

Prioritizing Care of Complex Elders Using Survival and Functional Status Outcomes

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Description

Adherence to clinical guidelines has been found to improve health outcomes for elderly patients with single conditions; however, it is unclear if adherence to multiple guidelines results in similar benefits for patients with multiple chronic conditions. This study examines whether adherence to clinical guidelines should be specific to the level of chronic disease burden on a patient. Results from this study will be useful for health care systems and clinicians to prioritize which guidelines should be recommended for older patients, whether they are healthy or burdened by multiple conditions.

Specific Aims

1. Test whether adherence to a comprehensive set of health indicators [from the Assessing Care of Vulnerable Elders (ACOVE) study] for complex elderly patients (2 or more chronic conditions) is associated with survival benefits that are comparable to those seen for healthier elders.
2. Test whether better coordination of care, care for specific conditions, or general preventive care increases survival time, and therefore should be prioritized.
3. Perform a systematic analysis to determine whether any combinations of chronic conditions (e.g., co-morbid diabetes, hypertension, and dementia) are associated with worse health outcomes.

Main Objective

To determine whether following multiple guidelines for clinical care is beneficial for elderly patients with multiple chronic conditions.

Chronic Conditions Considered

Focused on burden of chronic disease; chronic conditions not specified.

Preventive Services Considered

General preventive care.

Study Design & Population

Analytic epidemiological study

Over 1000 older patients with 0 to 9 co-existing chronic conditions from the Assessing Care of Vulnerable Elders (ACOVE) studies.

Strategies Addressed from the National MCC Strategic Framework

- 4.B. Understand the epidemiology of multiple chronic conditions
- 4.C. Increase clinical health research

