Experiences of Family with Elder & Long Term Care in Houston

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Introduction

- Houston, 4th largest city in US
- 2 million population
- By 2040, over 1 million elderly
- Currently 73% elderly Caucasian
- Ethnicity of young changing dramatically
- Recent UT study looked at LTC

Long Term Care Categories in the U.S.

- Home Based Family Care
- Independent Living
- Group-Living Residential
  - Nursing Homes
  - “Community Lodges”

Home Based Family Care

- Most consistent in definition
- Elderly lives in personal home of one or more family members and share food, needs, social support
- Spectrum is extremely broad from single bedroom to detached home
- Primarily paid for by elder/family

The Importance of Family Care

- A primary outcome measure of almost all health especially chronic disease
- Most important factor in elder care
- “Family Care” often more important than patient care

Independent Living

- Elder ‘buys into’ a residential community structure provides housing, meals, home services
- Residents perform all ADLs
- As decline occurs, assisted living support evolves (and cost)
- Largely paid for by elder/family
- Insurance uncommon
Nursing Home
- Virtually all bed confined with some mental debilities
- Dependent upon facility for all ADL and treatments
- Families usually visit
- 10% have insurance, most liquidate assets until Medicare & Medicaid become primary payers

The Presentations
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The Cra$$ Rea$$als of LTC in America
- Medicare- does NOT cover LTC
- Medicaid- does cover the poor and middle class whose assets are exhausted
  - Covers 50% of LTC ($4 billion of $122 billion)
  - Cannot be sustained in America
- Nursing home averages $75,000/ yr
- Round the clock home care- $166,000/yr

UT Results- Family Members
- All 3 LTC facilities are needed
- Preferred home setting over facility
- Thought facilities had less personal care
- Decision making- preferred “joint”
- Financing- preferred state encouraged savings (IRAs) & tax benefit for home care

Summary Points
- Care Location- Home care best first; LTC inevitable because of needs & cost (independent lives preferred autonomy)
- Family contact & support essential- including advocacy
- Decision making- elderly decide as long as possible, but family preferred ‘joint’
Summary Points (2)

Financing:
- Wealth vs Medicaid can’t be sustained
- 1st - personal (not family) savings plans
- 2nd - incentivized savings/tax breaks for home care
- 3rd - employer contribution if possible and government safety net

LTC Insurance - An “Answer”?

- LTC policies up 65% in 5 yrs - but only 10% have them
- Obviously cheaper when purchased as a younger person
- Few claims made, and some companies have denied claims or simply closed