

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 examined whether adherence to clinical guidelines should be specific to the level of chronic disease burden on a patient. Results will be useful for health care systems and clinicians in prioritizing which guidelines should be recommended for older patients, whether or not they are burdened by multiple conditions.

Specific Aims

1. Test whether adherence to a comprehensive set of health indicators for complex elderly patients with two 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 specific combinations of chronic conditions (e.g., diabetes, hypertension, and dementia) are associated with worse health outcomes.

Findings

- A 20% improvement in 17 care processes that are performed in primary care (i.e., annual flu and pneumonia vaccines, cardiovascular disease and diabetes risk reduction, and dementia and depression interventions) can improve survival in older patients with multiple conditions.

Main Objective

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 Service Considered

General preventive care

Study Design, Data Sources & Sample Size

Analytic epidemiological study
More than 1,000 older patients with 0 to 9 co-existing chronic conditions from the Assessing Care of Vulnerable Elders (ACOVE) studies.

Strategies Addressed from the HHS Strategic Framework on Multiple Chronic Conditions

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

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Implications

A small set of quality indicators can define quality of care based on intended clinical benefit, such as survival and functional status. Future efforts to prioritize care for vulnerable older patients with multiple conditions must focus on these benefits.

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care patients with geriatric conditions. Paper presented at: American Geriatric Society Annual Scientific Meeting; 2011 May 11-14; Washington, DC.

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