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Practical solutions for long-term care

By PATRICK F. TIMMINS

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As the only physician in the Albany County Legislature, I think that no matter requires more thought and investigation than the county's looming decision about building a new nursing home and reorganizing long-term care for people with disabilities.

When I came to the County Legislature in 2008, I initially believed that Albany County needed a new nursing home. Now I think building a new home is the exact wrong direction for us to take.

My thinking has changed as I learned more about community care and the federal Americans with Disabilities Act, which says that governments and health care providers should do everything possible to keep people with disabilities in their homes and communities.

More than \$70 million would be needed to replace the Albany County Nursing Home. Care in this facility would cost at least another \$150,000 per patient a year. That is money that could be better used.

I would like to see a three-tiered system of care in Albany County. I think our area could become a showcase in the state for excellent care of citizens with disabilities and the elderly.

The first tier would consist of supportive, non-health care services that reduce isolation and help people only in danger of becoming disabled keep up their health, physical and mental. This kind of care would include home-delivered meals, visits by volunteers, senior centers and home modification.

A model is the successful single point of entry program: Albany County-NY Connects. It is a clearinghouse of information and a triage point for people to get into state and local programs before they have an acute need.

In the second tier would be:

1. Programs for All-inclusive Care of the Elderly. These allow most participants to live at home rather than go to an institution. Special financing allows providers to deliver all the services people need, not what is reimbursable under Medicare and Medicaid.
2. Neighborhood Naturally Occurring Retirement Communities, which allow adults to remain in their homes, and give them opportunities for social interaction and increased health and social services.
3. Assisted living facilities for people who need more help.

Finally, only in the third tier would come the skilled nursing facilities or nursing homes.

I like the idea of a public-private partnership in which the county would assist not-for-profit institutions with the care of "hard-to-place" patients. This would insure that the best institutions remain healthy even as the demand for nursing home beds declines. It would also let people who have been forced to move out of the area come back to their home county. It also should prevent future forced emigration to nursing homes outside of our area.

Our long-term care system too often forces people to make decisions about their lives that fit the system, not them. I propose a people-oriented approach adapted to the needs of our citizens.

Of course, we will need to be vigilant in the future, as now, to prevent abuses encountered when people are treated like commodities in a health care system. The care of the person must be protected by the county as the organizing and oversight body. We cannot let patients fall through the cracks as so often happens today.

This system will not be perfect overnight, but as it develops and improves the health and well-being of more people, it will help us realize our mission to protect those who cannot protect themselves.

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