

CONFERENCE ABSTRACT

Functional Limitations Experienced by Older Adults with Complex Care Needs and Its Impact on Access to Community Based Health and Social Care

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Introduction: Multimorbidity is often combined with functional limitations among older adults. It is therefore important to ensure the built and social environment encourages older adults to safely age while maintaining independence. Previous findings have focused on the impact of the built environment as a barrier to an active lifestyle, but not specific to accessing community-based health and social care (CHSC). We propose to investigate the impact of patient and caregiver limitations on accessing care, including the impact of the built environment.

Methods: Secondary thematic coding analysis was undertaken with 53 patient and 38 informal caregiver interviews from communities in Canada and New Zealand. Reported findings are from a broader research program titled, Implementing integrated Care for Older Adults with Complex Health needs (iCOACH). Older complex seniors were recruited for participation from a community primary healthcare team if they were greater than 50 years of age, and managing ongoing chronic conditions. Caregivers were unpaid informal carers of older adults. A specific thematic code about unmet need was extensively reviewed for examples related to the built environment and access to care.

Results: Functional limitations hindered self-management at home as well as accessing CHSC. Attributes of the physical environment at home impacted the use of assistive devices, and impaired the ability to leave the home. Physical barriers within the social environment included the inability to use public transportation, access community programs, and conduct daily living tasks. Consequences from not being able to access supports included greater financial strain, social isolation, poor safety at home, lack of independence, and greater caregiver strain. Older adults appeared to be less impacted by access barriers when living in supportive housing settings, where on-site staff were available to provide direct support, or initiate referrals for additional services.

Discussions: Experiences of older adults and informal caregivers highlighted access to care issues specific to the immediate and external physical environment, and examples of when support was efficiently provided. When considering how to best deliver services to people

with complex care needs and their caregivers, it is important to consider how those services can be accessed.

Conclusions: When services cannot be easily accessed, patients and caregivers may make critical trade-offs. To maintain independence and safety, it is important to design services which consider the adaptations and supports that are required to support older adults both at home, as well as the environment they have to navigate to access care.

Lessons learned: CHSC should be delivered to ensure increased accessibility. Providing health services which are close in proximity to primary care providers, or co-locating may be more efficient and accessible. Community programs should consider the broad range of limitations in designing holistic services for older adults and their caregivers.

Limitations: Transferability of findings may be limited, as rural community-dwelling seniors and participants with cognitive decline were not included in the study.

Suggestions for future research: Further explore the barriers to improving access to medical and social care from policy and provider perspectives, and create solutions that can be explored and implemented.

Keywords: functional limitations; access to care; community based primary health care; patient experience; social care needs
