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Affiliated with the Rhode Island AFL-CIO

HealthLink Wellness

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Social Security can't save us from the poorhouse

Are Americans relying on a benefit that won't pay the bills?

By Howard Gold, MarketWatch



Financial advisers for years have warned about a looming shortfall between what people have saved and what they'll need to maintain their standard of living in retirement.

And, certainly, what Americans have put away for retirement is paltry. Unless we all start saving like crazy, the pundits say, we'll have nothing to live on during our so-called golden years. Or we'll all have to work into our eighties — if they let us.

But maybe we should look at it another way. For most Americans, Social Security will be their primary source of retirement income. Everything else — IRAs, 401k's, even some old-fashioned defined-benefit pension plans — will be icing on a not-very-rich cake.

The reasons are clear. Tens of millions of Americans don't have access to 401k's or other retirement plans at work. And millions of families are barely earning enough to cover their current needs, let alone save for retirement.

Suggesting that Social Security will be Americans' main source of retirement income may seem surprising; after all, the average monthly benefit is only \$1,294, according to the **Social Security Administration**.

When I put the question to him in a phone interview this week, he said matter-of-factly: “That's what all kinds of pensions have always been. The system always has been designed to supplement Social Security for individuals who have had continuous attachment to the labor force.”

That was true, he said, even during the so-called Golden Age when everyone supposedly clocked in for 30 years, then got a gold watch and a platinum pension check every month.

“For some people, a defined-benefit pension was Nirvana; for other people, it was terrible,” Salisbury told me. He pointed to EBRI data that showed individuals 65 and over who were in the lower 60 percent of incomes got 10 percent or less of their retirement income from traditional pension-benefit plans. That same group also depended on Social Security for up to 88 percent of income in 2010.

Indeed, the Social Security Administration reported that 64 percent of Americans ages 65 and older get more than half their income from Social Security. That's nearly two-thirds of retirees.

It's not difficult to see why.

Take the average monthly Social Security benefit, \$1,294, and multiply it by 12 to get annual income of roughly \$15,500.

How much would you have to save or invest to get that “annuity”?

Assuming a 4 percent annual withdrawal rate, I multiplied \$15,500 by 25 and got \$387,500. And remember, that's per person. With an average benefit per couple of over \$2,000 per month, those households would have to stash away more than \$600,000 to surpass their Social Security benefits.

Unfortunately, the average U.S. household had retirement assets of \$167,800 in June 2013, according to the **Investment Company Institute**, the trade association for the nation's mutual fund companies.

“We can never insure 100 percent of the population against 100 percent of the hazards and vicissitudes of life,” President Roosevelt declared after signing the Social Security Act in 1935, “but we have tried to frame a law which will give some measure of protection to the average citizen and to his family against the loss of a job and against poverty-ridden old age.”

Some measure of protection indeed. FDR could hardly have foreseen that eight decades later, Social Security would be the lion's share of most Americans' retirement income, and for many the only game in town...**Read More**

Truth or Deception, The Koch Bros.

If you ever thought that the Kochs' attack ads weren't full of egregious lies, take a look as the non-partisan Washington Post Fact Checker debunks some of their recent attacks against Democrats.

The most infuriating part? The race for the Senate is now a deadlocked tie after over \$34 million in discredited attacks like these:

Claim in Koch Attack #1: "I found this wonderful doctor and a great health care plan. My insurance was canceled because of Obamacare. Now, the out-of-pocket costs are so high, it's unaffordable. If I do not receive my medication, I will die."

Washington Post Fact Check:

FACT #1: "[She] suggested she had lost her 'wonderful doctor' when in fact she could keep that doctor in the new plan."

FACT #2 "Her premiums were cut in half, from \$1,100 a month to \$571."

Lie Detector: "One cannot claim that a plan is 'unaffordable' when over the course of the year it will provide you with substantial savings."

Claim in Koch Attack #2: "Our health insurance plan was canceled because of Obamacare...This new plan is not affordable at all. My husband is working a lot more hours just to pay for these new increases."

Washington Post Fact Check:

FACT: "The family qualified for Medicaid, but she was opposed for philosophical issues... So the family opted for a more expensive plan"

Lie Detector: "It is [the family's] right to choose a more expensive plan. But it makes her claim of 'unaffordable' harder to swallow."

Claim in Koch Attack #3: "Health care isn't about politics. It's about people. And millions of people have lost their health insurance, millions of people can't see their own doctors, and millions are paying more and getting less."

Washington Post Fact Check:

FACT #1: Many have not lost their health insurance -- "Many [have been] rolled into new plans, and Obamacare has reduced the number of uninsured."

FACT #2: People don't lose doctors because of Obamacare -- "This was true before Obamacare; employers changed plans all the time."

FACT #3: People aren't getting less for more -- "Obamacare mandates many new benefits."

Lie Detector: "Once again Americans for Prosperity makes sweeping claims about the health-care law that lack context or offer a misleading picture."

Koch attacks have been proven false time and time again: Politifact just announced that "in 13 fact checks, Americans for Prosperity [the largest Koch group] has never received higher than a Half True," with the majority of attacks graded "false or mostly false."

We can't stop the Kochs from spending millions on lies, but we can aggressively answer them with our own ads that tell the truth. We absolutely can't let the Kochs' enormous spending advantage lead to a Republican Senate takeover.



Who else thinks like the Koch Brothers on the AFFORDABLE CARE ACT, Social Security, Medicare & Medicaid???

Eric Cantor, Paul Ryan headlined Koch summit.



HealthLink Wellness

Quality Data on Inpatient Psychiatric Facilities Now Available to Seniors on Hospital Compare Centers for Medicare & Medicaid Services continues to expand more information for seniors to help choose best medical care



Quality measures from inpatient psychiatric facilities will be publicly reported on *Hospital Compare*, a consumer-oriented website that provides information on the quality of care hospitals are providing to their patients, according to a news release yesterday by the Centers for Medicare & Medicaid Services (CMS).

“Patients and their families need facts to help them in making informed decisions about healthcare, and choosing the right facility for inpatient psychiatric care is an important decision to make,” said CMS Administrator Marilyn Tavenner.

Beginning April 17, 2014, *Hospital Compare* will feature data from 1,753 inpatient psychiatric facilities on patient care for the period of October 1, 2012 through March 31, 2013. Public reporting will allow consumers to directly compare facilities based on data collected for the following measures:

- Hours of Physical Restraint Use
- Hours of Seclusion Use
- Post-Discharge Continuing Care Plan Created
- Post-Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge

The two measures below are a part of the Inpatient Psychiatric Facility Quality Reporting program. However, technical issues caused by unforeseen circumstances impacted the data collection and submission of these two measures and therefore will be suppressed. CMS expects to publicly display data for these measures the same time next year (April 2015).

- Patients Discharged on Multiple Antipsychotic Medications
- Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification

Data reported on *Hospital Compare* are collected as part of CMS’ Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program, as required by the Social Security Act, amended by the Affordable Care Act.

“This is an important first step in publicly reporting Inpatient Psychiatric Facility quality measures on *Hospital Compare*,” said Patrick Conway, M.D., CMS’ Chief Medical Officer and Deputy Administrator for Innovation and Quality.

“Offering a set of meaningful quality measures for psychiatric facilities will help consumers make informed decisions and will encourage quality improvement within the clinician community, which shares CMS’ strong commitment to the best possible patient care.”

In addition to the IPFQR Program, Hospital Compare also reports quality measure data from CMS’ Hospital Inpatient and Outpatient Quality Reporting Programs and Hospital Value-Based Purchasing Program. For more information, visit the [Hospital Compare Website](#) and click “Find Hospitals.”

- More about Inpatient [Psychiatric Facility Quality Reporting \(IPFQR\) Program](#)

Brief 15-Minute Visits Take a Toll on the Doctor-Patient Relationship

**Patients and physicians say they feel the time crunch as never before
as doctors rush through appointments as if on roller skates**

This KHN story was produced in collaboration with [USA TODAY](#)

By Roni Caryn Rabin, KHN

Joan Eisenstodt didn’t have a stopwatch when she went to see an ear-nose-and-throat specialist recently, but she is certain the physician was not in the exam room with her for more than three or four minutes.

“He looked up my nose, said it was inflamed, told me to see the nurse for a prescription and was gone,” said the 66-year-old Washington, D.C., consultant, who was suffering from an acute sinus infection.

When she started protesting the doctor’s choice of medication, “He just cut me off totally,” she said. “I’ve never been in and out from a visit faster.”...[Read More](#)



Method to Better Manage Agitation, Aggression in Dementia Patients Introduced

Technique called DICE helps manage the most troubling symptoms of dementia, lessen use of drugs by building link between caregivers, patients and health providers; recommended by Medicare



A new approach to handling agitation, aggression and other unwanted behaviors by people with dementia may help reduce the use of antipsychotics and other psychiatric drugs in this population, and make life easier for them and their caregivers, a team of experts says. It has already become a part of Medicare's recommended toolkit for carrying for dementia patients.

Publishing their recommendations under the easy-to-remember acronym of "DICE", the panel - all specialists in senior mental health - hope to spark better teamwork among those who care for dementia patients at home, in residential

facilities and in hospitals and clinics.

The federal agency that runs Medicare and funds much dementia-related care has even made the DICE approach an official part of its toolkit for reducing the use of antipsychotic drugs and other mental health medications in people with dementia.

Dubbed "DICE" for Describe, Investigate, Evaluate, and Create, it details key patient, caregiver and environmental considerations with each step of the approach and describes the "go-to" behavioral and environmental interventions that should be considered.

Briefly described, the components are:

- **D: Describe** - Asking the caregiver, and the patient if possible, to describe the "who, what, when and where" of situations where problem behaviors occur and the physical and social context for them. Caregivers could take notes about the situations that led to behavior issues, to share with health professionals during visits.
- **I: Investigate** - Having the health provider look into all the aspects of the patient's health, dementia symptoms, current medications and sleep habits, that might be combining with physical, social and caregiver-related factors to produce the behavior.
- **C: Create** - Working together, the patient's caregiver and health providers develop a plan to prevent and respond to behavioral issues in the patient, including everything from changing the patient's activities and environment, to educating and supporting the caregiver.
- **E: Evaluate** - Giving the provider responsibility for assessing how well the plan is being followed and how it's working, or what might need to be changed.

.....[Read More](#)

Spanish Friday Alert now Available

The *Friday Alert* will now be available each week in Spanish! To see last week's *Alerta Semanal*, go to <http://tinyurl.com/mq7gpry>. For the Alliance's Spanish language page, which includes fact sheets and other translated documents from the main site, go to <http://tinyurl.com/nllcz6n>. More outreach from the Alliance to the Hispanic elder community will be coming in the next few months.

The New England ARA state affiliates are actively pursuing these Petitions.

House Concurrent Resolution 67 and Senate Concurrent Resolution 26 to get power doors installed in Post Offices and other federal buildings.

Get The Message Out:

SIGN THE PETITION!!!!

Elimination of the Unfair GPO and WEP Provisions of the Social Security Act to make sure the Congress of the United States enacts legislation, HR 3118 & S 896

Get The Message Out:

SIGN THE PETITION!!!!

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