Baby Boom and Long-term Care

- Aging population increases need for long-term care services
- Aversion to live in a nursing home
  - Elders would rather die than be institutionalized
  - Fear of abuse and neglect
  - Loss of control
- Growing interest in community based long-term care
What is Community-Based Long-term Care (CBLTC)?

- An array of health and social services
  - For example:
    - Personal care
    - Adult day care
    - Support groups
    - Respite
    - Home care nursing
    - Home health aide
    - PACE
    - Assisted living
General Trends in CBLTC Research

- **Research focus**
  - Understanding service use
  - Family caregiving
  - Special populations (e.g. diabetes, heart failure, dementia)
  - Assessment of need
  - Improving the “match” between need and services
Comprehensive Care: Program of All-Inclusive Care for the Elderly (PACE)

- National community-based long-term care
  - Nursing home eligible elders
    - Dually eligible for Medicare and Medicaid
- Capitated managed care
  - High Risk
  - Depends on enrollment numbers
  - Focuses on community based management by an interdisciplinary team
Current Trends in PACE Research

- Examining outcomes
  - Hospitalization and nursing home placement rates
  - Quality of life
  - Quality of care

- Examining effectiveness of
  - Specific care protocols (e.g. diabetes and dementia care)
  - Adapting the PACE model for rural areas
**Assisted Living**

- Provides residential care and assistance with activities of daily living
- Tends to serve a population that is less impaired than those older adults in nursing homes
- When compared to the nursing home setting AL is
  - less restrictive
  - more home-like
  - has less nursing oversight
Assisted Living: Current Issues

- AL is not consistent state by state
- AL services – include in house AND contract/consultation services (e.g. home care). Complicates evaluation
- AL residents have a wide range of care needs (from housing to assistance with ADLs to end of life care)
Transitional Care: Lessons From the Field
Transitional Care: Lessons from the field

- The Process of Enrollment in a PACE
  - Study examining when, how, and why older adults and families seek out PACE services.

- Case of Mr M – transitioning out of the nursing home to PACE
Transitional Care: Lessons from the field

- Medication Safety in Assisted Living
  - Targeting sedative, hypnotic, and anti-psychotic drugs
  - Interdisciplinary team (geriatrician, geropsychiatrist, geriatric nurse practitioner, social worker, recreational therapist) evaluates medication appropriateness and develops non-pharmacological management strategies

- Case: Mrs. G
  - Medication initiation to “ease” the transition from home to assisted living
Conclusion

- Transitions in care
  - Complicated
  - Are usually “seamed” instead of “seamless”
  - Generally end in a safer, more ideal environment for the older adult and family
- Future research
  - Efficiency – making the process less “seamed”
  - Improving information gathering and sharing
Thank you

- Conference organizers – Duke and UNC Chapel Hill Schools of Nursing
- Blue Cross and Blue Shield of North Carolina
- Mentors: Sheryl Zimmerman PhD and Philip Sloane MD, MPH
- The University of North Carolina at Chapel Hill Building Interdisciplinary Research Careers in Women’s Health Institutional K12 Program NIH HD 01441