MANAGED CARE OUTLOOK

The Insider's Business Briefing on Managed Healthcare

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At Presstime

Medicare Open Enrollment Underway

The Centers for Medicare & Medicaid Services (CMS) is encouraging people with Medicare and their families to begin reviewing drug and health plan coverage options for 2012. The Medicare Open Enrollment Period — which began earlier this year on Saturday, October 15 — has been expanded to last seven weeks and will end on December 7.

People with Medicare can review the 2012 quality ratings for Medicare Advantage health plans (Part C) and prescription drug plans (Part D) for the upcoming year. This year CMS is highlighting plans that have achieved an overall quality rating of 5 stars with a high performer or "gold star" icon so people with Medicare can easily find high quality plans. People with Medicare can switch to an available 5-star plan at any time during the year.

Using Medicare's Plan Finder — available at www.medicare.gov/find-a-plan — people will see the enhanced star ratings for 2012. In addition to the enhanced star ratings for 2012 and new "gold star" icon, Plan Finder users will see an icon showing which plans received a low overall quality rating for the past three years. ■

Wolters Kluwer
Law & Business

Mobile Tech: Is It Right for Your Organization?

Tatiana Melnik

Apple has sold over 25 million iPads since its release in April 2010. During Apple's third quarter, iPad sales grew by 183 percent compared to third quarter sales last year.[1] Similarly, according to Nielsen, as of July 2011, approximately 40 percent of mobile consumers over 18 have a smartphone.[2]

The health care industry has not been immune to this growth in mobile technologies. A 2010 Pew Research study found that out of the 85 percent of adults that use a cell phone, 17 percent have used it to look up health-related information, and 9 percent have health-related software applications (*i.e.*, an "app") on their phones.[3] Managed care organizations should take advantage of this growing consumer use and reliance on mobile phones to drive down costs.

(See Mobile Tech… page 3)

COPD Rises to Third Leading Cause of Death in the United States, 12 Years Earlier Than Projected

The Centers for Disease Control and Prevention's (CDC's) National Center for Health Statistics (NCHS) recently released a report titled "Deaths: Preliminary Data for 2008" in which it confirms that chronic obstructive pulmonary disease (COPD) became the third leading cause of death in the United States for 2008 (the most current data available). Previously, COPD was the fourth leading cause of death — a distinction many, including the COPD Foundation, would argue is a move in the wrong direction.

"It's unacceptable that COPD has gone from fourth to the third leading cause 12 years sooner than originally projected,"

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National Briefs

GW University, RCHN CHF, and Rho Partner with MCAN: The George Washington University School of Public Health and Health Services, the RCHN Community Health Foundation (RCHN CHF), and Rho have partnered with The Merck Childhood Asthma Network, Inc. (MCAN) to implement a $4 million collaborative initiative titled the Community Healthcare for Asthma Management and Prevention of Symptoms (CHAMPS). The initial program will focus on five non-profit, federally qualified community health centers (CHCs). The partnership was formed to address and test strategies for improving asthma care and outcomes in community-based settings through the focused application of care management tools and clinical approaches.

Study Says Current CER Does Not Meet Needs of State Medicaid Pharmacy Programs: A new study of seven state Medicaid programs titled "The Role of Clinical and Cost Information in Medicaid Pharmacy Benefit Decisions: Experience in Seven States" finds that states desire comparative effective research (CER) to establish their pharmacy policies but are finding that current public CER efforts fall short of meeting their needs. Despite an influx in federal dollars to generate more CER, states are using their limited resources to contract with private organizations to produce CER information on their behalf. The Kaiser Family Foundation study was completed by researchers from Avalere Health and the Foundation's Commission on Medicaid and the Uninsured.

PCORI Announces $26 Million Pilot Projects Grant Program: The Patient-Centered Outcomes Research Institute (PCORI) recently announced its Pilot Projects Grant Program, the organization's first major funding opportunity. The purpose of the program is to inform PCORI's ongoing development and enhancement of national priorities for patient-centered outcomes research (PCOR), support the collection of preliminary data that can provide a platform for an evolving research agenda, and support the identification of research methodology to advance PCOR. All application materials can be downloaded at pcori.org.

Study Looks at Consumer Control Over Health Care: The historic RAND Health Insurance Experiment found that patients had little or no control over their health care spending once they began to receive a physician's care, but a new study shows that this has changed for those enrolled in consumer-directed health plans. Patients with health coverage that includes a high deductible and either a health savings account or a health reimbursement arrangement reduced their costs even after they initiated care. Overall, the study found about two thirds of the reduction in total health care costs was from patients initiating care less often, and the remaining third was from a reduction in costs after care is initiated ■

Mobile Tech...

(from p. 1)

Continued Growth in Mobile Health

In a previous issue of *Managed Care Outlook* (September 1, 2011), I wrote about the growth of the mobile health market. This growth has continued. Since that issue, many more health care organizations have incorporated mobile technologies into their environment. Practice Fusion, an electronic medical records provider, for example, announced new iPhone and Android apps, which are intended to "function as a mobile medical office for viewing patient charts, reviewing lab results, responding to prescription refill requests, [Health Insurance Portability and Accountability Act] HIPAA-compliant messaging and contacting patients."[4] Similarly, Aetna recently launched a mobile text messaging program that texts patient-specific reminders to a doctor while the doctor is with a specific patient.[5]

These organizations have the support of the Department of Health and Human Services, who itself has launched initiatives to take advantage of mobile technology. Since January 2010, "HHS has invested $5 million dollars to develop its eHealth/mHealth smoking cessation resources aimed at increasing quitting attempts among teens, young adults and adults."[6] HHS is particularly interested in text messaging because it is popular — in 2010, mobile phone users in the United States sent about 2.2 trillion text messages — and it is a common, easy, and relatively cheap method of communication compared to the alternatives.[7]

In November 2010, HHS established the Text4Health Task Force to provide "recommendations for HHS' role in encouraging and developing health text messaging initiatives which would deliver health information and resources to individuals via their mobile phones."[8] That task force issued its report on September 19, 2011, where it provided seven recommendations, including, for example, that:

- HHS develop and host evidence-based health text message libraries that leverage HHS' rich and scientifically based information;
- HHS explore and develop partnerships to create, implement, and disseminate health text messaging and mHealth programs; and
- HHS conduct further research into the privacy and security risks associated with text messaging of health information and establish guidelines for managing such privacy/security issues.[9]

HHS has even launched contests to encourage developers. On September 30, 2011, the Office of the National Coordinator and various other stakeholders, including Walgreens Co. and UnitedHealthcare, announced the requirements for the *Million Hearts Challenge*, which is "a multidisciplinary call to innovators and developers to create an application that activates and empowers patients to take charge of their cardiovascular disease."[10] Entrants must have at least two participants, and the first prize winner receives $50,000.[11]

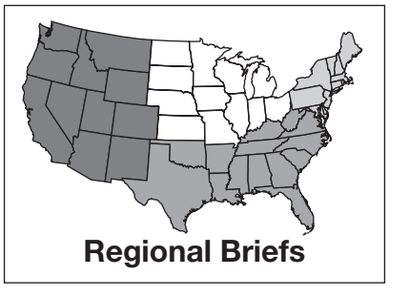
Practical and Legal Considerations for Using Mobile Technologies

There are many benefits to using mobile technologies. With the growing use of these technologies, health care organizations are looking to mobile technologies to reach their consumers while at the same time garnering savings for the organization.

Practical Considerations

1. Cost. Sending text messages and starting a blog are less costly means of communication compared to other more traditional forms of reaching consumers such as mailing brochures and running television commercials. The Mayo Clinic, for example, implemented its blog and podcasts for less than $1,500.[12] Additionally, these technologies are effective in reaching consumers. For example, a growing number of empirical research suggest that text messaging is an effective means of promoting healthy behavior in consumers.[13] With the growing use of text messaging, there are also apps available that enable consumers to send and receive

(See Mobile Tech … page 5)



Regional Briefs

Northeast

AmeriHealth New Jersey, Atlantic Health System Reach Agreement: AmeriHealth New Jersey has reached an agreement on a new hospital contract with Atlantic Health System effective November 1, 2011. Atlantic Health System encompasses Morristown Medical Center, Overlook Medical Center, and Newton Medical Center. The new contract does not include Newton Medical Center as AmeriHealth New Jersey's current contract with Newton Medical Center remains in place. The new agreement between AmeriHealth New Jersey and Atlantic Health System is a three-year contract. The specific terms and financials of the new contract are confidential.

Midwest

Minnesota Towns Join Forces with Blue Cross and Blue Shield of Minnesota: The mayors of Bloomington, Edina, and Richfield and Blue Cross and Blue Shield of Minnesota have launched an 18-month project to improve the health of their communities by making changes that support healthy eating and active living choices. The initiative, called "***do***.town," focuses on preventing illness caused by unhealthy eating and physical inactivity, which combined are the second leading cause of death and disease in Minnesota.

South

Amerigroup Enhances Maternal Outreach Efforts: Amerigroup Corporation recently launched a new pilot program in Texas designed to build upon its maternal outreach efforts. The company is teaming up with Warm Health® to provide automated statewide obstetrics (OB) assessments to screen for high-risk pregnancies and enhance the current high-risk maternity program in the Dallas and Fort Worth areas. The Warm Health® maternal suite includes a statewide automated interactive OB health risk assessment (HRA) and is designed to expand the company's focus on increasing health literacy and access to care while reaching more members. Expectant mothers in the Dallas-Fort Worth pilot program will receive ongoing educational outreach utilizing interactive voice response (IVR) and high-touch case management in an effort to reduce the number of preterm births. Throughout their pregnancy and into the weeks after delivery, these members will receive two interactive calls per week that provide important health education tips. The members also will be prompted to answer a series of questions as a way to determine their health status and to identify the need for a callback from an Amerigroup case manager.

Arkansas Blue Cross Creates Virtual Neighborhood for Moms: Arkansas Blue Cross and Blue Shield has created a virtual neighborhood focused on moms. Mother Hood, an online community on Facebook, Twitter, and the insurer's Web site (arkansasbluecross.com) allows moms to connect with other moms, read useful articles or helpful tips, access information about consignment sales or stroller-friendly walks, and find quick links to discounts and resources. The site (cared for by Arkansas Blue Cross) focuses on moms, but everyone (dads, grandmas, grandpas, aunts, uncles …) is welcome. Whether their children are in diapers or name-brand denim, Mother Hood is for moms with kids of all ages and stages in life.

West

Blue Cross Blue Shield of Arizona Offers Medicare Part D Prescription Drug Plan: Blue Cross Blue Shield of Arizona (BCBSAZ) now offers Blue MedicareRx℠, a prescription drug plan (PDP) that works with Medicare to help meet individuals' prescription drug needs. The new standalone PDP details are available at www.yourazmedicaresolutions.com. The Medicare annual election period for the 2012 plan year is October 15 through December 7, 2011, with coverage taking effect on January 1, 2012. ■

Mobile Tech...

(from p. 3)

text messages for free rather than paying up to 20 cents per text message.[14] Thus, for example, managed care organizations could allow beneficiaries to enroll in exercise reminder programs where they could receive daily reminders to exercise.

2. Easy. Mobile technologies are often easy for consumers to use. They generally do not require any special training, other than, for example, watching the iPhone commercial and learning to use a cellular telephone to send and receive a text message. Conversely, they may be difficult for health care organizations to implement. Setting up a blog using Blogger or another similar provider is relatively easy, while designing and implementing an app may be more complicated. With the growth in the app market, however, there is no shortage of skilled developers. Managed care organizations may consider using freelance programmer Web sites such as scriptlance.com, elance.com, or guru.com.[15]

3. Fast. Mobile technologies provide a fast way to communicate with beneficiaries. Additionally, if beneficiaries have installed an app or signed up for a text messaging program, the managed care organization has ready access to the beneficiary. Many universities, for example, have taken advantage of this feature and require that students enroll their cellular telephone numbers into the school's emergency preparedness program, where students receive a text message and an automated phone call if the university is closed (*e.g.*, due to hurricanes in Florida).

Mobile devices also help providers share information amongst each other. For example, using secured email, hospitals share x-rays and other medical test results with providers in other hospitals and on other continents. Many electronic health record providers also have integrated tablets and smartphones with their systems,[16] which minimizes the need for double entry.

Legal Considerations

1. HIPAA and HITECH. While many organizations are moving toward integrating mobile technologies into their business environment, many are hesitating due to privacy and security concerns. With the federal government's push for use of electronic health records, Congress also has expanded the reach of HIPAA through the Health Information Technology for Economic and Clinical Health (HITECH) Act. HITECH sets forth requirements for mandatory breach notification and mandatory penalties under certain circumstances.

The challenge in using mobile technologies is the storage of protected health information (PHI), which complicates compliance with HIPAA. Nonetheless, many HIPAA compliance challenges are not technology specific but rather issues with personnel; according to HHS' list of breach notifications, many breaches have resulted from the theft or loss of laptops or other portable electronic devices.[17]

2. Proper Security. Whether or not wireless-devices store or transmit PHI, if managed care organizations allow employees to conduct business using such devices, then such devices must be properly secured and properly wiped once the devices have outlived their useful life. In 2006, Trust Digital of McLean in Virginia purchased 10 different phones off eBay to test the security. The company's security experts found information about one company's plans to win a federal transportation contract, bank accounts and passwords, and emails about a $50,000 license.[18] For security guidance, health care organizations should look to the National Institute of Standards and Technology, which offers guidance on securing data at rest and data in transit.[19]

3. Training and Compliance. Managed care organizations that use mobile technologies must train their employees and must audit activities to ensure compliance. Training should occur regularly, and those that engage in behavior that violates existing policies should be reprimanded appropriately. While human

error is unavoidable, the number of incidents and an organization's liability can be minimized through appropriate training and ongoing compliance efforts.

Conclusion

There are tremendous opportunities in mobile health. The market is in its beginning stages, and early adopters and entrants can reap great rewards. With the increased use of mobile technologies, managed care organizations not taking advantage of the cost savings and other benefits of such technologies will be left behind. ■

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14. *See e.g.,* Jenna Wortham, *Free Texts Pose Threat to Carriers,* NYTimes.com, Oct. 9, 2011, www.nytimes.com/2011/10/10/technology/paying-to-text-is-becoming-passe-companies-fret.html?hp.
15. Care must be taken when using these types of Web sites, particularly when the technology being developed is to be proprietary. Organizations should investigate carefully the developer(s) and take care to protect their technology through contracts.
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Tatiana Melnik is an associate with the Dickinson Wright law firm. Ms. Melnik sits on the Michigan Bar Information Technology Law Council and the Automation Alley Healthcare Information Technology Committee. Ms. Melnik holds a JD from the University of Michigan Law School, a BS in Information Systems, and a BBA in International Business, both from the University of North Florida.

Earlier Than Projected...

(from p. 1)

says John W. Walsh, president and co-founder of the COPD Foundation. "This wake-up call intensifies our declaration of war on COPD and points to the importance of increased awareness, prevention, detection, and treatment to reduce the burden of COPD."

The CDC report states that the mortality rates are the result of chronic lower respiratory diseases (CLRD) such as chronic bronchitis, emphysema, and bronchiectasis. CLRD increased by 7.8 percent while stroke fell 3.8 percent. The report notes that this increase could be due to a change in rules governing the coding and classification of deaths in 2008. Before the change, many deaths that were previously assigned to COPD/unspecified, pneumonia, and other acute lower respiratory infections are now classified under CLRD.

"There are several issues that come into play when we look at COPD and the increase in the mortality rate for this disease," says Howard Garber, MD, MPH, and medical director at Johns Hopkins Healthcare. "First of all, even though the statistics show us that fewer people are smoking, the bulk of smokers — including those who have smoked for a long time — are beginning to suffer from and are dying from COPD. There is also concern about pollution in the atmosphere, which contributes to the development of COPD, so it's not just one factor, and what we are seeing is a sizable number of people who are getting the disease and dying from it. What we need to be asking ourselves is this: are we doing everything we can to make sure people are being treated properly, and what more can be done to detect it earlier and prevent deaths?"

The secret is to be proactive and identify risk factors *before* the patient develops COPD, notes Garber. "Unfortunately, in many cases, by the time a patient is finally diagnosed with COPD, they have lost nearly 50 percent of their lung function, which is why, at least in part, it has moved to the number three spot in terms of mortality," he adds.

With a simple test, individuals experiencing the symptoms of COPD (including breathlessness, wheezing, and chronic coughing) can take action to prevent the worsening of symptoms. There are also certain things that are risk factors — like cigarette smoking, second-hand smoke, air pollution, and even genetic factors — that are instrumental in precipitating COPD.

"If people are at risk, our goal is to impress upon them the need to talk to their doctor and get screened," says Garber. "Even if they aren't exhibiting any symptoms, they still need to be proactive and take these steps. I cannot stress enough how important early detection is with COPD. The course is significantly different for those diagnosed early. They can avoid that huge loss of lung function, resulting in a much better long-term diagnosis. But they have to be proactive."

It is important to note the impact that COPD can have in the workplace, says Garber. Whether it's absenteeism (the employee is actually absent from work) or presenteeism (the employee is at work but cannot perform as well as he or she should), the implications — both direct and indirect — are huge, he adds.

"There was a report released in 2010 called *COPD Uncovered* that sheds some light on the fact that there is this misconception that COPD is a disease of the Medicare population," states Walsh. "That's just not true anymore. It absolutely impacts the workforce; it leads to lost productivity and, in some cases, can even lead to early retirement. It also impacts employer costs and employee costs, so it is felt on many levels."

The COPD Foundation is currently working on a project (on which Dr. Garber sits on the steering committee) that is creating an employer corporate education and awareness

Chronic Obstructive Pulmonary Disease

What is COPD?

Chronic obstructive pulmonary disease (COPD) is an umbrella term used to describe progressive lung diseases encompassing emphysema, chronic bronchitis, refractory asthma, and severe bronchiectasis. This disease is characterized by increasing breathlessness.

What are the Symptoms?

Symptoms include breathlessness, chronic coughing, and wheezing. Many people mistake their increased breathlessness and coughing as a normal part of aging.

Did You Know That…

- The National Heart, Lung and Blood Institute estimates that 12 million adults have COPD and another 12 million are undiagnosed or developing COPD.[1]
- COPD is the third leading cause of death in the United States — 12 years earlier than predicted.[2]
- COPD kills more women than men each year. In 2006, COPD killed more American women than breast cancer, Alzheimer's, and diabetes.[3]
- Every four minutes an individual dies of COPD.[4]
- COPD cost the U.S. government approximately $42.6 billion in both direct and indirect expenses in 2007.[5] A majority of those expenses are due to hospitalizations, which can be prevented with better diagnosis and management practices.
- The World Health Organization (WHO) estimates 210 million individuals worldwide have COPD, and total deaths are expected to increase more than 30 percent in the next 10 years.[6]
- Smoking is not the only cause of COPD; secondhand smoke, occupational dust and chemicals, air pollution, and genetic factors also cause COPD.
- COPD is relatively easy to diagnose using a spirometry machine, where the patient exhales as much as possible into a tube.
- There's no cure yet for COPD, but treatments are available to help individuals live with their COPD. ■

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toolkit for COPD. The goal is to educate human resource managers about the burden of COPD in the workplace as well as give them the tools they need to address the disease with their employees. It will include tools that would encourage people who are at risk to get screened, encourage those who smoke to quit, and educate employees who have COPD about obtaining proper treatment, including not only medications but other treatments (*e.g.*, getting the right vaccines, signing up for pulmonary rehab, et cetera) that would allow them to stay healthy and keep working.

"As part of the toolkit, we will be asking employers to integrate a screening process into their health risk assessment; it's a short five-question screener that will help employees identify if they are at risk for COPD," explains Walsh. "Again, it's not meant to diagnose the patient but rather serve as a prompt for the employee to proactively take steps to determine if they are *at risk* and then talk to their doctor in response to the screener. At the end of the day, we want to provide the support they need on the front end to keep them healthy and keep them out of the hospital later on down the road."

Additional information about COPD is available by calling the COPD Information Line at 866/316-COPD (2673) or visiting the COPD Foundation's Web site at www.copdfoundation.org. The COPD Foundation will also be hosting the COPD7 USA Conference, a continuing medical education conference that will feature a track on improving outcomes through care delivery changes on December 3-4, 2011, in Crystal City, VA. Information for the conference is available at www.copdconferencesusa.org. ■

Health Care in the "Golden Years" Viewed Slightly Different for Those Who Are Retired Compared to Those Getting Ready to Retire

A recent poll conducted by the Harvard School of Public Health in conjunction with the Robert Wood Johnson Foundation and NPR examines views about retirement among people over the age of 50 — including pre-retirees and retirees. Overall, pre-retirees and retirees both believe they have taken proactive measures to stay healthy; however, the poll shows stark differences between what pre-retirees think retirement will be like and what retirees say is actually the case.

Findings from the poll show that a large majority of retirees say life in retirement is the same (44 percent) or better (29 percent) than it was during the five years prior to retirement. One in four retirees, however, thinks life is worse than before retirement.

"Those of us over 50 and working are optimistic about our future health and health care, but that optimism is not necessarily shared by those who have already retired," notes Risa Lavizzo-Mourey, MD, MBA, president and chief executive officer (CEO) of the Robert Wood Johnson Foundation. "Many people who have already retired say their health is worse, and they worry about costs of medical treatment and long-term care. Insights from the poll can help policymakers and others think about how to meet the needs of aging Americans. There are changes we can make to our health care system, finances, and communities that might help ensure that our retirement years will be as fulfilling as we hope."

The poll shows only 14 percent of pre-retirees predict that life overall will be worse when they retire, compared to the 25 percent of retirees who say it actually is worse. Only 13 percent of pre-retirees thought their health would be worse while 39 percent of retirees say it actually is. Less than a quarter of pre-retirees (22 percent) predict their financial situation will be

worse while a third of retirees (35 percent) said it actually is.

"A quarter of the retirees in our poll say retirement is worse than the five years before retirement. That's a pretty significant number," says Gillian SteelFisher, a research scientist and assistant director of the Harvard Opinion Research Program. "We often can't ask the "Why" question in a poll, so we have to piece together what we think is happening. In this poll, a couple of things jump out. First of all, 39 percent of retirees say their health is worse now than it was five years before retirement. That's huge. We also have a similar percentage (35 percent) saying that their financial ability to live comfortably during retirement is worse. Those are two biggies in life – money and health, and they are obviously on the minds of both pre-retirees and retirees."

Findings from the poll show that pre-retirees expect to retire later than those who are already retired, and some expect never to fully retire. A sizeable majority of pre-retirees (60 percent) expect to retire at age 65 or older while only 26 percent of current retirees polled said they waited to retire at age 65 or older.

Many of the pre-retirees expressed concern about the anticipated costs of health care. A substantial minority of pre-retirees say it is very likely they will have trouble paying for health insurance premiums (31 percent) or long-term care (30 percent). Roughly one in four pre-retirees (27 percent) say it is very likely they will have trouble paying overall medical bills or paying for needed medications (24 percent).

The poll also examined the views of pre-retirees and retirees on Medicare and Medicaid. According to the poll, pre-retirees and retirees have differing views on Medicare, but neither wants a complete overhaul or major change to the program. Pre-retirees are less confident that Medicare will provide benefits of at least equal value to current benefits than retirees are (38 percent pre-retirees; 52 percent retirees). About one in three pre-retirees (33 percent) and retirees (36 percent) say that waiting two more years to receive Medicare benefits would be — or would have been — a major problem for them and their family.

In contrast, retirees and pre-retirees both say that Medicaid will have a little role in paying for their long-term nursing home care if they need it. Only 10 percent of pre-retirees and 7 percent of retirees say Medicaid will pay the majority of their costs for three months in a nursing home.

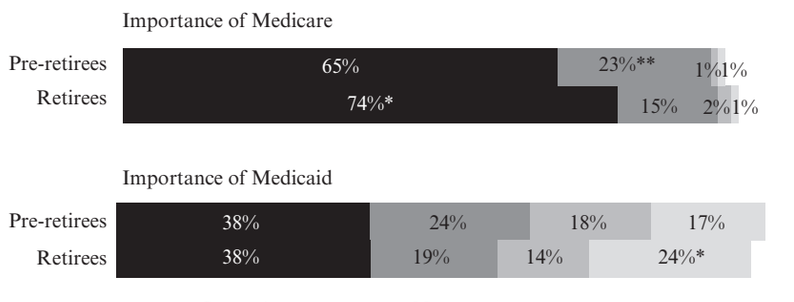
"What this poll shows us is that people are very reliant upon Medicare. When we asked if they believe Medicare is important to them personally in retirement, the numbers were off the chart," says SteelFisher. "We have two-thirds of pre-retirees and three-fourths of retirees saying that the program is very important to them. Medicaid, however, gets a lot less attention. Only 10 percent of pre-retirees and 7 percent of retirees say that Medicaid is the most likely way that their long-term care will be paid (if they need it), and that's just not realistic. That tells us that people do not understand the role Medicaid may play in their lives; they don't realize that they have a stake in it."

Figure 1 summarizes the responses of both pre-retirees and retirees regarding the overall importance of Medicare and Medicaid during retirement. As the data illustrate, a larger percentage of both groups (65 percent of pre-retirees and 74 percent of retirees) say Medicare is "very important" while only 38 percent of both say Medicaid is "very important." Figure 2 captures the beliefs that pre-retirees and retirees have concerning long-term care and how it will be paid.

Other polling data would suggest that people may frame Medicaid in a different light and may even see it as someone else's need, notes SteelFisher. As a result, they do not feel "connected" to Medicaid, but they do feel connected to Medicare. "Medicare is something they have a better understanding of. They may know people who have used it. They understand how it pays. It is also reasonable to say that people are planning for it; they've built it

Figure 1: Importance of Medicare and Medicaid

% saying Medicare/Medicaid is or they expect Medicare/ Medicaid will be important for them personally during their retirement

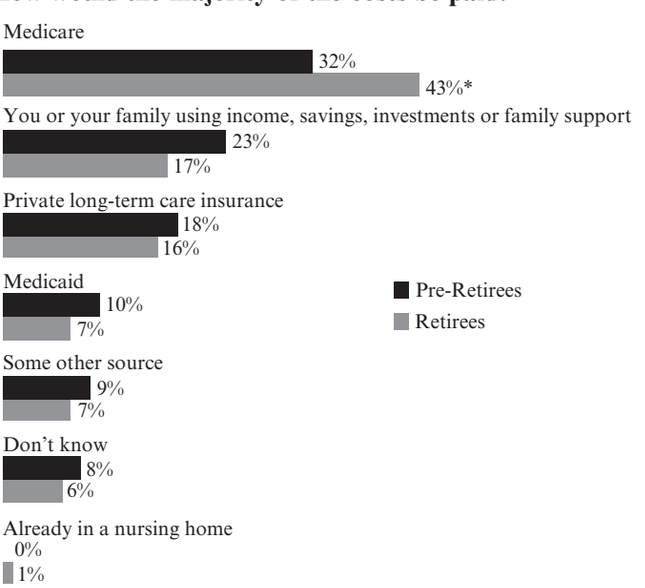


*Statistically significantly greater than pre-retirees
**Statistically significantly greater than retirees

Source: NPR/RWJF/HSPH: Health and Retirement Poll, July 25-August 18, 2011

Figure 2: Beliefs About How Long-Term Nursing Home Care Would Be Paid

If you (or your spouse/partner) were to need care in a nursing home for three months (100 days) or more, how would the majority of the costs be paid?



*Statistically significantly greater than pre-retirees

Source: NPR/RWJF/HSPH: Health and Retirement Poll, July 25-August 18, 2011

into their financial plans for retirement. Therefore, waiting an additional two years could be problematic. Likewise, a major overhaul could threaten what they have planned — especially those who have already retired."

According to the poll, both retirees and pre-retirees think they have taken steps to stay healthy. Most commonly, they have watched their weight (83 percent of pre-retirees; 76 percent of retirees) and seen a doctor regularly (80 percent of pre-retirees; 88 percent of retirees). Pre-retirees are more likely than retirees to say they have changed their diet (68 percent of pre-retirees; 58 percent of retirees) and much more likely to say they have increased the amount of physical activity they get (72 percent of pre-retirees; 44 percent of retirees).

The poll is part of a series developed by NPR, RWJF, and the Harvard School of Public Health. It includes 755 retirees and 409 pre-retirees (those over age 50 who have not retired, but plan to).

Complete poll results can be found at www.rwjf.org, www.hsph.harvard.edu, and www.NPR.org. ■