Home and Community-based Services for Seniors in Home-based Primary Care

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The research reported on this poster was supported by the Gary and Mary West Health Institute. The investigators retained full independence in the conduct of this research.

OBJECTIVES
Medically complex seniors who receive home-based primary care (HBPC) often face challenges requiring home and community-based services (HCBS). This study sought to understand:
- The extent that HBPC practices are initiating referrals, and assessing and coordinating HCBS
- If referral and coordination levels differ based on practice characteristics
- The challenges and barriers providers face in the referral and coordination process

RESULTS
- Common service needs include:
  - Personal care (84%)
  - Medication adherence (40%)
  - Caregiver support/training (38%)
  - Most common payment for HCBS:
    - Medicaid (40%)
    - Self-pay (20%)
  - The top two sources for assessing HCBS provider quality: Word of mouth from patient (44%); Report from service provider (19%).
- The challenges and barriers to coordinating HCBS:
  - HCBS provider availability and time delays as barriers were more likely to report that referrals were difficult than those who did not cite these barriers.
  - Practices that identified HCBS provider availability and cost to patient as barriers were more likely to report that coordination was difficult than practices who did not note these barriers.

CONCLUSIONS
- Most surveyed practices assess patient HCBS needs, initiate referrals, and provide some service coordination.
- Most patients in HBPC needed HCBS in the past 12 months.
- HCBS provider availability was identified as a barrier to making referrals and coordinating services, which may reflect both lack of service options, and HBPC practitioners not aware of all the HCBS services available in a community.
- National quality metrics for HBPC are needed to set benchmarks and standards for HCBS coordination.
- Better integration of medical and non-medical services may help to reduce HCBS coordination barriers.