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JIM: Today, people are living longer than ever and the longer we live, the greater the possibility that we may need some help someday, whether it’s a cognitive impairment like Alzheimer’s or physical impairments like hip replacement or knee replacement. The goal is we all want to maintain our independence and most of us would like to stay in our own homes. Well, what’s the possibility of that without a long-term care plan? Joining us today is Rob Horkheimer who is the co-owner of Bridgeway Independent Living Designs. They bring medical backgrounds into the construction business and they get results that allow people to maintain their independence, be able to take care of each other, and stay at home, which I think is the goal for everybody, and, if you don’t have a long-term care plan, the likelihood of all of this stuff working out is not very good so, today, we’re going to talk about some of the possibilities of how you can maintain your independence and stay at home so welcome, Rob.

1:00

ROB HORKHEIMER: Thanks, Jim.

1:01

JIM: Hey, it’s great to have you back again and, you know, you really changed my perspective and changed the way I talk to clients now when it comes to the area of long-term care planning and I know I just recently heard a statistic that something like less than 30% of money that’s spent on long-term care is actually spent to nursing homes, that the vast majority of expenses, now, is in these community-based care facilities or assisted living as well as home health care and I look at the stats of 10,000 baby boomers retiring every day and I look at the caregivers that we see in nursing homes and the nurses and a lot of those people are in that group of 10,000 a day retiring and I think we’re facing a situation where the demand for care is going to increase while the availability of care workers might be on the decline. I think, Rob, what you have is a way to help consult with people and help them to take care of themselves and using the most modern technology that puts them in the position where families can do more of taking care of their own and do it safely so share with us a little bit about your company and how you started in the field that you’re in and what you really do.

2:18

ROB HORKHEIMER: Okay, thanks Jim. The name of our company is Bridgeway Independent Living Designs or BILD, B-I-L-D, for short but, basically, the way our company started, my wife being an occupational therapist, my background as a physical therapist, and we come from a family of physical and occupational therapists and healthcare professionals. We saw that our patients were having adaptations that were done by Andy Manor, our carpenter, who had a good knowledge of structures and that type of thing but they didn’t have a good knowledge in terms of function for individuals and so what we try to do is look at the individual and what makes sense for them and really try to tailor solutions to the individual needs and kind of, as you were just saying, in terms of caregivers, I can relate to that quite a bit as well, too, as my wife, as her grandmother aged with Alzheimer’s, we went through a number of caregivers. Even, you know, at this stage in the game, we have many more options than maybe folks will in the future but, definitely, I know for my patients and from our own family experience that protecting a caregiver or reducing the amount of care that somebody requires by using more specialized adaptations can be really valuable.

3:23

JIM: So let’s talk a little bit for the general public that may have never dealt with a physical therapist or occupational therapist, where we see the professions that you’re in, you’re typically in the recovery mode so people that maybe have had a stroke or maybe they had a fall and a broken hip or knee replacements where people are rehabbing hoping to get better and recover or even just maintaining so a chronic situation doesn’t get worse or you slow the progression of a chronic situation. Am I understanding it right what you’re doing?

3:52

ROB HORKHEIMER: Yeah, we do that and, really, what we do all day, every day, is to teach people and work with them how to become more safe, more independent, and more functional, to find solutions over the barriers that they have in their homes. We do some also preventative type of work as well in terms of looking at health and wellness. We work in both modes in terms of covering or dealing with an event or an illness or a disability but, also, for many folks we have worked with who have the wisdom to kind of look ahead and see how they can maintain a more active lifestyle and maintain a more healthy lifestyle as well, which is really great when we see in terms how that can benefit their health, their ability to stay at home, or just to live a happy and healthy productive life.

4:37

JIM: And, you know, I think back, I’ve dealt with hundreds of couples through the last 30 years I’ve been in business and I see the issues. You have a couple, one of the spouses has an issue where they maybe need a little bit of extra help, and what I find is a lot of times, first of all, they’re reluctant to reach out for help and one of the biggest drivers of reaching out for help is expenses. What we find, at least in my experience, is the healthy spouse ends up injuring themselves trying to take care of the spouse that needs the help and they end up needing long-term care. The other thing that I see is when a healthy spouse is not equipped to take care of that spouse, a lot of times other injuries could happen to that spouse and end up needing more care and, in the long run, it ends up costing the family a lot more and, not only that, if their goal is to stay at home and something happens where it prevents them from being able to safely stay at home, so let’s talk a little bit about how the resources that you provide can create a circumstance where people have a better chance of being able to have that ultimate goal of staying home. I remember the last time we had you on, you shared the story of a couple where there was a pretty big difference in the ages. The husband was in his 90s, the wife was in her 70s, and the team of caregivers had said he needed to be in assisted living and they had limited resources and they couldn’t afford that. What was the result there? How did you help that family?

6:03

ROB HORKHEIMER: So, the case that you’re talking about, Jim, was a woman who was in her 70s and she wasn’t by any means a real active 70 years old and her husband was totally dependent in terms of what he needed for his care. The intervention that we did for them, the technology that we were able to utilize for them was actually a ceiling lift system and what we did was, a ceiling lift is a hoist, basically, that mounts to the ceiling. There are some freestanding ones that have side posts as well but it operates essentially has what a Hoyer lift does, only you secure the tracking up the ceiling. She was able to, using that technology, independently transfer her husband to and from the bed. We actually set a track up in the bathroom, over the bathtub, and without having to do any remodeling, she was able to transfer him from his wheelchair into the bathtub and actually assist him with taking bathes. Using this technology, she was able to do all of this independently whereas, if she had the standard Hoyer lift that the insurance prescribes for most individuals, she would have required an extra caregiver. She would have had to pay for that extra caregiver help. She would have had to have been reliant on other caregivers and have to worry about if the caregivers are going to show up or not to be able to get in and out of the bed and, also, I mean we accomplished all of this for them for less than the cost of what a power Hoyer lift, many of the typical power Hoyer lifts cost, so, in the end, they saved a lot of money by doing things this way but they also, and more importantly, in terms of their quality of life, in terms of their independence, in terms of their privacy, they were able to maintain all those aspects beyond that and this system also helped to save the back of Ed’s wife as well, Darlene, who was able to manage all of these transfers independently in a way that was really safe for her as well as well as safe for Ed but I think it was a tremendous accomplishment for them.

7:55

JIM: You know, when I do long-term care planning and when I first bring this up to a couple and I really believe you can’t start too soon. Even if you’re in your 40s or 50s, it’s something you should be thinking about and we always talk about having a plan and people always think well that’s nursing home insurance possibly but there are so many options right now and long-term care planning isn’t really planning for being in a nursing home. It’s planning how we stay out and using the resources that are available so we have technology that’s available, we have family members that might be available. All of these different resources and there’s also the expenses and insurance can help bridge the gap and it’s something that people should be looking at and, fortunately, instead of preparing for maybe $10,000 or $15,000 or $20,000 a month being in a nursing home, you might just be paying for some equipment and being able to use resources around you to save a fortunate and, at the end of the day, maintain your quality of life. Let’s take a short break and, Rob, when we come back, I want to talk about how your company and, with your consulting, how you assist people at different phases of life and when people should start even thinking about this and becoming aware of it so please stay tuned.

9:05

BREAK

9:30

JIM: Welcome back as we continue to visit with Rob Horkheimer. He’s a co-owner of Bridgeway Independent Living Designs and what’s unique about them is we’ve heard a lot of time people will have handicapped equipped bathrooms, handicapped equipped railings, and all of these different things that they might do to help people and a lot of times those are done by contractors that don’t have any knowledge and haven’t had any consulting from a medical professional. What’s unique about Rob’s company is they consult with the contractors, they do an analysis of not only the person’s care needs but the caregiver’s physical abilities, and design systems that are custom made to allow people to maintain their independence and stay in the home. Rob, I really appreciate you taking the time to visit with us today and, before the break, we were talking about one of those success stories where there was a couple where the husband was faced with potentially having to be in a nursing home setting or assisted living and possibly having to use up all of their financial resources to do that and it wasn’t a very good solution. You guys were able to come up with a solution using technology that allowed them to stay at the home and save a ton of money so it was really a win/win. Rob, I know you do consulting, you do talking around the country, and I’m sure there’s other organizations like yours that people could possibly tap into but let me ask you a question. I’m in my 50s. I’m not thinking about long-term care that much for myself. I’m hoping I never need it but I do understand the reality of it and, now, my wife and I, we just made a transition in our home. The kids have graduated from college and we’re empty nesters. One thing I look at, when we bought our home, I saw a couple of things and I thought, yeah, a wheelchair could get into the shower and I can get around on these paths and I was actually looking at redoing a patio. We were talking about having a tiered patio system and, after visiting with you, I decided, you know what, I’m not doing tiers. I want to make sure that my whole property is accessible. If I get to that point where I need to be in a wheelchair or my wife needs to be in a wheelchair, I don’t want to have to give up my property so you’ve changed my mindset. Talk a little bit about what consulting with you might do if there is somebody in my situation that’s ready to get that retirement home or that empty nester home, what do you recommend or how do you counsel people to make a home safe for the future.

11:54

ROB HORKHEIMER: Jim, yeah, that’s a great perspective. It’s one of those things we don’t think about but we’re all, any of us are really one event away, one quick moment away from maybe needing a wheelchair or needing a little bit easier accommodations to get around. Some of the interventions that we do and one of the other aspects of the approach that we take is looking at function first but also looking at the aesthetics as well and we actually have an interior designer on staff as well and we try to really keep in mind that option anyways of trying to maintain the aesthetics of the environment but there are a lot of things that we can do. One of them that has become a lot more common and a lot more widespread and well-known is the idea of a barrier free shower and a truly barrier free shower actually eliminates that threshold into the shower. We use sloping of the flooring to contain the water and actually have some other strategies that we can use to contain the water as well such as a flexible rubber water barrier that you can roll over or you can step over but it will collapse down when you step on it and still help keep the water in. What’s nice is a lot of new homes have walk-in type of shower areas regardless where you can walk in or don’t have tubs. It’s a lot more common now, too, just in terms of the aesthetics but we can make it look nice and look natural and integrate it into your home. The other thing that you had kind of just mentioned is that issue of managing steps and the more that we can eliminate steps and use sloped type of entries is better and, especially, if we’re doing a new home or even with the existing home, if we can grade the landscaping or if we can slope access to have more barrier free or non-step type of entries, then that’s going to make it a lot easier to manage. Other than that, I mean we take often times an individualized approach in terms of really looking at the individual and their function and that may be quite a bit different for somebody who is 4’6” versus 6’6”, somebody who is 90 pounds versus 490 pounds. We see a wide variety of individuals and what’s nice is, in the residential setting, a lot of times people get confused that aspect of ADA and what they can do in a home but, typically, in your home setting, you have a lot more flexibility in terms of how we can tailor design, how we can tailor things so that it’s going to manage better for the individual both as they’re managing right now as well as they age or they may encounter a difficult situation with an injury, how they can manage in different situations.

14:20

JIM: I interviewed a guest a couple years ago who, unfortunately, very active person, was in great shape, and was in her 30s and her and her husband were on a bike ride on a bike trail and a tree fell on her and there was no wind. It just fell down, the timing, and it was perfect timing being in the wrong place at the right time, and was paralyzed from the neck down and talked about how important it was that they were able to, they actually built a house, the cabinets were lower and everything else where she could get at everything, get at the cooking, all that stuff using her wheelchair, and talked about how that whole design of the house was made. She was able to maintain independent living and what she was being told by doctors is that she was going to need round-the-clock care and she was going to be probably in a community-based care facility but by customizing it to her needs, she was able to get back to independent living. While it was a bad thing, it could have been a lot worse if she would have had to be institutionalized so having that medical background and working with someone that has that combined with someone who has the skillset to be a carpenter or a mason or whatever, putting those two pieces together can really lead to some awesome results. Now, let’s talk a little bit about, let’s say someone is in a crisis situation and I know the tendency with families is they want to take care of their own, they don’t want help. I think of couples that I’ve dealt with in the past where the kids are really nervous about mom and dad because they know that the healthy spouse is just one slip away from needing the care themselves because they’re trying to do too much so talk a little bit about how can kids reach out to somebody like you or is it something that the parents have to do. How do you get someone who’s maybe a little bit bullheaded about asking for help, bridge them to realizing that, hey, you can have your independent living but here’s some resources that will make it more accessible for you to help yourself, which I think is what a lot of people just want? They want that independence so what’s your advice to those families?

16:19

ROB HORKHEIMER: Yeah, you know, we’ve actually had a lot of children come to us who’s moms and dads were kind of in more challenging situations and we had one family, in particular, where the daughter came to us and mom was not having a good time getting around. She actually, to be honest, she had not been out of her house in about four years and, really, it took some relatively simple adaptations to be able to give her that access but it wasn’t overly complicated in terms of a lot of the work that we did. Sometimes, it does take that encouragement from you know a daughter or son to kind of nudge mom or dad into looking at different options but I think we’ve all, a lot of us have kind of experienced that sometimes with mom and dad of, well, we kind of lose our credentials or our expertise and, sometimes, we’re still kind of that 10-year-old girl or a daughter or son kind of in their eyes and sometimes bringing a professional kind of into the picture who can assist in terms of making some of those recommendations can be helpful. I think a large part of everything is as well just the education piece and there is so much technology, there’s so much now that’s coming out in terms of the field of accessibility, in terms of transfer lifts and stair lift type of systems and elevators that there’s a lot of technology that is coming out there, in particular, with that aging baby boomer demographic as the marketplace has expanded quite a bit in the field of accessibility. Part of it is the knowledge of what’s available and also the knowledge of trying to tailor that to the individual so I suggest to individuals try to connect with a physical or occupational therapist along with that contractor to really try to look and combine the knowledge or the perspective of functionality as well as what the environment presents as well and try to find those best solutions with those two perspectives because the therapists spend their whole day, again, looking at function and safety and looking at the individual, what their specific needs are, and the contractor has the unique perspective in terms of the environment itself and what restraints that presents. When we combine those two perspectives and look at the different options in terms of what’s available for accessibility, then I think we can find some really good, smart, well thought out solutions that are more cost effective as well as more aesthetic to our homes and, as you have been referring to, Jim, also protect the caregivers as well.

18:43

JIM: Rob, I definitely appreciate you taking the time to visit with us and I know you have a very unique company. I mean it opened up my eyes. I’ve been in the business of long-term care planning for 30 years from an insurance and financial perspective and you have opened my eyes and I have changed the way I am counseling clients. One thing that’s fairly new and I meet with couples every day and I talk about what’s your long-term care plan. We can have a plan to just ignore it. Well, that’s a plan. We’re just going to roll the dice and see what happens and, when you don’t plan for things, you never get the best results. What I look at with all of the different options that are available now, one of the things on the insurance is we have life insurance benefits, which, for a couple, can be really important early in the retirement to replace the lost social security check of one of them were to die a little bit too soon, but, if they live a long and healthy life and, god forbid, along the way, one of them gets sick or disabled, a lot of these policies will pay for long-term care riders and something that’s really, really new is I’m seeing chronic illness riders. What happens is, with the old types of traditional insurance, you actually had to be in a care setting or you had to have a home health care agency providing the care. These chronic illness riders, now, allow for payments if all you have is the disability. You have the activities of daily living or you have a cognitive impairment, they can allow you to access part of that death benefit and you don’t have to necessarily be in a formal care setting so what you’re describing of people being able to take care of themselves using these systems, here’s a source of paying for it that’s very reasonable and it’s something you should talk to your advisors about. Now, lastly, Rob, I just want to ask. I know you speak around the country on this subject, it’s fairly new. People are starting to get their hands around it. I know I’m one of them but, if someone wants your help, I know you’re located in Wisconsin but I’m sure if someone wanted to reach out for help, you have some resources available, maybe a website that can answer some questions. Maybe you can help with accessing a referral. What resources would you have if someone wanted to reach out to you?

20:47

ROB HORKHEIMER: Yeah, we’ve tried to make our website a great educational resource just on the options that are available and kind of looking at solution-based type of perspective in terms of what are my options, in terms of accessing the home, what are my options for safe accessible bathing or the management in the kitchen with accessibility. Our website is www.bildnow.com so I encourage you to check out the information that we put out on that site and then, other than that, I think it’s looking to some of the organizations. There are a couple of certifications out there. One of them is the CAPS credential, so Certified Aging & Place Specialist. The credential is through the National Association of Homebuilders. There’s another program that’s offered through the University of Southern California called the USC Home Mods Executive Certificate in Home Modification. They have a directory listing of a lot of different resources, different contractors who are real committed to and therapists, as well, who are committed to the accessibility field. There’s another program called Accessible Home Improvements of America or AHIA and they have a number of members who have a certification in environmental accessibility as consultants as well so those are a few different organizations but, like I said, we’ve tried to build our website as an informational resource for people as well.

22:08

JIM: Well, Rob, again, it’s been a real pleasure. I appreciate you sharing all of those resources. I mean you’re one of those rare individuals who’s in business to help people and I see situations where families are literally torn apart because everybody is fighting over who should be taking care of mom and dad or what care they should be getting and nobody has the real knowledge. There’s a lot of ignorance out there when it comes to what resources are available and I think you can help people with the best solutions and, let’s face it, everybody wants to maintain their independence. What you’re talking about is giving people the best chance to maintain their independence so thanks, again, for joining us.

22:44

ROB HORKHEIMER: Thanks so much, Jim.

22:46

JIM: Thanks for joining us this week and tune in again next week as we explore another phase of the Real Wealth process and, remember, if anything you heard in today’s show you’d like to get more information about, contact your Real Wealth advisor. Also, if you feel that any of this information would be helpful to a friend or family member, just click the Forward to a Friend button.