

**ETHICS, AGING, AND THE
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**HOPE AND HEALING AND THE DELIVERY OF HEALTH CARE
SERVICES TO THE ELDERLY**

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Thank you and good morning.

I'm honored and delighted to talk with you today about the delivery of healthcare services to the elderly, an issue that is so important to my congregation, the Alexian Brothers.

We trace our roots to the Middle Ages, when the early Alexian Brothers cared for abandoned lepers and Black Death victims in Europe.

Recognizing and respecting the dignity of these outcast people, the Brothers tended to their needs while they lived, and honored them with proper burials after they died.

Our focus on serving the needs of people on the margins of society – the poor, the sick, the elderly, the mentally ill -- has continued for nearly 800 years.

Today, much of the Alexian Brothers' work in Europe focuses on the mentally ill, (previously in Germany; recently in Hungary;

25 years in Phillipines) and much of our work in the U.S. focuses on the elderly.

As the executive leader of the Alexian Brothers' U.S. province, I'd like to share with you some of the strategies we're using to deliver hope and healing to older adults in these changing times. Of course, this is only feasible because we have over 8,000 co-ministers (our employees).

In my remarks this morning, I'll also explain how our facilities deal with the treatment of pain in accordance with the Ethical and Religious Directives for Catholic Health Care Services.

First, though, let me tell you about the demographic, economic and political forces that are reshaping U.S. healthcare – and our ministries.

Looking first at demographics, we're witnessing the graying of America. Increased life spans and the aging of the baby boom generation are combining to make the elderly the fastest growing sector of the U.S. population.

The U.S. Census Bureau expects the 65-and-over population to increase dramatically by 2025 in Illinois, Missouri, Tennessee and Wisconsin, the states where we have ministries. The projected increases include 41 percent in Illinois, 56 percent in Missouri, 65 percent in Tennessee and 60 percent in Wisconsin.

As more Americans enter their golden years, the vast majority want to live independently. Research shows that 87 percent say that if they need help caring for themselves, they would prefer to receive it in their current home. This holds true regardless of income, gender, marital status or age, e.g., my mother.

Only 8 percent of respondents say that if they need help caring for themselves, they would prefer to move into a facility where care is provided. Only 5 percent would prefer to move into a relative's home.

Turning now to the economic trends we're seeing... We expect the cost of care to be reduced, particularly in hospitals. We also foresee shifts in funding for elderly care.

Government funding of home-based and community-based services will increase in an effort to move people away from institutions. At the same time, there will be reductions in government funding to hospitals and nursing homes.

The impact of the U.S. recession and housing crash has hurt the finances of many Americans, and this will cause many older adults to postpone their moves into senior living communities.

On the political front, we expect healthcare reform to pressure hospitals to discharge patients sooner and sicker.

We project that 20 percent of all Medicare beneficiaries will be hospitalized at least once per year.....

.....and 35 percent of those hospitalized will need post-acute care, which will have implications for nursing homes and senior-service providers.

For most seniors with health issues, their payment sources and the availability of services will determine whether they can live at home. For this reason, we believe that combinations of healthcare delivery methods will be the best solutions for many people.

In general, we believe these demographic, economic and political trends will lead to a growing shift toward primary and chronic care, with hospital-based acute specialty care playing a less dominant role.

So, how are the Alexian Brothers responding to these demographic, economic and political forces?

What makes us different?

Probably the biggest difference between us and other U.S. hospital and healthcare systems is that Alexian Brothers Health System is organized into two administrative divisions – one for acute hospital services and one for elderly services.

We believe this structure positions us better to address the growing demand for chronic and primary care. We also are better positioned to provide more holistic, integrated and comprehensive care.

Let's take a look now at some of the strategies we're using to achieve these objectives in our elderly services and hospital divisions.

I'll start with our elderly services division, which operates life-care retirement communities, nursing homes and assisted-living facilities.

It also offers a variety of other community-based programs that address the health and wellness needs of seniors at all socioeconomic levels.

We are an elderly services leader in three U.S. markets – Milwaukee, St. Louis and Chattanooga.

Our hospital division, which serves the northwest suburbs of Chicago, does not operate in these three cities.

However, we have become the elderly services partner of hospital systems in these cities to enhance the integration of acute care and chronic care for the elderly.

In all three locations, we also have contracts with board-certified geriatricians who provide services for participants in our programs.

The geriatricians not only treat specific conditions, but also meet with patients often enough to monitor their health and to make sure they have sufficient activity, proper nutrition and family support.

The geriatricians work closely with family members to ensure their loved ones are taking medications properly and are reporting their symptoms. The geriatricians require those caring for the elderly to closely monitor health conditions and to report any changes before things get worse.

This broad-based approach results in better health and in fewer visits to the emergency room because intervention for a worsening condition occurs at an earlier stage.

Along with providing geriatric services, we offer the services of audiologists, podiatrists, optometrists, psychiatrists and dentists, etc.

Our elderly services division also is testing “live-at-home” models of care, which allow seniors to remain in their own homes while having access to Alexian Brothers services such as home healthcare and help with household maintenance and chores.

People pay a fee to join the live-at-home program, and a care manager makes sure their health and household needs are met in the most appropriate manner.

In St. Louis and Chattanooga, we operate the Program for All-Inclusive Care of the Elderly, or PACE. It provides a continuum of services, including comprehensive primary care and chronic care, for low-income elderly people through a clinic and home health service.

This cost-effective program – among the first of its kind in the U.S. -- helps the elderly to avoid costly hospital and nursing home stays and to live independently as long as possible.

PACE reflects our belief that it’s better for the well-being of seniors with chronic-care needs to be served in the community whenever possible.

Another innovative strategy developed by our elderly services division is Club Alexian, which offers the public a customized approach to fitness and wellness.

This program provides senior-friendly equipment and comprehensive individual and group workouts created by a team of licensed therapists and wellness experts.

In addition, plans are that Club Alexian will offer in-home “comfort keepers,” who will help seniors with meal preparation,

light housekeeping, errands, grocery shopping, transportation, and other chores and living activities.

Our elderly services division including Club Alexian now also provides wellness programs for residents of Alexian Brothers facilities.

These programs are designed to improve residents' overall health, helping reduce the number of times they need to see the doctor, go to the emergency room or be admitted to the hospital.

Research shows that older Americans visit a health provider at least twice as often as younger Americans. People 75 and older use emergency rooms about twice as often as any other age group.

Our wellness programs offer social and physical activities, nutritional advice and psychological guidance. Other wellness services include blood-pressure clinics, low-vision support groups, relaxation therapy and a sleep lab.

In Chattanooga, a long-standing Alexian Brothers community ministry known as Senior Neighbors continues to take innovative approaches to enhancing the health and wellness of older adults.

Collaborating with other community service providers, Senior Neighbors offers a program that places older adults in paid temporary community service positions with local non-profit agencies and government organizations. Another program helps older adults serve as volunteers with non-profit agencies.

While expanding health and wellness services in the community, our elderly services division also is taking steps to enhance the quality of life for older adults in our retirement communities, nursing homes and assisted-living facilities.

At Alexian Brothers Sherbrooke Village, a nursing home and assisted-living facility in St. Louis, we're adding a new building that will feature private rooms divided into resident-centered, homelike neighborhoods.

These neighborhoods will serve people with different needs, including short-term rehabilitation and skilled nursing, hospice care and Assisted Living quarters for couples.

The facility will incorporate the Universal Worker concept, which calls for staff members to handle all the daily living needs of residents. It replaces the traditional compartmentalized approach to care-giving, in which nurses do the nursing, food-service workers prepare the meals, and so on.

We believe the Universal Worker concept will enhance the quality of care, strengthen relationships between care workers and residents, and improve their quality of life.

This new facility will enable us to address growing demand for private rooms in a homelike setting, as well as the growing need for specialized services requiring shorter stays.

We have successfully implemented a similar concept at Alexian Brothers Valley Residence, an assisted-living facility for people with Alzheimer's disease in Chattanooga.

At this facility, Alzheimer's patients live in clustered buildings. Each building features a homelike environment, and residents in each building have one caregiver who tends to their needs.

We also have several facilities in Chicago where those suffering from AIDS reside while giving them holistic care.

Let's look now at our hospital division and the strategies that it's using to address the needs of the elderly.

As I mentioned earlier, this division serves the northwest suburbs of Chicago.

The division includes two acute-care hospitals totaling 900 beds, a rehabilitation hospital, a psychiatric hospital, a children's hospital and a variety of community-based programs and services.

Our hospitals all are located within a seven-mile radius of each other, allowing us to offer comprehensive, integrated care for the nearly 100,000 elderly residents in the 15 neighboring communities that we serve.

Most important, this alignment of resources enables us to emphasize primary care and chronic care for the elderly.

We employ numerous primary-care physicians, along with 12 board-certified, fellowship-trained geriatric physicians.

I must note that even though a fair number of U.S. internists and family practitioners are board-certified in geriatrics and gerontology through grandfathered arrangements, very few are fellowship-trained.

So having 12 board-certified and fellowship-trained geriatricians serving just one part of a much larger metropolitan area certainly differentiates our health system.

As I've become an "oldster" myself having passed the half century mark as an Alexian Brother, I'm gaining an even greater appreciation of how different the healthcare needs of seniors really are – and how valuable it is to have doctors who are attuned to the unique needs of the elderly.

Older adults also have very different mental health, cognitive and neurological needs.

This important aspect of elderly care too often receives little attention and financial support.

Depression, addiction to pain medication, and other substance abuse are serious issues among older adults.

Their suicide rate is four times the national average, and many suicides stem from depression, which afflicts about 20 percent of the older-adult population.

Alexian Brothers Health System has allocated significant resources to programs and services that address these issues.

Our 200-bed psychiatric hospital was the first in the U.S. to receive Joint Commission certification in four separate psychiatric specialties, including depression, chemical dependency, eating disorders and self-injury.

The hospital employs three full-time geriatric psychiatrists, who are specially trained to diagnose and to treat older adults with mental health issues.

Offering this type of expertise at a time when the older-adult population is growing and hospital-based psychiatric care is shrinking.....is another strategy that differentiates Alexian Brothers Health System.

It provides older adults with an alternative to practitioners not trained in geriatric care, who often assume that depression is a normal part of the aging process. This assumption, of course, is incorrect. Depression can be treated just as effectively in older people as it is in younger people.

It's interesting to note that more than 70 percent of elderly suicide victims committed suicide within one month of seeing their healthcare practitioner. Many of these people were not referred or treated for depression by their healthcare practitioner.

We also have a psychiatric outpatient division that even includes caring for the homeless – some of whom live in the forest preserve.

Like our psychiatric hospital, our 100-bed rehabilitation hospital also is geared toward the special needs of older adults.

It has psychiatrists who specialize in post-stroke rehabilitation, and we employ a full-time physician to treat cognitively impaired patients and Alzheimer's patients.

Alexian Brothers Health System also is one of the nation's largest providers of "telehealth" services for homebound patients with chronic illnesses, such as chronic obstructive pulmonary disease and congestive heart failure.

Our interactive, high-tech telehealth service enables patients each day to transmit their vital signs and weight by computer modem to nurses who closely monitor their condition.

This service is improving patients' quality of life and helping them avoid emergency-room visits and repeated hospital stays. It's also reducing readmission rates at our two acute-care hospitals.

Telehealth is just one of many examples of how we're using technology to enhance the delivery of healthcare services to the elderly.

Our mission is to save lives and reduce pain, and we have done everything in our power to adopt the latest technology and medical advances so our patients can receive cutting-edge care.

But sometimes, in spite of all that we do, some suffering and death are inevitable.

In keeping with our history and mission to serve the sick, suffering and dying, the Alexian Brothers have offered hospice care at our hospitals for almost three decades.

Recently, a benefactor came forward with a generous donation to fund the start-up of a hospice residence – something the Brothers always have dreamed about offering.

With the benefactor's gift, we are planning to build a hospice residence for those who cannot meet the end of life in their homes or whose illness makes it too difficult for loved ones to keep them at home.

We plan to open the Alexian Brothers Hospice Residence in late 2011 or early 2012. One of only 12 hospice facilities allowed in Illinois, the residence will continue the Alexian Brothers' tradition of care and compassion, enhanced by new therapies for pain and symptom relief and advancements in the understanding of grief.

In keeping with the Catholic Directives for "Issues in Care for the Seriously Ill and Dying," our hospice policy includes three key guidelines:

- Number one, the patient's right to pain management is respected and supported. Hospice clinicians plan, support and coordinate activities and resources to ensure that the pain of all patients is recognized and addressed appropriately.**
- Number two, hospice recognizes the importance of each patient's and family's or caregiver's unique and individual needs within the home-care setting. Within this framework, respectful care for the dying patient is planned, implemented and monitored to optimize the patient's comfort and dignity. Pain and symptoms are managed through interventions that alleviate and/or control pain and assess the patient's level of pain control.**
- Number three, patients and family or caregivers receive information regarding pain and the management of pain as an integral part of hospice care.**

Proponents of "choice" in dying exploit and foster fear of pain to further their drive to legalize physician-assisted suicide.

But the reality is that no one should have to make the awful choice between intolerable pain and suicide.

We are not awaiting some scientific breakthrough to conquer pain. We already have a vast array of drugs and other tools to help patients live free of pain.

Alexian Brothers Health System is committed to educating patients, their families and caregivers about these alternatives, and to providing them, as appropriate, according to the patient's wishes.

Before I conclude my remarks, I'd like to mention one other program that harks back to the early days of the Alexian Brothers and has been very well received by residents and staff at Alexian Brothers Sherbrooke Village, the St. Louis nursing home and assisted-living facility I mentioned earlier.

The award-winning program is called "Highway to Heaven," and it involves a ceremony that takes place any time a resident passes away. The deceased's body is covered with a special pall; family, residents and staff pray for the deceased; and the body is escorted out the front door of the facility to a waiting hearse.

The program recognizes not only the naturalness of death, but also the dignity of the person, which is one of the Alexian Brothers' core values. "Highway to Heaven" also reflects the Alexian Brothers' commitment to promoting and defending the sacredness of human life from conception to natural death.

The program has worked so well at Sherbrooke that we have adapted it for our two acute-care hospitals in suburban Chicago.

In summary, Alexian Brothers Health System has implemented a wide range of strategies to ensure that we can continue to provide hope and healing to older adults as demographic, economic and political forces reshape U.S. healthcare.

With these forces increasing the need for primary and chronic care for the elderly, our structure as a system with a hospital division and an elderly services division has positioned us strongly to address this need -- while also providing more holistic, integrated and comprehensive care.

Our elderly services division has partnered with local hospital systems, contracted with board-certified geriatricians, created PACE programs for the low-income elderly, established fitness and wellness programs, and taken steps to create homelike environments in our older-adult facilities.

Our hospital division has brought on board numerous primary-care physicians and a dozen board-certified and fellowship-trained geriatricians. We're also one of the largest U.S. providers of "telehealth" services for homebound patients with chronic illnesses. In addition, we have allocated significant resources to provide the expertise and facilities that are needed to address the psychiatric and rehabilitation needs of a growing elderly population. Also, all of our facilities have full time priests and pastoral care staff.

We follow the Ethical and Religious Directives of the Catholic Church in all ways, and one of our primary purposes is to relieve our patients and residents' pain and discomfort in any way we can.

With the help of God, the Alexian Brothers hope to continue our centuries-old healing tradition into the future.

We hope, too, that our example of anticipating and adjusting to change will encourage other systems to shift more resources and primary-care physicians toward elderly services.

If any of you are interested in joining the Alexian Brothers Congregation, you know where we are or see me at lunch and I will give you my card.

Thank you and may God continue to bless each of you.