

Senior Care Webcast – Jan. 17, 2008

Hello and welcome to the UPMC Senior Care Resources Webcast entitled *Advanced Planning*. This is the sixth in our series of webcasts all of them designed to provide caregivers with the necessary information on all facets of care for your elderly loved-ones. To date, over 2,000 UPMC staff members have accessed the archived webcasts and today's webcast will be added to that database after we complete our time together. So if you would like to go to this webcast later on or access previous information, please go to [www.aging.upmc.com](http://www.aging.upmc.com). My name is Sandra Caffo and I am the Director of Operations for your Employee Assistance Program. And I'm honored to be here today.

So let's get started by setting the stage. On a recent news program, an economist stated that American's spend more time, more attention and more planning in the purchase of an automobile than they do in planning their future. So let me say that again, they spend more time, more attention and more planning in the purchase of a car than in thinking about the important future decisions of their life. That's quite a statement. And some of you watching may say wait a minute. I'm taking care of my loved-ones. I've bought health insurance. And what we know now is while that is a very good investment; there are many facets of advanced planning that need to be attended to. So when we look at that fact and we add to it the fact that we are all living longer, we now have the basis for why we are doing our webcast today on advanced planning. And we're going to present information in that area in these three buckets.

The first is what needs to be addressed and how do we put a plan in place. The second is: how do we get started. And the third is what are the available resources and how do we access them. The point of all this is to say to you that you are not alone in advanced planning. That we have support, resources and professionals that are available to you. As always, many of those professionals, many of the best of those professionals, are the panel members that we have today. And they're going to guide us along the way so let me introduce them to you now.

Our first panel member is Dr. David Nace, MD who is an assistant professor in Geriatric Medicine at the University of Pittsburgh School of Medicine and the director of long-term care of the division of Geriatric medicine in the Institute of Aging. And we are delighted to have Dr. Nace with us because he has participated in a previous webcast as well. After completing his fellowship in geriatric medicine, Dr. Nace became the Medical Director for the UPMC Senior Communities at Asbury Heights. Today he will be addressing "Advanced What?". So welcome Dr. Nace, we're really glad to have you back.

Our second presenter will be Mary Ann Kascsak who is a licensed Clinical Social Worker with 25 years of experience and 20 of those have been with UPMC Shadyside Senior Care where she functions as part of a team that provides comprehensive out-patient and in-patient services. An additional fact about Ms. Kascsak and we are really glad that she's bringing this with her today, is that she has been raised by older parents with large extended families so she has experienced a number of the dilemmas that we'll

be addressing. She also has used her expertise in teaching at the Alleghany County Community College and the School of Social Work at the University of Pittsburgh. Ms. Kascsak, thank you for joining us today.

Third on our panel is Kitty Collins PCHA and those initials stand for Personal Care Home Administrator. Ms. Collins is the Director of Marketing and Independent Living Operations for UPMC Senior Living in Cheswick, PA. Under her leadership, UPMC Senior Communities has grown to six independent and four assisted living residences and in addition, they manage four long term care facilities. As if that is not enough on her plate, Ms. Collins serves on the Board of Directors of Pine Ridge Heights, an independent living facility in Tarentum and she is on the Chapel Harbor Home Owners Association in O'Hara Township. Her topic today will be: *Lifesize Downsizing*. Ms. Collins, glad to have you.

And the fourth panel member is Dr. Richard Citrin, PhD and MPH. Dr. Citrin, we're glad to have him as well. He also participated in a previous webcast. So we're glad to be having our panel members return so they can add to what they've already shared. Dr. Citrin is Vice President of EAP Solutions and Worklife Services which are a part of the insurance services division of UPMC. His primary focus is the integration of medical and behavioral health care management including the role of employee assistance programs in improving the delivery and management of health care services at the worksite. He has been doing this for 25 years where he has worked in both private and corporate behavioral health care services. His topic today is: *How is the worklife program available to you... How can the worklife program help*. So Dr. Citrin, glad to have you on the panel.

Our webcast is organized in two sections. The first is that our panel members, in just a moment, will address the topics that I just mentioned. But their work isn't done after that. Because the second part is that they are going to be addressing questions that you email in and that we have received ahead of time. So let me give you that email address. It is [SeniorResources@upmc.edu](mailto:SeniorResources@upmc.edu). We will begin with questions that have been given to us ahead of time so that we can keep this moving and get information to you but please get those questions to us. Any that are not answered today will be answered individually so if you submit a question, you are going to get an emailed response. And after the webcast ends, if you have additional questions or requests you can contact your employee assistance program or the Institute on Aging and that information will be available in the handouts. And finally, speaking of handouts, you can download those by touching the handout button on the screen and that will provide you background information to what our speakers are talking about today as well as our sponsors and how to contact the EAP Institute on Aging and other resources. So I invite you to do that. With that as a background, let's get started. Our first presenter, Dr. David Nace is going to address the question, *"Advanced what?"*. Dr. Nace, you're on.

Dr. David Nace - Thank you, thank you. What we are going to talk about today is the subject of advanced health care planning. Specifically we want to take a look at how we can relate ...what our wishes are for healthcare with regards to events that happen in the

future. It's very difficult sometimes, unless we have addressed these ahead of times, to really be able to guide providers in emergency situations or in difficult situations in our life. What we're going to do is we're going to talk about, why it's important to do advanced healthcare planning at this point in our lives. We're going to talk about how we can go about doing the advanced healthcare planning and talk about some resources that are available within our health system to help us with that process. To set the stage, I'm going to refer to a situation that happened with my own mother. Several years ago, my mother was suffering from the late stages of front extemporal dementia, a very debilitating disorder. During that process, she was living with my father in Harrisburg, and one night developed respiratory distress. My father called the paramedics who brought her to the hospital where she was intubated and when we had arrived we talked with the hospital staff and the physicians about her health care wishes. And we explained that very clearly she had made it known to us that she never wanted to be on a ventilator or life support. She made that known to her family, she had made it known to her neighbors, she had made it know to our mailman. Everyone knew that she did not want that. Despite that the hospital let us know that they were not going to follow that directive because it had never been written down. The response was not the appropriate one to take at that point in time and it took many days for us to work with the hospital to have her care needs addressed in a more reasonable fashion. She passed away during that hospitalization but the scars have remained with our family since that time. It felt like everything was out of control for us. We had no way to address her comfort or provide what she felt would be reasonable care in those circumstances. Our hope is that others will not have that same situation happen to them.

Advanced directives and advanced healthcare planning allows us to overcome that. In fact, my mother actually had addressed advanced healthcare planning and in fact had listed us as her proxy decision makers. As part of that, that helped us when we were talking with the hospital so that they would ultimately understand what my mom really wanted. We were able to overcome the fact that her directives were not written and they were able to listen to us at that point. So that is why I think it is very important. Advanced healthcare planning allows us to get a sense of control even in situations that are completely out of our control.

How do we go about doing that? What's important is to know that there are several different ways that we can approach advanced healthcare planning. One of which is to focus on the issues of living wills. And living wills are written documents, also know as advanced directives, that allow us to specify ahead of time what our wishes are for care. This can be in a general situation were we specify what our values are and what our goals are of care or can be more specific and talk about certain types of care that we do not want. For example, we may not want feeding tubes or we may not want the use of a ventilator in our late stages of life. And we can specify that ahead of time.

The advance directive or living will is a legal document but it does not mean that you have to have a lawyer or an attorney draft this document for you. You can complete those on your own and we will talk about some resources available where you can download forms to complete your own advance directive. It's important to talk about

your living will wishes with your physician because that will allow you to make sure that your physician or healthcare provider is knowledgeable about what you want and it also allows you to make sure that your choices are certainly appropriate towards your condition, as a sounding board in essence.

The second way that we can make our healthcare wishes known is what's known as a proxy decision maker also known as a healthcare power of attorney or in Pennsylvania a healthcare agent. This is a person that you appoint to stand in for yourself to go to bat and make the decisions for you when you can't communicate those. The healthcare power of attorney should be someone that is knowledgeable about what you would want and would be willing to take that task on. Again it's important to talk with your physician about that choice so that your physician knows but it's also important to talk to that person to let them know that you have identified them as the healthcare power of attorney for you. You should also let them know why you choose them and what your wishes are for care in those circumstances.

What I've talked about so far we've been approaching from the stand point of making those decisions on your behalf. You may however be the caregiver for somebody else...an older parent, a sibling who is ill or even your children. In those roles it's important to get to know what those people would want as well. For instance, if you're caring for an older adult parent, it's important to broach the subject to know has your parent addressed the issue of advanced directives, have they done anything formal like create a living will or a durable power of attorney and who that person would be. And it would also be important to talk about why your parent picked those wishes so the talk today really is pertinent to both us as individuals and also those around us who we care for.

So with that I am going to turn it over to our next speaker.

Sandra Calfo – Thank you very much for getting us started. And our next speaker is Mary Ann Caseck and she will be presenting *Beginning the Conversation*. Ms. Caseck.

Mary Ann Kascsak – Hi. It's nice to be with you today. Advanced directives are invaluable for each of us and for those we love. As Dr. Nace stated, these legal documents insure that adults get the end of life care they want even if they are unable to communicate their wishes. Despite this, less than 25 percent of adults prepare advanced directives. It's never too soon for each of us to complete these documents or to talk with our loved ones about these subjects. However, it can suddenly become too late.

Many people struggle with the question of how to bring up the subject of advanced directives. In my time with you, I'd like to present 7 tips for you to consider as you approach a loved one whether it be a parent, a sibling, a spouse or a friend.

Tip number 1 - Acknowledge it's a tough subject. Talking about advanced directives means dealing with the mortality of ourselves and our loved ones. It forces us to go down a road in our thoughts that many of us would prefer to avoid. During the recent

holiday season, my sister, who's close in age to me and quite healthy, made the decision to complete her healthcare power of attorney and living will. She asked me to be the agent on her power of attorney and wanted me to be aware of her choices on the living will. As we were looking at her documents together and signing, I really did feel a small knot in my stomach; a little tug at my heart knowing that we were dealing with the end of her life. Yet as she completed the process, we both felt relief in knowing that she made the decisions that she wanted and they were in writing.

While it may be true that many people do not wish to speak about death, there are probably an equal number who wish to have the opportunity to discuss what they want at the end of their lives. They may be keeping silent in order to protect you. Once you approach the subject, it can free them up to talk about their wishes.

Tip number 2 – Look for openings. Think of your loved ones values, faith and previous statements about end of life wishes. For example, after a family funeral your father may have made a comment to you like, "I would go through chemo for one or two rounds but I'd never want to be fed through a tube like Uncle Bill was for his last three months." These kinds of situations can give us the opening to start a conversation. Think about drawing out a parent with a statement like "Sounds like you've been thinking about these things. Tell me more about your thoughts." These conversations will help you understand your loved ones preferences.

Tip number 3 – Remember the primary and primary care physician. Most everyone has a family doctor or P.C.P.. Research has shown that patients are more likely to complete an advanced directive when the P.C.P. suggests they do so. You can ask your loved one if their doctor has brought up the subject. If so, this could lead to further discussion. Some medical offices have documents readily available. At Shadyside Senior Care, where I work, the UPMC brochure *Making Medical Decisions in Advance* is the handout most frequently given to our patients. It contains both the healthcare power of attorney and living will forms for your use and is available as a resource of this webcast.

Tip number 4 – Plant a seed. Give your loved ones an example of someone you know, a magazine article to read or even an example from a tv program you've both watched. Ask them for their opinion. What would you want in that particular situation? Many people do not realize they have a choice. They may think that the doctor will make decisions for them. Knowing the decision is theirs to make, they may want to put their preferences in writing. At this point perhaps giving them some basic information would be helpful. There's a brochure from the Pennsylvania Medical Society listed as a resource to this webcast. It's entitled *Decide for Yourself – A Guide to Advance Healthcare Directives*. You can download this brochure for yourself and your loved ones.

Tip number 5 – Careful communication. We all have our own ways of talking with our loved ones and there's no one size fits all approach. However, it's important to keep a few things in mind. Generally open ended questions work best. For example, I'm interested in your opinion on the newspaper article I left for you. Tell me what you

thought. Or, if you were in Terri Shivo's situation what would you want to be done? Sometimes talking about the previous generation can also be useful. For example: You cared for grandma for many years. What was it like for her at the end of her life? Did she ever talk about her death? It's important to steer away from expressing your own opinions. The goal is to draw out the feelings and ideas of the person you're talking to.

Another example might just be to say to your loved ones, "I want to be sure that I'm always there for you. The more I know about what you want and don't want the better advocate that I can be for you, especially if your wishes are in writing."

Tip number 6 – Schedule a time. Let's say for example that you've had a few conversations, your loved one may have read the brochure *Decide for Yourself – A guide to Advanced Healthcare Directives* and indicated that they'd like to take the next step. Tell them you would like to set aside a quiet time to review the forms for Healthcare Power of Attorney and Living Wills. As I mentioned, these forms are available in the resource section of the webcast. Don't rush the process. If questions arise, it's always helpful to have further discussion with a doctor.

Tip number 7 – Focus on personal control. Most of us have strong values about our autonomy and individual control. We want to make our own decisions whether it's what we order for dessert or where we live. For many people, especially those who are older, there are real fears of losing the ability to control their lives. Having a living will is a way of maintaining complete control. You're the one who decides what you want and it is in writing. The same is true for a healthcare power of attorney. You decide the person who will carry out your wishes; you've chosen that person because you trust them. A completed advanced directive will ensure that you maintain control of your healthcare and end of life decisions even when you are no longer able to express your wishes.

In summation, we've talked about seven tips: acknowledged advanced directives can be a tough subject, look for openings, remember the primary and primary care physician, plant a seed, careful communication, schedule a time and focus on personal control. It is my hope that the presentation thus far will encourage you to complete advanced directives for yourself and talk with those you love. Thank you.

Sandra Caffo – Thank you. Thank you so much for that important back drop and tips of what people can do. We're going to add to that now with our third panelist who is Ms. Kitty Collins and she is going to be addressing *Lifestyle Downsizing*. Ms. Collins.

Kitty Collins – Thank you Sandra. In 1900 there were only 3.1 million Americans over the age of 65 or about 4% of the nation's population. In 2000, the over 65 population increased to approximately 35 million or 13% of the nation's population. By 2020, the number of people ages 65-84 in Allegheny County will increase from 170 thousand to 200 thousand. Post War World II baby boomers have shifted our culture from a birthing nation to an aging nation. As the boomers age their needs and desires have been the dominate concern for our nation. On Jan. 1, 2008, the first baby boomer turned 62. Americans are living longer than their ancestors due to the improvements in live

expectancy, better prenatal care, an increase in food supply and the control of some infectious diseases. Additionally, there has been a decline in death rates among middle aged and older adults as a result of people taking better care of themselves and medicine taking better care of people.

The Pittsburgh region contains large cohorts of current and future elderly. Most of Pittsburgh's elderly have aged in place unlike the elderly who have migrated to warmer climates in Florida and Arizona. The elderly encompass a spectrum of economic circumstances, health statuses and prospective longevity. The population is diverse and their decisions for moving stem from personal capabilities, family resources and desirable climate. The population of the city has been getting smaller and older. The closing of steel mills and loss of employment has resulted in many young people leaving Pittsburgh. Left behind were the older workers and retirees. While Pittsburgh's populations declined, the senior population increased. The increasing proportion of extreme elderly among the region's residence has intensified local service and assistance needs. This has led to an increase in the number of service providers in the region which allow the senior to remain in his or her environment as long as possible. It also provides for senior housing enabling the senior to remain independent and active.

Family dynamics have changed as well. Years ago, each family had only one bread winner leaving one spouse at home to care for ailing family members. With the onset of the two family income, no one is available at home to provide care. Many seniors live in states far away from their children and many seniors have no children to depend on at all to help them move. Legislators, gerontologists and society are faced with the challenges of designing and enhancing community alternatives to help elderly individuals function at their maximum possible level of physical, psychological and social well being in the least restrictive setting. Just as UPMC is on the forefront of modern medicine and research, it recognizes the needs of this ever growing population.

In a previous webcast, various housing options were identified. Each year, more and more seniors are beginning to make this transition to a simplified lifestyle. The decision to downsize can be a positive as long as one does not lose sight of three precise goals: responsibilities, relationships and recreation. Families have begun to realize that downsizing to smaller living quarters continues to foster self sufficiency and preserve dignity and positive self images.

Downsizing can bring out emotions and reactions adversely affecting one's decision to move. Seniors and their families need help with the responsibility of deciding what to keep and what to let go. Hiring a mover, packing, unpacking, stocking the refrigerator can seem overwhelming. With this transition occurring more often, we find new careers evolving every day. There are a number of professionals and agencies that are ready to step in and assist in this overwhelming task. Realtors, case managers, social workers, professional organizers and e-bay traders are available to assist with sorting through grandma's memorabilia and prize possessions. With her decline in strength and mobility rearranging is not easy. And these folks handle all the necessary tasks. In many cases,

these service providers are the first of many new relationships that evolve as a result of entering this stage of life.

Assigning downsizing responsibilities to the professional allows time to enjoy more pleasurable activities like gardening, luncheons, card parties and going to the theater. Three websites are among those that offer valuable advice and helpful tips: the AARP, the National Association of Senior Care Managers and Organizational Rules. A newly released book *Don't Toss My Memories in the Trash* written by Vicky Deliquilla, a professional organizer and senior care manager, gives tips on how to move in an organized, efficient and caring manner. Additionally throughout the year UPMC Senior Communities offer free moving seminars to the public at its independent retirement communities. Seminar speakers include a realtor, an estate sale expert and a professional organizer. All are available to assist seniors and their families with relocation.

Downsizing does not have to be an overwhelming burden. Begin the dialog early before health status requires it and use the resources out there to make the move simple. Thank you.

Sandra Caffo – Terrific. Thank you. And last by not least, our fourth panelist Dr. Richard Citrin and he will be discussing how the *Worklife Program Can Help*. Dr. Citrin.

Dr. Richard Citrin – Thank you Sandra. I want my presentation and all the presentations today to be a call to action for each of us in the UPMC community and among our friends and other family members to take action around advanced directives and planning. When my grandmother Lena died, my father was named executor of her estate. My grandmother left a significant some of money and six siblings to decide how that would be dispersed according to her will. However, it was discovered that she and my grandfather had written an earlier will 25 years prior to her death. As a result of this confusion of the estate, there was a very nasty legal battle that unfortunately estranged my father from his siblings and left the bulk of the financial aspects of her estate to the attorneys. By the way was precedence setting regulation in the state of New York by the Supreme Court around how to resolve this kind of will dispute. Unfortunately that was too late for my father's family which wound up being estranged and was perhaps the most painful aspect of my father's adulthood.

When my mom passed away this past April and my dad had died six years ago, my parents had vowed during their live time that they wouldn't put my brothers and I through the same pain and hurtfulness that my dad had gone through. As a result, they had every detail taken care of. Advanced directives were in place, will and trusts were completed, my mother even designated which of her nieces, cousins, grandchildren would get which pieces of jewelry. And she discussed it with each of them prior to any onset of illness that she had. She even told us how much we should sell her house for, even in this terrible housing market. She didn't want us to go below a certain fee or certain price. Thankfully to her and my dad, my brothers and I have had very easy management of her estate. And it's helped us to be connected and to deal with our loss in

a respectful and loving way towards each other and most importantly to the memory of my parents. It didn't take a lot of high-fallutin' energy or activity on my parent's part to do this. It meant finding the right professionals, seeking the right counsel and making the right decisions that fit their life and their expectations for how they wanted their estate to be managed.

We've seen and heard from our panel of experts today about the importance of advanced directives, tips to take and documents to look for. My job is to provide you with some information about where to find those resources and how the EAP and Worklife Services can assist you on accomplishing that.

At EAP Solutions, we have three rules. One is to serve as the key support organization within UPMC to focus on helping employees meet their professional, personal and family needs around whatever issues that may be presenting. Second is to help each of our employees find a balancing to their life, work and wellness. We know it's important to make full time of our work life but also to make sure that our family time and our personal time is managed as well and successfully. Finally, to remember that our services are completely confidential and that we are bound by legal requirements to keep it that way. So any contact you have with EAP Solutions is completely confidential and no information goes anywhere outside of our offices.

I want to describe to you the kinds of clients that we see in relation to elder care and other services. Because I think many of you will fit into those categories; one of those categories. There are basically three groups of people that come and see us. The first group, are people who don't know where to turn for help. They know they need assistance; they know they need resources but they're not sure where to go. The second group, are the people who know where to go but when they try to get there, they run into, what I call, navigational problems. They can't navigate the system. They're not sure how to get around and get these things accomplished. The third group are people who just feel overwhelmed by everything that their having to deal with, particularly around elderly care and advanced directives kinds of issues.

I suspect there are about 45 thousand people within the UPMC System that fall within one of these three categories at some point during any particular year. And if you do, we want you to call us at EAP Solutions. Well, if you are one of those people that don't know where to turn, you're not really sure what kind of issues are important, how to find the information that you need, please call us at the EAP Solutions. Our staff, we're all masters trained, will initially talk with you and help you problem solve and find the proper resources. Whether the resources are about helping an elderly parent whose come out of the hospital, dealing with a relationship issue, how to talk to a parent around advanced directive issues, our staff can help you think through that process, on the phone or in person to address those kinds of issues. In addition, we work very closely with the Institute on Aging to provide specific elder care resources and where to find them within the community and really across the country to make sure you get the services that you need. In addition, our website, which you can access at [EAPSolutions.com](http://EAPSolutions.com) or through the Infonet under departments, EAP Solutions, has a website that you access through a

user name and password and the user name is UPMC and the password is Solution, and on that website you will find all the information you need to address elder care issues including, right on the home page, a link for a downloadable advanced directive document that you can use and sign and share with an attorney to have that advanced directive in place. In addition, that website has other downloadable forms, documents and information that you can use.

In addition, the EAP Solution provides legal consultation services for employees. You are eligible to take up to one 30 minute session with an attorney as well as a 25% discount for future visits with an attorney to discuss these kinds of legal issues.

If you run in to problems, in the second group, where you know what to do but you're not sure how to get there or how to navigate the system, our team of work-life specialists can once again help you navigate that system. The people at the Institute of Aging are very knowledgeable about the services, the agencies and even the people who are specifically involved whether it's a housing issue and Kitty can help, whether it's an issue about healthcare and Dr. Nace's department can help; these people can help you identify who the key people are and put you in touch with those people so that you can make the changes and take the steps that you need to take.

Last but not least is you and that's the situation where EAP Solution can help you address issues if you're feeling overwhelmed. Our staff offers both one to one counseling as well as telephonic counseling if you want to come in and talk to one of our trained specialists who can help you think through the steps that you have to take whether it's an elder care issue and dealing with an aging parent or whether it's an issue for yourself; perhaps it maybe that a spouse doesn't want to talk about advanced directives and you need some help in figuring out the best way to approach your partner and how to deal with that kind of issue. Our staff will sit with you, will talk with you and will help you problem solve through those issues.

At EAP Solutions our job is to help you live your life and do your job in the most effective and balanced way that we can. Whether you're dealing with issues about your parents or about yourself, please consider using us and using our services. Our phone number and our website are linked on this website as well. Our phone number is (412) 647-3698. Thank you.

Sandra Caffo – Thanks Dr. Citrin and thanks to our panel. Those were terrific stories. Stories certainly bring home the elements that we can all relate to and I don't know about you, but I related to every one of them. But their job isn't done yet. We're now going to switch to part two of the program which is addressing questions and again you can email questions today or later at SeniorResources capital S capital R one word SeniorResources.UPMC.edu. But we're going to get started with the questions we already have. And I think Dr. Nace, we'll begin with you and I've got two that are kind of linked questions and I'll give them to you one at a time. The first one is, "Where should one keep their Advanced Directives after they've been completed?"

Dr. Nace – I think the question of where best to keep Advanced Directives has been looked at a couple of times - people having different ideas of where to keep them. A lot of times people tend to keep them locked up in a file box where the key will be lost and no one will know about it. That's not where to keep the Advanced Directive. I think it's important to take and make a copy of the Advanced Directive and share it with your physician or your healthcare provider. If you're going into the hospital and you know you are going to be in the hospital for a long period of time, it would be a good idea to help bring that with you as well. For those folks who are entering a nursing home, a copy should be brought along during that point as well. It should be readily available and you should also discuss where that living will is with family members so their also aware.

Sandra Caffo – Ok. And the second one you've started to address "Who should receive copies of a person's Advance Directive?" Is there a list for example that you automatically think about and you may want to add to it or is it just up to each individual person?

Dr. Nace – I think each individual person will know specifically there are certain individuals that they should share it with. Certainly if you're married, your spouse, your children, if you have a designated healthcare power of attorney, that person should have a copy of your living will as well. In my mother's case, she let everybody know. That included, as I said, the mailman. I don't think you need to go that far, but it certainly can be helpful in a crisis. Sharing it also with your healthcare providers that you often times will have interactions with – your primary care physician or some specialty physician such as let's say a cardiologist who's been managing you through a very difficult bout of heart failure. Those key individuals, I think, are who you would need to look for.

Sandra Caaffo – Terrific, thank you. Ms. Kascsak I think we'll start with you with this question. I don't know, I would invite panel members if in any question you have something to add, please do so. We want to get as much information out there as we possibly can. But this we'll direct to you. My dad is someone who has always been in complete control of all of his affairs and is a very private person. How can I begin the discussion with him about future planning?

Mary Ann Kascsak – Ok. I think we run into this question frequently from families and I think families are always.....we all carry our own rule within a family and sometime the role of being the child is a tough one to then take steps into an area where maybe a parent's giving you some sense, don't go there. So I think from the scenario that you're describing, perhaps what I talked about a little bit earlier listen to that father and observe if he's ever made comments to you about what he might like at the end of his life or his wishes about another family member, what may have happened with them. Maybe give him a little something to read or even suggest to him that you've seen a program like this today and that you've been thinking about advanced directives and you wondered if his doctor has ever brought up this subject or if he himself has ever thought about this. Test the water a little bit, but keep it rather matter-of-fact at first and see what his reactions to that might be. Then I think you'll know from there perhaps what you're second step might be.

Sandra Caffo – Thank you. I'm going to ask just a follow up to that. So it seems like your saying you may need to keep going back and starting the conversation a number of times to move it along. Am I hearing that correctly?

Mary Ann Kasczak – I think that's a very very good point. So many things in life are a process that we don't begin and end them at one sitting...that we have to consider that we're building information with someone. We are aware in the back of our mind that it can suddenly become too late in some of the subjects we're taking about today, but none the less in the scenario that we're talking about here, I think it's reasonable to say don't overpower the person, don't bombard them with your wishes to talk but just gently feel them out a little bit and maybe keep adding to that and I think the person will then get some cues from their dad about what direction to take.

Sandra Caffo – Thank you. This next question, I'm not sure who to direct it to so I think I will just direct it to the panel. With all of the new HIPPA regulations, am I able to talk to my mom's primary care physician about her advanced planning? Again, I am not sure who to start with to address this.

Mary Ann Kasczak – Well, I'll be happy to talk a little bit about what we do at Senior Care which is a physician office – geriatrician office. We frequently encourage our patients to give up in writing a list of people we are able to talk to. If this is in writing in the chart and, this woman, her mom had brought that in then she is welcome to call and talk with the staff at Senior Care. I think sometimes it's even possible for a caring adult child to just call and talk to one of the nurses in the practice and say I'm interested in the subject. Could you put a little note in my mom's chart to ask her physician maybe to bring it up at the next appointment if that's comfortable for the physician. I don't know if Dr. Nace would want to comment on that approach.

Dr. David Nace – I think that's a reasonable approach. You can, if the person has not been identified before hand, you can not certainly release any information there, but you can relay the fact that there is a call and there is a concern brought up and then open the discussion for that or using another avenue such as discussing the fact that there's some healthcare changes that have gone on, it's appropriate to discuss this topic at this point and time. So there are a variety of ways that a physician can bring that up.

Sandra Caffo – Great. Thank you. Dr. Citrin, I think this one's for you. I would like to read more about talking to my parents about future planning. Any suggestions on resources? Is that something they could call the EAP for, for example.

Dr. Richard Citrin – Thank you Sandra. That is definitely something that would be appropriate for calling the EAP in addition to referring that employee to our website where they could find information about the resources they maybe looking for, it will also be very helpful to have them come in for a session to perhaps role play or even practice what they want to say. Often times I like to say that people think there are just one or two ways to approach a particular issue. And as Mary Ann was saying a lot of

these discussions are a process. It takes many times to complete a conversation successfully. So our EAP staff can assist the employee to think through and to try different strategies out in practice before taking them and talking to parents directly about them.

Sandra Caffo – Thank you. Ms. Collins, here's a situation I am going to give you for your thoughts. My parents have lived for 30 years in this huge 4 bedroom house. Now they need to move into a two bedroom cottage in a CCRC. We are four siblings and my parents are having a difficult time deciding how to downsize and what to give each of their children as keepsakes. Two things: Any suggestions is the question, but I'm also going to ask if you could tell us what CCRC is?

Kitty Collins – Well CCRC is Continuing Care Retirement Community that follows the senior from independent, to assisted, to skilled care if they need that. Many times, our seniors today are depression era folks that are used to hanging on to everything they can possibly hang on to... butter containers, twist ties, those kinds of things. It causes a lot of consternation between sons and daughters and mothers and fathers and so it's really the best thing to do is hire an outsider to approach the senior who will sit down and respectfully and not argumentatively sort through what is important to them and what is not important to them. These professional organizers are growing every day. They market themselves to colleges and universities and law firms and so their right out there on the horizon. There are a number of senior communities including CCRC's that give three or four hours of professional organizing as a gift to someone who is moving in. So lots of times that opens up the dialogue between perspective resident and the professional organizer. And that way it saves the family the arguments and the difficulties of trying to get rid of or dispose of margarine containers and twist ties and bread wrappers.

Sandra Caffo – Yeah those were, we had a lot of those in my family. I can relate to that. Dr. Nace, I think this will be a question for you. Can you explain to me the key points I need to think about in advanced directives? And I read somewhere about "Combined directive". Can you tell me what that means?

Dr. David Nace – The combined directive is really a reflection of having both the living will and the durable healthcare power of attorney all in one document. So that is the, and I don't know if Mary Ann wants to add anything to that, that's what's reflected in that. With regards to what should be in the advanced healthcare directive there are different formats that are available and you can specify very specifically certain items such as cardiac resuscitation or also know as CPR, whether you would want that or not want that and under what circumstances. You can also specify whether or not you'd want to be on a ventilator or a breathing machine, whether you would want things like dialysis. If you couldn't eat or couldn't swallow, would you want a feeding tube to prolong things? Those are kind of the things you can talk about. Hydration is another important one obviously with the Terri Shivo case that has come about. And those responses will vary from individual to individual with regards to the circumstances. So those are things to think about. I think the other thing that sometime is helpful also is to put down what's important to you...something about your values, what life means to you, what do you

enjoy? Because there may be situations that we don't look at, that we don't know about now that technology will create in the future and we'll have to try to estimate what somebody would want when those might not have been covered already. And the values, the goals of treatment, your thoughts will help us come to a decision about that if you are unable to do so.

Sandra Caffo – Thank you. Ms Collins, this question is “Where can I get information about housing options?”

Kitty Collins – Well, you can get the information on housing options from UPMC for the UPMC Senior Communities. There are a number of independent assisted living and, as I said, CCRC's within the UPMC System so if an employee wants to go on the UPMC website, they can easily go down to UPMC Senior Communities and view and see all the sites. We also have a website that is [easyretire.com](http://easyretire.com) and all of the communities are able to be seen, prices are there and menus and activities and things of that nature also listed on that website.

Sandra Caffo – Ok. Dr. Citrin, if they wanted to go a bit broader than UPMC, how could the EAP assist with that. Would we use the Institute on Aging or?

Dr. Richard Citrin – Yes most definitely we could use the Institute on Aging and again turning to our website to identify additional resources for housing. The Institute on Aging though the resources there are particularly significant and are able to do research for employees around these issues whether housing issues or legal issues and so by talking to an aging worklife specialist they're able to do research and then return that information back to the employee perhaps three, or four or longer days so that the information is very comprehensive and complete and will help the employee to make those decisions and have the proper information.

Sandra Caffo – Thank you. Here's a situation and again I'm going to ask the panel to handle it because I think there's a lot in this scenario. “My parents do not feel comfortable speaking with their children about the end of life. We are five siblings and each has a different approach to end of life care. My parents have not discussed this with the PCP. We believe they're comfortable with their PCP and that might be a way to initiate the discussion. The direct question is, can you suggest how we approach the PCP about this?” But I would like to add also, a question about since there are five siblings, are there other things that might come up in even getting to the decision about what to suggest to the PCP? So I'm going to turn it over to the panel and my guess is several of you will have something to say.

Dr. Richard Citrin – Well I would begin by saying that the end of life decisions are really the decisions of the parents in this situation and the ideas that the siblings have are really secondary and are really being addressed perhaps most effectively by the siblings addressing those issues for themselves in their own live with their own spouses and partners. But really what the children want to do here is find a way to support the parents so that they have some comfort about being able to discuss their end of life decisions and

the physician could be a good neutral party for doing that. But again it would not be unusual for the EAP to serve in this role. We do a lot of family counseling. Having someone come in and talk to the EAP around how to get these siblings together to support the parents in a way that respects their wishes could be certainly an effective role for the EAP to play.

Sandra Caffo – Ms. Kasczak I think you were going to speak as well.

Mary Ann Kasczak – I think this question relates to an earlier question which is that concept of the importance of the primary care doctor and the fact that the parents here have a good relationship with their PCP so if, for example, one of the siblings were listed with the physicians office as being able to have conversation, maybe they could leave the message with the physician's office saying, "Would the doctor be willing to bring up the subject as part of the routine care." I agree with Dr. Citrin that it really is the older generation here who we would want to meet their needs first. It sounds like the children really are at very different places so to look as being a resource for the parent first might be the direction to take. And I think for people maybe to do some reading, maybe some of their resources we've mentioned here as part of the webcast, that would talk about how important it is as a family, to put your own opinion in the background and become a listener for what that parent wants and respect that maybe your siblings don't agree with you or you with them, but in this particular situation, it really is your parents opinion that your trying to solicit. This would just be some additional thoughts.

Sandra Caffo – Great. Thank you. Ms. Collins, here is a situation. My grandmother in Illinois still lives in the same 5 bedroom, 2-story home she's lived in since she got married 42 years ago. She recently made the decision to move to a smaller place. We'd like to bring her back here to Pittsburgh but first we need to convince her to downsize her acumination of possessions. Any suggestions?

Kitty Collins – Actually, we come across that quite often especially not so much out of state, but there are a lot of folks in and around the area who are moving from those huge, huge homes into smaller places. Lots of times, it's very difficult to get them to part with thinks so we actually let them come with all of their belongings and then we work with them with the managers of the building to get them downsized at one day at a time. It's very, very difficult for depression era people, I keep going back to the depression era people, but they just don't want to part with anything and that's why it's always much better to have an outsider make that decision with them then to cause consternation in the family.

Sandra Caffo – Thank you. Well let me follow up with a question that maybe you want to address and also Ms. Kascak, which is: "How much storage space is available in most senior housing facilities. My wife's family had an emotional time in moving their mother to a facility like this and because she couldn't part with many of her prize possessions, they moved all of it and it is a huge problem. So do you let people know ahead of time how much they can bring?" So you've answered that in one way, but I don't know if there's anything else to add on the basis of this scenario.

Kitty Collins – Well, I know that, as I said, we generally let them bring what they can possibly bring because it allows the senior the opportunity to continue in that decision making role. Often times, once they get to the apartment or the living quarters, they can see that all that they have will not fit. We had an occasion where we brought a resident in who brought with her two televisions and a sewing machine and a refrigerator and it actually caused us to blow a fuse in the one end of the building, but it took that to get her to understand that she could not have all that in a two bedroom apartment. So lots of times, they just have to experience it and we just kind of ride out the storm with them.

Sandra Caffo – Thank you. I think we have time for one final question, so Dr. Nace: “What happens if a person changes their mind after they complete a living will?”

Dr. David Nace – This comes up pretty commonly. Especially when people form a living will when they’re younger, their healthy, their choices may be very much different than when they are let’s say older or they’ve come down with a disease or condition that has dramatically changed their overall prognosis. In those circumstances, what’s important is that when you create the new living will that you make sure that you cross out the old living will and note on it that it’s been corrected and updated on what date. And that the new living will should replace that. So anybody that you’ve shared your living will with previously, you should also then go and make sure they have the updated copy. Similarly, it’s also very important that if you’ve told your healthcare power of attorney what you want and you’ve changed your mind, you probably ought to have another conversation to talk about that just so that they know that your choices have changed. Also your physician, your healthcare provider should also be made aware of any changes. If you change your proxy decision maker, you should also make that know to your healthcare provider in addition.

Sandra Caffo – Great. Thank you. So we should go to closure. Alright. Well our time has gone far too quickly as always. I want to thank our sponsors today the University of Pittsburgh Institute of Aging, our Employee Assistance Program, UPMC Senior Care and UPMC Senior Communities and contact information for all of those originations is a part of the handouts. I would also like to remind you to please, please click on the evaluation on the screen and fill it out for us. That is the way that we can make these meet your needs. So with that I’m going to say thank you all for tuning in and we’ll see you next time.