Caring for the Caregiver: The Basics

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Hurley Medical Center
Michigan State University
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Learning Objectives

1. Describe physical, psychosocial, financial impact of the care recipients’ conditions on their caregivers.
2. Recognize that caregivers may have physical / cognitive impairments, psychological issues, inadequate social support, or may be caring from a distance.
3. Recognize information, skills caregivers need to provide optimal care.
4. Differentiate between caregiver burden and caregiver burnout.
5. Identify health and wellness promotion strategies to be used by caregivers.
6. Locate & recommend available community-based and online resources for caregivers.
In 2011, the first of the baby-boomers turned age 65.
By 2030, the 65+ age group is expected to double to 70 million people.
How are we going to take care of all of these older adults?

Take care of the caregivers!
Caregivers may have physical or cognitive impairments, psychological issues, inadequate social support, or may be caring from a distance.
### Who Are the Caregivers*

<table>
<thead>
<tr>
<th>Age</th>
<th>All ages (50+)</th>
<th>50-55</th>
<th>56-59</th>
<th>60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>(N=1,112)</td>
<td>(N=327)</td>
<td>(N=310)</td>
<td>(N=475)</td>
</tr>
<tr>
<td>Male</td>
<td>34%</td>
<td>29%</td>
<td>37%</td>
<td>35%</td>
</tr>
<tr>
<td>Female</td>
<td>66%</td>
<td>71%</td>
<td>63%</td>
<td>65%</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>77%</td>
<td>69%</td>
<td>78%</td>
<td>82%</td>
</tr>
<tr>
<td>Black</td>
<td>17%</td>
<td>20%</td>
<td>14%</td>
<td>15%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
<td>10%</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work</td>
<td>57%</td>
<td>73%</td>
<td>68%</td>
<td>39%</td>
</tr>
<tr>
<td>Do not work</td>
<td>43%</td>
<td>27%</td>
<td>32%</td>
<td>61%</td>
</tr>
<tr>
<td>Help provided</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic personal care</td>
<td>24%</td>
<td>23%</td>
<td>23%</td>
<td>26%</td>
</tr>
<tr>
<td>Financial support</td>
<td>25%</td>
<td>24%</td>
<td>26%</td>
<td>24%</td>
</tr>
</tbody>
</table>

*2008 data from the June 2011 MetLife “Study of Caregiving Costs to Working Caregivers: Double Jeopardy …”*
Who Are Caregivers, cont.*

<table>
<thead>
<tr>
<th>Age</th>
<th>All ages (50+) (N=1,112)</th>
<th>50-55 (N=327)</th>
<th>56-59 (N=310)</th>
<th>60+ (N=475)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>&lt; high school, GED, high school</td>
<td>42%</td>
<td>41%</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td>Some college</td>
<td>31%</td>
<td>32%</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td>College or higher</td>
<td>27%</td>
<td>27%</td>
<td>33%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health</th>
<th>All ages (50+) (N=1,112)</th>
<th>50-55 (N=327)</th>
<th>56-59 (N=310)</th>
<th>60+ (N=475)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent/ Very good</td>
<td>48%</td>
<td>45%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Good</td>
<td>31%</td>
<td>35%</td>
<td>28%</td>
<td>30%</td>
</tr>
<tr>
<td>Fair/Poor</td>
<td>21%</td>
<td>20%</td>
<td>22%</td>
<td>21%</td>
</tr>
</tbody>
</table>

1/3 of caregivers provide intense care to others while suffering from poor health themselves.  
(Source: Family Caregiver Alliance National Center on Caregiving.)
Who Are the Caregivers, cont.?

They may be:

- Trying to cope with own health issues.
- Socially isolated due to caregiving duties, other life responsibilities. May lack adequate social support.
- Caring from a distance.
- Adjusting to changes in social status, especially if leaving workforce or decreasing work hours.
- Coping with reduced incomes.
- Grieving over losses and deaths of family and friends.
- Feeling vulnerable because they now need help.

72% of caregivers of all ages are women, who are often elderly or have multiple roles. *Minority families: May defer nursing home placement until higher cognitive impairment.*

*Source: AMA Family Caregiving Topics.*
Caregiving has physical, psychosocial, and financial impact on caregivers.
Impact on caregivers

Adult children age 50+

- More likely to have fair or poor health than those who do not provide care to their parents

Caregiving associated with increased:

- Death rates
- Chronic health problems
- Medication use
- Diminished immune response
- Mental health problems
- Financial hardships

Physical Impact of Caregiving

**Worse health**
- 2x rate of heart disease, cancer, diabetes, arthritis
- Higher rates of acid reflux, headaches, pain/aching
- Higher rates of obesity, bodily pain
- Diminished immune response, higher stress hormone levels
  - Higher infection rates
  - Lower antibody response
  - Slower wound healing

**Lower self-care levels**
- Higher smoking rates
- Higher intake of saturated fat
- 2X less likely to fill their own prescription due to cost
- Higher rates of missed doctors’ appointments
- Worse eating and exercise habits

**Increased mortality**
- 63% higher mortality among caregivers ages 66-96
- Higher risk of caregiver death if elderly spouse is hospitalized

Physical impact on caregivers: Heart

## Psychological impact on caregivers

<table>
<thead>
<tr>
<th>2011 – Psychological Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 million No. of adult children &gt; age 50 caring for aging parents</td>
</tr>
<tr>
<td>31% Percentage of adult caregivers who report stress, anxiety or depression</td>
</tr>
<tr>
<td>53% Percentage of adult caregivers who say they lose time with friends and family due to caregiving</td>
</tr>
<tr>
<td>70% Percentage of adult caregivers who report changing their work schedule or work status due to caregiving</td>
</tr>
<tr>
<td>2x Increased risk that caregivers (vs. noncaregivers) will have burnout, substance abuse, depression, etc.</td>
</tr>
<tr>
<td>2x Increased likelihood that caregivers (vs. noncaregivers) will take medications to relieve anxiety or stress</td>
</tr>
<tr>
<td>* Commonly reported problems associated with long-term caregiving: Social isolation, family disagreements, financial hardships</td>
</tr>
</tbody>
</table>

### Financial impact on caregivers: $3 trillion total in U.S.

<table>
<thead>
<tr>
<th>2011 – Financial Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 million</td>
</tr>
<tr>
<td>25%</td>
</tr>
<tr>
<td>-$3 trillion</td>
</tr>
<tr>
<td>-$324,044</td>
</tr>
<tr>
<td>-$283,716</td>
</tr>
</tbody>
</table>

*Lost wages due to leaving workforce early, lost Social Security benefits, and lost pensions.

44 million Americans*

37 billion hours unpaid care/ year

$375 billion**

* All ages.
** 2007 cost to replace family caregiving with paid services.
## Other impacts on caregivers

<table>
<thead>
<tr>
<th>2011 – Other impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 million</td>
</tr>
<tr>
<td>22%</td>
</tr>
<tr>
<td>16%</td>
</tr>
<tr>
<td>11%</td>
</tr>
<tr>
<td>2x</td>
</tr>
</tbody>
</table>

### Sources:
Caregivers need information and skills to provide optimal care.
# Information Needed by Caregivers

<table>
<thead>
<tr>
<th>Topic</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge on patient’s disease, progression, management plan</td>
<td></td>
</tr>
<tr>
<td>Medication instructions</td>
<td></td>
</tr>
<tr>
<td>Medical equipment, care instructions (e.g., injections, feeding tubes, wound care, etc.)</td>
<td></td>
</tr>
<tr>
<td>When to call doctor vs. 9-1-1</td>
<td></td>
</tr>
<tr>
<td>Management of urinary incontinence*</td>
<td></td>
</tr>
<tr>
<td>Signs of dementia (covered in separate module)</td>
<td></td>
</tr>
<tr>
<td>Signs of infection</td>
<td></td>
</tr>
<tr>
<td>Specific home care skills (how to prevent falls, transfer patient from bed to wheelchair, etc.)</td>
<td></td>
</tr>
<tr>
<td>Legal information (patient driving issues, decision-making, financial planning) (covered in separate module)</td>
<td></td>
</tr>
<tr>
<td>End-of-life care and decision-making</td>
<td></td>
</tr>
</tbody>
</table>

*2nd leading reason families institutionalize loved ones with dementia
Skills Needed by Caregivers

Common tasks

- Manages medicine, refills, dosing
- Buys groceries, cooks, cleans house, does laundry
- Helps person get dressed, take a shower, take medicine
- Helps transfer person in/out of bed, helps with physical therapy, injections, feeding tubes, wound care, other medical procedures
- Makes medical appointments, drives to doctor & drugstore
- Talks with doctors, care managers, others to understand what needs to be done
- Squeezes in time at work or home to handle a crisis or make plans to help a sick family member
- Is the designated “on call” family member for problems
- Helps to pay bills, manage finances
- Provides companionship and emotional support
Assess Caregivers for Burden, Burnout

Ask:

How are *you* coping?
Measurement of Caregiver Burden

Acute burden:

- Psychological and social distress from pressures of recent past and anticipated demands of near future; can be exhausting; if short-lived, no time to cause extensive damage of long-term stress; typically ends with death of patient and bereavement process of family members.

Chronic burden:

- Chronic stress, with no near end to difficult situation; unrelenting demands and pressures for long time periods; people can “forget” about it and ignore it; can cause long-term health damages.
Burden vs. Burnout

**Burden**: State of emotional, mental, physical stress caused by acute or chronic demands on time, skills, emotions, resources

- Caregiver goes into “overdrive” to accomplish everything
- Caregiver may sacrifice sleep, healthy habits, personal relationships, other job and family responsibilities

**Burnout**: State of emotional, mental, physical exhaustion caused by excessive, prolonged stress

- Caregiver feels overwhelmed and unable to meet constant demands
- Caregiver begins to lose interest/motivation in caregiving role
- Reduces productivity, saps energy
- Caregiver feels helpless, hopeless, cynical, resentful
### Burden vs. Burnout Characteristics

<table>
<thead>
<tr>
<th>Burden/stress</th>
<th>Burnout/exhaustion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overengagement</td>
<td>Disengagement</td>
</tr>
<tr>
<td>Over-reactive emotions</td>
<td>Blunted emotions</td>
</tr>
<tr>
<td>Urgency, hyperactivity</td>
<td>Helplessness, hopelessness</td>
</tr>
<tr>
<td>Loss of energy</td>
<td>Loss of motivation, ideals, hope</td>
</tr>
<tr>
<td>Anxiety development</td>
<td>Depression development</td>
</tr>
<tr>
<td>Primary damage: physical</td>
<td>Primary damage: emotional</td>
</tr>
<tr>
<td>May cause premature death</td>
<td>May make life seem not worth living</td>
</tr>
</tbody>
</table>

- May cause premature death
- May make life seem not worth living
Concept of Vulnerability

‘Caregiving makes the family vulnerable by being more at risk of fatigue and burnout notwithstanding their courage and strength. ... [A] continuous balance between care burden and capacity to cope [is] required, like balancing on a tightrope.’

~Proot IM, et al
Concept of Vulnerability

• Increased vulnerability factors:
  – Mental, physical burden
  – Restricted normal activity
  – Fear that pt will have painful death (or not knowing form of death)
  – Insecurity from patient’s fluctuating functions
  – Loneliness
  – Facing death
  – Miscommunication from patient
  – Lack of support from other family members
  – Poor support from health providers
  – Inadequate information

• Decreased vulnerability factors
  – Continuing previous activities
  – Promoting hope
  – Keeping control and setting limits (on what one will or won’t do)
  – Satisfaction about care given to patient and positive feeling about caring
  – Good support received as caregiver
**ACOVE-2 Model**

- Brief questionnaire for patient or caregiver, with FU flow sheet for patient chart

- Example: Use screening tool or interview to elicit information about falls, urinary incontinence, and cognitive impairment/dementia – all of which predict nursing-home use due to the heavier burden on the caregiver.

## Measurement of Caregiver Burden

From: Table 206-1 in Walsh: *Palliative Medicine*, 1st ed. Copyright 2012 Elsevier. (Used with permission.)

<table>
<thead>
<tr>
<th>INSTRUMENT</th>
<th>AUTHOR AND YEAR</th>
<th>NO. OF ITEMS</th>
<th>CHARACTERISTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Strain Index (CSI)</td>
<td>Robinson, 1983 (15)</td>
<td>13</td>
<td>Measures objective strain and does not include subjective measures.</td>
</tr>
<tr>
<td>Cost of Care Index (CCI)</td>
<td>Kosberg &amp; Cairl, 1986 (17)</td>
<td>20</td>
<td>Was constructed to identify high-risk caregivers in an Alzheimer population. Indexed items could be used for anyone caring for a sick or elderly person and can be worded as pre-caregiving and during caregiving.</td>
</tr>
<tr>
<td>Caregiver Burden Measures</td>
<td>Siegel et al, 1991 (18)</td>
<td>5</td>
<td>Predicts unmet needs among patients. The higher the caregiver burden, the more likely it is that a patient will report unmet needs.</td>
</tr>
<tr>
<td>The Burden Interview (BI)</td>
<td>Zarit et al, 1980 (19)</td>
<td>29</td>
<td>Well cited in the literature, but usually there is some modification to the original scale.</td>
</tr>
<tr>
<td>Care-giving Burden Scale (CBS)</td>
<td>Gerritsen &amp; Van der Ende, 1994 (20)</td>
<td>26</td>
<td>Measures subjective burden felt by the caregiver in regard to relationship and personal consequences.</td>
</tr>
<tr>
<td>The Burden Scales</td>
<td>Schott-Baer et al, 1995 (21)</td>
<td>14</td>
<td>Measures the two domains of burden: subjective and objective.</td>
</tr>
<tr>
<td>Family Impact Survey</td>
<td>Covinsky et al, 1994 (22)</td>
<td>10</td>
<td>Measures more the objective measures of burden and not the subjective.</td>
</tr>
<tr>
<td>Caregiver Burden</td>
<td>Stull et al, 1994 (23)</td>
<td>10</td>
<td>Measures physical strain, social constraints, and financial strain.</td>
</tr>
<tr>
<td>Caregiver Burden Inventory (CBI)</td>
<td>Novak &amp; Guest 1989 (24)</td>
<td>24</td>
<td>Measures five factors: time dependence, developmental behavior, physical burden, social burden, and emotional burden.</td>
</tr>
<tr>
<td>Caregiver Quality of Life Index—Cancer</td>
<td>Weitzner et al, 1999 (25)</td>
<td>35</td>
<td>Measures quality of life of the family caregiver of patients with cancer.</td>
</tr>
</tbody>
</table>

Caregiver self-assessment questionnaire

How are YOU?

Caregivers are often so concerned with caring for their relative’s needs that they lose sight of their own well-being. Please take just a moment to answer the following questions. Once you have answered the questions, turn the page to do a self-evaluation.

During the past week or so, I have ...

1. Had trouble keeping my mind on what I was doing ............... □ Yes □ No
2. Felt that I couldn’t leave my relative alone ....................... □ Yes □ No
3. Had difficulty making decisions ....................................... □ Yes □ No
4. Felt completely overwhelmed ........................................... □ Yes □ No
5. Felt useful and needed .................................................... □ Yes □ No
6. Had back pain .................................................................. □ Yes □ No
7. Felt ill (headaches, stomach problems or common cold) .... □ Yes □ No
8. Been satisfied with the support my family has given me ...... □ Yes □ No
9. Found my relative’s living situation to be inconvenient or a barrier to care .............. □ Yes □ No
10. On a scale of 1 to 10, with 1 being “not stressful” to 10 being “extremely stressful”
5. Felt useful and needed............. □ Yes □ No

6. Felt lonely.......................... □ Yes □ No

7. Been upset that my relative has changed so much from his/her former self ............. □ Yes □ No

8. Felt a loss of privacy and/or personal time.......................... □ Yes □ No

9. Been edgy or irritable................ □ Yes □ No

10. Had sleep disturbed because of caring for my relative .......... □ Yes □ No

11. Had a crying spell(s)............... □ Yes □ No

12. Felt strained between work and family responsibilities .......... □ Yes □ No

17. On a scale of 1 to 10, with 1 being “not stressful” to 10 being “extremely stressful,” please rate your current level of stress. ______

18. On a scale of 1 to 10, with 1 being “very healthy” to 10 being “very ill,” please rate your current health compared to what it was this time last year. ______

Comments:
(Please feel free to comment or provide feedback.)

__________________________
__________________________
__________________________

Source: American Medical Association
Self-evaluation
To determine the score:
1. Reverse score questions 5 and 15.
   (For example, a “No” response should be counted as “Yes” and a “Yes” response should be counted as “No.”)
2. Total the number of “yes” responses.

To interpret the score
Chances are that you are experiencing a high degree of distress:
• If you answered “Yes” to either or both questions 4 and 11; or
• If your total “Yes” score = 10 or more; or
• If your score on question 17 is 6 or higher; or
• If your score on question 18 is 6 or higher

Next steps
• Consider seeing a doctor for a check-up for yourself
• Consider having some relief from caregiving (Discuss with the doctor or a social worker the resources available in your community.)
• Consider joining a support group

Local resources and contacts:


SEE HANDOUT. Source: American Medical Association
Scoring the assessment

Interpreting the score
• A high degree of distress is likely:
• If the total "Yes" score = 10 or more.
• If the score on Question 17 (perceived stress) is 6 or higher.
• If the score on Question 18 (perceived health) is 6 or higher.
• If the answers are "Yes" to any of the following: Q1 (distractibility), Q4 (overwhelmed), Q9 (irritability), Q10 (sleeplessness), Q11 (crying spells), Q13 (back pain), Q14 (illness).

Next steps
• Any "Yes" responses to the questions on the Caregiver Self-assessment Questionnaire suggest that:
• The caregiver needs further assessment to determine the need for counseling/intervention.
• The caregiver might benefit from a medical check-up or referral to their personal physician (suggest they take the questionnaire to show).
• The caregiver might benefit from joining a support group.
• The caregiver be encouraged to arrange some relief from caregiving.
• The physician discuss available community resources and refer as appropriate.
• The physician consider a referral to social services.
Health and wellness strategies for caregivers
# Health & Wellness Strategies for Caregivers: Manage Stress

## Belief in self, control over situation
- Believe in ability to control something about the major and minor stresses in life.
- Support group, exercise group, etc., can give encouragement and evidence of control.

## Coping strategies
- Build emotional and mental responses to productively handle stress.
- Think of the positives rather negatives.
- Cut number and kinds of activities; simplify.

## Social involvement
- Stay or get involved with others
- Babysit, volunteer, join group, get job, volunteer, go to church, have lunch with friends or neighbors
Health & Wellness Strategies for Caregivers: Manage Stress, cont.

- **Social networks (with limits)**
  - Limited, healthy social network helps improve overall wellbeing, provides emotional and physical support.
  - Too much from social network creates dependence, loss of ability and function.

- **Spiritual, religious involvement**
  - Contributes to social interaction
  - Encourages involvement
  - Overall beneficial

- **Healthy behaviors**
  - Physical activity
  - Healthy eating habits
  - Relaxation, stress-reduction techniques
  - Not smoking, drinking
  - Exercise or music
Practical Advice for Caregivers

At earliest stages of disease, caregivers should:

- Identify a health care proxy for patient.
- Complete Durable Power of Attorney for Health Care
- Create plan to maintain their own personal health.
- Research now, before needed, adult day-care service or in-home respite care.
- Visit now, before needed, long-term care facilities.
- Talk now about end-of-life decisions, preferences with patient.
- Plan and prepare now for end of life of patient.
- Keep your own copies of patient’s medical history, current medications (and dosages, etc.), and documents that allow you to make medical decisions for the patient if needed.
Factors in End-of-Life Decisions

Caregiver, patient and other family members need to know:

- What are likely disease progression, treatment options, and probable outcomes?
- Should resuscitation be attempted if the heart or breathing stops?
- How can we make our preferences known to all medical staff?
- What are the benefits and burdens of different treatment options?
- Can we pick and choose among certain treatment options, such as ventilators, feeding tubes, antibiotics, dialysis and chemotherapy?
- How can we control pain, anxiety and other symptoms?
- How much does everything cost, and who pays?
- Is organ donation possible?

Patient needs to designate someone to make decisions if patient is unable
Caregivers should ask patients about the following in order to create an advanced health care directive for guidance.

- CPR if breathing or heart stops
- Dialysis to maintain or improve quality of life if kidneys fail
- Hospitalization vs. home care or hospice
- IV fluids
- Mental health treatment
- Medications
- Organ and tissue donation
- Pacemakers
- Tube feedings
- Ventilator or respirator
- Symptom management (Pain, anxiety, isolation, physical discomfort)
- Spiritual parameters, clergy visits

Download 2011 Peace of Mind

Community, Online Resources
### Community-based resources

- **Alzheimer’s Association Central Mich. Region**
  4604 N. Saginaw Rd., Suite F
  Midland, MI 48640
  1-989-839-9910 Midland office
  1-800-272-3900 Helpline Office
  midmichigan@alzgmc.org
  http://www.alz.org/gmc/index.asp

- **Creating Confident Caregivers** (training)
  Region V, Valley Area Agency on Aging
  http://www.michigan.gov/miseniors/0,4635,7-234-52323_58235-254063--254063.html
  1-800-272-3900 or 1-989-893-9910 Alzheimer’s Association Central Michigan Region
  1-989-839-9910 Midland office
  midmichigan@alzgmc.org
  http://www.alz.org/gmc/index.asp

- **Disability Network**
  3600 S. Dort Hwy, Suite 54
  Flint MI 48507
  1-810-742-1800
  http://www.disnetwork.org/

- **Elder Law of Michigan**
  3815 West Saint Joseph Street, Ste C-200
  Lansing, MI 48917
  1-866-400-9164
  info@elderlawofmi.org
  http://www.elderlawofmi.org/

- **Family Service Agency of Mid Michigan**
  1170 Robert T Longway
  Flint MI 48503
  810-767-4014
  http://www.fsamich.org/

- **Genesee County Commission on Aging**
  PO Box 4082
  Flint MI 48504
  810-908-9122
  http://www.coaweb.com/
  (Directory of local resources; PDF files available online)

- **Genesee County MSU Extension**
  605 N. Saginaw St., Suite 1A
  Flint MI 48502
  http://www.msue.msu.edu/portal/default.cfm?pageid=27254

- **Genesee County Office of Senior Services**
  1-810-424-4478
  lradzilowski@co.genesee.mi.us
  http://www.gc4me.com/resident/senior_services/index.php

- **Jewish Community Services**
  619 Wallenberg St.
  Flint MI 48502
  810-767-5922
  JFCS@tm.net
  http://www.jcsflint.org/index.html

- **Legal Services of Eastern Michigan**
  Flint: 888-873-6532
  Saginaw: 866-428-1604
  Port Huron: 800-972-3341
  1-800-322-4512 (auto-enrollment for your county)
  http://www.lsem-mi.org/

- **Mass Transportation Authority**
  1401 S. Dort Hwy
  Flint MI 48503
  810-767-0100
  http://www.mtaflint.org/

- **Valley Area Agency on Aging**
  225 E. Fifth St., Suite 200
  Flint MI 48502
  810-239-7671
  www.valleyaaa.org

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**Geriatric Education Center of Michigan**
Community-based resources

Southeast Michigan Community-Based Care Transitions Coalition
Area Agency on Aging 1-B in partnership with
Henry Ford Hospital Macomb, McLaren Oakland Hospital, and
William Beaumont Hospital - Troy

**Our Collaboration**
- Three high readmission hospitals
- Ten skilled nursing facilities
- Three hospice organizations
- Three skilled home health care agencies
- One personal emergency response/tele-health provider
- One visiting physician provider
- MPRO, the Michigan QIO
- One behavioral health organization
- One Six Sigma quality improvement company

**Our Community**

PONTIAC  TROY  CLINTON TOWNSHIP

Serving Macomb and Oakland Counties

**Our Implementation Strategy**

The intervention utilizes the Care Transitions Intervention model developed by Dr. Eric Coleman, with additional supports and strategies which wrap around the CTI, and that are targeted to specific populations. The five core strategies are:

1. CTI Transitions Coaching
2. CTI Transitions Coaching with the provision of additional supportive services for individuals with unmet needs
3. CTI Transitions Coaching by a behavioral health specialist with linkages to behavioral services
4. Transitions Coaching with directive interventions and services for patients who are unsuccessful at self-activation
5. Transitions Coaching for patients discharged to skilled nursing facilities.

Our root cause analysis and transitions coaching experience found that many patients have unique circumstances or characteristics that appear to contribute to avoidable readmissions, such as behavioral problems, inability to access needed community-based supports and services due to cost and lengthy wait lists, and cognitive impairments or dysfunctional environments which diminished capacity for self-activation, so strategies were developed for these populations. High readmission rates were found for targeted patients discharged to skilled nursing facilities, so a strategy was developed that bridges communication for 96 hours after discharge.

**Our Previous Experience**

- A 2010 Care Transitions Study in collaboration with major regional health systems
- AAA 1-B Care Transitions Intervention pilot programs with two hospitals
- Coleman trained CTI Transitions Coaches
- Six years of experience implementing Nursing Facility Transition program
- Hospital patient nursing home diversion program
- Development of telephonic care management skills and protocols
- Participation in Michigan State Action on Avoidable Readmissions coalition

**Our Target Population**

High risk Medicare fee-for-service beneficiaries discharged from hospital to home or a skilled nursing facility with the following primary conditions or history:

- COPD
- CHF
- Pneumonia
- AMI
- Previous readmission within 30 day period
- Other high risk patients identified through hospital screening
Statewide Resources

- **MI Seniors: Michigan Office of Services to the Aging.**
  [http://www.michigan.gov/miseniors/0,4635,7-234-43230_46224-189606-,00.html](http://www.michigan.gov/miseniors/0,4635,7-234-43230_46224-189606-,00.html)

- **Strength for Caring: A Place for Caregivers. Michigan State Resources.**

- **Michigan Community Services.** (Senior respite care, medication monitoring, etc.) 810-635-4407

- **Michigan legal documents and publications:** “Planning for your ... Peace of Mind: A Guide to Medical and Legal Decisions.”
Online Resources


• **The Care Transitions Program** Health Care Services for Improving Quality and Safety During Care Hand-Offs (Eric Coleman website): [http://www.caretransitions.org/getdocmdt.asp](http://www.caretransitions.org/getdocmdt.asp)

• **Caregivers resources at Medicare.gov:** [http://www.medicare.gov/caregivers/](http://www.medicare.gov/caregivers/)


• **Eldercare Locator** (a national directory of community services), (800) 677-1116, [www.eldercare.gov](http://www.eldercare.gov)

• **Family Caregiver Alliance**, (415) 434-3388, [www.caregiver.org](http://www.caregiver.org)


• **Medicare Hotline**, (800) 633-4227, [www.medicare.gov](http://www.medicare.gov)

• **MySeniorCare**: A community for senior housing, home care & health. [http://www.myseniorcare.com/](http://www.myseniorcare.com/)

• **National Alliance for Caregiving**, (301) 718-8444, [www.caregiving.org](http://www.caregiving.org)


• **National Family Caregivers Association**, (800) 896-3650, [www.nfcacares.org](http://www.nfcacares.org)

• **National Information Center for Children and Youth with Disabilities**, (800) 695-0285, [www.nichcy.org](http://www.nichcy.org)

• **Today’s Caregiver** at [www.caregiver.com](http://www.caregiver.com)
References


