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The Effectiveness of Health Care Coordinators Within a Novel Home Care Model for Elders

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Introduction

As full implementation of the Affordable Care Act nears, Vermont has taken initiatives to ensure a smooth transition. In conjunction with the Blueprint for Health, Support and Services at Home (SASH) has been designed to fill the needs of independent, home-bound elders who still need regular access to healthcare. An interdisciplinary team of Care Coordinators and Wellness Nurses oversee the management of residents directly in their homes. Residents' needs are conveyed to members of their healthcare team. If proven effective, the SASH model could be implemented on a national level to optimize the care of an aging population.

Methods

Focus Groups

Focus groups were conducted at Cathedral Square Senior Living (CSSL) and Heineberg Senior Housing (HSH) and were directed at understanding relationships between residents and their SASH Coordinators (SCs).

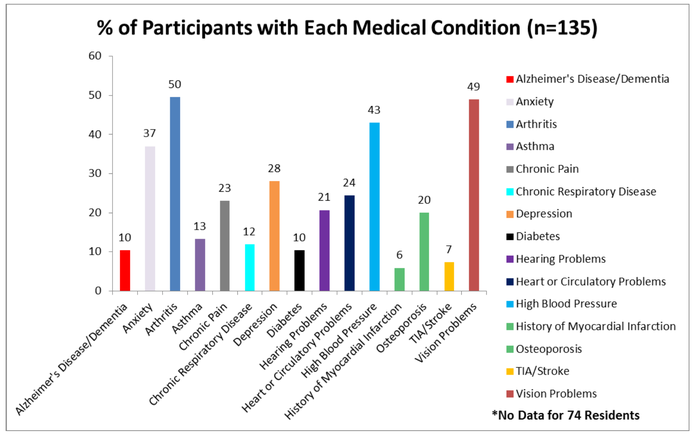
- Residents were asked the following:
  - Who is your SC? How do they help you?
  - What is your Healthy Living Plan (HLP)?
  - How did your SC ease the transition between previous living situation to SASH?
  - Describe the relationship between your SC and your PCP, Case Manager, family, etc.

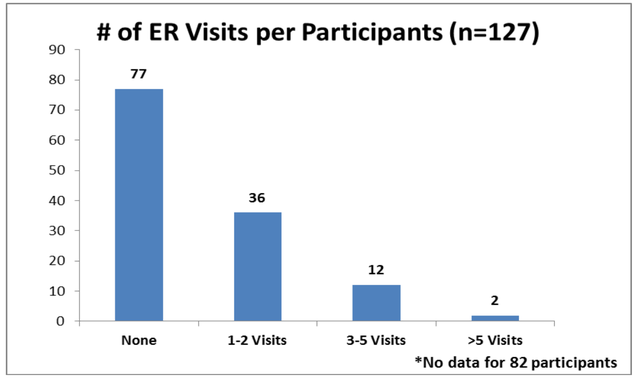
Data Gathering

- *Population* – A total of 209 participants were identified from CSSL and HSH through the DocSite database. The average age was 78 (range 44-101, σ = 11).
- *Statistical Analysis* – The following variables were analyzed: age in years, number of conditions, number of interactions, self-reported health rating, and total ER visits.

Core components of the role of a SASH coordinator can be broken down into three categories:

- Transitional care
  - Makes in-person visits upon return home.
  - Coordinates hospital discharge.
- Self management education
  - Coordinates on-site educational presentations.
  - Encouragement and coaching.
- Care coordination
  - Contact person for information sharing.
  - Ensures consistent communication and follow up.

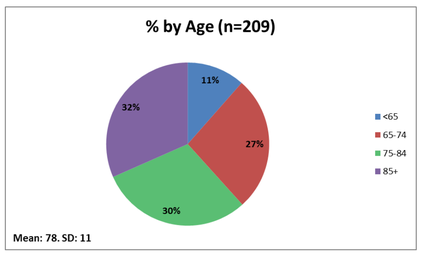


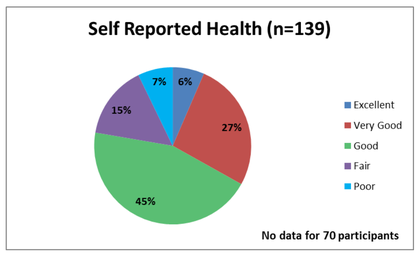


Spearman's rho test results*:

- Older residents reported higher health ratings (n = 139, rho = 0.171, p = 0.044)
- Residents with more health conditions reported lower health ratings (n=132, rho = -0.210, p = 0.016)
- Residents who reported higher health ratings had fewer ER visits (n= 125, rho = -0.294, p = 0.001)

*IBM SPSS Statistics 22 was used and analyses included Spearman's rho tests and Pearson product-moment correlation coefficient tests.





Conclusions and Discussion

- Individuals that are enrolled in the SASH program are highly satisfied with their environment and the services that are made available to them.
- Focus group data may not be generalizable to the population as a whole in that those interviewed were generally highly functioning mentally and fully participating in the SASH program.
- Though the computerized health maintenance and data system (known as DocSite) has the potential to provide vital patient data like number of ER visits or self reported health, it appears that this is currently an underused resource.
- Data show that 78% of the population sampled report their heath as good to excellent, but without pre-existing baseline data, it is hard to know if the participants health can necessarily be attributed to the work of the SC.

Suggestions

- Improve quality of data collection, especially when it comes to key interactions.
- SASH Coordinator Job Description: Revise the job description of the SC to give specific and prioritized job duties based on the goals of SASH.
- Provide an organized and specific way for the participants to share their needs and provide care based on the needs they describe.
- Provide a list of individuals and resources that are available to help participants on the weekends.
- Increase the availability of transportation for the participants.
- Conduct periodic focus groups to assess the effectiveness of SASH.
- Integrate the healthy living plan into all significant encounters with participants so they can understand and be continually reminded of their goals.

Participant Reflections on Their SASH Coordinator

Transitional Care	Self-Management Education	Care Coordination
"She not only helped me transition but helped me with the paperwork, just to get out of rehab"	*"We all made goals for ourselves and each week we would add a new goal- so if you had a goal for eating breakfast…you could add another goal- like starting to paint again. It was very encouraging."*	*"You have someone you can ask, you don't need to call the doctor, you can just go downstairs and see them and if you can't go down the stairs, they'll come up to you.*
"I was in the ER for a while, I was sent home…and the next day Suzanne was in my apartment to tell me the services that were available to me if I needed them: a cleaning woman, a nurse if needed...They take care of you."	*"Physical therapy students had an 8 week seminar on balance- and issues surrounding balance affect what we do, whether or not we go out… All of these things are brought in by the SASH coordinator"*	*"It saves a lot of money too, because if you have a question you can ask them before you call the doctor"*

"I see SASH… I feel excited that I have the opportunity to have it here. I think it is a model for senior living for every place. The time has come!"

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