

***Caregiving Crisis:  
Impact on Health Care  
and  
Possible Solutions***

**Maria Torroella Carney, MD, FACP  
Northwell Health Department of Medicine  
Division of Geriatric and Palliative Medicine  
June 2018**

# CME ACCREDITED UPDATES IN MEDICINE ELEARNING SERIES

## **COURSE NAME:**

Medicine RSS eLearning Modules

## **CME eLEARNING ACTIVITY NAME:**

Caregiving Crisis: Impact on Health Care and Possible Solutions

## **PROGRAM DESCRIPTION, EDUCATIONAL GOAL AND RATIONALE:**

Evidence based guidelines are constantly changing and being updated for several core areas of Internal Medicine throughout the year. It is important for physicians to practice the most up-to-date standard of care in all specialties to promote patient health and well-being. Our series of lectures at the medicine regularly scheduled series promotes continuing education for the practicing internist and highlights important updates in medical practice in these core areas. Physicians in general practice often do not have the time to keep themselves up-to-date with medical advances as they are busy seeing patients in the clinical setting. The Medicine Regularly Scheduled Series gives these physicians the opportunity to learn these advances in an academic setting.

# CME ACCREDITED UPDATES IN MEDICINE ELEARNING SERIES

## TARGET AUDIENCE:

Physician Partners and Premium Network  
community-based providers

## LEARNING OBJECTIVES:

Upon successful completion of this activity, participants should:

Identify the impact of an aging population.

Summarize the epidemiology of caregiving.

Recognize markers of high risk caregivers.

Identify activities of self care.

# CME ACCREDITED UPDATES IN MEDICINE ELEARNING SERIES

## FACULTY PRESENTER/AUTHOR:

### **Maria Torroella Carney, MD, FACP**

Northwell Health Department of Medicine  
Division of Geriatric and Palliative  
Medicine

### **Thomas McGinn, MD**

Thomas McGinn MD MPH  
Professor and Chair of Medicine  
Donald and Barbara Zucker Hofstra  
/Northwell School of Medicine  
SVP and Deputy Physician in Chief,  
Northwell Health

### **Course Director:**

George Boutis, MD  
Attending Physician  
Department of Medicine  
Northwell Health

### **Planners:**

John Raimo, MD  
Division of Hospital Medicine  
Site Director, Internal Medicine Residency  
Program

### **Sean LaVine, MD**

Site Director, Division of Hospital Medicine  
Long Island Jewish Medical Center

# CME ACCREDITED UPDATES IN MEDICINE ELEARNING SERIES

## ACCREDITATION:

Northwell Health is accredited by the Accreditation Council for Continuing Medical Education to provide Continuing Medical Education for physicians.

## CREDIT DESIGNATION:

Northwell Health designates this Continuing Medical Education activity for a maximum of **1 *AMA PRA Category I credits***<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity

## METHOD OF PHYSICIAN PARTICIPATION:

### To receive credit the participants must:

Read/view the entire educational activity.

Input name and credentials to gain CME credit.

Answer at least 80% of the Post-Test questions correctly.

Complete and return Post-Test.

Complete and return Program Evaluation.

# CME ACCREDITED UPDATES IN MEDICINE ELEARNING SERIES

## **COURSE HOST:**

Department of Medicine  
Northwell Health

## **ESTIMATED TIME TO COMPLETE ACTIVITY:**

90 minutes

## **ACKNOWLEDGEMENT OF COMMERCIAL SUPPORT:**

An announcement of program support will be made to all attendees at the beginning of each educational activity.

# CME ACCREDITED UPDATES IN MEDICINE ELEARNING SERIES

## DISCLOSURE POLICY:

Northwell Health adheres to the ACCME's Standards for Commercial Support. Any individuals in a position to control the content of a CME activity, including faculty, planners, reviewers or others are required to disclose all relevant financial relationships with commercial interests. All relevant conflicts of interest will be resolved prior to the commencement of the activity.

## FACULTY DISCLOSURES:

Drs. Thomas McGinn, Maria Carney, George Boutis, John Raimo and Sean LaVine have nothing to disclose.

<b>RELEASE DATE:</b>	TBD
<b>REVIEW DATE:</b>	TBD
<b>PROGRAM EXPIRATION:</b>	7/30/19

## Objectives

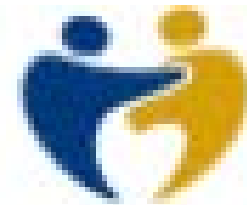
1. Identify the impact of an aging population
2. Evaluate the epidemiology of caregiving
3. Assess self care and identify markers of high risk caregivers



# RCI at Georgia Southwestern State University

Rosalyn Carter is often quoted for her observation that “there are only four types of people in the world:

- (1) those who have been caregivers,
- (2) those who currently are caregivers,
- (3) those who will be caregivers, and
- (4) those who will need caregivers.”



*Rosalynn Carter*  
INSTITUTE  
FOR CAREGIVING

# Agenda

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1. Changing Landscape of Aging
2. Caregiving Epidemiology
3. Assessing Self Care
4. What Providers Can Do
5. Caregiving Needs
6. Impact of Health Care
7. Caregiver Crisis
8. New Policies
9. Strategies and Solutions

# Case 1



## Case 2

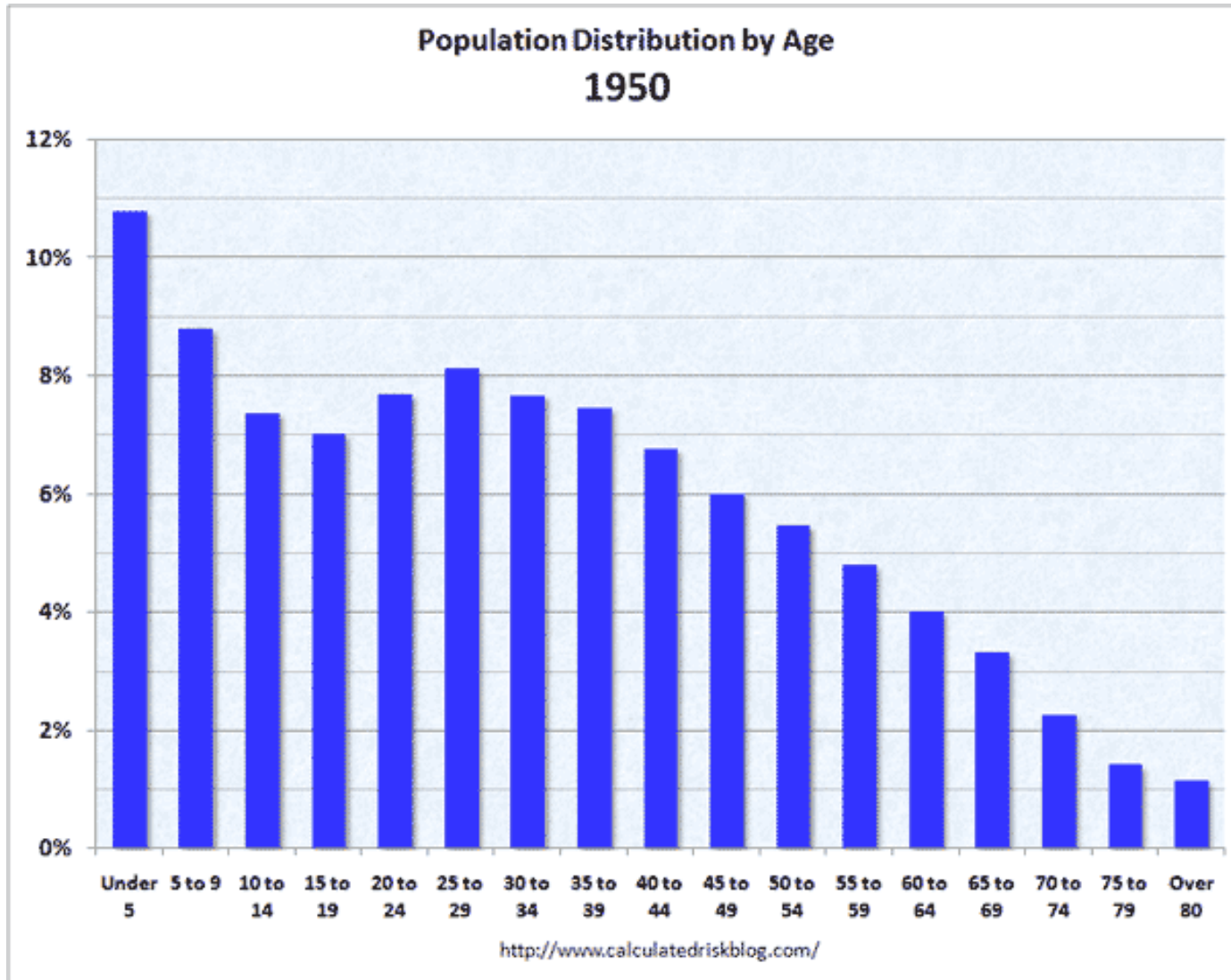


- 75 yo female - CAD, CHF, CKD stage 4, Type 2 DM – insulin req, depression, dementia with behavioral disturbances.
- 11 admissions in first 8 months of 2017
- 85 year old spouse
- 2 daughters, not in agreement
- Son in law acting as surrogate decision maker
- 24 medications

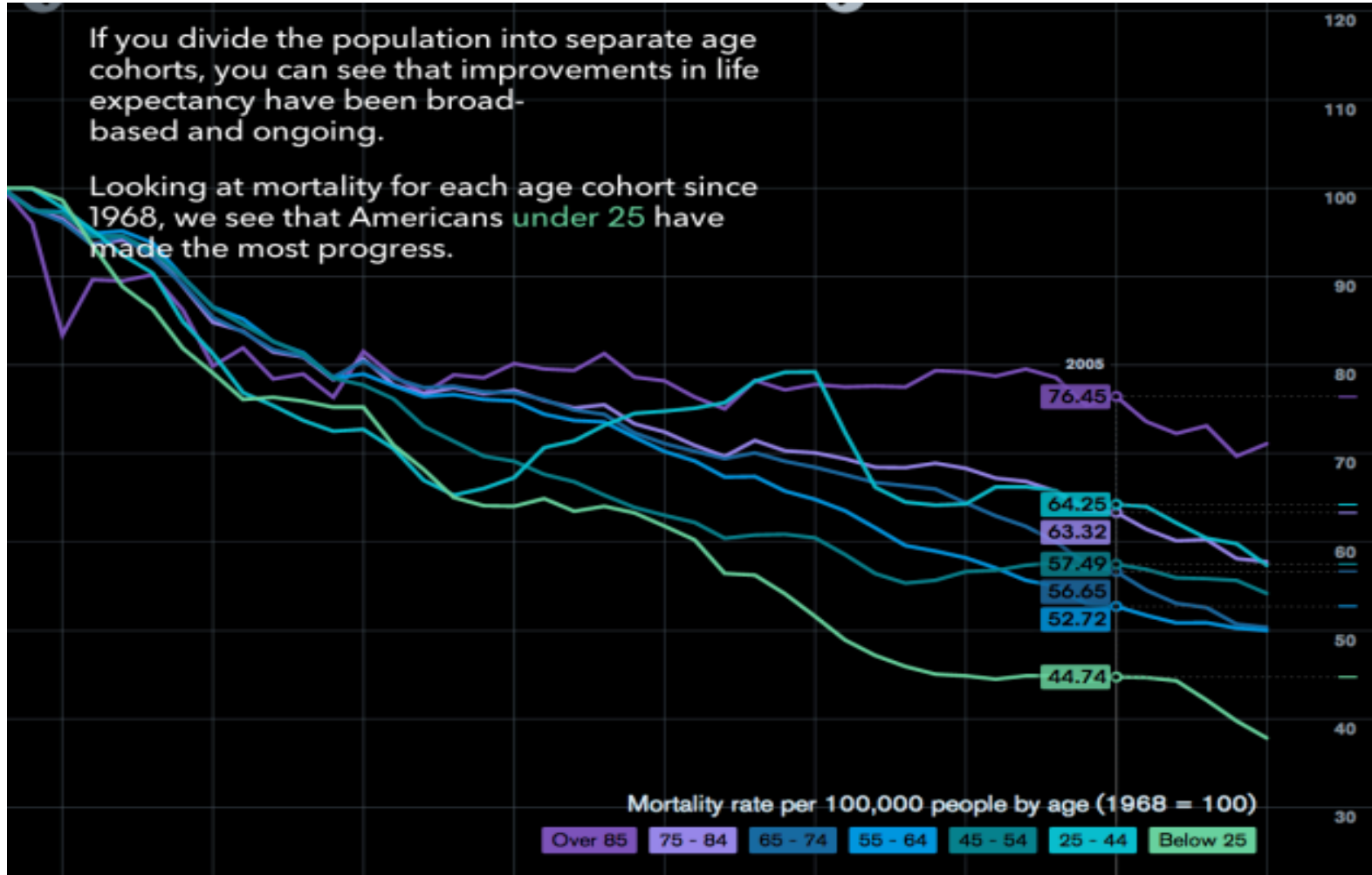
# Changing Landscape of Aging



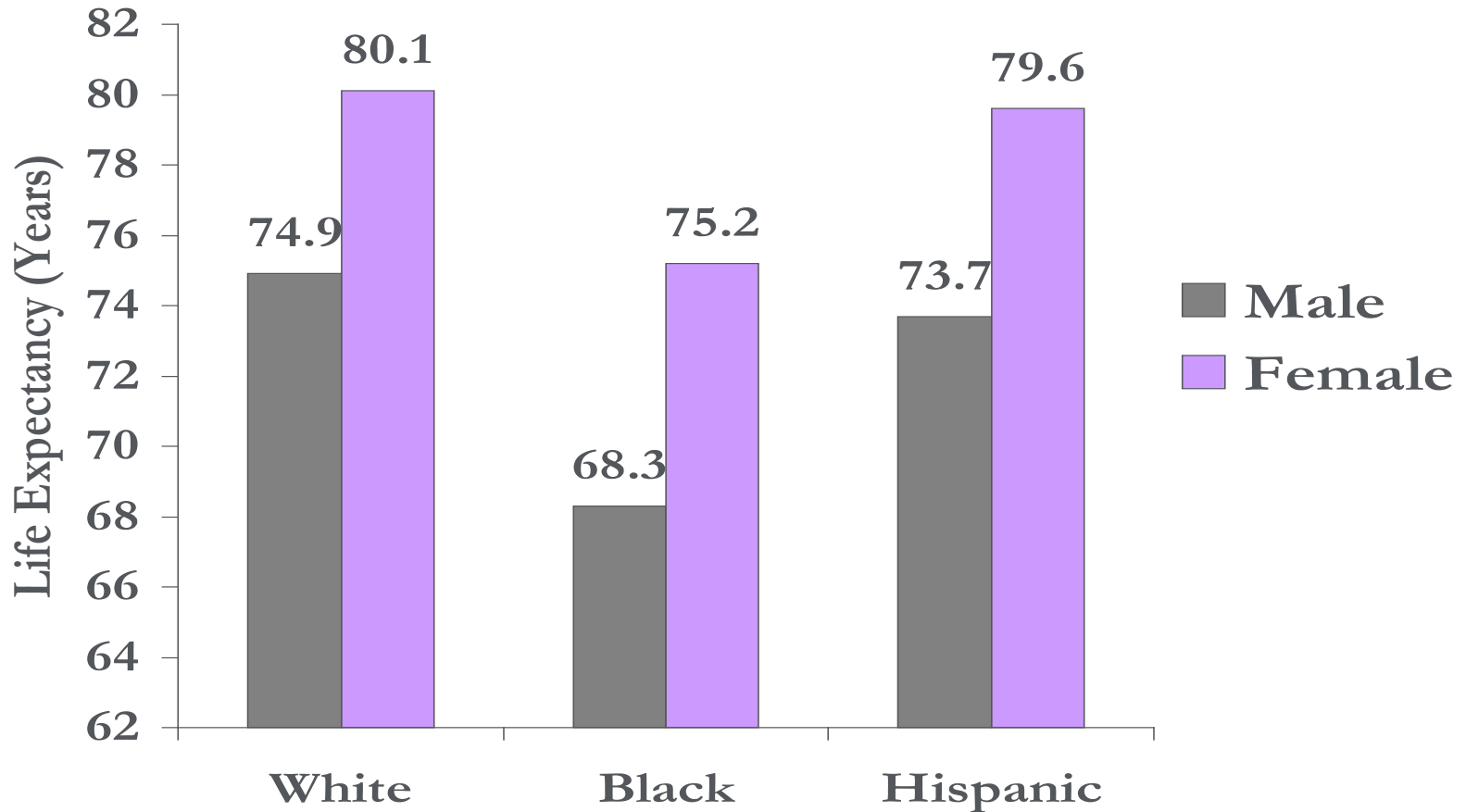
# US Population Distribution 1950 - 2050



# Decreasing Mortality: Bloomberg Visual Data: How Americans Die 4/2014



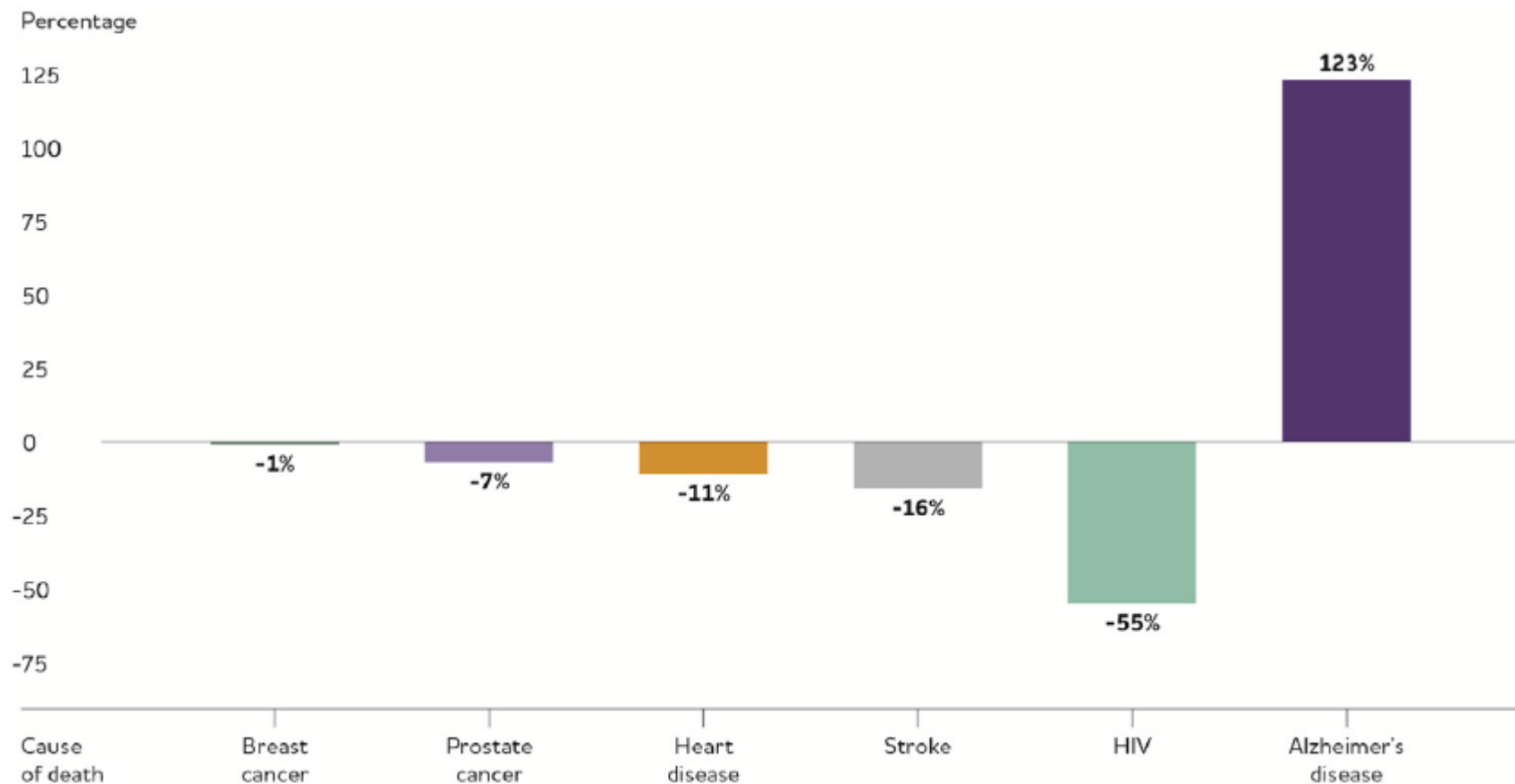
# US Life Expectancy





# Impact of Death's from Alzheimer's Disease (2018)

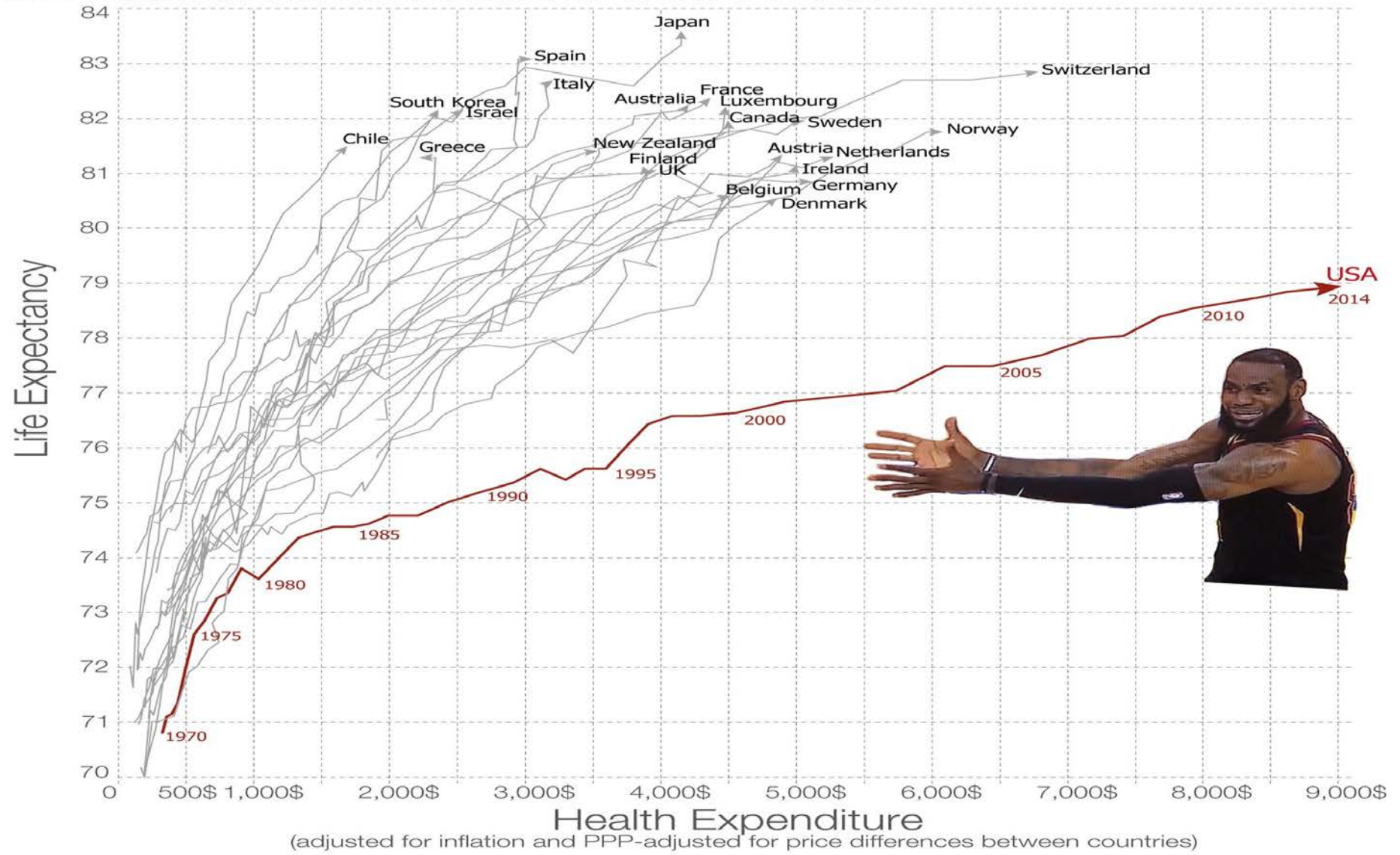
Percentage Changes in Selected Causes of Death (all ages) between 2000 and 2015



Created from data from the National Center for Health Statistics.<sup>180</sup>

# Life expectancy vs. health expenditure over time (1970-2014)

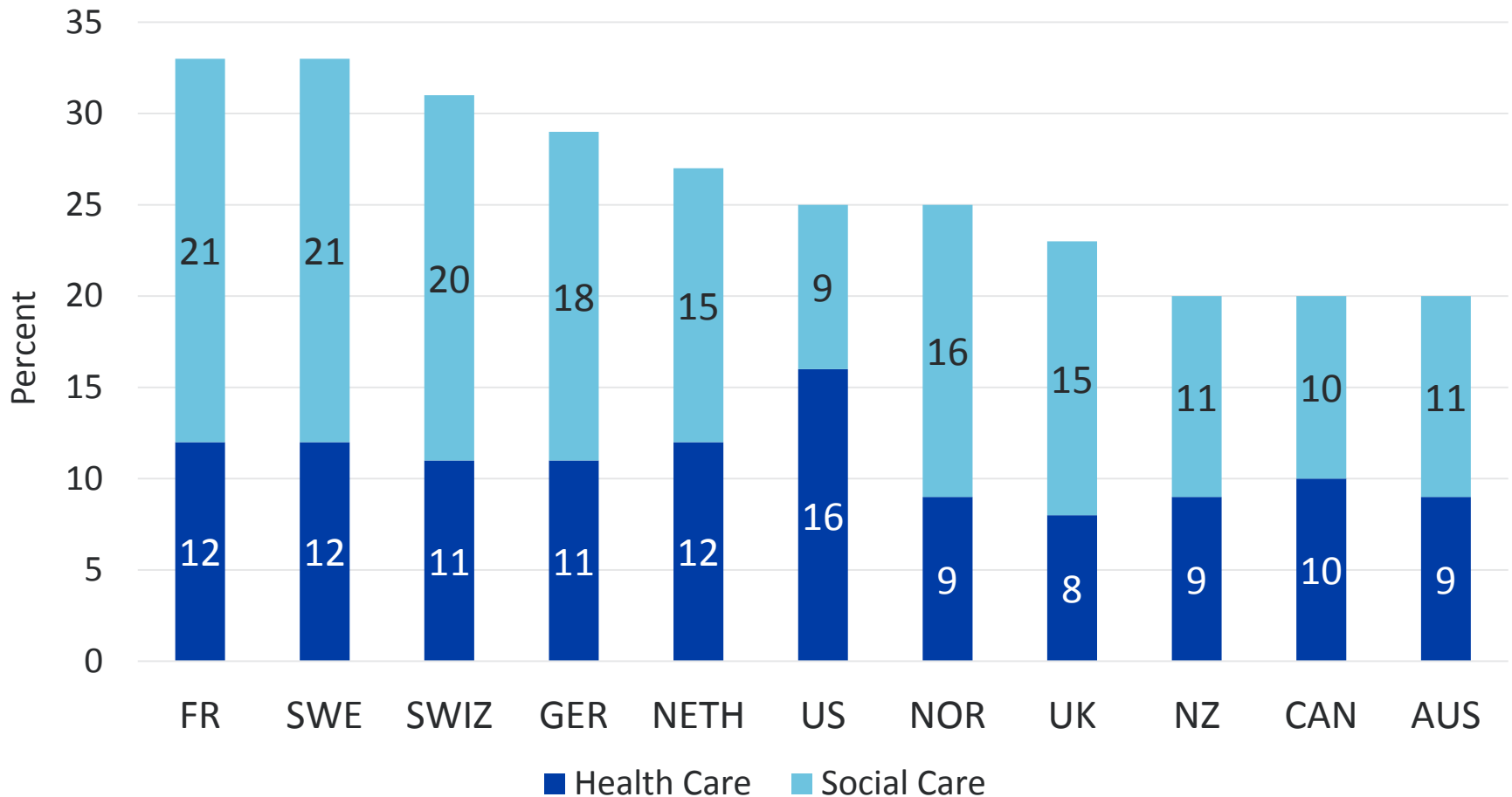
Health spending measures the consumption of health care goods and services, including personal health care (curative care, rehabilitative care, long-term care, ancillary services and medical goods) and collective services (prevention and public health services as well as health administration), but excluding spending on investments. Shown is total health expenditure (financed by public and private sources).



Data source: Health expenditure from the OECD; Life expectancy from the World Bank. Licensed under CC-BY-SA by the author Max Roser. The interactive data visualization is available at [OurWorldinData.org](http://OurWorldinData.org). There you find the raw data and more visualizations on this topic.

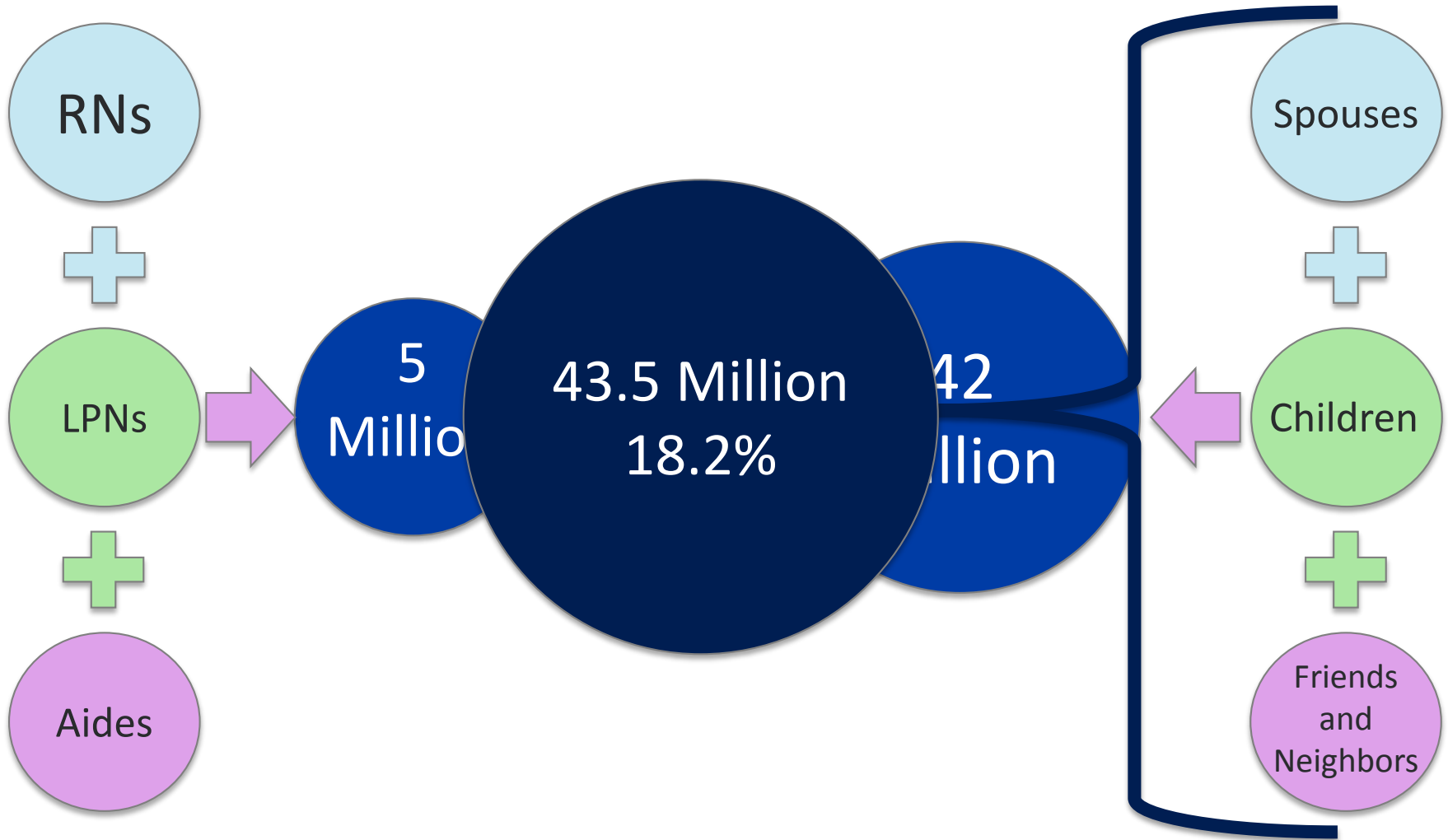
# Health and Social Care: Paradox of American Health Care Spending

## Health and Social Care Spending as a Percentage of GDP



# Caregiving Epidemiology

# Prevalence/Epidemiology of Caregiving

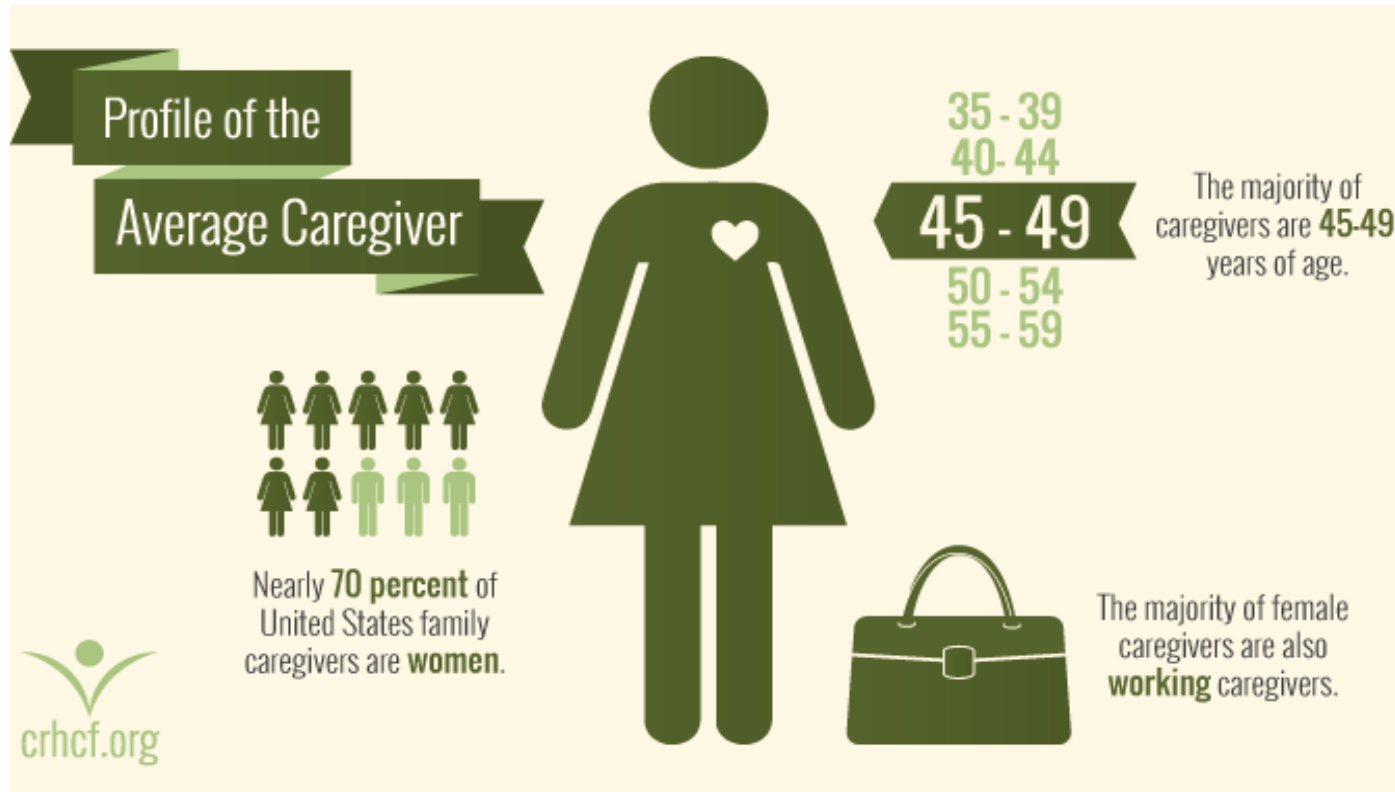


# Estimates of Individual Caregiving Prevalence by Race/Ethnicity

	Prevalence	Estimated Number of Caregivers
White (Non-Hispanic)	16.9%	26.5 million
African American	20.3%	5.6 million
Asian American	19.7%	2.7 million
Hispanic	21.0%	7.6 million

Caregiving in the US Report 2015

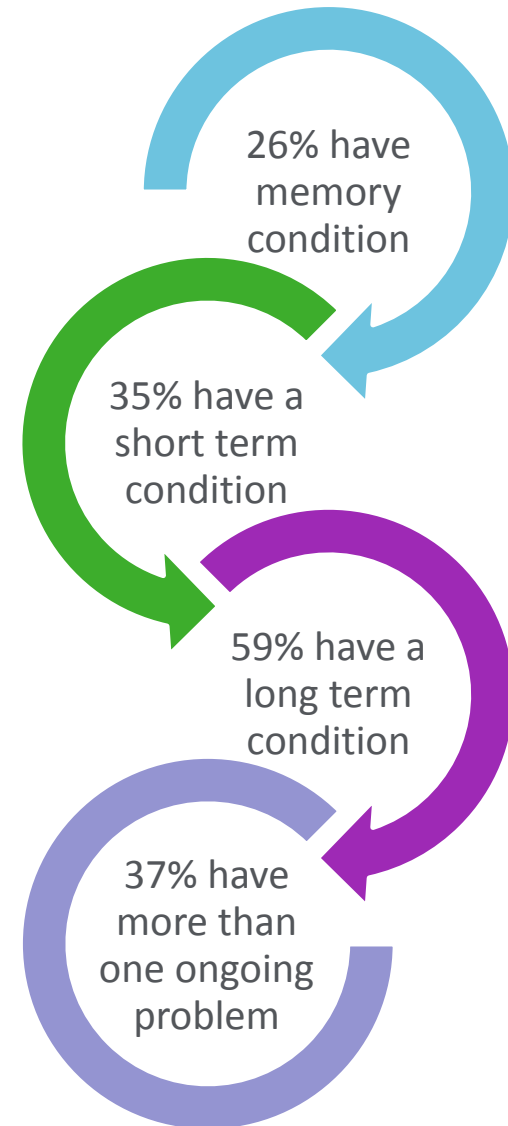
# Basics of Caregiving Situation - Caregiver



- Can be a member of family, a partner, or a friend
- Can live with the patient, nearby, or in another region
- Sometimes there are several family caregivers with different roles and responsibilities
- 1 in 10 are over 75 years of age
- Most patients do not identify their caregiver as a “caregiver”

# Basics of Caregiving Situation – Care Recipient

- 62% of care recipients are female
- Average age: 69 years old
- 48% live in own home
  
- 53% have been hospitalized in past year
- Duration of care is about 4 years (3.2 – 5.6)





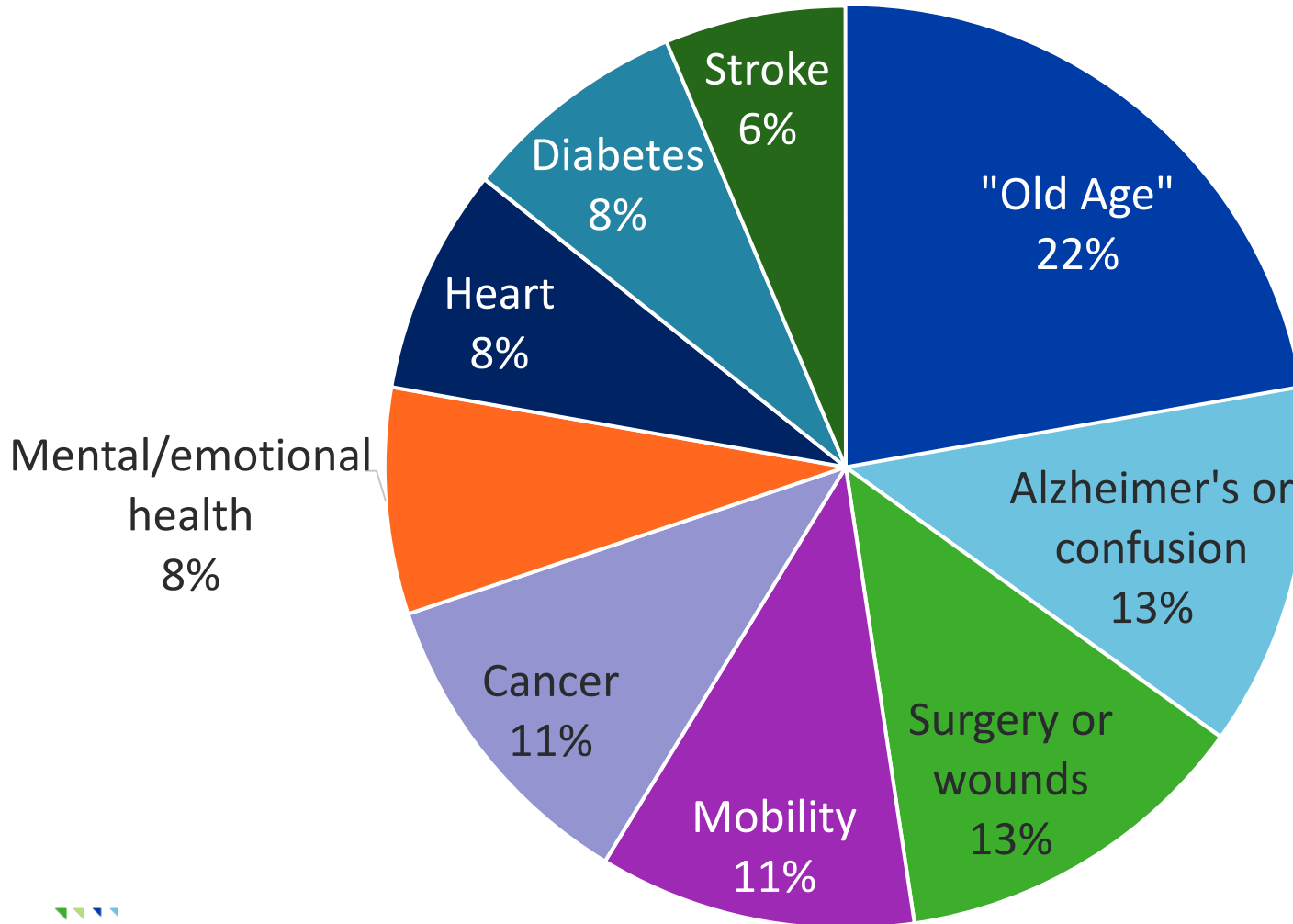
# Becoming a Family Caregiver - Why Me?

You often don't have a say in the matter – it falls upon you because you are:

- Present
- Able to relieve the recipient of care from chores
- Able to provide comfort and support and assistance...

Next Step In Care.org – Family Caregiver Guide *Becoming a Caregiver*

***“What is/was the main problem or illness your [relation] has/had for which he/she needs/needed your care?”***



# Caregiver Tasks

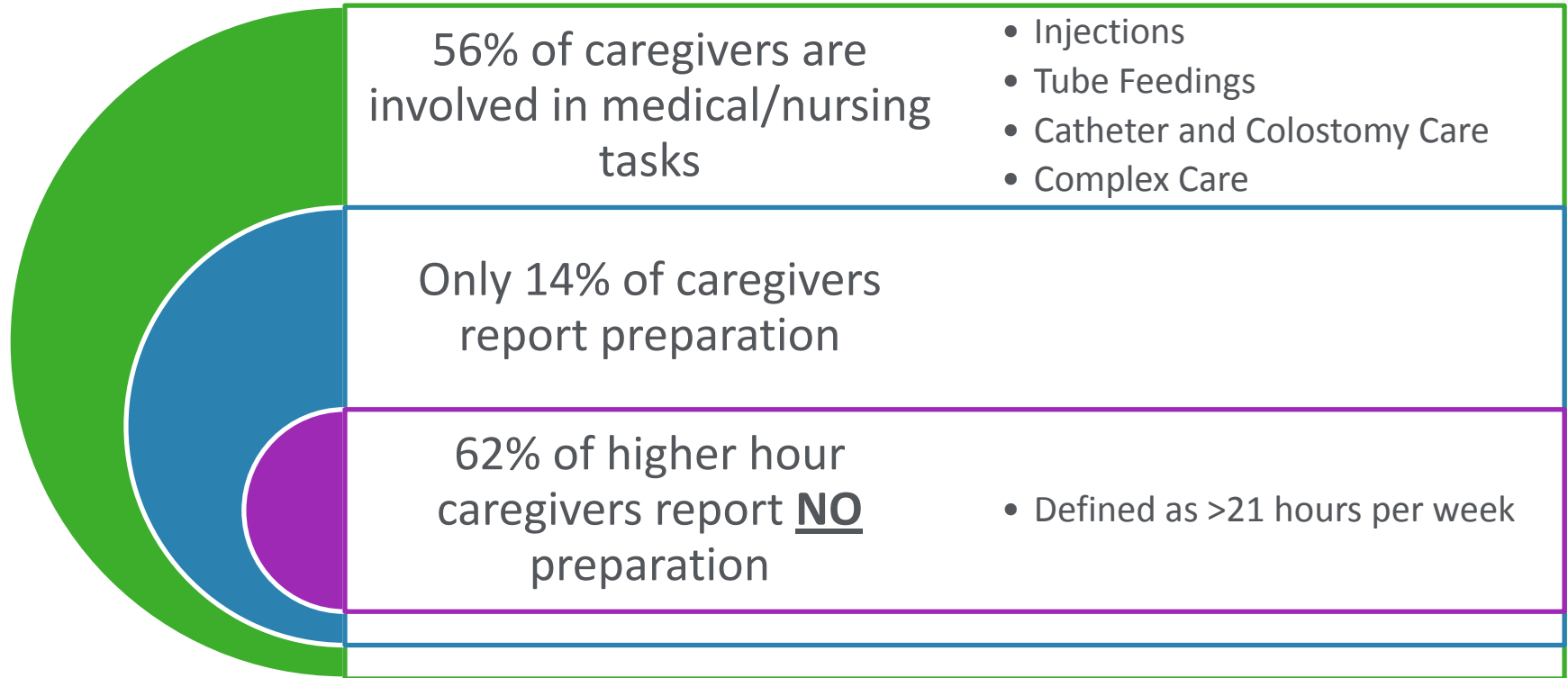


# Caregiver Tasks

- Shop
- Household chores
- Do finances
- Manage and dispense medications
- Take to doctor offices
- Communicate to other family members
- Dress
- Bathe
- Toilet
- Feed
- Be involved with or make health care decisions\*
- Medical / Nursing tasks\*



# Medical and Nursing Tasks

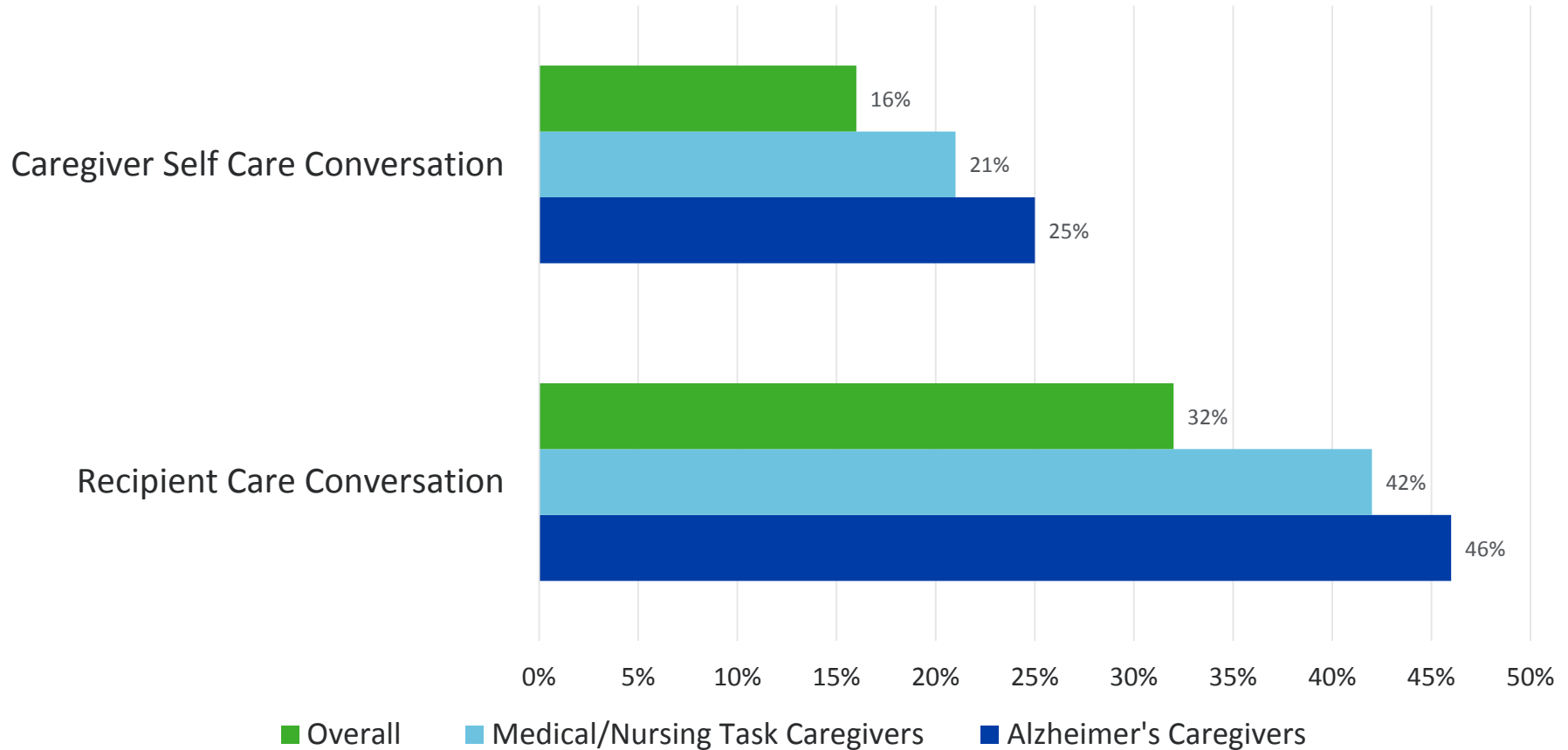


**Impact:** Trainings to teach caregivers to perform medical and nursing tasks are needed

# Health Care Provider Discussions about Caregiving

Caregiving in US Report 2015

Caregivers in more complex care situations are more likely to have these conversations



**Impact:** Treatment Plans are not being matched to caregivers abilities and needs – increased risk for unsuccessful treatment plan

# Assessing Self Care



# Assessing Self Care: Activities of Daily Living

## IADLs



## ADLs

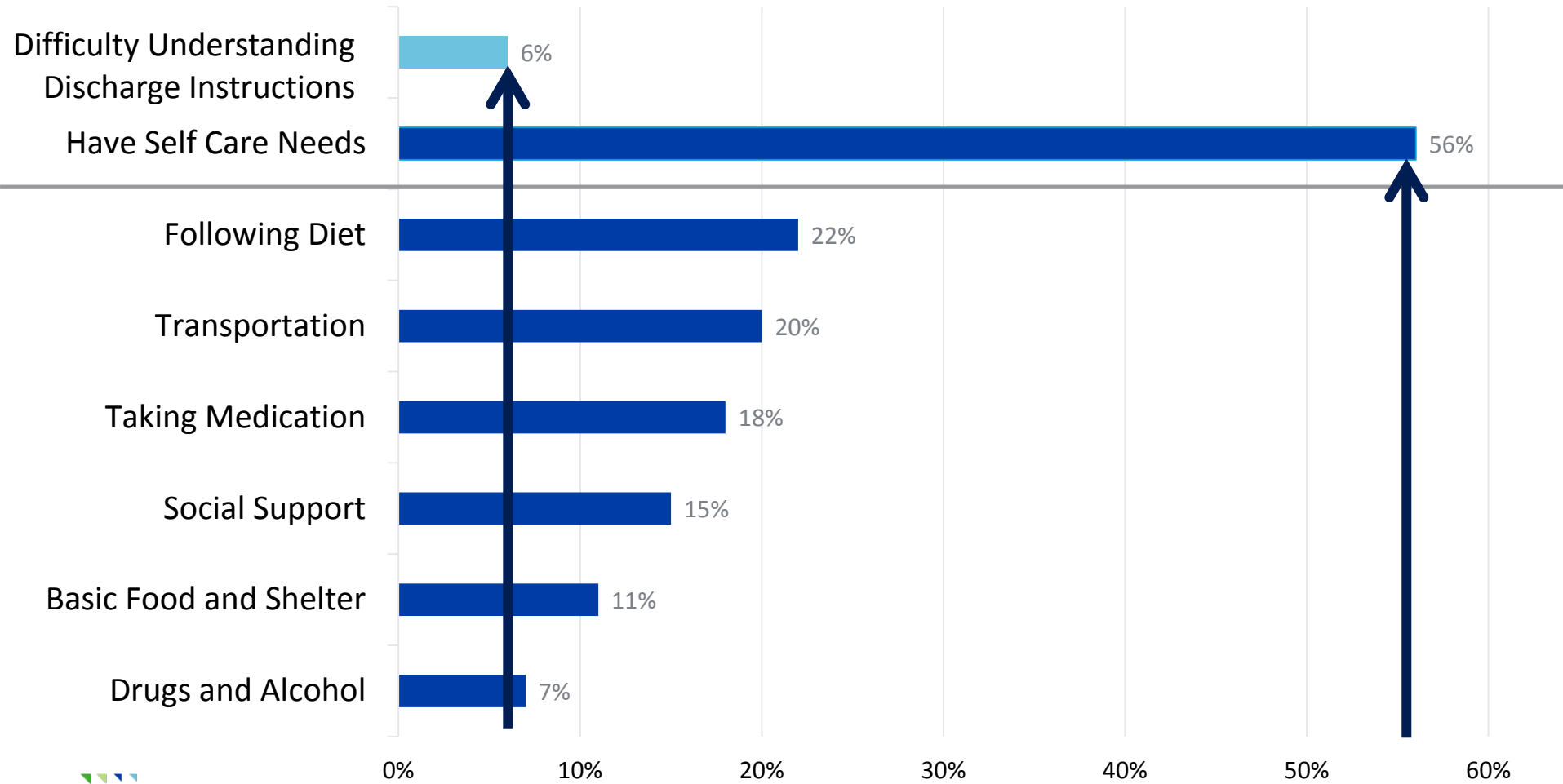


[https://www.caregiver.org/sites/caregiver.org/files/pdfs/SelCGAssmtMeas\\_ResInv\\_FINAL\\_12.10.12.pdf](https://www.caregiver.org/sites/caregiver.org/files/pdfs/SelCGAssmtMeas_ResInv_FINAL_12.10.12.pdf)  
Assessment of Activities of Daily Living, Self-Care, and Independence; Mlinac ME  
*Archives of Clinical Neuropsychology*, Volume 31, Issue 6, 1 September 2016, Pages 506–516,  
<https://doi.org/10.1093/arclin/acw049>



# Understanding patient-centred readmission factors: a multi-site, mixed-methods study

Cross sectional, national study of general medicine patients readmitted within 30 days at 12 US hospitals



# Poor Job Assessing – Individuals and Caregivers

The Challenge of Quality Cancer Care for Family Caregivers. Given BA, Given CW, Sherwood P – Seminars in Oncology Nursing 2012

REVIEW ARTICLE CURRENT CONCEPTS

## Instruments for the Functional Assessment of Older Patients

William B. Applegate, M.D., M.P.H., John P. Blass, M.D., Ph.D., and T. Franklin Williams, M.D.

## Addressing Social Determinants to Improve Patient Care and Promote Health Equity: An American College of Physicians Position Paper

### Social Determinants:

Housing, Transportation, Food, Digital Divide, Access to health care

Adult Deaths Attributable to Social Factors	
Low Education	245,000
Racial Segregation	176,000
Low Social Support	162,000
Individual Level Poverty	133,000
Income Inequality	119,000

The number of annual deaths attributable to low social support was similar to the number from lung cancer (n = 155 521)

# Spotlight on High Risk Caregivers



# Caregiver Burden

## A Clinical Review

Ronald D. Adelman, MD; Lyubov L. Tmanova, DVM, MLIS, MS; Diana Delgado, MLS; Sarah Dion, BA; Mark S. Lachs, MD, MPH

The extent to which caregivers perceive that caregiving has had an adverse effect on their emotional, social, financial, physical, and spiritual functioning.”

**Table 1. The Epidemiology of Caregiver Burden**

Domain/Feature	Risk Factor and/or Outcome Status of Caregiving
<b>Demographic</b>	
Female sex	Risk factor for becoming a caregiver and for caregiver burden (>2-fold rate of high caregiver burden compared with men) <sup>11</sup>
Low education	Associated with the highest levels of caregiver burden in various conditions, including stroke <sup>12</sup>
Cohabitation with care recipient	Associated with caregiver burden
<b>Clinical outcomes of caregiver burden</b>	
Mortality	Caregiver burden identified as an independent predictor of caregiver mortality with a 63% increased risk of death <sup>13</sup>
Weight loss	Caregiver burden associated with caregiver weight loss
Poor self-care	Higher incidence of low self-care behaviors and of ignoring self-health <sup>14</sup>
Sleep deprivation	Especially common in caregivers of dementia patients who have disruption to the sleep-wake cycle and may also be a risk factor for caregiver burden
<b>Psychosocial</b>	
Depression and depressive symptoms	Identified as risk factor for and outcome of caregiver burden <sup>15</sup>
Coping strategies	Using a smaller number of coping strategies (eg, seeking advice, exercising) associated with caregiver burden in caregivers of dementia patients <sup>16</sup>
Perceived patient distress	Greater likelihood of experiencing caregiver burden in caregivers who perceive distress in the care recipient
Social isolation and decreased social activity	Risk factors for caregiver burden and outcomes of caregiver burden <sup>17</sup>
Anxiety	An outcome of caregiving in caregivers to advanced cancer patients <sup>18</sup>
Suicide	An outcome of caregiver burden
<b>Caregiving context</b>	
Caregiving time and effort	Duration in the caregiving role and hours spent caregiving associated with caregiver burden
Financial stress	A risk factor for caregiver burden and an outcome of caregiver burden <sup>19</sup>
Lack of choice	Lack of choice in becoming a caregiver associated with caregiver burden <sup>20</sup>
Inability to continue regular employment	Caregiving may preclude regular employment; when more than 1 potential caregiver exists, the family member who is not regularly employed is more likely to assume the caregiving role

# Spotlight on Higher Hour Caregivers (>21 hours per week)

## Who

- 52 year old female, likely to also be working and not have a degree
- Helping with 2.6 ADLs, 5.3 IADLs, managing medical and nursing tasks
- Average is 62.2 hours/week

## Caring for

- 68.4 year old female, close family (parent or spouse)
- Long term illness
- Lives in caregiver home

## Impact

- Care given for 5.6 years
- Sole, unpaid caregiver without assistance of paid help
- Very high burden of care

# Spotlight on Caregivers Ages 75 or Older

## Who

- 79 year old, white, not working
- Providing care to one adult, 34 hours per week, without any other unpaid help
- Providing care for 5.6 years

## Caring for

- 77 year old male spouse who has Alzheimer's, "old age" issues, or heart disease

## Impact

- More often communicating with care professionals (73%), managing finances (69%), and advocating (55%)
- Wants information about making end of life decisions
- High burden of care (46%)

# Spotlight on Caregivers of Someone with Dementia

## Who

- 56 year old female
- Helping with 2.2 ADLs, 4.6 IADLs, medical/nursing tasks
- More likely to help other activities (advocating, communicating, and monitoring)

## Caring for

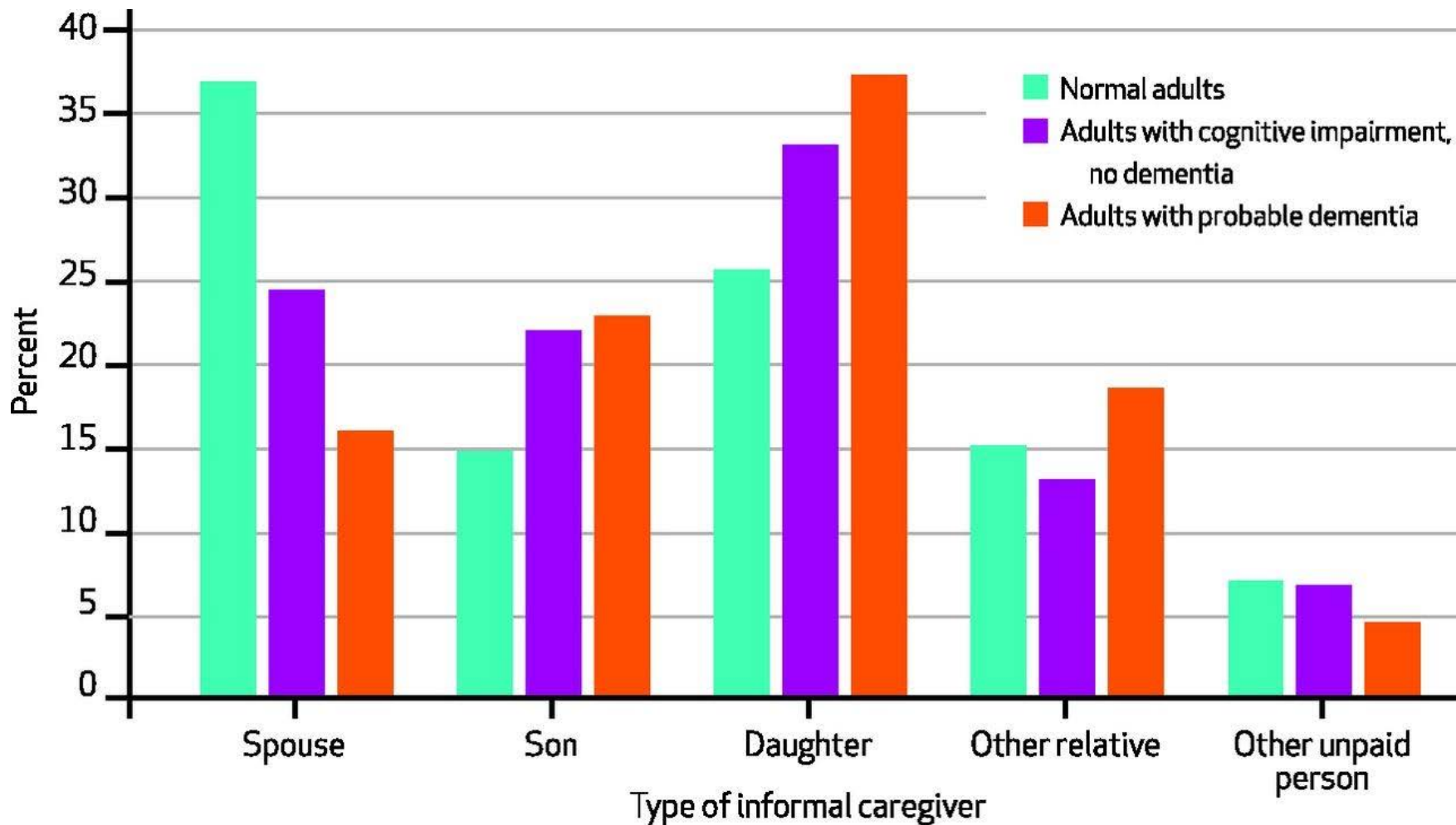
- 77 year old parent or relative
- More likely to live in assisted living or skilled nursing facility

## Impact

- More likely to have difficulty with ADLs and medical/nursing tasks
- 50% have high emotional stress
- More likely to say caring has adversely affected their own health



## Relationship of Community-Dwelling US Adults Ages 70 and Older Who Receive Informal Care to Informal Caregivers, by Cognitive Status, 2010



# Spotlight on Aging Alone – Elder Orphan

## Definition:

Aged, community-dwelling individuals who are socially and/or physically isolated, without an available known family member or designated surrogate or caregiver.

## Research Article

# Elder Orphans Hiding in Plain Sight: A Growing Vulnerable Population

Maria T. Carney,<sup>1</sup> Janice Fujiwara,<sup>1</sup> Brian E. Emmert Jr.,<sup>1</sup> Tara A. Liberman,<sup>1</sup> and Barbara Paris<sup>2</sup>

# What Providers Can Do



# Assess Self Care: Activities of Daily Living

## IADLs

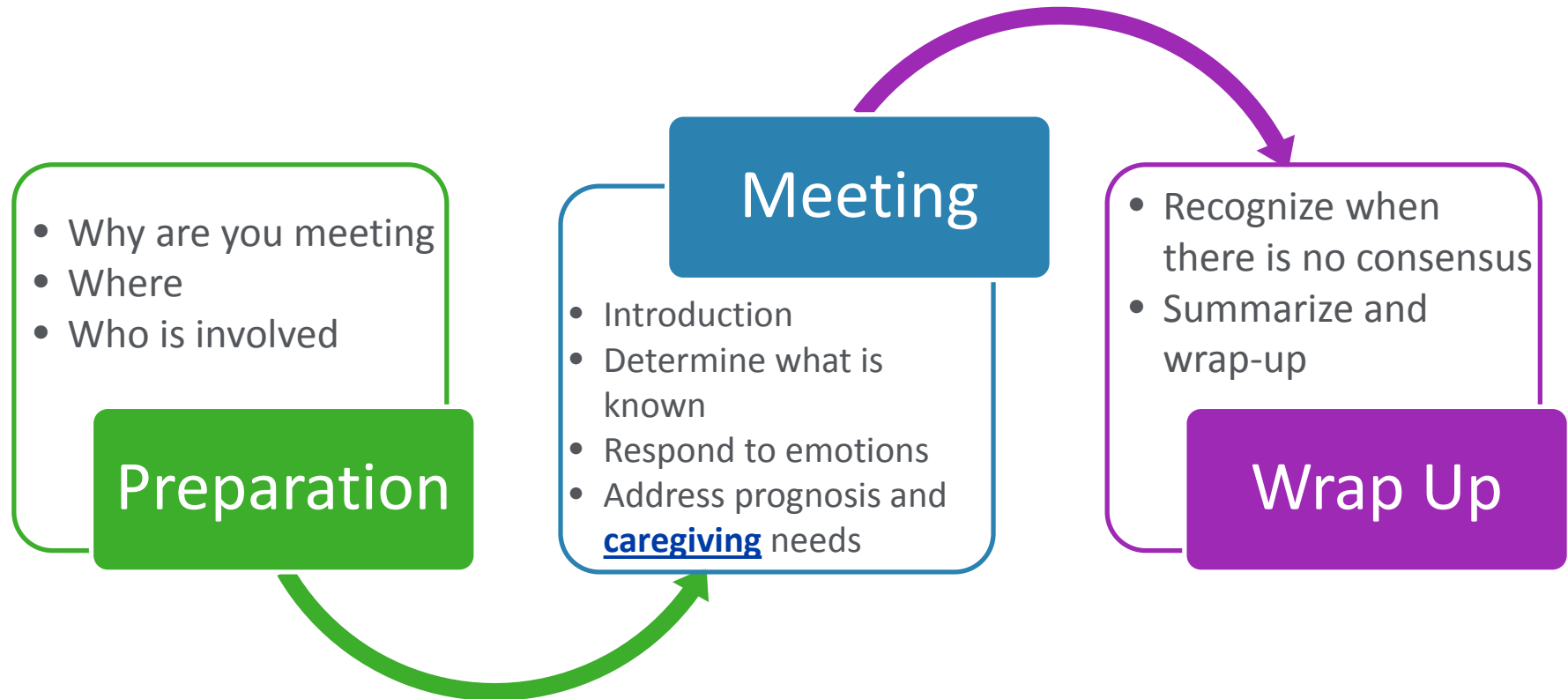


## ADLs



[https://www.caregiver.org/sites/caregiver.org/files/pdfs/SelCGAssmtMeas\\_ResInv\\_FINAL\\_12.10.12.pdf](https://www.caregiver.org/sites/caregiver.org/files/pdfs/SelCGAssmtMeas_ResInv_FINAL_12.10.12.pdf)  
Assessment of Activities of Daily Living, Self-Care, and Independence; Mlinac ME  
*Archives of Clinical Neuropsychology*, Volume 31, Issue 6, 1 September 2016, Pages 506–516,  
<https://doi.org/10.1093/arclin/acw049>

Carney, Maria, Torroella, MD\*; Liberman, Tara, DO



# SPIKES

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S      Setting

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P      Perspective

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I      Invitation

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K      Knowledge (Imparting Information)

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E      Empathizing and Exploring

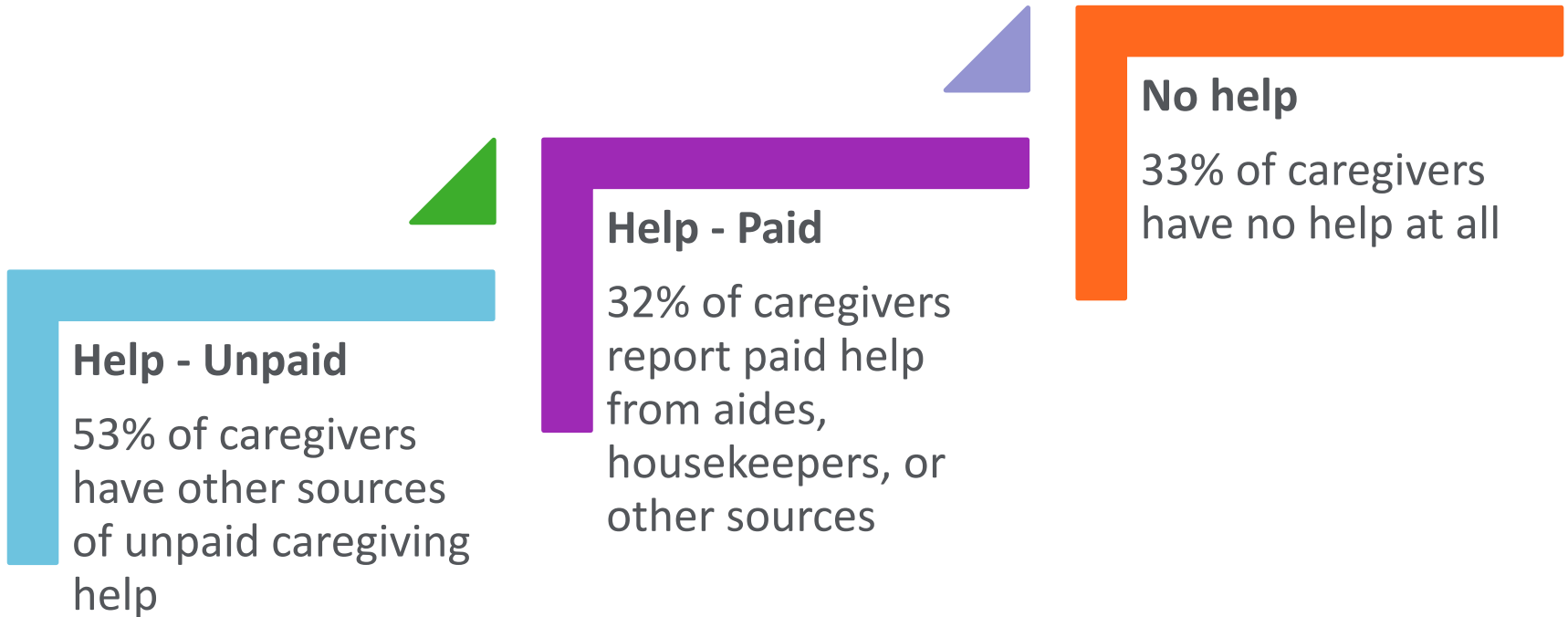
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S      Strategy, Summarize, Support

# Caregiving Needs:

- Help
- Education
- Work Support

# Other help



## Help - Unpaid

53% of caregivers have other sources of unpaid caregiving help

## Help - Paid

32% of caregivers report paid help from aides, housekeepers, or other sources

## No help

33% of caregivers have no help at all

**Impact:** High risk for caregiver burden



# Home Health Aides – Formal Caregiving

## The Shortage Of Home Care Workers: Worse Than You Think

**Forbes**

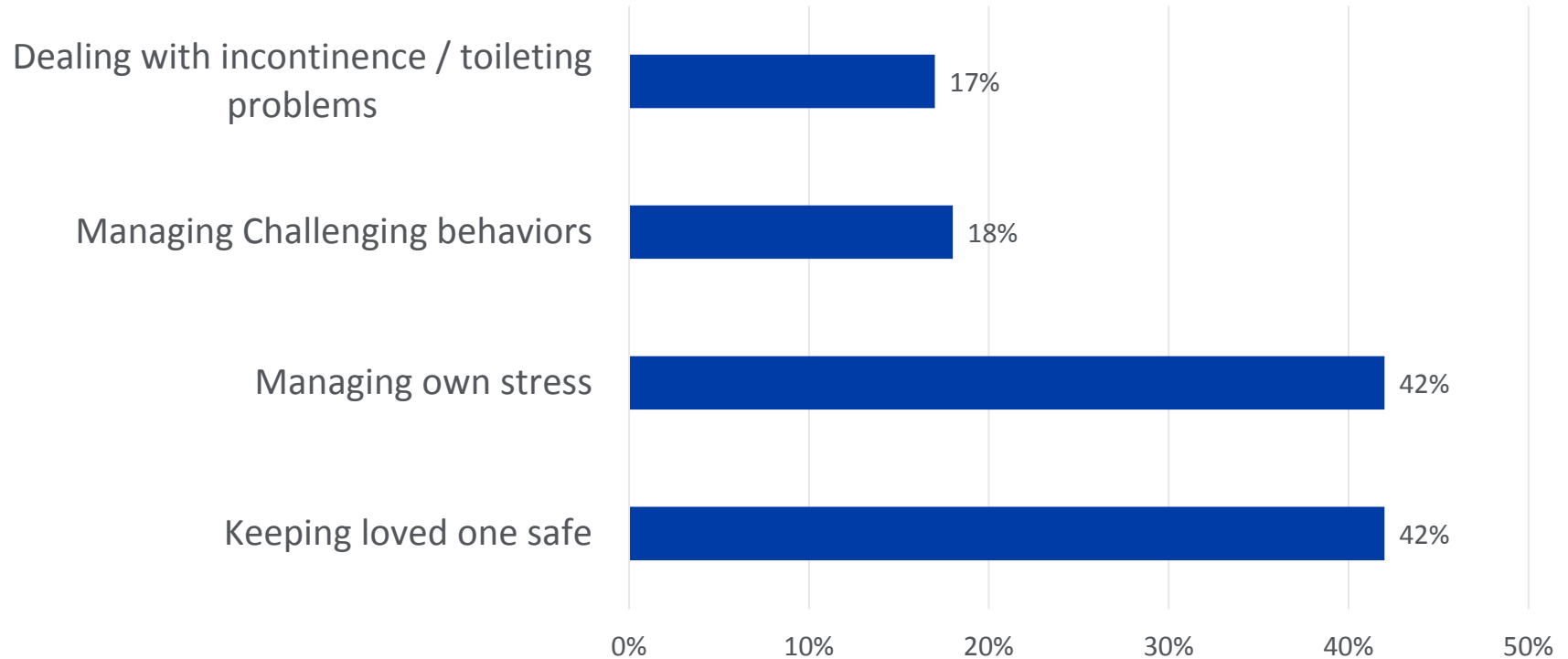
- **Education:** High school
- **Median Pay:** \$23,130 per year (\$11.12 per hour)
- Job growth expected to increase 41% between 2016 -2026
  - Need outpacing growth
- Skills don't match needs
- Limited training programs
- Opportunities for policy change (eg skill certifications)

**Suggestion:** Skill certifications for HHA  
HHA opportunity in Medical School (eg EMT)

# Caregiver Need for Education

## Caregiving Report in US 2015

84% of caregivers “could use more information or help on caregiving topics”



**Impact:** Offer resources, education and trainings

# Employer Issue

- About 17% of U.S. full-time workers act as caregivers<sup>1</sup>
- Caregiver absenteeism costs the U.S. economy an estimated \$25.2 billion<sup>1</sup>
- Caregiving has shown to reduce employee work productivity by 18.5% and increase the likelihood of employees leaving the workplace<sup>2</sup>
- Employees with caregiving responsibilities cost their employers an estimated 8%--an additional \$13.4 billion per year--more in health care costs than employees without caregiving responsibilities<sup>3</sup>

1. Gallup-Healthways. (2011). Gallup-Healthways Well-Being Survey: Caregiving Costs U.S. Economy \$25.2 Billion in Lost Productivity.

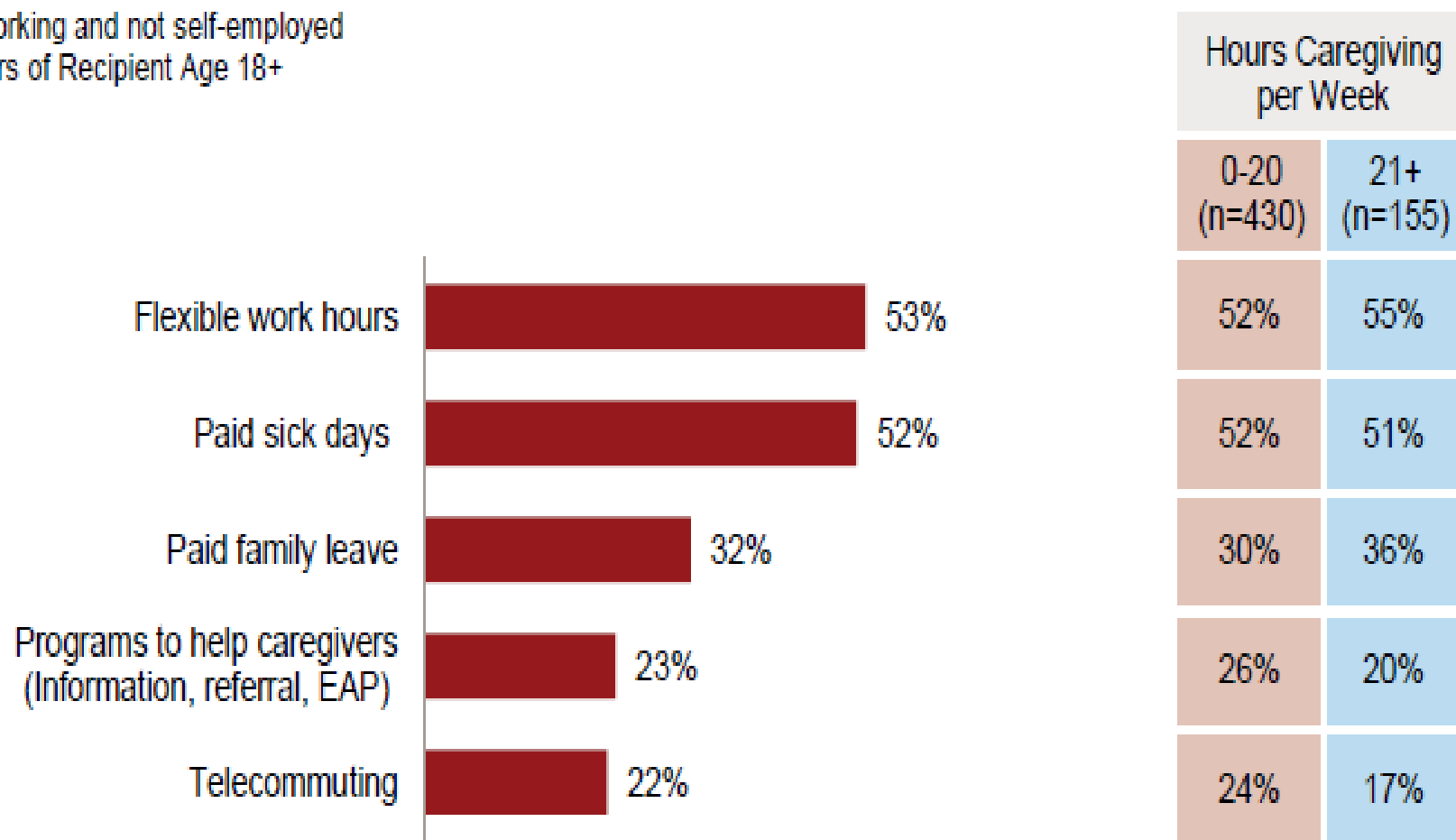
2. Coughlin, J. (2010). Estimating the Impact of Caregiving and Employment on Well-Being: Outcomes & Insights in Health Management.

3. The MetLife Study of Working Caregivers and Employer Health Costs: Double Jeopardy for Baby Boomers Caring for their Parents. MetLife Mature Market Group, National Alliance for Caregiving, and the University of Pittsburgh Institute on Aging. (2010).

## Figure 65: Workplace Benefits for Caregivers

N16. For employees in your position, which of the following does/did your employer offer?


Base: Working and not self-employed  
Caregivers of Recipient Age 18+  
(n=587)



# Impact on Health Care



# Caregiver Integration During Discharge Planning for Older Adults to Reduce Resource Use: A Metaanalysis

Juleen Rodakowski OTD, MS , Philip B. Rocco PhD, Maqui Ortiz BA, Barbara Folb MM, MLS, MPH, Richard Schulz PhD, Sally C. Morton PhD, Sally Caine Leathers MS, Lu Hu PhD, A. Everette James JD, MBA III, ... [See fewer authors](#) ^



Found a 25% decrease in 90-day readmission

# Family caregiving and congestive heart failure. Review and analysis

Gerard J. Molloy<sup>a,\*</sup>, Derek W. Johnston<sup>b</sup>, Miles D. Witham<sup>c</sup>

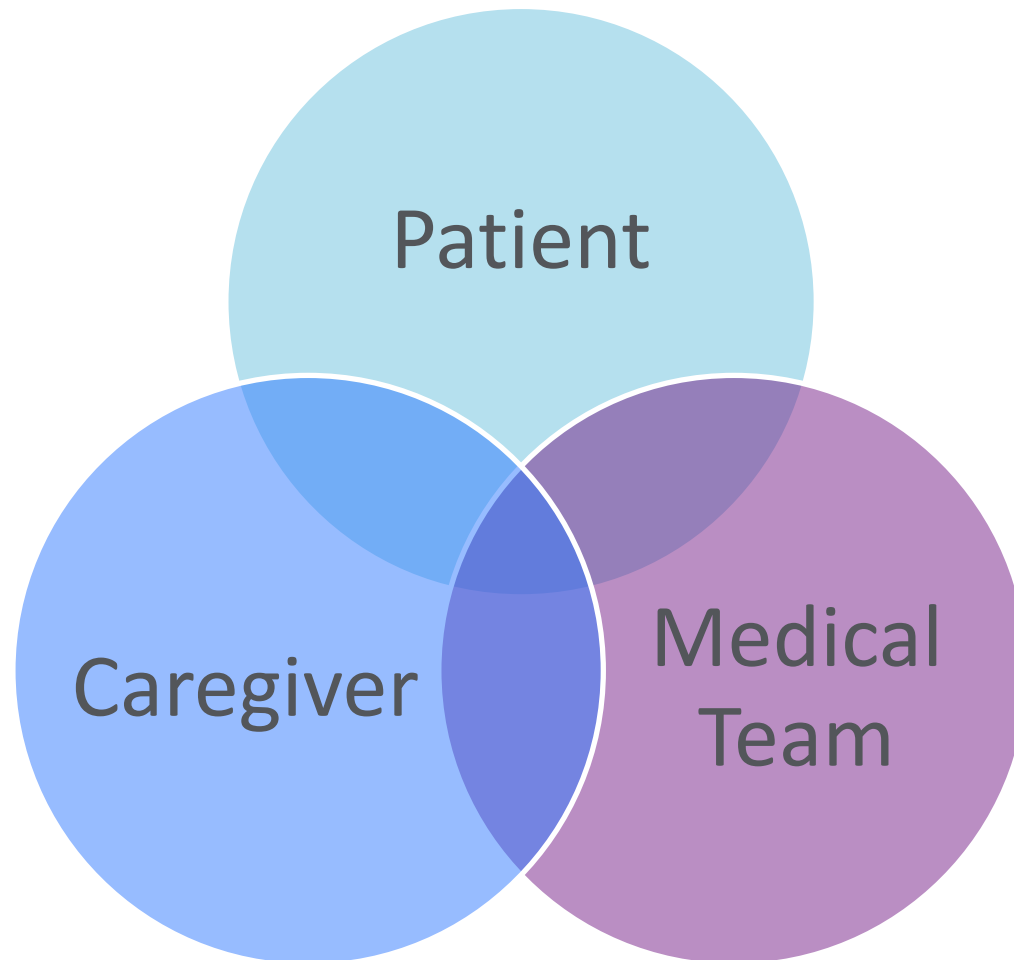
2/3 hospitalizations preventable based on poor compliance with medical therapy and failure to seek help with escalating symptoms

## Recommendations:

- Involve caregiver in care
- Look for pathologic caregiver
- Assess impact of interventions on caregivers (opportunity)
- Whose responsibility is it to deal with caregivers? Primary or specialists.

# Caregiver Well-being and Patient Outcomes in Heart Failure: A Meta-analysis

Julie T. Bidwell; Karen S. Lyons; Christopher S. Lee





# Caregiver Crisis



# Caregivers in Crisis: Why New Yorkers Must Act

## AARP Report, November 2013

- People living longer
- Availability of family members has grown smaller
- Shortage of direct care workers
  - Significant numbers go without any help they need
- Transportation is limited
- Employers lose \$33.6 billion in productivity annually
- Training and skill development is limited

Report: Caregivers in Crisis, Why New Yorkers Must Act Nov 2013 AARP. (2013). The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers.



Dawn Lindberg cared for her mother, Elsa, during a stay at HCMC. Dawn moved in with her mom nine years ago and now cares for her full time  
Photo by Renee Jones Schneider, Star Tribune

## 'Invisible workforce' of caregivers is wearing out as boomers age



67 AA

By JACKIE CROSBY, STAR TRIBUNE  
June 05, 2018 - 4:43 PM

The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers. AARP Public Policy Institute

<http://m.startribune.com/invisible-workforce-of-caregivers-is-wearing-out/483250981/>

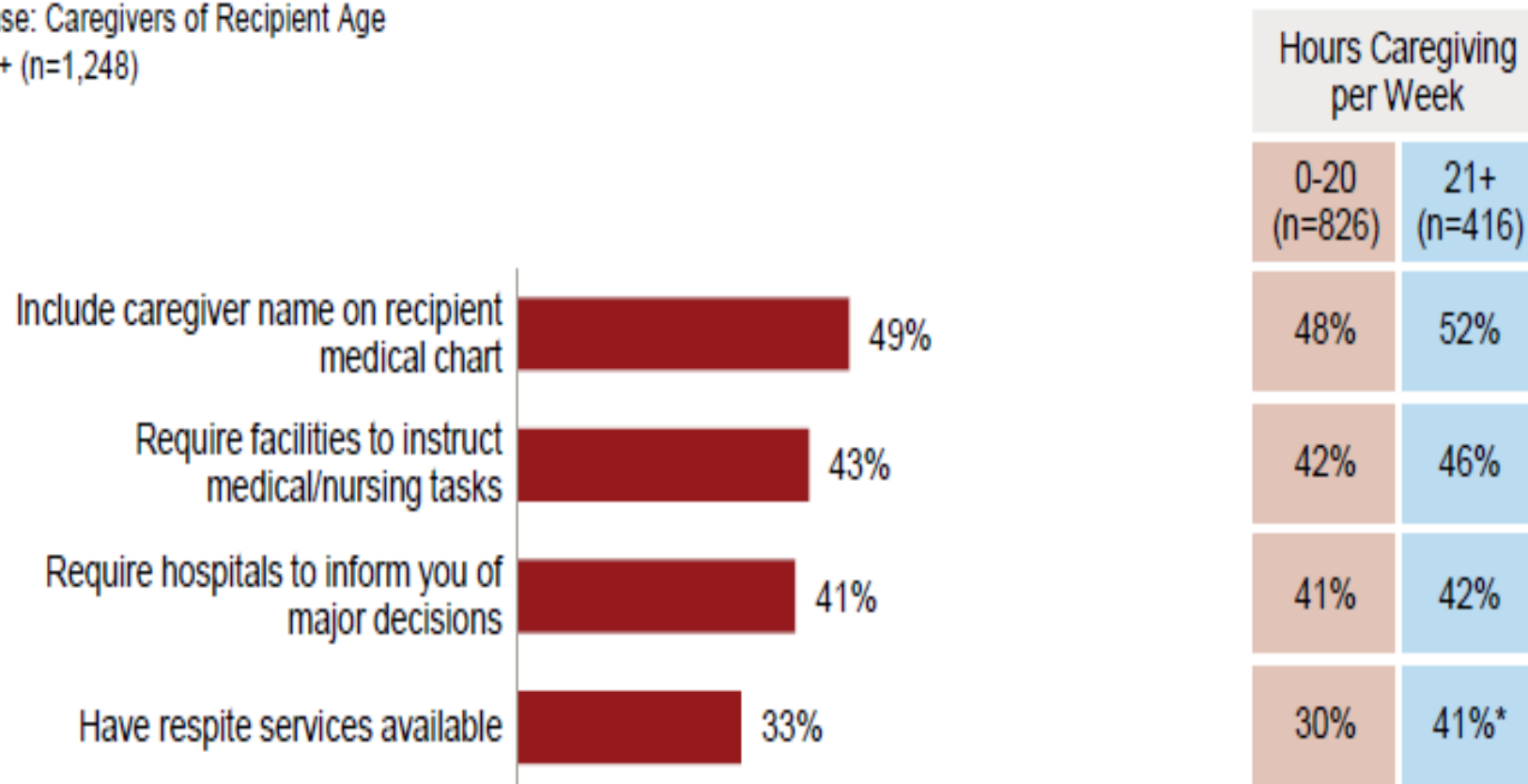
# New Policies



## Figure 78: Helpfulness of Caregiving Support Policies

N20. Various organizations are thinking about ways to help caregivers like you. Which of the following do you think would be/have been helpful to you?

Base: Caregivers of Recipient Age 18+ (n=1,248)



# RAISE Family Caregivers Act Federal

Passed and signed into law January 2018

Bipartisan act sponsored by

- Senator Tammy Baldwin (D- Wisconsin)
- Senator Susan Collins (R- Maine)
- Representative Greg Harper (R-Miss.)
- Representative Kathy Castor (D-Fla.)

Requires the U.S. Secretary of Health and Human Services (HHS) to develop an integrated national strategy to support family caregivers.



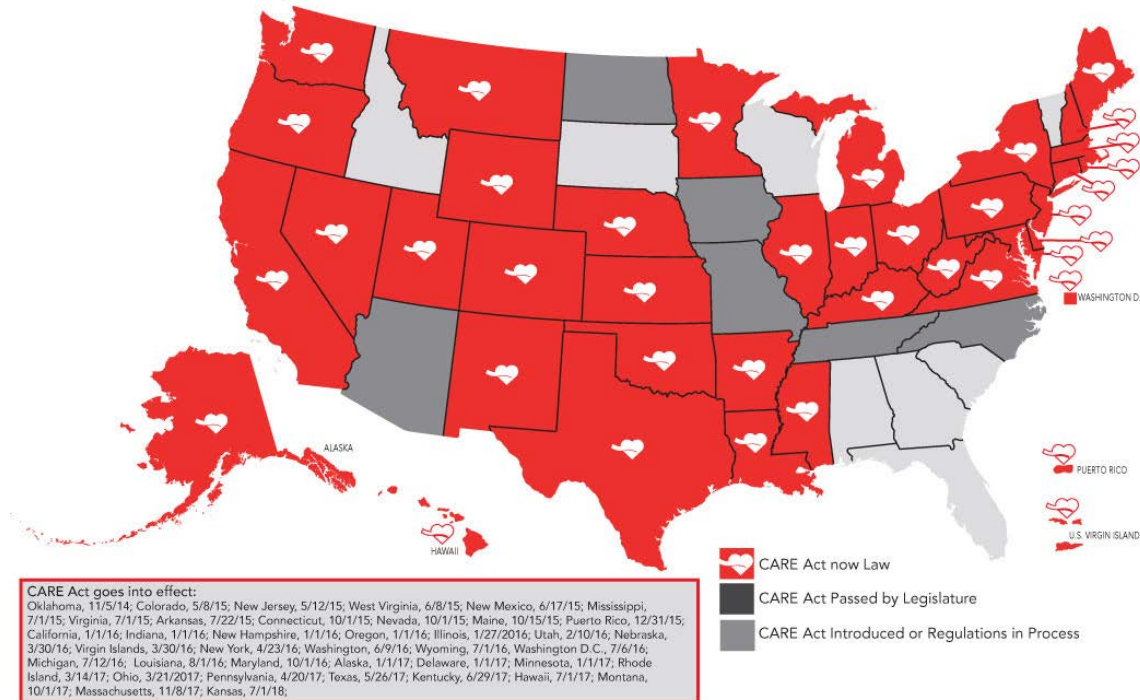
# RAISE Family Caregivers Act

## Federal

- Person-centered care and family-centered care
- Training
- Respite
- Ways to increase financial security
- Workplace policies
- Collecting and sharing of information/resources
- Assessing federal programs
- Addressing disparities and needs of the diverse caregiving population

# CARE (Caregiver Advise Record Enable) Act

NYS April 2016



The law requires:

- The caregiver\* be recorded on the medical record
- The caregiver be informed of discharge
- The caregiver needs to be informed of the medical tasks that they need to fulfill



# CMS Medicare Advantage Changes in 2019

Announced April 2, 2018

“CMS is expanding the definition of ‘primarily health related...’

“Under the new definition, the agency will allow supplemental benefits if they compensate for physical impairments, diminish the impact of injuries or health conditions, and/or reduce avoidable emergency room utilization.”

Medicare Advantage plans to begin providing support for

- Housing
- Transportation
- Food
- Home Health Aides

# Strategies/Solutions



# Strategies to Increase Caregiving Support

1. Develop and Increase Evidence based Caregiver Programs
2. Improve Quality for Caregiving Workforce Development
3. Support Family Caregivers
4. Increase Public Awareness
5. Enhance Community Care Resource Network



# Benefits and Resources

- Medicare
- Medicaid
- Long term care insurance
- Veterans' benefits
- Home Delivery of Care
  - Meals on Wheels
  - Home health aides
  - Infusion at home
  - Hospice
  - Pharmacy delivery
- Community senior centers
- Social model and medical model adult day care
- NORCs (Naturally Occurring Retirement Communities)
- Assisted Living Facilities
- Long-term Care Facilities



## Medicare



## U.S. Department of Veterans Affairs

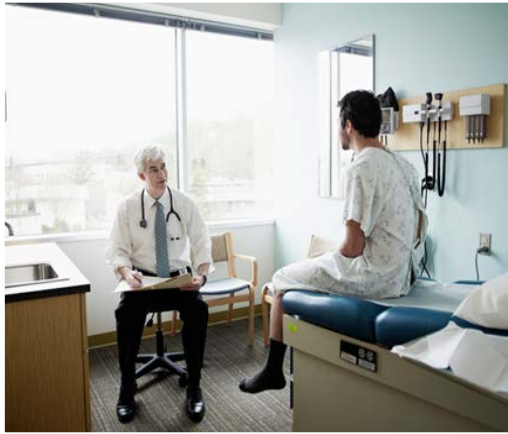




# Carebots



# Post Acute Services - We're Not Just a Hospital System



Physician and  
Ambulatory Services

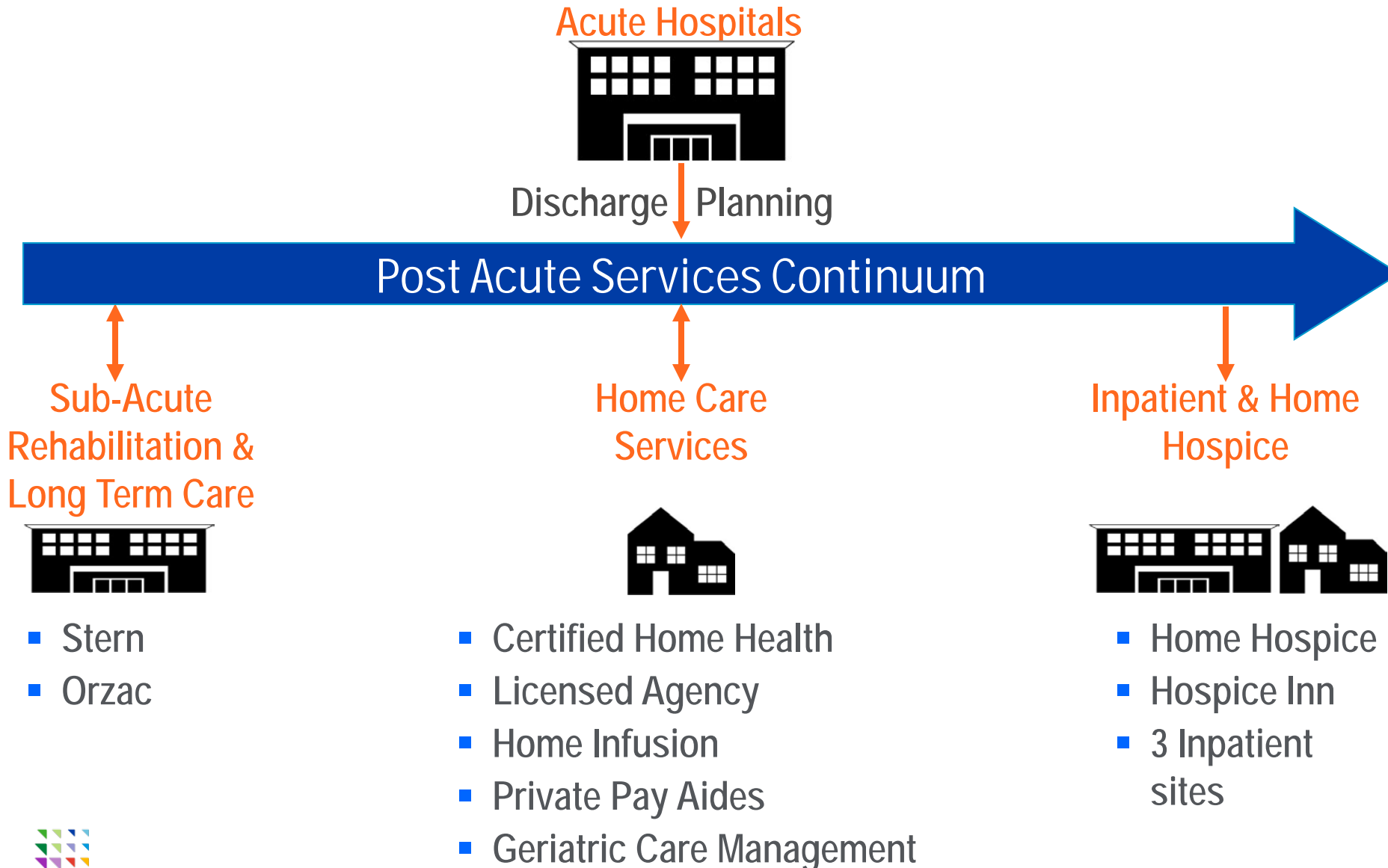


Acute Care Services





Post Acute Services

# Northwell Health Continuum





# SNF and Sub Acute Services

	Stern	Orzac
Certified Beds	249	120
Specialized Services (ie Radiology, Dental, Pharmacy, IV Antibiotics, Palliative & Hospice Care)	✓	✓
Complex Clinical Care (ie Peritoneal Dialysis & Transfusions)	✓	✓
Adult Day		✓
CMS Quality Rating		

**Northwell at Home**

**Referral Center**  
**(866) 651-4200**

# Northwell Health Support Groups

## Support groups

American Lung Association Better Breathers Club - Amputee support - Bariatric post-operative - Bereavement - Brain aneurysm -  
Bone marrow/stem cell transplant - Brain injury - Brain tumor - Breast cancer - Caregivers support -  
Chronic lymphocytic leukemia (CLL) - Fertility support group - Diabetes - Dementia - General cancer and new diagnosis -  
Head and Neck - HIV/AIDS - Look good... feel better - Leukemia and lymphoma - Mental health - NICU Support Group -  
Ostomy support - Prostate cancer - Pulmonary Hypertension - Sleep apnea - Smoking cessation - Stroke - Tinnitus -  
Traumatic brain injury and stroke - Wellness support - Women's health

**PLEASE JOIN US!**  
**Knowledge is Power**



## **Family & Professional Caregiver Support Group**

Providing support, education, and resources to caregivers:  
open to all family members, staff, and faculty



**When:** Third Thursday of every month  
**June 21, July 19, Aug. 16**

**Time:** 12 pm – 1 pm

**Where:** North Shore Hospital, Tower Conference Room 3

**This complimentary group will provide resources  
for caregivers as well as coping strategies,  
support, and relaxation techniques.**

**Presented By:**

Colleen Golden-Bock, LCSW, ACSW, ACHP-SW, CSW-G  
Mary Mulligan, M.S., M.A., Ms.Ed

Please send any questions or concerns to:

[Cgoldenbock@northwell.edu](mailto:Cgoldenbock@northwell.edu) or [Mmulligan1@northwell.edu](mailto:Mmulligan1@northwell.edu)



**North Shore University Hospital**  
Northwell Health™

**NEW!**  
Caregiving  
Support Group  
at North Shore  
University  
Hospital

# 24/7 Hotline



Dementia experts are available by calling 800.272.3900 to answer questions about:

- Alzheimer's disease
- Dementia
- Chapter services
- Support groups
- Community resources
- Crisis assistance
- 200 languages translated

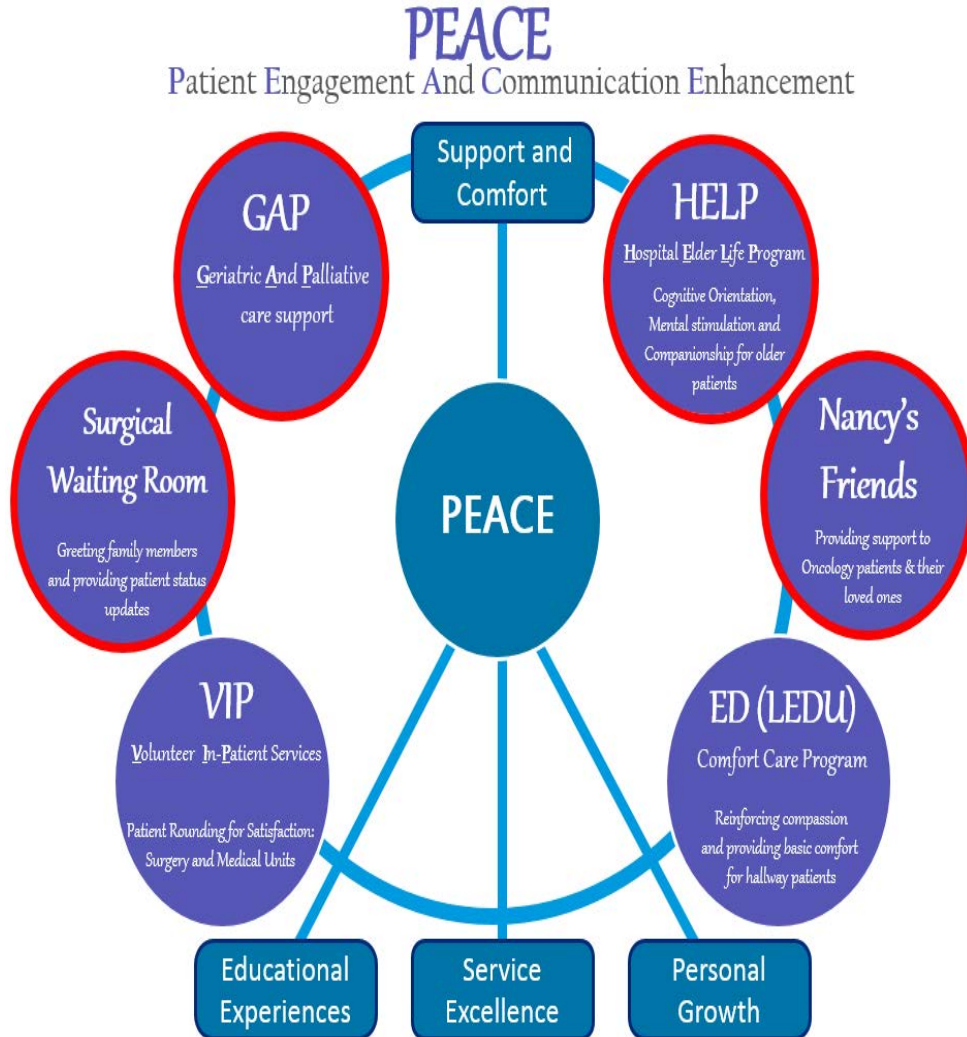
# Caregiver Academy Videos

- AARP video library – public
- Video series created by Angelo Volandes, MD of Harvard Medical School
- Northwell is partnering with Dr. Volandes to use these videos as a resources for patients and caregivers



# Patient and Family Centered Care at Northwell Health

Robust group of trained volunteers to visit high risk patients and support families

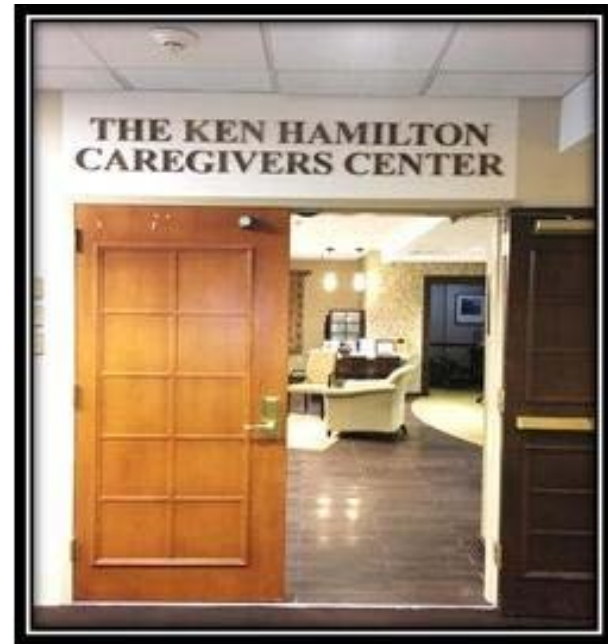


# Caregivers' Centers of Northwell

Northern Westchester– Mount Kisco

Peconic Bay Medical Center – Riverhead

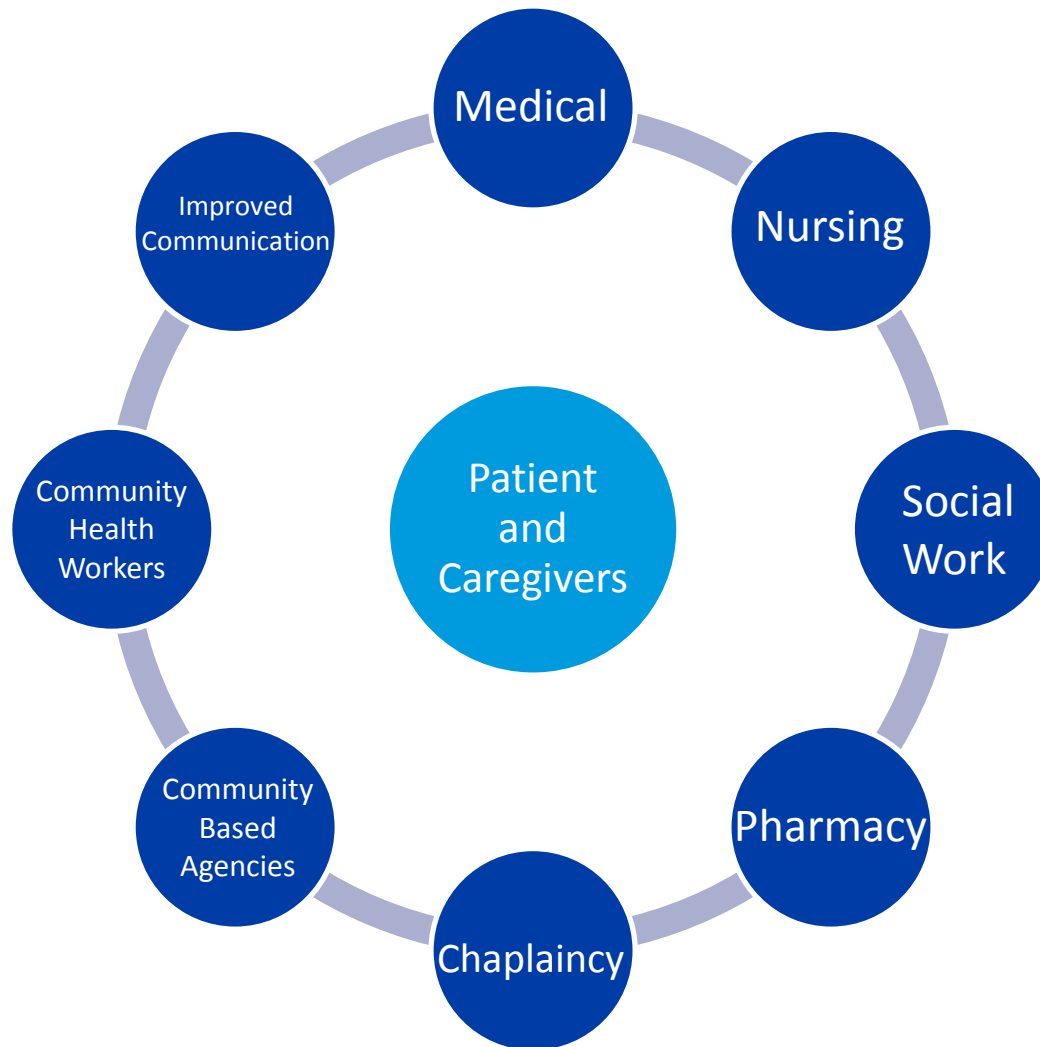
North Shore University Hospital - Manhasset





## Solution...

# Multidisciplinary Teamwork and Co-Management



# Northwell Geriatric and Palliative Faculty Practice at Great Neck

865 Northern Boulevard  
Great Neck, NY  
516-708-2520

## Multi-disciplinary Diagnostic Assessment and Evaluation

- Geriatricians and Palliative Physicians
  - Social Worker
  - Nurse
  - Pharmacists
- 
- Memory Evaluation
  - Falls
  - Frequent Hospitalizations
  - Risk of Injury
  - Caregiving Concerns
  - Failure to Thrive/ Unexplained weight loss
  - Driving Safety Concerns
  - Advance Directive Discussion
  - Family Meetings

# Summary

- Assess caregiving needs and abilities
- Recognize the caregiver and risk for caregiver burden
- Improve communication with patient and family
  - Family meetings
  - SPIKE
- Involve caregiver
- Utilize multi-disciplinary care
- Link patients and caregivers to resources
- Keep treatments as achievable by patient and family as possible
- Study caregiver/caregiving impact on patient outcomes

# Thank You

