# Home and Community-based Services for Seniors in Home-based Primary Care (•) westhealth

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

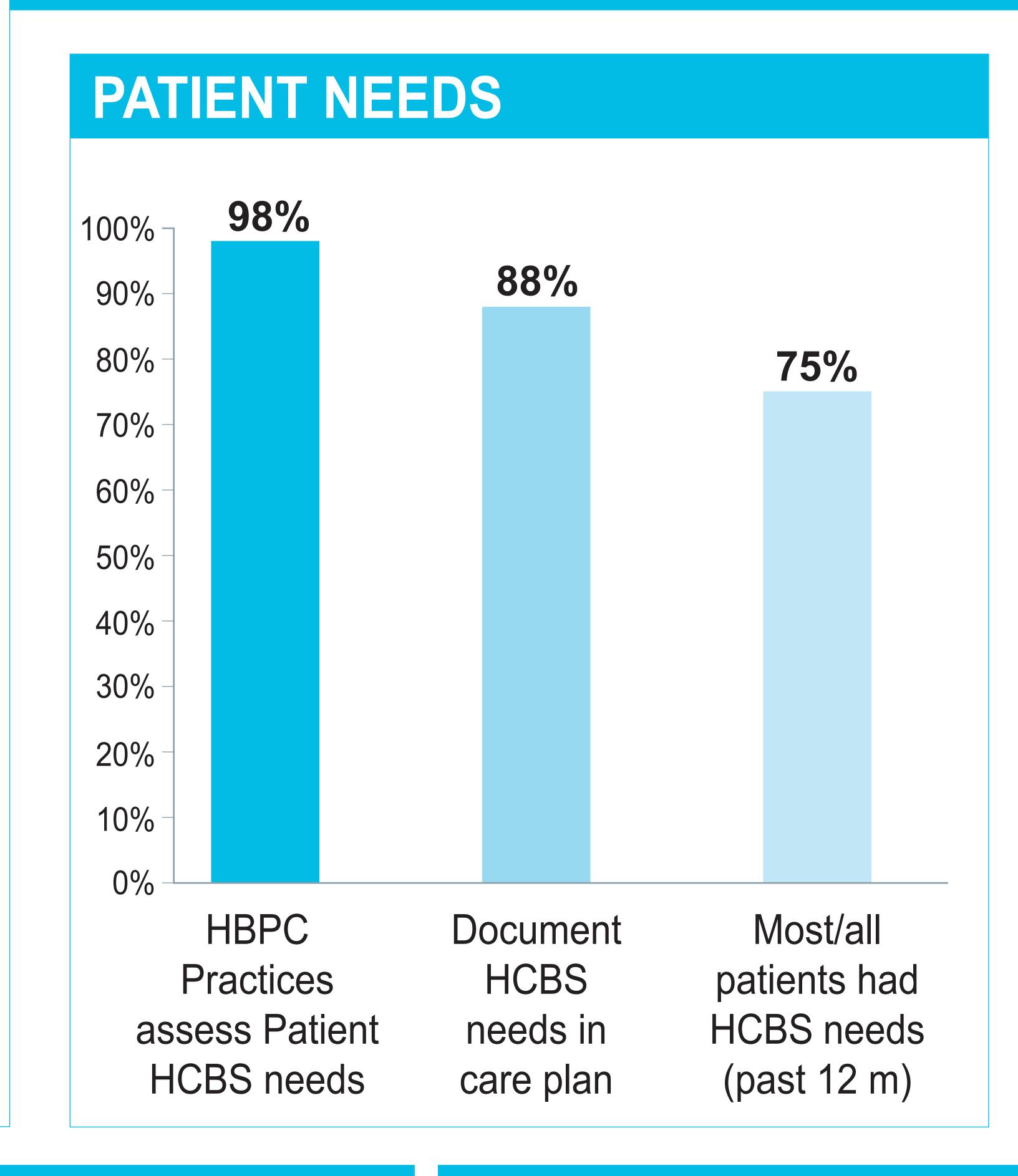
Medically complex seniors who receive home-based primary care (HBPC) often face challenges requiring home and communitybased services (HCBS).

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

### METHODS

- AAHCM members who are part of a medical house calls practice responded to a 53-question online survey.
- 101 surveys were analyzed.
- Analyzed four outcomes and 20 practice characteristic covariates using Chi-Square and logistic regression.
- Survey respondents:
- Physician 44%
- Nurse Practitioner 24%
- Administrator 17%
- Other 15%

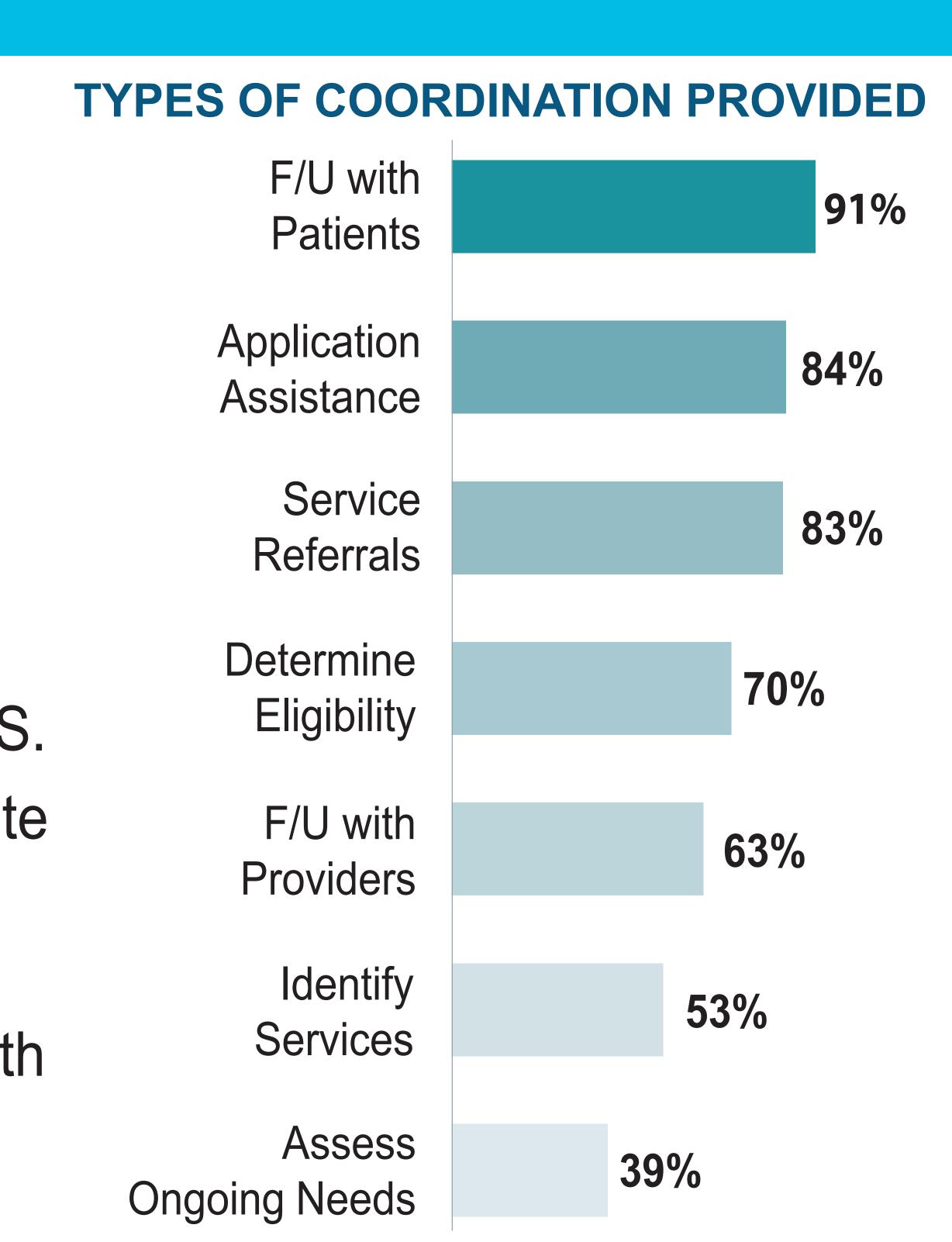


# SERVICE COORDINATION

- Common service needs include:
- Personal care (84%)

RESULTS

- Medication adherence (40%)
- Caregiver support/training (38%)
- Most common payment for HCBS:
- Medicaid (40%)
- Self-pay (20%)
- 86% of all practices coordinate HCBS.
- 85% of those practices that coordinate HCBS do so often or always.
- The top two sources for assessing HBCS provider quality: Word of mouth from patient (44%); Report from service provider (19%).



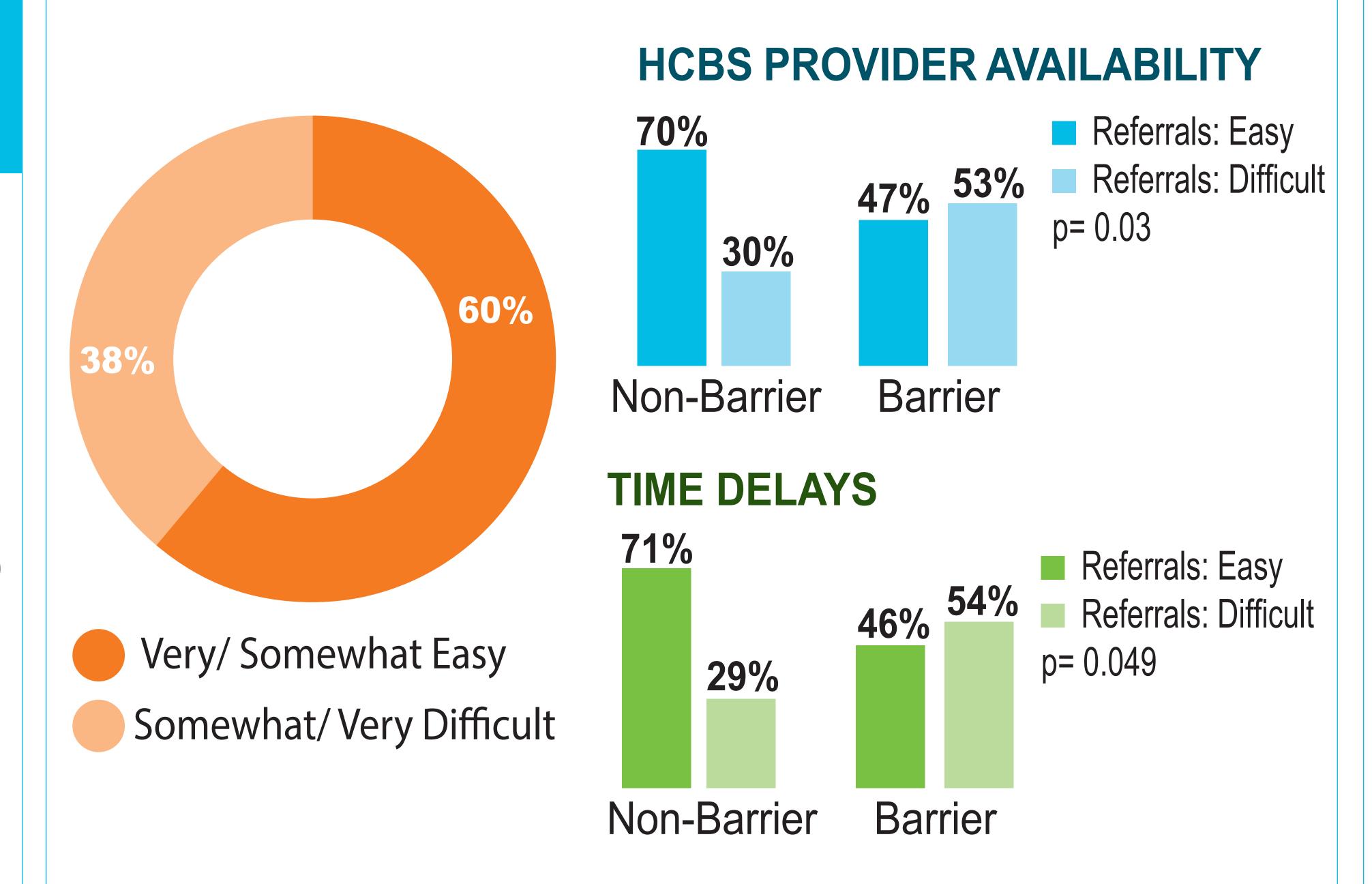
# REFERRALAND COORDINATION CHALLENGES

Barriers to Coordinating HCBS:

- Cost to Patient (65%)
- Patient Eligibility (63%)
- Insurance (60%)
- HCBS Provider Availability (40%)
- Time Delays (40%)

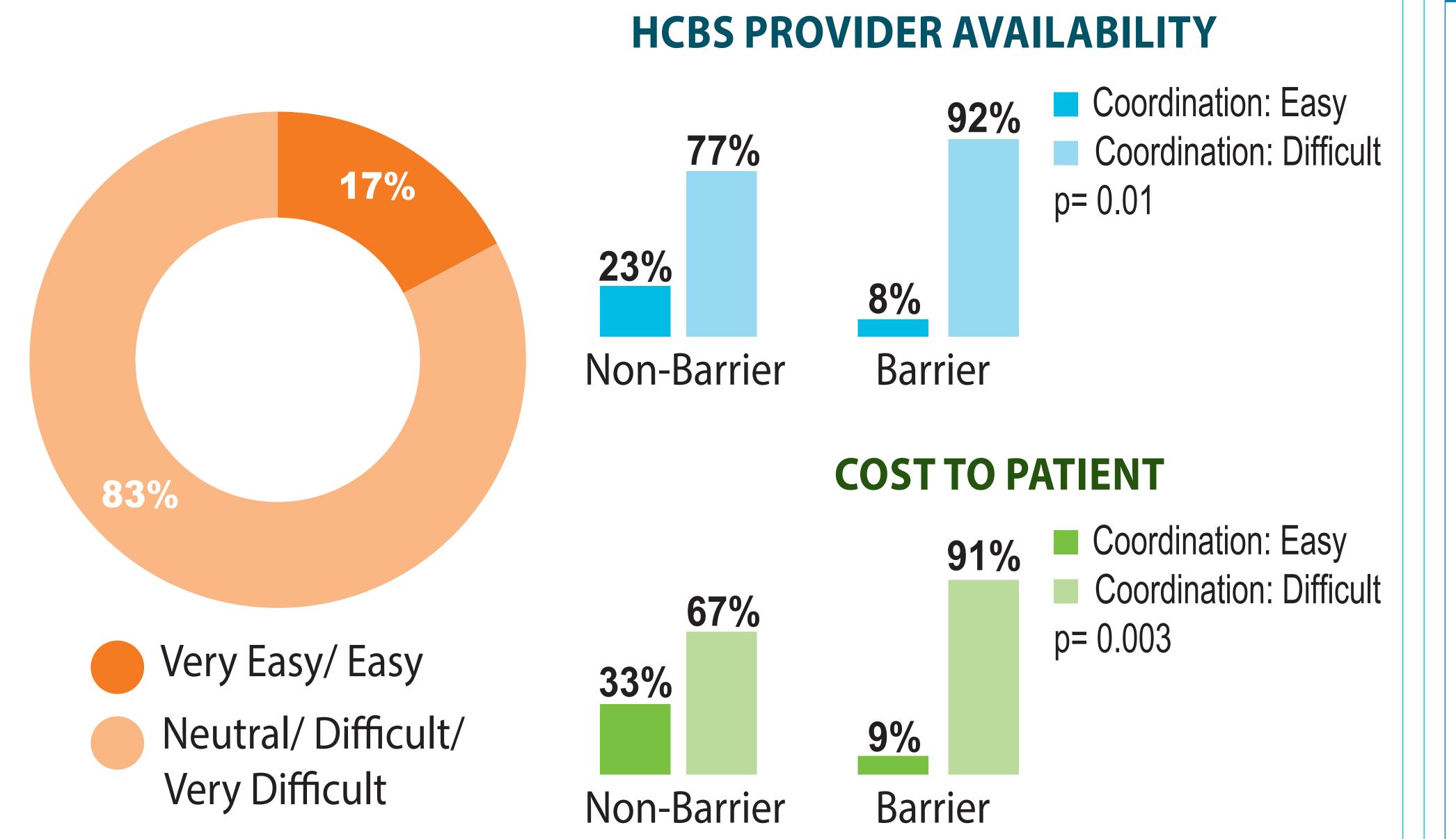
Top suggestions to make HCBS coordination easier:

- A point person in the practice to coordinate services (27%)
- A local service to provide coordination (24%)



Practices that cited HBCS provider availability and time delays as barriers were more likely to report that referrals were difficult than those who did not cite these barriers.

# EASE OR DIFFICULTY OF HCBS REFERRALS EASE OR DIFFICULTY OF COORDINATING HCBS



Practices that identified HBCS 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 nonmedical services may help to reduce HCBS coordination barriers.