Moving from evidence to decisions

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Service delivery: why is the evidence important?

- Is it effective?
- Is it safe?
- Is it high quality?
- Is it person-centred?
- Is it equitable?
- Is it cost-effective?

Recommendations based on enthusiasm and assumptions about benefits may not be valid.
The evidence cycle

Large multi-site randomized trial of CGAHAH

Hospital at home and virtual ward policy

- High quality
- Equitable
- Person-centred
- Affordable
Development of the CGAHAH intervention: evidence from two Cochrane EPOC reviews

- Slightly more likely to be living at home risk ratio 1.06, 95% CI 1.01 to 1.10 at up to 12 months follow-up; 16 trials, 6799 participants
- Might be less likely to be living in residential care at six months RR 0.35, 95% CI 0.22 to 0.57; P < 0.0001; I² = 78%; 727 participants; low-certainty evidence) – update of the review in progress

Cohrane Database of Systematic Reviews

Cohrane Library

Comprehensive geriatric assessment for older adults admitted to hospital (Review)

Comprehensive Geriatric Assessment

CGAHAH

Admission avoidance hospital at home

Admission avoidance hospital at home (Review)


Shepherd S, Iffe S, Doll HA, Clarke MJ, Kalma L, Wison AD, Gotchak-Broshley DC
Study design

Primary outcome: living at home

For older patients requiring hospital-level care, how do outcomes compare following hospital care at home versus hospitalization?

1055 patients
- Age >65 years
- Required hospitalization
- Completed comprehensive geriatric assessment
- Safe home environment

Proportion living at home after 6 months

Randomized
6 months follow-up

Adjusted RR 1.05
(95% CI 0.95-1.15)

78.6%

75.3%
New long-term residential care and cost:

| Long-term residential care at 6 months | 37 (5.7%) | 27 (8.7%) | 0.58 (95% CI 0.45 to 0.76) |

Hospital care at home: less costly than admission to hospital from a health and social care perspective (mean −£2,265, 95% CI: −4,279 to −252), and remained less costly with the addition of informal care costs (mean difference −£2,840, 95% CI: −5,495 to −18)

Factors influencing/limiting the implementation of early discharge hospital at home and admission avoidance hospital at home: a qualitative evidence synthesis

➢ Staff work across different services
➢ Staff training
➢ Training support to family members, self-management
➢ Champion that worked across hospitals and in the home/community

➢ Workforce shortages
➢ Impact on carers and families

Wallis J, Shepperd S, Makela P, Han JZ, Trip E, Gearon E, Disher G, Buchbinder R, O’Connor D under review Cochrane
Implementation

Hospital at Home Programme

The next item of business is a debate on motion S6M-09191, in the name of Michael Matheson, on the hospital at home programme in Scotland. I invite members who wish to participate in the debate to press their request-to-speak buttons now or as soon as possible. Hospital at Home Programme

The Deputy Presiding Officer (Liam McArthur)

https://www.scottishparliament.tv/meeting/meeting-of-the-parliament-may-30-2023
Implementation

The hospital-at-home presents novel liabilities for physicians, hospitals, caregivers, and patients

Healthcare is increasingly provided in a patient's home, with potential cost savings and clinical improvements. But the hospital-at-home also raises unique liability issues not only for physicians and hospitals but also for caregivers and patients.

David A. Simon, I. Glenn Cohen, Celynne Balathat and Anaeeze C. Offodile II

Saved bed days: the ultimate currency

The NHS's single minded pursuit of admission avoidance risks ignoring other important outcome writes Alison Leary

Alison Leary professor of healthcare and workforce modelling

‘Cost-cutting by stealth?’
Subsequent on-going research:

- Analysis of the impact of socio-economic status on access to formal care and the provision of unpaid care (lead Dr Matt Quinn, Specialty Registrar in Public Health Medicine and Academic Clinical Fellow)

- Generalizing the CGAHAH randomized trial findings to a hospital cohort of older people (lead Kate Edgar, PhD studentship funded by the Health Foundation THIS programe)
Research questions

• Impact of out of hospital care policy on carers?

• Inequalities in access to hospital at home?

• Impact of hospital at home on the workforce?

• Virtual wards: do virtual wards manage the demand for healthcare?
The evidence cycle

Systematic reviews of Comprehensive Geriatric Assessment: older people with a medical diagnosis

- High quality
- Equitable
- Person-centred
- Affordable

International Guidelines
Guidelines

➢ The Silver Book II: Quality care for older people with urgent and emergency care needs in UK emergency departments Age, National Ambulance Service Medical Directors, Association of Directors of Adult Social Services, British Geriatrics Society, Chartered Society of Physiotherapy, College of Emergency Medicine, College of Occupational Therapists, Society for Acute Medicine, Royal College of General Practitioners, Royal College of Physicians, Royal College of Psychiatrists, Emergency Nurse Consultants Association and the Community Hospitals Association Publication date: February 2021

• [Practice guideline: Multimedication: Recommendations for handling multimedication in adults and geriatric patients] Braun, Fessler, Grenz, Graaten, Hütther, Meissl, Reincke, Seffrin, Vetter, Harder, Muth, Beyer, Corsten, Viniol, Schubert Deutsche Gesellschaft für Allgemeinmedizin und Familienmedizin (DEGAM) Publication date: May 2021

• Guideline for Perioperative Care for People Living with Frailty Undergoing Elective and Emergency Surgery Proffitt, Pearce, Romano, Partridge, Vardy, Humphry, Eardley, Dhesi, Bates, McNally, Cowley, Kilvington, Bryden, Hopper, Meilak, McDonald, Mudford, Curtis, Rose, Hare, Bailey, Barker, Mcgarrity, Syddall, Shackles, Price, Diedo, Nolan, Lees, Youde, Conroy, Kanga, Carter, Tinsley, Taylor, Clegg, BellCentre for Perioperative Care, British Geriatrics Society Publication date: September 2021

➢ [National Clinical Guideline: Chronic heart failure (3rd edition)] Bundesärztekammer, Kassenärztliche Bundesarbeitgemeinschaft, Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften Publication date: 2019

➢ Older Adults in the Cardiac Intensive Care Unit: Factoring Geriatric Syndromes in the Management, Prognosis, and Process of Care: A Scientific Statement From the American Heart Association Damluji, Forman, van Diepen, Alexander, Page RL 2nd, Hummel, Menon, Katz, Albert, Afilalo, Cohen

➢ American Heart Association Council on Clinical Cardiology and Council on Cardiovascular and Stroke Nursing Publication date: January 2020 DOI: 10.1161/CIR.0000000000000741


➢ [S3 Guideline: Diagnosis, treatment and aftercare for patients with follicular lymphoma] Leitlinienprogramm Onkologie. (Deutsche Krebsgesellschaft; Deutsche Krebshilfe; AWMF) Publication date: June 2020

➢ Perioperative Management of Elderly patients (PriME): recommendations from an Italian intersociety consensus Aceto, Antonelli Incalzi, Bettelli, Carron, Chiumiento, Corcione, Crucitti, Maggi, Montorsi, Pace, Petrini, Tommasino, Trabucchi, Volpato Società Italiana di Anestesia Analgesia Rianimazione e Terapia Intensiva (SIAARTI), Società Italiana di Gerontologia e Geriatria (SIGG), Società Italiana di Chirurgia (SIC), Società Italiana di Chirurgia Geriatrica (SICG), Associazione Italiana di Psicosgeriatria (AIP) Publication date: September 2020 DOI: 10.1007/s40520-020-01624-x
Evidence: digital technologies

- Eleven SRs of mobile digital technology to organise health services, low or very low certainty evidence
- Most evidence relates to health workers using mobile phone technology to improve service delivery, e.g., tracking supplies, notifying births and deaths, health worker to health worker advice, training
- Evidence on patient outcomes, cost and impact of diverting resources is limited and suggests little or no difference on patient outcomes
- Qualitative evidence: problems with the feasibility, particularly in settings with weak health systems, concerns with data protection, acceptability and equity issues