

CONFERENCE ABSTRACT

Standardized assessment to support integrated care: an example from home care during the pandemic

22nd International Conference on Integrated Care, Odense, Denmark, 23-25 May 2022

Caitlin Mcarthur¹, Luke Turcotte², Chi-Ling Joanna Sinn², Katherine Berg³, JN Morris⁴, JP Hirdes²

1: Dalhousie University, Canada

2: University of Waterloo

3: University of Toronto

4: Hebrew Senior Life

Introduction: Older adults with complex health conditions, like those receiving publicly funded home care, are especially vulnerable to public health measures to prevent the spread of COVID-19. Physical distancing and stay at home orders could result in social isolation and negative outcomes. Standardized assessment is essential to support core aspects of integrated care for vulnerable older adults by providing data in a common language that facilitates proactive patient identification and individualized care planning. The interRAI Home Care (HC) is a standardized assessment completed with all long stay (i.e., receiving services >60 days), publicly funded home care recipients in Ontario, Canada.

Objective and Methods: The objective of this presentation is to demonstrate how information gathered from standardized comprehensive assessment (i.e., interRAI HC) can evaluate the effects of large-scale public health events such as the COVID-19 pandemic and support integrated care through proactive patient identification and individualized care planning. We gathered data from all publicly funded home care recipients in Ontario, Canada from September 1, 2018 to August 31, 2020. We describe the effect of the pandemic on, and factors associated with decline in social engagement that was distressing to the home care recipient which we modelled via longitudinal general estimating equations.

Results: We included 26,492 home care recipients who had two assessments between September 1, 2018 and August 31, 2019 (comparison), and 19,126 between September 1, 2019 and August 31, 2020 (pandemic). During the pandemic, a higher proportion of home care recipients declined in their social engagement and were distressed (15.0% comparison, 18.9% pandemic; $p < 0.0001$). In the final multivariable model, home care recipients living with frailty, health instability, or depression had higher odds of experiencing social decline that was distressing while those who were older, had functional impairment, and received informal or formal care had lower odds. There were significant interactions between the pandemic and dementia and living alone. Home care recipients with dementia during the pandemic were less likely to experience social decline and report being distressed than those without. In contrast, home care recipients who lived alone were more likely to experience social decline and be distressed during the pandemic.

Conclusions: In our work, we identified home care recipients experiencing declining social engagement and distress during the pandemic. We also identified characteristics which increase the likelihood of a home care recipient being distressed about their declining social engagement. Proactive identification of vulnerable older adults allows for individualized care planning, for example referral to social services. Standardized assessments with a common language, such as the interRAI HC, supports communication across sectors.

Limitations: Our work only examined the first wave of the pandemic. Subsequent waves, especially the second and third, resulted in increased physical distancing measures and would have had a cumulative effect from the beginning of the pandemic. Therefore, larger negative effects on social engagement would be seen with data from these waves.