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EXECUTIVE BRIEF

Five Principles for Care Management That Reaches the Last Mile

For payers, providers and investors who fund, run or evaluate care management and caregiver support.

Family caregivers are a critical part of the care team in value-based care. More than half perform medical or nursing tasks. Very few report being trained for them.[1]

Under fixed-fee payment, health systems and payers carry the cost of a readmission, so they capture the savings when one is avoided.

1 Plan with the household, not only for the patient.

MEANS Establish what matters to the patient, whether the proposed help is acceptable, and who in the household has agreed to do what, including family, neighbors and paid help, with the patient's consent. Account for patients with no available family caregiver.

ASK How did the patient's goals and the household's roles shape a specific plan?

2 Stay present between contacts.

MEANS Scheduled outreach and counted contacts leave long stretches when only the household is watching. Give the people at home a way to tell what is normal, urgent or critical, and a clear path to someone who will respond.

ASK When something changes on day three, who does the family call, and who responds?

3 Size the work to the caregiver, and confirm it happened.

MEANS 55% of family caregivers perform medical or nursing tasks; 22% received training for them.[1] Assess willingness, skills, time and access to help before assigning tasks, train where needed, and verify that agreed actions took place.

ASK Can the program show that agreed actions happened, not only that services were offered?

4 Watch caregiver capacity, and let the answer change the plan.

MEANS Caregiver strain is associated with nursing home entry and with 30-day emergency department return visits.[2,3] These are associations, not proof of cause. A score alone does not help; respond with support or a revised plan.

ASK What changed the last time a caregiver reported being at their limit?

5 Own the barrier until it is resolved.

MEANS When a service is unavailable, unaffordable or not covered as assumed, a program may record the problem without resolving it. Name an owner for each barrier and follow it to an outcome. Be clear about barriers no caregiver can close, such as service shortages and coverage rules.

ASK Who owned the last barrier a family hit, and what was the outcome?

The test. For each principle, ask the program to show the last time it changed a family's plan.

Programs may do some of this already, and an absent requirement does not establish an absent practice. Treating family members as partners does not make them responsible for filling gaps the care system has left unresolved.

Aarti Karamchandani · Lucentia Holdings · Adapted from "The Last Mile of Care Coordination Is the Family."

Sources: 1. AARP and National Alliance for Caregiving, Caregiving in the US 2025, executive summary. 2. Spillman BC, Long SK. Does high caregiver stress lead to nursing home entry? Urban Institute for ASPE, 2007. 3. Germain N, et al. Caregiver burden and 30-day emergency department revisits. JAMA Netw Open 2025;8(9):e2531166.