

1 April 2010

ADVANCE PURDUE Work/Family Event on Elder Care

Dear STEM faculty,

Thank you to those who were able to attend the 26 March 2010 ADVANCE-Purdue Work/Family event on Elder Care. We had a very successful event, with an especially informative presentation by Dr. Kathleen Abrahamson and a rich discussion afterwards. We would therefore like to share the highlights and key findings with those not able to attend as well as to the attendees. All the handouts are available on the ADVANCE Purdue website: <http://www.purdue.edu/dp/advance/worklife.php>.

Best regards,

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Elder Care Presentation and Discussion: Key points

Care and Satisfaction

- The majority of the aged populations are at home or living with a family member.
- The most common care dyads are daughters caring for an aged family member or a wife caring for her husband.
- Satisfaction of a caregiver varies; however, the health of the caregiver has a direct effect on satisfaction. Role overload has a negative effect on caregiver satisfaction. There is a gender difference: women tend to already be caregivers, while men tend to not have taken a caregiver role and may view caregiving as a burden.
- Satisfaction can also be positive. There can be reciprocity in caregiving, and also self efficacy.
- When an older family member is placed in a nursing home, the caregiving of the family member does not decrease it just changes.

Options for Elder Care in U.S.: Short-term and long-term

1. Home and community-based options: Adult Day Care
 - Not paid by Medicare; rarely by Medicaid
 - No skilled services (e.g., licensed staff such as nurse)
 - Medicare only reimburses for skilled health services ordered by a doctor.
2. Home nursing care: a growth industry.
 - Driven by hospitals wanting to release patients sooner.
 - Post-acute care. Medicare can reimburse for those who are housebound or get out of the house only for religious purposes or to go to the doctor. Depends on the physician diagnosis and order.
 - Important that the doctor make the determination/recommendation.
3. Hospice
 - Medicare-reimbursable only if a physician says and signs off that the patient has 6 months to live.
4. Assisted Living – this is long-term care (e.g., Kensington Gardens; University Place in WL)
 - Primarily out-of-pocket: it's for people who can afford it.
 - Is less regulated than nursing home because it tends not to have nurses on staff, but it tends to have a better reputation than nursing homes.
 - Nursing homes have nurses on staff, are regulated by government agencies, and they are more likely to be Medicare-reimbursed than are assisted living facilities.
 - When shopping around, look for CNA label: Certified Nursing Assistance.

5. Nursing homes

- Residents: who are they?
 - o They are largely white, female, over 65
 - o They need a lot of functional care (may have incontinence or confusion)
- Who pays for nursing home stay? Medicare pays for 28-100 days, after which the patient must be discharged.
- There is a requirement by the government that an RN must be present at least 8 hours, and a licensed nurse 24 hours. That is one nurse for the whole building. Nurse assistants usually do most of the care.
- You can find out ratings on nursing homes since they are highly regulated, but not on assisted living. See www.medicare.gov/NHcompare . There is a nursing home rating system, 1-5 stars. You can punch in your zip code and find the best nursing home nearest you.
- Most people make decisions about nursing homes in crisis, and people get placed where there is an available bed.
- There are no clear-cut roles for family or the professionals taking care of the older individuals. Professionals also have to deal with bureaucracy; thus, there may be family/staff conflict in nursing homes.

6. Some Problems with the U.S. Healthcare Model

- U.S. has a two -tier system: short-term care or long-term care
- The system is extremely fractured and complex, which makes coordination difficult and actually drives up the cost of medical care.
- In the U.S. care is centered on the primary doctor. This doctor has the power to diagnose and diagnosis has a direct effect on medical care reimbursement.
- Only skilled services (such as licensed professionals) are reimbursed by Medicare.
- Daily needs of older individuals are the responsibility of the individual or their family.

Purdue Policies and Challenges for Attendees

- Elder care events are not predictable and happen in crisis. It is difficult to plan for these events (unlike having a child, which could be planned).
- Families are not addressed in the organizational care.
- There needs to be a better way to manage care after a family member returns home after a hospital or rehabilitation home stay. Family members are responsible for the patient's care and the terms are not always clear. This is a serious problem. The system should be set up to help the patient and the family and not just the healthcare provider.
- No formal policy on elder care, which is handled on a case-by-case basis.
- Rarely is there support for those who have to figure out how to balance work, care of children, and care of an aged parent. Faculty/staff have to use vacation and accrued sick days.

- Distance from aged family member and finding facilities and care is a challenge.
- In some cases, departments and colleagues may be supportive but do not get involved.
- Some consequences of time off for elder care: loss of grants or lab space.
- Purdue's department heads need to be educated on the importance of women (and men) needing to take time off for elder care.
- New Cigna program, go to <http://www.purdue.edu/hr/EAP/Welcome.html> and liveandworkwell.com