

Geriatric Care Managers with Christine Davis

Candace Dellacona: Welcome to the Sandwich Generation Survival Guide with your host Candace Dellacona. I am flying solo once again this week, but I am happy to report that we have an excellent guest, Christine Davis from Care Collective, and Christine is a geriatric care manager. Welcome Christine. Good morning. Thank you.

Candace Dellacona: I'm so happy to have you.

Christine Davis: I'm thrilled to be speaking with you about this. It's amazing work that we are doing, and it's good for people to know that there are geriatric care managers around.

Candace Dellacona: Absolutely, let's get into what a geriatric care manager is. So just for our listeners, I wanted to give a little bit of background in, in terms of why I would know who and what a geriatric care manager is and how I came to be acquainted to you, Christine, in my role as an estate planning and elder care attorney.

Candace Dellacona: Years ago, I recognized how incredibly resourceful and helpful care managers are, and you and I were introduced because I actually said, I don't know if you know this story, Christine. I actually asked a home care agency here in New York who the best care manager was, and your name came up and I said, I need an introduction.

Candace Dellacona: Because I realized how helpful geriatric care managers are to my clients. So let's talk about what is a care manager. Thank you. Yes.

Christine Davis: What is a care manager? We are professionals in our fields. We're nurses, social workers, counselors, people with specialties or some sort of higher education in gerontology.

Christine Davis: So we are professionals and we have experience in education, in working in the healthcare system. In a variety of ways and tending towards people who are older. Care management does impact or, or can be useful for people who are younger, who are going through health challenges or need to work within the healthcare system.

Christine Davis: Um, but a geriatric care manager, by definition, is working with people who are getting older and try to manage the healthcare concerns that they now have and the system that they find themselves in now. Which is not easy

Candace Dellacona: to be in. Right. And so your role in particular as a care manager, a geriatric care manager, as you said, care managers can have a variety of backgrounds.

Candace Dellacona: Can you tell me a little bit about what brought you to the role of a care manager and what your background is so our listeners can understand a little bit more about that in in real terms? Absolutely.

Christine Davis: I would love to. So I'm a licensed master social worker. I started as a social worker almost 25 years ago, and it was in skilled nursing facility.

Christine Davis: I worked as a discharge planner on a subacute rehab unit, and that's how I got my start, so into the medical world, but working with people who had to get through the system. So that's how I started. I worked for many years in skilled nursing facilities and. I have my Master's in social work and I have a specialty in adulthood and aging and proud to be a Hunter College alumni.

Christine Davis: So, you know, through the course of my career, I've been exposed to so many other professionals working in adjacent industries or adjacent specialties that I am, and we get to really understand how healthcare in New York City works, healthcare and other areas work. How to connect different players, but that's my background as a social worker.

Candace Dellacona: Terrific. And so I think one of the analogies that we kind of discussed was the fact that care managers can help sort of be the glue or the quarterback when connecting all of those different professionals and all of those different levels of care together. So let's talk about the role of a geriatric care manager.

Candace Dellacona: For a client or a patient, maybe as you'd say.

Christine Davis: Yeah. Uh, we like client. Okay. We'll call you whatever you wanna be called. Yeah, client is good. Let's go with client. Client is good. So at a certain point in somebody's journey through life, you do collect quite a few other team members. Um, sure. You know, you've got doctors for different things.

Christine Davis: You see, you go to different facilities, different hospitals, different clinics for different things. When you know, we find that we're working with clients, individuals, families who can't keep track of this anymore. So that's what we do. We understand who's on your team. We can also have the ability to see down the field, to see who gets the ball right now, who needs to work together over here, who needs to get specific information, medical this professional speaking to this professional, and.

Christine Davis: I think when you talk about the glue, I think that's our role as an advocate and understanding who our client is as a person, what their priorities are, what's most important to them, that we can help their voice be heard. Yeah. So many times we have clients who say that nobody's listening to me.

Candace Dellacona: Yes. And they're, and they're not wrong.

Candace Dellacona: No, they're not. Right. They're not wrong. So that is a really sort of interesting point to bring up and talking about who we're listening to and who the client is, and not allowing the client's voice to be lost both to the healthcare system and also perhaps within some kind of family construct. So you as the care manager.

Candace Dellacona: From the logistics I'm hearing, as you know, through your experience, let's say as a discharge planner and understanding the setting of home care, a geriatric care manager can come in and help coordinate. So let's talk about what that looks like. Someone. Falls and they break a hip and they go to rehab for a couple of days and their mobility is not as great as it once was.

Candace Dellacona: Tell us about what a geriatric care manager can do in an actual scenario like that to help not only the client, but help the family be supportive of the client.

Christine Davis: That's a very good question, and it's not an uncommon scenario, so I'm glad that you used that example in a. Situation like that, you've got a lot of competing priorities.

Christine Davis: You've got primarily the needs and the wishes of our client who's in the skilled nursing facility, can't stand to be there one more day, needs to get home, but is going to have some very real challenges when they get there and they're gonna get there probably before they're ready. Physically, they're in not the same condition that they left, and so there's gonna be new things and new support needed.

Christine Davis: Then you've got family members. Chances are everybody has an idea of how this should go. The options are whether they should even be doing this in the

Candace Dellacona: first place. Right. And they might have different ideas, right, about how it should go. Yeah.

Christine Davis: Yeah. There is no normal family actually. Right, right. You know, so there's, there's that piece of it.

Christine Davis: And then you've got the medical professionals at the facility who have all of their guidelines and steps and rules and protocols, and they're not always very flexible or let on. That they could be a little flexible. And so the, the care manager in this case comes in and starts to direct traffic. You do this, here's what we can do here, and here's what I know we can do here.

Christine Davis: So if you wanna do it, we can do it. And here's the pro to that. And here's the con to that, and maybe asking the client and their family, how much risk can you tolerate? Right. You mean before discharge? So I. We understand or, well, actually you should be talking about that at any any point. But you know, going home, if you don't wanna have somebody with you around the clock, you're in a riskier situation, how much can you tolerate?

Christine Davis: Yeah. We want you to be autonomous. Probably. We've assessed that this person is able to make most of their decisions. When somebody is in a situation where cognitively that's not the case, steers it in a different I. Direction while you're putting pieces together at home, right? Might have the support that they need there now to avoid another go around to the hospital system.

Candace Dellacona: So that's really interesting, Christine. But let's take a pause on that because I think a lot of our listeners, right, we're sandwiched generation listeners and we're trying to, in many cases, step in and advocate, let's say, for our parents, we as lay people, maybe non-medical people are assuming. The doctors and the discharge coordinators and the social workers employed by the hospitals or the short-term rehabs are sinking all these things.

Candace Dellacona: I think your point is really well taken where there really is not a lot of pause for anyone really independently to say to the patient slash your client, how much risk can

you tolerate and what is this gonna look like at home? Because their job is to get the patient through and out. The patient, him or herself is thrilled 'cause they wanna go home.

Candace Dellacona: But you are the person saying, oh, hold on A, let's make sure that you've gotten all the care that you need and we can get you as far as we can get you in terms of the rehab, right, and your improvement, and let's make sure you're safe at home. So that's a really important piece. I think that a lot of people like me.

Candace Dellacona: Wouldn't, no. We're assuming that the professionals at the facility are checking all those boxes when in reality, in many cases no one is checking the boxes. Is that accurate? You're pretty, pretty close.

Christine Davis: Yeah. I mean, there is, having been in, in a similar role to discharge planners in hospitals and been a discharge planner and skilled nursing facilities, you do have to check boxes and you do have to show why your discharge plan is safe, what you end up doing.

Christine Davis: And out of necessity is having a conversation with a family that might not be very long. We're talking minutes. Sure. No, not, and not a lot of minutes where you've just said, we recommend that she has 24 hour home care so that that's on you. And I go back to your note and you say, I advise the family that this is what they need to do and then back to the family.

Christine Davis: And that's a big burden.

Candace Dellacona: It is. And so let's transition. Now when the client is able to be discharged and go home, the sort of amazing quarterback work that a care manager can provide in the home setting, both with the care and maybe the family dynamics. Do you wanna talk about that a little bit and, and show how having a care manager.

Candace Dellacona: Can really ease everyone's burden and make sure that the person's cared for

Christine Davis: sure.

Candace Dellacona: That's where I love

Christine Davis: to be, is to start on that day of discharge or maybe the day or two before when families getting bombarded with information about the things that they need to do now and trying to parse it all out.

Christine Davis: There's so many different types of home care. There's a lot of misconceptions about what's available and what's provided by Medicare. What is the difference between Medicare and Medicaid? I can have that conversation a thousand times a day and I'll get tired of it because people need to know. Sure. What we'll do is we'll, we'll go in and start having conversations and answering questions.

Christine Davis: Well, this is what a certified home health agency does, and this is how they're covered by Medicare, and this is about what you can get from them. This care is not designed to

go long term, right? This is designed to be very short term, and you're going to get less covered by Medicare than you think. So let's prepare for that, and when that care is finished, let's be prepared for what comes next.

Christine Davis: So how are you going to get what you need afterwards? And we'll start to pull together for the family, all of the options that we see that they have. Full of choices. This home care agency is private. This is what they cost. Here's what around the clock care looks like. If you break it apart into 12 hour shifts, and here's the cost of that, we're not sure that your home is set up in a way that's gonna go the distance here.

Christine Davis: Maybe we can make some adjustments. Let's talk about equipment. Let's talk about your area

Candace Dellacona: rugs. Wow. See, that is such a great resource, right? Where things that. We wouldn't maybe think about, you're talking about really sort of UL issues that can have an impact on your client's ability to live well outside of the facility.

Candace Dellacona: Right. It's

Christine Davis: actually day-to-day minutiae that a lot of us just do without thinking about it. Sure. Yeah. But how is she gonna get groceries? Yeah. Yeah. How's Kate gonna pay for the groceries? Well, we'll set up a special card for that. For every little thing that you didn't realize you didn't have together, we typically can find a solution for it.

Candace Dellacona: Yeah. Which otherwise it's falling on the loved ones, the advocates, the members of the sandwich generation. But you know, even when you touch on issues like. What does Medicare pay for? I can't tell you how many times clients say, why is Medicare? It should not be a problem, and it's a hard job to deliver.

Candace Dellacona: Not such great news, but I do think having someone like a care manager involved. Slowly does set the family up for success and taking that quarterback role because someone's gotta do it and someone's gotta coordinate. So why not a, a professional? So you talked about a care manager looking even at a carpet, and I think that's a really good example, very small one about anticipating needs too, right?

Candace Dellacona: And thinking about how you set that person. For success. One of the things that I suggest clients use a care manager for is coordinating and connecting the care, especially when they're not local. So can you talk about what that looks like and how you help a family that maybe isn't next door or a quick drive?

Candace Dellacona: Those are

some

Christine Davis: of the most meaningful cases to us because the stress that comes along with not seeing your loved one on a daily basis stressful, but. There's, I'm sure that there's guilt there. Um, yeah. You know, I should be doing more and I can't. Well, of course you can't, you know? Yeah. So we'll be your eyes and your ears.

Christine Davis: We're reachable anytime, and here's what we think needs to happen. And I don't think you need to come for this, this time, but, oh, now actually, yeah. I think he should come.

Candace Dellacona: I mean, that's a, that's an, an incredible resource, Christine, right? Because as non-medical people, you know, you're someone who's been in the medical arena your entire career and you've been in the healthcare setting.

Candace Dellacona: You've seen people when they're in a position where they may not be here for much longer, or they're quite sick, or they're quite afraid. But as a daughter or a son, or as a neighbor who loves, you know, next door neighbor and you're trying to advocate for them, the question about when to come. What to do.

Candace Dellacona: It's always nice to have a resource to look at somebody and say, should I come now? Am I right? Are my instincts right? So I'm sure a lot of those conversations lead in those directions, right?

Christine Davis: Absolutely. In fact, we hope that people can use us as a buffer between all the other questions that they might get from people.

Christine Davis: It's okay. My care manager's in touch with us constantly. We always have an ongoing flow of information back and forth, so I feel like I'm there. As far as when somebody's condition is deteriorating and Yeah. You know, there's so many things you can do to keep people happy and healthy, but ultimately we're only human.

Christine Davis: Yes. And so there is a lot of myths or misconceptions about what hospice care is. Sure. And when it's appropriate and what it offers. So we do do a lot of advocacy and have a lot of conversations around that.

Candace Dellacona: Yeah. And demystifying the process. Right. Absolutely. But I mean, I think communication too is key.

Candace Dellacona: So going back to whether it's distance or if people in the life of the client have different opinions about how things could go, how do you step in? Or maybe what is a, a good suggestion for our listeners who are dealing with conflict in their role as an advocate, trying to do what's best for their parent.

Candace Dellacona: How do you help a family that. Is terrible at communicating under the best circumstances, but now they really have to communicate. What do you suggest? We will take

Christine Davis: some time to figure out who's who. Okay. Right. We will also, even before we figure out who's who is we speak with, our client, who's hear from them, because ultimately they're the decision maker, right?

Christine Davis: We understand what's important to them, right? So that way we can convey that information to the family members so we can say, I know how important it must be to you

to feel like she's safe or that she's completely taken care of in this facility, you, and you wanna bring her closer to you. That makes perfect sense to me.

Christine Davis: Here's what she's saying. How would you feel if she stayed where she was and lived with her choices? What would you need to feel okay with that?

Candace Dellacona: So you're sort of acting as a translator it sounds like, in many ways to try to make sure that everyone is hearing what all the parties are feeling. Is that right?

Christine Davis: Translator.

Candace Dellacona: Mediator. Mediator, yeah. Counselor. Yeah. Advocate for everybody. What about in the, yeah, but like, let's talk about the case, which are often your cases where you have a client who has a memory impairment issue. Or doesn't have the capacity to articulate what their wishes are, and you have two family members that have very different ideas about what should happen.

Candace Dellacona: What's your suggestion on how to broker peace between those two parties?

Christine Davis: Well, I think that we walk into situations understanding that sometimes peace is not possible. Maybe that's not our goal. Maybe you can't make everybody happy, but you have to do what's in the best interest. The big picture for the client.

Christine Davis: I love

Candace Dellacona: that. Sometimes peace is not

Christine Davis: possible if you can get it. I love that. That's yeah, me happy. Happy. Sure, sure. Realistic expectations though, that's what we're going for. I can't make everybody happy all the time, but I, I make people stay cared for and mostly happy. Okay. Fair, fair. Yeah. Yeah. Um, it does though.

Christine Davis: Really shine a light on how important it is to have prepared things. Okay, true. Have prepared a power of attorney, a healthcare policy, right? Right. A living will. So that when, well maybe if we'll say, if, maybe when that conflict shows up, there's a document to go back to, to say, your dad really spelled it out here, and our role is to follow this.

Christine Davis: Is that's how we honor him. Yes.

Candace Dellacona: So that's a really good bit of information for our listeners, right? Where you're going into it, knowing that peace may not be possible, but you have to think about what your loved one articulate, whether it's something they said to you in the past or if it's in a document, and let's try to follow that.

Candace Dellacona: Right. And so when dealing with difficult family members, whether it's the client himself or herself who's always been difficult and continues to be, or or certain family

members that are perhaps not keeping the client top of mind and what they want and sort of allowing their own maybe opinions about what things should be, try to control, what do you do when there is a family member?

Candace Dellacona: Who is causing that level of conflict? How do you try to bridge the gap with that person?

Christine Davis: You know, it's funny, I just came across, I don't know if this book even exists anymore, but I was, I, I just heard about it. It's called How to Hug a Porcupine. Oh, I know it. And I read it. Yeah. I haven't read it yet, but I've ordered it.

Christine Davis: And I'm understanding the concept that people can be prickly for all kinds of reasons. True. Right, true. So understanding that critically person, understanding why they might be acting the way they're acting. Sure. They do understand that typically people aren't trying to be horrible. People aren't trying to be difficult.

Christine Davis: So if I can understand that family members struggle, then I can go to the heart of that and see where that takes us.

Candace Dellacona: That's good advice for anyone listening, right? Where instead of maybe reacting, particularly in such a high stress situation when you're dealing with a loved one who's not, well, if your sister or brother or whomever is not reacting in the way that you anticipate, there's probably a reason for it.

Candace Dellacona: And maybe show a little grace if possible. You know

Christine Davis: a lot of grace when you've got a situation like the ones that we work with, people aren't Okay.

Candace Dellacona: Yeah.

Christine Davis: It's not okay. Family's not okay. This is a family unit that's in some sort of a crisis. Yes. So when you're in a crisis, you're not at your best. People aren't.

Christine Davis: We can live with that. Right. We can work with that and it's one of the best parts of our, our work when you can take that crisis and, and steer it out of it so that people are okay in the end.

Candace Dellacona: Yeah. Why don't you give us your best example of. People that came to you in crisis, and you know, we're gonna segue into talking about how to avoid a crisis and maybe setting the framework for a proper cure.

Candace Dellacona: But what is your sort of biggest achievement? And maybe it'll make people feel better to know that even in a crisis you were able to effectuate X, Y, or Z. So for those of you who haven't done the plan. You can call someone like Christine and she's a problem solver. I mean, I can think of one knowing that you worked on for one of my beloved

clients, um, but do you have an example of, you know, sort of where your team came in and was really able to sort of straighten things out?

Candace Dellacona: Gave us a happy ending? Whoa, we have them.

Christine Davis: We certainly do. We came in when somebody was stuck in a facility. Nursing home in, in Manhattan, but all of her relatives are in Pennsylvania and she couldn't stay where she was. She needed to be closer to them. We helped her, believe it or not, navigate her way out of New York City, and it included selling her apartment and working with her financial advisors and getting her settled into a facility in Pennsylvania.

Christine Davis: We still work with her. She just wasn't happy with that facility. She wasn't okay with the police that she chose. Right. She's in another one, you know? So we're following her along and we're making sure that what she tells us when she's unhappy, we help her fix

Candace Dellacona: it. Christine, you're being modest, right?

Candace Dellacona: Because let's talk about what that means and what you probably had to do to get her out of that facility, because you're really going over the details that were probably pretty significant efforts. You had a woman who's in a facility alone. In a city alone, owning an apartment, wondering how can I get out of this facility, get myself to Pennsylvania, get my apartment sold, to have the money to pay for that care in Pennsylvania.

Candace Dellacona: So you're saying that a, a care manager came in, assessed her, right. Talked to her about what she wanted, helped her sell her apartment, connected with the financial advisor to make sure that there was enough money there, helped her find an appropriate place in. A state two states away. I mean, that's really remarkable.

Christine Davis: This is not her real name, Mary, and this is what Mary cannot tolerate. This is what you need to do to help her, right? This is what she needs in her life and, and it's just a con. Anytime she's encountering a new situations that we've worked with her for little over a year,

Candace Dellacona: but that's a huge win. You as a care manager, were able to make sure that this person was cared for closer to their family, neaten up their assets.

Candace Dellacona: In fact saved

Christine Davis: her money because the cost of everything. Good point. New York City was probably more than double what in Pennsylvania? Right? So we've actually ended up saving her substantial amount of money every

Candace Dellacona: month. That is an amazing, amazing success story. So even in a time of crisis when no planning was sort of done ahead of time to think about where you're gonna end up.

Candace Dellacona: A care manager can still help usher you through a really stressful situation and get you where you need to be. I think that's a, a great way to end this segment on

geriatric care managing, and I'm really looking forward to our next episode where we're gonna talk about how to lay the plan and set the stage to live and age well and how to do things in advance as opposed to in a crisis.

Candace Dellacona: So thank you so much, Christine, for joining us and I'm really looking forward to part two. Thank you.