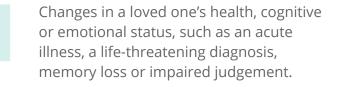


VIRTUAL eFamily ADVISING OF FAMILY CAREGIVERS

There are 50 million seniors in the United States, many of whom have multiple chronic medical illnesses coupled with memory impairment, depression, or physical limitations. Their complex care needs and the subsequent involvement of multiple specialists often result in fragmented care and confusing care plans that must be followed outside the health facility or physician's office. Adherence to the care recommendation often falls upon patients whose functional impairments interfere with their ability to manage their care needs or the 40 million family caregivers that must assume these responsibilities. Supporting family caregivers will be critical to the health and wellbeing of these seniors.

Using a secure HIPAA compliant web-based and mobile application, our Personal Expert Adviser, a licensed clinical social worker, addressed family caregiver concerns by exploring the issues raised via interactive messaging, completion of customized surveys, and curated resources to provide the participants with customized and real-time support.

WHAT FAMILY CAREGIVERS REQUESTED ASSISTANCE WITH



A decline in a loved one's physical functioning and ability to perform activities of daily living.

Impairment in managing the business of life including finances, paying bills and communicating/corresponding with others.

A deterioration in personal appearance, hygiene or maintenance of the home environment.

Signs of social isolation, loneliness, depression or agitation.

Aging loved one's denial of risks and resistance to help that might improve their safety and wellbeing. How to introduce homecare or relocate an aging loved one.

Concerns about how to address end of life issues.

Complex chronic medical needs requiring increasingly skilled care coordination and advocacy.

Concerns regarding covering the costs of long-term care.

Obstacles to successfully navigate health care insurance coverage and benefits.

Conflicts with other family members about an aging love one's care.

HOW eFamilyCare HELPED

92% wanted to continue receiving advice



71% family caregivers asked for help navigating the healthcare system and communicating with doctors

63% of family caregivers reported a reduced level of stress



42% of family caregivers needed advice on overcoming their loved one's resistance to care



34% of family caregivers had financial concerns about the cost of their loved one's care

CHARACTERISTICS OF FAMILY CAREGIVERS

PRIMARY CAREGIVER COMPLAINT

(ILLNESS/CONDITION OF AGING LOVED ONE)

Dementia / Memory illness: 46% Behavioral Health Condition: 13% Orthopedic / Injury / Pain: 13% Neurological Disease: 8% Cardiac: 8% Blindness: 8% Diabetes: 4% 5

RELATIONSHIP TO AGING LOVED ONE

Daughter: 42% Son: 38% Spouse: 12% Other: 8%

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DISTANCE FROM AGING LOVED ONE

Lives with 17% Lives nearby: 50% Lives long distance: 29% Lives out of country: 4%

7

CAREGIVER SUPPORT

Identified self as solely responsible caregiver: 46%

Indicated shared responsibility with other family members: 54%

2

AGE OF LOVED ONE

65 - 75 years: 17% 76 - 85 years: 33% 86 years or older: 50%



4

LIVING SITUATION OF AGING LOVED ONE

Lives alone: 37% *Lives with family or paid support:* 38% *Lives in facility:* 25%

FUNCTIONAL STATUS AS REPORTED BY FAMILY CAREGIVER

*Impaired ADLs only: 30% *Impaired IADLs only: 25% *Impaired ADLs and IADLs: 33% No deficit reported: 12% *see page 6

WHAT TO EXPECT

Family Caregive	rs were able
to apply advice f	for caregiving
interventions.	

2

The greater the understanding the Personal Expert Adviser could gain about the aging loved one's and caregiver's situation the stronger the engagement and the greater the satisfaction expressed by the caregiver. 3

Family Caregivers involved with aging loved ones suffering from dementia and behavioral health issues were the most engaged in the advising process.

4

Real time availability of technology could leverage the knowledge and skills of a credentialed health care professional.

5

This allowed us to coach family caregivers, which reduced their isolation and stress and empowered them to carry out key caregiving functions.

Conclusion

Advising a Family Caregiver about how to support an aging loved one can be successfully done through digital messaging, rather than by the traditional telephonic or face-to-face approach. This method of educating and empowering Family Caregivers to care for their aging loved ones has significant implications for increasing the number of competent caregivers, maintaining the health and wellbeing of seniors and avoiding unnecessary Hospitalizations and Emergency Room visits.

FOOTNOTES

Activities of Daily Living (ADL)

are activities in which people engage on a day-to-day basis. These are everyday personal care activities that are fundamental to caring for oneself and maintaining independence.

- 1. Bathing: personal hygiene and grooming
- 2. Dressing: dressing and undressing
- 3. Transferring: movement and mobility
- 4. Toileting: continence-related tasks including control and hygiene
- 5. Eating: preparing food and feeding

Instrumental Activities of Daily Living (IADL)

are activities related to independent living and are valuable for evaluating persons with early-stage disease, both to assess the level of disease and to determine the person's ability to care for himself or herself.

- 1. Managing finances: paying bills and managing financial assets.
- 2. Managing transportation: driving or by organizing other means of transport.
- 3. Shopping: shopping for food, clothing and other items required for daily life.
- 4. *Meal preparation:* everything required to get a meal on the table.
- **5.** *Housekeeping:* cleaning kitchens after eating, keeping one's living space reasonably clean and tidy and laundry.
- 6. Managing communication: telephone and mail.
- 7. *Managing medications:* obtaining medications and taking them as directed.