

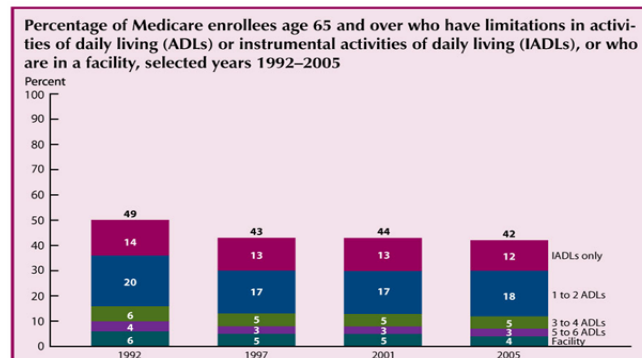
How Much Care does Mom Need?

Unintended Consequences

Our modern health care system has done a fabulous job of treating illnesses and extending life. People are now cured from diseases that would have killed them 10 or 20 years ago. This is a wonderful situation but it has created what are perhaps some unintended consequences.

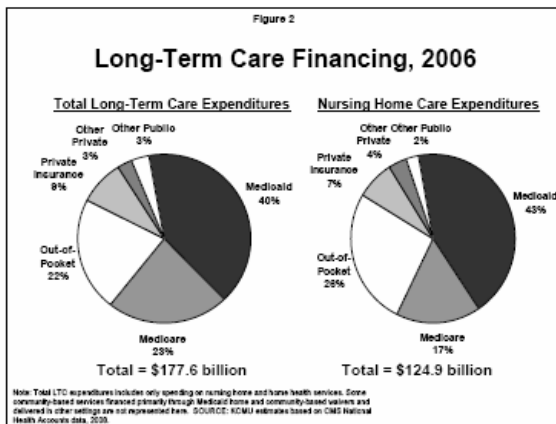
Back in the day, people lived their lives into their 60s, got sick, had a relatively short period of illness and died from an acute condition. People only needed daily care for perhaps a few weeks. When Medicare was conceived in the 1960's it was thought that few people would live past age 65. Now that the average lifespan in the US is well beyond that age, and now that people are now much more likely to succumb from a chronic debilitating condition, we have created a new and growing segment of our population that we call "frail".

Interestingly, the proportion of people over age 65 who have some level of disability decreased from 1992 to 2005 from 49 to 42%.¹ However, the fact that the number of seniors (over 65) is increasing by over a million a year is driving the total number of people needing help even higher.



In the past, a loved one was generally the only caregiver available if mom or dad needed help. Even today, 80% of all care provided to the elderly is from family members². As the caregivers now begin to age however, we are seeing more and more care being delivered by hired surrogates. Those with significant financial resources can purchase in-home care from agencies or individual, but the compounding problems of people

outliving their resources and diminished resources due to the faltering economy is driving more and more people to enroll in federally and state funded Medicaid programs. In 2006, Medicaid states spent almost 37% of their budgets on Long Term Care which amounted to over \$100 billion. While Medicaid spending for children and adults averaged less than \$2,000 per year in 2005, spending for the elderly and disabled was over six times that much.³



Getting it Right

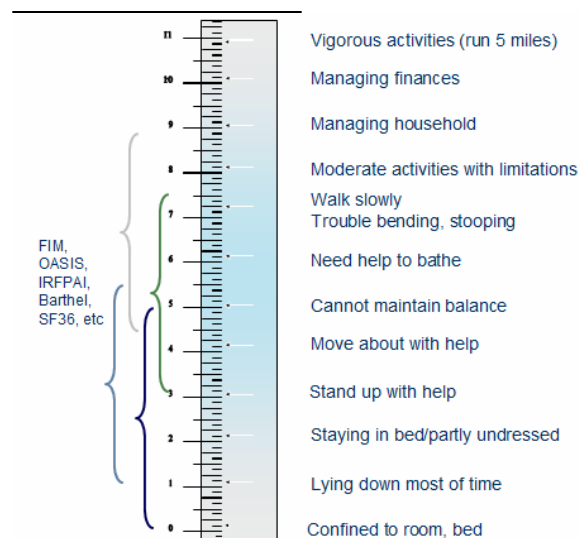
So how do we know how much care Mom really needs? If you ask her, she may say she doesn't need any. The home care agency that assessed her will likely come up with a much higher amount per day. Her physician will only be able to guess while you're just looking for answers. If she doesn't get all the help she needs, her chances of injury, poor hygiene and increased confusion will likely increase. If she gets more help than she actually needs, her resources will be depleted and her choices will eventually be limited. From a broader perspective, Medicaid (or a Medicaid insurance company) will probably end up footing the bill, thus putting a bigger drain on taxpayers. In addition, we simply do not have enough caregivers to go around as it is so we can't really afford to overuse this vital resource either.

As states move more towards community-based versus institutional-based long term care, they are grappling with how to determine the correct amount of care for an individual. Each state, or their contracted managed care organization, will have assessment processes in place which are largely dependent on human factors to make burden of care evaluations. The good thing about these processes is that you have knowledgeable, concerned, caring health care professionals doing their best to make the right decision. The downside is that you have knowledgeable, concerned, caring health care professionals doing their best to make the right decision. The problem with primarily relying on individuals, or even groups of individuals, to make these decisions is that you introduce a significant amount of variance into the process. Variation drives poorer quality, more appeals and higher costs. Without independent objective decision support and benchmarking, it is almost impossible to know how to fix these problems.

Functional Assessment

Many tools are available to measure an individual's level of function. Each was designed for a specific range of function (nursing home, home health, inpatient rehabilitation, etc.) and each relies on a static set of questions administered via pencil and paper (or the electronic equivalent).

A problem with these types of measures is that they each have a floor and ceiling and they require the skills of a trained clinician to administer. This process is expensive, isolates the family and frail person from participating in the measurement process and opens the door for "gaming" (I understand the inference but is there another word that more directly states it?) the system.



New technologies utilize “Item Response Theory” to measure the range of all these other scales at the same time with only a few questions. In other words, with approximately 20 questions answered by a layperson, a 0-100 scored functional assessment can be completed within a new scale with a very low “floor” and very high “ceiling. Item Response Theory works by adjusting each subsequent question based on functional level indicated by the response to the previous question, much like a clinician would evaluate function.

Research also shows that a “burden of care” for an individual can be accurately determined based on this scoring (4). These findings and other related research, can help clinicians, family members or health plans can determine just how much help and what types of help Mom really needs every day based on hundreds of people like her and not just based on the opinion of an individual care manager.

We have a lot at stake in using resources appropriately. Let’s take advantage of readily available technology and data to get it right.

1. Medicare Beneficiary Survey 2006
2. <http://jec.senate.gov/archive/Hearings/05.16.07%20Elder%20Care/Testimony%20-%20Morris.pdf>
3. <http://www.statehealthfacts.org/comparetable.jsp?ind=183&cat=4>
4. Forrest, G, Schwam, L, Cohen E, Time of care required by patients discharged from rehabilitation. American Journal Of Physical Medicine and Rehabilitation. 2002, 81: 57-62