CAPS: Coordinated Aging in Place Services, with Integrated Primary Health Care: A mixed methods study

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Key Issues Addressed

- High incidence of **chronic illness** with NB older adult population
- Reduce **risk of frailty**
- High incidence of older adults **admitted to hospital**
- Enhance **team-based, primary health care services** for older adults

Research Goal

- Pilot an **Innovative Care Pathway**

- To identify the impact of a nurse-led, multi-disciplinary, **Frailty & Chronic Illness Case-Management service** within primary health care for at-risk, community older adults & their caregivers

Objectives & Expected Impacts

- **Older Adults more supported**
  - Improved confidence in managing chronic conditions
  - Improved awareness/access of community resources
  - Decrease frailty risk factors & risk for falls
  - Improve quality of life

- **Caregivers more supported**
  - Reduced burden of care on caregivers
  - Improved awareness/access to community resources

- **Health Care team improvements**
  - Effective use of staffing resources
  - Improve team collaboration
  - Improve system processes

CAPS offers:

Frailty Screening
- RN work to full scope of practice
- Evidence-based assessment tool
- Geriatric 5 M's: Mobility, Mind, Medication, Multi-complexity, Matters Most

Goal Setting
- Patient & Family centred goals
- Multi-disciplinary team involvement: RN, OT, & SW

Case Management
- RN acts as Case Manager
- Interventions & regular follow-up with CAPS team
- 6-month duration

Outreach
- Home Safety Assessment
- Follow-up appointments offered in-person, phone, or home visit

Consults/ Connections
- Internal & external referrals to other health care professionals
- Navigation of community resources & services
- Regular updates to Primary Provider

Research Method

- Concurrent nested mixed methods design; predominately qualitative study, with supportive quantitative descriptive data

Research Questions:

- What are the **experiences of the patients, family caregivers, & healthcare providers** participating in CAPS intervention?

- **How does this experience compare** to their previous primary care experiences?

Method - Participants

- Study involved two (2) Horizon Health Network health centres in rural areas

	Older Adults (patient) n = 21	Caregivers n = 10	Healthcare Providers n = 8
Who were our participants?	Community older adults, 65 yrs+ Identified by Primary Provider from their rostered patient list Met eligibility criteria	Family member or informal caregiver of consented older adult (patient)	Primary Health Care team members of the health centres: MD, NP, RN, SW, OT

Method – Data Collection

	Older Adult (patient)	Caregiver	Healthcare Provider

How did we collect data?	• **Demographic Data:**
	  • Questionnaire at 1st CAPS appt.
	
	• **Descriptive Quantitative Clinical Data:**
	  • Pre & post CAPS intervention
	  • Healthcare utilization data
	
	• **Qualitative data:**
	  • Semi-structured interview post CAPS intervention
		• **Demographic Data:**
		  • Questionnaire at 1st CAPS appt.
		
		• **Qualitative data:**
		  • Semi-structured interview post intervention
			• **Qualitative data:**
			  • Semi-structured interview post intervention

Findings

Participant Demographics - Descriptive Quantitative Data:

	Older Adults (patients)	Caregivers	Healthcare Providers
# Participants	16	9	8
Average Age	76.75 +/- 5.5	72.2 +/- 14.1	-
Gender (%F)	81%	44%	-
Education: High School or less	63%	56%	-

Findings

Clinical Findings – Descriptive Quantitative Data:

Clinical Assessments	Depression and Medication Adherence assessments showed better results at end of CAPS
Self-Rated Health	More patients rated their health as ‘good’ or ‘excellent’ at the end of CAPS
Referrals/Connections	Most of the referrals the CAPS team provided to patients were to community organizations & services

Findings – Top Qualitative Themes

Older Adult (patient):

- CAPS team **gave me lots of information** and places to get help
- CAPS program **was very good and helpful**
- Found **care was better with the CAPS team** compared to previous primary care experiences

Patient Quotes:

- *"I felt more comfortable talking to the CAPS team than I did talking to my doctor…"*
- *"…we found out different things that we could do, and that we should be doing…"*

Findings – Top Qualitative Themes

Caregiver:

- CAPS **was excellent**
- CAPS **provided helpful information**
- Found care **was better with the CAPS team** compared to previous primary care experiences

Caregiver Quotes:

“Just helping her [patient] get some mobility and balance…she's more willing to go grocery shopping now.”

“Well, [the patient] she’s more calmer, I think she don't worry like she used to. She used to sit and think a lot of everything, and getting that help made a difference.”

Findings – Top Qualitative Themes

Healthcare Provider (not CAPS team):

- **Patients had fantastic care** with CAPS
- **Felt supported** by CAPS team
- Would like **CAPS program to be implemented**

Healthcare Provider Quotes:

“I think there was many things that probably would have flown under the radar, if it wasn't for the CAPS team picking it up.”

“I was able to see many more patients…It was a much more better use for everybody's time I think, and better care for the patient.”

Findings – Top Qualitative Themes

Healthcare Provider (CAPS team):

- We **felt supported together** as a team
- Being in a **rural area makes access to services difficult**

Healthcare Provider Quotes:

“You certainly get to see the full picture of a person [patient] when you're working with other disciplines.”

“ … a lot of chronic pain needs, and a lot of the clients in a rural area didn't have the ability to travel to see a Physiotherapist…”

Policy Implications

- **Multi-disciplinary, case-management service** for older adults within primary health care provides positive experiences & outcomes.

- Utilizing the healthcare team to their **full scope of practice** can be an effective use of resources.

- **Regular, on-going patient follow-up** can help to establish trusting, therapeutic patient relationships and facilitate effective self-management support for older adults.

- Implementing **evidence-based, clinical practices** can assist in achieving positive patient outcomes.

Questions?