

January 2014

## “Wilma” - A Case Study

- 85:** Age  
**68:** Number of IHSS hours currently received each month.

**Other formal supports received:** Multipurpose Senior Services Program (MSSP) social worker, subsidized senior housing (including housing coordinator), transportation services (some out-of-pocket), Meals on Wheels

**Informal supports:** Family and friends provide transportation to medical appointments not covered by formal services

**Changes to supports in recent years:** New primary care provider, kidney doctor, and IHSS caregiver

### Introduction

Wilma is an 85 year-old woman living on her own in a senior apartment building in a suburban area of California. Wilma has a history of heart disease and arthritis, and has been experiencing a great deal of depression and pain after a recent hospitalization. She was also recently diagnosed with diabetes. Wilma receives support from her IHSS caregiver and from her son and grandson, who have increased the amount of support they provide as Wilma’s health has declined. Wilma needs assistance with housework, laundry, shopping, and managing her paperwork. Although her health has declined drastically following two hospitalizations over the past year, resulting in decreased mobility and energy levels, Wilma’s hours of IHSS care have remained the same.

### Background

Wilma has historically been an active member of her church and community. Although she left school at a young age, she returned to

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### The HOME Project

(Helping Older- adults Maintain independence)

...is an ongoing qualitative study that is documenting the experiences of older Californians with disabilities, who depend on fragile arrangements of paid public programs and unpaid help to live safely and independently at home.

In-depth interviews are being conducted with older adult consumers of In-Home Supportive Services (IHSS) and their caregivers. All are insured through both Medicare and Medi-Cal (dual eligible) and most receive other public supports and/or informal help as well. The following case study illustrates how changes in need and supports impact older adults in the state.

**See the related policy brief:**

*“Disconnected? : Challenges of Communicating Cal MediConnect to Low-Income Older Californians”*

<http://healthpolicy.ucla.edu/hometoo>



community college later in life, and was engaged with politics and cultural programs. She also has enjoyed close relationships with her children and grandchildren. Lately, however, Wilma has a hard time leaving her apartment to attend social events, even those held within her building. She has also found it difficult to leave the house for physical therapy appointments, or to seek mental health care, which has become increasingly important as she experiences bouts of depression related to her health and social isolation.

When asked to describe her overall health, Wilma said:

Oh, it's terrible. But it goes up and down, I get knocked down and it's tough and then it goes back up again.

By our third interview, the challenges to managing on her own had become so great, Wilma had decided to move into an assisted living facility.

## Continuity of Care

Although Wilma receives medical care from several providers in two different counties, she has assembled a team of healthcare professionals that provides highly continuous care and has contributed to good medical outcomes. She has been seeing her rheumatologist for 25 years and her cardiologist, who also serves as her primary doctor, for 20 years. Wilma speaks poignantly about how much these long-term relationships with her doctors mean to her.

Here, she says of her cardiologist:

He's been keeping me out of pain for 20 years, so I really appreciate that... He really, uh, knows my chemistry, what medicine I can take and what I can't take. ... He listens to me... He's just really patient and he can hear certain words that I say and he knows exactly what's wrong with me by what I say and it amazes me how he understands so much of it.

Towards the end of the study, we learned that Wilma's cardiologist is soon going to retire, an event that signals the potential for disruption to the continuity of her care.

## Primary Care Providers and Social Workers are Key

In addition to her long-time doctors, Wilma recently took on a new primary care provider to oversee and manage her care across multiple providers. She expressed a great deal of satisfaction with the efforts made by her new doctor to inquire about her care needs, and to communicate with other providers to ensure continuous care. This is particularly important, as Wilma's providers are geographically dispersed and she continues to take on new specialists to treat her multiple conditions:

Now I have a cardiologist in Long Beach and she's [the primary care provider] communicating back and forth with him... Hopefully things will gradually work their way out because she's an excellent doctor and I don't want to leave her. She always puts it on the computer, all of my medications that I've been taking and whatever she feels I needed. She's always contacting the other doctors because they can't be bothered contacting her.

Wilma suggests that even though her primary doctor is relatively new, she ensures continuity by actively coordinating care between a large team of specialists.

Despite the capability of her new primary care doctor, there remain significant gaps in Wilma's care network. In particular, Wilma expressed needing support with treatment for depression that is related to her declining health and social isolation. When asked about how her primary doctor responded to Wilma's admission that she was feeling depressed, she told us the following:

She was very good about it, my son was there and...I'm in pain all the *Continued...*

time.....but if I mention to her that I need someone to talk to, I'm sure she would advise me on who to talk to and whatnot, but I just don't have the energy to get out there and do it.

Here Wilma indicates that a simple referral to mental health counseling was not enough, given her diminished energy to make a phone call or arrange for an appointment outside of her home. Several months passed before Wilma reported that her MSSP social worker had connected her to a service that would provide a mental health counselor in her home, to overcome the barrier of her declining mobility and poor overall health. The efforts of her social worker were critical to meeting Wilma's mental health needs, and ensuring continuity of care at a time when Wilma was struggling significantly with both physical and mental health concerns.

### Care Coordination

Although Wilma describes experiencing a high level of continuity with some aspects of her care, she also discloses that it took a great deal of effort to locate doctors who were willing to take her on as a dual eligible patient. Once she found doctors who accepted her insurance and were responsive to her medical needs, she then had to figure out how to navigate a fragmented and unreliable transportation system to access care that is geographically dispersed:

One is in Santa Monica, another in Long Beach, uh, I couldn't find anyone here in the Valley. They don't want to take care of you here... Sometimes I pay someone to drive me there, and because I can't go with Outreach or some transportation, because they're all the way down in the South Bay... So in order to get up there, my son can take me or I'll hire a family member to drive me up there... [or] a friend from Catholic Church.

Wilma also experienced a distressing break down in the coordination of care during her recent hospitaliza-

tion, at a time when her long-time providers were not involved in her medical treatment:

I passed out and called the paramedics... and they take you to the nearest hospital. And my doctor, my cardiologist, doesn't go into the nearest hospitals anymore. Well, when you go to the hospital emergency, they have their own primary care doctor and I never saw them. Everything is done on the computer and you're just a number and a bar code and they just slide over the bar code, and they don't tell you what the system is or how it works.

### Information Sources and Engagement

Wilma gets information about her benefits from a number of different sources, including direct letters, television news, and informational meetings held within her senior apartment building. She knows how to follow up if she has questions and knows she can rely on her MSSP social worker for help navigating any changes. On the other hand, given her declining health, she often feels overwhelmed with managing the information she has received and taking necessary action.

Medicare is always sending me paperwork on what group I want to go to and what drug store I want to deal with, all that I just can't handle it right now and I'm giving it to my son and grandson and see what they decide... I can call, HICAP, I think it is, and talk to someone there and get some information. But I haven't been feeling good enough to do that... Yeah, I don't have enough energy to go to the next building.

Wilma's reduced ability to be engaged with information, even when presented in person at meetings in her apartment building, means that she could miss out on important information about changes to her benefits. She describes learning about a recent change to electronic only payments of Social Security through

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an informational meeting that she just happened to stop by in her building:

The information should come to me. The changes were March 1<sup>st</sup> and the only way I got it was going downstairs to a meeting, which I didn't know what it was going to be about. But I stayed there and listened anyway and got the paperwork.

### Information about changes evokes concern

One of the major changes that Wilma is currently facing is the retirement of her long-time cardiologist. Despite the fact that she highly values this relationship, Wilma is pragmatic when anticipating her own response, stating “Well, I'll just have to hope I find another good one.”

At the same time that Wilma hopes for a good new cardiologist, she is anxious about even broader changes to services and supports that would affect older adults like her:

Well, all I've heard is on the TV that our Medicare is going to be cut. I heard that it would be cut \$400. You know, it's very stressful. So, I'm just sitting here and there's nothing I can do – hopefully it's not that bad, it depends on what channel you listen to, really. But that shouldn't be the way that you get information. I don't know what to do, and I don't have the energy to change things.

### Conclusion

Wilma's case points to both the challenge and the promise of transition into managed care. The primary challenge she faces is the potential disruption of the carefully constructed but highly dispersed network of medical providers that she currently manages. She is highly attached to these providers given their proven ability to treat her numerous medical conditions.

While Wilma is satisfied with several of her current providers, she is also willing to make changes if they

lead to better coordinated care. For example, she is highly satisfied with her new primary care provider, given the provider's ability to better coordinate her medical team. She has also decided to move into an assisted living facility, which would bring her closer to the medical care services she needs and would limit the need for her to coordinate an elaborate transportation schedule to far-flung doctors' offices. Given Wilma's declining health, and decreasing energy to manage a complex medical and personal care network, changes under managed care hold promise for her to attain better coordinated, and more continuous care.



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