



## An Alternative Approach to Guidelines and Quality Measurement for Older Adults with Multiple Morbidities

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# Question Guiding the Environmental Scan

Is the current single-disease centered approach to guideline development and quality measurement relevant for the older adult population with multiple morbidities\*?

\*Adults  $\geq$  65 years of age with 2 or more medically diagnosed conditions.

# Methods of Inquiry

- Review of the research and policy literature and reports published by national health care organizations (1999-2009)
- Interviews of 10 experts on the guidance for and measurement of quality of care for older adults with multiple conditions (2009)

# Research Findings on Intermediate Outcomes in Older Adults with Multiple Morbidities

Compared to older adults with single conditions, those with multiple conditions report:

- Better quality care on quality measures
- Poorer quality of life
- Poorer health-related quality of life
- Poorer care coordination and integration

# Research Findings on Guidelines for Older Adults with Multiple Morbidities

- Clinical practice guidelines based upon single conditions have limited applicability for persons with multiple morbidities.
- In randomized controlled trials employed in the development of guidelines, older adults and those with multiple conditions are underrepresented.

# Policy Reports in Agreement that Integration Needed for Older Adults with Multiple Morbidities

- Between 2003 and 2009 recommendations to improve the evidence base, care delivery systems, and measurement of care for this population were published in 6 national reports.
- Collectively, the authors would replace the single disease model with treatment of the whole person.

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\*NIA National Institute on Aging Geriatrics and Clinical Gerontology Program

CHCS Center for Health Care Strategies, Inc.

AGS-NIA American Geriatrics Society and the National Institute on Aging

AARP Public Policy Institute Health Team

VHA Veteran's Health Administration Health Services Research and Development Service

NC3 National Coalition on Care Coordination

# Experts Interviewed Agree Integration Needed for Older Adults with Multiple Morbidities

- Integrated, community-based care
- Valid and reliable electronic tools
- Patient-centered, coordinated care delivery
- Team of multi-disciplinary practitioners
- Financial incentives aligned with quality goals

# Research Findings on Emergent Care Models Associated with Improvements in Quality

- Treatment of the whole person
- Primary coordinator of care (“go to” person)
- Multi-disciplinary, team-based approach
- Bridging medical and social service systems
- Transitional care
- Patient/caregiver education
- Financial incentives that support services specific to individual needs



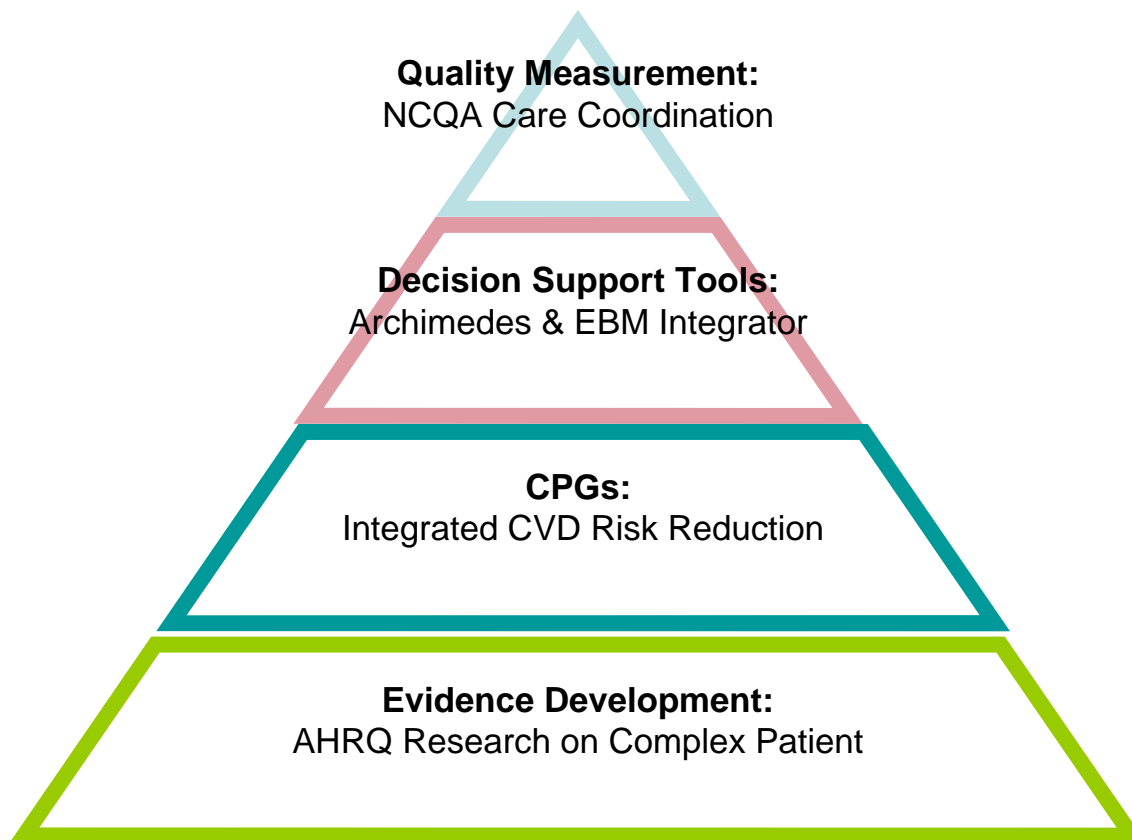
# NEXT STEPS

How can we move from our single disease focus to integrated guidance, treatment, and quality measurement for the older adult with multiple morbidities?

# Research Findings on Improved Tools for Guideline Development and Quality Measurement

- Classification systems for multiple conditions
- Analytic methods for evaluation of complex measures
- Alternative quality indicators for older adults with multiple morbidities

# Examples of Efforts that Support Integration



# In Summary

- Consistency in the literature and among experts on the need for integration to address the needs of the older adult with multiple morbidities
- Published literature on models of care and tools for guidance and measurement
- Opportunities for integration:
  - Evidence
  - Guidelines
  - Decision support tools
  - Quality measurement

# For further information

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