Providing Caregiver Support for Individuals Living with Chronic Conditions

By Jennifer Tucker
Starting October 1, 2012, the new Medicare penalties for preventable readmissions went into effect, under the Patient Protection and Affordable Care Act (ACA). Specifically, Medicare started penalizing hospitals based on the percentage of patients with acute myocardial infarction (heart attack), congestive heart failure (CHF), or pneumonia, who are readmitted within 30 days of their discharge.

According to the Medicare Payment Advisory Commission (MedPAC) 2011 Report to Congress, 18 percent of Medicare patients are readmitted to the hospital within 30 days, costing Medicare $15 billion a year. Under the new law, Medicare penalizes hospitals with readmission rates higher than the national average. Currently, the penalty is up to 1 percent of a hospital’s total Medicare qualified reimbursements. It will increase to a maximum of 2 percent in fiscal year 2014 and 3 percent in fiscal year 2015, when more conditions will be added to the penalty list. These include chronic obstructive pulmonary disease (COPD), coronary artery bypass graft and percutaneous transluminal coronary angioplasty, and other vascular conditions (such as stroke).

The Medicare penalty applies even if a patient goes back to the hospital for a different reason than the primary diagnosis. For example, if an elderly woman who suffered a heart attack is discharged from the hospital, then falls and breaks her hip at home, her readmission still counts toward the Medicare penalty for the hospital.

Aiming to avoid new Medicare penalties, hospitals are looking for strategic partnerships to lower readmission rates. This presents an opportunity for rehabilitation facilities and skilled home health care agencies since they both play an important role in how patients transition from the hospital to home. Any rehab facility or home health care agency working in collaboration with in-home care agencies can provide an even more comprehensive program for patients and families upon discharge and help prevent readmissions.

A home care agency is the first line of support for families because it provides specially trained caregivers who can be there in between home health visits. In-home caregivers help with bathing, grooming, meal preparation and many other daily living activities that Medicare pays for on limited basis. At the same time, a home care agency that specializes in chronic care will make the effort to fully understand the unique needs of a person with a chronic condition and create an individualized care plan that complements the work of a home health agency or rehab facility.

Of course, to provide effective support for people living with chronic conditions, in-home caregivers must receive ongoing training specially tailored to the chronic conditions with which their clients are living. Homewatch CareGivers, for example, makes sure that its caregivers take professionally developed online and in-person training courses on various chronic conditions and appropriate care strategies. Such extensive caregiver knowledge is especially important since many individuals live with multiple — often comorbid — chronic conditions.

According to many health care experts, including Eric Coleman, MD, MPH, professor of medicine at the University of Colorado, home care agencies can affect the four key factors that cause people to end up back in the hospital:

- Medication management issues;
- Fall risks;
- Failure to follow post-hospital discharge orders, including proper nutrition and prescribed physical activities;
- Failure to attend follow-up doctor’s appointments.

All of these issues are preventable, provided the individual has the support to make appropriate lifestyle choices. That’s why it’s so important to have a trained caregiver at home who is knowledgeable in common chronic conditions and associated challenges. Specific examples of the steps caregivers can take to support people with chronic conditions can be illustrated with the following four conditions: congestive heart failure (CHF), diabetes, chronic obstructive pulmonary disease (COPD), and the after-effects of a stroke.

**Congestive Heart Failure (CHF)**

According to the Centers for Disease Control and Prevention (CDC), nearly 6 million people in the U.S. have CHF. The condition occurs when an individual’s heart doesn’t pump enough blood to the rest of the body because the heart muscle has been weakened due to another primary cause such as high blood pressure. It can leave a person fatigued, require the use of oxygen, cause loss of appetite, and create significant weight fluctuations. However, qualified caregivers can support a high quality of life for people living with CHF.

Most people with CHF take several medications such as blood thinners and blood pressure drugs. Trained caregivers can play a key role here. They understand the importance of these medicines, and can remind and monitor the medication intake. If the client refuses or misses a dose, the caregiver can immediately report it, so the family or a physician can intervene.

They can also watch for symptoms or condition changes specific to CHF. Some medications typically prescribed to those living with CHF can make them dizzy or lightheaded, causing them to trip or fall. An in-home caregiver can identify hazards — extension cords running across the floor, throw rugs and cluttered walkways — and suggest solutions to create a safer living space.

Proper changes in diet, such as reducing salt consumption, can help reduce CHF complications and symptoms. A skilled in-home caregiver can ensure that a person living with CHF
maintains a proper diet based on doctors’ orders. A qualified caregiver understands the importance of such a diet and can assist with shopping and the preparation of healthy meals.

Similarly, caregivers can encourage those living with CHF, who often experience fatigue, to get the exercise they need. An in-home caregiver acts as a cheerleader — encouraging activity, ensuring frequent rest periods, and finding easy ways for them to exercise in a safe environment, such as taking a leisurely walk around the block together.

As with any chronic condition, it is important that a doctor stays involved in the care process and monitors compliance with medical orders. A caregiver can help a person with CHF get proper follow-up care by providing transportation to and from appointments. Also, they can take notes from a doctor’s visit and keep the family informed.

**Diabetes**

Diabetes is a condition where a person has high levels of blood glucose because of problems with insulin resistance and/or production. Perhaps more than with other conditions, individuals living with diabetes are required to maintain a healthy lifestyle to manage the condition and mitigate possible complications.

While foods high in sodium are risky for people with CHF, those living with diabetes need to control sugar and simple carbohydrate intake. Specially trained caregivers can help a person living with diabetes interpret the nutritional instructions provided by a physician or nutritionist. For example, the caregiver can explain why white bread, a simple carbohydrate, is just as unhealthy for a diabetic as sugar. A trained caregiver can take the individual shopping and help them find the complex carbohydrate options they can enjoy in place of unhealthy simple carbohydrate foods.

Two complications associated with diabetes that a trained caregiver should be able to notice are excessive urination and decreased sensation in the legs and feet, as both of these issues raise the risk of a fall. A person rushing to use the toilet may not be mindful of obstacles in their way and could suddenly trip and sustain injuries. Additionally, a leg cramp can make their balance more fragile. Caregivers trained in how to support those living with diabetes know how to identify and help prevent these dangers.

**Chronic Obstructive Pulmonary Disease (COPD)**

COPD is a term that covers many different types of lung disease, including emphysema and chronic bronchitis. It often appears in smokers and leaves people with shortness of breath, a cough, or severe fatigue.

One of the challenges for a person living with COPD is the use of an oxygen mask or nasal cannula. Complicated oxygen tubing can create significant fall hazards in the home. However, trained caregivers can teach an individual how to stay mobile safely while using an external oxygen source. One of the courses offered by the Homewatch CareGivers University specifically deals with oxygen safety and explains how to make sure there is adequate ventilation in a home and how to reduce indoor air pollution.

Though people with COPD have difficulty breathing or experience episodes of shortness of breath (which would seem to preclude strenuous activity), health care providers still recommend they get plenty of exercise to build up their stamina. Doctors often prescribe pulmonary rehabilitation exercises, and a trained in-home caregiver can supervise and support an individual with COPD with recommended follow-up exercises in between therapy sessions.

Reliance on oxygen can also make it more difficult for a person living with COPD to do basic activities, and it’s especially true when it comes to bathing and showering. Not being able to maintain hygiene on their own, the individual may be embarrassed to visit their doctor, leading to a lapse in care. Stand-by bathing assistance or hands-on bathing from a caregiver who understands the impact of being temporarily without their oxygen can make bathing a safer, more pleasant experience, and consequently, the person can feel more comfortable about attending their scheduled doctors’ appointments.

**Stroke**

A stroke, or a cardiovascular accident (CVA), happens when there is a blockage of blood to the brain or bleeding in the brain. The after-effects of a stroke can include weakness on one side of the body, problems with swallowing, and difficulty communicating.

A stroke can cause many physical, emotional, and medical issues, making it difficult for someone to complete the most basic tasks. A caregiver can provide respite for the family by
assisting with daily activities like getting in and out of bed safely and helping with bathing and grooming. If the stroke leaves a person weak on one side of the body, the caregiver can literally be a shoulder for them to lean on. The trained caregiver also encourages an individual to be more independent and involved in their own care by reminding them to use prescribed assistive devices.

The diminished ability to communicate can be one of the most frustrating effects of a stroke. It’s important for a caregiver to be versed in different strategies that help them better understand a person who may slur or mumble due to the stroke.

Physical and speech therapies are regularly used following a stroke to help with recovery. Qualified caregivers can practice with an individual in between sessions. These therapies can also be very frustrating because what once was easy is now very difficult. But a properly trained caregiver keeps spirits up and boosts self-esteem without being patronizing as they ensure the person living with the after-effects of a stroke follows through on at-home therapies in a low-stress environment.

Finally, people recovering from a stroke can have trouble swallowing, and an in-home caregiver knows the proper nutritional guidelines to make that process easier and alleviate potential choking hazards.

In-home caregivers trained to provide appropriate care to people living with various chronic conditions are able to recognize changes in health status, pain level, or mood. This way they can report these changes to the agency nurse who can in turn adapt the care plan to the individual’s needs and communicate with their family and doctor. Home care agencies can create a circle of communication between the individual living with the condition, their family and medical professionals to make sure a person gets the best care possible.

Home care agencies that specialize in chronic care don’t just provide assistance with daily living activities — we help people with chronic conditions maintain a high quality of life. Home care is the first line of defense in preventing hospital readmissions and improving outcomes for the health care system, patients, and their families.

About the Author: Jennifer Tucker, vice president of Homewatch CareGivers, a national home care company, has worked in case management, corporate wellness, women’s health, and health education. Through its chronic care education programs on the Homewatch CareGivers University, the company strives to improve the quality of life for people of all ages living with chronic conditions.