

The Invisible Second Patient

A Guide to Engaging Caregivers as Strategic Partners

Why Medicare health plans must evolve to meet the changing needs of aging members — and why family caregivers are central to success.



Context

The U.S. population is aging fast.

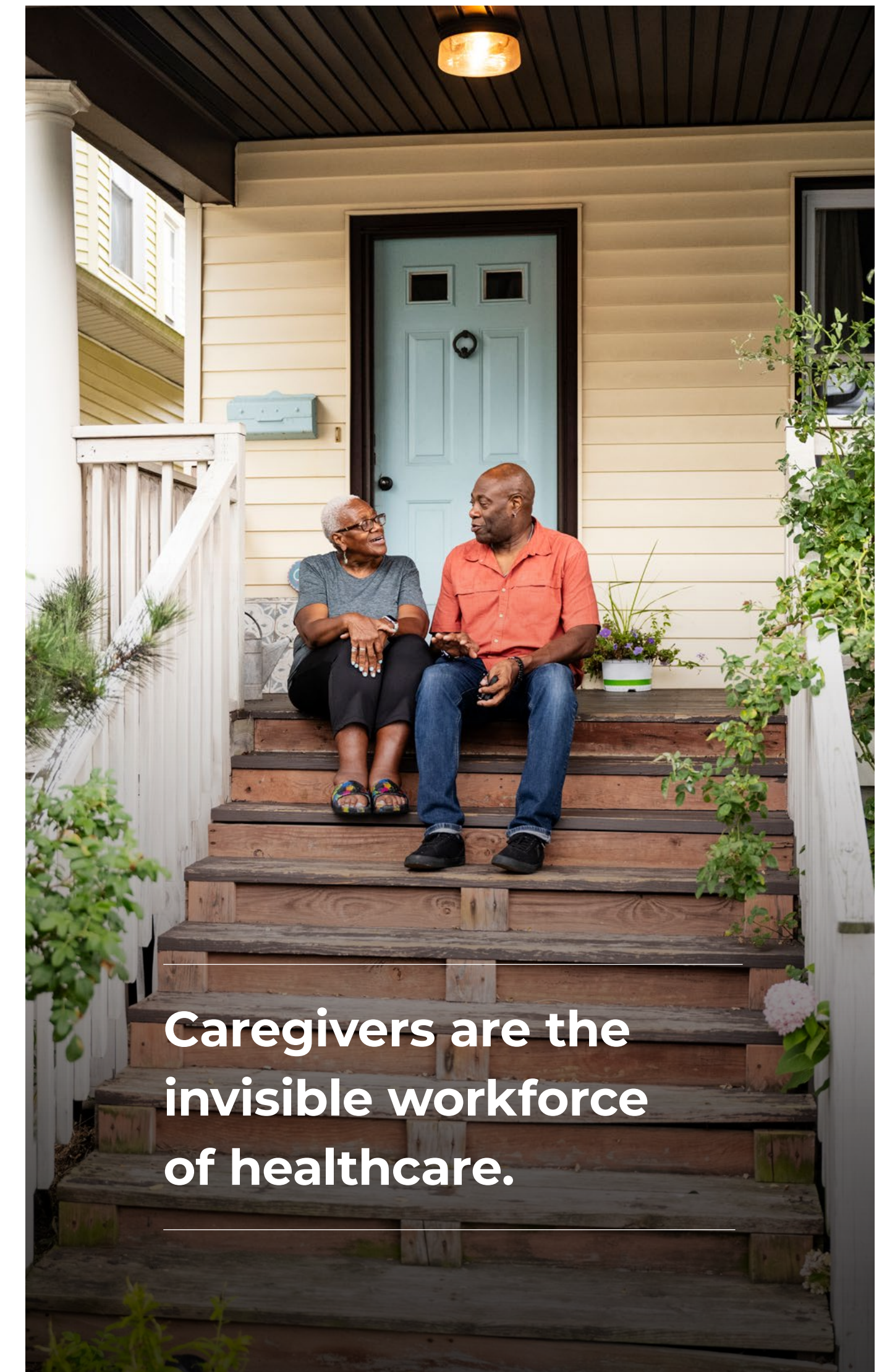
The first of the baby boom generation will turn 80 next year, and the number of Americans aged 85+ will triple to 19 million by 2060¹.

Medical complexity increases with age, and the demand for **direct care workers** (including home health aides and nursing assistants) is expected to increase by 48% between 2015 and 2030². Meanwhile, chronic staffing shortages are straining in-home and community support systems.

Rural areas feel shortages the most. As of late 2023, one-third of the U.S. population lived in a primary care shortage area³, and nearly 80% of rural counties are medically underserved⁴.

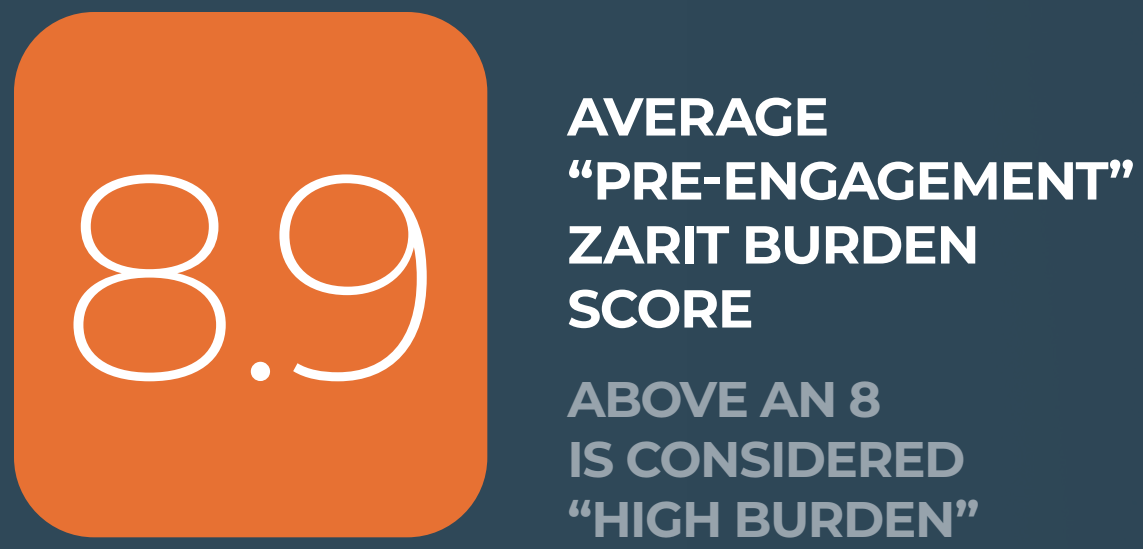
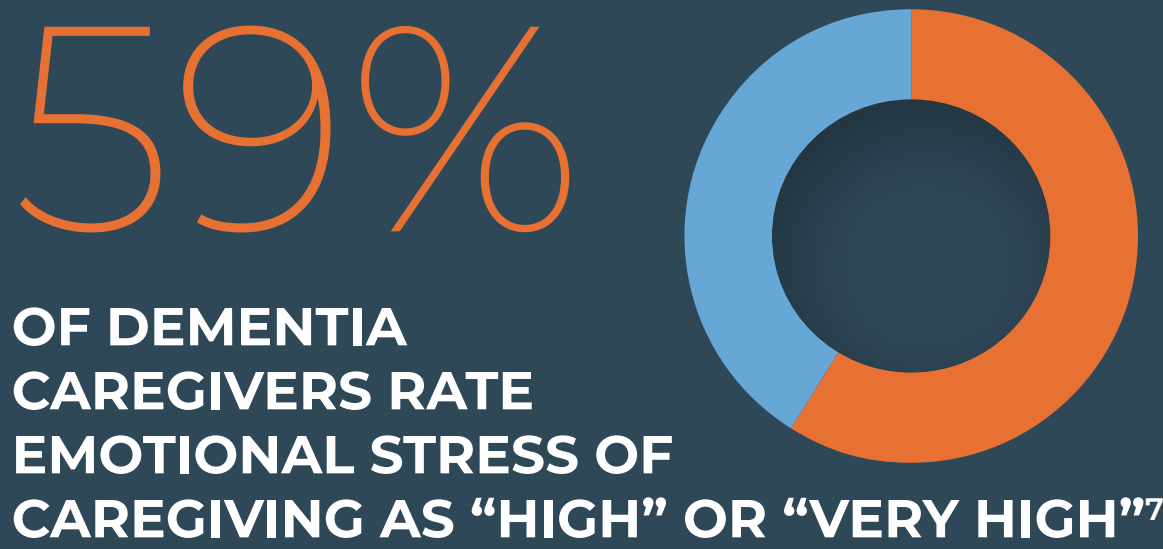
All this combined puts unprecedented pressure on **caregivers**, the invisible workforce of healthcare. They manage appointments, medications, ADLs, and crises.

But they remain unseen in claims, unrecognized in workflows, and unsupported in strategy.



DEMENTIA AS AN ILLUSTRATIVE CASE

No condition makes the caregiver’s role more visible than dementia. Families shoulder most dementia care. When they falter, outcomes collapse: higher ER use, institutionalization, higher costs. Dementia caregivers show us what’s true across aging — caregivers are indispensable.





Initially I was afraid not knowing much about my husband's dementia and how it might develop. Now I have a caring contact at Carallel I can speak with anytime necessary. ... I no longer feel afraid or anxious knowing help is available for me.

— Carallel user

The Challenge

The Risk of Overlooking Caregivers

Ignoring caregivers creates systemic risk. When caregivers break down, plans bear the cost.

Burnout & Health Decline: Caregivers experience depression at much higher rates than non-caregivers. Even broadly, 25.6% of caregivers report diagnosed depression versus 18.6% of non-caregivers⁸.

Navigation Overload: Managing complex

care without guidance leads to missed appointments, medication errors, and preventable crises.

System Blind Spots: Caregivers are rarely identified in claims or EMR data, leaving plans without a full picture of risk.

Financial Strain: Nearly half report financial stress due to lost income, out-of-pocket costs, or both.

MEMBER IMPACT

When caregivers struggle, outcomes collapse. Among dementia dyads, caregiver depression is linked to a 73% increase in emergency department visits for the care recipient⁹.





6X HIGHER DEPRESSION
Spousal caregivers
vs. non-caregivers

**GREATER REPORTED
DIAGNOSED DEPRESSION**

25.6% Caregivers

18.6% Non-Caregivers

50-90%
HIGHER SHORT-TERM MORTALITY

Spousal Caregivers: A Two-sided Member Risk

Plans often insure both caregiver and care recipient. When the caregiver is a spouse, decline in one directly affects the other.

Heightened Depression Risk: Spousal caregivers show up to six times higher rates of depression compared to non-caregivers.

Widowhood Effect: After the death of a spouse, the surviving partner faces sharply elevated health risks. Studies show 50-90% higher short-term mortality and about 15% higher long-term mortality compared to married peers.

This interconnected risk doubles the stakes for health plans. Supporting spousal caregivers means protecting two members' health simultaneously and mitigating downstream costs in claims, hospitalizations, and even bereavement-related care.

The Strategy

From Invisible to Integral

Caregivers must shift from invisible to integral in plan design. Carallel provides the structured, scalable framework to make this real.

Carallel's Approach

Proactive Identification: Uses plan data to find caregivers beyond self-report.

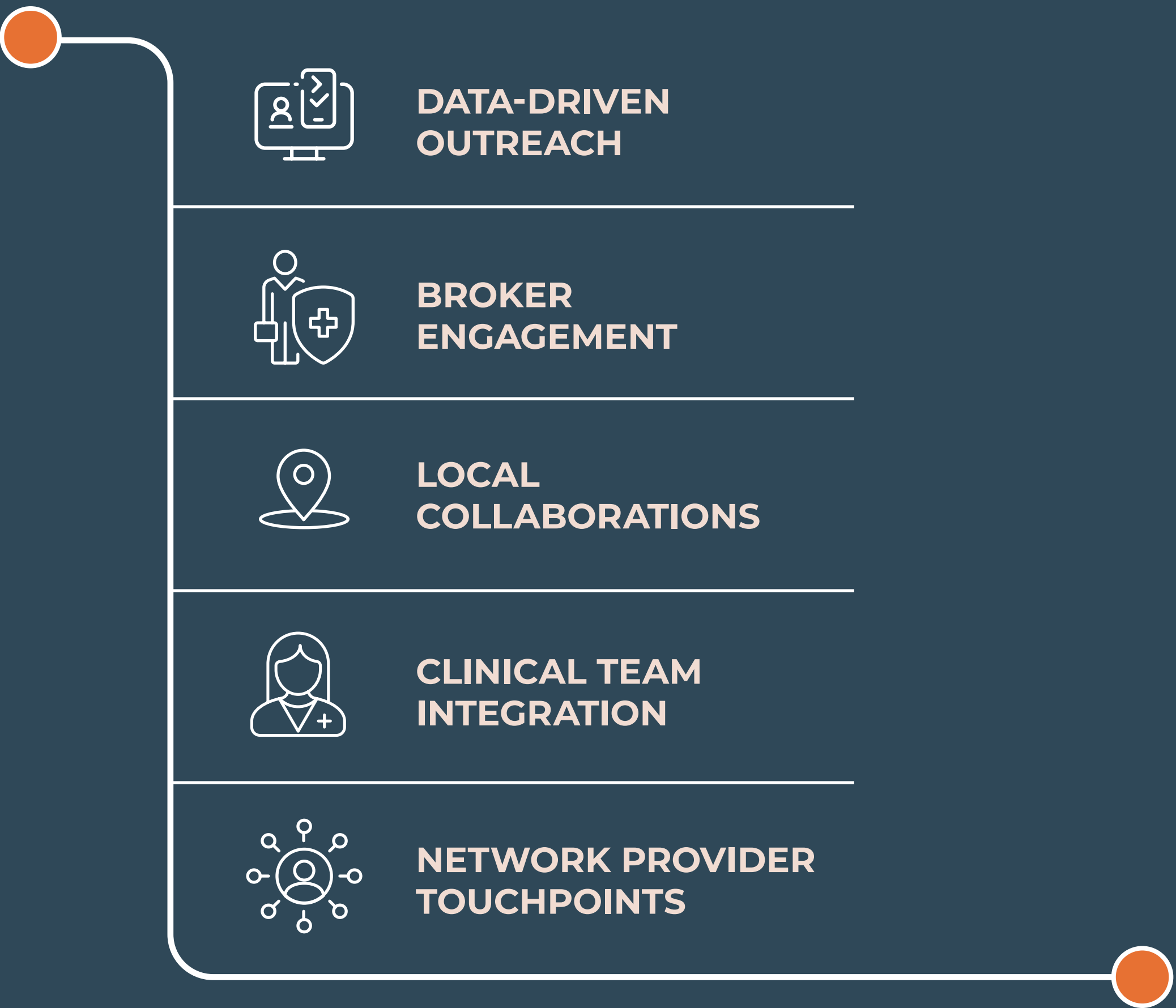
End-to-End Engagement: Handles outreach, enrollment, and follow-up.

Integrated with Care Teams: Fits seamlessly into workflows with referral triggers and clinician training.

Outcome-Aligned: Supports Stars, CAHPS, utilization reduction.



CARALLEL'S COMPREHENSIVE IDENTIFICATION AND ACTIVATION STRATEGY



Real-world Example

A case manager noticed that a member’s wife/caregiver, Dana*, joined every call and her stress dominated the conversation. This left little space to address the member’s needs. Recognizing the dynamic, the case manager referred Dana to Carallel. With a Care Advocate providing her with guidance, help and emotional support, Dana’s anxiety eased.

The ripple effect: The member now receives focused clinical attention, the case manager feels more effective, and the caregiver feels steadier and less burdened.

* Name changed





We have been offered so many services, and most we didn't want or need. This one, I really needed, and it was even better than I had hoped. I had at least one useful new learning every time.

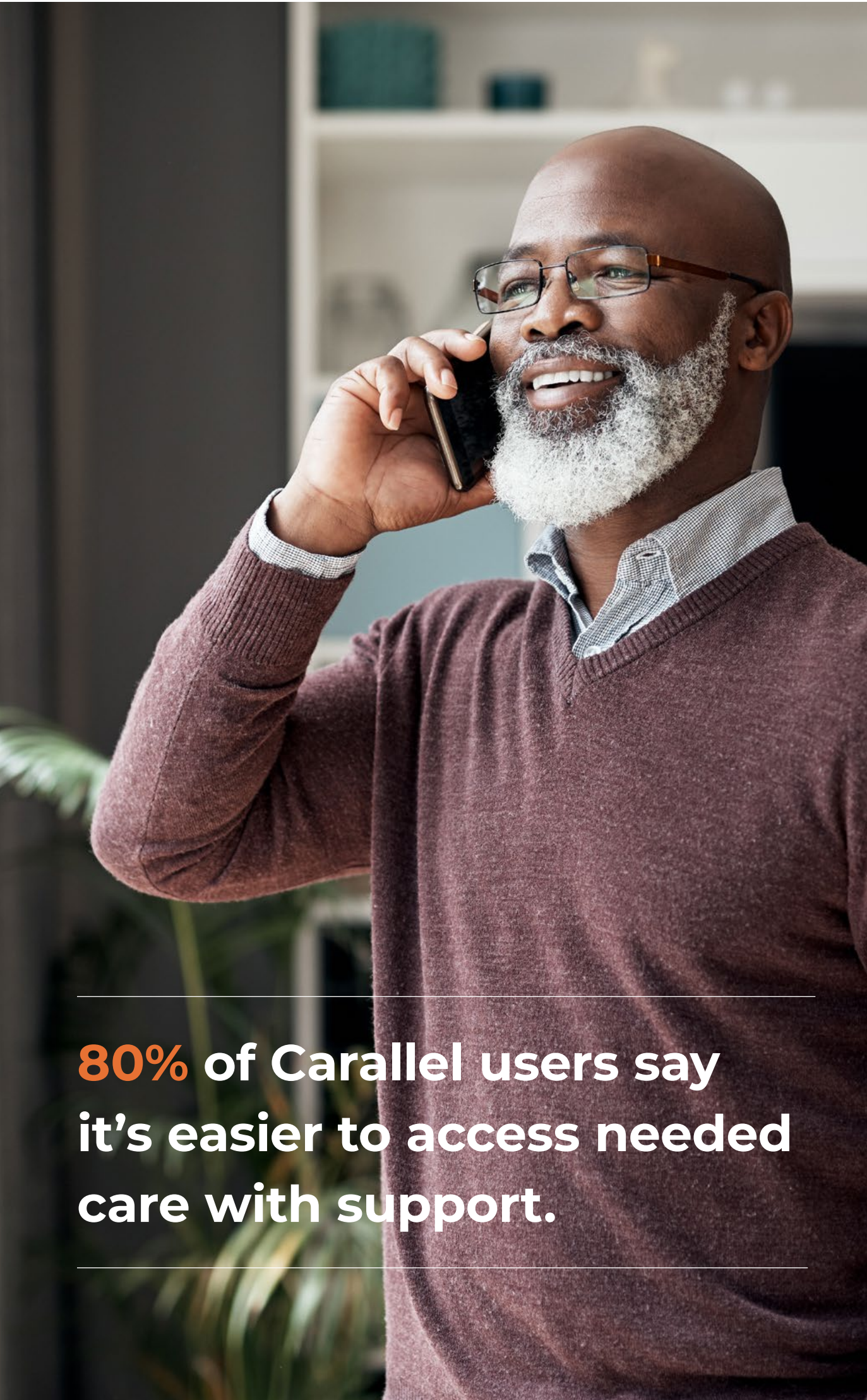
— Carallel user

Framework

A Lifecycle Model of Caregiver Engagement

Caregiving evolves. Plans need strategies that adapt to each stage.

STAGE	CAREGIVER NEED	CARALLEL SUPPORT	PLAN IMPACT
Awareness	Early education, screening, planning guidance	Education, planning tools	Relationship capture, avoided “surprise” transitions
Unfolding Responsibility	Role orientation and clarity, training and emergency preparedness	Navigation help, advocacy coaching	Reducing avoidable acute care, better plan adherence, advance care planning
Increasing Care Demands	Behavior management, burnout	Evidence-based strategies, self-care skill building	Improved care transitions, reduced acute acute care
End of Life	Palliative care navigation, logistics and decision support	Anticipatory guidance, bereavement resources	Reduced readmissions, lower cost



80% of Carallel users say it’s easier to access needed care with support.

ROI

The Measurable Impact of Caregiver Support

When supported, caregivers are force multipliers.

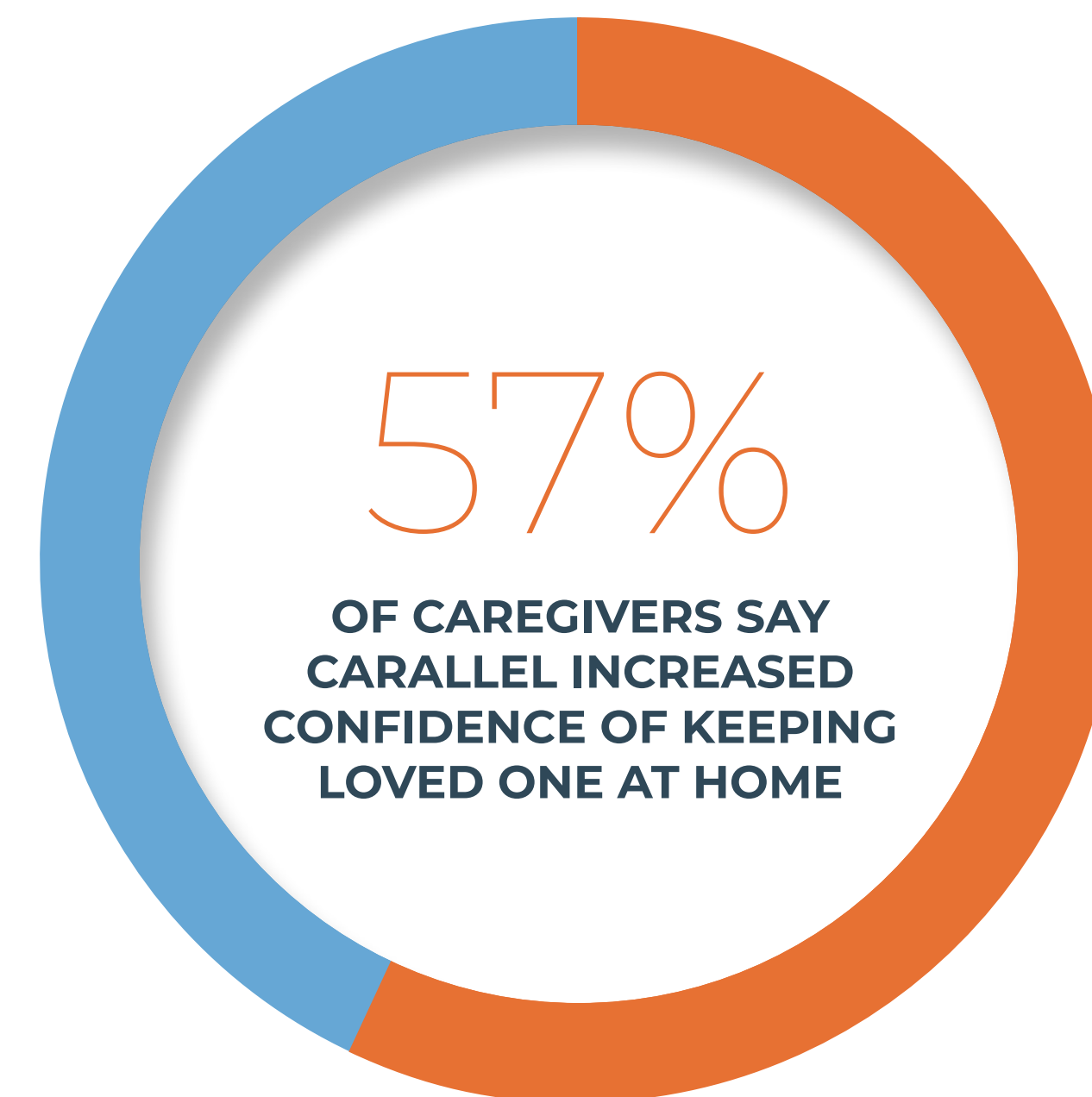
WHAT SUPPORTED CAREGIVERS DO DIFFERENTLY		
Stay healthier	➡	Decreased ED use for both caregiver and member
Coordinate care	➡	Improved adherence and preventive care
Ask better questions	➡	Fewer crises, more proactive care
Use plan resources	➡	Lower costs, higher satisfaction
Remain engaged	➡	Retention and loyalty rise



Supporting spousal caregivers reduces dual risk and doubles ROI potential.



Program Impact Example



Call to Action

Partnering for What's Next

Supporting caregivers is no longer optional — it's a strategic necessity for health plans. And there are multiple entry points to begin.

Start small, scale smart

Target high-needs populations first.

Identify members with dementia, multiple chronic conditions, or high utilization risk. In partnership with your clinical teams, run a quality improvement program that aligns caregiver action with care goals.

Embed into D-SNP care models.

For Dual Eligible Special Needs

Plans, caregiver engagement can be structured as a core component of your care coordination model, directly supporting vulnerable, complex members.

Partner in value-based care. Deploy caregiver engagement programs with provider partners in risk arrangements to help manage total cost of care for high-risk patients.

Offer as a population-wide benefit.

Extend caregiver support across your Medicare Advantage membership to improve Stars, boost CAHPS, and strengthen retention at scale.



With Carallel, you can:

- ✓ **Identify** caregivers who are otherwise invisible
- ✓ **Engage and empower** them at scale
- ✓ **Align** support with plan priorities and provider partnerships
- ✓ **Deliver** measurable outcomes in cost, quality, and satisfaction

It's time to bring caregivers into your strategy.

Request a demo or caregiver impact assessment at info@carallel.com or learn more at carallel.com.



It's time to bring caregivers into your strategy.

¹ Mather and Kilduff, “The U.S. Population is Growing Older, and the Gender Gap in Life Expectancy is Narrowing,” PRB, Feb. 19, 2020, <https://www.prb.org/resources/u-s-population-is-growing-older/>

² “Strengthening the Direct Service Workforce in Rural Areas,” Medicaid, CMS, <https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/hcbs-strengthening-dsw-rural-areas.pdf>

³ Weichelt, Shakespear and Fallgatter, Rural Workforce Recruitment and Retention Factors, National Rural Health Association, <https://www.ruralhealth.us/nationalruralhealth/media/documents/advocacy/nrha-policy-brief-workforce-retention-factors-final-3-7-25.pdf>

⁴ “Rural Health: Addressing Barriers to Care,” NICHM Foundation, Oct. 25, 2023, <https://nihcm.org/publications/rural-health-addressing-barriers-to-care>

⁵ “Caregivers of a Person with Alzheimer’s Disease or a Related Dementia,” CDC, Sept. 3, 2024, <https://www.cdc.gov/caregiving/about/index.html>

⁶ Alzheimer’s Association. 2025 Alzheimer’s Disease Facts and Figures. *Alzheimers Dement* 2025;21(5), <https://www.alz.org/getmedia/ef8f48f9-ad36-48ea-87f9-b74034635c1e/alzheimers-facts-and-figures.pdf>

⁷ Alzheimer’s Association. 2025 Alzheimer’s Disease Facts and Figures. *Alzheimers Dement* 2025;21(5), <https://www.alz.org/getmedia/ef8f48f9-ad36-48ea-87f9-b74034635c1e/alzheimers-facts-and-figures.pdf>

⁸ Kilmer et al., “Changes in Health Indicators Among Caregivers - United States, 2015-2016 to 2021-2022, *MMWR Morb Mortal Wkly Rep* 2024, <http://dx.doi.org/10.15585/mmwr.mm7334a2>

⁹ Guterman, et al., “Association Between Caregiver Depression and Emergency Department Use Among Patients With Dementia,” *JAMA Neurology*, <https://pmc.ncbi.nlm.nih.gov/articles/PMC6618767/>



We're on a mission to make caregiving easier.

