Red Boat Care | Managing Health at Home

Product Position Paper
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Red Boat Care Mission/Vision

Tools for the primary caregiver in the home

Red Boat Care's focus is on the needs of the primary home caregiver and on the needs of the person receiving care. Caregiving team needs are layered on top of that foundation.

Red Boat Care's billing strategy is quite simple: make the product affordable for the primary home caregiver.

The Inspiration – Homecare close to home

Personal homecare experience

Red Boat Care was inspired by a personal experience. In this case, four daughters banded together to assume the healthcare responsibilities of an aging mother with Alzheimer's. These four daughters successfully managed the care of their mother during the remaining four years of her life. A key to their success was their ability to communicate and coordinate common healthcare goals. Even though three of the sisters were pharmacists with resources, their success was harder than it needed to be. The caregiving journey of the four daughters revealed a gap in effective tools for caregivers.

The design of Red Boat Care's homecare software was guided by the lessons learned by the three daughters and from subsequent research into the industry.

Some numbers to frame the issue

The homecare industry is large, centered on the family, expensive, and unpaid[i].

- "65.7 million caregivers make up 29% of the U.S. adult population providing care to someone who is ill, disabled or aged.
  [The National Alliance for Caregiving and AARP (2009), Caregiving in the U.S. National Alliance for Caregiving. Washington, DC.] - **Updated: November 2012"**

- "A Gallup survey found 72% of caregivers cared for a parent, step-parent, mother-in-law, or father-in-law, and 67% of caregivers provided for someone age 75 or older." *Gallup Healthways Wellbeing Survey, Most Caregivers Look After Elderly Parent; Invest a Lot of Time, July 2011]* - **Updated: November 2012**

- Caregiver services were valued at $450 billion per year in 2009- up from $375 billion in year 2007.
  [Valuing the Invaluable: 2011 Update, The Economic Value of Family Caregiving. AARP Public Policy Institute.] - **Updated: November 2012**

- The value of unpaid family caregivers will likely continue to be the largest source of long-term care services in the U.S., and the aging population 65+ will more than double between the years 2000 and 2030, increasing to 71.5 million from 35.1 million in 2000.
  [Coughlin, J., (2010). Estimating the Impact of Caregiving and Employment on Well-Being: Outcomes & Insights in Health Management, Vol. 2; Issue 1] - **Updated: November 2012**
  (https://www.caregiver.org/selected-caregiver-statistics)

Shifting healthcare landscape and homecare

There are some changes to the healthcare landscape that have an impact on healthcare in the home.

The Affordable Care Act (ACA) of 2010 and patient outcomes

Fee-for-outcomes

A significant component of the Affordable Care Act is the shift from fee-for-services to fee-for-outcomes[ii]. Specifically, CMS is shifting how they pay for health services, from reimbursement for specific procedures to reimbursement for improved patient health (as determined through various metrics).

Readmissions Reduction Program (HRRP)

Section 3025 of the Affordable Care Act[iii] penalizes hospitals if their patients tend to be readmitted too soon after discharge. As a result, hospitals are starting to become more mindful of the patient discharge environment (e.g. transitional facilities that have low patient return metrics).

Homecare and Patient Outcomes

Common sense and research confirm that patient outcomes can be improved and patient costs can be reduced through effective homecare. (**See: The Future of Home Health Care Project[iv]**) It is not a leap to infer that effective homecare software tools will contribute to better homecare recipient outcomes.

Existing caregiving software tools and their limitations

A search for "software for caregivers" will return several established products. These products tend to focus on the needs of institutional caregiving, e.g. agencies that provide caregivers who go into the home for a fee. A large focus of these tools centers on the management of staff and client accounts.

Tools for institutional caregiving

Caregiving agencies have billing and payroll requirements: they must bill their clients and pay their caregivers. Quite appropriately, agencies logically seek software that features these billing and payroll capabilities.

An additional consideration they may have is the management of those tasks that are subject to CMS reimbursement.

Managing agency clients
- Caregiving agencies are focused on servicing client requests.
    - Learning and documenting caregiving requirements.
    - Logging caregiving activities.
    - Billing clients for caregiving activities.

Managing agency caregivers
- A primary consideration for caregiver agency software tools is the management of caregivers. Two of the capabilities required for caregiver management are:

- Scheduling caregiver hours.
- Logging caregiving activities.
- Tracking caregiver hours and payroll.

Servicing the silos of Medicare/Medicaid funding & reimbursable activities.
- Medicare/Medicaid has specific definitions of what types of services can and cannot be reimbursed. The services offered by caregiving agencies may be influenced by these constraints.
- The software used by agencies subject to CMS constraints may also reflect the same restrictions.

Some things to know about home caregiving

The primary caregiver
Leading the charge of home care management is the primary caregiver: the person who assumes the leadership role for a homecare recipient. This primary caregiver:
- Has the best information on the medications and prescribed regimens for the healthcare recipient.
- Has another job (in other words, is typically overworked[v]).
- Is often thrust into the role of caregiving when called upon by the needs of a family member.

You own it (The reality of CMS Medicare/Medicaid coverage)
A sad reality of those taking on responsibility of homecare is that a large part of the cost is not reimbursed by CMS (Medicare/Medicaid)[vi]. Individuals shoulder the financial burden of that homecare (see above). They are typically family members of care recipients. This is well known[vii] and will likely remain that way for the foreseeable future.

Coordinating the village that it takes
We all have had that feeling of being in over our head, whether it is popping the hood of a contemporary car to see what is wrong, or trying to fix a modern sewing machine. Imagine that feeling in having the responsibility of taking care of your mother.

The burden of taking care of someone may insidiously grow in weight, especially when multiple chronic conditions are present. This burden of caregiving often exacts a health toll on the primary caregiver[viii]. When this happens, the long-term success of caregiving depends on getting extra help (i.e. the enlistment of a caregiving team). Enabling a healthcare team requires a new level of communication and coordination capabilities.

The population of people needing care is growing in size
"In the United States, the proportion of the population aged >65 years is projected to increase from 12.4% in 2000 to 19.6% in 2030 (3)"[ix]

In other words, there is a growing need for anything that can help the management of care in the home. (That care includes the care of all people with disabilities.)

Our Red Boat Care product design efforts have focused on the needs of this primary caregiver in the home.

Red Boat Care's Homecare Software

Targeting the needs of the Primary Home Caregiver

Red Boat Care is focused on improving healthcare in the home by giving the primary caregiver effective and affordable software.

Care recipient centric

The goal of Red Boat Care is to provide the primary home caregiver with the software tools necessary to manage medications and activities for a person receiving care. To understand what our tools needed to do, we researched what was needed for the person receiving care (those who are "Aging in Place", disabled, chronically ill, etc.).

Better medical adherence translates to better outcomes

It is no mystery that adherence to a medical plan improves a patient's medical outcome. It does make sense and there is evidence to support the idea.[x] The first step in improving adherence is to know what the care recipient needs.

Red Boat Care is affordable

Red Boat Care has priced its product to meet the needs of the primary caregiver, an affordable $9.95/month.

Managing home care: Answering the Five W's

Not surprisingly, Red Boat Care discovered that the first order of business in improving medical adherence was to simply know what needed to be done and who was going to it. Further investigation reinforced the known wisdom of the "Five W's"[xi].

Who

The primary caregiver must know appropriate information for all of the healthcare team members:
- The care recipient (typically a family member).
- The family (sisters and brothers etc).
- The caregivers (both professional and non-professional).
- The care providers (physicians, therapists, etc).
- The other care participants (pharmacies, supply houses, etc.)

What

The primary caregiver must know the care recipient's healthcare information:
- What medication **must be taken**; what activity must be performed; what appointment must be met.
- What medication **has been taken**; activity performed; appointment met.
- What are the issues with taking a medication or performing an activity.
- What are the vitals of the care recipient; allergies; etc.
- What does the care recipient like for lunch; what sports teams or ballets do they like.
- What should be done in case of an emergency.

When

The primary caregiver must know various scheduling times:
- When does a medication need to be taken; activity performed; appointment met.
- When was the medication taken; activity performed; appointment met.

- When are caregivers scheduled to arrive: today, tomorrow, next week.
- When was the last immunization given.

Where

The primary caregiving that is done in the home.

Why

The "why" of healthcare can take many forms:
- Why is the medication being taken or why was it discontinued?
- Why do several medications need to be taken at the same time?
- Why is a caregiver needed at 7:00 o'clock in the morning?
- Why does the person receiving care need to be outside at lunchtime?

Managing a home care tool: The How

How (to create a successful, care management, software tool)

The key to creating this successful product design is to understand what caregivers need to do and how they need to do it. Merely presenting them with healthcare information is insufficient. The tool must respect the relative priority of tasks and present them that way. (For example: Upon arriving at the patients' home, the caregiver will need to know what tasks have been performed and what tasks are yet to be performed. Knowing when an immunization was given is important, but it is typically not the first thing a caregiver thinks about.)

There are standard methods that designers use to create effective products:
- Analyze workflows. (Study what and how caregivers do their work.) The goal is to make sure that everyday tasks are easy to understand and perform.
- Follow user interface principals and practices.
- Make sure that information is securely available anytime and from anywhere.
- Iterate (keep learning, keep improving).

Conclusion

Red Boat Care has created the effective software tool for primary caregivers

Needed

A significant portion of elder care falls on the shoulders of family members. This care is expensive physically, emotionally and financially. The Red Boat Care software helps shoulder that load.

Timely

There is reason to believe that the shifting healthcare landscape will come to embrace the role of primary caregiver, and hence will come to acknowledge software that improves healthcare in the home.

Affordable

The goal of Red Boat Care is to provide primary caregivers the tools that they need at an affordable price.

The right thing to do

Helping primary home caregivers is a good thing. It needs to be done.

i (https://www.caregiver.org/selected-caregiver-statistics)

ii http://www.hhs.gov/about/news/2015/01/26/better-smarter-healthier-in-historic-announcement-hhs-sets-clear-goals-and-timeline-for-shifting-medicare-reimbursements-from-volume-to-value.html#

iii Section 3025 of the Affordable Care Act (https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/readmissions-reduction-program.html)

iv "The Future of Home Health Care Project" (http://www.ahhqi.org/images/pdf/future-whitepaper.pdf)

v http://www.nytimes.com/2015/12/08/health/elder-caregivers-often-sacrifice-their-careers.html?_r=0.

vi https://www.medicare.gov/Pubs/pdf/10969.pdf

vii http://www.nytimes.com/2013/08/28/your-money/assessing-the-costs-of-caring-for-an-aging-relative.html?_r=0

viii https://www.caregiver.org/caregiver-health.

ix http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5206a2.htm

x "Medication Adherence and Measures of Health Plan Quality" (http://www.ajmc.com/journals/issue/2015/2015-vol21-n6/medication-adherence-and-measures-of-health-plan-quality)

xi https://en.wikipedia.org/wiki/Five_Ws