



Paid In-Home Care:

BENEFITTING THOSE WITH ALZHEIMER'S DISEASE & DEMENTIA

A WHITE PAPER FROM



To us, it's personal.

Section I

ABOUT HOME INSTEAD SENIOR CARE®

Home Instead Senior Care is a U.S.-based international franchise network that provides high quality, non-medical home care for older adults. The Home Instead Senior Care network consists of more than 900 independently owned and operated franchise offices that help seniors and their families through the home-care stage of aging.

Franchise offices are located throughout the United States and in Canada, Australia, Austria, Finland, Germany, Ireland, Japan, New Zealand, Portugal, Puerto Rico, South Korea, Switzerland, Taiwan and the United Kingdom.

Home Instead franchise offices employ more than 65,000 professional, trained CAREGiversSM who, in 2010, provided more than 40 million hours of elder care services through more than 60 home-care activities. In situations in which a client has aging-related medical needs beyond the capabilities of non-medical home-care workers, referrals can be made to Home Instead's partners in the healthcare industry.

Home Instead Senior Care was founded by Paul and Lori Hogan in 1994 in Omaha, Nebraska, and began franchising in June 1995. It was Paul's own family experience caring for his grandmother for 12 years that influenced his realization of the need for non-medical home-care and elder-companionship services to help seniors live independently at home.

By 1998, the Home Instead Senior Care network had grown to 99 franchise offices and was recognized by *Entrepreneur* magazine as one of the 100 fastest-growing franchise companies in the United States. In 2000, Home Instead began international expansion by establishing a partner relationship with Duskin Co. in Osaka, Japan.

The Home Instead Senior Care Foundation was created in 2003 to further the philanthropic mission of franchisees. The foundation's objective is to provide financial assistance to non-profit organizations specializing in projects that improve the quality of life for seniors.

Home Instead Senior Care has been cited for its business success by the International Franchise Association and by several publications including *TIME*, *The Wall Street Journal*, *The New York Times*, *Entrepreneur* and *Franchise Times*. Company Founder and Chairman Paul Hogan has also taken on several advisory roles on aging issues, including serving as an at-large delegate to the White House Conference on Aging.

Section II

METHODOLOGY

This Home Instead Senior Care-commissioned research project—entitled the “Value of Caregiving at Home” study—examined the perceptions and experiences of U.S. caregivers for seniors by conducting a survey among adults (aged 18 and older) who were providing and/or arranging care for an older adult (aged 65 or older).

To ensure the integrity, independence and validity of this paper, an expert panel composed of medical professionals and academics, as well as senior-care and research experts, guided and approved both the methodology and survey instruments. Additionally, both methodology and survey instruments were reviewed and approved by the Western Institutional Review Board, a fully-accredited commercial institutional review board that reviews health and healthcare-related research projects according to FDA regulations and ICH guidelines.

Two separate samples were used: one involving caregivers whose care recipients were receiving paid in-home non-medical care; and a second group of caregivers whose care recipients were not receiving this care. The data was collected using a national panel of more than three million consumers who have agreed to take part in surveys conducted by professional researchers.

A detailed screening procedure identified qualified respondents, who then participated in this survey voluntarily. To be eligible, respondents had to be responsible for providing and/or arranging care (either totally or partially) for someone aged 65 or older who was not capable of complete self-care; and who was not living in a nursing home, assisted-living facility, or group home. After qualifying as a caregiver, respondents were then appropriately classified into “paid in-home non-medical care” or “non-paid in-home non-medical care” groups.

The definition of “non-medical care” was stringent, to include no registered or certified medical professionals whatsoever. For the purposes of this report, “medical professionals” will be thus defined as physicians; physicians’ assistants (PAs); nurse practitioners (NPs); registered nurses (RNs); licensed practical nurses (LPNs); licensed vocational nurses (LVNs); physical therapists (PTs); occupational therapists; or any other registered therapists. Some respondents were using both medical and paid, in-home non-medical care; however, those relying solely upon professional medical care were excluded from this study.

The online survey instrument consisted of three component questionnaires designed to be administered sequentially. These questionnaires contained sections that allowed the following: demographic profiling of care recipients and caregivers; identification of the types of care provided; detailed description of the health status of the care recipient and the caregiver; assessment of the quality of life of both the care recipient and caregiver; and the collection of data related to caregiver employment.

Six-hundred and ninety-seven caregivers with paid in-home non-medical care completed all three surveys, along with 934 caregivers who were not using paid in-home non-medical care—yielding a total of 1,631 study respondents. Only those participants who completed all three surveys were retained in the survey-analysis process. Data collection occurred throughout January 2010.

Section III

THE GRAYING OF THE BABY BOOMER

The nation's population of senior citizens is about to rise to unprecedented levels. In 2011, the first of the Baby Boomers – the 78 million men and women born between 1946 and 1964 – will begin turning 65 at a rate of more than 8,000 per day. By year's end, the nation's senior population will have increased by almost 3 million, to nearly 49 million. By 2025, the total will reach 72 million – more than double the 35 million at the beginning of this century.

As Boomers continue to age, many will experience health and physical problems. Some ailments will be long lasting, and some will occur in combinations. Indeed, 80 percent of the nation's current seniors have one chronic health condition, and 50 percent have at least two. ¹

The Burden of Dementia

One of the most prevalent and devastating of the chronic conditions that afflict seniors is dementia, of which Alzheimer's disease is undoubtedly the best known.

According to the Alzheimer's Association report *Changing the Trajectory of Alzheimer's Disease*, "The number of Americans age 65 and older who have this condition will increase from 5.1 million today to 13.5 million by mid-century." Furthermore, "The cumulative costs of care for people with Alzheimer's from 2010 to 2050 will exceed \$20 trillion in today's dollars." By mid-century, the cost for just a single year of treating this disease will exceed \$1 trillion. ²

This will mean rapidly escalating costs for federal entitlement programs for older adults—in particular, Medicare, which typically pays three times as much to care for seniors with Alzheimer's or other dementias as it does for other older adults. ³ This is a significant consideration for a program that already faces severe financial challenges. In fiscal year 2008, Medicare cost the U.S. government \$386 billion. That total is projected to grow to nearly \$800 billion by 2018. ⁴

The Shortage of Medical Care

To help prepare for the game-changing transformation of Boomers reaching the last phase of life, the United States must train more medical professionals to care for ailing older adults. But this is not yet happening. In fact, just the opposite: the U.S. is experiencing a serious and worsening shortage of healthcare providers for seniors.

For example, according to the American Geriatrics Society, there currently is just one geriatrician for every 5,000 seniors. Over the next 20 years, that ratio will decline to one geriatrician for every 7,665 older adults.⁵

In addition, concerns are mounting that cuts in Medicare reimbursements may prompt many physicians to begin refusing treatment to Medicare patients.

In the nursing field, the Senate Special Committee on Aging has reported that fewer than one in 100 U.S. nurses is certified to work in gerontology. If this trend continues, by 2020 the country's supply of geriatric-trained nurses will fall almost 30 percent below projected requirements – leaving about one-third of American seniors underserved.⁶

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Part of the Solution: In-Home Non-Medical Care

Clearly, the two traditional core groups of healthcare providers – doctors and nurses – will need considerable help to serve the country's rapidly growing senior population, especially those suffering from Alzheimer's or other dementias.

Fortunately, the medical-care continuum for U.S. seniors has expanded in recent decades to include other professionals, such as physicians' assistants, physical therapists, occupational therapists and home-health personnel.

Many of these practitioners provide care right where their patients live. This is a significant development, since about 90 percent of seniors say they want to age in their homes for as long as possible. In addition, the use of in-home care for older adults helps relieve the pressure on the country's resource-strapped hospitals and nursing homes.

The professional in-home caregivers are divided into two categories: non-medical and medical.

Non-Medical

Paid in-home non-medical workers assist seniors who have reached a point in life when they need help with daily and weekly routines. This may include assistance with trips to the doctor; reminders to take the right medication at the right time; meal preparation; light housekeeping; errands; shopping, and even Alzheimer's and dementia care. The result is companionship that allows seniors to feel safe and independent while they age in place in the home they've lived in for years.

Medical

The medical professionals represent several specialties, each designed to address specific needs seniors may have, including home-health nurses, physicians' assistants, and physical and occupational therapists.

Many seniors who are aging at home only need the help of paid non-medical workers. Others may require a combination of non-medical and medical care. In those cases, the non-medical professionals work closely with their medical counterparts to achieve the optimum results for their clients.

It should be noted that there is another major group of caregivers who provide for seniors aging at home: family members, friends and neighbors. While this White Paper focuses on professional services, it is imperative to recognize that the nation's network of unpaid caregivers is enormously important to the well-being of older adults. It is a continuation of a practice that has been around for as long as human society: family and friends supporting the aging.

Section IV

THE HOME INSTEAD STUDY

Recent academic research commissioned by Home Instead Senior Care shows that paid in-home non-medical care can be an integral part of the care continuum for seniors with Alzheimer's or other dementias who are being cared for by medical professionals.

More specifically, the research demonstrates that for these older adults, paid in-home non-medical care offers several important benefits:

It can fit seamlessly into a regimen that would otherwise consist of more formal clinical care – especially for those who are older or who need more-intensive levels of care.

It is associated with a lower incidence of visits to doctors' offices, potentially saving healthcare dollars and improving the quality of seniors' lives.

It results in more hours of care – and in most instances, better care.

Supplementing the Care Continuum

This Home Instead Senior Care study shows that paid in-home non-medical care is rapidly establishing itself as a supplement to the healthcare services provided by all other sources.

Specifically, the survey found that 29 percent of the seniors using paid in-home non-medical care had Alzheimer's. That is nearly double the Alzheimer's rate (16 percent) among those who relied only on unpaid caregivers – family members, friends and neighbors. Similarly, 43 percent of those using paid in-home non-medical care were suffering from other types of dementia, compared with 29 percent just using unpaid caregivers.

In other words, among older adults with some form of dementia, paid in-home non-medical care appears to be the preferred means of augmenting other forms of care.

Increasing the Levels of Care

The Home Instead research indicates that paid in-home non-medical care helps to increase the levels of care that seniors with Alzheimer's or other dementias receive, both inside and outside the home.

During a 12-month period for seniors whose caregivers rated their dementia as “more serious” than that suffered by other older adults:

- **19%** of those with paid in-home non-medical care were able to take advantage of the services of adult day-care centers, compared with just 8 percent in the unpaid care group. (Adult day-care centers are similar to senior centers in that they provide day-time, outside-the-home activities for seniors, but they are equipped to serve older adults who have greater needs, including those suffering from dementia.)
- **68%** of those using paid in-home non-medical care used home-health nursing services, compared with 40 percent in the second group. And the average number of days for such services was 25.7 for the first group against 11.1 days for the second group.
- **55%** in the paid in-home non-medical care group received an in-home visit from a nurse practitioner or physician's assistant, compared with 26 percent in the second group.
- **31%** of paid in-home non-medical care recipients received a physician's house call, compared with 10 percent in the second group.

For seniors whose caregivers rated their dementia as “less serious” than that suffered by others in their age category, the 12-month statistics were equally compelling:

- **20%** of those with paid in-home non-medical care used adult-day-care services, compared with 6 percent in the unpaid group.
- **51%** of those in the paid in-home non-medical care group used home-health nursing services for an average of 18.3 days, compared with 24 percent in the second group—who averaged 4.4 days.
- **30%** in the paid in-home non-medical care group received an in-home visit from a nurse practitioner or physician's assistant, compared with 21 percent in the second group.
- More than twice as many of the paid in-home non-medical care recipients (15 percent) received a physician's house call as did those in the second group (7 percent).

These research results suggest that paid in-home non-medical care facilitates the provision of appropriate professional medical care to seniors in a familiar, comfortable home environment. Indeed, the increased use of paid in-home non-medical care for older adults with Alzheimer's or other dementias even may help foster this much-needed transition in the medical-care continuum.

Reducing Doctor Office Visits

The Home Instead Senior Care research shows that seniors with Alzheimer's or other dementias who use paid in-home non-medical care make fewer visits to doctors' offices and have lower rates of hospitalization.

Specifically, the study indicates that among seniors in the "less serious" dementia group, those with paid in-home non-medical care visited a doctor's office an average of 9.7 times during a 12-month period, as compared with 13.5 visits for those without paid in-home non-medical care, a 28 percent difference.

Even more significant, for seniors in the "more serious" dementia group, those with paid in-home non-medical care visited a doctor's office an average of 10.2 times during a 12-month period, compared with 19.2 visits for those without such care—a 47 percent difference.

These results are consistent with the overall findings of the Home Instead Senior Care-commissioned research, which indicated that on average, seniors with paid in-home non-medical care made about 25 percent fewer doctor's visits each year (12.5) than seniors not using such care (16.6).



Reducing Hospital Visits

Seniors in the “more serious” category of dementia who did not use paid in-home non-medical care were about two-and-a-half times as likely to require outpatient hospital care during a 12-month period compared with those who used such care – an average of 1.7 visits for the first group and 0.7 for the second.

Similarly, in the “less serious” category, those without paid in-home non-medical care were about twice as likely to be hospital outpatients, averaging 1.3 visits during a 12-month period, compared with 0.6 for seniors who used paid in-home non-medical care.

For seniors in the “more serious” category, paid in-home non-medical care was associated with a reduced rate of inpatient hospital admissions. Fifty-eight percent of those in this group were admitted at least once during the 12-month period, compared with 66 percent of those without paid in-home non-medical care.

The implication of these findings is that Alzheimer’s and other dementia care recipients who have paid in-home non-medical care appear to require less direct physician care and fewer hospitalizations than do those without such care.

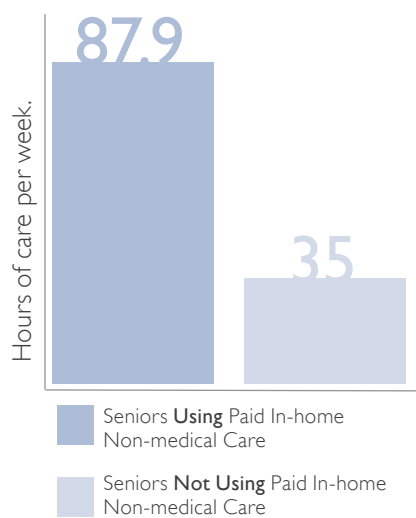
The difference is not because seniors who use paid in-home non-medical care sacrifice appropriate medical care. On the contrary, they appear to receive more chronic and/or acute care from other highly trained – but less costly – clinical professionals such as home-health nurses, occupational therapists, nurse practitioners and physicians’ assistants.

The prospective cost savings to older adults and their families, as well as society at large, from a senior-care model that makes extensive use of paid in-home non-medical care to supplement chronic clinical care could be impressive, depending upon how other elements of the care continuum are utilized. Extrapolating the results from the Home Instead Senior Care study to the millions of older adults across the U.S. who suffer from dementia, or who will in the future, suggests significant long-term financial benefits.

Providing More Care @ Better Care

The Home Instead Senior Care research indicates that more care equals better care. The findings show that recipients of paid in-home non-medical care typically receive more overall hours of care per week – including paid and unpaid care in both the medical and non-medical categories – than do older adults who do not use paid in-home non-medical care.

Those seniors who used paid in-home non-medical care received an average of 87.9 total hours of care per week, compared with 35 hours for those who did not. Put another way, in any given week, the older adults using paid in-home non-medical care receive about two-and-a-half times as much care as seniors who do not use such services.



Not surprisingly, this finding also held true for Alzheimer’s patients, who typically require a great deal of ongoing care. For them, paid in-home non-medical care approximately doubles the number of hours of care they receive.

For the “more serious” group, those with paid in-home non-medical care received an average of 97.1 hours a week of total care; those without received 51.7 hours.

For the “less serious” group, the difference was even more significant: a total of 88.6 hours a week for those with paid in-home non-medical care versus 40.2 hours for those without. In other words, the seniors in this group who received paid in-home non-medical services got 220 percent as much care as the seniors who had no such services.

Confirmation from Caregivers

The family caregivers who participated in the study confirmed the “more care equals better care” finding when they used a 1-to-5 scale to rate the quality of in-home care received by their loved ones.

For those older adults whose “bundles” incorporated paid in-home non-medical care, 78 percent of caregivers rated the overall quality of care as a “4” or “5” – that is, “very good” or “excellent.” In contrast, caregivers for seniors not using paid in-home non-medical care assigned a 4 or 5 in 70 percent of cases.

In the category of caregivers whose seniors suffered from Alzheimer’s or other dementias, the disparity was even more pronounced.

Section IV Confirmation from Caregivers(Continued)

In the “more serious” group, 73 percent of caregivers for seniors with paid in-home non-medical care rated the overall quality of care as a 4 or 5, as opposed to 62 percent for those without such care.

In the “less serious” group, 82 percent of caregivers for those with paid in-home non-medical services rated the overall quality of care as a 4 or 5; only 65 percent of caregivers in the second group did so, a 17-point difference.

Thus, paid in-home non-medical services are an effective complement to the care provided to seniors with dementia by their healthcare professionals, and by their family and friends – resulting in more care, and more diverse care.

And more care appears to mean better care for seniors with dementia, making it easier for them to remain healthier and happier in the familiar surroundings of their own homes.

Delivering Benefits to Caregivers

Family members and friends who care for older adults with Alzheimer’s – especially those in the later stages of the disease – reap their own benefits from the assistance provided by paid in-home non-medical care. They typically experience better health and appear to take better care of themselves.

When caregivers for seniors in the “more serious” dementia group were asked if their health was worse than a year ago, only 14 percent of those whose seniors had paid in-home non-medical care said yes, compared with 25 percent of caregivers for seniors not receiving such care. In the “less serious” group, the numbers were 12 percent and 16 percent, respectively.

When asked if they had received outpatient hospital care over the past year, only 18 percent of caregivers for seniors who were in the “more serious” category and received paid in-home non-medical care had done so, compared with 40 percent in the second group. For seniors in the “less serious” category, the numbers were 18 percent and 24 percent, respectively.

In the case of caregivers for seniors in the “more serious” dementia category – whose needs are greater and whose care is therefore likely to be more intense and demanding – other health benefits associated with paid in-home non-medical care became evident.

The first statistic on each line is for respondents whose seniors were using paid in-home non-medical care; the second is for those whose seniors were not. All responses cover a 12-month period:

- **Had trouble sleeping:** 50 percent, 61 percent.
- **Gained/lost weight:** 46 percent, 58 percent.
- **Postponed/reduced medical treatment:** 30 percent, 37 percent.
- **Had new or worsened health problems:** 23 percent, 48 percent.
- **Started or increased prescription medications for stress, nerves, anxiety or depression:** 17 percent, 28 percent.

The research further indicated that paid in-home non-medical care may help maintain and even improve relationships between caregivers and recipients – an obvious benefit for the mental and physical health, and quality of life, of both parties.

Specifically, 72 percent of caregivers for older adults with Alzheimer's or other dementias who used paid in-home non-medical care rated their relationships with the seniors as “good” or “very good,” while only 58 percent of those whose seniors were not using such services did so.

Fifty-four percent of caregivers for seniors with “more serious” dementia rated the seniors' relationships with their families as “good” or “very good” when paid in-home non-medical care was being used. For the second group, fewer than half of caregivers (45 percent) rated the relationships at this level.

Section VI

RECOMMENDATIONS

It is an important policy imperative to determine at which points on the evolving senior-care continuum that paid in-home non-medical care can best augment in-home medical care – or even forestall or prevent the need for such care. This is true not only for seniors with Alzheimer’s and other dementias, but all older adults.

Thus, given the growing importance of paid in-home non-medical services and their potential to improve the quality of senior care while saving the nation significant sums, a series of steps to encourage their growth and development is in order:

- **National Senior-Care Policy** - Establish a comprehensive national senior-care policy to provide optimal care for seniors, and ensure good stewardship of limited human and financial resources available to provide care to an aging population. Special attention should be given to the needs of seniors with Alzheimer’s or other dementias.
- **An Educational Campaign** - Develop a continuing nationwide program to educate seniors and their families about the choices that are available along the healthcare continuum, and how to go about making the best decisions at each stage of the aging process. Part of the messaging should be aimed specifically at families with seniors suffering from dementia. The campaign could be mounted by a coalition involving public senior-service agencies and the private-healthcare community.
- **Tax-Policy Changes** - Create a national study commission to review the impact of the current tax code on senior-care decision-making and recommend adjustments to the code which would encourage home care and personal responsibility for senior care.
- **A Youth Corps** - Create a corps of young volunteers who would be trained to work for, say, three years as in-home non-medical workers, perhaps using reductions in college-loan debts as an incentive. Special training and added benefits should be offered to those who volunteer to work with seniors with dementia.
- **A Senior Corps** - Often, some of the best in-home non-medical workers are seniors themselves. Social policies should be developed to encourage this trend.
- **New Senior-Care Options** - Offer federal grants to test innovative new programs in senior care, with a special emphasis on those suffering from dementias.



homeinstead.com

13323 California Street
Omaha, NE 68154

888.484.5759
402.575.5962

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