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SPENDING

In Elder Care, Signing on Becomes a Way to Drop By



Marc Serota for The New York Times

Tom Araps and his daughter, Connie, in his Delray Beach, Fla., home, which has a QuietCare health alarm system.

By CHRISTINE LARSON Published: February 4, 2007

CONNIE ARAPS, 57, of Delray Beach, Fla., thought that her father, Tom Araps, 87, was managing just fine on his own. But when he came to stay with her for a few months in 2005, she found that he was skipping meals, sleeping all morning and not taking daily walks.

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An iCare device is meant to help prevent a crisis by recording answers to questions. The answers

To satisfy her father's desire to live alone, but to ease her mind about his safety, Ms. Araps found an apartment for him less than a mile from her home and had it equipped with QuietCare, a home health alarm system provided by ADT Security Services.

She drops by his apartment often, and logs into a Web site several times a day to check on him. Motion sensors track how often Mr. Araps opens the refrigerator, when he gets out of bed and how long he stays in the bathroom. If his normal patterns vary, the alarm company alerts her.

One day, the company called her to say that no one had entered or left the apartment all day. It turned out that a home health aide had failed to show up, and her father had not received his diabetes medication. Ms. Araps rushed over and made sure that her father took his pills.

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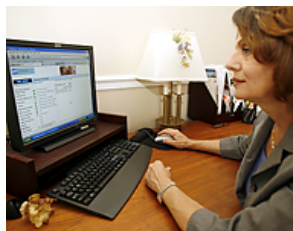
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answers to questions. The answers can be viewed online.



Marc Serota for The New York Times

From her home, below, Ms. Araps checks in on her father.

“We are so pleased with all the technology,” she said. “I don’t think we would have let him live alone without it.” On the market since August, the QuietCare system costs \$199 to install, and monitoring starts at \$79.95 a month. In addition to the QuietCare system, Ms. Araps had the alarm company install video cameras showing the floors and the foot of her father’s bed, so she could see if he had fallen.

About 19 million Americans, aside from paid providers, are caring for someone over the age of 75, according to the National Alliance for Caregiving. With the number of older Americans growing rapidly, products and services to help adult children care for their parents are on the rise.

Some products, like QuietCare, use existing alarm technology. Other systems collect health information like [blood pressure](#), weight and medication use and transmit it to adult children or other care providers via the Web. In addition, the emerging profession of geriatric care management is making it possible for family members to delegate various care duties.

Nursing homes have been using health alarm systems like QuietCare for several years, and a few allow family members to view data remotely. “I have a button on my browser that says, ‘Where’s Pop,’” said Barry Jacobson, 61, whose 83-year-old father has [Alzheimer’s](#) disease and lives at Oatfield Estates, a retirement community in Milwaukie, Ore.

Mr. Jacobson, who lives 300 miles away on San Juan Island off the coast of Washington, can log on at any time to see his father’s whereabouts. Because all residents and staff wear badges that emit a digital signal, he can tell exactly where his father is and who else is in the room.

“My sister in San Diego logged on at midnight one night and saw he was in the kitchen,” he said. “He always was a big ice cream eater.” Elite Care, the company that owns Oatfield Estates, plans to introduce a home version of its technology this year.

Mr. Jacobson knows that a staff of care providers is monitoring his father’s data, ready to respond instantly to problems. The level of responsiveness varies, however, with home-based monitoring systems.

Potential buyers “need to do their due diligence on companies to make sure they have the capacity on the other end to respond to the information,” said Robyn I. Stone, executive director of the Institute for the Future of Aging Services, the research arm of the American Association of Homes and Services for the Aging.

QuietCare uses a 24-hour call center staffed with operators trained to help the elderly in emergencies. Family care providers define emergency situations — a parent staying in the bathroom for more than an hour, for example, or not opening the medicine cabinet all day. They instruct the system when and whom to call, or to send a text or e-mail message.

Another system, SeniorSafe@Home, to be introduced in the fall, will staff its call center with nurses who will monitor data from a combination of motion sensors, electronic medication dispensers and fall detectors.

A system called iCare Health Monitoring uses a very different model. It is not meant to serve as an emergency alarm system. Instead, it tries to prevent emergencies by allowing care providers, family members and older people themselves keep track of specific health data, like blood pressure, weight or medications use. Nurses monitor the system, but not around the clock.

Using a small electronic device with a text screen and four input buttons, the system asks a series of daily multiple-choice questions about an older person’s health. Family members or other care providers can view the answers online and look for any telltale changes in health. Available through www.cvs.com and some [CVS](#) pharmacy stores since July, the system costs \$99 to install and \$49.95 a month for monitoring.

Alberta Jackson, 78, of Aurora, Colo., who has chronic obstructive pulmonary disease, uses iCare to track her lung function every day. She spends about eight minutes a day answering questions. Once when she responded that she was not feeling well, a nurse called within minutes to check on her.

“It makes me feel like there’s somebody on my shoulder, making sure I’m O.K.,” Mrs. Jackson said.

Of course, not everyone wants someone looking over their shoulder. “There are privacy and ethical issues,” Ms. Stone said. “Where’s the line between motion sensors and Big Brother?”

She emphasized the need for aging parents to consent to the sharing of their information. She also pointed out that home health monitoring systems are in the very early stages, and that sometimes a

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friendly neighbor who notices, for example, that your mother has not retrieved her morning newspaper can be as effective as a motion detector. “Technology can be a complement to human resources, but many of these do not obviate the need for humans,” she said.

Unfortunately, many adult children live too far from their parents to fill that need at times. But finding help may be becoming easier, thanks to geriatric care managers, who can take on some of the higher-level care duties that home health aides do not cover, like attending doctors’ appointments or evaluating nursing homes.

Matty Bloom, for example, of Redwood City, Calif., cannot go to doctor’s appointments with her 82-year-old mother, Marilyn Bloom, who lives in Aventura, Fla., or help hire and supervise home health aides. So she found Linda Lowy, a registered nurse and geriatric care manager, to help coordinate her mother’s medical care. Ms. Lowy does “what I’d be doing if I were there,” Ms. Bloom, 51, said.

Other families call on geriatric care managers for a wider range of services. Gregory Johnson, 55, of San Francisco and his siblings hired a manager to make sure all of their mother’s doctors were on the same page. The manager also helped them find an assisted-living facility for their mother, found an adult day program and helped her settle in on her first day.

While geriatric care managers can offer invaluable help to families, the industry is largely unregulated.

“There are fabulous care managers out there who really know the whole system and are well trained,” Ms. Stone said. “But, buyer, beware: there is no required accreditation.” Only a few states require care managers to be licensed, although care managers who are also nurses or social workers may have state licenses.

Starting in 2010, the National Association of Professional Geriatric Care Managers will require all its members to hold one of four specific certifications in care management or social work.

Geriatric care managers usually charge \$80 to \$200 an hour, depending on the services provided. The managers can have vastly differing backgrounds, typically in nursing or social work. “If your mother has complex medical problems, you probably want a nurse,” said Andrew Carle, assistant professor and director of the program in assisted living/senior housing administration at George Mason University in Fairfax, Va. “If she’s lonely or has social issues, a social worker might be a better fit.”

Some geriatric care management agencies employ both types of managers. Ask candidates if they have a current nursing or social work license or if they have other certifications, and be sure to check references. GCM provides referrals to members at www.findacaremanager.org.

“It’s expensive,” Marilyn Bloom said. “But it’s worth it so my children don’t have to worry about me so much.”

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