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Health, Quality of Life, and Economic Impacts of Home Care Vouchers for Middle-Income Adults With Disabilities

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ECHO-CT: AN INTERDISCIPLINARY VIDEO-CONFERENCE MODEL FOR IDENTIFYING POST-DISCHARGE TRANSITION-OF-CARE EVENTS

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Introduction: Discharge from the hospital to a post-acute care setting can be complex and potentially dangerous, with opportunities for errors and lapses in communication between providers. Data collected through the Extension for Community Health Outcomes-Care Transitions (ECHO-CT) model were used to identify and classify transitional care events (TCEs.) Methods: The ECHO-CT model employs multidisciplinary teleconferences between a hospital-based team and providers in post-acute settings; during this conference, concerns arising in the patient's care transition were identified and recorded. Results: 675 patients were discussed during interdisciplinary videoconferences. A total of 139 TCEs were identified; 52 (37.4%) were classified as medication issues, and 58 (41.7%) involved discharge communication or coordination errors. Conclusions: These identified TCEs highlight areas in which providers can work to reduce issues arising in the course of discharge to post-acute facilities. Standardized processes to identify, record, and report transition of care events are necessary to provide high-quality, safe care for patients as they move across care settings.

EXTRA HEALTH AND HEALTH-RELATED COSTS OF LIVING WITH FRAILTY AMONG RURAL AND URBAN ELDERS IN CHINA

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Growing attention has been focused on how to improve the affordability and accessibility of healthcare services, especially for elders (aged 55 and above) who have higher levels of medical needs. Following the standard of living approach, which assumes that people's standard of living would be negatively affected if additional needs (i.e., healthcare) arise at a given level of household income, this secondary research examines elders' extra health and health-related costs of having chronic diseases and disabilities in rural (n=5,509) and urban (n=3,225) areas of China. Bivariate analyses show there were no significant differences between rural and urban groups in terms of the prevalence of having one or more chronic diseases (56% vs. 58%) and at least one type of disability (15% vs. 13%). Multivariate analyses indicate that living with chronic diseases incurred more extra costs for rural elders than their urban peers, after controlling for individual and household characteristics. On average, rural elders who had at least three chronic medical conditions would spend 108.3% more on medical services than those who had no chronic disease; elders with at least two types of disabilities would spend 59.8% more than those with no disability. The extra health-related costs were boosted when people had at least one type of disability (63.6%), but this was not the case for those who had chronic diseases. Statistical significance was not found among urban elders in China regarding both health and health-related expenditures. The results suggest that rural elders need support to manage their chronic health conditions.

HEALTH, QUALITY OF LIFE, AND ECONOMIC IMPACTS OF HOME CARE VOUCHERS FOR MIDDLE-INCOME ADULTS WITH DISABILITIES

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The Support at Home pilot program provided financial support for the purchase of home care services by middle-income adults with disabilities in San Francisco to support aging in place. Enrollees had income below the area median and made copayments based on household income. The mixed-methods evaluation of the program incorporated administrative records, surveys of clients and comparison group members, surveys of unpaid caregivers, surveys of paid care providers, and focus groups with clients and unpaid caregivers. Outcome measures included the Older People's Quality of Life Questionnaire, Patient Health Questionnaire-2, an adapted Burden Scale for Family Caregivers, and self-reported falls, emergency department visits, and hospitalizations. Analyses included pre-post chi-squared and t-test comparisons between client and comparison groups and multivariate regressions. An economic analysis was conducted to learn whether changes in costs associated with reduced health care utilization were greater than the costs of the program. Results indicated statistically significant positive changes in client ratings of personal and financial stress, but not in the composite quality of life score. There were statistically significant reductions in attendance at medical appointments, falls, emergency department visits, and hospitalizations. Similar changes were not found in the comparison group. The focus group data supported the findings regarding personal and financial stress and indicated that clients and their caregivers perceived quality of life benefits. The economic analysis indicated substantial cost savings from the program due to reduced use of medical services. Due to its positive impacts, San Francisco has made Support at Home a permanent program.

HEALTHCARE EXPERIENCES OF LGBTQ+ ELDERS: TWO FOCUS GROUPS

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LGBTQ+ elders experience significantly higher rates of disability, poor general health, and behavioral health problems than heterosexual and cisgender older adults; additionally, LGBTQ+ elders are less likely to seek medical attention or have a primary care provider than other older adults. In previous qualitative studies, LGBTQ+ elders have reported difficulties navigating healthcare systems due to provider incompetence in treating this population, financial barriers, systemic homophobia/transphobia, and high disease burdens. However, few qualitative studies have been conducted with this population from a nursing perspective, and little is known about the role of nurses in the health and wellness of LGBTQ+ elders. Nurses are uniquely positioned to help address both the physiological and psychosocial needs of older LGBTQ+ adults, and garnering an understanding of these needs directly