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Please RSVP for Dr. Atul Gawande's webcast to Amy at 817-995-3933 or amy@widerhorizonsvillage.org. The event is FREE for members and guests but we'd like to know how many people to plan for.

Note: Parking around Aegis can be complicated. Please arrive early and consider carpooling, taxis or buses #8, #11 or #43.

Watch Dr. Atul Gawande (*Being Mortal*) talk with NPR's Robin Young Monday, Feb. 13, 1:30 pm, Aegis on Madison

Wider Horizons is proud to announce that renowned surgeon, public health researcher and writer Dr. Atul Gawande will be the guest speaker at the 15th Celebration of the founding of Beacon Hill Village and the subsequent Village Movement they inspired.

The conversation, titled "Being Mortal's Villages: The Value of Community and Choice as We Grow Older," will be moderated by Robin Young, host of NPR's *Here & Now*, and feature a discussion on aging, living life with purpose, and how we can transform the possibilities for the later chapters of everyone's lives.

Our event, in the comfortable theater in Aegis on Madison, starts at 1:30 pm, with the simulcast from Boston starting at 2 pm. Afterward we will enjoy a facilitated discussion and dessert reception provided by our wonderful sponsors at Aegis.

This is an ideal event to invite your friends and family who are curious about Wider Horizons and the village movement in general. We have ample room, friendly company and a chance to relax and chat offer dessert afterward. See you there!



We are moving our hub to the Bullitt Center March 1



The potlucks were fun, the view of the Olympics majestic, and the vibe of the Rainier Center was kinda cool, but in the end the office just wasn't what Wider Horizons wanted most.

Starting March 1 we will be setting our village hub in the Living Building Hub on the ground floor of the World's Greenest Commercial Office Building, the Bullitt Center. We'll have a fixed desk, free wifi and 24/7 access, along with free printing and conference rooms.

The Bullitt Center, at 1501 E. Madison St., has a walk score of 100 and a proximity to Central Coop and Trader Joe's that can't be beat. Bus #12 goes right by the door, and #2 and #11 stop nearby too. Free two-hour street parking lines the adjoining streets, with a Diamond parking lot just .2 mile away.

All through February Denise and Amy will be working from home and ready to meet with you whenever and wherever. Nothing has changed, except no one has to wrestle with that Rainier Center phonepad ever again!

Healthcare Advocacy classes wrap a successful run



Our current session of four Healthcare Advocacy classes have been a big hit! Ten to 15 participants gather on Sunday afternoons to discuss meaty subjects such as insurance, the acute medical care environment (think, especially, hospitals) and long term care. The final session, Sunday, Feb. 5, will address techniques for advocating for others. We will have guest speakers Rex and Yanling from Washington Advocates for Patient Safety. They have a presentation on patient empowerment and how to communicate with healthcare providers. Special thanks to Alice Bettencourt, our UW Social Work student who has guided this project from the start.

What do you need to know about the flu shot?

From Jane Cotler

It is well known that we all need to be prepared for the winter months and the flu season.

We know too that the flu shot is the cornerstone of preparedness!

According to Dr. John Ross, a specialist in infectious diseases at Harvard-Affiliated Brigham and Women's Hospital, the "flu vaccine works about 60% of the time. However, someone who is vaccinated and gets the flu is likely to have a less severe bout, and a lower risk of complications like pneumonia afterward."

Every February, a panel of scientists predicts which strains of the influenza virus are most likely to occur the next season. It is based on this information that drug companies make the vaccine that will raise your defense against three to four of the most likely strains that have been identified.

Accordingly, the virus (es) may mutate quickly and different strains may be in the air by the time you've received your shot.

Do note that it takes about two weeks for the vaccine to become effective. You may still get the flu if you are exposed to the virus a few days pre or post your vaccination.

Your age and health play a role in determining how well the flu shot will protect you. As we

age, our immune systems are less robust which means that they may not produce as many antibodies to the virus as happens when we are younger.

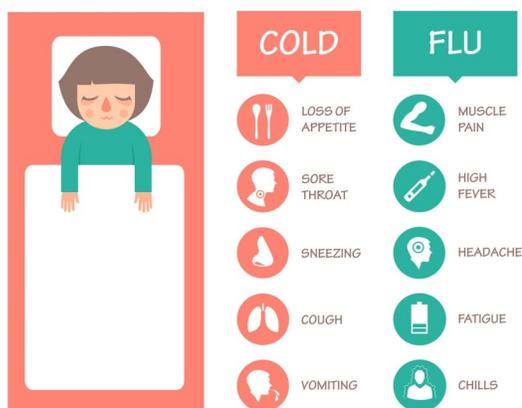
Here are reasons why the flu shot is worthwhile.

1. It may make your illness milder if you do get sick.
2. A 2016 study indicated that people 50 or older who received the flu vaccine had a 57% lower risk of hospitalization than their counterparts who did not receive the vaccine.
3. Flu vaccination has been associated with lower rates of heart attacks among people with heart disease.
4. Receiving the flu vaccine also protects those around you including those who are more vulnerable to serious flu illness.

Other vaccines you should consider:

1. Pneumococcal vaccine: This vaccine protects us from pneumonia, bacteremia and meningitis. The CDC now recommends two for adults 65 and older.
2. Shingles vaccine: The shingles vaccine (Zostavax) protects against the varicella-zoster virus that causes shingles and chickenpox. The FDA recommends this shot for anyone 50 years or older.

IS IT A COLD OR THE FLU ?



Studies, surveys, discussions—what’s next for the Task Force?

The Task Force, whose charge is to address the future organizational framework of Wider Horizons, designed and implemented an online survey to record member interest in a variety of village subjects. The pod meetings to hear individual observations about Wider Horizons were completed on January 31.

Following the collation of all of the information gathered from the survey and meetings, the Task Force will meet regularly to consider recommendations for the future organization of Wider Horizons. We have a great deal to look forward to!

Member interview: Paul Beck, MD, Founding Member, Board Member

This is the first of a series of member interviews by volunteer Michaela Ware.

Paul Beck started working at four years of age and doesn't seem to have slowed down since. His father opened a drugstore in 1932 at the height of the Great Depression and received a contract with the Union Pacific Railroad to fill prescriptions. His father kept the place open for the war effort and was eventually the only pharmacist in the community. Paul received access to all the comic strips, ice cream, and soda he could want. He learned how to sell things and communicate with the customers, eventually befriending them or pulling something over on them.

Why does he work so hard? "I enjoy it and get rewards from working," he says. Helping people a majority of his life, whether through serving ice cream at his father's drug store, or providing consultations at Providence ElderPlace, he developed an optimistic outlook.

Paul has been working with seniors since the 1980's as a geriatric physician. He moved to Seattle and became involved with senior services. Through his experiences working on the board of Senior Services, administrative counsels in medical schools, and as an Associate Dean for Student Affairs, he discovered the inner workings of how committees are organized. He's seen that previous organizations reach out to their neighbors and friends, and ultimately become salespeople. He's seen the dynamic of an organization with committed members and new members, who usually end up outnumbering the organizers, and the culminating group unrest.

From his experience as a physician in private practice nursing homes, he saw the strong need for and value of healthy seniors taking care of each other. Paul started attending Wider Horizons meetings three years ago. He has



been a member for two and a half years. He contributes to Wider Horizons through donations, membership dues, participating in committees and boards, introducing new people to the organization, and forming social support groups. He states, "As people age, their need increase. The importance of Wider Horizons is providing social, emotional, and physical support."

One member was having back and hip pain and Paul visited that member in the hospital. They talked about connecting with the right physicians and what medicines to take. Other members helped with transportation. "It is comfortable as a physician to see the patient out of the hospital and not having to go back in for help," he says.

He has been helping with Providence Elder Place for 14 years as a physician providing consultations, and filling in for other physicians. He says he still has the freedom to say no and sees the advantage of sharing experiences in other settings. He is passionate about helping people use their strengths to overcome their weaknesses. And one can use those strengths to help yourself and someone else. "Whenever we see a problem, we all want to solve it, but problems are not simply solved. Some problems can never be solved." Some may look at Paul's life and say he's accomplished so much, why is he still working so hard? In fact, he was asked just that at dinner with his wife and some friends. He realizes he's been fortunate and describes work as "another vacation."

Paul presents an interesting, optimistic outlook on Wider Horizons: a network of aid both self-gratifying and beneficial to the entire community.



Medicare “vouchers” – a cautionary tale

Premium supports, or “vouchers,” keep cropping up in stories about Medicare these days. Supporters say this approach could save money. Opponents say they are “coupon care for seniors.” However this plays out, you can bet that your most eager educator will be the company marketer. Our own Kathleen O’Connor tells a cautionary tale of another adventure in meddling with Medicare.

I was the Medicare Marketing Director at a private for-profit health insurance company in the late 1980s and early 1990s-- the first attempt to privatize Medicare under President Reagan. That job made me the ardent consumer advocate I am now. What happened then is happening again in a new form. This is not good news for seniors. The attempt to privatize Medicare caused havoc then, and can again.

The plan was to create new pre-paid Medicare HMOs, to demonstrate that the private sector could offer better services more efficiently and for less cost than Medicare itself. The end result was the exact opposite.

Plans received “per member per month” payments from Medicare each month. Payment rates were based on the number of people enrolled and the county where they lived. This new “per member per month” payment was lucrative. Our plan alone received nearly \$6,000 per year per person.

These new plans were called “risk” contracts because the plans were ‘at risk’ of providing care within a budget.” The monthly payments, however, were irresistible and looked like a cash cow!

Managed care was new to most insurers and consumers at the time then, except for a few well established and successful plans, such as Kaiser Permanente or Group Health. The new plans just looked at the cash, not the care. Some plans even offered no premiums and free meds to attract enrollees and get the cash.

My job was to convince seniors to enroll in our plan. Medicare prohibited the plans from using claims such as “the best” or “government approved.” So we sold our program as being strong on preventive care, which was not covered by Medicare at that time. We chose the hospitals and doctors in each community, who also shared in the financial gain or loss. We held meetings in our hospital in each community. Free refreshments and our promise of low premiums and greater simplicity brought people to the meetings. We explained the plan, answered questions and gave enthusiastic pitches to join. We assured seniors we could take care of all their Medicare needs without the hassle of numerous bills from doctors and hospitals. We did not encourage people who needed to see cardiologists. If people kept asking about

them or any other specialist, we said we would get back to them, but somehow never managed to do so. We used telemarketing calls to follow up and close the deal if seniors did not sign up on the spot.

To make money these new plans needed healthy seniors. We pitched that we had recruited both the doctors and hospitals, and that they were, therefore, good because they had been reviewed and had earned our seal of approval. We told them we could take care of them because our contract had been approved by Medicare, a respected, trusted and financially secure program. The implication was that our doctors and hospitals were also approved by Medicare, which was not true.

Our marketing promised everything to get people to enroll, and then we carefully “managed” their care and use of services. Most doctors at the time were new to managed care, so the medical review committee worked with them to be sure they were providing appropriate care medically--and financially. Much of this was good, but not all.

My conscience finally caught up with me and I left and became a consumer advocate. The plan eventually folded, or was purchased by another company, leaving those seniors to find new doctors and insurance plans on their own.

Insurers now have more experience with managed care and Medicare Advantage plans, and they have largely worked well. Marketing, however, can still be a shell game. They may still be promoting as “free” some services that Medicare actually covers.

When thinking about vouchers now it is important to ask what these vouchers will *actually* buy. What is the *actual* subsidy seniors will receive? What happens to Medicare Allowable Charges? What marketing enticements will plans promise? Will there be any oversight by Medicare?

Will most seniors even know what questions to ask? Vouchers are “defined contributions” (\$\$) that seniors can use to buy benefits. *Medicare now is based on defined benefits not cash contributions*, except for Part B and Part D.

Coupled with this are some disturbing changes in budget bills. Most seniors trust Medicare. But, Medicare is complicated. The program that educates seniors on various Medicare plan options -- the Senior Health Insurance Program -- is targeted to be eliminated in a line item in the proposed Budget Reconciliation. This complex budget process means many provisions do not receive much media attention. If this program is eliminated, who will seniors rely on? Private brokers? Or must they make decisions themselves about very perplexing coverage and financial choices?