

# Executive Summary

## Understanding the Complexities of Health Management in Older Adults with Chronic Conditions Through Client-Centered Interviews

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### ABSTRACT

This capstone explored the lived experiences of rural older adults managing multiple chronic conditions and identified barriers and facilitators to healthcare access and health management. Using qualitative interviews, thematic analysis revealed that health management impacts daily routines and participation. Key barriers included limited access to care and the complexity of chronic condition management, while facilitators included strong provider relationships and established routines. Findings highlight a gap between medical care and daily life management. Occupational therapy is uniquely positioned to address this gap, supporting improved outcomes through integration into primary care.

### EXPLANATION OF BRIEF

This executive summary provides a concise overview of a capstone project examining how rural older adults manage chronic conditions and access healthcare services. It highlights key findings, impact, implications, and an example of an emerging model, with a focus on the role of occupational therapy in improving patient outcomes and supporting primary care systems.

### PROBLEM & PURPOSE

**Problem Statement:** Older adults residing in rural communities face barriers to health care that are not well understood and impede the supported management of chronic conditions. (Asante et al., 2023; Bonnell et al., 2022; Dolezel et al., 2023).

**Purpose Statement:** To examine healthcare access barriers and facilitators for older adults and explore their lived experiences managing chronic conditions, with the goal of advancing occupational therapy's role in primary care.



**Table 1**

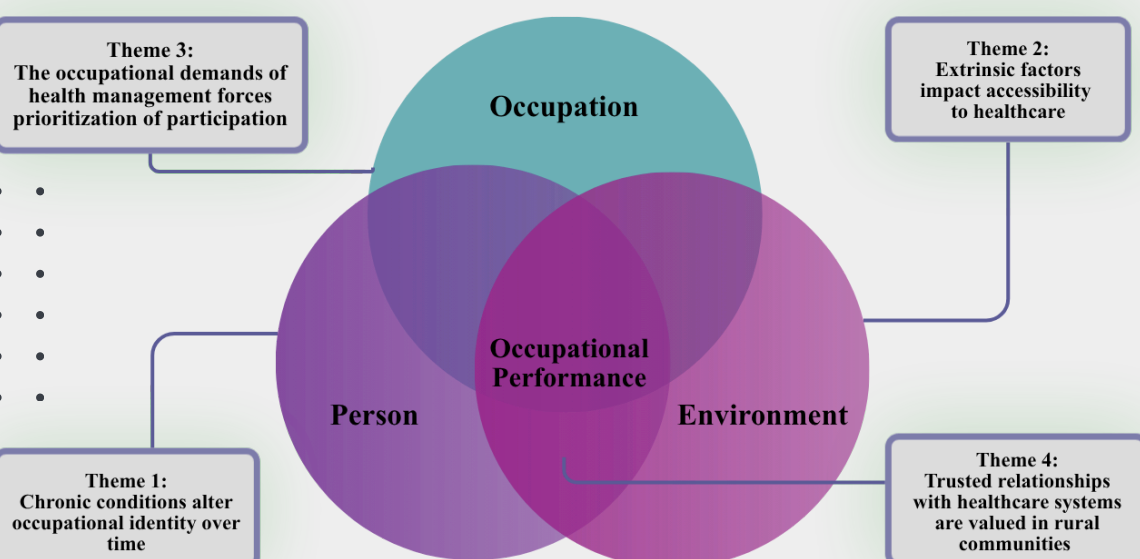
Participant Sociodemographic Data (N=8)

Characteristics (N=8)	Participants Mean [SD] or N(%)
<b>Sociodemographic</b>	
Age, in years	74.13 [11.06]
Sex, female	6 (75)
Sex, male	2 (25)
<b>Clinical</b>	
<b>Chronic Comorbidities</b>	
Osteoarthritis	6 (75)
Hypothyroidism	6 (75)
Hypertension	5 (63)
Heart Disease	5 (63)
Type II Diabetes	4 (50)
Chronic Pain	4 (50)
Depression	3 (38)
<b>Distance Traveled</b>	
≤ 1 mile	6 (75)
2-30 miles	1 (13)
31-60 miles	1 (13)
<b>Assessment</b>	
<b>Canadian Occupational Performance Measure</b>	
Self-Care: Difficulty walking on uneven surfaces	7 (87.5)
Productivity: Difficulty with household Cleaning	4 (50)
Leisure: Difficulty with Reading (vision)	1 (12.5)

**Figure 1**  
Qualitative Methods Flow Diagram



**Figure 2**  
Themes Aligned with the Person-Environment Occupation-Performance (PEOP) Model



### Eligibility Criteria

- 65 years and older
- Has a primary care provider
- Three or more chronic medical conditions
- Be able to respond to open-ended questions

### Project Results:

- Eight participants enrolled
- Sociodemographic (See Table 1)
- Cross-sectional interviews after Primary care visits by OTS
- Administered the COPM
- Conducted a 10-minute, PEOP-guided, open-ended, recorded interview
- Deidentified data through REDCap, exported to Microsoft Excel for data splitting

### METHODS

**N = 8 Participants**

65+ years, >3 chronic conditions, community dwelling

**Kappa = 0.78**

Substantial agreement between coders for first cycle coding and codebook development

**Standards for Reporting Qualitative Research Score**

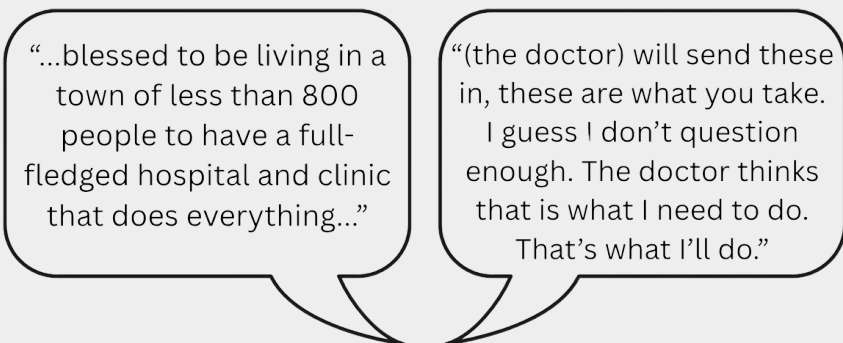
SRQR Methods Applied with 100% Adherence

**Table 2**  
 Themes and Subthemes Representing the Occupational Performance of Health Management by Older Adults with Chronic Conditions Residing in a Rural Community



Theme 1: Chronic Conditions Alter Occupational Identity Over Time	Theme 2: Extrinsic Factors Impact Accessibility to Healthcare	Theme 3: The Occupational Demands of Health Management Forces Prioritization of Participation	Theme 4: Trusted Relationships with Healthcare Systems are Valued in Rural Communities
Chronic conditions are anchored in time and become a part of the life story.	The physical environment impacts access.	Older adults reduce participation in essential occupations to create time for the occupation of health management.	Trust in the healthcare provider supports compliance for new chronic conditions.
Managing chronic conditions can be a facilitator of resilience.	Social relationships impact access.	Choosing health management as an occupation is rooted in concern of loss of independence.	Local healthcare is a valued and accepted member of the rural community.
Health management adherence is impacted by intrinsic factors.	The dynamic exchange of expressing and receiving health information and strategies impact health management accessibility.	Older adults with chronic conditions caring for others prioritize personal basic needs last.	Distance to healthcare services outside the community impact adherence to health management in rural communities.

**Figure 3**  
 Participant Select Quotations Representing Barriers and Facilitators to Health Management



**LIMITATIONS**

- interviews were kept to 60 minutes, with 10 minutes of open-ended questions
- participation immediately followed a primary care appointment
- caregivers or family members were not included in the interview to ensure data reflected patient perspectives only

**KEY FINDINGS**

**Barriers**

- Access challenges & navigation
- Complexity of managing multiple conditions
- Limited support for integrating health tasks into daily routines

**Facilitators**

- Strong provider relationships
- Structured routines and organization
- Support systems & resources

**IMPLICATIONS**

Stateholder interviews identified gaps in provider knowledge, referral process, and access to OT services in this rural primary care setting. Addressing these needs can strengthen person-centered care in the following ways:

**For Patients**

Integrating OT into routine primary care visits may improve access, support chronic condition management, and enhance outcomes.

**For Providers**

Education on the role of OT and clear referral pathways may promote timely, appropriate referrals.

**For The System**

Improved referral follow-up and interdisciplinary communication can enhance care coordination.



**IMPACT & BENEFITS**

**For Patients**

- Improved ability to manage chronic conditions
- Enhanced participation in daily activities
- Increased independence and quality of life

**For Providers**

- Reduced burden on providers
- Improved care coordination
- Strengthened interdisciplinary collaboration

**For The System**

- Supported person-centered care
- Aligned with value-based care initiatives (CMS, 2030 goals)
- Enhanced efficiency of care delivery in rural settings



Integrating occupational therapy into the primary care offices can bridge a gap between healthcare delivery and patient's ability to manage their health in daily life.

**EMERGING MODEL EXAMPLE**

**Current Primary Care Model**

- Provider-centered care
- Focus on medical management
- Limited time for functional assessments
- Disrupted referral pathways
- Limited support for daily life challenges



**OT Integration to Primary Care**

- Person-centered, holistic care
- Functional assessment & strategies
- Integrated care & coordinated referrals
- Support for routines, participation, & independence
- Improved outcomes & reduced provider burden



Scan for List of References

For Full Video of this Capstone project

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