What is Geriatric Care Management?

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What is Geriatric Care Management and Why is it Important?

As a health care service, *geriatric care management* is a relatively new concept born of the broader discipline known as *care management*—a process of planning and coordinating the care of elderly, injured, sick or disabled people to improve their quality of life and to help them maintain their independence for as long as possible.

Geriatric care management is sometimes referred to as *elder care management* or *senior health care management* because it focuses on the needs of older adults.

The industry definition of *geriatric care management* describes it as:

- A process of planning, facilitating, and managing the care of older adults who have physical, developmental, and/or mental difficulties to ensure their short- and long-term needs are met, to help them improve their health and well-being, and to achieve and maintain their independence.

Geriatric care management integrates management of healthcare needs with other vital support, e.g., nutritional assistance, affordable, accessible housing, arranging opportunities for social contact, as well as practical guidance for the financial and legal issues older adults may face.

Often, older adults are without family members to assist them in obtaining these services. Family members may not live nearby, or cannot devote the time to arrange the needed services for a loved one, so geriatric care management can be invaluable, whether it be short- or long-term in nature.

If you are a family member thinking about obtaining geriatric care management for a loved one, you should consider a couple of things:

- Are the issues that your loved one is dealing with bigger and more complicated than you can effectively manage?
- Do you currently have responsibilities that require so much of your time and energy that you cannot give your loved one the time and attention they need and deserve?

Talking to other family members about using geriatric care management may be helpful in building support and agreement about how to help your loved one; asking the family doctor or other healthcare provider may also give you useful information and insight about these services and the impact they can have on your loved one's quality of life.

However, it may be just as helpful to speak directly to a geriatric care manager. Ask your healthcare professional for a referral or you can access the searchable directory of geriatric care managers who belong to the *National Association of Professional Geriatric Care Managers* on their Web site at www.caremanager.org.

The Role of the Geriatric Care Manager (GCM)

Professional geriatric care management can be helpful in accessing community services and programs—because GCMs possess the knowledge, skills, creativity, and expertise to be a facilitator, advocate, coordinator, educator, and ultimately, a key resource in the care management equation.

Usually, these professionals are nurses, social workers or others with advanced degrees or training in related health care disciplines such as gerontology, counseling, etc. Often they also have certification as a Case Manager.

The GCM must have the ability to thoroughly assess health and lifestyle issues, and must demonstrate a deep knowledge about the quality, availability, and especially, the costs of a full range of services in the community.

Their focus is on reducing hospitalizations or institutional admissions while promoting independence. They actively seek practical solutions to the healthcare or other lifestyle issues that confront older adults.

To achieve these results, the GCM will have a complete understanding of the aging process, family dynamics, and the ability to be an effective problem solver.

How a GCM Cares for the Individual and their Family

The GCM will help with the numerous issues often associated with disability, illness or age in the following practical ways:

- Creating and implementing a **comprehensive and professional evaluation** of the individual's physical and mental health status and everyday needs and challenges as well as potential eligibility for in-home and/or community services.
- Developing and putting into place a **personalized plan of care/service plan** for receiving the required services and sharing that plan with the individual and all other healthcare providers.
- **Coordinating the individual's care** with all healthcare providers and monitoring the provision of those services (both in-home and in the community) to ensure the individual receives what is needed. This includes arranging for and accompanying the individual to preventive health screenings, and other important healthcare appointments.

- **Gathering and consolidating health insurance information** into one place, and ensuring it is available to the individual and the healthcare team. Also reminding the individual to conduct an annual review of their insurance coverage and helping them understand and make informed decisions about their coverage choices.
- **Acting as an advocate** while the individual is in a care setting, e.g., a nursing home, assisted living, a rehabilitation facility or at home.
- **Verifying whether advance directives are in place** and ensuring that all members of the healthcare team have copies and understand the individual's wishes and expectations in this regard.
- Providing active **crisis intervention** by serving as a resource during a crisis and providing the necessary counseling, support, and advocacy to mitigate any problems, help find solutions, and especially, to assist the individual and their family in decision making.
- **Overseeing transitions from one care setting to another** (e.g., from hospital to home) and working to ensure an informed and smooth process for everyone, so that readmission to the hospital can be avoided.
- Serving as a **consistent source of regular, ongoing education** for the individual, the family, and the healthcare providers, and as a **single point of contact to simplify and facilitate communication** among everyone.
- Providing **ongoing support and information** on behalf of the individual to family members who may not be in proximity to visit regularly.

- Ensuring that the **environment at home (or in another care setting) is safe and secure**. This includes **conducting an environmental evaluation and making recommendations** for use of technology or other modifications to ensure physical safety, in addition to closely monitoring for any signs of risk, abuse or exploitation.
- **Assessing nutritional status** and developing a plan (in consultation with the healthcare team) to ensure that adequate food, liquids, are included in the individual's diet, as well as making recommendations for physical exercise.
- Providing **medication management** to facilitate safe and effective use of all prescription and over-the-counter drugs, and focusing efforts to ensure all medications are used appropriately. This includes:
  - Educating the individual, their family, and caregivers on how medication should be taken;
  - Side effects, and how to recognize and respond to an adverse reaction;
  - Communicating with the physician, pharmacist, and other members of the health team; and
  - Keeping a record of all medications and any related medication issues.
- **Facilitating opportunities to participate in cultural/social activities** with friends and family. This interaction can improve quality of life and enhance enjoyment of hobbies, recreational pastimes, etc.

- Addressing any **other medical, legal or financial issues** that concern the individual or their family, which may also include obtaining referrals to other professionals (accountants, financial advisors, attorneys, medical specialists, etc.) to address areas of actual or potential problems.
- **Navigating** the often overwhelming amount of information about **Medicare/Medicaid** eligibility and benefits, **Social Security**, and any **state or community programs** that might be of benefit and meet critical needs.
- Providing **overall supervision** of in-home care with or without the assistance/participation of family members.

The GCM's role can be very focused (e.g., supervising agency caregivers, and monitoring or coordinating their services to the individual) or it can expand to cover virtually all aspects of the in-home and community care experience, including consulting with other healthcare professionals, and educating family members and friends on the kinds of supportive care they could contribute.

How is it Geriatric Care Management paid for?

Generally, professional fees for the services of a geriatric care manager may be covered by Medicare or insurance companies under very specific circumstances and only when a skilled service is being provided.

However, some long term care insurance policies may cover some services, depending on the policy benefits.

In addition, services may be paid for directly by the individual or family.

Checklist of What to Look for When Choosing a Geriatric Care Manager*

Does the GCM:

___ Have an advanced degree in a related field, such as gerontology, psychology, or social work?

___ Have a registered nurse degree?

___ Have any public health experience?

___ Does the care manager have certification as a GCM or Certified Case Manager (CCM)?

___ What kind of experience does the GCM have?

___ Length of time working directly with patients?

___ Length of time working in a setting that required direct care and understanding?

___ Does the GCM belong to any professional associations, such as the National Association of Professional Geriatric Care Managers?

___ How often is the GCM available? Can s/he be called on any day of the week? At any time of the day?

___ Is there a back-up plan if the GCM is unavailable?

___ How does the GCM charge for services? Does s/he charge for time spent on the telephone? Does s/he charge for travel?

___ Can the GCM provide references? Do these references include other providers of health and human services for seniors like hospitals, nursing homes and residential living communities as well as attorneys and trust officers?

___ Is the GCM bonded? Does s/he carry professional liability insurance?

*This checklist is based on a similar one that appears in *The Handbook of Geriatric Care Management* by Aspen Publishers, Inc. 2001

Resources for Additional Information

- National Association of Professional Geriatric Care Managers (www.caremanager.org)
- Geriatric Care Management (http://www.geriatriccaremanagement.com)
- Why Hire a Geriatric Care Manager? (http://newoldage.blogs.nytimes.com/2008/10/06/why-hire-a-geriatric-care-manager)

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