

Title (Sentence case, max 15 words): A social care assistance intervention for dementia caregivers reduces emergency care utilization

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Abstract

Background: Social care assistance for dementia caregivers could be sustained from reduced acute care utilization.

Objective: Evaluate the effect of CommunityRx-Dementia, a low-intensity, highly scalable social care assistance intervention on acute care utilization

Methods: Single-blind, RCT (Clinicaltrials.gov: NCT04146545) with 12 month follow-up (12/20-2/2024). Caregivers (N=343) were enrolled at an urban academic medical center and randomized 1:1 to usual care (no systematic provision of resource information) or usual care plus CommunityRx-Dementia. Beginning following an ambulatory appointment for the caregiver or care recipient, CommunityRx-Dementia included education about social conditions, personalized information about local resources, ongoing navigator support (automated, proactive text messages for 3 months and navigator availability for participant-initiated requests for 12 months) and an online resource finder. Caregivers were asked to recall the number of emergency department (ED) visits and hospitalizations they had in the last 12 months at baseline and at 12-month follow-up. Negative binomial regression models were fit with treatment group and baseline utilization as predictors. Incidence rate ratios (IRR) and corresponding 95% CIs were calculated.

Results: Most caregivers were women (78%), Black (81%), and had a household income >\$50k/year (64%). During the 12 months following baseline, 25% of caregivers had ≥ 1 ED visit (intervention: 22%; control: 28%) and 14% had ≥ 1 hospitalization (intervention: 12%; control: 16%). ED utilization during the 12 months of follow-up was significantly lower among the intervention arm compared to the control arm (intervention ED visit rate=0.3, control rate=0.5; aIRR: 0.6, 95% CI: 0.3, 0.9, $p=0.03$). The rate of hospitalization was not statistically different by treatment arm (intervention hospitalization rate =0.1, control=0.2; aIRR: 0.7, 95% CI: 0.3, 1.2, $p=0.19$).

Conclusions: A social care intervention delivered to dementia caregivers following ambulatory care reduces ED utilization. Integration of social with medical care for caregivers may be sustainable by reduced ED utilization.