skill and philosophy of the owner and caregivers should be explored when considering an adult family home.

Adult Day Care This is not really an alternative living place but a place to go during the day with professional staff providing oversight for activities. The group setting and socialization is really the core of adult day care centers. Adult day care centers can help relieve family members or friends of some caregiving duties and also add some medical support. One such program is the PACE program which stands for Program of All-inclusive Care for the Elderly. This is for persons with both Medicare and Medicaid and provides substantial support to promote persons ability to remain in their homes. PACE is available in certain Seattle areas.

https://www.dshs.wa.gov/altsa/program-all-inclusive-care-elderly-pace

Continuing Care Retirement Communities (CCRC) or Life Plan Communities

Having different levels of support in the same building or community is a very nice thing when it is possible. Some senior living communities are set up to provide support for independent living, assisted living, skilled nursing care and memory care all under the same roof. This type of living arrangement is meant to allow "aging in place" where a resident, or spouse (or friends) would not need to move from their community if a higher level of care is needed. A move from a different area of the building, or in some cases buildings, may be necessary however. Life Plan Communities can be very vibrant, socially active places with very nice amenities. There are different types of payment models for these types of places. Typically there is an entrance fee that may be partly refundable when the living unit is vacated [at most of the places we looked at (including Skyline), a resident does not actually own his/her apartment after paying the entrance fee], then monthly cost for services and meals. As you might imagine, the costs can be significant depending on variables such as where the building is located, size of the apartment, amenities etc. Residents tend to have important involvement in what activities and resources are offered. Washington State has a residents association of CCRCs.

https://waccra.org/.

There is also a national resident organization.

https://www.naccra.com

And for further information.

https://www.aarp.org/caregiving/basics/info-2017/continuing-care-retirement-communities.html

Getting Additional Help

Navigating medical care is complicated, confusing and frequently stressful. Not only is medical treatment getting more and more complex but so is the manner in which that care is given.

There are some options for added help. First of all know if your clinician's office has added resources such as social work or nurse care managers. Some clinics will have quite good support services. Secondly, know if your insurance program has an advocate that you could reach out to for questions.

There are professional helpers to help with your medical care. Sometimes these are referred to as **patient advocates** or **patient navigators** (also might be referred to case management, care coordination, health coach, senior case managers or geriatric care managers). Of course these are professionals and their help comes with a fee.

Patient advocates may be trained professionals such as nurses or social workers or may be lay persons who are additionally trained. They can help with planning and finding resources for those plans as well as following along if and when needs change. This type of help can be very helpful if family members live far apart.

Most organizations have fairly robust support not just including help with medical care but housing, creative engagement programs, help obtaining additional support such as caregiving.

There are several senior care management providers in the Seattle area. Caring.com has a good deal if information on care managers as well as nursing homes and skilled nursing facilities.

https://www.caring.com

A Final Word

Medical care can be complex, confusing and frightening. This can be a lot to manage in addition to the whole package of getting older. I hope the information in this guide helps you, your family or friends navigate healthcare a little more easily. Being well informed and getting appropriate help is important in getting the care and resources you need to perhaps be able to focus on more enjoyable things.

REMINDERS

Ask Questions : It is not only OK to say you don't understand or need more explanation, you should expect anyone in the medical field to be open to your questions and concerns. I know this can be hard to do at times. Also it is OK to get a second opinion especially when facing serious medical conditions.

Expect an Advocate : Your clinicians (especially primary care) or other medical staff should act in your interest and be your advocate. This does not mean doing everything you want (what you want may not be possible, in their power, or even recommended), but they should understand your concerns, wishes, and act on your behalf.

It's OK to say No : If there are medical decisions to be made such as treatment or procedures that you do not fully understand, do not agree with, or feel uncomfortable with it is OK to say no or at least delay a decision until further discussion occurs. Ask questions, be informed, but remember the decision is yours.

It's OK to get Help : If you are uncomfortable or even scared it is OK to reach out to clinicians or other medical staff to say so and get support. Various professional helpers exist to make decision making less difficult.

References

Dispatch Health (urgent care home visits)
https://www.dispatchhealth.com

The Polyclinic
www.polyclinic.com

University of Washington – Outpatient Clinics
https://www.uwmedicine.org/search/locations?s=&f%5B0%5D=expertise%3APrimary%20care&f%5B1%5D=expertise%3APrimary%20care&latlng=&l=&page=1

Senior Care Clinic at Harborview Medical Center
https://depts.washington.edu/geront/senior-care.html

Falls Prevention Clinic at Harborview
https://www.uwmedicine.org/locations/fall-prevention-harborview

University of Washington Memory Hub
https://thememoryhub.org

Seattle Cancer Care Alliance (SCCA)
https://www.seattlecca.org/

Swedish Medical Center
https://www.swedish.org/services/primary-care

Swedish Geriatric Assessment and Consultation Clinic
https://www.swedish.org/servicees/geriatric-medicine

Virginia Mason Medical Center/Franciscan Health
https://www.virginiamason.org

Advance Care Directive Forms

https://dementia-directive.org

https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/mental-health-advance-directives#what-is

https://www.honoringchoicespnw.org/advance-directive-documents/.

Palliative Care

http://wshpco.org
https://getpalliativecare.org/

General Resources

Aging Life Care™ links to specialists who act as a guide and advocate for families who are caring for older relatives or disabled adults
https://www.aginglifecare.org

Carinacare.com matches people who need in–home care with independent contractor home care aids
https://www.carinacare.com

Dementia Action Collaborative is a group of public-private partners preparing for the growth of the dementia population in our state —
www.dshs.wa.gov/altsa/dementia-action-collaborative

End of Life Washington resources and support for terminally ill patients who wish to use the Washington Death with Dignity Act
https://endoflifewa.org

Home Care Association of Washington directs you to home health services
https://hcaw.org

The Home Care Referral Registry matches Washington State residents receiving publicly funded in-home care services with screened home care workers —
http://www.hcrr.wa.gov

The Washington Association of Area Agencies on Aging provides free resources and assistance at local offices
https://www.agingwashington.org

The Washington State Health Advocacy Association (WASHAA)
https://www.washaa.org