Improving Care for Frail Elderly & Boosting Clinical Productivity: A Lay Caregiver-centric Innovation

Richard Carpenter, Founder, **CareHandOff.com**
Laurie Glasser, MD, Orthopedic Institute of Central NJ

1 Introduction

The intervention, known here as CareHandOff, is intended for all frail elderly who have family caregivers or aides providing care in the home at least 3 days a week and is intended to be used as long as the patient remains frail or through end of life.

The 15m U.S. frail elderly represent the most costly, clinically time consuming, and least effectively managed population[1].

90% of the frail have caregivers of which 80% are unpaid[2] and while recognized by clinicians as important, engaging them is very time consuming and contributes to physician's increasing physician burden[3].

2 Objective

The goals for the Intervention were:

1. to support improved patient quality of life and reduced caregiver stress
2. saving physicians time and increasing the value their practice generates
3. Reduce healthcare utilization and cost

3 Methodology

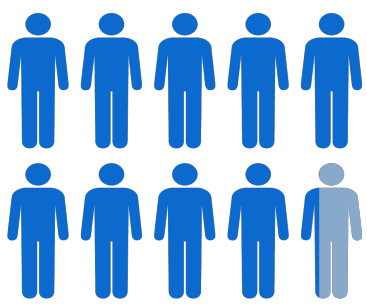
The intervention was conducted as a collaboration between a home care agency, a technology & service provider, and several different physicians & medical practices. The Intervention was conducted entirely remotely, via the CareHandOff technology & coaching platform and text-based communications.

The intervention:

- endeavored to provide continuous care in the home for frail elderly by training and engaging family caregivers and aides around a *daily care checklist* that is tailored to each patient's clinical conditions and social needs (we used both print & mobile device versions of daily checklists).
- utilized CareHandOff's trained coaches to remotely train caregivers on the checklist and to provide the encouragement and support needed to maintain engagement with the checklist over time.
- generated robust daily data and analytics to spot gaps in care and emergent events early.

4 Analysis

The intervention was piloted with elderly patients living at home whose caregivers ranged from spouses and other family members to agency aides.



93%

Caregiver Use

Caregiver Engagement

99% via text (coaching, education & resources

90% daily checklist completion

100% engagement through end-of-care

Improved Outcomes

Remote Medication Adjust

Admissions Prevented

Improved Patient Mental Status

5x improvement in therapy compliance

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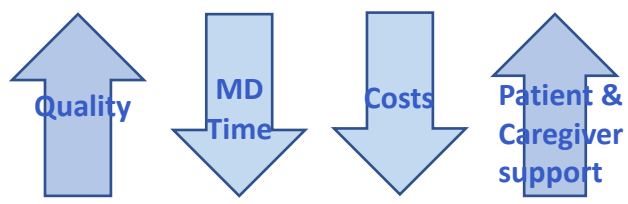

Clinical Efficiency

Reduced Physician Burden (Continuous Care Plan monitoring & Coaching by CHO)

Daily longitudinal data on demand

Fewer calls from families & caregivers

More satisfying patient visits

5 Results/Findings

During the pilot, our remote caregiver engagement improved after we developed several caregiver personas and adjusted our coaching, including focusing on intrinsic motivators (e.g. significance) and use of short text check-ins and acknowledgements. Caregivers reported better communication and sense of agency.

The care checklist reduced gaps in daily care, improved communication & collaboration among the care team, and kept the team focused on the patient's objectives.

This longitudinal data helped providers adjust care remotely and address emergent events rather than hospitalize patients, while apparently reducing the physician time burden per patient.

6 Conclusion

By integrating our checklist and coaching system, our caregiver summaries become a highly valuable tool in our mission to enhance the quality of life for the frail elderly and their caregivers.

CareHandOff takes on the responsibility of training and onboarding caregivers and unburdening physicians and their staff.

Additionally, our intervention can potentially boost revenue for the physician's practice, particularly within the current Medicare Chronic Care Management (CCM) framework and potentially with the emerging value-based payment programs (HH ACO.)

We have demonstrated tremendous promise for a low cost and clinically significant intervention to provide better care to the frail elderly by systematically and efficiently transforming their caregivers into highly engaged "members of the clinical team".

References

1. Figueroa, Maddox, et al (2017), *Concentration of Potentially Preventable Spending Among High-Cost Medicare Subpopulations,* Annals of Internal Medicine - https://www.hsph.harvard.edu/news/hsph-in-the-news/medicare-spending-frail-elderly/
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3. Hoogendijk,, Afilalo, et all (2019), *Frailty: implications for clinical practice and public health*, The Lancet - https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31786-6/fulltext

Contact: Rich@CareHandOff.com