Key Care Delivery Processes

Providing psychosocial care for caregivers requires receiving referrals for caregivers whose needs match your program's offerings (see guidance on marketing as well as referral and triage); giving them their own medical record; conducting a comprehensive diagnostic visit; and creating a care plan tailored to their unique needs. These practices help protect privacy, ensure ethical care, enable billing, and make it easier to provide meaningful, appropriate, ongoing support throughout the caregiving journey.

1. Creating Separate Medical Records for Caregivers

Creating a distinct medical record for family caregivers formally recognizes them as patients within the healthcare system and allows institutions to provide, document, and bill for caregiver-focused services ethically and legally. Key benefits include:

- → Protecting privacy and confidentiality: Ensures caregiver information is not stored in the patient's chart, reducing the risk of privacy breaches
- → Supporting ethical billing: Prevents inappropriate billing to the patient for services provided to the caregiver (e.g., counseling)
- → Improving documentation: Allows for organized and accessible caregiver data that would otherwise be lost or buried within the patient's record
- → Promoting continuity of care: Enables ongoing contact and support during bereavement, including outreach, screening, and documentation of emotional distress
- → Enhancing program sustainability: Supports legitimate billing, strengthens the case for institutional investment, and provides data for quality tracking and reimbursement

Important caregiver-specific information that should be included in the History of Present Illness (HPI):

Documentation Area	Description
Context	Relationship to the patient, duration of caregiving, and prior caregiving experience
Perceptions	Caregiver's view of the patient's health and functional status
Values and Preferences	Caregiver's personal priorities, motivations, and decision-making considerations
Well-Being	Physical, emotional, and mental health assessments

Documentation Area	Description
Challenges and Strengths	Perceived burdens and benefits of caregiving
Skills and Needs	Areas where additional education, training, or support are required

2. Conducting a Diagnostic Visit

The initial encounter is a diagnostic visit, during which the caregiver's history, current stressors, and reported concerns will be reviewed, and a diagnosis will be assigned. If the visit is conducted by a non-prescribing professional, they should assess the caregiver's need for psychiatric medication and, if indicated, provide a referral to a psychiatrist or psychiatric nurse practitioner for further evaluation. A template HPI is below.

HPI in Caregiver Medical Record Template:

"[*insert name of caregiver*] is the [*insert role, such as wife or father or child or sibling or friend*] and primary caregiver of patient [*insert patient's name and MRN (medical records number)*], being treated for [*insert primary diagnosis*]. [*insert name of caregiver*] is referred to us by [*insert name of referring provider, if applicable*] "

3. Developing a Treatment Plan

There is no one-size-fits-all approach to supporting family caregivers. Each treatment plan should be individualized to reflect the caregiver's unique needs, resources, and stage in the caregiving journey (e.g., early diagnosis, home care, survivorship, or bereavement). All these factors should be determined during the initial diagnostic visit.

- → Staff should collaborate with caregivers to outline a treatment plan that summarizes the goals of care and specifies an initial plan for the number of sessions. Goals of care can include (but are not limited to): addressing emotional wellbeing, preparedness for caregiving responsibilities, communication skills for interacting with the patient and/or the treating team, and coping with uncertainty
- → The treatment plan should be revisited at least every six months, but should be adjusted upon a change in the patient's illness or caregiving demands.
- → Empirically supported interventions (e.g., Cognitive Behavioral Therapy) should be employed to optimize outcomes for caregivers. Recommended modalities include Individual, Family, and Couples Therapy; Telemedicine; and Support Groups.
- → All treatments must be provided by appropriately trained and licensed clinicians.