Acute Care of Older Persons Priority Setting Partnership

Setting a Patient-centered Geriatrics and Hospital Medicine Research Agenda
Funding Sources

• Association of Specialty Professors / Association of Professors of Internal Medicine
• John A Hartford Foundation
Objectives

• To review the PCORI framework for engaging patients, family caregivers, and providers in developing research priorities.
• To describe the Acute Care for Older Persons Priority Setting Partnership (ACOP-PSP).
• To use the ACOP-PSP as a case study for understanding the process stakeholder engagement in research prioritization.
• To identify 10 high priority research topics in the acute care of older patients.
Challenges in the Acute Care of Older Patients

- Disproportionately suffer from “hazards of hospitalization”
- Often excluded from trials
- Functional and cognitive impairments complicate decision-making and transitions
- Atypical disease presentations
- Outcomes of interest unstudied
- Limited life expectancy alters risk-benefit analysis
Who is treating the hospitalized older adult?

Comparison of Number of Certificates Awarded to Number of Active Certificates in Geriatric Medicine (Family Medicine and Internal Medicine)

To maintain their certification in geriatric medicine, family medicine physicians must also maintain their primary certification in Family Medicine. Since July 2006, Internal Medicine recognized geriatric medicine as a subspecialty of Internal Medicine.

There have been more hospitalists than geriatricians since 2001.
ASP Specialty Society Partner’s Report Card for SHM

Research Agenda Setting Meeting

C+
Approach to Research Agenda Setting

Then:
Researcher Focused

Now:
Patient & Clinician Focused
Patient Centered Outcomes Research (PCOR)

• Assesses the benefits and harms of preventive, diagnostic, therapeutic, palliative, or health delivery system interventions to **inform decision making**, highlighting comparisons and outcomes that matter to people;

• Is inclusive of an individual’s preferences, autonomy and needs, focusing on outcomes that people notice and care about such as **survival, function, symptoms, and health related quality of life**;

• Incorporates a **wide variety of settings and diversity of participants** to address individual differences and barriers to implementation and dissemination; and

• Investigates (or may investigate) optimizing outcomes while addressing burden to individuals, availability of services, technology, and personnel, and other **stakeholder perspectives**.

[http://www.pcori.org/what-we-do/pcor/]
Independent, non-profit research organization authorized by Congress in the ACA.

...producing and promoting high integrity, evidence-based information that comes from research guided by patients, caregivers and the broader healthcare community.
PCORI Framework for Research Prioritization

Adapted from the PCORI Methodology Report
http://www.pcori.org/research-we-support/methodology/
Topic Generation

http://www.lindalliance.org/JLA_Method.asp
Principles of Engagement

- Transparency
- Balanced inclusion
- Exclusion of non-clinician researchers in voting
- Exclusion of those with competing interests
- Audit trail
- Recognize limitations
Convene
SHM Steering Committee

• Heidi Wald, MD, MSPH, Chair
  University of Colorado School of Medicine
• Luci Leykum, MD
  University of Texas – San Antonio School of Medicine
• Melissa Mattison, MD
  Harvard Medical School
• David Meltzer, MD, PhD
  University of Chicago School of Medicine
• Eduard Vasilevskis, MD
  Vanderbilt University School of Medicine
• Claudia Stahl
  Society of Hospital Medicine
Stakeholders

- Alzheimer’s Association
- American Academy of Neurology
- American Association of Retired Persons
- American College of Cardiology
- American College of Emergency Physicians
- American College of Surgeons
- American Geriatrics Society
- American Hospital Association
- Centers for Medicare and Medicaid Services
- Gerontological Society of America

- John A Hartford Foundation
- National Alliance for Caregiving
- National Association of Social Workers
- National Coalition on Healthcare
- National Institutes on Aging, NIH
- National Partnership for Women and Families
- Nurses Improving the Care of Healthsystem Elders
- Society of Critical Care Medicine
- Society of Hospital Medicine
Consult
Identifying unanswered questions

• Stakeholder organizations surveyed a small sample of membership (n<= 75)
• Survey methods commonly emailed, posted on website
• Alternative strategies accepted
• May 15 - August 1, 2013
What unanswered questions do you have about how to better care for older people who are hospitalized for acute illness? Do you think answering those questions through research will help improve the lives of older patients requiring hospitalization? Please make your concerns known.

The more specific the question, the more helpful it is. Particularly helpful are questions that list a health problem and a potential treatment or intervention. Here are some examples of unanswered questions about other health scenarios:

- Do zinc tablets to protect against the common cold?
- Is it safe for me to take ibuprofen if I have high blood pressure?
- Should my low back pain be surgically or medically managed?

What questions about caring for older people in the hospital or immediately thereafter would you like answered by research? (Please write one question per box. You can submit as many or as few as you like.)
<table>
<thead>
<tr>
<th>Organization Participating in Survey (responses)</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer’s Association</td>
<td>7.0%</td>
<td>37</td>
</tr>
<tr>
<td>American Academy of Neurology</td>
<td>3.4%</td>
<td>18</td>
</tr>
<tr>
<td>American Association of Retired Persons</td>
<td>0.8%</td>
<td>4</td>
</tr>
<tr>
<td>American College of Cardiology</td>
<td>11.4%</td>
<td>60</td>
</tr>
<tr>
<td>American College of Emergency Physicians</td>
<td>1.3%</td>
<td>7</td>
</tr>
<tr>
<td>American College of Surgeons</td>
<td>1.0%</td>
<td>5</td>
</tr>
<tr>
<td>American Geriatrics Society</td>
<td>7.6%</td>
<td>40</td>
</tr>
<tr>
<td>American Hospital Association</td>
<td>1.7%</td>
<td>9</td>
</tr>
<tr>
<td>Centers for Medicare and Medicaid Services</td>
<td>0.8%</td>
<td>4</td>
</tr>
<tr>
<td>Gerontological Society of America</td>
<td>18.9%</td>
<td>99</td>
</tr>
<tr>
<td>National Alliance for Caregiving</td>
<td>1.0%</td>
<td>5</td>
</tr>
<tr>
<td>National Association of Social Workers</td>
<td>5.9%</td>
<td>31</td>
</tr>
<tr>
<td>National Coalition for Healthcare</td>
<td>0.6%</td>
<td>3</td>
</tr>
<tr>
<td>National Institute on Aging</td>
<td>2.1%</td>
<td>11</td>
</tr>
<tr>
<td>National Partnership for Women and Families</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Nurses Improving Care for Healthsystem Elders</td>
<td>28.6%</td>
<td>150</td>
</tr>
<tr>
<td>Society of Critical Care Medicine</td>
<td>12.0%</td>
<td>63</td>
</tr>
<tr>
<td>Society of Hospital Medicine</td>
<td>4.6%</td>
<td>24</td>
</tr>
</tbody>
</table>

Total N = 580
Survey Respondents (n=580)

- 77% female
- 85% white
- 65% 45-65 years old
- 26% patient/caregiver/advocate
- 90% health care provider
1299
“unanswered questions”
generated
Collate
Reducing Uncertainties
Staged approach

- Level 1 Review
- Level 2 Review
- Prioritization Round 1
- Prioritization Round 2
- Final list
Criteria

1. Is this a question answerable by research?
2. Is this question unique in the dataset?
3. Is the answer to this question known?
4. Is the question relevant to the acute care of older patients?
Refining questions

• Should my *low back pain* be **surgically** or **medically** managed?

<table>
<thead>
<tr>
<th>PICO Format</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Problem</td>
<td>low back pain</td>
</tr>
<tr>
<td>Intervention</td>
<td>surgery</td>
</tr>
<tr>
<td>Comparator</td>
<td>medical management</td>
</tr>
<tr>
<td>Outcome</td>
<td>pain</td>
</tr>
</tbody>
</table>
Committee Process

Step 1

• Primary reviewer
• Assigned primary and secondary categories
→ Reduced to 380 unanswered questions

Step 2

• Secondary reviewer
→ Reduced to 203 unanswered questions
Committee Process

Step 3
- Final review
- Refinement and consolidation
  → 75 questions in 31 topic areas

Step 4
- Consulted Cochrane Library
- Published systematic reviews
- Other research agendas (New Frontiers)
  → 40 supplemental questions
Topic Areas

Advanced care planning
Biology
Cardiac
Communication
Critical Care
Delirium
Dementia
Dental
Depression
Emergency Medicine
Falls
Function
Gastroenterology
Gynecology
Health Policy
Infectious Diseases
Lay caregiver
Medication
Models of Acute Care
Nutrition
Ortho
Pain control
Pressure Ulcers
Psychosocial
Readmissions
Surgery
Swallow
Transitions
Trauma
Vascular
Vision
Prioritize
Initial Prioritization

• 1 ballot per stakeholder organization

• Criteria
  – Frequency of question submission
  – Is question truly unanswered?
  – Disease or problem burden

• Scoring 1st priority = 10 points
  2nd priority = 9 points
  :
  10th priority = 1 point

→ List of top 30 unanswered questions
Final Prioritization

→ Top 10 unanswered questions
Finalizing Questions

• Intensive 1-day process
• Steering committee facilitated
• Nominal Group Technique (NGT) methodologies:
  ✓ Problem identification
  ✓ Solution generation
  ✓ Sharing ideas
  ✓ Group decision-making through discussion and voting

  ❖ Allows all voices to be heard
  ❖ New solutions generated
Finalize Top 29 Questions

1. Patient-centeredness
2. Population impact
3. Impact on clinical decision-making
4. Ease of implementation
5. Durability of information learned
Results of The Acute Care of Older Patients Priority Setting Partnership
Question 1
Advanced Care Planning

What approaches for determining and communicating goals of care across and within healthcare settings are most effective in promoting goal-concordant care for hospitalized older patients?

Potential interventions might include:
- Decision aids
- Standard work of care team personnel
- Patient advocates

Potential outcomes might include:
- Completion of advanced directives and MDPOA
- Patient centered-outcomes
Question 2
Delirium

What practices are most effective for consistent recognition, prevention, and treatment of delirium subtypes among hospitalized older adults?

Prevention and treatment modalities might include:

• Family education
• Pharmacologic interventions
• Environmental modifications
• Psychosocial interventions
Question 3
Dementia

Does universal assessment of hospitalized older adults for cognitive impairment (e.g. at presentation and/or discharge) lead to more appropriate application of geriatric care principles and improve patient centered outcomes?

Potential interventions might include:
• Dementia or delirium care;
• Patient/family communication and engagement strategies;
• Maintenance/recovery of independent functional status.

Potential outcomes:
• Patient-centered outcomes
• Length of stay
• Cost and healthcare utilization (including palliative care)
• Discharge disposition
• Immediate invasive vs. early conservative treatments pursued
Question 4
Depression

Does identifying depressive symptoms during a hospital stay and initiating a therapeutic plan prior to discharge improve patient-centered and/or disease specific outcomes?

Possible areas of focus might include:
• Comprehensive geriatric / psychosocial assessment
• Inpatient vs. outpatient initiation of pharmacological therapy
• Integration of CAM into therapeutic approaches
• Linkages with outpatient mental health resources
Question 5
Medications

What systems interventions improve medication management for older adults (i.e., appropriateness of medication choices and dosing, compliance, cost) in hospital and post-acute care?

Areas of particular focus include:
• Use of healthcare information technology
• Communication across sites of care
• Reducing medication-related adverse events
• Engagement of family caregivers
• Patient-centered strategies to simplify regimens
Question 6
Models of Care

For which populations of hospitalized older adults does systematic implementation of geriatric care principles/processes improve patient-centered outcomes?

Potential populations:
• ED, ICU, peri-operative, targeted med/surg

Examples of care principles:
• Geriatric assessment, early mobility, medication management, delirium prevention, advanced care planning, risk factor modification, caregiver engagement

Potential outcomes:
• Patient centered outcomes
• Cost
Question 7

Transitions

What is the comparative effectiveness of transitional care models on patient-centered outcomes for hospitalized older adults?

Models:
- Transitions to home vs. post acute care
- Established vs novel models
- Disease specific vs general approaches
- Psychosocial vs. cognitive vs. functional components

Populations of targeted interest:
- Dementia
- Multi-morbidity
- Psychiatric disease

Outcomes:
- Readmission
- Cost and healthcare utilization
- Adverse events
- Patient-centered outcomes
Question 8
Surgery

What perioperative strategies can be used to optimize care processes and improve outcomes in older surgical patients?

Potential strategies:
• Preoperative risk assessment and optimization
• Perioperative management protocols

Potential outcomes:
• Postoperative patient centered outcomes
• Perioperative cost, health care utilization
What is the comparative effectiveness of interventions that promote in-hospital mobility, improve and preserve physical function, and reduce falls among older hospitalized patients?

Potential interventions:
- Intensive physical therapy
- Incidental functional training
- Restraint reduction
- Medication management

Potential outcomes:
- Discharge location
- Delirium
- Pressure ulcers
Question 10
Workforce/Training

What is the most effective approach to training hospital-based providers in geriatric and palliative care competencies?

Potential interventions:
- Mentored implementation
- Train the trainer
- Technical support
Examples of Additional High Priority Topics

- Falls
- Communication strategies
  - Provider to patient
  - Provider to provider
- Inpatient psychosocial assessment
- Geriatric critical care
- Geriatric emergency medicine care
Disseminate
Dissemination Plan

• White paper for circulation to stakeholders and funders
• SHM Website
• Stakeholder websites
• Peer review publication → JHM
• Editorial → ? JAGS or other
• Meetings: SHM, AGS, GSA, other
• Trip to PCORI, CMS, AHRQ, others
Limitations

• Missing stakeholders
• Patient/caregiver voices difficult to engage
• Resources for collation and literature review limited
• Acceptance by research community
• Dissemination and funding sources may be a challenge
Thank you!

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