HSPRN
health system performance research network

Understanding Care for Older People with Complex Needs: An International Collaboration

Overview

- Rationale
- Principles
- Outlining a relevant research agenda

Rationale

- Health and social care systems across North America and Europe face the common challenge of providing care for a growing number of older people with complex needs.

Rationale

- The mixture of health problems and functional impairment, both physical and cognitive, requires the development of delivery systems that meet those needs by bringing together a range of professionals and skills from the health and social care sectors

Background

- Shared recognition of the importance of overcoming fragmentation in the delivery of this care and increasing coordination among providers, institutions and sectors of care.
- Little evidence on the effectiveness of different system-level payment and organization strategies on coordination, costs and patient outcomes

Background

- Unclear how well different systems perform and what system-level features may be more successful and more sustainable in the long term.
- Need to better understand how to identify complex-needs populations, the pathways they take in different systems and the impact these have on costs and quality of care

Goals

- Need to develop measures to assess the performance of health and social care systems in these populations
- Need evidence on which system-level interventions are successful for whom and under what circumstances

Goals

- Share ideas about how to better understand, assess and provide health and social care for elderly people with complex needs
- Define a shared research agenda

Principles

- Research with a goal of promoting healthy aging and independent living to reduce the social and economic burden of illness and disability

- Identify, describe, compare and evaluate needs and services for older individuals with or at risk for complex needs

Principles

- Employ a broad system-level performance framework that incorporates safety, effectiveness, patient experience, costs and uses an equity lens

- Evaluate integration in the context of its impact on safety, effectiveness, patient experience and costs

Principles

- Focus on well-defined cohorts of older individuals with multiple conditions/needs as they move through health and social care systems
- Include needs determined by health conditions and functional impairment both physical and cognitive
- Use policy-relevant boundaries such as countries or autonomous regions as the unit of analysis for comparative purposes.

Research Agenda

- Who are these people?
- What are we currently doing for these people?
- What woks?

Who are these people?

- Quantitative - Conceptual issues (taxonomy)
  - Age, clinical conditions, physical and cognitive function
  - How do we define complexity, risk-based approach to population identification
- Qualitative self-perception & caregivers
  - How well supported are they, what do they need?

What currently happens?

- Starts with the patient perspective
  - Vignette example: 75 year old woman with CHF, a bit of dementia, dyspnea caused by COPD…
- Focus on how such an individual encounters providers in the health system
- Measure and understand transitions

What currently happens?

- Costs
- Impact of lack of integration
  - duplication, gaps and costs
- Outcomes
  - Clinical (acute and long-term care institutional care settings)
  - Patient experience
  - Provider experience

What should happen for them?

- Conceptual
- Policy vision
- Best- practice pathways/trajectories of health