

# EuGMSL®ND®N2022



18<sup>™</sup> INTERNATIONAL CONGRESS > SEPTEMBER 28-3O



Professor Hein van Hout

Depts General Practice & Medicine for Older Persons



## **CONFLICT OF INTEREST DISCLOSURE**

Fellow of the interRAI collaborative network

Grants from EU and ZonMw (Dutch Governmental funding)





# Individualized <u>CARE</u> for <u>OLD</u>er Persons with Complex Chronic Conditions at home and in nursing homes

2021-2025

### Prof. Dr. Hein van Hout

Depts. General Practice & Medicine for Older Persons









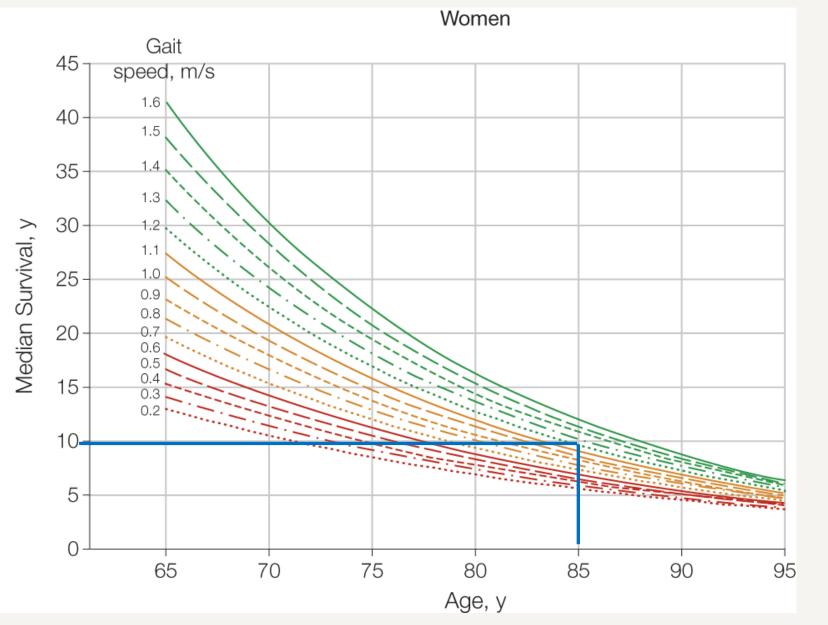


### Background

- With aging the number of persons with <u>Complex Chronic Conditions</u> (CCC) is rapidly expanding.
- Making prognoses on health outcomes is extremely difficult.
- Estimating impact of specific treatments is even harder.
- Little evidence from rare RCTs. Strongly underrepresentation of persons with CCC
- Could real life data with high quality help us?

# Life expectancy based on gait speed





Helpful at group level but less accurate for specific individuals with CCC...

Studenski JAMA 2011









### **OBJECTIVE**

To improve prognoses and estimation of treatment impact for older persons with complex chronic conditions

by developing, validating, and piloting the next generation prediction algorithms









# Improve prognostics on 6 outcomes:



(i) Life expectation



(ii) Unplanned hospital admission



(iii) Change in self care functioning- ADL



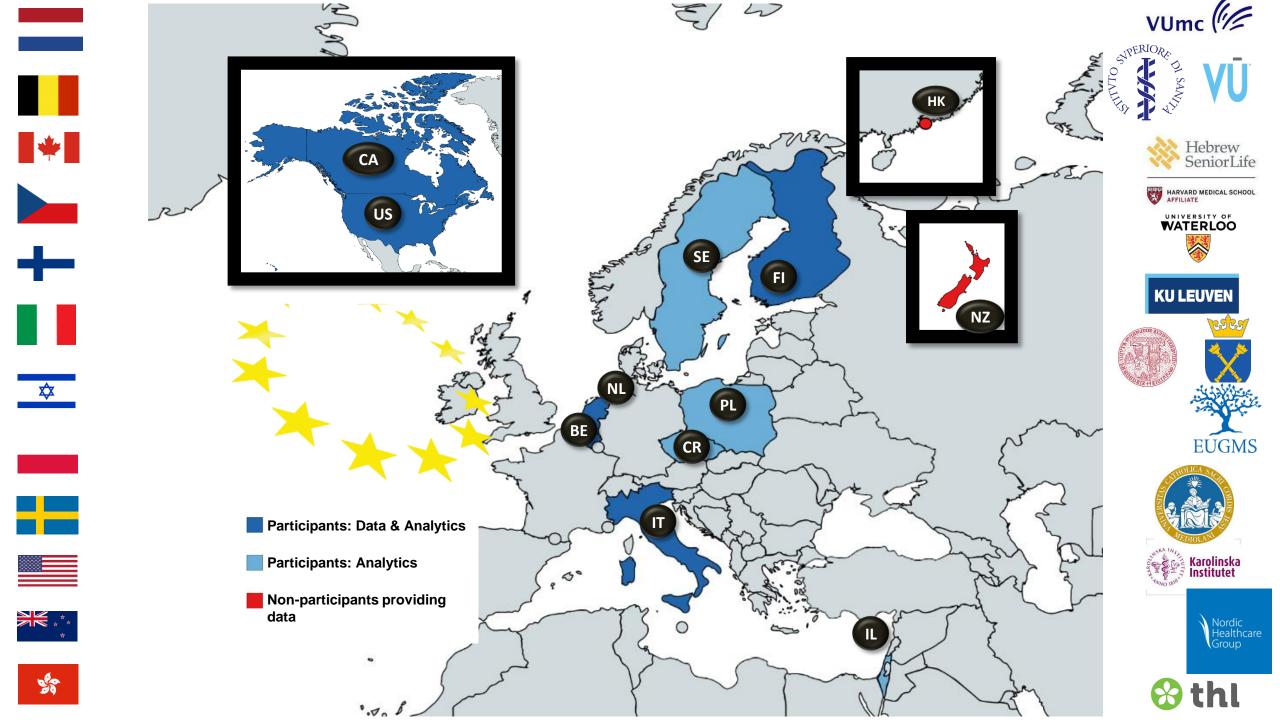
(iv) Change in cognitive functioning — CPS



(v) Health instability – CHESS



(vi) Change in health related quality of life- HUI-III





# Speaking One Language for High Quality Care Worldwide















interRAL



# Minimal Data Set with embedded decision support



### interRAI assessment

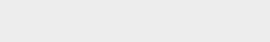
- Cognition
- Communication
- Mood and behavior
- Psychosocial well-being
- Functional status
- Body conditions
- Medications
- Treatments
- Nutritional status
- Treatments







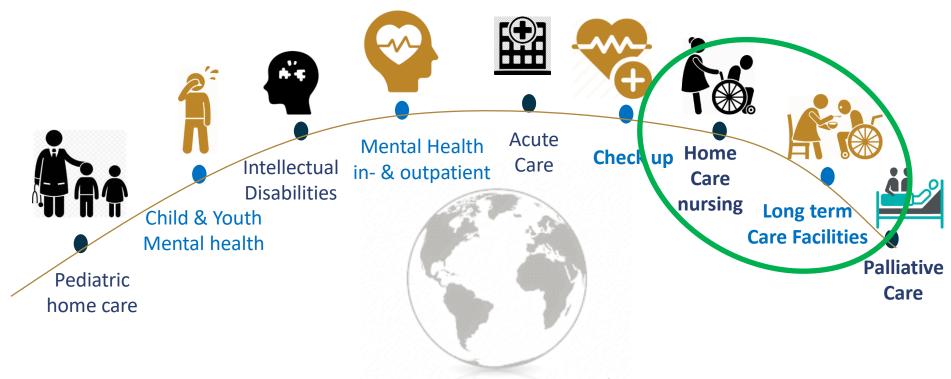






# Minimal Data Sets with embedded decision support an International standard





With Core items and Core scales persons can be followed through care settings





#### **WORKPACKAGES**



### WP1 Coordination & Management

# WP2 **Dataset harmonization** linking InterRAI and administrative data 52 million care records longitudinally 8 countries

6 Health Outcomes

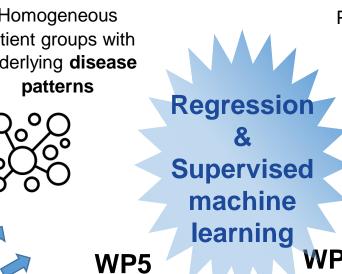
**Training** 

datasets

Validation

datasets





Impact of

treatments on health

outcomes

WP6 Impact of nonpharmacological

pharmacological interventions

WP9 Impact of COVID on outcomes

WP4

health outcomes

Co-creation and pilots with patients

#### Predictive models for WP7

Platform for individualized decision support



professionals and





## Timeline workpackages





|  | Yea | ır 1 | N | OW<br>Yea | ır 2 |  | Yea | ır 3 |  | Yea | r 4 |
|--|-----|------|---|-----------|------|--|-----|------|--|-----|-----|
| 1. Coordination  |     |      |   |           |      |  |     |      |  |     |     |
| 2. Local data linkage and data harmonization                                 |     |      |   |           |      |  |     |      |  |     |     |
| 3. Identifying homogeneous groups of patients sharing common patterns of CCC |     |      |   |           |      |  |     |      |  |     |     |
| 4. Profiles of health trajectories   |     |      |   |           |      |  |     |      |  |     |     |
| 5. Pharmacological interventions that modify health trajectories             |     |      |   |           |      |  |     |      |  |     |     |
| 6. Non-pharmacological interventions (NPI) that modify health trajectories   |     |      |   |           |      |  |     |      |  |     |     |
| 7. E-Platform for individual prognostication and treatment response pilots   |     |      |   |           |      |  |     |      |  |     |     |
| 9. Impact of COVID-19 on health and well-being                               |     |      |   |           |      |  |     |      |  |     |     |
| 8. Communication & Dissemination   |     |      |   |           |      |  |     |      |  |     |     |





#### **EXAMPLE PROGNOSTIC DASHBOARD**







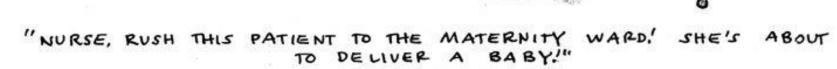






| Your prognosis                       |                 | if you start 'Physical therapy' |
|--------------------------------------|-----------------|---------------------------------|
| Life expectancy                      | 24-28 months    | + 1 month                       |
| Acute hospitalisation in 6 months    | Low risk <5%    | → Unchanged                     |
| ADL worsening in 6 months            | Medium risk 35% | ← Unchanged                     |
| Cognitive worsening in 6 months      | Low risk <5%    | ←→ Unchanged                    |
| Health instability in 6 months       | High risk 60%   | 30%                             |
| HR Quality of Life deterioration Med | dium risk! 35%  | <5%     ✓ CHANGED: Low risk     |









# Challenges















### Can we generalise prognostications?

External validations across countries, care contexts, subgroups

Can we estimate treatment response accurately? Can we sufficiently deal with bias by indication?

Can we identify treatment eligibility to mimic treated and non treated groups?

### **Did Covid impact the prognostications?**

Addressed in WP9 thx to additional Canadian Funding

Angevaare JAMDA 2022, McArthur JAMDA 2021, 2022



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