Care manager as a medical information source for elderly people

Author:

Yoshihisa HIRAKAWA

Department of Public Health and Health Systems, Nagoya University Graduate School of Medicine

E-mail:
y.hirakawa@med.nagoya-u.ac.jp

Abstract

The designation of "care manager" was created in the year 2000, with the implementation of Japan's long-term care insurance system. Under the system, the role of care managers is to help individual elderly clients, families and other caregivers adjust and cope with the challenges of aging or disability by: conducting care-planning assessments to identify needs, problems and eligibility for assistance; screening, coordinating and monitoring home care services; providing client and family education and advocacy; offering counseling and support. Care managers are expected to have extensive knowledge about the costs, quality, and availability of services in their communities. Care managers are also expected to take responsibility of medical mediation and to collaborate with other service providers including physicians and nurses as part of a community-based integrated care system.

Although meeting the needs of clients and their families as well as the expectations of physicians is a challenging task for an important number of care managers, there has been an increase in the number of care managers who become licensed caregivers but who lack the skills to communicate effectively with physicians and nurses or to handle medical problems. A previous study revealed that care managers were frequently used as information source for family caregivers of elderly people needing support or care, while television and newspapers have traditionally been common sources of health information among the general population. This paper discusses the current situation of care managers as information source for elderly people and explores strategies to maximize their role, minimize their strain to avoid burnout, and improve their communication with physicians and nurses. It concluded that community-based medical education for care managers would allow them to acquire the knowledge about medical care and services needed to act as efficient information sources.

Keywords: Information needs, information source, care manager, education, multidisciplinary case conference

1. Introduction

The designation of "care manager" was created in the year 2000, with the implementation of Japan's long-term care insurance system. Previously, care managers typically had experience in nursing, caregiving, social work, and followed special training for case management (Igarashi. et al. 2014, Yamada. et al. 2009, Hirakawa. et al. 2011). Under Japan's public insurance system, the role of care managers is to help individual elderly clients, families and other caregivers adjust and cope with the challenges of aging or disability by: conducting care-planning assessments to identify needs, problems and eligibility for assistance; screening, coordinating and monitoring home care services; providing client and family education and advocacy; offering counseling and support (Igarashi. et al. 2014, Yamada. et al. 2009, Hirakawa. et al. 2011). Care managers are expected to have extensive knowledge about the costs, quality, and availability of services in their communities.

Care managers are also expected to take responsibility for medical mediation and to collaborate with other service providers including physicians and nurses as part of a community-based integrated care system (Reuben. et al. 2013, Hirakawa. et al. 2014a, Galvin. et al. 2014, Awata. et al. 2016). Many physicians have relatively few elderly patients with dementia or multiple diseases in their panels and may lack expertise in the comprehensive management of these patients. Moreover, physicians and nurses often do not have time to counsel family caregivers and provide elderly patients and their family the health education they need.

However, meeting the needs of clients and their families as well as the expectations of physicians is a challenging task for an important number of care managers. Many care managers are former licensed nurses. There has nevertheless been an increase in the number of care managers who become licensed caregivers but who lack the skills to communicate

effectively with physicians and nurses or to handle medical problems (Hirakawa. et al. 2011, Hirakawa. et al. 2014a). Also, care managers cannot proactively get involved in home visiting medical care which is covered by medical insurance rather than long-term care insurance.

This paper discusses the current situation of care managers as information source for elderly people and explores strategies to maximize their role, minimize their strain to avoid burnout, and improve their communication with physicians and nurses.

2. Care managers as information source

2.1 Family caregivers' information source

A previous study (Hirakawa. et al. 2011) revealed that care managers were frequently used as information source (61.3%) for 475 family caregivers of elderly people needing support or care residing in Nagoya city (Central Japan). Television and newspapers have traditionally been common sources of health information among the general population. An increasing number of people are now turning to the internet to gather health information. In this study however, the internet (11.6%) was not as popular as newspapers/magazines (41.5%) as a source of information for family caregivers.

Under Japan's public long-term care insurance system, care managers are supposed to regularly contact and counsel their elderly clients. However, numerous care managers are not familiar with medical care; yet, they are required to provide information on health-related issues and act as mediators between their clients and physicians during regular medical visits. Care managers are not always dependable healthcare information sources because they are not required to have a medical license such as that of physician, nurse, physical therapist or occupational therapist. Since many family caregivers routinely voice a need for information on dementia, first aid, food

and nutrition, as well as non-communicable diseases such as hypertension and diabetes, care managers should be able to consistently provide sound advice on these topics (Hirakawa. et al. 2011).

Physicians and nurses are also frequently solicited as sources of information for family caregivers (Hirakawa. et al. 2011). The elderly tend to place greater value on the advice and information of healthcare professionals; however, less reliable, non-evidence based information is also readily available to elderly patients and their family caregivers by the mass media through television and newspapers. Because elderly patients vary widely in terms of health condition and activities of daily living, the issues surrounding their care are often complex; thus, relaying accurate and tailored physician-led information to them is crucial.

2.2 Current situation of medical education for care managers

2.2.1 License renewal training

Care managers have to follow a compulsory 88-hour license renewal training program to renew their license (Ministry of Health, Labour and Welfare 2014). The program includes acquiring medical knowledge about diseases, communicating and collaborating with medical professionals, and coordinating home medical services. Care managers are required to acquire the skills needed to communicate effectively and efficiently with physicians and nurses. Previous reports (Hirakawa. et al. 2014a) have indicated that care managers are often unable to communicate efficiently with medical professionals because they lack the skills and the terminology to effectively convey their messages. Teamwork relies upon effective communication between health professionals in community settings, which in turn is a significant contributor to elderly people’s wellbeing.

The program includes end-of-life and dementia care, topics regarding which a close collaboration with physicians and nurses is needed (Ministry of Health, Labour and Welfare 2014). To effectively and efficiently get care manager trainees to improve their collaboration skills, the program uses case studies and group discussions as educational methods rather than conventional lecture-type sessions.

2.2.2 Distinctive medical education and counseling programs for care managers

The last decade has seen many changes in medical education training. The education targets have shifted from university students to community health professionals. Universities have also been expected to develop distinctive medical education programs for care managers (Hirakawa. and Abe. 2014b, Hirakawa and Uemura, 2013a).

Understanding the anatomical features of the human body is one of the basic subjects in medical schools. However, care managers often lack the necessary knowledge to understand the pathologic physiology of diseases that elderly people frequently suffer from (Maeda. et al. 2014a). Providing care managers the opportunity to learn anatomy would help them deepen their understanding of these diseases. Anatomy practice can be done using the organs of pigs purchased from a meat processor. The participants may observe and touch the organs under the guidance of physicians and nurse trainers.

Gamification is the use of elements of game mechanics and game design techniques to engage and motivate people to increase their involvement (Nevin. et al. 2014). In recent years, the internet has provided care managers quicker access to information and communication tools via social networks. As care managers are left to balance the limited time available between the care of clients care and education, it has become apparent that new methods are needed to supplement traditional care manager

education to help them acquire the proper medical knowledge quickly and efficiently. Using the conceptual frameworks of user-centered design and situational relevance to achieve meaningful gamification, the author developed an information distribution system via "LINE" (a proprietary application for instant communications on electronic devices such as smartphones or tablet computers). The program includes the following features: (1) voluntary participation; (2) a multiple-choice question published daily, without time limit for response; (3) immediate feedback (response correct or incorrect, followed by an explanation of key concepts); (4) competition in response rate; (5) questions and answers with the author (physician). The questions are general medical questions related to end-of-life or palliative care. The program is still ongoing, and the educational effects have not been confirmed yet.

In Japan, the "*Medical Café*" is a popular initiative where citizens have the opportunity to meet with medical professionals (i.e. physicians, nurses and pharmacists) to formulate inquiries on various health-related issues and get advice on medical treatment in a coffee lounge setting. The author previously reported on the *Medical Café* for care managers (Maeda. et al. 2014b). The café was designed for care managers who need to consult medical professionals and deepen their medical knowledge; topics covered include diseases, dementia care, end-of-life issues, logical thinking, as well as psycho-therapeutic program for anger prevention and control.

Less confident care managers worry about consulting physicians especially if they are not familiar with medical terminology (Hirakawa. et al. 2014a, Hirakawa. and Kimata. 2014c, Hirakawa. 2014d). Also, many care managers do not know how to write a letter of inquiry to physicians using the typical inquiry form that physicians and other medical professionals use to communicate with each other.

Previously, we conducted a focus group discussion on a number of typical cases regarding which care managers had difficulty formulating letters of inquiry (Hirakawa. 2014d). Based on the discussion results of these representative cases, we developed sample letters to physicians or clinics.

2.2.3 Multidisciplinary case conference

Multidisciplinary case conferences (MCCs) are pre-arranged meetings or discussions held between health and welfare service providers such as physicians, nurses, care managers, social workers to discuss individual cases in detail. MCCs facilitate sound elderly patient assessment and management practices through the sharing of medical information by strengthening the collaboration between professionals of the social welfare, health and medical systems for elderly people. Abe et al. developed an original MCC system "*Care Café*" (Abe. et al. 2015) and held conferences nationwide. Hirakawa et al. also developed an MCC system called "*Waigaya*" (Kimata and Hirakawa. 2016) for care managers. "*Waigaya*" introduced discussion strategies using post-type labels designed to encourage care managers to freely express their views, thereby easing their apprehensions about voicing their concerns.

However, there has been little evidence indicating that MCCs resulted in improved medical knowledge by care managers. Abe et al. and Hirakawa et al., through a questionnaire form (Abe and Morita. 2014), assessed the impact of their MCCs on participant satisfaction, improvement of knowledge on health care services and providers, as well as community integration.

2.3 Provision of information for elderly people and families

2.3.1 *Dementia café*

In Japan, the "*Dementia Café*" is a widely-recognized coffee lounge where care managers, non-profit organizations,

and specially trained citizens freely come together to exchange on health-related issues. The café which aims at better serving the needs of elderly people with dementia and their family caregivers is generally managed by volunteers. The Japanese government has come to recognize the importance of creating spaces where elderly people with dementia and their families feel free to drop in to ask care managers for information and advice (Ministry of Health, Labour and Welfare. 2015).

2.3.2 Advance care planning

Advance care planning (ACP) is a process that enables individuals to convey their preferences to family caregivers and health care professionals and make plans about their future health care and end-of-life care options (Detering. et al. 2010). Care managers play a vital role in assessing clients' needs, creating care plans and monitoring conditions from the early stages of frailty; they may also contribute to enhancing their clients' participation during ACP (Reuben. et al. 2013). Many Japanese care managers are not properly trained to discuss death or end-of-life wishes with elderly people and their families. Care managers could better understand the issues facing elderly people regarding end-of-life and provide sounder advice to their clients if they learned about the general preferences of elderly people regarding end-of-life options.

After reviewing related literature, the author developed an original educational program emphasizing high quality end-of-life care for the elderly and tested it nationwide (Abe. et al. 2015, Hirakawa. et al. 2013b). The program targeted non-medical care professionals such as care managers and was subsequently adapted into a multidisciplinary education program. The program was originally developed as a 14-session workshop-style course focusing on key end-of-life care themes such as: definition of end-of-life of the elderly, signs and symptoms of imminent

death, advanced care planning, issues related to tube feeding, emergency room visits, and do-not-resuscitate orders.

3. Peer education

Experienced care managers may become chief care managers through a certified chief care manager training program. Chief care managers are expected to supervise, educate, and counsel subordinate care managers (Japan Care Manager Association, 2013). Chief care managers are also expected to hold and facilitate case conferences or other group discussions partly because physicians and nurses do not have enough the time and experience to educate care managers during clinical practice.

Facilitation training is an ideal training program to promote the activities of chief care managers. The program includes facilitation skills training as a key element to enhance peer education among care managers in the community. Peer education which is based on the premise that "teaching is learning" is an effective and efficient method to learn. The author developed a tentative facilitation training program for care managers designed to enhance their end-of-life care knowledge and facilitation skills; this program was conducted in five cities nationwide (Hirakawa. 2016). The training strategy was as follows: (1) participating in an end-of-life care workshop, (2) attending a lecture on facilitation, (3) conducting a preparatory study, (4) attending a workshop session as a facilitator, and (5) reflecting on one's attitude as a facilitator based on questionnaires from workshop participants, peer-feedback, and video recordings.

4. Conclusion

Care managers serve as an important medical information source for elderly people and their family as well as their communities. A community-based medical education for care managers would allow them to acquire the knowledge about medical care and services needed to act as efficient information sources.

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