

Care Coordination and Acute Care Utilization following PCMH Implementation in ALF Residents with ADRD

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Background & Methods

Alzheimer’s disease and related dementias (ADRD) affect a growing number of older adults in assisted living facilities (ALFs), where residents often require complex medical management and coordinated care. The Patient Centered Medical Home (PCMH) model has improved access and care coordination in community-dwelling older adults, but evidence in ALF residents with ADRD remains limited. This study evaluated the feasibility and preliminary impact of PCMH implementation on acute care utilization in a PCMH-certified, physician-led geriatric practice in Oswego. In this retrospective cohort study, 76 residents with confirmed ADRD were followed over four years. The primary outcome was acute care utilization, defined as emergency department visits and hospital admissions. Differences in acute care utilization rates across four years were analyzed using a z-test, with statistical significance set at $p < 0.05$.

Objective: To assess whether PCMH implementation was associated with changes in acute care utilization among assisted living residents with ADRD.

Clinical Implications

- Improved care coordination
- Potential reduction in hospitalizations
- Supports PCMH adoption in assisted living facilities
- May improve healthcare utilization outcomes

Conclusion

- PCMH implementation was associated with reduced ED visits and hospital admissions
- Enhanced care coordination may decrease acute care utilization in residents with ADRD
- Larger studies are needed to confirm these findings

Future Directions

- Validate findings in larger, multi-center studies
- Examine effects on emergency department visits and hospital admissions
- Evaluate quality of life and healthcare cost outcomes
- Assess long-term sustainability of PCMH-based care

Key Takeaway: Acute care utilization (ED visits & hospital admissions) decreased significantly following PCMH implementation ($p = 0.0072$), supporting the role of coordinated, physician-led care for residents with ADRD.

Results

Key Finding: Acute care utilization rates decreased following PCMH implementation

Statistical Results: ED visits decreased by 42% over 4 years ($p = 0.0072$).

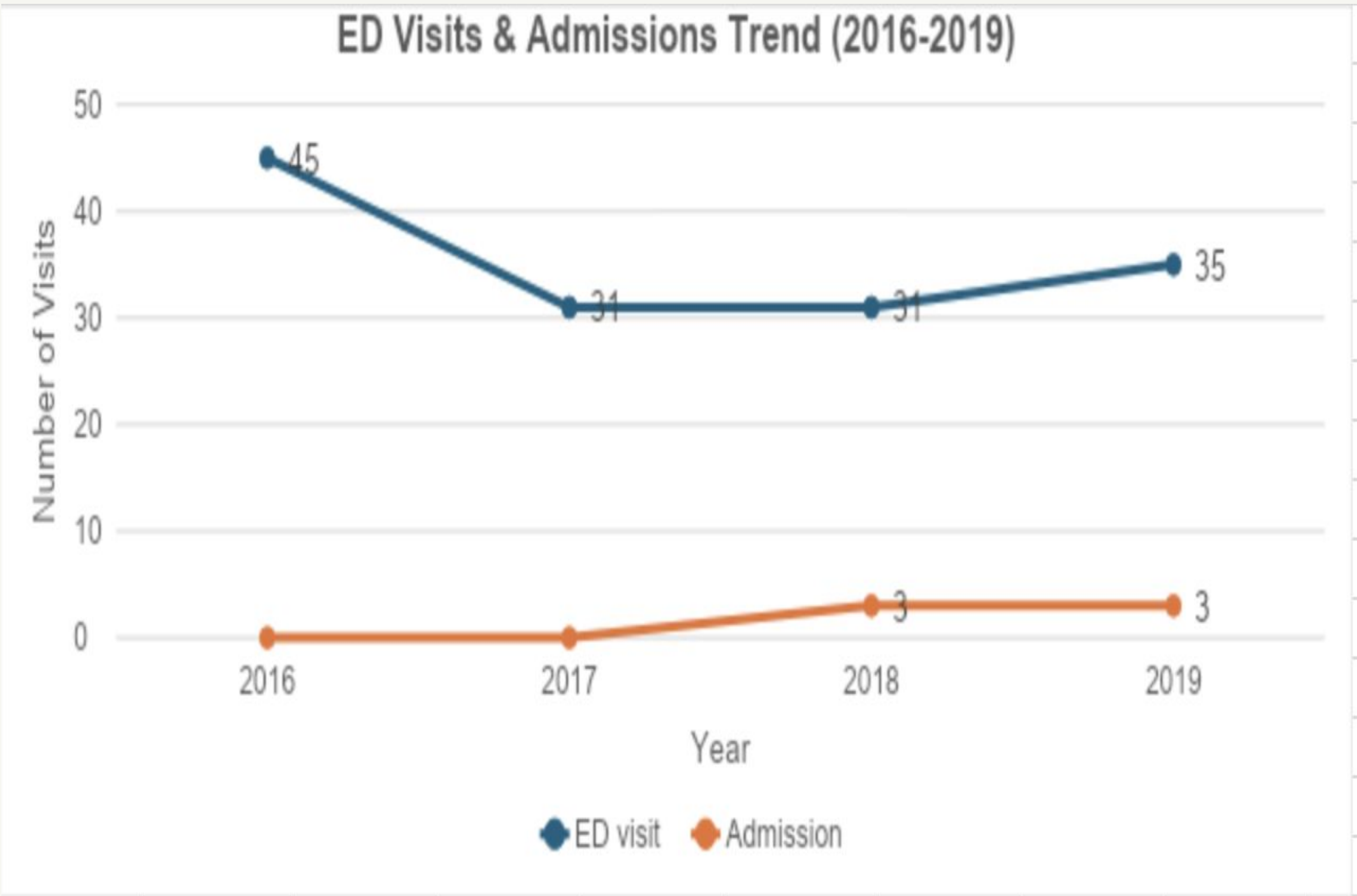


Figure 1. Hospital & ED admission trend over time

Discussion

Implementation of a PCMH model within assisted living facilities may improve care coordination and facilitate earlier identification and management of acute medical issues.

Potential contributors to reduced hospitalization include:

- Enhanced access to primary care
- Improved communication between providers
- Proactive chronic disease management
- Earlier intervention for emerging clinical concerns
- Increased continuity of care

These findings support the feasibility of integrating PCMH principles into assisted living dementia care.

Characteristic	Value
N	76
Mean Age (in years)	89.4
Males	19
Females	57

Figure 2. Cohort Characteristics

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