



Body System: Patient-Based Care		
Session Topic: Caregiver Issues		
Educational Format		Faculty Expertise Required
REQUIRED	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
OPTIONAL	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>
Professional Practice Gap	Learning Objective(s) that will close the gap and meet the need	Outcome Being Measured
<ul style="list-style-type: none"> Knowledge and practice gaps with regard to providing caregiver care Knowledge and practice gaps with regard to effective management of caregiver burnout, and providing resources and counseling to families A majority of caregivers (81 percent) feel inadequately trained for the skills that they perform, having never received any formal education in caregiving. Caregivers are frequently not asked about their needs from a health care provider. 	<ol style="list-style-type: none"> Offer family caregivers a caregiver assessment to identify high levels of burden. Counsel, educate and refer patients at risk for caregiver strain as to the need and use of respite services, available community resources, and assist in the development of a contingency plans in the event of caregiver illness or other life events. Provide caregivers with evidence-based decision making tools to assist in advanced care planning. 	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.
ACGME Core Competencies Addressed (select all that apply)		
	Medical Knowledge	Patient Care
X	Interpersonal and Communication Skills	Practice-Based Learning and Improvement
	Professionalism	Systems-Based Practice
Faculty Instructional Goals		
Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong		



learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.

- Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations
- Facilitate learner engagement during the session
- Address related practice barriers to foster optimal patient management
- Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the References section below are a good place to start
 - Visit <http://www.aafp.org/journals> for additional resources
 - Visit <http://familydoctor.org> for patient education and resources
- Provide recommendations regarding caregiver assessment to identify high levels of burden.
- Provide strategies and resources to counsel, educate and refer patients at risk for caregiver strain as to the need and use of respite services, available community resources, and assist in the development of a contingency plans in the event of caregiver illness or other life events.
- Provide recommendations for evidence-based decision making tools to assist caregivers in advanced care planning.
- Provide recommendations regarding guidelines for Medicare reimbursement.
- Provide recommendations to maximize office efficiency and adherence to evidence-based recommendations for caregiver care.
- Provide instructions regarding the incorporation and use of the PCMH/ACO/Primary Care Core Measure Set into practice.

Needs Assessment

Nearly 44 million adults in the United States have provided unpaid care to an adult or child in the prior 12 months.¹ More than 65 million people, 29% of the U.S. population, provide care for a chronically ill, disabled, or aged family member or friend during any given year and spend an average of 20 hours per week providing care for their loved one.² Half (53%) of caregivers who said their health had gotten worse due to caregiving also said the decline in their health has affected their ability to provide care. Caregivers said they do not go to the doctor because they put their family's needs first (67% said that is a major reason), or they put the care recipient's needs over their own (57%). More than half (51%) said they do not have time to take care of themselves and almost half (49%) said they are too tired to do so.³

Caring for loved ones has several benefits, including personal fulfillment and satisfaction from helping to relieve another's suffering. However, caregiving is also associated with physical, psychological, and financial burdens for caregivers. Stressors associated with caregiving situations are often persistent, uncontrollable, and unpredictable, with one-third of all caregivers describing a high burden of care.⁴ Family caregivers are also at increased risk for depression and excessive use of alcohol, tobacco and other drugs; and are more likely to have a chronic illness than are non-caregivers, namely high cholesterol, high blood pressure and a tendency to be



overweight.⁵ Only one-third (32%) of caregivers report that a care provider, such as a doctor, nurse, or social worker, has asked what was needed to care for their recipient; and less than 15% report being asked what support they need for themselves.¹

Data from a recent American Academy of Family Physicians (AAFP) CME Needs Assessment survey indicate that family physicians have statistically significant and meaningful knowledge and practice gaps with regard to providing caregiver care.⁶ CME outcomes data from 2012 AAFP Assembly (currently FMX) *Dementia and Alzheimer's* session, suggest that physicians have knowledge and practice gaps with regard to effective management of caregiver burnout, and providing resources and counseling to families.⁷

Physicians may improve their ability to provide caregiver care by engaging in continuing medical education that provides practical integration of current evidence-based guidelines and recommendations into their standards of care, including, but not limited to the following:^{4,8}

- Family caregivers should be offered a caregiver assessment to identify high levels of burden.
- Encouraging caregivers to take a break, take care of their own health, maintain a healthy diet, exercise, seek preventive health care, join a support group, and seek respite care when needed are key ways to provide direct caregiver support.
- Caregivers identified as having unmet educational and informational needs should be directed to appropriate resources.
- Psychoeducational, skills-training, and therapeutic counseling interventions have small to moderate success in decreasing burden and increasing quality of life for caregivers of patients with chronic conditions such as dementia, cancer, stroke, and heart failure.
- Encourage the Caregiver to Function as a Member of the Care Team
- Use the Support of Technology
- Coordinate/Refer for Assistance With Care

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented. As such, physicians require continuing medical education to assist them with making decisions about specific clinical considerations.

The American Academy of Family Physicians Academy has participated in the Core Measures Collaborative (the Collaborative) convened by America's Health Insurance Plans (AHIP) since August 2014. The Collaborative is a multi-stakeholder effort working to define core measure sets of various specialties promoting alignment and harmonization of measure use and collection across both public and private payers.

Participants in the Collaborative included Centers for Medicare and Medicaid Services (CMS), the National Quality Forum (NQF), private payers, provider organizations, employers, and



patient and consumer groups. This effort exists to decrease physician burden by reducing variability in measure selection, specifications and implementation– making quality measurement more useful and meaningful for consumers, employers, as well as public and private clinicians.

With significant AAFP input, a PCMH/ACO/Primary Care Core Measure Set has been developed for primary care. The goal of this set is to decrease burden and allow for more congruence between payer reporting programs.⁹

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- Caregiver care⁴
- Caregivers' Guide to Medications and Aging¹⁰
- Adding health education specialists to your practice¹¹
- Envisioning new roles for medical assistants: strategies from patient-centered medical homes¹²
- The benefits of using care coordinators in primary care: a case study¹³
- Engaging Patients in Collaborative Care Plans¹⁴
- Health Coaching: Teaching Patients to Fish¹⁵
- Medication adherence: we didn't ask and they didn't tell¹⁶
- Encouraging patients to change unhealthy behaviors with motivational interviewing¹⁷
- Integrating a behavioral health specialist into your practice¹⁸
- Simple tools to increase patient satisfaction with the referral process¹⁹
- AARP. Care for Yourself. Caregiving (patient resource)²⁰
- CaregiverStress.com. Caregiver Resources (patient resource)²¹
- Caring for the Caregiver (patient resource)²²
- Caregiving: Caring for an Elderly Relative - Managing Medicines (patient resource)²³
- National Comprehensive Cancer Network. Patient and Caregiver Resources²⁴
- FamilyDoctor.org. Caregiving (patient resource)²⁵

References

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