Case management with monetary assistance for caregivers of older adults with dementia

Public Health & Prevention: Home- or Family-based

Literature review updated February 2018.

As part of WSIPP's research approach to identifying evidence-based programs and policies, WSIPP determines "what works" (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our Technical Documentation. At this time, WSIPP has not yet calculated benefits and costs for this topic.

Program Description: This analysis represents programs that include case management with monetary assistance for the informal caregivers of older adults that have dementia or Alzheimer's disease (dementia/AD). These informal caregivers are typically the spouse or the adult child of the older adult with dementia/AD. Case management typically involves a standardized assessment, an individualized measurement-based treatment plan, and monitoring/reassessment of the plan as frequently as the program or case manager determines to be appropriate. Monetary assistance is typically allotted funds that caregivers can apply toward services referred to them by their case manager (e.g., adult day care, skilled nursing or rehabilitative therapies, respite care, housekeeping).

The single study included in this analysis is from the Medicare Alzheimer's Disease Demonstration (MADD), a multisite national demonstration project that provided service coverage for the caregivers of older adults with dementia/AD. In the included study, monetary assistance for service benefits averaged $495 per client per month. Case managers were primarily social workers, with one site utilizing nurses instead. Case management occurred in one-on-one sessions in the home of the caregiver. The intervention lasted 36 months. Caregivers in the comparison groups receive the standardized assessment and referrals to other services without additional monetary assistance.

Meta-Analysis of Program Effects

Outcomes measured	No. of effect sizes	Treatment N	Adjusted effect size and standard error			Unadjusted effect size (random effects model)	
			ES	SE	Age	ES	p-value
Major depressive disorder	1	1705	-0.049	0.035	63	-0.049	0.162
Caregiver burden	1	1702	-0.036	0.035	63	-0.036	0.302

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our Technical Documentation.

Citations Used in the Meta-Analysis

Newcomer, R., Yordi, C., DuNah, R., Fox, P., & Wilkinson, A. (1999). Effects of the Medicare Alzheimer's Disease Demonstration on caregiver burden and depression. *Health Services Research, 34*(3), 669-689.

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