



ELDER CAREGIVING IN THE DIGITAL AGE: FINDING QUALITY HOMECARE SERVICES

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Note: For purposes of this paper, the definition of “home health care” is adapted from the U.S. Department of Health and Human Services: “Home health care is a formal, regulated program of care, providing a range of medical, therapeutic and therapy services; delivered by a variety of health care professionals in the patient’s home.” The use of a nonmedical homecare aide is regulated or licensed by each State. This service is not funded by Medicare or Medicaid, but usually involves private payment and/or long-term homecare insurance.

SEARCHING FOR THE BEST

There is no mystery to the reality that the “best” home care services often lose out against lesser options through price competition and availability. The “cost” of home care is determined in part by the resources diverted from buying other goods and services, whether comparable or totally different, but equally important.

With few exceptions, the magic of the marketplace is a messy search for mediocre. To be sure, the super-rich may be on the prowl for “the best” in many categories, but for most consumers, concessions must be made, whether for reasons of personal income, or as a reflection of the reality that elder home care services are not equal.

In addition to finances, time and convenience, such characteristics as peer pressure, incomplete information, marketing on the part of home care agencies, and religious/cultural preferences may all play a role in the haphazard choices consumers make.

The more mystical side of consumer choice in home health care is the reality that “the best” may not have been sufficiently defined enough to lead one to or away from a particular product or service. Subjectivity rules.

Products or services, which in theory or in practice drift toward the generic, are subject to all manner of consumer-guide ratings, whether the traditional Good Housekeeping-style seal of approval, or the familiar grading from Consumer Reports. In addition, word-of-mouth remains a strong influence for much consumer choice, whether it is focused on generic goods, high-end products, or professional home health care services.

For services with fewer credentialing requirements, which include a wide variety of skilled professionals, paraprofessionals, and home care providers, word-of-mouth recommendation is common, but not always reliable. In part, this is because the wants and needs of varying consumers and households are so different.

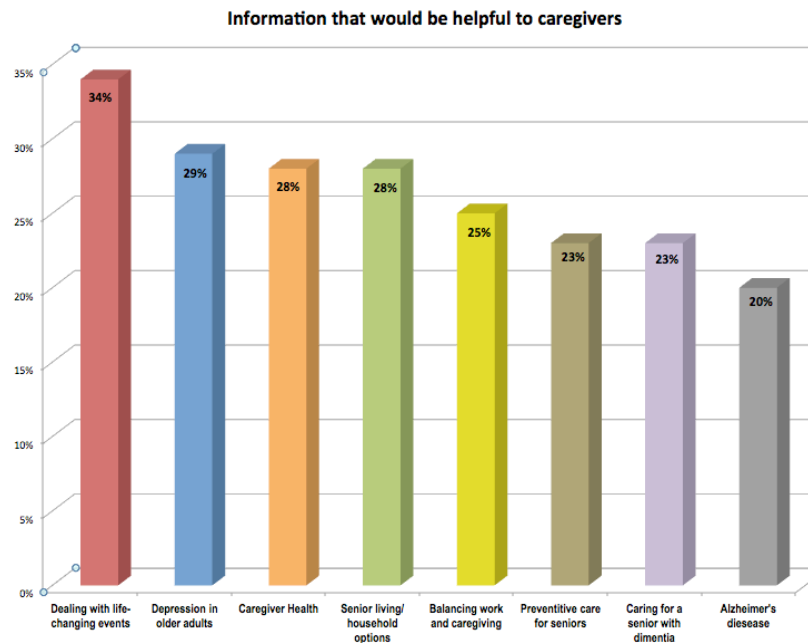
In addition, licensure and certification, in the eyes of many consumers, blur the differentiation among healthcare professionals with the unspoken assumption that competence, credibility and “professionalism” are assured by a professional state-sanctioned credential or certificate.

THE ELDER HOMECARE SELECTION CHALLENGE

The selection of home health care or home care services is complicated in large part by the murky identity of the consumer. At times, the senior citizen is selecting his or her own services, with or without advice from medical professionals or family members. In many cases, the solicitation and at least partial choice is being made by caregivers - usually an adult family member, relative or friend. At its most complex, the family member or relative is acting as an agent for the senior whose competency or clarity is in doubt.

This marketplace is rambunctious and often poorly defined, in part because the variety of services needed – and offered – varies so dramatically from client to client and agency to agency. The consumer demand is fueled by numerous factors, ranging from the mental and physical health of the senior; the financial resources of both the senior and other family

members and caregivers; and the senior’s spoken or privately held feelings about such end-stage possibilities as “assisted living” facilities, nursing homes or living with other family members.



DETERMINATIONS OF QUALITY

Almost all consumer choice surrenders in part to a notion of less-than-perfect, in the face of financial, convenience, or personal-preference priorities for other goods and services.

Nowhere is the process more difficult, or the notion of quality-compromise more problematic, than in the selection of home care services. The determination of appropriate quality is particularly sensitive when the choice is being made by family caregivers acting as agent or surrogate for an elderly relative.

Who in fact, in such a selection process, should be considered the “consumer?” More than one in 10 adults in the United States are caregivers on a regular basis for an adult family member, relative or friend. These relationships range from occasional house calls to primary responsibility for monitoring and participating in activities of daily living.

When a decision has been reached to enhance or replace the personal caregiver assistance with professional assistance, the choice depends on many factors, ranging from the health and personal preference of the senior who needs care, to the level of burden and responsibility that the personal caregiver has been, or is willing, to assume.

The precision with which the physical and mental condition of the senior can be identified is, of course, an important element of the home care agency choice – as is the personal preferences of the senior. But, what drives much of this decision-making about the choice of home care services is often the existing caregiver, whose circumstances, energies or preferences often change over time, whether or not the senior’s condition has fluctuated.

A 2012 American Academy of Family Physicians/Harris interactive national survey of seniors and caregivers found that

caregivers most commonly cite efforts to balance work and family with their care giving responsibilities (29%) and the emotional stress of care giving (27%) as the most stressful parts of care giving. Nearly three-quarters of caregivers agreed that care giving was having at least some impact on their health (72%).

Almost half the caregivers said that their caregiving responsibilities caused them to neglect their own responsibilities, such as taking care of their own health, errands, home and family. Three out of five caregivers said they lost sleep over their care giving responsibilities. Considering the health of the family member and the stress level of the incumbent family caregiver, the overarching question becomes: What is the most effective means for homecare agencies to solicit new clients, and for elders and caregivers to select the best agency to meet their needs?

Again, the matters of quality and compromise come into play. Although difficult to articulate and communicate, the subtext of the homecare services purchasing process involves compromise on quality and quantity, similar to other goods and services. The process is less relaxed, when dealing with a "loved one" who deserves the "very best," but on a scale from rudimentary care to lavish attention; from specific hours to high degrees of flexibility; from 24-hour-a-day care to occasional feeding and housecleaning, the senior and family member often must come together in a difficult negotiation, not only with agencies, but with each other as well.

A Genworth Financial 2012 Cost of Care Survey put the average Homemaker Services at \$41,184 and the average Certified Home Health Aide at \$43,472. National Center for Health Statistics research indicates that the services commonly used by home health care patients aged 65 and over included skilled nursing services (84%), physical therapy (40%), assistance with activities of daily living (37%), homemaker services (17%), occupational therapy (14%), wound care (14%), and dietary counseling (14%). According to AARP Public Policy Institute research, 87 percent of mothers of retirement age said their greatest desire was to continue to live at home, rather than assisted living or nursing homes. And, they expressed reluctance to move in with their adult children.

DECISION MAKING ENVIRONMENT

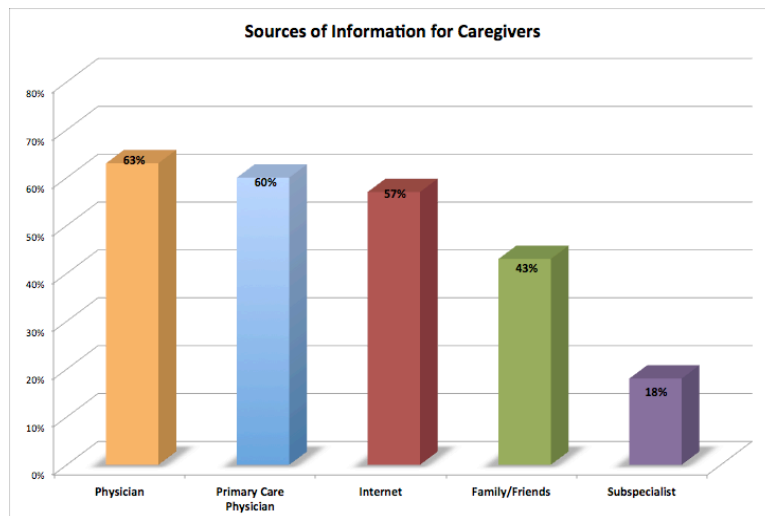
The traditional marketing tools associated with personal services often apply to homecare services. From local advertising in suburban weeklies to networked marketing through medical and legal offices; through VNA services promoted through hospital networks to the ubiquitous business cards thumbtacked to diner bulletin boards, homecare services are aggressively promoted. For a service that by its nature must be flexible and personalized, the marketing suffers in part from its generic message that promotes "loving care," attention to quality control, and the like. Both for the vendors and the consumers, the marketing message is often less-than-perfect.

Word-of-mouth often fills the gaps, with informal and imprecise chats with family, friends and neighbors substituting for the kinds of research and information needed to make a more informed decision. The differences in needs and services of individual elders make such word-of-mouth evaluation difficult to utilize in a confident or efficient way.

The tendency to utilize word-of-mouth analysis for health-related questions is common for many aspects of elder homecare, beyond the issue of choosing a home health care

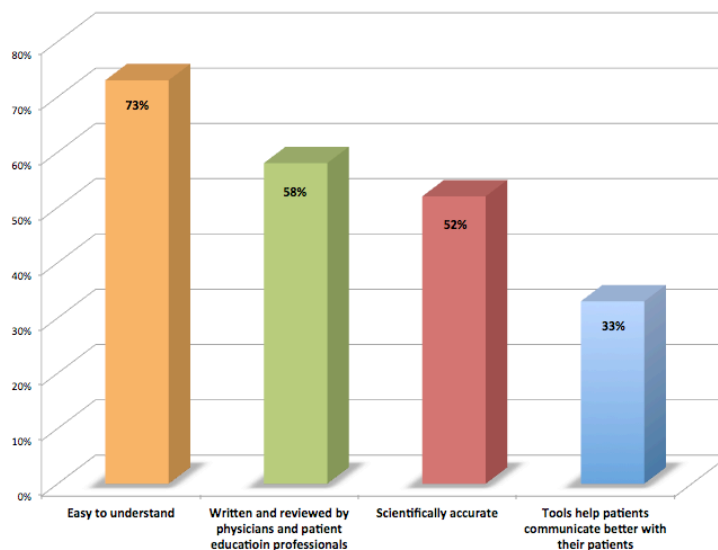
agency. According to the American Academy of Family Physicians survey, more than two in five caregivers will turn to friends and/or family members when they have questions about managing the health of those they care for. Increased life expectancy has, and will continue, to fuel a significant increase in demand for home health care. In 2007, according to U.S. Department of Health and Human Services statistics, more than one million men and women 65 years old and over received home health care each day. The trend will not only strain resources, but will raise issues of quality control, as service providers attempt to meet increased demand.

THE ONLINE ANSWER



Marketing home health care services and facilitating the consumer selection process cries out for a sophisticated, online option. The generation that is currently wrestling with providing homecare for elderly family members is Internet-conversant. This group is comfortable with going online for data of all sorts, and is comfortable with the ability of online data to provide reliable information on quality of service, in many different fields.

What caregivers look for in online health information



A report of the Connecticut Regional Institute for the 21st Century found that 16% of Internet users have consulted online rankings or reviews of doctors or other health care providers, and 15% of Internet users have consulted online rankings or reviews of hospitals. In addition, 24% of Internet users have consulted online reviews of particular drugs or medical treatments.

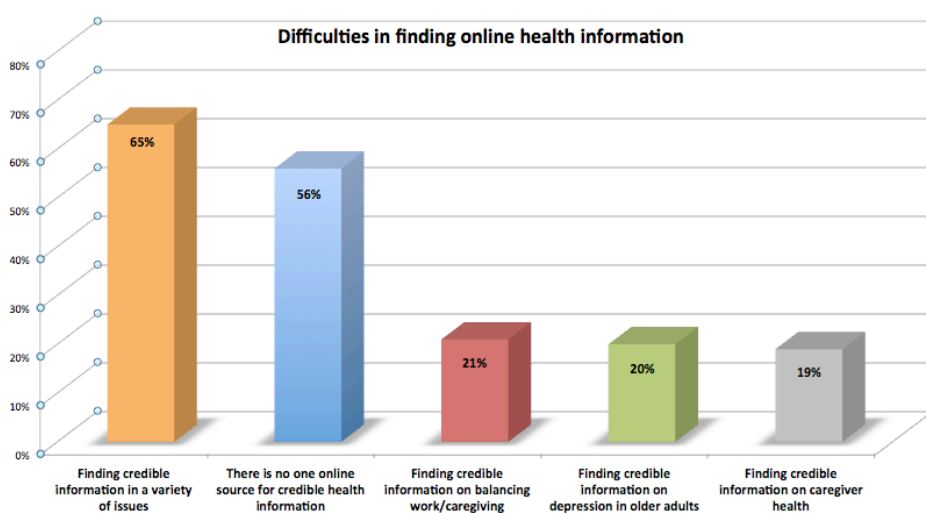
This growing trend suggests that, if properly motivated and educated about options, the baby-boom generation – in particular women 45 to 65 years old - would utilize sophisticated, credible online resources to make the difficult and complex choices needed for senior home care. Such a system would also offer service providers a more sophisticated, thorough method to communicate with potential consumers.

Properly designed, such a referral network would: communicate reassuring quality control; improve consumer education in regards to what potential services seniors living at

home might need; and ease the anxiety of making economics-driven decisions about home health care of a loved one.

Consumers would feel comfortable utilizing the relatively easy online search process to select home health care providers and evaluate necessary services for home care. The introduction of sophisticated technology options to the home health care field is already underway, as wireless companies, hospitals, doctors, insurers and technology developers are beginning to introduce sophisticated mobile health technology into residential settings, so doctors, nurses, caregivers and in-home patients can communicate and monitor data. With new evidence suggesting that hospital readmissions could be reduced by as much as 75 percent with better outpatient homecare, the trend toward home monitoring will continue to grow.

The timing is right for objective and transparent online homecare referral network.



The White Paper is sponsored by **HomecareMatchKiosk.com**TM. The website matches an individual's long- and short-term home care and home healthcare needs with quality professionals who provide services for seniors and people with an illness, disability, or who need help with daily living.



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Charts Courtesy from: American Academy of Family Physicians Research Project: Seniors and Caregivers — Online Survey conducted by Harris Interactive, April 2012

Research:

- U.S. Department of Human Services — CMS Division, May 2012
- Connecticut Regional Institute for the 21st Century — Framework for Connecticut's Fiscal Future, Part I: Assessment of Connecticut's Long-Term Care System, 2010
- Genworth Financial 2012 Cost of Care Survey
- U.S. National Center for Health Statistics, 2011
- AARP Public Policy Institute 2010 Study

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