



CAREGIVER SOLUTIONS

A Resource Guide for Family Caregivers



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How to Get the Most from Your

At some point, most caregivers will interact with their loved one's primary care physician. It may be the patient's long-time doctor, because the patient is no longer comfortable with or able to grasp the nuances of his/her treatment, or a new one, because the patient has moved nearer to the caretaker or now lives with them.

We spoke to Dr. Robin Beck, a geriatrician at Wishard Health Services, for tips on how caregivers can contribute to the relationship to help their loved one. She made it clear that while the physician must create a snapshot of the patient's current health, it's also important to get a bigger picture that includes the patient's history, background, and social and economic circumstances. The doctor not only needs to know how the patient is, but how he or she got that way. To build that picture, the physician will want to know:

Basic Functions

How well does the patient perform the basic functions of daily living?

- Are they responsible for their own care?
- Can they walk? If not, when did they walk last? What problem caused them not to be able to walk? (Do they have pain when they walk? Are they falling?)
- Is the patient using a wheelchair, cane or walker? Can they transfer themselves on their own?
- Can they bathe on their own? Do they use a tub or shower? Can they raise their legs up to get in the tub? If not, why?
- Can they dress themselves without help?
- Can they feed themselves?
- Are they continent?
- Can they go to the bathroom by themselves?
- If they are unable to perform basic activities of daily living, why? (Trouble with vision, hearing, chronic pain, arthritis, etc.?)

Medications

- What medications is the patient presently taking?
- Has the patient had reactions to medicines in the past?
- What medications haven't worked? For example, if the patient suffers from dementia, what drugs have been tried and how have they worked?

Life Functions

Knowing how the patient lives helps the physician put the patient's condition in a larger context and may give insight into problems that aren't entirely medical. "In geriatrics, we have to solve the social problems before we can address the medical problems," Beck said. "I can prescribe multiple medications for their medical problems, but if they can't get them, they're not going to get better. If they're losing weight, is it because they're not getting groceries or because they're sick?"

- Do they handle his or her own finances, balance the checkbook, pay the bills?
- Are they still driving? If not, how do they get to the doctor's office, the grocery?
- Can they fix their own meals?

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Primary Care Physician

Geriatric Assessment Gives Road Map for Care

When an elderly person suffers from persistent or intermittent symptoms such as memory loss, confusion or other signs of possible dementia, the primary care physician may recommend a geriatric assessment. This is a comprehensive evaluation of an older person's mental, physical and psycho-social health, their ability to function and perform basic living activities, and their living arrangements, social network and access to support services.

The purpose is to identify any current problems and anticipate future issues. The process results in a comprehensive care plan that addresses problems identified, suggests required interventions and actions, and makes recommendations regarding the resources needed to provide the necessary support services.

A geriatric assessment is performed by a multi-disciplinary team of experts that might include physicians, social workers, physical and/or occupational therapists, dietitians, psychologists, pharmacists and geriatric nurse practitioners. It creates a comprehensive road map for the elderly person's care that will optimize his or her health and ability to enjoy living independently for as long as possible.

Geriatric assessment programs offer comprehensive evaluations to determine the total physical, emotional, social and functional conditions of an aging person. The geriatric assessment staff usually works with the patient's family and his or her private physician to develop a care plan based upon the evaluation results. While most area hospitals have the capacity to perform geriatric assessments, the facilities listed here have specific departments for that purpose.

IU Medical Group
Center for Senior Health
1050 Wishard Blvd.
Indianapolis, IN 46202
317-630-8000

Methodist Hospital
Center for Geriatric Medicine
1633 N. Capitol Ave., Ste. 322
Indianapolis, IN 46202
317-962-2929

Richard L. Roudebush Medical Center
Geriatric Evaluation and Management
1481 W. 10th St.
Indianapolis, IN 46202
317-554-0000

St. Francis Hospital and Health Center – Beech Grove
Senior Adult Services
1600 Albany Street
Beech Grove, IN 46203
317-782-6491

St. Vincent Hospital
Institute on Aging
8240 Naab Rd., Ste. 155
Indianapolis, IN 46260
317-338-7780



Directory of Assisted-Living Facilities

Boone County

CrownPointe Senior Living Community
610 CrownPointe Dr.
Lebanon, IN 46052
765-482-3436

Hoosier Village Retirement Center
5300 W. 96th St.
Indianapolis, IN 46268
317-873-3349

Mapleview Rest Home
1925 Indianapolis Ave.
Lebanon, IN 46052
765-482-2556

Zionsville Meadows
675 S. Ford Rd.
Zionsville, IN 46077
317-873-5205

Hamilton County

CrownPointe of Carmel
11610 Technology Dr.
Carmel, IN 46032
317-818-1786

Hearth at Windemere, The
9745 Olympia Dr.
Fishers, IN 46038
317-576-1925

Porch Pavilion
118 Medical Dr.
Carmel, IN 46032
317-844-4211

Summer Trace Retirement Community
12999 N. Pennsylvania St.
Carmel, IN 46032
317-848-2448

Sunrise Assisted Living of Carmel
301 Executive Dr.
Carmel, IN 46032
317-580-0389

Hancock County

Green Tree at Greenfield
831 Brandywine Pkwy.
Greenfield, IN 46140
317-467-9317

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PHYSICIAN

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- Can they use a telephone and call 911 in an emergency?
- Can they do housework?

Another piece of the big picture, according to Beck, is the caregiver's status. "If the caregiver is not doing well, the patient may not do well," she said. "If the caregiver is doing it all alone, without help from friends or family, they may be under a lot of stress – we need to know that."

Mental Status

- Does the patient suffer from memory impairment? If so, when did it start and how has it progressed?
- How has their memory impairment affected their function?
- Is the caregiver living with the patient? Why? (This, according to Beck, can be particularly revealing.)
- Is the patient's mental impairment the result of a stroke, heart attack, alcoholism or other chronic medical condition?

Exams

Dr. Beck said that if the patient is amenable, it is important for the caretaker to come along for doctor's appointments. "Two sets of ears are better than one," she said. "Even younger patients have difficulty remembering 100% of what the doctor tells them." If the patient has trouble hearing or is distracted, he or she might miss an important recommendation. Also, if the doctor is in a hurry, the patient may not feel there is time to ask questions. The patient also may be reluctant to ask questions for fear of appearing rude or dumb. Not only can the caregiver ask the questions for the patient, he or she can remind the patient what is needed to be done when the patient gets back home, Beck advised.

While it is important for the caregiver to be involved in the patient's medical treatment, it should always be with the patient's consent, Beck said. For one reason, a mentally healthy patient should be in charge of his or her own treatment because of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Among other things, this act ensures patients' privacy rights and constrains any sharing of medical information. "The patient should have knowledge of any conversations between the caregiver and the doctor," Beck cautioned. "However, if memory impairment is a problem, it would be appropriate for the caregiver to speak with a doctor without the consent of the patient, as they may not be able to give consent," she added. She also noted that caregivers often have stress and sometimes need to talk about how they're coping with the patient's behavior. "You don't have to have consent to help the caregiver deal with behavioral issues," she said.

If you are in charge of an elderly loved one's medical care, give the primary physician as much information as possible to help him or her understand all the factors affecting the patient's condition. Both you and your loved one will benefit in the long run.◆