families who are bearing the burden of taking care of an elderly, perhaps disabled or confused parent need to have a way to get a break during the year where they can get away and take a vacation or get some time off. Right now, we have our barriers. Through Medicare you can't get into various levels of care without having certain reasons. The end result is, perhaps more people get permanently institutionalized than might be if we had that respite care. Preventative Care needs to be changed as far as home health care is concerned. We still spend far too much money on acute hospital care, surgery and big technology at the expense of not having additional funding to provide these services at home. The complex issue, but probably the biggest problem, is the incentive in this country in terms of getting things reorganized are all in the wrong direction. They're trying to put people into institutions. It's very hard to organize a program where you really can rehabilitate the elderly and keep them in their homes and provide support to the family. Medicare has turned out to spend the majority of its money in institutions and not for the office and not for the home care that it should. It's tough to reverse that right now.

NS: Dr. Kane, you support the approach to keeping the elderly in their homes as opposed to nursing home care. Can you provide some insight into the impact that a change from home to an institution has on the elderly in terms of both physical and mental health?

KANE: I think what happens to the elderly is that in our attempt to try to help them, we perhaps harm them, like you said, by putting them in an institution. There are many studies that show that they do, in fact, deteriorate in that setting. That's not always the case, but it is partially true. Several things happen. If you take the elderly away from an independent setting and put them in a dependent setting, you will, by definition, make them dependent. They'll probably walk less. They'll probably do less. They're put into less familiar surroundings and depression may enter into this picture. So, together with the physical problems of dependence, they can acquire more mental disturbances, become confused and tend to deteriorate. I think that one of the things that happens is that people come in the nursing home and look at people and say that they really need to be here. What we really need to do is go back for 6-8 months before they came to the nursing home and say, in fact, are they better? Most of these people who go into our nursing homes from a functional point of view, both mentally and physically, are a lot more worse off than they were before they went in. I think we need to be a little more firm in keeping these people at home.

People die sooner *after* they're placed in nursing homes. Some people need institutionalization, but in this country there is no question in my mind that we're institutionalizing people long before they have to be institutionalized. Both the families and probably physicians involved don't explore the alternatives long enough to really figure out what might be best for all concerned.

NS: It's my thinking that a person who lived in a house all of their lives and suddenly is transplanted to a sterile, institutional atmosphere I'm sure experiences a traumatic psychological effect.

KANE: I think that's true. The other thing that happens which is extremely demoralizing is the impression that because they are old they aren't capable of making a decision for themselves. Too often, I think that the elderly person's own wishes are not considered. They are discounted because the person must be confused because they are old. That makes the transfer even worse, because the older person hasn't agreed to it ahead of time and hasn't had any input into the decision. Again, there are some people who aren't capable of doing that. There are a vast number of older people who really could make that decision and have a major imput into any decision to move somebody from their own surroundings.

NS: I'd like to ask you about stress in the elderly. Stress is a popular term. People are always talking about stress but they seem to focus on people that are in the working world, in the business environment and that sort of thing. A lot of people are unaware of the kinds of stress that the elderly experience.

KANE: Let's characterize what kinds of stress. How would you like to be 80 years old on a fixed income with the astronomical inflation rate of the last couple of years with a disability or difficulty walking? Just think of the stress of even having to do your shopping or preparing your meals properly. You have the economic factor, disability, perhaps you have poor eyesight, can't hear. All these things. Some older people are in neighborhoods that now have high crime rates. Trying to live within this society as a very old person is a whole issue in itself. There is a great deal of stress if anybody stops to think about it.

NS: What impact has neighborhood safety or lack of it, had on the elderly from a health standpoint?

KANE: The stress is there plus there is a tremendous tendency, physically, for them to be hurt, a tendency to withdraw so that they don't go out, they don't get any social stimulation. So safety is a big part of the stress factor. Plus, they may literally stay home, may not see anybody, they may not even buy their food. Lot's of problems are relative to neighborhood safety. And like I said, a lot of them are living in neighborhoods that are older neighborhoods and don't want to move and those neighborhoods have changed dramatically in the last 30 or 40 years. So safety is a big issue, especially urban elements.

NS: The Hartford Project also advocates 3rd party reimbursement for preventative care. Can you explain how this concept works?

KANE: The present incentives are all wrong. Right now there is little or no argument that 3rd party payment, for instance, would be immediately available if you put an elderly person in the hospital. You could spend easily 5 or 10 thousand dollars in hospitalization. But it is less likely they would pay for physical therapy or other services that might be rendered in a less expensive environment, like the office setting. Again, many procedures would not be paid for. I'll give you an example. Medicade would not pay for a physical examination. They usually do not pay for assessing the elderly. They will pay, for instance, if there is something wrong with the elderly person—so that incentive to me is wrong. That's what I think the Hartford Study means, is that 3rd party payers have to begin perhaps to spend additional money to save money in the future. Too much tech-

Often the elderly are prescribed multiple medications.