

Georgia: Empowering Caregivers and Care Receivers with BRI Care Consultation

The Atlanta Regional Commission, in collaboration with regional Area Agencies on Aging, helps clients prepare for change and plan for the future with Benjamin Rose Institute Care Consultation, an evidence-based telephonic intervention.

Overview

Georgia is facing unprecedented growth in its aging population. The number of Georgian adults aged 65 and older is expected to increase 175 percent between 2012 and 2050, one of the fastest growing aging populations in the United States.¹ Within that same timeframe, nearly 160,000 Georgians will be living with some form of dementia.² This changing population is a demographic force and public health challenge that will reshape the state.

Caregivers are the backbone of long-term-care services and supports. In Georgia, the majority of long-term care is provided by family members of older adults. It is estimated that there are more than 495,000 individuals throughout the state providing family care, and these caregivers are providing more than 900 million hours of care per year worth \$12.1 billion.^{2,3} With so many hours devoted to caregiving, many caregivers agree that it is difficult to maintain their health while providing care and that the resulting decline in their health has affected their ability to care.⁴

These realities have prompted significant concern among Georgia officials about the state's readiness to provide appropriate care for its growing population of aging adults. The Georgia [State Plan on Aging](#) (FY 2011-2015) outlines strategies to achieve the state's objectives in providing services that will champion choices for independence for older adults. The intent is to continue concerted efforts to improve quality and capacity of long-term services and supports. To achieve its Goal 2 ("Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers"), the plan relies on the implementation an evidence-based program for caregivers and care receivers and specifically calls out Benjamin Rose Institute (BRI) Care Consultation (Objective 2.16) as one of those programs.⁵

In 1996, a team at the Benjamin Rose Institute on Aging in Cleveland, Ohio, developed BRI Care Consultation, a telephonic, evidence-based caregiver and care receiver service that provides personalized coaching and support to help clients manage their own situation.⁶ The recipients of the program include a mix of older care receivers diagnosed with dementia, depression, and multiple chronic conditions and serves as a mechanism for creating an effective link among primary care and community services.⁷ The program's impact has been documented through research studies developed and tested by the Benjamin Rose Institute on Aging, recognizing positive benefits from participant experience that include improved care; reductions in hospital admissions; decreased caregiver depression, stress, and burnout; and improved access to information.⁸ These outcomes were supported in part through a large national demonstration project, which included collaborations with local Alzheimer's Association chapters and a randomized trial with the Cleveland Alzheimer's Managed Care Demonstration.⁶

Steps Taken

In fall 2010, the Rosalynn Carter Institute for Caregiving was awarded a grant from the Administration on Aging to implement the BRI Care Consultation program in three Area Agencies on Aging (AAA) regions in Georgia, including the Atlanta Regional Commission, Legacy Link, and Heart of Georgia Altamaha Regional Commission. The three participating agencies are diverse, with the Atlanta Regional Commission serves an urban population, Legacy Link serves an urban and rural population, and Heart of Georgia a rural population. In collaboration with the Rosalynn Carter Institute for Caregiving and the Georgia Department of Human Services, the Atlanta Regional Commission sponsored the BRI Care Consultation project for three years. The Administration on Aging grant was extended to August 2014. The Benjamin Rose Institute on Aging and the Rosalynn Carter Institute for Caregiving focus on marketing, training agencies and individuals, and providing start-up support and technical assistance to the regional AAAs. This program has also been added to the Georgia Division of Aging Services menu, an option that AAAs can elect to use for case management.

The BRI Care Consultation program has three key components that are implemented in stages: (1) initial assessment, (2) action plan, and (3) maintenance and support. It also provides “action steps,” which are practical, achievable tasks that gradually address unmet needs identified in the assessment. BRI Care Consultation uses an empowerment model and is structured accordingly, which is different than other case management approaches. Caregivers, care receivers, and Care Consultants work together to formulate action steps and determining priorities. Care Consultants assist clients to identify and manage their own situations, maximizing help from family members, and navigating traditional systems of service, including case management, if needed.

Care Consultants are typically social workers or nurses, with additional support from volunteer assistants or administrative staff. The consultants are trained by certified master trainers and provided with a written protocol to guide them in delivery of the program. There is one full-time care Consultant in each agency able to effectively serve and maintain a large caseload of up to 125 clients due to staggered enrollment and contact protocol.⁹ Care Consultants work with caregivers and care receivers on an ongoing basis, with the frequency of telephone contact guided by the program contact protocol and the client’s needs. Once the initial assessment and action plan development is completed, monthly or bimonthly monitoring calls are sufficient for most situations, unless there is a crisis.

The Benjamin Rose institute on Aging has created a comprehensive BRI Care Consultation service delivery and operational manual. This manual covers an overview of the research leading up to the program development, benefits found in research studies, the service model, and components of the program. At this time, the manual is only available to implementation sites following a contracted agreement; however, the Georgia [State Plan on Aging](#) outlines the creation of a state-specific manual to implement the intervention throughout the Aging Network throughout the State of Georgia.

The BRI Care Consultation program relies strictly on telephonic methods for delivery, which eliminates geographic barriers (especially among rural clients) and easily crosses regional lines. This delivery method is also beneficial as funding levels continue to be reduced and the number of those needing services rises. The program is also supported by the BRI Care Consultation Information System (CCIS), an electronic recordkeeping system that guides the delivery of support. The CCIS software includes client enrollment data, caregiver and care receiver assessments, action steps, a resource library, contact

history, appointment log, and reporting history. The Benjamin Rose Institute is in the process of developing a web-based version of CCIS, which should be completed by the end of 2014.

Results

BRI Care Consultation has produced positive outcomes in caregivers and care recipients while sustaining a low average annual cost of service to Georgia families.

Reach:

- Between the three AAAs, BRI Care Consultation has served 625 caregivers in 40 Georgia counties over two-and-a-half years.

Effectiveness:

- Results have been calculated with significant statistical findings in outcomes between enrollment and 12-month post-test in the following areas:
 - Significant increase in caregiver confidence to manage caregiving.
 - Reduction in social isolation, physical and emotional health strain, and feeling trapped in the caregiving role for caregivers of those with high cognitive impairment.
 - Significant overall increase in meeting caregiver needs in organizing the caregiving networks, understanding the dementia diagnosis, managing daily care tasks, getting respite from caregiving, legal or financial assistance, emotional support, and accessing services.

The analysis of these results spans from 2011 to 2013, with clients participating in the intervention for one year.

- The average annual cost of service per caregiving family is \$1.03/day or \$376/year, while an average cost of traditional case management in Georgia is \$1,454.40/year per client. This cost analysis is based on the Atlanta Regional Commission's Care Consultant salary, overhead, and fringe benefits; note that the Atlanta Regional Commission has the highest salary for a Care Consultant among the three agencies. Costs in the other two AAA regions are therefore lower.

Lessons Learned

Implementing the initiative resulted in several lessons learned, including the importance of building strong partnerships across sectors and throughout the state and hiring consultants with the proper skill set to maintain program fidelity.

- Though the Atlanta Regional Commission maintains strong relationships across the region and state, the commission is particularly interested in building partnerships with public health and emergency medical services. The commission and the Georgia Department of Public Health are exploring the possibility of partnership with DPH's telehealth initiatives.
- When hiring Care Consultants, skill set should be emphasized over credentials. It is important for these consultants to determine clients' needs and support them. The Atlanta Regional Commission has prioritized an ideal skill set to include: active listening, empowerment through action, communication via telephone, reinforcement of autonomy, and support and encouragement when barriers are encountered.

- There should be no gaps in service so that fidelity of the program is not compromised; however, staff turnover and training make it difficult to stay on prescribed timelines. Therefore the Atlanta Regional Commission provides comprehensive training up front for consultants to learn protocols early in their employment. In addition, as part of the technical assistance provided through the contract, the Benjamin Rose Institute on Aging and the Rosalynn Carter Institute offer further training for replacement Care Consultants. There must be an opportunity for new staff to get training and for existing staff to have opportunities to refresh training on protocols.
- Even with a widespread marketing and outreach approach, a majority of the Atlanta Regional Commission's clients report coming from referrals made directly from the Aging and Disability Resource Connection, an internal information and referral line, and from word-of-mouth.

For more information:

Mary Lou Vergara, MSW, M.Div.
Caregiver Program Specialist
Atlanta Regional Commission
Email: mvergara@atlantaregional.com
<http://www.atlantaregional.com/>

Lindsay Strack, MPH
Research and Evaluation Analyst
Association of State and Territorial Health Officials (ASTHO)
Email: lstrack@astho.org

¹ Georgia Division of Aging Services. "Fiscal Year 2012: Just the Facts." Available at <http://dhs.georgia.gov/sites/dhs.georgia.gov/files/Just%20the%20Facts%202012.pdf>. Accessed 4-25-2014.

² Georgia Department of Public Health. "State Prepares for Future Toll of Alzheimer's." Available at <http://dph.georgia.gov/blog/2013-11-25/state-prepares-future-toll-alzheimer%E2%80%99s>. Accessed 3-26-2014.

³ Rosalynn Carter Institute for Caregiving. "The Caregiver Crisis: Putting the Pieces Together." Available at <http://www.rosalynncarter.org/UserFiles/Caregiver%20Crisis.pdf>. Accessed 3-28-2014.

⁴ National Alliance for Caregiving. "Evercare Study of Caregivers in Decline." Available at www.caregiving.org/data/Caregivers%20in%20Decline%20Study-FINAL-lowres.pdf. Accessed 3-27-2014.

⁵ Georgia Department of Human Services. "State Plan on Aging." Available at http://aging.dhr.georgia.gov/sites/aging.dhs.georgia.gov/files/imported/DHR-DAS/DHR-DAS_Publications/State%20Plan%20Final%20Report%208-29-11.pdf. Accessed 3-27-2014.

⁶ Benjamin Rose Institute on Aging. "Care Consultation." Available at http://www.benrose.org/careconsultation/care_consultation.cfm. Accessed 3-27-2014.

⁷ Rosalynn Carter Institute for Caregiving. "Care consultation telephone-based empowerment intervention (Bass)." Available at http://www.rosalynncarter.org/caregiver_intervention_database/dementia/care_consultation_telephone-based_empowerment_intervention/. Accessed 3-27-2014.

⁸ Rosalynn Carter Institute for Caregiving. "Care Consultation – From Ohio to Georgia." Available at http://www.rosalynncarter.org/UserFiles/care_consultation.pdf. Accessed 3-25-2014.

⁹ Holloway, C., Bass, D., Primitica, B., et al. "Care Consultation – From Ohio to Georgia." Presented at ASA 2012 Aging in America Conference. 2012. Available at http://www.rosalynncarter.org/UserFiles/care_consultation.pdf. Accessed 4-24-2014.