

Developing Pragmatic Methods to Measure Goal-Concordant Care

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Patient and Caregiver Relevant Outcomes Core

Data Attribution: Genesis HealthCare

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OBJECTIVE: To define a pragmatic outcome measure for goal-concordant care using existing nursing home (NH) electronic health record (EHR) data for people living with late-stage ADRD



DESIGN, SETTING, AND PARTICIPANTS:

- 222 Genesis HealthCare NHs, a national chain
- NH residents with Cognitive Function Score (CFS) > 2, comparable to moderate to advanced ADRD
- **Data:** Structured & unstructured nursing home EHR data from Genesis HealthCare



METHODS:

- **Step 1:** Identify resident with comfort-focused orders (i.e., comfort-focused care, do not hospitalize (DNH) orders, and hospice)
- **Step 2:** Identify potentially discordant treatments that residents received via structured treatment orders in EHR data (e.g., hospitalization, ventilation, tube feeding)
- **Step 3:** Identify the percent of NH residents prioritizing a goal of comfort who received goal-discordant treatments



RESULTS

- 19.2% of residents had a comfort-focused order.
- Among residents with any comfort-focused order, 13.0% received at least one goal-discordant treatment within the subsequent year
- The most common were hospital transfers (8.6%) and parenteral therapy (3.5%)

Co-occurrence of treatments and comfort-oriented orders.

Treatments N (%)	Goals All residents N=4,285	CMO n=154 (3.6%)	DNH n=61 (1.4%)	Hospice n=669 (15.6%)	CMO or DNH or Hospice n=823 (19.2%)
Hospital transfers	797 (18.6)	9 (5.8)	5 (8.2)	59 (8.8)	71 (8.6)
Tube feeding	153 (3.6)	2 (1.3)	1 (1.6)	12 (1.8)	14 (1.7)
Mechanical ventilation	6 (0.1)	0	0	0	0
Parenteral therapy	313 (7.3)	7 (4.6)	1 (1.6)	21 (3.1)	29 (3.5)
Chemotherapy	8 (0.2)	1 (0.7)	0	1 (0.2)	2 (0.2)
Transfusions	7 (0.2)	0	0	0	0
Dialysis	20 (0.5)	0	0	5 (0.8)	5 (0.6)
Any specified treatments	1,047 (24.4)	17 (11.0)	5 (8.2)	88 (13.2)	107 (13.0)



RELEVANCE: This study used NH EHR data to operationalize a feasible pragmatic approach to identify NH resident with moderate to advanced ADRD who received goal-concordant care. Although 87% of residents received goal-concordant care, goal-discordant care was not rare. This work can inform outcome selection in future pragmatic trials to improve goal-concordant care among those with a preference for comfort. Future work can incorporate more EHR data to ascertain goals, including from free text notes.