

NEW YORK POST Health *at home*

WHEN I'M 64

Tie-dyed-in-the-wool hippies are redefining retirement homes and end-of-life choices

By JOSEPH GALLIVAN

BABY boomers — the post-World War II generation born between 1946 and 1964 — are hitting retirement age, and in the same way that they changed the world, many are looking to do the same with the last stage of their lives.

Some will still be content to watch TV and putter — but what about the hippie subset? The Woodstock originals and alternative lifestyle lovers? How will they fit into retirement homes, and how will their lives end?

Brian Hines is one such boomer. A self-confessed hippie living on 10 acres near Oregon's capital, Salem, he recently hit 65 and started wondering where he and his wife, Laurel, would end up when their property became too much to handle. He decided to watch a DVD

for a retirement home near Olympia, Wash. To him that state that has at least two things going for it: recreational marijuana and assisted suicide. However, the nursing home video was a turn-off. As he blogged:

"We aren't interested in living a golf course and bingo retirement. Watching the DVD made us realize that we won't be in a continuing care retirement community — or not until they pull my skateboard out of my land-paddling, senior citizen arms."

The people in the promotional video looked nothing like him and his wife; he felt they looked aged.

"We have money, but we're very liberal and we damn sure

don't enjoy acting like we're old. We dress as youthfully as Social Security recipients can get away with. We enjoy the MTV Video Music Awards. In short, we're aging ex-hippies who still embrace the Flower Child dream. We know some people from Oregon are trying to put together



Brian Hines bestows an impromptu "blessing" upon his wife, Laurel, at the Oregon Country Fair. They are searching for a retirement community that will suit their personalities.

a community in Eugene; the problem is we're not communal living people — we like our privacy."

So what do they want? "Dog-friendly. Not only allow skateboarding; encourage it. Multi-use paths in natural settings. Coffee house. Brew pub. Movie theatre that does not show "On Golden Pond." Tai Chi, yoga, and meditation classes. Intellectual stimulation." Their needs were echoed in the blog's comments section.

with it, so they're willing to use it medically. And they prefer dealing with nurses, whom they see as regular working types, as opposed to doctors, who are seen as authority figures."

He added that facilities are now offering communal living arrangements and townhouses.

Goldberg, 65, lives in an active mountainside community in Penn. made up of his own age group. "The more active you are, the healthier you are. If you just sit around all day, you're gonna die."

Some elder care facilities are also starting to change to keep pace with their upcoming clientele.

Linda Phipers is the director of health services at the Wake Robin retirement community outside Burlington, Vt. It hosts 330 residents and 180 staff on 140 acres. Residents enjoy fresh, seasonal produce, and many aspects of the home are green. Alternative medicine is available to those who prefer it.

"Its essence is being environmentally conscious; it's an attractive place for that type of aging person," says Phipers. "The residents are physically and intellectually active — they snowshoe, they ski, they hike, and some are politically active. They might need help from a companion but they have not changed focus."

Religious orders also offer quality care. Already, more private insurers than ever are covering these services.

However, many boomers will want to be in their own home as they age, according to Dr. Michael Fleming, chief medical officer of Amedisys Home

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— BRIAN HINES

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HEALTH AT HOME

CHANGING FACES OF OLD AGE

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Health and Hospice, the nation's fourth-largest provider of health care at home and end-of-life care.

"The number of people living to be 90 and 100 is on the rise, but we're victims of our own success — people [are] living longer but with chronic illnesses that need to be managed."

Fleming predicts the rise of telemedicine will help (see right) as patients can have their vitals, blood sugar and oxygenation checked remotely (and cheaply) via smart wearable computers and sensors, and by video conferencing with caregivers.

He has also seen patients take control of their end-of-life care and opt for hospice and palliative care surrounded by family.

The patient-centered care movement of the last dozen years originated from the American Academy of Family Physicians, of which Fleming is a former



At the Wake Robin retirement community in Vermont, residents enjoy an active and intellectually involved lifestyle including hiking and even beekeeping.

president.

"Hospice is the most patient-centered of all the disciplines, because it's all about meeting the patient's needs. One of the most important things is we make our wishes known."

A New Jersey company called Vital Decisions (vitaldecisions.net) offers many large health plans to help their advanced-illness patients identify their priorities and preferences for end-

of-life care.

Mitchell Daitz, founder and CEO, says that while the percentage of people using hospice is increasing, the average length of stay is stagnant at around two weeks or less, which is not long enough to get the most out of palliative care and saying goodbye.

"We help people weigh comfort with longevity," says Daitz. The firm has 60 behaviorist counselors who

contact patients identified as hospice prospects by their insurance companies and talk to them about what they want to do.

Amy Tucci, CEO of the Hospice Foundation (hospicefoundation.org), which aims to enhance the role of hospices within the healthcare system, notes that a big change lately is that some hospices are able to offer care earlier in the illness process. Under Medicare, to enter hospice care, you have to be over 65 and two doctors have to agree that if your disease runs its normal course, you'll die in six months.

According to Tucci, a number of hospitals have now built residential hospices. The Centers for Medicare and Medicaid Services is conducting pilot programs around the country to see if concurrent care will work.

"If you have cancer, you continue receiving treatment, such as chemotherapy and radiation, and the same package of care as delivered by a hospice team: pain and symptom management, social support through a social worker, and spiritual support," she says.

DOCTOR ON CALL

Get a one-on-one consultation via your smartphone

HELLO? Is there a doctor in the house? Indeed there is. Some 64,000 of them, in fact, and one may even be your own doc, on call 24/7 and just a keystroke away, according to Ron Gutman, CEO and founder of HealthTap Concierge (healthtap.com), a newly launched startup that offers to connect you immediately via computer or smartphone with a doctor anywhere in your state.

"I'm excited about the product, [which could] make an impact on a large population level," says Gutman.

For a \$44 flat fee per consult, or \$99 per month for unlimited access, patients can skip the trip to the waiting room — a big plus for the homebound. Instead, you and a doctor communicate via video using any device that has an Internet connection. You can send pictures of a rash or ask questions about aches and pains. There's no insurance involved, and there's no co-pay.

Not only can you speak with a doctor anytime, you can request your very own physician if he or she becomes part of the service.

Gutman expects HealthTap to enable patients to skip the many office visits that may not require a physical exam.

"You can ask questions," Gutman says, "and, if appropriate the physician can prescribe medication."

Don't expect easy access to mind- or pain-altering drugs, however. The service doesn't allow the prescription of narcotics or controlled substances.



HealthTap Concierge

— Diane Herbst