Planning for the Fourth Quarter of Life
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As primary care physicians, we witness our patients aging before our very eyes. Where a 72-year-old patient would once come bounding down the hallway, fifteen years later he/she is now using a walker and taking 10 minutes to enter the exam room. We face questions from concerned adult children about whether their parents—our patients—are safe to live, drive, or manage finances alone.

Even closer to home, as adult children ourselves, we witness our own parents aging. For many physicians, our parents are our number one patients and, as they age, we become more concerned. They may look well, but they are moving slower, needing to have us repeat ourselves more, and requiring reminders of things. This is all part of the aging process. However, it is shocking how few people anticipate or plan for the 10 to 20 years before death, which is often termed the “Fourth Quarter of Life.”

Many of us talk with patients and their families about powers of attorney, goals for care, making end-of-life decisions, and palliative care. As physicians, we will likely have these conversations with thousands of aging patients and families. What we may be unprepared for is how to offer patient-centered advice for this Fourth Quarter of Life.

Over a lifetime, people commonly plan for milestones, such as education, marriage, children, housing, 401K investments, and retirement. Some of my patients have even selected caskets and made funeral arrangements to ensure that their funerals will be exactly what they want. Unfortunately, many do not consider advance life events (ALEs) or health emergencies, such as a hospitalizations, falls, or memory loss that will likely throw their lives into a melee.1

When ALEs happen, patients and their families often look to their trusted internist or geriatrician for advice. Repeatedly, as a geriatrician, I am asked many questions, including “Mom fell and is hospitalized now, do you know what we should do to help her get home?” or “Do you know any good SNFs (skilled nursing facilities)?” or “Does she need a caregiver and how do I find one?” or “How am I to pay for all of this?”

After participating in this conversation umpteen times with each crisis, I thought “why do we have to merely react to the aftermath of a crisis when we know that it might happen?” and “Why do we fail to plan for these events?” We know that seniors may be hospitalized at some point. There is a fair chance that they may fall. There is a significant possibility that their memories will worsen.

Individuals age 65 and older have a 68% lifetime probability of becoming disabled in at least two activities of daily living or of being cognitively impaired.2 And by 2050, approximately 27 million people will be using paid long-term care services in some setting, such as at home or a residential care setting, assisted living, or skilled nursing facilities.3,4

Why do seniors and their providers avoid discussions regarding long-term care services they will need as they age? Why don’t we make decisions for the future, just as we do for end-of-life planning?

We should plan to age-in-place safely before a crisis occurs. PlanYourLifespan.org is a free-to-use, nationwide Web site tool developed by my team of geriatricians, nurses, social workers, communication experts, seniors, and caregivers at Northwestern University Feinberg School of Medicine to help seniors and their families plan for their Fourth Quarter of Life. By using PlanYourLifespan.org, seniors and their loved ones will learn about common ALEs that can impact their independence. By entering their residential zip code, they can find and access local resources that can help them now or in the future. For example, some of the choices and information include the following:

- What are the rehabilitation options available to me after a hospitalization?
- Am I prepared to return home after a hospitalization?
- How can I connect with local services and resources such as in-home care, villages, and skilled nursing facilities? and
- What steps can be taken to help prevent falls?

The Web site interface incorporates large-font, high-contrast text and videos of actual seniors discussing their own experiences. After going through PlanYourLifespan.org, people can save their choices, print them to distribute to others, and/or e-mail their plans to loved ones. The communication component of PlanYourLifespan.org is crucial. Seniors can make exceptional plans, but if they do not talk

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about their plans with others their wishes may go unheard.

In an ideal world, every practice would have a social worker; however, this is not always the reality. Fortunately, several providers have commented that they think of PlanYourLifespan.org as a “virtual social worker” to connect people to resources. These resources can enable patients to continue living at home among other benefits.

How can health professionals integrate PlanYourLifespan.org into their practice? Whenever I see a senior patient, I ask them about all the general end-of-life plans. He/she usually replies that it is all figured out with a will, power of attorney, trust, etcetera. I then ask:

- Have you thought about the 10 to 20 years before you die?
- What plans, besides long-term care insurance, have you made?
- Will you live in your own home or do you want to live somewhere else when you need help?
- Have you talked with your loved ones about your plans?
- Have you heard of this cool website—planyourlifespan.org—that will walk you through what you are going to need in the Fourth Quarter of Life?

We have presented PlanYourLifespan at a number of health provider group meetings, including the 2016 SGIM Annual Meeting.5 (Thank you to Jeff Linder, Minal Kale, and the Scientific Abstracts group for selecting PlanYourLifespan for the Plenary Session!)

Many physicians tell me about how they use PlanYourLifespan with their patients and their own parents—especially those whose parents live out-of-state. Some parents may not make this planning process easy on their children. They may say “I’m healthy now, I’m never going to need any of that help” or “I’m not going to get Alzheimer’s so why worry?” or “I plan to die in my sleep and before I ever need help.” However, it is important to overcome these communication barriers and have a frank conversation about this Fourth Quarter of Life.

Roz Chast’s book, Can’t We Talk About Something More Pleasant?, enlightens readers about how aging parents evolve to need more services and depend on caregivers.6 These are services that should be planned, if possible. Instead of postponing the conversation, now we have something more concrete—a tool that will help facilitate the conversation about the Fourth Quarter of Life.

PlanYourLifespan.org is currently being disseminated nationally and can be accessed freely. Since going live, PlanYourLifespan.org has experienced more than 10,000 hits from more than 36 states! If you are interested in materials to distribute to your own group or organization, feel free to contact us at planyourlifespan@northwestern.edu.

Here’s to living an amazing lifespan—let’s prepare for the changes that longevity brings as well!

References