

# TECHNOLOGY & LONG-TERM LIVING

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*The 21st century calls for an entirely new debate on how to talk about, structure, and finance extended care for seniors.*

**D**ramatic changes in science and technology are under way. Our country will experience as much scientific discovery and innovation over the next 25 years as it did the entire last century, which will profoundly impact our concept of aging.

The development of robotics, expert information technology systems, wireless communications, telemedicine, and videoconferencing will allow more and more Americans to live independently, be happier, and have a much higher quality of life because the technologies will exist to allow people to be in more control of their lives and feel more fulfilled. These technologies will delay the need for nursing facility care. And for those who do need supported living, the new discoveries will create a dramatically better system with a higher quality of care and quality of life that would have been impossible in an earlier era.

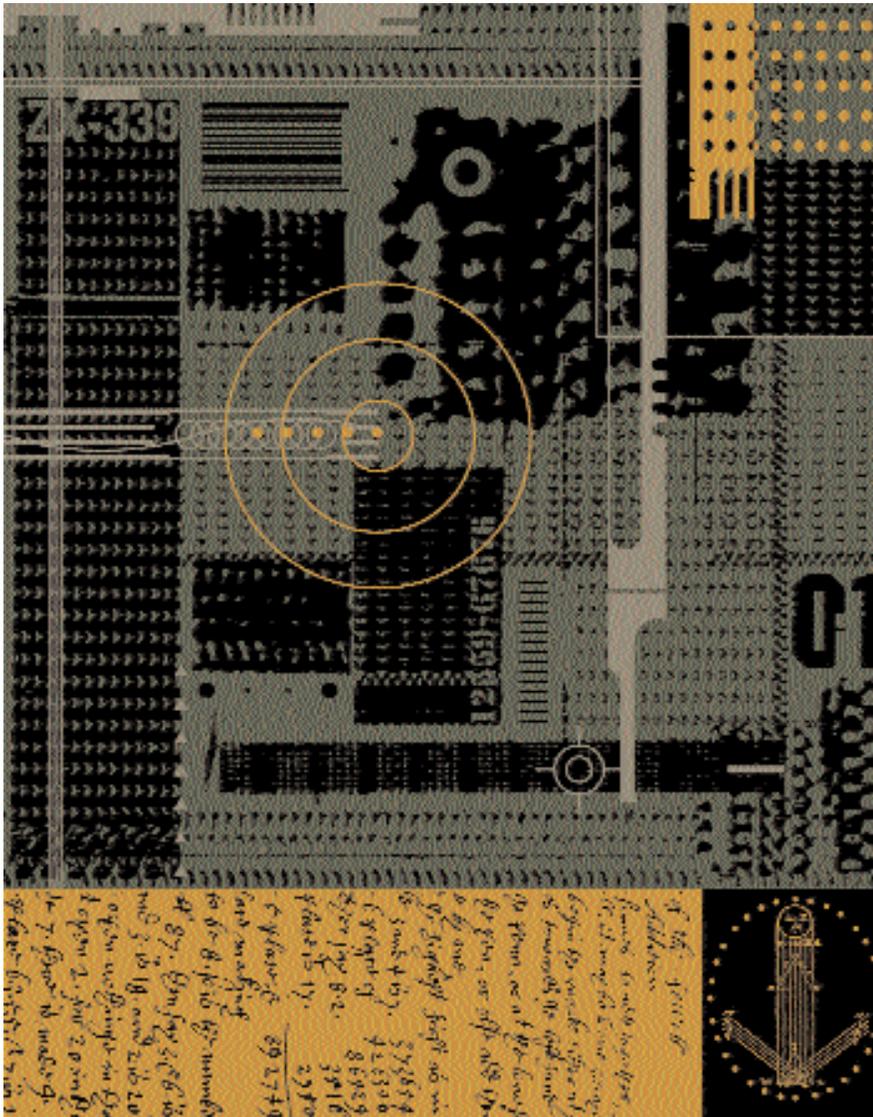
Yet, as we are poised to undergo this dramatic transformation in science and technology, most of the current debate over the future of health care for seniors fails to seriously recognize it. Even our language is wrong. We too

often use the term “long term care” when we really should be talking about how our seniors should prepare themselves for “long-term living,” which is a more accurate term for a spectrum of high-quality services tailored to maximize seniors’ freedom and quality of life.

#### **Changing The Discussion**

We also too often find ourselves discussing staff retention strategies and Medicaid cuts—topics that are totally legitimate if the goal is to marginally improve the current, inherited 20th century system. However, these are not the discussions that will help achieve the stunning possibilities of a 21st century intelligent health system.

The nature of our current conversation about long-term living would be like convening a conference about the future of transportation in 1903 and all we saw fit to discuss was the latest technology in horseshoes and wagon axles, while we completely avoided the topic of automobiles. We would likely have opinion leaders and industry stakeholders like harness manufacturers, blacksmiths, and relay station owners discussing problems like horse



manure as a major urban challenge. Yet Henry Ford was only two years away from opening his first mass-produced automobile factory. Also, since the first successful flight would not occur until that December, few, if any, would have seriously discussed the aviation experiments of the Wright brothers.

The new scientific discoveries will create entirely new possibilities for long-term living. However, technologies already exist that, if applied today, can dramatically improve the options of senior health care services. In these

cases, the lack of progress is not the result of a lack of capabilities or available technologies.

#### Hi-Tech Models

Consider Living Independently, a company who's QuietCare System converts any home or apartment into a "smart home." The QuietCare home monitoring system is designed around motion detectors that actually learn an individual's daily habits and routines. The system regularly updates a caregiver of the person's activities and

immediately highlights any atypical patterns. Caregivers use this technology to provide unobtrusive monitoring of seniors in their homes, preserving the individual's privacy and freedom. This system is affordable, and it is on the market now. It allows people to do in reality what policy makers talk about in theory—"aging in place"—allowing seniors who need a little support to live independently in their homes.

In Milwaukie, Ore., Elite Care is a world leader in using technology to deliver a new transformational model of senior living care. Its Oakfield Estates residents wear transmitters that double as help buttons and room keys to seamlessly communicate with a network of infrared sensors and radio frequency transponders, giving staff real-time access to the precise location of residents around the clock. The remote monitoring system enhances the freedom and security of the residents, which allows even early-stage Alzheimer's residents full, unassisted access to the entire six-acre campus.

Residents' loved ones can access a protected Web site from any Web portal in the world to pinpoint the exact location of their mother, father, or grandmother anywhere on campus.

Each of the 72 suites in the six different houses on Oakfield Estates includes a bed with sensors that detect weight, sleeplessness, and incontinence. If a high-risk resident is out of bed, a special signal is given to the caregiver that personal assistance is needed, without the resident activating a help button. Bathroom sensors notify a caregiver if a resident is in the bathroom for an unusual amount of time.

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In-room computers are used by both residents and caregivers to help manage care with medication reminders and electronic health records and also are there for the residents' entertainment and personal use. The electronic health records can be accessed by caregivers, the individual, and family members, if given permission by the resident. Communication between the caregiver, the resident, and loved ones is frequent, which creates a team mentality that improves the resident's quality of life.

Elite Care and Living Independently are glimmerings of what could be routine offerings. This is not science fiction but real working models that are scalable and replicable.

## The Move To Electronic Records

At the heart of both of these examples are electronic health records. There is absolutely no way to transform the possibilities for long-term living if our health care system remains a paper-based system. Why? Because a paper-based system will never be able to keep up with growing demands from the government and consumers to have the right to know price and quality information about health services; because a paper-based health system will never deliver the highest quality of care possible, as there is no way of streamlining new discoveries and new standards of care into the workflow; because a paper-based health system simply cannot meet the demands of active healthy seniors, who live in multiple locations and require different levels of care at varying points in their lives, to enjoy the type of long-term living that a scientific- and technology-based 21st century society can offer.

One of our goals is to see telecommunications and information technolo-

gy utilized to join the resident, the family, and care institutions in totally new ways, including monitoring and reinforcing quality. When loved ones are in nursing facilities, it is frustrating and difficult to communicate on a regular basis with the on-sight professionals who lovingly care for them. Many people would pay top dollar for a daily or biweekly electronic update of their

loved one's clinical test results and mental health reports. If the caregivers used an electronic health record, these reports could be automatically generated, or, for an extra fee, they could be more personalized.

A principal reason why the health profession—especially that part that cares for seniors—finds it hard to adopt new technologies is the lack of real market forces. A significant step in facilitating a long-term living system that is rich in technology, fosters independence, and delivers a higher quality of life is to transform the financing system. As long as an untransformed Medicaid program is the principal source of funding for this profession, an intelligent long-term living system will be slow to grow. Even if Medicaid and Medicare undergo dramatic transformations, the government will always be too bureaucratic and too slow to adopt new technologies and new services at the speed of the 21st century.

In fact, if long-term living had experienced the same productivity revolution in the past 30 years as manufacturing and services, it would have virtually no quality problems. Whether the area is financial services, cell phones, computers, or televisions, there is an amazing revolution under way that has not reached the long-term living system.

Individual markets work better than third-party payment systems in

increasing choices, fostering innovation, and keeping costs down. The more individuals control their health care dollars, and not a third party, the more market forces will deliver improvements and be able to respond to the changing needs of individuals.

We must increase the percentage of long-term living revenue coming from private payers, shifting resources away from the government bureaucracy and the taxpayer and toward the private sector and personal responsibility. We should pursue incentives for personal saving and personal insurance that would enable the baby boomers to afford the kind of high-quality spectrum of choices they will expect.

## Ways To Pursue Incentives

For example, one of the reasons the Center for Health Transformation supported the Medicare Modernization Act in 2003 was its creation of health savings accounts, which allow people to put money aside tax-free to use for health expenses such as nursing facility care and long term care insurance.

Another example would have been the passage of Rep. Nancy Johnson's (R-Conn.) bill to make long term care insurance tax deductible. Other ways the government could improve the quality of care would be to allow individuals and their loved ones to supplement with personal funds the amount the government pays to long-term living providers. These are exactly the types of steps that need to be taken to create a long term care system that is responsive to the needs of the average American baby boomer.

Technology holds much promise. Although technology cannot directly provide health care—at least not yet—it will empower new models of intelligent long-term living that achieve not only a higher quality of care but a higher quality of life, perhaps the most important measure of success for anyone who wishes to lead a longer and healthier life. ■

