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Three generations, three sets of needs

Q&A with Jo-Ann Costantino, CEO of The Eddy

On the aging population, the need for change and the industry's challenges adopting new technologies



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The Eddy, an arm of Albany-based **St. Peter's Health Partners**, is a microcosm of the elder care industry. Its 4,000 employees served 51,000 people last year, through nursing homes, assisted living facilities, independent living communities, hospice, day care, home care and rehab services.

Jo-Ann Costantino has been CEO of The Eddy for 16 years. We asked her to share some thoughts on where the industry is now, and where it is heading.

You hear a lot of talk about the "aging population" but it is not one homogeneous group, is it?

In the Eddy population we really have three different generations. First is the GI generation, the World War II vets in their 80s and 90s. Then we have the beginning of the silent generation, which is just starting to ask about senior care and has very different expectations than the GIs. Next is the baby boomers. We are not serving them yet, but they are our clients because they are making decisions for their parents.

All three groups are different. The GI generation likes white tablecloths and having people serve them. The silent generation is more casual, they like grills and coming to dinner in their corduroys. The baby boomers just say "fine, but I don't want my parents to pay for anything

they don't have to."

That keeps our job exciting but it is also part of our challenge.

The elder care industry has probably changed more in the past 15 years than in the decades before. What is the biggest shift you've seen?

Back then there was a heavier reliance on skilled nursing care, and home care was used more for sporadic, short needs to get people back on their feet. Now people want to stay in their homes as long as possible so we are seeing people in home care for longer periods of time and with more chronic illnesses.

Also because people have more options, such as independent living and assisted living, when they come to the nursing home they have more acute, more complex needs and they have shorter lengths of stay.

There are a lot more changes in store ...

Yes. The challenge we are facing in home care is how do we move from episodic, fee-for-service to higher-level care coordination and put ourselves at risk by accepting capitated rates [flat, "per member, per month" rates set by insurance companies].

That really is the future. I think 15 years from now, if anyone is paying for health care by the click I will be shocked. It will be pay-for-performance based on outcomes. All payers, government and private, will be going that way.

Where does the industry stand with electronic medical records?

Some nursing homes have EMR, but I hate to think about how many are still using paper. And those that do have EMR, the systems don't talk to the hospitals or the doctors' offices, and we need that.

We at The Eddy are rolling out EMR in our nursing homes. Three are done, one is underway, three others should roll out over nine to 12 months. You have to do these one by one. It is too much education, and also culture change for a lot of the older nurses.

What fun technology are you using?

There is always something new. Right now we are working on a sensor-based technology program that can help us monitor movement in the rooms.

We can see, for example, if someone is using the bathroom a lot during the night, which can indicate a problem. It also allows for a little defensive medicine on our part.

We sometimes hear 'mom says she didn't leave her room all day' but we can show she did.

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