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Introduction

- As of 2012, Maine has become the “oldest” state in the nation, with 22.3% of our population over the age of 60, and is expected to grow to 31.4% by the year 2030.¹ Consequently, Maine will need a concomitant increase in healthcare providers that are trained to care for the needs of an aging population. In order to cope with the projected increase in Maine’s aging population, an additional 112 Geriatricians will need to be trained.²
- Maine’s older adults often live far away from necessary health care and community health workers are challenged in these rural areas. As these populations age, the factors that necessitate healthcare also make travel to reach needed care more of a burden.³ When needed care is not accessible, health needs can become more dire or are simply not addressed.

Objectives

Objective 1: To understand the perspectives that practitioners hold in caring for older adults in rural Maine.

- Outcome 1.1:** Identify the unique and shared experiences practitioners in rural Maine hold in regards to care of older adults.
- Outcome 1.2:** Compare and contrast the experiences practitioners have by region (Down East vs. Central Maine, etc.).

Objective 2: To determine the challenges, barriers, and opportunities to improve the care that older adults receive in rural Maine.

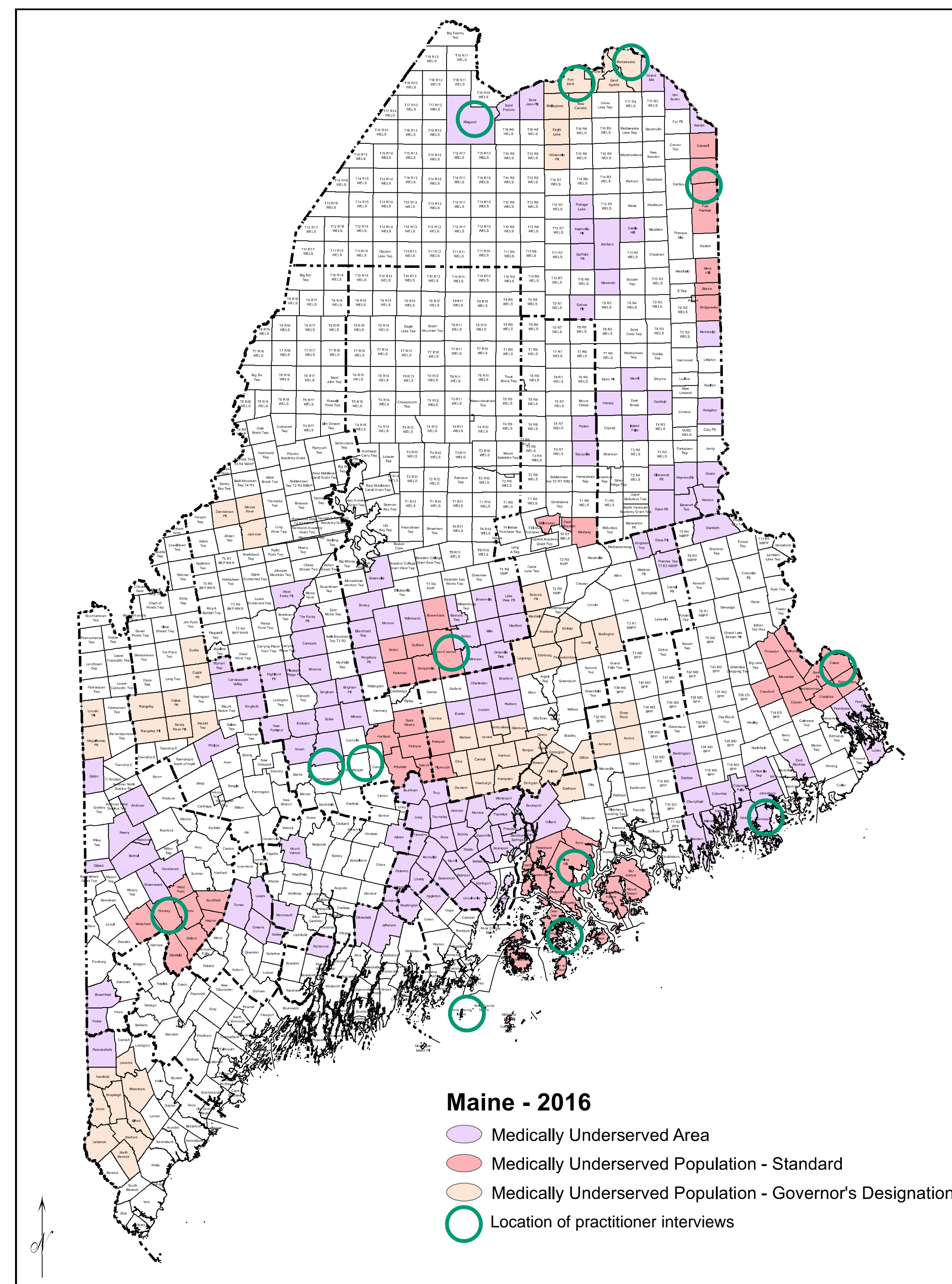
- Outcome 2.1:** Determine the daily challenges practitioners face, and the healthcare barriers that exist for older adult patients in rural Maine.
- Outcome 2.2:** Offer potential solutions to these challenges through improvement of training, practice or community resources, and policy changes.

Methods

Design: This is a qualitative study conducted via an in-depth interview guide. Each in-person or telephone interview was approximately 45 minutes in duration, and recorded via a digital voice recorder.

Recruitment: Initial contacts were made based on established relationships through UNE COM’s Community Experiences Program, and the Maine Area Health Education Center (AHEC). Snowball sampling was utilized from initial contacts. Practitioners that practice within Federally Designated Health Professional Shortage Areas (*see map-center*) were the focus, and those that practice within 10 miles of Portland, Augusta, or Bangor were not considered for an interview.

Analysis: All eighteen interviews were transcribed verbatim. All transcribed interviews were de-identified post-transcription by removing identifiers that could link the practitioner to the data. Transcribed interviews were thematically analyzed. Analysis was code-based, and themes were generated as each interview was analyzed. Themes were compiled into coding tables, and comparative analysis was conducted between geographical regions.



Results

Themes	Challenges faced by practitioners in caring for older adult patients	Barriers to healthcare for older adult patients	Expected future challenges in caring for aging adults	Practitioner recruitment challenges	Incentives and solutions for recruitment challenges	Ideas for healthcare improvement for older adults
Subthemes with representative quotes	Medication management: “There is a new prescription for 10mg, but they still have their bottle for 5mg... and the prescription says to take one pill a day, so they take both ...I have a lot of patients double dipping.” - RN, Down East	Transportation: “In a rural area, if you lose your license because of a medical condition, you are out of luck. There are no buses.” - IM physician, Central ME	Lack of a work force: “... the lack of... direct care workers, we’re going to be struggling with that over the next decade ... we’re going to have to start looking at how we can attract new people into our state in order to make it a healthier state.” - SW, Down East	Attracting Providers: “Nobody wants to come back to northern Maine to work or if they do it’s for a limited amount of time.” - PT, Northern ME	Corporate Assistance: “If I was a hospital I would help set up people in private practice... buy supplies bulk through us...use our HR people to recruit for your office.” - FM physician, Western ME	“Webster Packs”: “The pharmacist has a 30-day calendar in bubbles ... The morning medication has a sunshine over it ... and the evening one has a moon on it...” - FM physician, Down East
	Lack of access to specialty services: “The elderly need specialty consultation more than younger, in general, and it’s not always easy for me to pull the strings necessary to get somebody in in a timely fashion...” - FM physician, Western ME	Lack of home support: “...if somebody could visit two hours a day ... then that would be enough to have them stay in their home. And it is so much more expensive for our system when people have to go into assisted living or a nursing home...” - RN, ME Islands	Memory care: “We are going to be dealing with a lot more problems with memory difficulties. And the life expectancies are high” - FM physician, Down East	Lower salary in rural Maine: “In the summer time, all of the island Elder Care homes lose a lot of their staff because we can’t pay much. Summer people who come can double and triple that salary.” - RN, ME Islands	Loan repayment: “...have scholarships, loan forgiveness for RN’s, ... the nursing home I was at was providing free CNA training reimbursement ... there are sign on bonuses all the time in the long term care community.” - SW, Down East	Tiered living options: “...different levels of supervised care and having someone come in once or twice a week. The next level up is someone comes in once a day ...” - FM physician, Down East
	Lack of mental health services: “A lot of people with dementia, they suffer with depression and behavioral issues ... So there’s a lack of psychiatrists or psychiatric help in general.” - FM physician, Northern ME	Lack of tiered living situations: “...we don’t have any graduated programs... We do have some low-income, elderly housing, but they don’t get any help” - IM physician, Central ME	Caring for “old old”: “Once you’ve made it to 85, you’ve probably got a 50% chance of living another 10 years... and running out of your money. And your family is also getting sick...” - FM physician, Down East	Need for work-life balance: “We have a hard time attracting people here—I anticipate that will only get worse. I think folks ... want a little bit more work-life balance ...” - IM physician, Central ME	Scribes: “I think a lot of physicians have a hard time with EHRs, so things like Scribes... things to help the provider get through their day is incredibly important.” - IM physician, Central ME	Community Health Care Workers: “Community visitors ... somebody going to your house to check on you...but for someone to drive up there once a month and go door to door and get to know these people.” - FNP, Northern ME
	Mid-Level Providers Cannot Sign Orders: “We have an overworked MD who is great, ... But we have three FNPs, who he has to sign Medicare orders for... it puts the liability on him for what I am doing ...” - FNP, Down East	Cost of healthcare: “...financial limitations... sometimes there’s a piece of adaptive equipment I want to recommend but its not covered by their insurance and they don’t want to pay for it.” - OT, Northern ME	Increased expense of medication: “I see the [already] expensive medication going through the roof.” - FM physician, Western ME	Professional isolation: “Rural, primary care... I find it to be sort of lonely. Local, collegial support would be really, really helpful” - IM physician, Central ME	Practicing in a team environment: “... You should demand to have a team to help support your patients because that is the only way it is going to work.” - IM physician, Central ME	Ride Share Programs: “... support group with more organization than an informal ride sharing group. They find volunteers, train them, and deal with insurance...” - FM physician, Down East

Conclusions

Practitioner challenges:

- Managing medications for their older adult patients
- Lack of or reduced access to specialty services like psychiatrists and geriatric psychiatrists
- Mid-level providers cannot sign their own orders, overburdening the supervising physician in their area.

Patient barriers:

- Most strikingly consistent throughout rural Maine is older adult patient’s access to transportation.
- Lack of or minimal access to home health services for older adult patients. Many patients do not fit the Medicare definition of “homebound,” yet they have a very difficult time getting out of the house and caring for themselves and/or their home.
- The cost of medication and other healthcare needs (walkers, ramps for their home, etc.) was mentioned in every interview conducted.

Potential solutions:

- Webster Packs could be utilized to simplify the administration of medications for older adult patients (*see right*).
- Lynx Mobility Services could be used as a model and applied to other rural counties in Maine as a way to transport older adult patients to their medical appointments.



Webster-pak® Multi Dose

Acknowledgements

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References

- Aging, U. S. A. o. (2012). Policy Academy State Profile-Maine.
- Society, T. A. G. (2015). Projected Future Need for Geriatricians: American Geriatrics Society’s Geriatrics Workforce Policy Studies Center.
- Bazza, C., Ono, S.S., Turvey, C., Wittrock, S., et al. (2011). Distance is Relative: Unpacking a Principal Barrier in Rural Healthcare. J Gen Intern Med, supplement, 26, 648-654.
- Webster-pak® Multi Dose [Photograph found in Webstercare, Leichhardt, New South Wales]. (n.d.). Retrieved September 1, 2016, from http://www.webstercare.com.au/persistent/catalogue_images/products_dsc9874_web.jpg
- Federally Designated Medically Underserved Areas and Populations, Maine 2016 [Map]. (n.d.). In Health Professional Shortage Areas (HPSA). Retrieved April 20, 2016, from <http://www.maine.gov/dhhs/dlrs/rhpc/hpsa.shtml>