Supporting Family Caregivers in New Jersey

Family Caregivers & Transitions of Care
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Economic Contribution

- In New Jersey 1,750,000 family caregivers provide more than 1 billion hours of care each year worth an estimated $13 billion in unpaid care.

- The average U.S. caregiver is a 49 year old woman who works outside the home and spends nearly 20 hours per week providing unpaid care to her mother for nearly five years.

- The typical unpaid family caregiver in NJ is a married woman in her 50’s who is likely to be employed (48%).

- The vast majority (74 percent) of family caregivers throughout the U.S. have worked at some time during their caregiving experience and more than half (58%) are employed in full or part time work.
Our Loved Ones Want to Live at Home

• The vast majority of older Americans want to live independently at home.

• Most seniors who receive assistance at home rely exclusively on unpaid family caregivers for help.

• 78% of NJ residents age 40 and older believe that being cared for at home with caregiver assistance is the ideal situation when the basic tasks of life become more difficult due to aging or illness.

• Over half of NJ residents age 40 and older have provided care on an unpaid basis for an adult loved one who is ill, frail, elderly or has a disability.

• About half (48%) of NJ voters think it is at least somewhat likely they will be a caregiver for a relative or friend in the future.
Family Caregivers Need Support When a Loved One Comes Home from the Hospital

- Most care recipients do not have a home visit by a health care professional after discharge from the hospital.

- Nationwide, almost half of family caregivers perform medical or nursing tasks for their loved ones with multiple chronic physical and cognitive conditions.

- 72% of family caregivers in NJ report performing medical and nursing tasks when caring for a loved one at home.

- Three out of four caregivers who provide these medical or nursing tasks manage medications, including administering intravenous fluids and injections.

- Most family caregivers report they receive little or no training to perform these tasks.
Improving Transitional Care - from Hospital to Home – is Critical to Reducing Costly Re-Hospitalizations and Improving Health Outcomes

- 1 of every 8 Medicare beneficiary who leaves the hospital is readmitted in 30 days.

- NJ is home to some of the highest health care costs in the nation.

- Medicare alone reports spending $17.8 billion a year on patients whose return trips to the hospital could have been avoided.

- Hospitals are penalized with a cut to their Medicare payments if these avoidable readmissions continue to occur.

- 98% of NJ’s hospitals will be penalized during the third year of the program.
Readmitted Patients a Nationwide Problem

Percent of Patients Readmitted within 30 Days of Discharge
2010 Readmission Percentages by Hospital Referral Region

This interactive map demonstrates variation in readmission rates for Medicare patients after they are discharged from the hospital for medical or surgical conditions. The data show age, sex, and race-adjusted 30-day readmission rates by hospital referral regions for 2010. Hospital referral regions represent regional health care markets for tertiary medical care. The data from the Centers for Medicare & Medicaid Services is a 100 percent sample of fee-for-service Medicare beneficiaries who resided in the hospital referral regions and had full Part A and Part B coverage. Discharges are identified as medical or surgical using the Medicare diagnosis-related group system. Hospitalizations with the discharge status on the claim indicating that the patient died in the hospital, left against medical advice, or was discharged to hospice were excluded. Hospitalizations were also excluded when the patient had any acute care hospitalizations in the 90 days prior to cohort admission date. This differs from the CMS definition which only excludes acute care hospitalizations in the 30 days prior to cohort admission date.

A2955 - The Caregiver Advise, Record, Enable (CARE) Act

- Recognizes the changing nature of health care and the critical role family caregivers play in keeping their loved ones out of hospitals.

- Requires a hospital patient be provided with the opportunity to designate a family caregiver in the medical record.

- Requires the family caregiver be notified when their loved one is discharged.

- Requires the hospital provide an explanation, either live or by video instruction, of the medical tasks – such as wound care, injections, medication management – that the family caregiver will perform at home.
A2955 – Voters Support the CARE Act

- More than 85% of New Jerseyans age 40 and older support instituting each of the CARE Act’s measures.
A2955 – Voters Support the CARE Act

- Republicans and Democrats alike support the CARE Act.
CARE Act’s Legislative Journey

- Sought input from trusted leaders in the health field, including providers and the NJ Hospital Association.

- Introduced by NJ Assembly Speaker, Vincent Prieto, in March, 2014.

- Bi-partisan primary and co-sponsorship.

- Broad stakeholder support from consumer advocates, public policy, family caregiver organizations, disability organizations and individual providers.

- Passed by the NJ Assembly 74-0-3 in May, 2014.
CARE Act’s Legislative Journey, continued.

- Introduced in the Senate in June, 2014 by Senate Health Committee Chairman Joseph Vitale; bi-partisan sponsorship.

- On-going negotiations with the NJ Hospital Association.
  
  Hospital Key Concerns: Flexibility with existing work-flow processes  
  Implementation Timeline  
  Liability Concerns

- Reached an agreement on amendments with NJHA.

- Discussions with Governor Christie’s Administration, including NJ Commissioner of Health, Policy & Counsel’s office.

- Passed by the Senate in September, 36-0; Amended bill passed by Assembly 73-0.
AN ACT concerning designated caregivers and supplementing Title 26 of the Revised Statutes.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

C.26:2H-5.24 Findings, declarations relative to designated caregivers.

1. The Legislature finds and declares that:

a. According to the American Association of Retired Professional’s Public Policy Institute, at any given time, an estimated 1.75 million people in New Jersey provide varying degrees of unreimbursed care to adults with limitations in daily activities. The total value of the unpaid care to individuals in need of long-term services and supports amounts to an estimated $13 billion per year.

b. Caregivers are often members of the individual’s immediate family, but friends and other community members also serve as caregivers. Although most caregivers are asked to assist an individual with basic activities of daily living, such as mobility, eating, and dressing, many are expected to perform complex tasks on a daily basis, such as administering multiple medications, providing wound care, and operating medical equipment.

c. Despite the vast importance of caregivers in the individual’s day-to-day care, and despite the fact that 78 percent of caregivers report managing multiple medications, administering injections, and performing other health maintenance tasks, research has shown that many caregivers feel that they do not have the necessary skill set to perform the caregiving tasks they are asked to perform when a loved one is discharged from the hospital.

d. The federal Centers for Medicare & Medicaid Services (CMS) estimates that $17 billion in Medicare funds is spent each year on unnecessary hospital readmissions. Additionally, hospitals desire to avoid the imposition of new readmission penalties under the federal “Patient Protection and Affordable Care Act,” Pub.L.111-148, as amended by the “Health Care and Education Reconciliation Act of 2010,” Pub.L.111-152 (ACA).

e. In order to successfully address the challenges of a surging population of older adults and others who have significant needs for long-term services and supports, the State must develop methods to enable caregivers to continue to support their loved ones at home and in the community, and avoid costly hospital readmissions.

f. The New Jersey Hospital Association and hospitals in its Hospital Engagement Network have utilized transitional caregiver models to reduce readmissions by over 13 percent from January 2012 to December 2013, leading to 5,492 fewer patients being readmitted during that time, at a cost savings of over $52 million.

g. Therefore, it is the intent of the Legislature that this act enables caregivers to provide competent post-hospital care to their family and other loved ones, at minimal cost to the taxpayers of this State.
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