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

Kazmira Nedeau  
*Outer Cape Health Services, knedeau@outercape.org*

Andy Lowe  
*Outer Cape Health Services*

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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

- 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:
  - 21% Medicaid
  - 8% Medicare
  - 6% Private insurance
  - 3% Uninsured
  - 47% MassHealth

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: 2011
- 80+ population growing on Cape Cod: The number of men in their 80s is rapidly outpacing older senior citizens on Cape Cod, but reason is unclear

High risk = High cost

- Patients with >1 chronic condition account for 95% of all Medicare spending
- Patients with >5 conditions account for two thirds of Medicare spending

Finding a doctor

Barnstable County designated by HRSA as Medically Underserved Area for primary care, mental health and dental health

Fewer physicians accepting MassHealth

68%

Transportation

60%

Older Cape Cod seniors have lost their drivers license

Food insecurity: lack of access to public transit

High costs

62%

Cape Cod seniors have difficulty paying insurance, deductibles/co pays

36%

Could not afford fees for service

Barriers to care

CARE COORDINATION PROGRAM

Supporting home care program

Hospital/ rehab support

Mental health outreach

Monitoring of any OCHS patients discharged from hospital (inpatient) or short-term rehab

Conference of communication between PCP, patient and hospital/ rehab provider

Refer to supportive services

Observed benefits

- Lower rates of hospital readmissions
- Reduction in hospital days
- Reduction in days at skilled nursing facility
- Reduced cost to individual, system
- Increased time at home, quality of life

Challenges

- Sporadic or inconsistent communication among agencies involved in patients' care
- Difficult to close loop on referrals
- Fractured continuum of care places burden on patient

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

- Refine as necessary
- Communicate accomplishments internally & externally
- Evaluate progress towards goals
- Collect input from group on value of meetings
- Provide tools for research and/or services

Phase 1: PLAN

- Define goals
- Define structure & governance
- Identify community partners

Phase 2: DO

- Organize & facilitate meetings
- Gather or provide input on needs
- Ideas for research and/or services

Phase 3: STUDY

- 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?

Challenges & questions

- How to engage 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

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

References

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