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Satisfaction with care coordination and amount and quality of services in adults with disabilities

INTRO

- Adults with disabilities may have an increased need for health services and community supports requiring coordination.
- Previous studies show that solely increasing service amounts for disabled individuals does not improve their evaluation of services (Bowers, Owen, & Heller, 2017).
- The aim of this study was to characterize predictors of satisfaction with the coordination of long-term care services received by individuals with disabilities in Wisconsin.

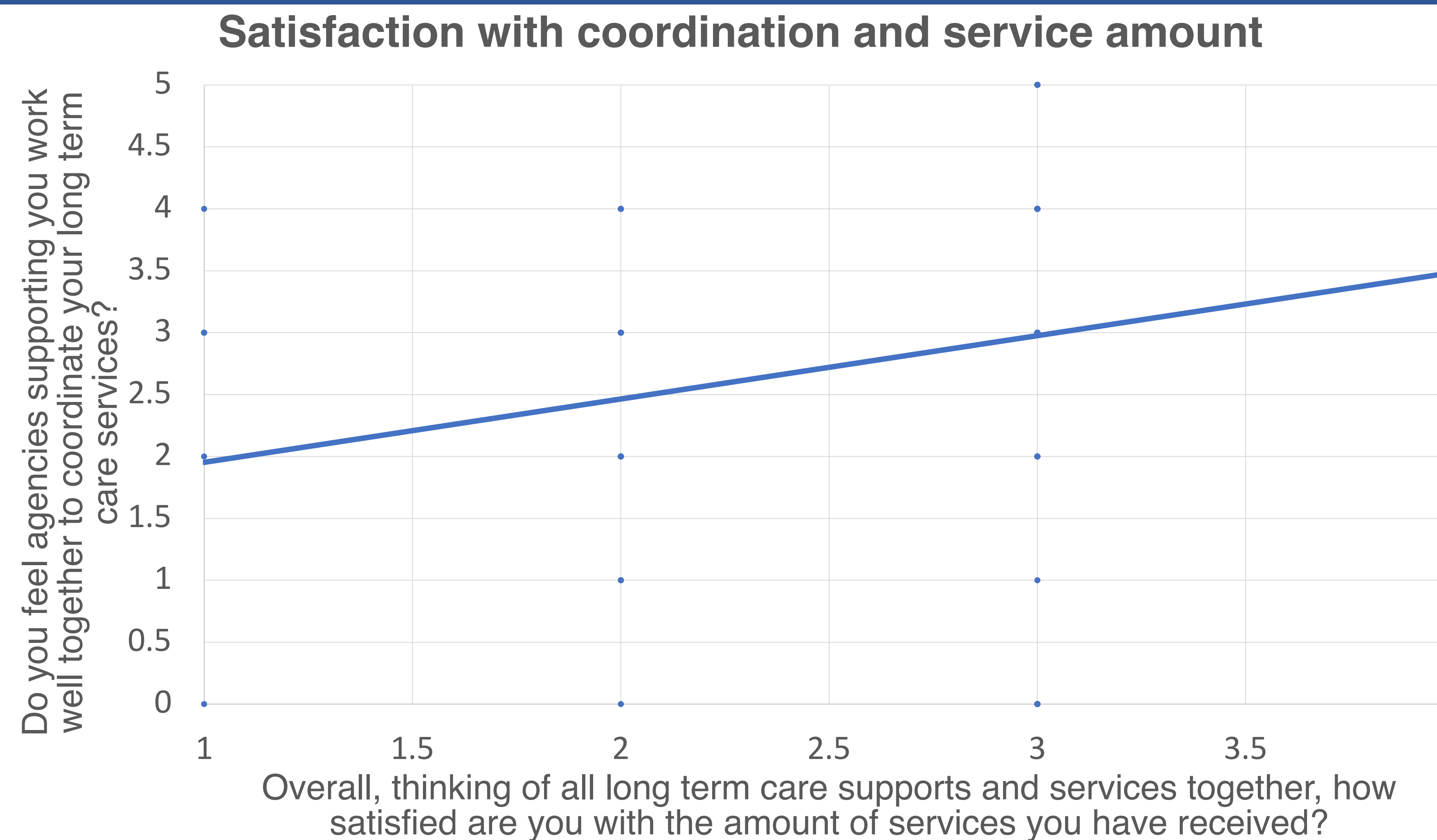
METHODS

- Data was collected from June-November 2021 via a Qualtrics survey sent to any individual receiving long term care support within Wisconsin.
- The survey had 104 questions and took 20 minutes to complete.
- It was completed by the individual receiving services or their guardian or proxy.

Satisfaction with the amount of services positively predicted satisfaction with care coordination.

DEMOGRAPHICS

(N=206, 170 reported demo.)	n	%
Age		
18-34	90	52.9%
35-54	59	34.7%
55+	20	11.8%
Sex = Male	99	58.3%
Race		
White	152	89.4%
Black/African American	4	2.4%
Am. Indian/Alaska Native	3	1.8%
Asian	1	0.6%
Native Hawaiian/Other Pac. Islander	1	0.6%
Bi-racial or other	1	0.6%
Ethnicity = Hispanic	8	4.7%
Services received: Family Care/IRIS	75/115	36.4/55.8%
Respondent: Recipient/Caregiver	23/181	11.2/87.9%



RESULTS

- Our analysis found that satisfaction with the amount of services significantly positively correlated with satisfaction with coordination of services provided by care agencies ($t = 3.70, p < 0.001$).
- This finding persisted even when controlling for the age, gender, type of care received (managed care or self-directed service management), and the individual completing the survey (the individual with disabilities themselves versus their proxy).

DISCUSSION

- Stakeholders' satisfaction with the amount of services received, **neither too many nor too few**, may be related to the effectiveness of its coordination. Care coordination differences between IRIS (self-directed) and Family Care (managed care) groups require further study.



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