PS3-21:

Making the Most of Your Healthcare Appointments Intervention for Older Adults

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Background and Aim: Active engagement in healthcare can foster healthy behaviors and promote health, especially among older adults dealing with the complexities of managing comorbid chronic illnesses. This study tested the efficacy of an intervention for increasing patient engagement and improving health-related quality of life among older adults with multiple chronic illnesses. **Method:** The intervention, Making the Most of Your Healthcare, uses evidence-based behavior change techniques to deliver publicly available patient education materials. We report the results of a three-group randomized controlled study conducted in a primary care setting. Seventy-nine participants were assigned to the intervention group, an attention control group, or usual care. The intervention and attention control groups attended a two-hour workshop and participated in two phone calls; one before and one after a naturally-occurring medical encounter. The intervention group's contacts were on patient engagement and the attention control group contacts were on general safety. Self-report measures were gathered by telephone interviews at baseline and six-months following baseline. **Results:** Differences were not found for patient activation, self-reported health or unhealthy days in the past month. The treatment group showed improved self-efficacy for self-management following intervention. **Conclusions:** Contrary to expectations, patient activation scores improved for both the treatment and usual care groups but not the attention control group. These initial findings suggest potential benefits for short-term, low-intensity patient engagement interventions. The intervention can be refined based on participant feedback. Additional testing is required to determine whether changed in patient activation with a refined intervention are possible.

Keywords: Patient engagement, Patient appointment interventions, Healthy patient behaviors

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PS3-22:

Medical Homes: A Comparison of the Factors that Predict Utilization across the Lifespan

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Background: Not having access to a regular source of health care has been noted as one of the main contributors to the existence of health care disparities among ethnic minority populations (Lurie & Dubowitz, 2007). Utilizing a medical home has been proposed as a method to aid in the elimination of health disparities. A medical home is defined as a health care practitioner or facility that a person regularly utilizes for their primary care. Hispanics are less likely than whites to have a regular doctor that they had visited in the past year and African Americans are more likely than whites to visit the emergency room for non-urgent care (Doty & Holmgen, 2006). It is these conditions that brought about the rise of the medical home model. **Aim:** To examine several demographic and health-related variables that can have a significant impact on whether or not younger and older adults have medical homes. **Methods:** The data for this study came from the 2001 Health Care Quality Survey, conducted by the Commonwealth Fund. The respondents were 6,299 adults ages 18 to 99 that responded to the telephone survey. For this analysis, the respondents were divided into the following two age groups in order to compare outcomes by age: 18-49 and 50 and older. **Results:** The older people in the 18 to 49 age group were more likely to have medical homes. Female younger adults were more likely to have a medical home. Younger Non-Hispanic Whites were less likely to have a medical home. Married older adults were more likely to have a medical home. Younger adults with more education and higher incomes were more likely to have a medical home. Having health insurance and more health conditions were both significant predictors of having a medical home for both age groups. **Conclusions:** The demographic factors that predicted whether or not a client had a medical home varied by age group, but there were some common factors. Being able to afford health care increases the likelihood of having a medical home. Racial/ethnic minorities are not less likely to have a medical home.

Keywords: Medical home model, Medical home utilization, Demographic health disparities

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PS3-23:

Osteoporosis Treatment in a Home Health Care Population

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Background and Aims: Only a small proportion of home health care patients at risk for fracture receive appropriate treatment. Patients with more comorbidities are least likely to receive treatment. The purpose of this study was to examine osteoporosis prevention and treatment among home health care (HHC) patients at risk for fragility fracture. **Methods:** All patients who received HealthPartners Integrated Home Care services in 2006 were identified. ICD-9 diagnosis codes & pharmaceutical data were examined between 1/1/04-12/31/05 to determine risk status (high vs. average). Patients with a diagnosis of osteoporosis, osteopenia, or Vitamin D deficiency, a history of previous fragility fracture, stroke or those taking a glucocorticoid (at least two orders) were categorized as high risk. Pharmaceutical data (e.g., estrogen, bisphosphonates) was obtained during the same two-year period to determine treatment status. Descriptive statistics were used to document proportion at high risk, with each risk factor and proportion of high risk receiving treatment. Inferential statistics (Pearson's chi square, Fischer's exact test) tested differences in characteristics (age, gender, race, number of comorbidities) among high risk patients with and without treatment. **Results:** A total of 2798 patients were in HHC during this timeframe. Of these, 754 were high risk and 2044 average risk. Approximately one-third (34%, 259 of 754) of high risk patients received osteoporosis medication compared to 4% (85 of 2044) of average risk ($p<0.0001$). We found no treatment differences based on age. Those with higher comorbidity profiles were less likely to receive treatment (28% or 121 of 435 vs. 72% or 314 of 435, $p<0.0001$). **Conclusions:** Only a small proportion of home health care patients at risk for fracture received adequate treatment. Patients with more comorbidities were least likely to receive treatment. The home health environment presents a good context in which an intervention to improve the quality of care for those at risk for fracture can be accomplished. Since the individuals identified are receiving medical and nursing care within an integrated healthcare delivery system, an opportunity exists to develop a program to increase treatment rates for those at greatest risk.

Keywords: Osteoporosis prevention, Fragility fracture in home health care, Patient fragility risk factors

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PS3-24:

Promoting Innovations in Quality Improvement: Lessons from a Medicaid Health Plan

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Background/Aim: Concerns about the quality of care delivered in the U.S. health care system gained national momentum with the release of the Institute of Medicine's reports To Err is Human: Building a Safer Health System and Crossing the Quality Chasm, which revealed that patients were not receiving the quality or level of care that they needed and called for fundamental change to the health care system. To address this need, health plans across the country have used varying approaches to support quality improvement (QI)—pay-for-performance (P4P) being the most commonly used and discussed approach. However, P4P programs also have many