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

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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 healthcare 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.
- Maine’s older adults often live far away from necessary health care and community health workers are challenged in these rural areas. As these populations age, it is essential that healthcare also make travel to reach needed care more of a burden. 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.
- Objective 1.1: Identify the unique and shared experiences practitioners in rural Maine hold in regards to caring for older adults.
- Objective 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.
- Objective 2.1: Determine the daily challenges practitioners face, and the healthcare barriers that exist for older adult patients in rural Maine.
- Objective 2.2: Offer potential solutions to these challenges through improvement of training, practice or community resources, 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 Experience 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 analyzed. Themes were then compiled into coding tables, and comparative analysis was conducted between geographical regions.

Conclusion

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, necessitate healthcare also make travel to reach needed care

Patient barriers:
- Most strikingly consistent throughout rural Maine is older adult patient’s access to transportation
- 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.
- The cost of medication and other healthcare needs (walkers, ramps for their home, etc.) was mentioned in every interview conducted.

Potential solutions:
- Webber Packs – a Medicare-certified medical supply service that has a pharmacy in select locations in Maine. It services patients in rural Maine and supplies them with necessary medical supplies.
- Increased expense of medications
- Increased expense of insurance
- Increased expense of healthcare providers

Acknowledgements

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References


RideShare Program

Community Health Care Workers: Community visitors... somebody going to your home to check on your health, to make it a healthier environment...” – SW, Down East

Nurse: “We have a lot of physicians that have scholarships, loan forgiveness for RVN... the nursing home I was at was one of the few that had paid training...” – RN, Down East

Corporate Assistance: “If I was a corporate, we could help set up people in our system when they’re going to have to start looking at how we can attract new people into our state in order to make it a healthier place...” – SW, Down East

Location of practitioner interviews

Maine - 2010

[Map with multiple areas marked]

Medication management: “There are times when I’ll have to call the doctors... their patients will be homebound...” – FM, physician, Northern ME

Lack of bi-level in rural Maine: “A lot of rural populations, they suffer with depression and anxiety...” – FM, physician, Northern ME

Lack of specialty services: “I used to have these FSPNs, who have to sign Medicare orders for... I put the liability on what I am doing...” – FN, physician, Down East

Cost of healthcare: “I still use the Lynx Mobility Services...” – FM, physician, Central ME

Increased expense of medications: “We have a hard time attracting...” – RN, Down East

Professional support: “If I find a team to help support your patients because it is the only way it is going to work...” – FM, physician, Central ME

Practicing in a rural environment: “...but we are more of a rural environment...” – FM, physician, Central ME

Nurse: “We have a lot of physicians who have scholarships, loan forgiveness for RVN... the nursing home I was at was one of the few that had paid training...” – RN, Down East

Corporate Assistance: “If I was a corporate, we could help set up people in our system when they’re going to have to start looking at how we can attract new people into our state in order to make it a healthier place...” – SW, Down East

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