



# **What's Next**

## **Navigating the Challenges of Dignified Aging**

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# Agenda

- ❖ Introduction
- ❖ Clinical Background & Credentials
- ❖ Professional Mission

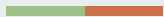


# Beginning the Conversation

❖ Why is it so important?

Identify needs  Early intervention  Maximize independence

*“An ounce of prevention is worth a pound of cure”*



## Creating Unnecessary Barriers

Resisting the urge to *hide* or *minimize* the decline

## Why do we do it?

- Fear of the unknown
- Shame or embarrassment
- Anger
- Anticipating the loss of independence
- Grappling with our mortality

## *Remember...*

- ❖ Early Intervention  $\Rightarrow$  improved outcomes
- ❖ Denial  $\Rightarrow$  unnecessary stress and accelerated decline

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# Interventions

- 1.** Inform and involve your provider
- 2.** Define and embrace your support system
- 3.** Choose care services



# Interventions

- ❖ Inform and involve your provider - be a good historian! They can help identify:
  - Natural aging vs. disease process
  - Acute vs. chronic
  - Medication management
  - Advanced directive discussion



# Interventions

- ❖ Define and embrace your support system:
  - Manage your expectations
  - Family, friends, neighbors?

How can they be helpful and supportive without being enabling?





# Interventions

## Home Care

These “non-skilled” services generally require private pay or long-term care insurance.

- ❖ Direct Care
- ❖ Companion Care
- ❖ Housekeeping
- ❖ Meal Prep
- ❖ Transportation

## Home Health

These skilled services qualify for Medicare or private insurance (with qualifying diagnosis or event).

- ❖ Physical Therapy / Occupational Therapy
- ❖ Skilled Nursing
- ❖ Social Work
- ❖ CNA



# Advanced Directives: Assuring your wishes will be honored

\*Free Resource\* to find forms and more information below:

[North Carolina Secretary of State Advance Health Care Directives Advance Health Care Directives \(sosnc.gov\)](https://sosnc.gov/advance-health-care-directives)

- ❖ Directives that can be managed independently or with an attorney
  - Healthcare Power of Attorney / Durable Power of Attorney
  - Living Will
- ❖ Directives requiring provider signature (PAs and NPs can sign)
  - MOST Form
  - DNR (Goldenrod)

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# Senior Care Options

## *A Brief Overview*



# Aging in Place

- Agency vs. Private Duty / Independent contractor
- Home Health vs. Home Care
- Adult Day Health
- Family / Friends / Church Members / Volunteers / Communities of Support
- End of Life: Palliative vs. Hospice & Home vs. Care Center



# Long-term Care: Understanding the Challenges

- Assisted Living - Private Pay or Long-Term Insurance
- Memory Care - secure unit, can be in the setting of Assisted Living or Skilled Nursing Facility
- Skilled Nursing Facility
  - Medicare for STR only
  - Medicaid or private pay for long term placement
  - Spend Down requirement for Medicaid coverage

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# Hospice & Palliative Care

*Understanding the level of services of each*

Free Resource: [What Are Palliative Care and Hospice Care? | National Institute on Aging \(nia.nih.gov\)](https://www.nia.nih.gov/health/publication/what-are-palliative-care-and-hospice-care)



# Palliative Care

Palliative Care is supportive care, often ordered for patients seeking and receiving aggressive treatment for life-threatening illnesses. It involves:

- ❖ Nurse Practitioner visits to support (every 3-4 weeks)
  - Collaboration with community providers for chronic / terminal illness symptom management (they can prescribe in this setting)
  - Setting Goals of Care
- ❖ **Frequent misunderstandings of Palliative Care**
  - No direct care services provided (SN/HHA/CNA)
  - Offered in home, facility and clinic settings
  - Social work services are generally available
  - Generally short term but defined by provider / organization policy



# Hospice Care (in-home)

Hospice services are focused on comfort and quality of life, they are not curative. They involve:

- ❖ Direct Care Services
  - MD / PA / NP
  - Skilled Nursing
  - Home Health Aide / CNA
  - Social Work Services
- ❖ Durable Medical Equipment
- ❖ Volunteers





# Hospice Facilities

*Note: Many hospice agencies do not have facilities.*

Hospice services are focused on comfort and quality of life, they are not curative. They involve:

- ❖ General In-Patient (GIP)
  - For patients requiring “aggressive symptom management”
  - Medicare-regulated - very specific criteria for admission
- ❖ Residential Care
  - Longer-term inpatient care without GIP requirements
  - Respite stays



# Questions?

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