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

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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:

![Insurance Breakdown](image)

- Medicaid
- Medicare
- Private insurance
- None/Uninsured

AN AGING POPULATION

![Age Distribution](image)

- Median age of Barnstable County: 40.0 years

80+ population growing on Cape Cod

The number of men in their 80s is rapidly outnumbering other senior citizens on Cape Cod, but reason is unclear

CARE COORDINATION PROGRAM

- Monitoring of any OCHS patients discharged from hospital (inpatient) or short-term rehab
- Consult of communication between PCP, patient, and long-term care provider
- Refer to supportive services

High risk = High cost

- Patients with >1 chronic condition account for 98% of all Medicare spending
- Patients with >5 conditions account for two thirds of Medicare spending

Finding a doctor

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

Fewer physicians accepting MassHealth

68% MassHealth

Transportation

- 60% of Cape Cod seniors have lost their drivers license
- 63% of Cape Cod seniors have difficulty accessing public transit

High costs

- 22% Cape Cod seniors have difficulty paying insurance deductibles/co-pays
- 36% Cape COD seniors could not afford fees for service

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
- Fractional continuum of care places burden on patient

Barrier to care

- Reducing confusion
- Reducing duplication
- Reducing delays
- Refining as necessary

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

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

2. Barnstable County Department of Human Services. OCHS/Clinic: 2013-2014. 51% of Barnstable County population is >65.