



# The Caregiving Exchange

*Supporting Caregiving Coalitions Across the US*

Summer 2006

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## News from the Alliance

This month, the National Alliance for Caregiving and The MetLife Mature Market Institute released *The MetLife Caregiving Cost Study: Productivity Losses to U.S. Business*. This is the first update of information on employer costs since the 1997 *MetLife Study of Employer Costs for Working Caregivers*. The new study estimates the productivity losses to U.S. business of employees

who must make workplace accommodations as a result of caregiving responsibilities. These include costs associated with replacing employees, absenteeism, crisis in care, workday interruptions, supervisory time, unpaid leave, and reducing hours from full-time to part-time. To read the full study, visit the Alliance's website at <http://www.caregiving.org>.

Last month, the Alliance completed its work with the 2005 White House Conference on Aging (WHCoA). Gail Hunt, President & CEO of the Alliance served as a member of the Policy Committee for the WHCoA and was very involved in writing and reviewing chapters for the conference's final report, which is due to be released next month.

The Alliance also worked with AXA Equitable to update its Aging Parents and Common Sense series. The Fifth Edition of *Aging Parents and Common Sense: A Practical Guide for You and Your Parents* and *Aging Parents and Common Sense: A Directory of Resources for You and Your Parents* was released in May. The guide offers suggestions and ideas for adults who are – or expect to be – providing support and care to their aging parents or other relatives. The directory lists information on organizations listed in the guide and other organizations and publications that can help caregivers and their care recipients cope with the problems associated with aging. The publications can be found on the Alliance's website at <http://www.caregiving.org/pubs/brochures.htm>

In response to our announcement of the Alliance and MetLife Foundation National Family Caregiving Awards Program, we received 167 entries by the deadline of May 15, 2006. Our judges are reviewing the entries to select six awardees who will be recognized for their efforts in supporting family caregivers as a significant part of their mission. Two awards will be given in each of three categories: Caregiver Education, Technology, and Caregiver Support. Awards will be presented at a gala luncheon in Washington, DC on November 9, 2006.

Gail Gibson Hunt  
President and CEO  
National Alliance for Caregiving

## Interview with Wes Lum

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During our last quarterly Caregiving Coalitions conference call, we interviewed Wes Lum, a Specialist at the Center on Aging at the University of Hawaii. Wes is working with the Executive Office on Aging to develop a comprehensive system of support and services for Hawaii's family caregivers. Prior to joining the Center on Aging, Wes worked in the Government Affairs Department for the Chamber of Commerce of Hawaii and was a legislative analyst for the House Majority Staff Office where he primarily conducted research and drafted legislation for the House Committees on Health and Human Services & Housing. Currently Wes heads the Hawaii Caregiver Coalition and we talked to him about the successes and lessons learned in establishing and sustaining a coalition.

**NAC:** Can you tell us how the Hawaii Caregiver Coalition came about and how you became interested in the concept of a caregiver coalition?

**Wes:** The coalition was formed as part of the Caregivers Resource Initiative Project, which is funded by the Executive Office on Aging, to build a statewide system of support for family caregivers. The initiative focuses on policy development, building coalitions, and strengthening communications. I was the only person hired to coordinate and build a statewide system of support and I knew I needed help. When I saw an email broadcast about the Administration on Aging and AARP Foundation offering training on how to build and sustain a caregiver coalition, I applied for the opportunity and we were selected as one of the participants for the training using the guide *12 Keys to Building Caregiver Coalitions*. The coalition is about two years old now and has been active for about one year.

**NAC:** Who have you reached out to in forming the coalition?

**Wes:** We wanted to be inclusive and have neighbor island participation so we reached out as broadly as we could. Outreach included Area Agencies on Aging, service providers, churches, nonprofits, the University of Hawaii, support groups, caregivers, hospice organizations, legislators, agencies working with grandfamily caregivers, and long term care advocacy groups. We also have conducted some outreach activities with businesses, but have not been as successful there. We had a contact at the local Chamber of Commerce that was supportive, but when she left the chamber, the support for the coalition went with her.

**NAC:** What are the vision and the mission of the coalition?

**Wes:** Our vision is that all caregivers in Hawaii will be recognized, supported, and valued by the community, which provides access to affordable, quality resources and services. Our mission is to improve the quality of life of those who give and receive care by increasing community awareness of caregiver issues through continuing advocacy, education, and outreach.

**NAC:** What is your personal role in the coalition right now and how do you see it evolving?

**Wes:** I'm currently the leader and convener of the coalition and also chair the Advocacy Committee. The coalition will always need a leader probably from the Executive Office on Aging, due to the resources involved. The Executive Office on Aging contracts with the University of Hawaii to head the coalition and start-up a website so the coalition has that financial support.

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**NAC:** What are the benefits and advantages to belonging to the coalition for your organization and the other members?

**Wes:** We have formed a network of like-minded folks willing to work on projects together. It's for the greater good, not only for things happening in one community from a geographic perspective. The coalition has become an umbrella organization that shares information about grant opportunities and solicits help for research and studies. We also help find caregivers for media interviews or meetings with legislators.

**NAC:** How do you deal with competition among the members of the coalition? For example, if you were to seek funding for the coalition, how would you do that without stepping on the toes of other members?

**Wes:** There is no real competition among the members. Actually, we have a cordial relationship and if there's an opportunity to work together, we will. In terms of funding, we have an Executive Committee that decides whether to apply for grants and forms subcommittees to work on projects. For example, the coalition applied for and received a \$5,000 planning grant from the Hawaii Community Foundation.

**NAC:** Can a coalition survive and carry out its mission without depending upon financial support from its members?

**Wes:** You need financial support. Right now, the University of Hawaii pays my salary and part of my responsibilities are to head up the coalition. Staffing for the coalition is absolutely necessary to carry out the activities of the coalition.

**NAC:** You previously described the coalition as an umbrella organization or network. What would it take to go from a network to a coalition?

**Wes:** It would take more leadership and interest from a number of organizations. The coalition is made up of 40 organizations, but only 4 of them are extremely active, another dozen are strong supporters, and the others come and go depending on the project or activity. Everyone is busy and cannot commit to doing all the things that need to be done to move the network to a coalition.

**NAC:** We understand the coalition has had a great deal of success with legislative activities. Can you tell us more about those activities?

**Wes:** Certainly. After the coalition was formed, we went from office-to-office in the State Capitol informing legislators about the coalition. We also invited caregivers to accompany us on the visits and speak to staffers about their caregiving experiences. We used the Family Caregiving and Public Policy: Principles for Change developed by the National Alliance for Caregiving as the foundation for legislation that we wanted to enact in Hawaii. We adapted the principles to make them more specific to Hawaii and shared them with state legislators.

Last year, in 2005, we were successful in passing a bill that grants rights to grandparents raising grandchildren. This bill enhances children's access to health care. We also helped pass a resolution for additional funding for senior centers and aging-in-place initiatives. To thank legislators for their support,

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we held a Legislative Thank You Reception and invited caregivers to attend to share their experiences. We also participated in a Caregiver Awareness Day at the Capitol that was organized by the legislators; the coalition was listed as a co-sponsor.

The 2006 Legislature passed several family caregiver bills, all of which were signed into law or adopted. They included:

- **Training and Education** (H.B. 1900). This measure enables family caregivers to receive ongoing education and training in order to meet their caregiving responsibilities and assures a highly qualified and sustainable eldercare workforce by appropriating \$206,000 to Kapiolani Community College to establish a Long-term Care Training Initiative for para-professionals and family caregivers.
- **Respite Services** (S.B. 3252). This measure provides much needed respite for families by appropriating \$500,000 to expand the Kupuna Care Program. Services provided by Kupuna Care are statewide and are intended to help meet the needs of older adults who cannot live at home without adequate help from family or formal services, and includes such services as adult day care, assisted transportation, attendant care, case management, chore, home delivered meals, homemaker, and personal care.
- **Coordination of Family Caregiver Support Services and Policies** (S.B. 3252). This measure ensures that families will have affordable, readily available, high quality, comprehensive services and policies that are coordinated across all care settings by appropriating \$80,000 to the Executive Office on Aging to coordinate caregiver support services and policies statewide.
- **Legislative Leadership** (S.B. 3253). This measure facilitates the development of comprehensive public policy to strengthen support for family caregivers by establishing a Joint Legislative Committee on Family Caregiving to address the looming eldercare crisis.
- **Balancing Work and Caregiving** (S.C.R. 13). This measure requests the Governor to convene a Work-Family Task Force to review Hawaii's work-family laws and policies, and requests the Legislative Reference Bureau to study other states' laws and practices that promote good work-family policy.

Overall, I think we have been successful at reaching out to legislators and increasing their awareness of caregiving.

**NAC:** Lastly, what advice do you have for other coalitions?

**Wes:** I would say to honor the process. The second thing is that dual roles don't work. For example, when we first started the coalition, I played the role of facilitator and co-leader and that was difficult and I think the two roles should be separated. In my case, I had clear ideas about where the coalition should go and it was hard to be objective as a facilitator.

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## Next Alliance/CMS Caregiver Coalitions Conference Call

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For our next quarterly Caregiving Coalitions conference call, we will have another excellent interview with someone who has been through the Trial by Fire of starting and then sustaining local caregiving coalitions. Pat Baker, who heads the CARE-NET Program for the Rosalynn Carter Institute for Caregiving, has been responsible for developing the CARE-NET model in counties across Georgia. Aileen Worrell will interview Pat to find out the successes and failures and lessons learned over her years at CARE-NET. Listen in and be ready with tough questions.

Be sure to join us on July 19th, and learn how to strengthen your caregiving coalition. The agenda and call-in information are included below.

### Call-in Information

Date: July 19, 2006

Time: 1 to 2 p.m. (Eastern Time)

Toll free phone number: 1-888-322-3914

Passcode: Network

Call Leader: Spencer Schron, Centers for Medicare and Medicaid Services (CMS)

### Agenda

1. Welcome to the Call: Spencer Schron and Gail Gibson Hunt, National Alliance for Caregiving (NAC) (5 minutes)
2. CMS Prevention Services Campaign: Robert Boggio, CMS (10 minutes)
3. Update on the 2005 White House Conference on Aging Final Report and Recommendations: Gail Gibson Hunt (10 minutes)
4. Caregiving Legislative Update: Aileen Worrell, NAC (5 minutes)
5. Dialogue on the Development of the Georgia CARE-NET Program: Richard Birkel, PhD, Executive Director; and Pat Baker, Program Consultant, CARE-NET Program, Rosalynn Carter Institute for Caregiving; and Aileen Worrell (30 minutes)

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## Legislative Update

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### Older Americans Act Reauthorization

On June 21, 2006, the **U.S. House of Representatives** approved the *Senior Independence Act* (H.R. 5293), without dissent, a measure to reauthorize and strengthen services offered under the Older Americans Act, the chief federal law governing the organization and delivery of a number of social services for older Americans. The bill includes the following amendments to the National Family

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Caregiver Support Program (NFCSP): (1) adding an individual with a disability to the definition of child; (2) adding individuals with Alzheimer's disease or a related neurological disorder to the type of individuals being cared for by a family caregiver; and (3) decreasing the qualifying age for a grandparent who is caring for a child from 60 to 55. Unfortunately, the bill authorizes an appropriation of \$125 million for the NFCSP for fiscal year 2007 and such sums that may be necessary for the following 4 fiscal years. This represents a 25 percent decrease in funding for the NFCSP program, which received an appropriation of \$156 million in fiscal year 2006.

On June 28, 2006, the **Senate** bill (S.B. 3570) of the reauthorization of the Older Americans Act was approved by the Senate Health, Education, Labor and Pensions (HELP) Committee. Similar to the companion House reauthorization bill, the Senate version would change the eligibility criteria for the National Family Caregiver Support Program to include grandparent caregivers aged 55 years or older, as well as caregivers of individuals with Alzheimer's disease who are 50 years or older. Unlike the House version of the bill, the Senate version increases the federal investment over the next five years for the National Family Caregiver Support Program from \$160 million in fiscal year 2007 to \$200 million by fiscal year 2011. The Senate bill also includes a provision to create a National Center on Senior Benefits Outreach and Enrollment to help educate eligible older adults on Federal and State services programs, support for NORC Aging in Place Initiatives, Emergency Preparedness for Seniors, and Senior Community Service Employment Programs.

### **Long-Term Care Hearing & Lifespan Respite Care Act (H.R. 3248)**

On May 17, 2006, the House Subcommittee on Health held a hearing on Planning for Long-Term Care to hear what's happening in communities to train family members and friends to become informal caregivers and the challenges of training professional caregivers. In his opening remarks, Chairman Nathan Deal (R-GA) expressed support for the Lifespan Respite Care Act of 2005 (H.R. 3248), which currently has 66 co-sponsors and has been referred to the House Subcommittee on Health.

### **Community-Based Choices for Older Americans Act (S.2620)**

Senator Hillary Rodham Clinton (D-NY) introduced the Community-Based Choices for Older Americans Act of 2006 to establish a matching grant program to states to help seniors pay for a broad range of home and community-based long-term care services and supplies.

### **Community Living Assistance Services and Supports (CLASS) Act of 2005 (S.1951)**

Introduced in November 2005 by Senators Edward Kennedy (D-MA) and Mike DeWine (R-OH) the CLASS Act would create a national, voluntary disability insurance program (CLASS program) under which: (1) all employees are automatically enrolled, but are allowed to waive enrollment; (2) payroll deductions are used to pay monthly premiums; and (3) two-tiered benefits are provided, based on the level of disability, to purchase nonmedical services and supports that the beneficiary needs to maintain independence. The bill currently has one co-sponsor (Senator Tom Harkin, D-IA) and has not been cross-filed in the House. No further action on the bill is expected in this session of Congress and the bill will be reintroduced next year.

## Reports and Publications

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### Family Caregiver Alliance

The Family Caregiver Alliance's (FCA) National Center on Caregiving has released a new Issue Brief on the value of paid family and medical leave to working families and employers. The brief offers insight on why this issue is taking hold in the states. The report, entitled "Support for Working Family Caregivers: Paid Leave Policies in California and Beyond," describes the development and initial implementation of California's landmark law, and its utilization by individuals who are juggling the competing demands of jobs and care for family members or partners with chronic or debilitating health conditions. The report also summarizes the progress towards similar statutes at federal and state levels. For further information about the Paid Leave Law, visit: <http://www.paidfamilyleave.org> or <http://www.edd.ca.gov>. The new Issue Brief was funded in part by a grant from the Administration on Aging, Department of Health and Human Services. The brief is available without charge on the Family Caregiver Alliance website at [http://www.caregiver.org/caregiver/jsp/content\\_node.jsp?nodeid=1679](http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=1679), or available in print by sending a check for \$25 to Publication Orders, Family Caregiver Alliance, 180 Montgomery St., Ste. 1100, San Francisco, CA 94104.

The FCA also released a groundbreaking report from the National Consensus Project for Caregiver Assessment to fill a gap in policy and practice. The report calls for significant improvement in health care and long-term care that relies too much on families without recognizing and assessing family caregivers' own support and health needs. Caregiver assessment is an essential component of comprehensive care for frail elders and adults with chronic or disabling conditions, particularly when caring for a loved one with dementia. To access the reports, visit <http://www.caregiver.org/caregiver/>.

### MetLife Foundation

MetLife Foundation released its *MetLife Foundation Alzheimer's Survey: What America Thinks*, conducted by Harris Interactive. The two key findings from the report are that U.S. adults fear getting Alzheimer's disease more than heart disease, stroke or diabetes. However, nearly nine out of 10 have taken no steps to prepare for an illness that attacks nearly 50 percent of those who live past age 85. The survey also found that more than a third of U.S. adults have a family member or friend who has Alzheimer's, and three out of five are concerned that they may someday have to provide for or care for someone with the mind-robbing disease. The full report on the survey can be found at <http://www.metlife.org/>.

### National Association of State Units on Aging

The National Association of State Units on Aging (NASUA) in collaboration with the National Conference of State Legislatures and funded by the U.S. Administration on Aging, has released *Family Caregiver Support: State Facts at a Glance*. The report provides information about family caregivers and the state-level programs that serve them. The report is on the National Conference of State Legislators (NCSL) website at [www.ncsl.org/programs/health/forum/caregiversupport.htm](http://www.ncsl.org/programs/health/forum/caregiversupport.htm).

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## National Institute on Aging

The National Institute on Aging (NIA) has released *So Far Away: Twenty Questions for Long Distance Caregivers*. Using a conversational question-and-answer format, the booklet focuses on some of the most important concerns about providing long-distance care. The booklet is free and may be ordered by calling 1-800-222-2225 or ordering online at <http://www.nia.nih.gov/HealthInformation/Publications>. The booklet also is available for viewing online at <http://www.nia.nih.gov/HealthInformation/Publications>.

## National Partnership for Women and Families

In its new report, *State Leaders Families Can Count On*, the National Partnership for Women and Families named the 14 state legislators around the country who are doing the most to promote and secure family-friendly workplace policies, and support the work/family balance that Americans so urgently need. *State Leaders Families Can Count On* also offers a menu of policy solutions for state lawmakers and is available online at <http://www.nationalpartnership.org/>

## National Quality Caregiving Coalition

The National Quality Caregiving Coalition of the Rosalynn Carter Institute has released *Caregiving: A National Profile and Assessment of Caregiver Services and Needs*. The study looked at the services that exist and those that are needed by caregivers at national and state levels, and analyzed caregiving prevalence nationally among target populations (populations targeted by age, race, or gender). Using data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), the researchers found overall caregiver stress levels to be high nationally, but found regional and state level differences in other areas such as number of caregivers by state, caregiver coping strategies, and the needs of caregivers. The report is available online at <http://www.rosalynncarter.org/>.

## OWL

OWL released its Mother's Day 2006 Report titled *Women and Long Term Care: Where Will I Live and Who Will Take Care of Me*. The report looks at informal caregivers, formal caregivers, and consumer perspectives on community-based care, assisted living, and nursing homes. The report also looks at the challenges facing consumers and workers in accessing and providing high-quality, affordable long-term care. To read the report online or download a PDF copy of the report, go to <http://www.owl-national.org/>.

## SOS Rx

According to new data released by SOS Rx, a project of the National Consumers League (NCL), the 4 million Americans taking prescription blood thinners to prevent stroke, blood clot formation, and other serious events face complex health problems and – to avert life-threatening events - need more help managing these volatile medications. According to the patient survey, the vast majority of patients surveyed have experienced adverse reactions to blood thinners, but about half admitted they haven't done anything to change their behavior. For complete survey data, including caregivers' and physicians' perspectives, as well as focus group research and background about oral anticoagulants, visit [www.mybloodthinner.org](http://www.mybloodthinner.org)

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## United Hospital Fund

The United Hospital Fund released findings from an innovative study following family caregivers of stroke and brain injury patients through their initial experiences with formal home care services, the termination of services, and for an average of nine months thereafter, researchers at the United Hospital Fund have determined that unpaid family caregivers provide substantial amounts of care but receive inadequate support from health care providers. Published in June in *The Milbank Quarterly*, the study, titled “‘This Case Is Closed’: Family Caregivers and the Termination of Home Health Care Services for Stroke Patients,” is available online at [www.uhfny.org](http://www.uhfny.org)

## Resources

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### Aging and Vision Loss

*Aging and Vision Loss: A Handbook for Families* provides supportive, reassuring, and practical advice for family members confronting vision loss in an older parent, spouse, older relative, or friend. Answers to common questions and suggestions on dealing with vision loss are presented, along with information on eye conditions, tips on improving family communication, finding emotional support, using adaptive strategies for carrying out everyday activities, and modifying and organizing one's home and living environment to make it safer and easier to get around safely and to locate clothing, food, and other possessions when needed. A comprehensive resource list is included. The handbook is 240 pages long and is \$19.95; it is available in paperback and on ASCII disk. To order your copy visit [www.afb.org/store](http://www.afb.org/store) or call 800-232-3044.

### Center for Aging Services Technologies

The Center for Aging Services Technologies (CAST) is leading the national charge to develop and deploy emerging technologies that can improve the aging experience in America. Established in 2003, CAST has become a national coalition of more than 400 technology companies, aging services organizations, research universities, and government representatives. CAST invites aging services providers, technology developers, and researchers to share information about their ongoing technology projects. The website focuses on technology support for aging-in-place, especially for older people and family caregivers. For more information or to share information about your project, visit the CAST clearinghouse at [www.agingtech.org](http://www.agingtech.org)

### LifeLedger™

The LifeLedger is an online Personal Health Record (PHR) to assist adult children caring for aging parents. It is an interactive source of eldercare services that help the parent by improving the caregiver's knowledge and effectiveness by operating as a hosted application that is stored in a level 5 data center, accessible securely from anywhere at any time, with any Internet browser. The LifeLedger™ has data, information, and resources at one central location, available to all involved with the care. The information is always available and will provide an unprecedented ability to assist when disaster strikes, evacuations are made, records are lost or communication is disrupted. A free 7-day trial of the LifeLedger™ is available at [www.elderissues.com](http://www.elderissues.com). After the trial period, you will be asked to purchase a monthly subscription for \$9.95.

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## **Medicare Interactive: The New Rules for Changing Medicare Health Plans**

Whether you are thinking about joining a Medicare Private Health Plan (like an HMO or PPO), going back to Original Medicare or switching to a different private health plan, there are some new rules you should know. Beginning this year, 2006, you can only sign up for or change your Medicare health plan at certain times during the year. This new limitation on when you can change is called “lock-in.”

There are now two periods during the year when anyone with Medicare can change their choice of health plan. They are called the Annual Coordinated Election Period (ACEP) and the Open Enrollment Period (OEP). The ACEP starts each year on November 15 and runs through December 31. In 2007 and beyond, the OEP runs from January 1 through March 31 (this year it ran from January 1 to June 30).

During the ACEP, you can make any change you would like in your Medicare health and drug coverage. You can switch from Original Medicare to a Medicare private health plan or vice versa, or from one Medicare private health plan to another. You can choose whether to sign up for or drop Medicare drug coverage (Part D). During the OEP you can change your choice of Medicare health coverage, but you can not change your choice of enrolling in the Medicare drug benefit. If you are in a Medicare private health plan with drug coverage as part of its benefits package, you can switch to another Medicare private health plan that also has drug coverage. If you are in a Medicare private health plan with drug coverage and want to go back to Original Medicare, you have to enroll in a stand alone drug plan (so you will continue to have drug coverage). If you are in Original Medicare and have a Medicare private standalone drug plan, you **cannot** use this period to switch to another standalone plan because this would not be a health plan change (it would be only a drug coverage change). You also **cannot** sign up for Medicare drug coverage for the first time or drop drug coverage during the OEP.

Under certain circumstances, you may get a Special Enrollment Period to change health or drug plans, for example if you move out of your plan’s service area, or the company that offers your plan stops offering that benefits package.

Before joining any Medicare private health plan, make sure that the doctors, hospitals and pharmacies you prefer are in the plan’s network. Private health plans will only pay for you to receive services offered by in-network providers. It is also important to remember that Medicare private health plans can change their rules and providers throughout the year. Watch for any information about changes from your plan, and if it no longer fits your needs make sure that you make a change during the next enrollment period that allows the change you need.

For more information on how to make changes to your insurance, find Medicare Private Health Plans in your area or explore other options, log on to Medicare Interactive at the National Alliance for Caregiving’s website at [www.medicareinteractive.org/natallcare](http://www.medicareinteractive.org/natallcare). This internet resource is provided by the Medicare Rights Center, the largest independent source of health care information and assistance in the United States for people with Medicare.

## **Medicare Interactive: Long-Term Care Channel**

Developed under a grant from the Jacob and Valeria Langeloth Foundation, this addition to Medicare Interactive’s **Specialty Care Channel** was designed to help people with Medicare by explaining where you can get long-term care, how you can pay for it, and how to ensure that you get quality care. This

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channel also includes a tutorial for professionals and is available alongside our Home Health and Convalescent Care Channels. To view the Long-Term Care Channel, log on to Medicare Interactive at the National Alliance for Caregiving's website at [www.medicareinteractive.org/natallcare](http://www.medicareinteractive.org/natallcare).

### **Medicare Basics: A Guide for Families and Friends of People with Medicare**

The revised edition of "Medicare Basics: A Guide for Families and Friends of People with Medicare", CMS Publication # 11034, revised January 2006, is now available in print. You can order copies in two ways: Go to CMS Publications mailing list at <http://pubordering.cms.hhs.gov/maillinglist/> or call 1-800-MEDICARE.

### **Novartis Virtual House**

Novartis has developed a web-based platform called *Virtual House* as part of its commitment to proximology – a new area of research focusing on the relationship between patients and physicians and family caregivers. Virtual House helps care recipients and caregivers reduce risks of domestic accidents and improve the safety, comfort and quality of life for chronically ill persons living at home. Virtual House offers advice and solutions appropriate for persons with Alzheimer's disease, age-related macular degeneration, epilepsy, Parkinson's disease, and asthma. The platform offers suggestions covering more than 700 situations involving more than 180 objects and seven separate rooms in the house. To visit Virtual House, go to [http://novartis.com/diseases\\_conditions/en/virtual\\_house.shtml](http://novartis.com/diseases_conditions/en/virtual_house.shtml).



*If you have anything you would like to submit for the Fall 2006 newsletter,  
please contact Aileen Worrell at [aileen@caregiving.org](mailto:aileen@caregiving.org).*