
Abstract

Engaging Family Caregivers Translates to Better Health Outcomes and Lower Costs

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Abstract

Background: The changing demographics of the United States coupled with demonstrated savings resulting from innovative home and community-based services (HCBS) programs, has increased the demand for in-home care options for elders and individuals with disabilities. However, there is a lack of understanding as to what it takes for programs serving these populations to be optimally successful. Family caregivers provide valuable insight and real-time actionable intelligence from the home that can be leveraged to help bend the healthcare cost curve. For 12 years, Seniorlink has pioneered an innovative intensive in-home care model, Caregiver Homes, which partners family caregivers with a care team of nurses and social workers. The model provides guidance, financial assistance, and overall support to caregivers. This approach may help the management of expensive healthcare utilization and improve health outcomes. Nationally, this is the first home and community-based model to achieve the National Committee for Quality Assurance's (NCQA) highest level of Accreditation of Case Management for Long-term Services and Supports (LTSS). Evidence suggests that partnering engaged family caregivers with a care team improves health outcomes and lowers costs for the greater healthcare system, an approach supported by Seniorlink's novel strategy.

Objective: Compare the healthcare utilization of consumers (patients) served through Seniorlink's intensive in-home care model to a population of Medicare beneficiaries with functional decline, cognitive level, and medical complexity of care needs similar to the Seniorlink population.

Methods: Researchers analyzed the Minimum Data Set assessment information collected and aggregated by Seniorlink staff for descriptive data on the Seniorlink population in Massachusetts (n=1846) and Indiana (n=101) who were continuously enrolled in the program from January 1 to December 31, 2015. This information included functional limitations, dementia and psychiatric diagnoses, and chronic conditions. Utilization data were pulled from caregiver responses to an electronically-submitted daily incident and medical services questionnaire. Researchers also analyzed the 2013 Medicare Current Beneficiaries Survey (MCBS) to develop benchmark populations and report on nationally representative utilization and outcome variables for the Medicare population.

Results: In a comparison of the populations served, Seniorlink consumers had a much higher level of disability and a prevalence of dementia three times that of the overall Medicare population. Researchers found that compared to similarly disabled and cognitively impaired Medicare populations, Seniorlink consumers were significantly less likely to be admitted to the hospital, visit the emergency room, and experience falls. Seniorlink demonstrated its largest improvements over the MCBS group among medically complex consumers over age 65. This population experienced 40% fewer hospitalizations, 32% fewer ER visits, and 75% fewer falls than those on Medicare (all $P < 0.05$). Furthermore, researchers identified that Medicare beneficiaries with a level of need similar to Seniorlink clients were much heavier users (>2x annual per capita cost) of healthcare than the overall Medicare population.

Conclusions: Together, these findings indicate that the use of Seniorlink's innovative intensive in-home care model engaging family caregivers is associated with minimizing negative health outcomes. Taking into account publicly available data on the cost of ER visits and hospitalizations, the potential savings of reducing those events is nearly \$3M per 1000 consumers.

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KEYWORDS

Caregivers; elderly populations; people with disabilities

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