A digital health tool for integrated care: interRAI Check Up Self-report

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AGEWELL Policy Rounds

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The Challenge

Integrated Care System Delivery for Older Adults with Complex Needs

The Challenge

Global Pandemic

The Challenge

Lack of Information Sharing Systems

- Potential to use technology to allow access to health information to both older adults and providers across the circle of care

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Program of Research

What are the key considerations when implementing a standardized, self-report tool in caring for older adults and their caregivers across multiple settings in Waterloo-Wellington?

- Settings:
  - Community Support Services
  - Specialized Geriatrics Services
- Mixed methods research approach
- Informed by an implementation science framework

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Program of Research

interRAI Standardized Assessment Systems

- International, not-for-profit network that promotes evidence-informed clinical practice and policy decisions
  - Develops standardized assessment systems across the care continuum that identify strengths, preference and needs of vulnerable persons with complex conditions
  - Applications include care planning, outcome measures, quality indicators
- interRAI tools are mandated for use in many settings across Canada

Program of Research

interRAI Standardized Assessment Systems

Standardized assessment instruments and systems support core aspects of integrated care, such as:

- Proactive patient identification

- Care coordination and transitions across settings

- Individualized care planning

- Program evaluation and continuous quality improvement

- Data harmonization across organizations, sectors, systems
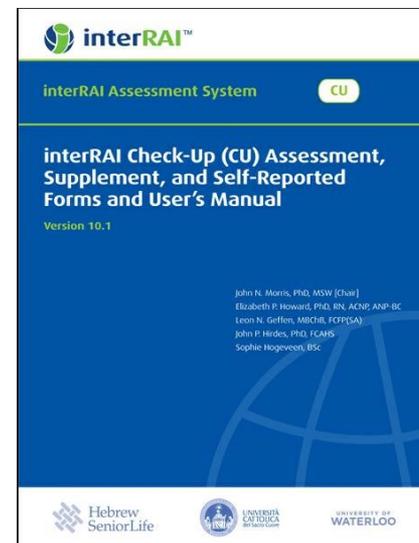
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interRAI COVID-19 Vulnerability Screener (CVS)

- Brief, standardized, self-reported screening tool
- Identifies COVID-19 symptoms and major comorbidities that increase COVID-19 mortality risk
- Produces a frailty-based measure to help identify and prioritize persons who may be especially vulnerable and in need of comprehensive assessment

interRAI Self-Report Check-Up

- Comprehensive, validated self-report tool to obtain person's perspective on their health and well-being
- Generates a number of scales and other decision support tools to facilitate care planning
    - For example, related to mood, pain, cognition, functioning, physical activity, etc.
- Identifies the need for clinician-administered assessment and follow-up

interRAI™

interRAI Assessment System   CU

interRAI Check-Up (CU) Assessment, Supplement, and Self-Reported Forms and User's Manual
Version 10.1

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Research Study #1 – Community Support Services

interRAI COVID-19 Vulnerability Screener

- Screened 594 clients (Meals on Wheels, Adult Day Program, Volunteer Visiting etc) in first waves of the pandemic

- Identified unmet needs and check-in on vulnerable persons

- Called clients initially and when able to resume in-person service delivery, conducted screening in clients' homes

Research Study #1 – Community Support Services
Findings

- About 15% of clients were identified as the **highest urgency for an assessment** by a health care professional

- Only 3.5% triggered the **COVID Emergency Care Flag** indicating the presence of symptoms that may require emergency care

- 34% reported **loneliness**, 4% reported caregiver distress, and 8% were unable to access groceries or medications

- *"One situation that came to mind for me is in calling and checking in with a client who otherwise was quite reserved, and he was always put together and wasn't super emotional. When I asked him the question about loneliness, **he actually started crying and broke down**. So that was a question that otherwise he wouldn't really come out with unless you asked. So that opened the door for us to be able to chat with him a little bit more and **link him to friendly visiting and other programs too**."*

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Research Study #2 – Specialized Geriatric Services

interRAI Check Up Self-report

- Implemented the self-report tool as part of the comprehensive geriatric assessment process

- Remotely assessed 195 clients referred to a geriatrician in first year of the pandemic

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Research Study #2 – Specialized Geriatric Services
Findings

- Majority (72%) were in the most **urgent need of geriatrician assessment**

- A third had moderate to severe **cognitive** (34%) and **functional** (34%) impairments

- Half experienced **depressive** symptoms (53%) and **loneliness** (57%)

- A third (32%) had daily **pain**

- 46% of caregivers were **overwhelmed**

- 50% had **cardiorespiratory symptoms** that required assessment

- *"I find that it's good for ensuring that I don't leave out components of the geriatric assessment. I might forget to ask about smoking or alcohol, or I might forget to ask if they can do the stairs. I really like that on the Check-Up that it goes through that **good functional checklist**."*

- *"It's **very valuable for me to see my group of people that I've seen** over the year, to be able to see, wow, my average AUA [assessment urgency algorithm] is five, and boy, 30% of people are not cognitively independent."*

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Implementation Considerations

Digital Health Tools

Education

Facilitation

Infrastructure

Continuous Quality Improvement

Policy Implications

Privacy, Consent and Data Sharing

- Health Information Custodians need to consider new ways of sharing information
    - For example, Ontario Health Teams are creating Health Information Management Plans
- Shift from setting-specific information-sharing policies to health-system policies

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Policy Implications

Electronic Health Record Integration

- Electronic health record by the person, not the setting

- For older adults and their caregivers with complex needs, this shift will require inclusion of community support services in implementation plans (e.g., hardware, software)

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Policy Implications

Continuous Quality Improvement

- Build-in continuous quality improvement as part of funding agreements

- House and share centrally promising practice developments of integrated health and social care programs

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