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

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Acknowledgment to our Funders
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

<table>
<thead>
<tr>
<th>Who were our participants?</th>
<th>Older Adults (patient) n = 21</th>
<th>Caregivers n = 10</th>
<th>Healthcare Providers n = 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community older adults, 65 yrs+</td>
<td>Identified by Primary Provider from their rostered patient list</td>
<td>Family member or informal caregiver of consented older adult (patient)</td>
<td>Primary Health Care team members of the health centres: MD, NP, RN, SW, OT</td>
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</tbody>
</table>
## Method – Data Collection

<table>
<thead>
<tr>
<th>How did we collect data?</th>
<th>Older Adult (patient)</th>
<th>Caregiver</th>
<th>Healthcare Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Demographic Data:</td>
<td>• Descriptive Quantitative Clinical Data:</td>
<td>• Qualitative data:</td>
</tr>
<tr>
<td></td>
<td>• Questionnaire at 1st CAPS appt.</td>
<td>• Pre &amp; post CAPS intervention</td>
<td>• Semi-structured interview post intervention</td>
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<tr>
<td></td>
<td>• Descriptive Quantitative Clinical Data:</td>
<td>• Healthcare utilization data</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Semi-structured interview post CAPS intervention</td>
<td>• Qualitative data:</td>
<td></td>
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<td></td>
<td>• Semi-structured interview post intervention</td>
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</table>
### Findings

**Participant Demographics - Descriptive Quantitative Data:**

<table>
<thead>
<tr>
<th></th>
<th>Older Adults (patients)</th>
<th>Caregivers</th>
<th>Healthcare Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td># Participants</td>
<td>16</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Average Age</td>
<td>76.75 +/- 5.5</td>
<td>72.2 +/- 14.1</td>
<td>-</td>
</tr>
<tr>
<td>Gender (%F)</td>
<td>81%</td>
<td>44%</td>
<td>-</td>
</tr>
<tr>
<td>Education: High School or less</td>
<td>63%</td>
<td>56%</td>
<td>-</td>
</tr>
</tbody>
</table>
Clinical Findings – Descriptive Quantitative Data:

<table>
<thead>
<tr>
<th>Clinical Assessments</th>
<th>Depression and Medication Adherence assessments showed better results at end of CAPS</th>
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<tbody>
<tr>
<td>Self-Rated Health</td>
<td>More patients rated their health as ‘good’ or ‘excellent’ at the end of CAPS</td>
</tr>
<tr>
<td>Referrals/Connections</td>
<td>Most of the referrals the CAPS team provided to patients were to community organizations &amp; services</td>
</tr>
</tbody>
</table>
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?