# Health practitioners’ perspective on caring for older adults in rural Maine – A Pilot Study

**Introduction**

As of 2012, Maine has become the “oldest” state in the nation, with 22.3% of our population over the age of 60, and is expected to grow to 31.4% by the year 2030. Consequently, Maine will need a concomitant increase in health care providers that are trained to care for the needs of an aging population. In order to cope with the projected increase in Maine’s aging population, an additional 112 Geriatricians will need to be trained. 1

Maine’s older adults often live far away from necessary health care and community health workers are challenged in these rural areas. As these challenges to health necessitate healthcare also make travel to reach needed care more of a burden. 2 When needed care is not accessible, health needs can become more dire or are simply not addressed.

**Objectives**

**Objective 1:** To understand the perspectives that practitioners hold in caring for older adults in rural Maine.

- **Outcome 1.1:** Identify the unique and shared experiences practitioners hold in rural Maine to care of older adults.
- **Outcome 1.2:** Compare and contrast the experiences practitioners have by region (Down East vs. Central Maine, etc.).

**Objective 2:** To determine the challenges, barriers, and opportunities to improve the care that older adults receive in rural Maine.

- **Outcome 2.1:** Determine the daily challenges practitioners face, and the healthcare barriers that exist for older adult patients in rural Maine.
- **Outcome 2.2:** Offer potential solutions to these challenges through improvement of training, practice or recruitment and policy changes.

**Methods**

**Design:** This is a qualitative study conducted via an in-depth interview guide. Each in-person or telephone interview was approximately 45 minutes in duration, and recorded via a digital voice recorder.

**Recruitment:** Initial contacts were made based on established relationships through UNE COM’s Community Experiences Program, and the Maine Area Health Education Center (AHEC). Snowball sampling was utilized from initial contacts. Practitioners that practice within Federally Designated Health Professional Shortage Areas (see map-center) were the focus, and those that practice within 10 miles of Portland, Augusta, or Bangor were not considered for an interview.

**Analysis:** All eighteen interviews were transcribed verbatim. All transcribed interviews were de-identified post-transcription by removing identifiers that could link the practitioner to the data. Transcribed interviews were thematically analyzed. Analysis was code-based, and themes were generated as each interview was studied. Then all codes from interviews were conducted within geographical regions.

**Results**

**Themes**

<table>
<thead>
<tr>
<th>Subthemes with representative quotes</th>
<th>Practitioners caring for older adult patients</th>
<th>Barriers to healthcare for older adults</th>
<th>Expected future challenges in caring for elderly</th>
<th>Practitioner recruitment challenges</th>
<th>Incentives and solutions for recruiting challenges</th>
<th>Ideas for healthcare improvement for older adults</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medication Management:</strong></td>
<td>• There is no one to help me manage these for me...</td>
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<tr>
<td><strong>Transportation:</strong></td>
<td>• Difficulty taking care of older adults because of a lack of transportation...</td>
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<tr>
<td><strong>Memory Care:</strong></td>
<td>• The elderly need specialty services...</td>
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**Objectives**


**Conclusions**

**Practitioner challenges:**

- Managing medications for their older adult patients
- Lack of or reduced access to specialty services like physiatrists and geriatric psychiatrists
- Mid-level providers cannot sign their own orders, overburdening the supervising physician in their area.

**Patient barriers:**

- Most strikingly consistent throughout rural Maine is older patient’s access to transportation for medications for older adult patients
- Lack of or minimal access to home health services for older adult patients. Many patients do not fit the Medicare definition of “homebound” yet they have a very difficult time getting out of the house and caring for themselves on their own.
- The cost of medication and other healthcare needs (walkers, ramps for their homes, etc.) was mentioned in every interview conducted.

**Potential solutions:**

- Web-based programs could be utilized to simplify pharmacy services, medications for older adult patients and their caregivers
- Lynx Mobility Services could be used as a model and applied to other rural counties in Maine as a way to transport older adult patients to their medical appointments.

**Acknowledgements**

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**References**


**Webster Packs**

- “Webster Packs has a product that I think could be very helpful. They send a medication organizer to your home. The morning medication has a sunshine over it...the evening one has a moon on it.” – FM physician, Down East