

SeniorCircleplus

NEWS AND HEALTH INFORMATION FOR SENIORS

SPRING 2004



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Take Charge of Your Health

Cardiac program provides prevention services to participants

By Meta McMillian

Mary Maiden started to experience occasional chest pains more than two years ago. Over time, the pains occurred more frequently. Tests, including a cardiac catheterization in April 2003, showed no evidence of a heart attack or heart disease. Nonetheless, shortly after that test, Maiden joined the Cardiopulmonary and Congestive Heart Failure Center at Huron Hospital as a preventive measure.

"The program has helped me build my strength," says Maiden, 63, who is on disability leave as an assistant housekeeper at the former Marriott Hotel in Beachwood, which is now the Hilton. "I don't have the chest pains I used to have, and I'm able to function much better."

Activities in the Cardiac Rehabilitation Center are tailored to the needs and condition of individual participants. Participants work out on the treadmill, steps and bicycle; walk in hallways; and use hand weights

and an arm crank. They also learn about heart disease and proper nutrition.

"We help patients increase their level of endurance for everyday activities to prevent them from being sedentary," says Carolyn Williams, R.N., of the Cardiac Rehabilitation Center.

Just What the Doctor Ordered

Frederick Harris, M.D., internal medicine, applauds his patient's preventive measures. Maiden has diabetes and hypertension, which are risk factors for heart disease. Exercise is an effective part of a treatment plan for Maiden's existing medical conditions and promotes her overall health. Aggressively addressing her risk factors, along with the exercise, is a hedge against heart disease in the future,

Mary Maiden of Cleveland has taken charge of her health by adopting an exercise program designed just for her by Huron Hospital's Cardiopulmonary and Congestive Heart Failure Center.



Dr. Harris says. "She is coming along quite well in her prevention strategies," he says. "She is doing fine."

Maiden adds that she has adopted an exercise routine at home. In her quest to take part in more stimulating activities, Maiden says she also anticipates taking part in the Senior Circle Plus program at Huron Hospital to become involved in recreational activities and outings for senior citizens.

"I just can't sit at home and do nothing and think improvement to my health is just going to happen to me," Maiden says.

For more information about our Cardiopulmonary and Congestive Heart Failure Centers, call 440/312-4533 or toll-free 800/621-0004.

Drafting Your Will

Don't leave it to chance

'Will' You Be Clear?

When it comes to wills, you want your instructions to be clear and accessible. Here are some tips:

- Let someone know where you keep your will. Don't keep the only copy in your bank's safety-deposit box; it may be time consuming for your executor to gain access to it.
- Remember that Ohio allows out-of-state executors, if they're related by blood or marriage.
- Understand how you own your property. For example, if you have a savings account with a right of survivorship to your daughter, she will get all the money in that account when you die—no matter what your will says.



It's been said that where there's a will, there should be an attorney. Good advice, says the AARP.

AARP advises hiring an attorney to draft your will so it is done according to state law. A lawyer can help you make important provisions, such as appointing a guardian for beneficiaries who are minors or distributing property you own in another state. In addition, by preparing a will, you'll have the ability to leave something to a religious or charitable institution, should you wish to do so.

Once your will is drafted, the AARP suggests reviewing it periodically, especially if you have changes in persons you want to receive your property, residence, finances or marital status.

If you have no will at the time of your death, your property will be distributed according to state law. According to Pro Seniors, a nonprofit organization that provides free legal and long-term care advice to Ohio residents age 60 and older, these rules are complex in Ohio.

For example, if a spouse survives you, the share of the estate your spouse receives is based on a formula that takes into account whether you have surviving children, and, if so, whether they are the natural or adopted children of your spouse. However, recent changes in Ohio law give a surviving spouse more legal rights than ever before if his or her partner dies without a will.

Get a Grip on Pain

Complementary therapies provide relief

In ancient civilizations, sorcerers, shamans and priests treated pain using their only resources: pressure, heat, water, herbs and mysticism.

Today, pain is still with us. It's the No. 1 complaint of older Americans. In fact, one in five takes a painkiller regularly, according to the National Institute of Neurological Disorders and Stroke.

But other alternative approaches to pain management are gaining popularity. According to the American Pain

Foundation (APF), as many as 69 percent of Americans are using complementary and alternative medicine therapies for pain relief, including:

- Homeopathy
- Mind-body interventions
- Biologically based therapies, such as herbs
- Manipulative and body-based therapies
- Energy therapies

According to the APF, nearly half of those using complementary and alternative therapies do not tell their primary care doctors. It's important to tell your doctor the whole truth, particularly when using biologically based therapies,

because they might interfere with traditional medications.

If you suffer from pain, whether it's disease related or a result of injury, call the Cleveland Clinic

Pain Management Department. We've had much success treating pain using innovative, individual approaches.

For an appointment at one of our nine regional locations, call 216/444-7246 or 800/392-3353, or visit us

online at clevelandclinic.org/painmanagement. For a free video, "Tackling Pain," call or e-mail us at painmanagement@ccf.org.



Coverage Uncovered

What Medicare will
and won't pay for

Now that the political dust has settled around the 2003 Medicare Modernization Act, here's what you need to know to make good decisions about your health care.

Prescription Drugs

Starting in May 2004, discount cards with the Medicare-approved mark will be available for prescription drug savings. According to the U.S. Department of Health and Human Services, the card will offer an estimated 10 percent to 25 percent savings or more on many medications for people whose incomes entitle them to the benefit. If your prescriptions are covered by Medicaid, you are not eligible for this card.

In 2006, the prescription drug benefit will be added to Medicare. All people with Medicare will be able to enroll in plans that cover prescription drugs. People with Medicare will pay an estimated premium of \$35 per month, and there will be a \$250 deductible. (See sidebar.)

Medicare Part A

Medicare Part A is insurance that helps cover inpatient care in hospitals and skilled nursing facilities. It also covers hospice and some home health care if you meet certain conditions.

Part A generally covers a semiprivate room, meals, nursing, and other hospital services and supplies. It does not cover private-duty nursing or a TV or phone in your room. Part A also does not cover a private room, unless medically necessary.

Medicare Part B

Medicare Part B is medical insurance that helps cover physician services, outpatient hospital care and some other medical services that Part A does not cover. If medically necessary, these services include some physical and occupational therapy and some home health care.

Part B helps pay for laboratory tests, blood received as an



By the Numbers

Here's a financial breakdown of the 2003 Medicare Modernization Act's prescription drug benefit, which will be added to Medicare in 2006:

- Medicare will pay 75 percent of drug costs between the \$250 deductible and \$2,250.
- Beneficiaries will pay for drug costs between \$2,250 and \$5,100.
- Medicare pays 95 percent of drug costs above \$5,100.

outpatient, second opinions prior to surgery, and medical services other than routine physical exams. Part B also helps pay for diagnostic tests such as X-rays, MRIs, CT scans and EKGs, as well as durable medical equipment, such as wheelchairs, hospital beds, oxygen and walkers.

However, many services are not covered, including routine or yearly physical exams, dental care, hearing aids and exams, routine eye exams and glasses (except after cataract

surgery, when eyewear is covered), and orthopedic shoes.

One change resulting from the 2003 Medicare Modernization Act may affect the premium you will pay for Part B coverage. The 2004 premium for Part B coverage is \$66.60 a month. New in 2007, the Part B premium will be higher for people whose income exceeds \$80,000 as an individual or \$160,000 as a couple. Actual Part B premium amounts for 2007 will not be available until 2006.

Join the Circle Do you have friends interested in joining Senior Circle Plus? If so, please send them to our Web site, www.seniorcircleplus.com, to register online or have them call **866/937-2247** to receive an application in the mail.

Learn how to exercise
for a healthier heart—
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Sign Up Now

Medicare and most major insurance companies reimburse patients for the cost of Euclid Hospital's driving assessment and rehabilitation program. For more information or to register, call 216/692-8780.



David Lea, coordinator of rehabilitation therapies at Euclid Hospital, administers on-the-road driving assessments to help keep drivers and other motorists safe.

in simulation-aided driver assessment and training.

“I’d recommend the program to anyone,” says Jean Foit, a stroke patient who has been driving for 50 years. “If you have your mind on what you’re doing and are confident, you’ll do just fine with the assessment. The people here are very, very nice.”

The twofold program involves driving simulation and on-the-road assessment. While in the safety of the simulator, individuals can practice driving in a

nonthreatening, yet realistic atmosphere. On-the-road assessments are performed in a modified, full-size vehicle and are overseen by a specially trained therapist who appraises driving abilities on the road. If required, individuals can receive ongoing training as a follow-up.

“When someone has trouble walking, we don’t just tell them to stop walking,” says David Lea, coordinator of rehabilitation therapies. “We work to enable them to walk. The situation is similar when people have difficulty driving. Instead of telling them they flunked the test, we pinpoint problems and work to improve those particular skills.”

“It’s unusual for us to tell someone they should no longer drive, but occasionally we have to do that for the welfare of all involved,” he adds. “Most often, we work on rehabilitating individuals. We have a good reputation, and our program has grown dramatically.”

Get In Gear!

Program puts seniors in the driver’s seat

By Anne Gallagher

Driving a car gives people a sense of independence that is very hard to give up. But sometimes individuals develop problems that make driving difficult or even impossible for various spans of time. These problems may include stroke, orthopedic injuries, neurological conditions and diminished eyesight.

If individuals experience such difficulties, how can they and their families be sure that they are competent, safe drivers? Euclid Hospital has the answer. Its Outpatient Rehabilitation Center offers a driving assessment and rehabilitation program, featuring the latest technology