



The Role and Contributions of Geriatric Care Managers

Care Recipients' Views

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ABSTRACT

Purpose of the Study: To assess the value of geriatric care management (GCM) services from the perspective of individuals who receive the care—the “care recipients.” The opinions of these older adults—the current users of GCM services—were investigated by means of a cross-sectional mail survey.

Primary Practice Setting: The study setting was the home of the care recipient of GCM services.

Methodology and Sample: This cross-sectional descriptive study applied survey research design. Survey questions were developed related to the following themes about the GCM role and function: (1) overall role, (2) health assistance function, (3) community resources assistance function, (4) advocacy function, and (5) contribution to the care recipients' quality of life. Survey questionnaires were distributed to 179 care recipients of member organizations of the Florida Geriatric Care Management Association. The questionnaires were distributed by mail during the spring of 2012. A second mailing was completed in the fall of 2012. The survey results were analyzed using descriptive statistics.

Results: The care recipient survey respondents most frequently described the role of their GCMs as one of a health care professional. The respondents more frequently described the GCM as providing a health assistance and advocacy function. They indicated that the GCM greatly contributed to their quality of life.

Implications for Case Management Practice: Geriatric care managers appear to be very valuable in assisting their clients with critical health-related situations, as well as with more routine health care matters. Not only are they called upon to assist with health care emergencies and their clients' hospital stays but they also appear to serve an important role in facilitating physician–patient communications during the care recipient's routine visits to the doctor's office.

Key words: *care management, client satisfaction survey, geriatric care, geriatric care management*

The U.S. population aged 65 years and older is expected to increase by 53% to almost 75 million between 2015 and 2030 (U.S. Census Bureau, 2012). Over the past 20 years, services directed toward meeting their health care and social services needs have proliferated. These services are offered in both institutional and noninstitutional settings and include health care, mental health care, and social support services. Among the health care services in institutional settings are skilled nursing facilities that provide long-term care services; assisted living facilities that provide personal care services, intermittent skilled nursing care services, supervision, and activities; and continuing care retirement communities (CCRCs) that provide several levels of health care, social services, and activities in one campus. Other services are community-based rather than institutional. Examples are home health care services that are provided in the patient's home by health care professionals and adult day care services offered in centers that provide nursing

care, rehabilitation, supervision, and socialization for older adults.

This wide variety of services for older adults inspires both feelings of support and confusion for older adults and their family members. It is often difficult for family members to recognize which services are most appropriate for their older adult relatives at any given point in time, much less how to evaluate and compare them. They are often challenged when navigating the health care system at a time of crisis or when considering assisted living or nursing home placement for the older adult.

The geriatric care manager (GCM) can assist older adults and their family members in making

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They [the family] are often challenged when navigating the health care system at a time of crisis or when considering assisted living or nursing home placement for the older adult. The geriatric care manager can assist older adults and their family members in making such decisions.

such decisions. A GCM is a “health and human services specialist who helps families who are caring for older relatives” (National Association of Professional Geriatric Care Managers [NAPGCM], 2013). Geriatric care managers serve as guides and resources for older adults, including those with chronic illness and/or disabilities, as well as for their family members.

THE EVOLVING GERIATRIC CARE MANAGEMENT PROFESSION

The GCM profession has been developing since the 1980s. Its expansion during the last 30 years may be measured by the membership to the NAPGCM, which grew almost 10-fold in recent years—from 250 in 1990 to 2005 in 2012 (NAPGCM, 2013). The NAPGCM is a nonprofit professional development association dedicated to advancing professional geriatric care management through education, collaboration, and leadership.

Early GCMs were entrepreneurs with social work or nursing backgrounds. Today, the field is still largely dominated by entrepreneurs unified by their holistic approach to assisting older adults in meeting their social, medical, and personal care needs. Geriatric care managers come into the profession via several avenues, including nursing, social work, and gerontology. A number of professional certifications are now available to the GCM, including the care manager certified, certified case manager, certified social work case manager, and certified advanced social work case manager. To become a certified geriatric care manager requires a baccalaureate, master’s, or PhD degree, where at least one of the degrees must be in a care management–related field; 2 years of supervised experience in gerontology; a primary engagement in the direct practice of services to the older adults; and certification as a care manager certified, certified case manager, certified social work case manager, or certified advanced social work case manager. (In addition, certified geriatric care managers may be nondegreed registered nurses with 3-year supervised experience in

gerontology, provided they have met the other degree area and certification requirements as well.)

As the GCM profession matures, it becomes increasingly important to assess the value of GCM services to the recipient of those services and their family members, as well as to members of the professional community that provide services to older adults, such as the clergy, financial planners, and attorneys specializing in elderly care.

This study analyzed the value of GCM services from the perspective of individuals who receive the care—the “care recipients.” The opinions of these older adults—the current users of GCM services—were investigated by means of a cross-sectional mail survey.

LITERATURE REVIEW

Studies that evaluate geriatric care management services are scant. Early related literature evaluated adult day care services (e.g., Baumgarten, Lebel, LaPrise, LeClerc, & Quinn, 2002; Hedrick et al., 1993; Rothman, Hedrick, Bulcroft, Erdly, & Nickinovich, 1993; Townsend & Kosloski, 2002) or home health care services (e.g., Forbes, 1996; Reeder & Chen, 1990; Westra, Cullen, Brody, Jump Geanon, & Milad, 1996). These studies examined the impact or effects of adult day care and home health care services on patient or client satisfaction and health, as well as on the cost of providing health care services.

Among the few GCM-specific studies, several describe the value of GCM services from the perspective of the GCM; few explore the value of GCM services from the perspective of the care recipient. Kelsey and Laditka (2009) conducted interviews with GCMs to investigate their roles in providing services to care recipients and their families. They described GCM services, the situations that initiate those services, and the challenges of the GCM profession. Wideman (2012) and Gay (2010) describe the GCM role and benefits by using descriptive case examples.

A few studies evaluated the effectiveness of GCM services by using experimental or quasi-experimental design. Enguidanos and Jamison (2006) evaluated GCM services as interventions in reducing depression in frail older adults. Counsell et al. (2007) used a 2-year intervention to examine whether in-home GCM services improved health and/or quality of life for low-income seniors.

METHODS

Study Population and Sample

Our study population included all care recipients of geriatric care management services provided by

member organizations of the Florida Geriatric Care Management Association (FGCMA). The FGCMA is a “not-for-profit organization of practitioners whose goal is to advance the dignified care for Florida seniors, the older adults, and their families” (FGCMA, 2013). The study sample excluded care recipients who met any of the following criteria: (1) with a legal guardian or currently awaiting guardianship proceedings, (2) with a documented dementia diagnosis, and/or (3) received less than 2 months of care management services. Institutional review board approval was obtained from Webster University to conduct the study.

Survey Construction and Analytic Measures

The survey questionnaire was developed on the basis of a review of the literature, input from the FGCMA research committee, interviews with recipients of GCM care, and a survey pretest. Following the literature review, we conducted informal interviews with GCMs from the FGCMA research committee. This committee was assembled to assist the FGCMA in better understanding how its member organizations’ clients, caregivers, and referral sources assess the value of GCM services and how they describe the value of those services. The interviews were conducted by phone and in person.

Next, we used the literature and the GCMs’ comments to develop a tool to interview care recipients. The resulting tool contained 11 open-ended questions. Three care recipients were randomly selected from among the clients of the FGCMA member organizations for the interview process. We obtained written informed consent from each of the interviewees before conducting the interviews. All interviews were conducted by phone.

As a result of the interviews with the GCMs and the care recipients, we developed five themes to assess the value of GCM services: (1) the overall role of the GCM, (2) the GCM advocacy function, (3) the GCM health assistance function, (4) the GCM community resource assistance function, and (5) the overall contribution of the GCM to the recipient’s quality of life. These themes and related literature are described below.

Overall Role of GCM

The GCM role is fluid but targeted to the needs of the client at particular times during his or her life

experiences. A previous survey on GCMs reported the following as the main services GCMs provide: assessing functional abilities, developing and assessing care plans, locating and arranging services, and assessing family and social support (American Association of Retired Persons, 2001). Considering the multiple functions that GCMs may perform, we explored the respondents’ perceptions of the overall role of the GCM by providing them with multiple choices from which to choose.

Health Assistance Function

Although not all GCMs have clinical nursing skills, many contribute to improving the health of the care recipient. On the initial meeting with the clients, GCMs complete a health and general assessment of the clients’ health care needs. The assessment is followed by the planning, implementation, and reassessment phases (Wideman, 2012). In a recent study, family members of older adults who received GCM services reported that their family members experienced a decrease in ED visits, hospitalizations, and falls and an improvement in medication compliance and ability to remain safely at home (Wideman, 2012).

Community Resources Assistance Function

In addition to their assistance with health care, GCMs provide assistance with identifying and coordinating community services for their clients. The GCM may assist with planning for and arranging transitions, such as from home to the hospital, assisted living facility, or nursing home. For the client who is homebound, the GCM may arrange for meals on wheels. The GCM may also identify financial planning services to assist the client or his or her family in managing finances.

Advocacy Function

In one early survey concerning GCMs and their functions, GCMs reported that “advocating for the client” was the most vital service they perform (Horne, 2011). Although many GCM care recipients are very self-sufficient individuals, some may benefit from the GCMs’ facilitating discussions about their needs with their medical professionals. To assess the value of the advocacy function, we posed two questions to the respondents.

Contribution to Quality of Life

According to the NAPGCM, GCMs assist older adults in attaining their maximum potential. By means of

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the many functions that they provide, GCMs help clients and their families through many situations and transitional phases as the clients age. In assessing the contribution of the broad range of services that GCMs provide, we posed a question regarding the GCM's overall contribution to quality of life of the care recipient.

Several iterations of the survey were developed to improve the clarity and conciseness of the survey questions and to achieve brevity of survey length. To examine its internal face validity, the survey was pretested using the responses of three care recipients. The pretest tool contained 28 questions. Respondents were asked to comment on whether the survey clearly conveyed the concepts of the research project, whether the questions and response choices were clearly stated, and whether the survey was of an appropriate length. On the basis of the respondents' comments, along with input from the FGCMA research committee, the survey was modified before it was distributed to the entire population of care recipients. The final structured survey contained 15 items.

Survey Administration and Analyses

Before the survey was mailed out, an e-mail communication was sent to all 194 member organizations of the FGCMA during the summer and fall of 2012, inviting them to participate in the survey of care recipients. Sixteen member organizations reported that their clientele were not eligible to participate in the survey on the basis of the exclusion criteria. Of the remaining 178 organizations, 31 agreed to participate.

The final version of the survey questionnaire was distributed by mail to a total of 179 care recipients. To increase the response rate, a second mailing was conducted. Data collected from the returned surveys were double-entered. The survey data were analyzed using descriptive statistics.

RESULTS

Of the 179 questionnaires that were mailed to care recipients, 65 were returned, yielding a response rate of 36%. Table 1 presents a summary of the respondents' characteristics. Most respondents were aged 85 years or older (55%), female (76%), and college graduates (48%). Most (42%) rated their health as being fair.

Role of GCM

The respondents most frequently described the role of their GCMs as one of a health care professional (65%) and a friend (65%; see Table 2). More than half (57%) described the GCM as an advisor and/or an advocate (or 54%).

TABLE 1
Respondent Characteristics

Characteristic (n = 65)	Respondents (%)
Age by categories, years	
<45	1.5
45–54	1.5
55–64	8
65–74	8
75–84	26
≥85	55
Gender	
Male	24
Female	76
Formal education	
High school or less	26
Some college	26
College graduate	48
Self-rated health status	
Very good	11
Good	40
Fair	42
Poor	5
Very poor	2

Health Assistance Function

The respondents reported having their GCMs assist with doctors' appointments, health care emergency situations, and hospital care (see Table 3). A full 88% reported that the GCM would be among the first contacts they would make in case of a health care emergency. Eighty-three percent responded that they would request the GCM's assistance after returning home from a hospital inpatient stay. Approximately half of the respondents (51%) reported that their GCMs take or accompany them to the doctors' office for appointments.

TABLE 2
The Role of the GCM

Role	Respondents Identifying GCMs This Way
Health care professional	65%
Friend	65%
Advisor	57%
Advocate	54%
Part of the family	32%
Companion	31%
Social worker	29%

Note. GCM = geriatric care manager.

TABLE 3
The GCM's Health Assistance Function

Situation	Always	Frequently	Sometimes	Never
GCM takes or accompanies respondent to doctor's office for appointments	51%	20%	17%	9%
GCM is among first contacts in case of a health care emergency	88%	4%	8%	0%
Respondent would request GCM's assistance after returning home from an inpatient hospital stay	83%	2%	3%	6%

Note. GCM = geriatric care manager.

Community Resources Assistance Function

Compared to assisting with health-related services and events, the respondents less frequently reported that their GCM assisted with other community services (see Table 4). Less than half (46%) reported that their GCM introduced them to a community service that made their life more manageable. About one third (34%) reported that they always turn to their GCMs for assistance in finding resources for financial considerations or planning, although a full 25% reported that they never do so.

Advocacy Function

Many care recipients reported that their GCMs assist in communicating with health care professionals (see Table 5). Seventy-one percent reported

that their GCMs assist with discussions during their doctors' appointments, and 85% reported that they assist in the discussions with doctors, nurses, and other health care professionals during a hospital stay.

Contribution to Quality of Life

The care recipients were asked a summary question: how much their GCM services improve the quality of their lives (see Table 6). They were asked to scale their responses from 1 to 10, where a "10" indicated "completely improve the quality of their lives." Survey respondents indicated that their GCMs greatly improve the quality of their lives; the mean score was 8.72. Also, of note is that of the 57 care recipients who responded to this question, 25 (44%) rated the GCM contribution as a "10."

TABLE 4
The GCM's Community Resource Assistance Function

Situation	Always	Frequently	Sometimes	Never
GCM introduced respondent to community service(s) that made life more manageable or fulfilling	46%	6%	17%	17%
GCM helped respondent find resources for financial considerations or planning	34%	9%	19%	25%

Note. GCM = geriatric care manager.

TABLE 5
The GCM's Advocacy Function

Situation	Always	Frequently	Sometimes	Never
GCM helps in discussing respondent's condition and medications at routine doctor's appointments	71%	11%	5%	3%
GCM assist (or would assist) in discussing respondent's condition and care with doctors, nurses, and other health care professionals during hospital inpatient stay	85%	3%	8%	1%

Note. GCM = geriatric care manager.

TABLE 6
The GCM's Contributions to Quality of Life

Rating on 1-10 Scale; 10 is "Completely Improve" (n = 57)	Mean Rating	Respondents Answering "10"
Respondents' perception of how much the GCM services improve the quality of their lives	8.72	25

Note. GCM = geriatric care manager.

DISCUSSION

One of the more pronounced findings of our survey was that GCMs appear to greatly contribute to their clients' quality of life. Although "quality of life," like "happiness," is a very difficult construct to define and measure, the survey respondents indicated a strong, positive feeling about the value of the GCM in their lives.

The role of the GCM, as seen from the care recipient's perspective, is an interesting and unique one. The GCM is seen as a friend and as someone who provides great comfort. This relationship may be related to the frequency of GCM visits; most of the survey respondents (51%) received a GCM visit at least once every week. Yet, although the GCM is valued as a facilitator of communication between the care recipient and his or her family, the GCM's place in the client's life is a step removed from that of "family member" or at least is not described as such by the care recipient.

Geriatric care managers are also viewed as health care professionals rather than social workers. Although many GCMs have professional backgrounds as social workers, their care recipients are less likely to view them as social work professionals. Geriatric care managers appear to be very valuable in assisting their clients with critical health-related situations, as well as with more routine health care matters. Not only are they called upon to assist with health care emergencies and their clients' hospital stays, they also appear to serve an important role in facilitating physician-patient communications during the care recipient's routine visits to the doctor's office.

Limitations

Among the approximately 200 member organizations of the FGCMA, 16 did not participate in the survey process because of their clients' meeting the exclusion criteria. Thus, although the survey response rate was adequate, the study results cannot be generalized to the entire population of care recipients of GCMs. Nevertheless, the opinions expressed by the care recipients offer great insight into their perception of the value of GCM services.

FUTURE RESEARCH AND CONCLUSIONS

This study analyzed the value of GCM services from the perspective of the care recipients. Overall, survey respondents highly rated their GCMs' contributions to their quality of life. Of the many aspects of the role and function of GCMs, care recipients appear to most value their GCMs' assistance in times of critical health-related situations, as well as during routine doctors' office visits.

At the present time, many issues that affect older adults are converging. Not only are their numbers growing but the variety of health care, residential, and support services geared toward their care and well-being is also expanding. These services are developing in parallel to the changes of sweeping health care reform under the Affordable Care Act. With the Affordable Care Act's emphasis on continuity of care, prevention of illness, and cost savings, the GCM profession is poised to play a larger role in coming years. Future research will continue to describe and measure the contribution of GCMs to facilitating communication and coordination of care between care recipients and their family members and health care professionals and to lowering health care costs by minimizing duplicative services and avoidable hospitalizations.

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