

## Gaps in the Coordination of Care for People Living with Dementia

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### BACKGROUND AND OBJECTIVE:

- One-third of people living with dementia (PLWD) have highly fragmented care (that is, care spread across many providers without a dominant provider).
- Our objective was to determine – for those with PLWD and highly fragmented care – the frequency of perceived gaps in communication among providers (i.e., gaps in coordination) and the frequency of self-reported adverse events attributed to poor coordination.



### DESIGN, SETTING, AND PARTICIPANTS:

- Cross-sectional survey
- A Medicare Shared Savings Program accountable care organization (ACO) in New York, NY
- Community-dwelling PLWD ≥65 years old who were attributed to the ACO, had highly fragmented care in the past year by claims (reversed Bice-Boxerman Index ≥0.86), and were in the intervention group of a pragmatic clinical trial on care management



### MEASURES:

- We used an existing survey instrument to determine perceptions of care coordination and perceptions of 4 types of adverse events (repeat tests, drug-drug interactions, emergency department visits, and hospital admissions).
- Data were collected by telephone by ACO care managers, who used clinical judgment to determine whether each survey respondent would be the patient or a caregiver.
- We used descriptive statistics to summarize the results.



### RESULTS:

- Of the 167 eligible PLWD, surveys were completed for 97 (58.1%).
- Of those, 88 (90.7%) reported having >1 ambulatory visit and >1 ambulatory provider in the past year and were thus at risk for gaps in care coordination and included in the analysis.
- 23 respondents were patients (26.1%) and 64 were caregivers (72.7%), with 1 respondent role missing.
- **Overall, 57% of respondents reported a gap in the coordination of care and, separately, 18% reported an adverse event that they attributed to poor care coordination.**



**RELEVANCE:** Gaps in care coordination for PLWD are reported to be very common and often perceived as hazardous. Health systems should elicit and address perceived gaps in the coordination of care for PLWD, an approach our pragmatic clinical trial is currently testing..