Dr. Allan “Chip” Teel
90% of seniors surveyed want to age in their own homes yet adequate home-based and community-based services are limited in most communities.
53% admitted to a nursing home died in 6 months; the median survival for males was only 3 months!
(Journal of American Geriatrics Society 8-24-10)
Among elders needing care: 60% live in their own homes, 31% live with family or close friends, 5% live in nursing homes, and 4% live in assisted living (AARP).
Loneliness among elders increased functional decline by 59% and rate of death by 45%.

( Archives of Internal Medicine June 18, 2012)
60% of all nursing home residents NEVER have a visitor.
# Living Longer. Who Pays?

**Senior Actuarial Table (Fidelity Investments)**

<table>
<thead>
<tr>
<th>Current Age</th>
<th>65</th>
<th>70</th>
<th>75</th>
<th>80</th>
<th>85</th>
<th>90</th>
<th>95</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Expectancy (years)</td>
<td>21</td>
<td>17</td>
<td>13.4</td>
<td>10.2</td>
<td>7.6</td>
<td>5.5</td>
<td>4</td>
</tr>
</tbody>
</table>

### Table 3: Projected Medicare Costs for Single Retiree in 2013

<table>
<thead>
<tr>
<th>Retirement Age</th>
<th>75</th>
<th>80</th>
<th>85</th>
<th>90</th>
<th>95</th>
</tr>
</thead>
<tbody>
<tr>
<td>65</td>
<td>$130,100</td>
<td>$250,700</td>
<td>$433,900</td>
<td>$705,400</td>
<td>$1,092,900</td>
</tr>
<tr>
<td>70</td>
<td>61,900</td>
<td>153,800</td>
<td>292,700</td>
<td>498,500</td>
<td>792,200</td>
</tr>
<tr>
<td>75</td>
<td>--</td>
<td>72,600</td>
<td>178,600</td>
<td>334,500</td>
<td>557,100</td>
</tr>
<tr>
<td>80</td>
<td>--</td>
<td>--</td>
<td>83,700</td>
<td>202,600</td>
<td>371,300</td>
</tr>
</tbody>
</table>

### Table 2: Health Care Costs in Retirement for Single Retiree in 2013

<table>
<thead>
<tr>
<th>Retirement Age</th>
<th>75</th>
<th>80</th>
<th>85</th>
<th>90</th>
<th>95</th>
</tr>
</thead>
<tbody>
<tr>
<td>55</td>
<td>$206,200</td>
<td>$276,300</td>
<td>$372,400</td>
<td>$501,500</td>
<td>$672,500</td>
</tr>
<tr>
<td>60</td>
<td>123,400</td>
<td>176,500</td>
<td>249,300</td>
<td>347,200</td>
<td>476,800</td>
</tr>
<tr>
<td>65</td>
<td>50,900</td>
<td>91,200</td>
<td>146,400</td>
<td>220,600</td>
<td>318,800</td>
</tr>
<tr>
<td>70</td>
<td>23,000</td>
<td>53,700</td>
<td>95,500</td>
<td>151,800</td>
<td>226,200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Economic Cohort</th>
<th>% Income from Soc. Security</th>
<th>% Income from Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor Adults</td>
<td>83.00%</td>
<td>2.00%</td>
</tr>
<tr>
<td>Near-Poor Adults</td>
<td>87.00%</td>
<td>4.00%</td>
</tr>
<tr>
<td>Low-Income Adults</td>
<td>75.00%</td>
<td>7.00%</td>
</tr>
<tr>
<td>Middle-Income Adults</td>
<td>34.00%</td>
<td>24.00%</td>
</tr>
</tbody>
</table>
Monthly Costs

FCA Package Includes
- $350 - FCA Tech Support
- $800 - Rent Mortgage
- $750 - Personal Care
- $200 - Food
- $250 - Utilities
- $160 - Nursing

Private Duty Care - $15,000
Nursing Home Care - $10,000
Assisted Living - $6,000
FCA - $2510
The Elder Cost Cascade

- 30MM annual US ER visits are people over 65
- Average Cost of these ED visits is $2168
- Half of >65 year-olds in ED admitted to Hospital
- Average Length of Stay in Hospital for >65 is 5.4 days at $2100/day
- 40% of >85yo and 30% of all hospitalized Medicare patients go to SNF
- Average Stay in SNF is 29 days at $423/day
- NH admissions at $83400/yr: 1/3 from hospital, 1/3 from SNFs/ ALFs, and 1/3 from home
- Congressional Medical Advisory Group estimates 60% of ED visits and 25% admissions unnecessary if more home-based services available.
- FCA Program total healthcare systems savings estimated at 40%. 
Medication Reminders

76%  Americans age 60+ use two or more prescription medications

37%  Americans age 60+ use five or more prescription medications

59%  On five or more medications per day take them improperly.

22%  Americans take less medication than prescribed

10%  Of hospital admissions are due to failure to take prescribed medications (avg. length of stay) 4.2 days

23%  Of NF admissions due to noncompliance

66%  The likelihood of increased drug discontinuation after a pill-shape change. (34% after a pill-color change)
Exhibit 1: Health and Functional Status of Older Medicare Beneficiaries, by Age and Gender, 2009

NOTE: ADLs refer to Limitations in Activities of Daily Living (bathing, dressing, eating, walking, using the toilet, getting in and out of chairs). *indicates statistically different than men (p=0.05)
At Home Support with Social Connections

**People**
- Empowered members.
- Doing for others.
- Circle of Caring.
- Reconfigured resources.

**Attitude**
- Goals and aspirations.
- Dignity of Risk.
- Family, pets, interests.
- Purposeful living.

**Technology**
- Tools. Easy to use.
- Affordable. Access.
- Making connections.
- Reducing loneliness.
The Dignity of Risk

We must give everyone the opportunity to live a full and rich life. With living comes risk. With success or failure comes growth. Take away risk and take away the chance to live a full life.
The Health Benefits of Volunteering

- Provides a sense of purpose
- Lowers mortality rates by 1/3 to 1/2
- 2/3 less likely to report bad health
- Lowers depression
- Less heart disease
- Less functional decline
- Benefits last more than a decade
- More effective than medical care
Full Circle America

Building the “Stay at Home Network” around You

We help you age at home with a High Tech, High Touch approach to elder care. Using available community resources, including family, friends and technology, we build a network of support around our members.

Remote Monitoring
- Virtual Check Ins
- 24/7 Family Access

Social Networking
- Peer-2-Peer Calling
- Community Outings
- Companion Visits
- Video Calling

Medical Support
- Home Health Personnel
- Virtual House Calls
- Hospital At-Home
- PCPs/PCMH/Hospital/SNF

Support Services
- Shopping/Errands/Transportation
- Home Modification/Repairs
- Meals/Housekeeping
- Adaptive Devices

Medical Support
- Home Health Personnel
- Virtual House Calls
- Hospital At-Home
- PCPs/PCMH/Hospital/SNF

Full Circle America
MEMBER

Call Button
- Quick Call to FCA
- 24/7 On Call

Physical and Mental Health
- Exercise
- Entertainment
- Education
- Companionship

Chronic Disease Management
- BP/ Weight/ O2 Sat /
- Peak Flow
- Diet/ Exercise

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Key
Full Circle America Devices
FULL CIRCLE AMERICA: CHRONIC CARE KIT

Talking Scale                             Medication Reminder                        Blood Pressure Cuff

Pulse Oximeter                            Peak Flow Meter                            Pedometer/ FM Radio
Chronic Care/ Telemedicine Visits

- Video House Calls from your Health Care Team
- Encrypted data, secure connections, and HIPPA compliance of all patient data
- Daily vital sign collection supported by phone calls and video
- Simple medical devices for you and your physician to manage your chronic care
- Medication reminders by phone or programmed pillbox
- Caregiver app for quick communication between FCA and your family & care team
- Web-based 'Circle of Caring' logbook with alerts and data displays
Issues With Housing
- No Transportation for Follow-up Care
- Did not Pick up Prescriptions
- Limited Support
- Lack of Person-Centered Care Plan
- Lack of Patient Involvement in Self Management
- No Family Involvement in Transition
- Low Health IQ
- Lack of Social Services for Chronic Medical and Mental Health
- Poor Care Transitions/ Poor Communications
- Poor Medication Reconciliation

20% MEDICARE PATIENTS READMITTED <30 DAYS COSTING $28B/ YEAR
Translating FCA Model into $avings

High Utilizers Consume Most of Services:

6 ED visits/pp/yr = $13008
3 Hospitalizations = $34020
45 SNF days = $19035

Current Spend $66063

FCA projects >40% Reduction

2 less ED visits = $4336
1 less hospitalization & 1 shorter one = $15540
25 less SNF days = $10575

Projected Savings: $30451 pp/yr