Rural Elder Care Coordination on Cape Cod: A Community-Based Approach to Closing the Gaps

Kazmira Nedeau  
*Outer Cape Health Services*

Andy Lowe  
*Outer Cape Health Services*

Follow this and additional works at: [http://escholarship.umassmed.edu/chr_symposium](http://escholarship.umassmed.edu/chr_symposium)

Part of the Civic and Community Engagement Commons, Community-Based Research Commons, Community Health and Preventive Medicine Commons, and the Translational Medical Research Commons

This work is licensed under a Creative Commons Attribution-Noncommercial-Share Alike 3.0 License.
Rural Elder Care Coordination on Cape Cod: A Community-Based Approach to Closing the Gaps

Kazmira Nedeau (Grants Submission & Compliance Analyst) & Andy Lowe (Director of Program Management Resources)
Outer Cape Health Services, Wellfleet, MA

WHO WE ARE

Outer Cape Health Services

WHO WE ARE

- Federally-qualified health center
- Three locations on Outer Cape Cod
- Provide primary and specialty care to 16,500 patients (2015)
- Specialty care: Behavioral health, dermatology, dental, vision
- Over half of patients on public insurance or uninsured:

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>24%</td>
</tr>
<tr>
<td>Medicare</td>
<td>19%</td>
</tr>
<tr>
<td>Private</td>
<td>27%</td>
</tr>
<tr>
<td>None/Uninsured</td>
<td>26%</td>
</tr>
</tbody>
</table>

Population characteristics

- 10% lower per capita income than Massachusetts (2010-2014)
- Less housing is available: highest number of units for seasonal use (35.5%) compared with all other Mass. counties
- Rents are expensive
- Seasonal employment, higher unemployment

AN AGING POPULATION

- Median age of Barnstable County: 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Median Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950</td>
<td>30</td>
</tr>
<tr>
<td>1970</td>
<td>35</td>
</tr>
<tr>
<td>1990</td>
<td>40</td>
</tr>
<tr>
<td>2013</td>
<td>45</td>
</tr>
</tbody>
</table>

- 80+ population growing on Cape Cod

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>16,500</td>
</tr>
</tbody>
</table>

CARE COORDINATION PROGRAM

- Monitoring of any OCHS patients discharged from hospital (inpatient) or short-term rehab
- Conduct of communication between PCPs, patient and MassHealth provider
- Refer to supportive services

Main benefits

- Reduced cost to individual, system
- Increased time at home, quality of life

The goal

Communication is consistent among agencies, resulting in greater focus on the patient’s needs and provision of wrap-around services.

BUILDING A NETWORK

A critical success factor in improving the Care Coordination program will be building a network of partners in the community to provide input and share resources

Key considerations

- Marathon, not a sprint
- Iterative process; will take shape over time
- Participation of consumers needed for validity, efficacy
- Solution should be responsive, not prescriptive

Challenges & questions

- How to get people excited about something that’s inherently difficult to define
- Creating a self-governing body with shared goals
- Empowering participants, particularly consumers, to take leadership roles
- What are the measures of efficacy of care coordination?
- Does care coordination increase quality of life? Sense of connection to community?

Support & potential funding

- UMMS CCTS: Drs. Ockene & Cashman
- Patient Centered Outcomes Research Institute
- Town grants, Cape & Islands United Way

References

4. Does care coordination increase quality of life?