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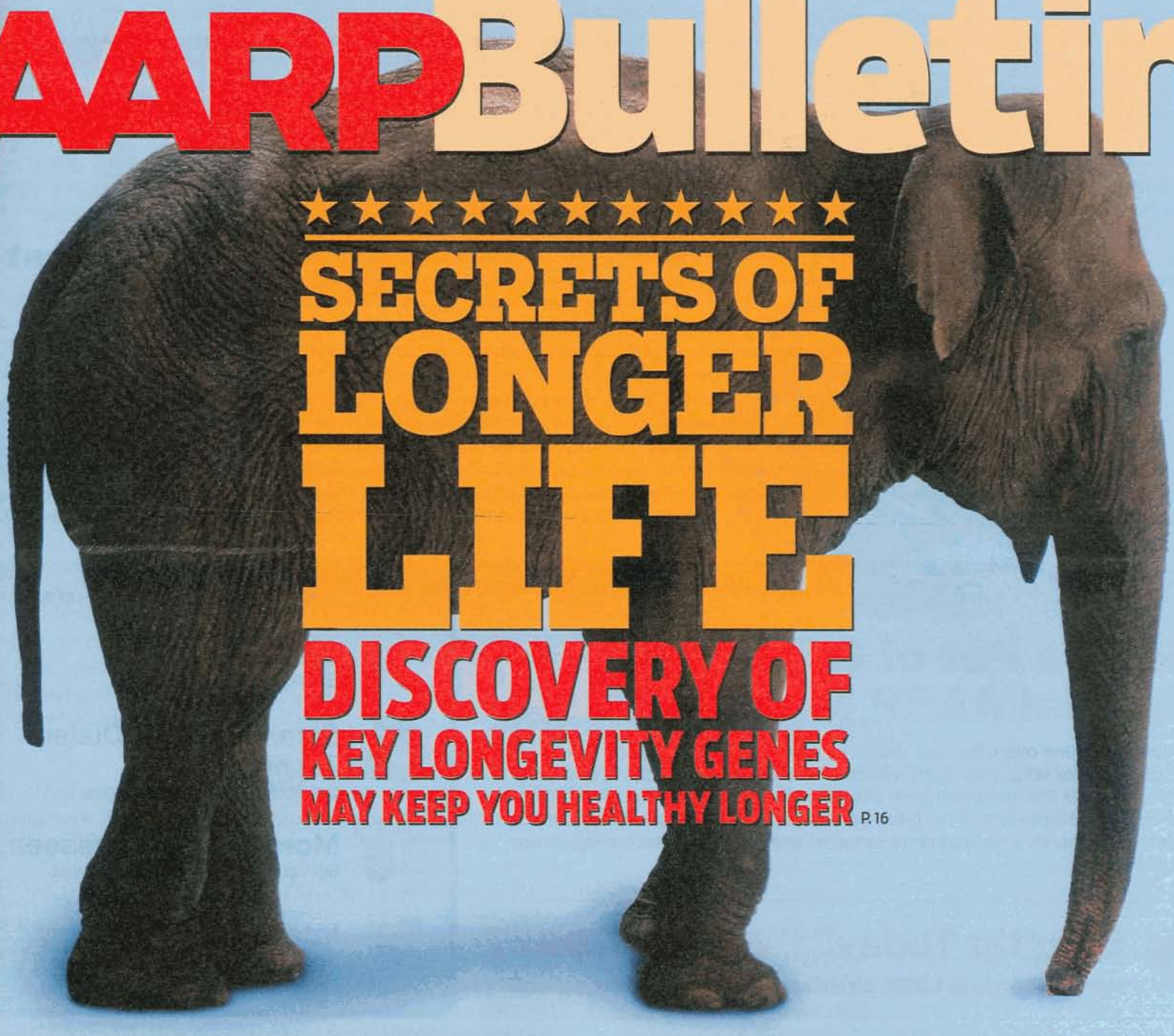
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PHOTO ILLUSTRATION AND CASTING BY DARRYL ESTRINE

Home Sweet Hospital

When Roger Neuber, 69, went to the emergency room last fall with a flare-up of chronic emphysema, he thought he was in for a long hospital stay. Instead, an ambulance took Neuber right back to his home in Vancouver, Wash., where a nurse began treating him.

“Basically, I’m getting the same thing that I would in the hospital—blood tests, checking my vitals and temperature, making sure that I take my medications and so on,” says Neuber, a retired truck driver. “Except that I don’t have to wear a gown and eat that hospital food.”

Neuber is one of a growing number of patients benefiting from hospital-quality care at home. Even for older patients with certain serious medical conditions—including pneumonia and acute heart failure—the care is comparable, the complications fewer and the cost lower, according to a study of three medical centers providing care at home, including the Portland Veterans Administration Medical Center, which treated Neuber. Their patients

recovered sooner than their hospitalized counterparts and experienced a 75 percent lower rate of delirium, reported the study, recently published in the *Annals of Internal Medicine*.

The findings are important because home tends to be a less risky place for older people, especially those in frail health, says Bruce Leff, M.D., a geriatrician at the Johns Hopkins University School of Medicine and the lead author of the study. At home, patients are far more comfortable but are still able to get even electrocardiograms and X-rays, oxygen therapy and intravenous antibiotics. In the study, nurses visited the patients

A growing number of Americans are getting hospital-quality care at home. And a new study shows that it’s safer and cheaper.

daily to check on them and care for them, and outside health care providers administered other services.

In a hospital, patients “may be exposed to bacteria and germs, and when they’re confined to a bed they begin to lose their ability to function,” Leff says. “They’re in an unfamiliar place where they’re afraid of falls. They’re at great risk to develop confusion. A lot of our patients” *continued on page 4*

FOR MORE INFORMATION on the stories in this section, go to www.aarp.org/bulletin/resources.

HOME CARE *continued...*
don't want to go to the hospital because they find it to be a dehumanizing experience."

"Hospital-at-home" care is less stressful for caregivers, too, says Bruce Naughton, M.D., who directs the University of Buffalo's division of geriatrics and was a study investigator. They don't spend long hours at the hospital or worrying about the patient in their absence, he says.

At-home care worked so well in the study that the Portland medical center is now providing it as a standard option for some patients, says Scott Mader, M.D., the center's clinical director of rehabilitation and long-term care.

Patient Neuber thinks that's a great idea. "Hospitals scare me," he says. "I'm much more comfortable at home."

—Patrick J. Kiger

SOCIAL SECURITY

Privatization 'Expert' Snared in Abramoff Scandal

The Jack Abramoff scandal is touching not only lawmakers who accepted illegal gifts and cash but also newspaper columnists who took money from the Washington lobbyist to write favorably about his clients' causes.

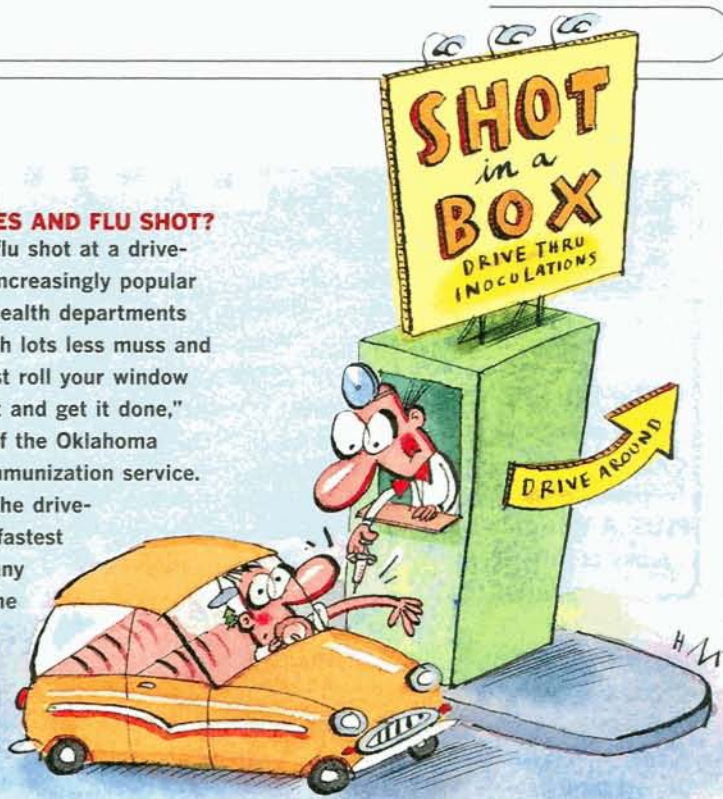
Among the latter is Peter Ferrara, a longtime advocate of privatizing Social Security, who wrote opinion pieces for newspapers without disclosing that he was being paid to write them by Abramoff.

In January Abramoff pleaded guilty to conspiracy, mail fraud and tax evasion.

CHEESEBURGER, FRIES AND FLU SHOT?

Will you get your next flu shot at a drive-through clinic? It's an increasingly popular way for hospitals and health departments to immunize people with lots less muss and fuss. "Basically, you just roll your window down, put your arm out and get it done," says Don Blose, chief of the Oklahoma Health Department's immunization service. "It's been proven that the drive-through method is the fastest way to vaccinate as many people as possible in the shortest time." So how fast is fast? One clinic in the state gave flu shots to 900 people in just 90 minutes.

—Patrick J. Kiger



Ferrara declined to provide *Business Week Online*, which broke the story, with any information about his Abramoff-funded columns. Nor did he respond to the *AARP Bulletin's* requests for comment, including questions about whether any of his newspaper columns on Social Security and Medicare were funded by lobbyists or corporate interests.



Peter Ferrara

Ferrara, a senior policy adviser at the conservative Institute for Policy Innovation, told *Business Week* that he sees nothing wrong with taking money from third parties for writing op-ed pieces. "I do that all the time," he said. "I've done that in the past, and I'll do it in the future."

Others, including the *Washington Times* and the *Union Leader* of Manchester, N.H.,

both of them conservative newspapers that published Ferrara's op-ed pieces, took a different view. "When a columnist is a paid shill for a lobbyist—particularly a secretly paid

shill—a trust has been broken," the *Union Leader* said in announcing it would no longer publish his columns. "A journalist's stock in trade is trust, and our op-ed pages are

no place for columnists who have proven untrustworthy."

—Susan Q. Stranahan

PRESCRIPTION DRUGS

More States Want Details on Marketing Costs

Add West Virginia to the growing number of states that are trying to force pharmaceu-

tical companies to disclose how much they spend on advertising and marketing, including gifts and other perks for doctors.

California, Maine, Vermont and the District of Columbia have such disclosure laws in place; Montana, New York and several other states are considering them.

West Virginia's Pharmaceutical Cost Management Council, which for two years has been trying to control soaring drug costs in state-funded health care programs, approved disclosure regulations, but they have not yet been formally written into law.

Kevin Outterson, a council member and an associate professor of law at West Virginia University, estimates that of the \$3.3 billion pharmaceutical companies spend each year on direct-to-consumer advertising, \$300 million is spent in the

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