

Improving QOL for Late Life Patients: LifeCourse Findings

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LifeCourse™
Listen. Honor. Guide.



LIFECOURSE

- Builds upon an expanded set of palliative care domains to promote whole person care
- Uses a family-oriented approach to understand needs, leverage strengths, and empower families to effectively support their loved ones
- Asks patients and caregivers to articulate individualized goals and take part in decision making
- Includes a trained lay healthcare worker as the primary contact across settings and over time

BACKGROUND

Quality of life (QOL) refers to an individual's self-reported physical, psychological, and social well-being. QOL for patients with multiple chronic conditions at the end of life is a serious concern due to:

- deteriorated health, changes in role expectations, and problems with care coordination
- poorer clinical outcomes and higher use of services and medications
- implications of QOL for payment and policy initiatives

RESEARCH OBJECTIVE

This study investigates whether participation in LifeCourse provides better QOL for late life patients with chronic conditions

DATA

Heart failure, cancer, and dementia patients receiving their healthcare through a large urban health system in the upper Midwest (Table 1)

Analytic subsample with 9 months of follow-up:

- 188 patients receiving the LifeCourse intervention
- 168 patients receiving usual care

Measures

QOL is measured quarterly, using standardized, validated instruments.

- Patient QOL: FACIT-PAL to assess physical, social/family, emotional, and functional wellbeing, and palliative care.
- Patient qualitative interviews about their QOL

Analysis

Mixed methods approach, consisting of adjusted change score models for QOL, supplemented by qualitative data analysis.

ACKNOWLEDGEMENTS

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FINDINGS

- At each time period, quality of life for LifeCourse patients is better than quality of life for comparison patients. These differences are statistically significant earlier in the data and remain positive in later time periods (Figure 1).
- Interviews provide examples of how LifeCourse participants experience a positive impact across all subscales (Table 2).

Table 1. Study Patient Characteristics

	Intervention (n = 450)	Usual Care (n = 452)	P-Value
Age (mean ± sd)	78.1 ± 12	74.3 ± 12.5	<0.001
Comorbidity (mean ± sd)	4.5 ± 2.2	4.6 ± 1.9	0.280
Female	51%	51%	0.843
Caucasian	95%	95%	0.988
Married or living with partner	45%	49%	0.181
Highest Level of Education		0.398	
HS or less	30%	35%	
Some college to bachelor's	46%	43%	
Grad/professional school	20%	18%	
Unknown	5%	4%	
Baseline Location			<0.001
Home	71%	90%	
Assisted living	12%	1%	
Nursing home	14%	8%	
Unknown	3%	2%	
Primary Diagnosis			<0.001
Heart failure	57%	69%	
Cancer	27%	14%	
Dementia	16%	17%	

Figure 1. Patient Quality of Life – 95% Confidence Interval Coefficient Plot

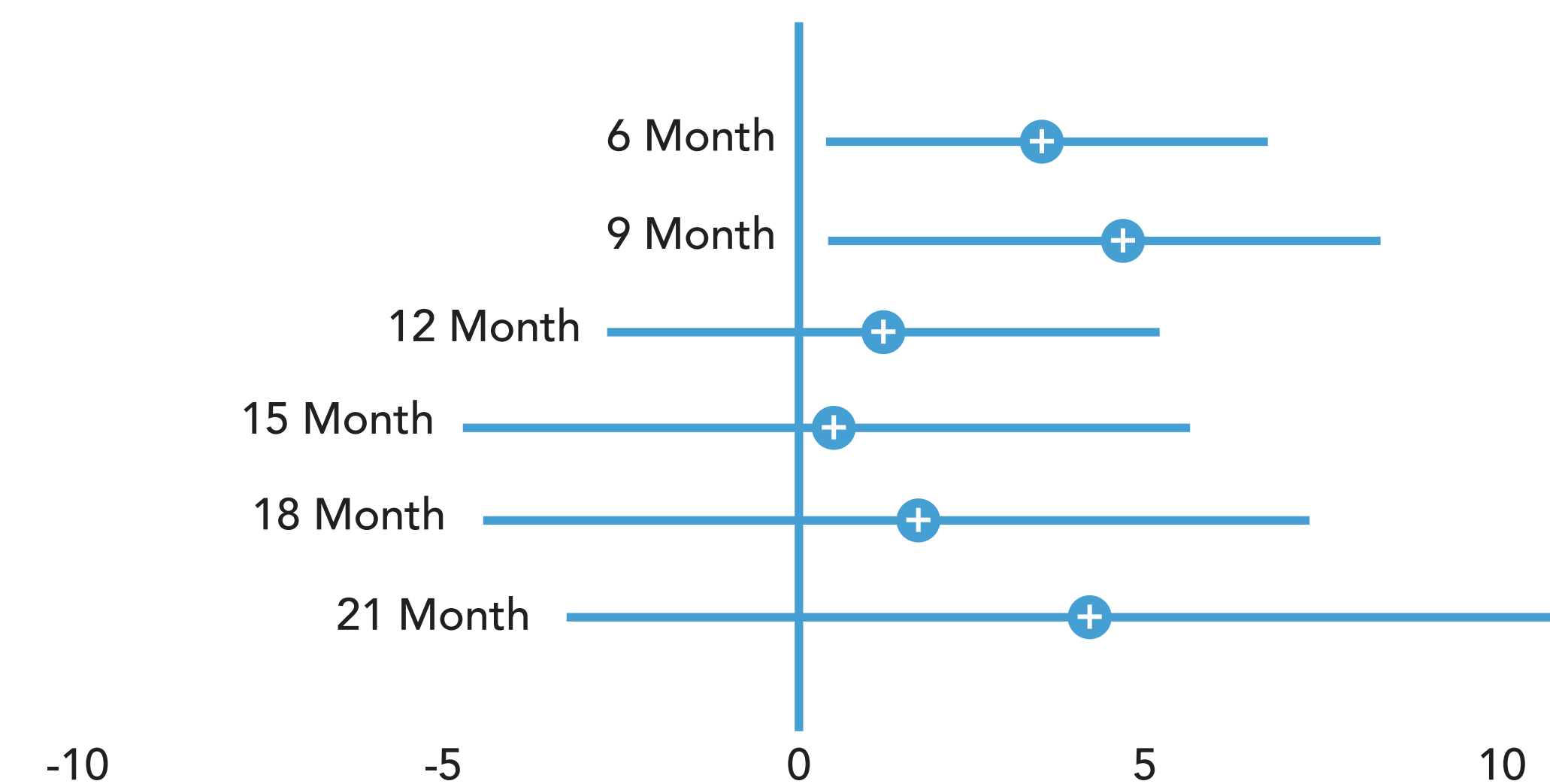


Table 2. Patient quality of life qualitative findings

Domain	Quote
Physical	<p>"[My care guide] asked how I felt and how things were going medically with me, from my health standpoint. Basically, I have the congestive heart failure which slowed me down because of the shortness of breath. And she just gave me encouragement, because I...made up my mind I'm going to do what I want. Like one of the things, the doctor told me to lose weight. And I had gained weight. But I started to lose, and she just kept giving me encouragement that way."</p> <p>– NN, heart failure, age 77, with LC 16 months</p>
Social	<p>"Talking about end of life issues, you don't talk about it, husband and wife. It's like, if I would ever say anything about senior living, [my husband] would change the subject, and I would let it drop. And [our care guide] has brought us into facing the reality of the possibilities and has helped [my husband, daughter and me] realize more that we do have to deal with these issues."</p> <p>– AD, husband diagnosed with heart failure, age 85, with LC for 9 ½ months</p>
Emotional	<p>"It is an important part of healthcare, because the person who is sad or anxious or worried or hurt is not very healthy. Those emotional aspects intertwine with the other things that are the facts. I think you guys are doing a great job, and I think this study is going to be very valuable. People think they know what old people like, and sometimes they don't. You need to ask that person, if that person will tell them, what they like or don't like or what pleases them or whatever."</p> <p>– JS, dementia and cancer, age 90, with LC for 9 ½ months</p>
Functional	<p>"I think it's made me a lot more alert to not only my situation, but also [my wife's]. She's also 85, so we both know that we have limitations."</p> <p>– JD, heart failure, age 85, with LC for 9 ½ months</p>
Palliative	<p>"That's been huge, and [my care guide] is primarily responsible for that. Otherwise I would have been afraid to question my cardiologist about it, because if they say you should do it, you do it. Because of [my care guide], I was able to say 'why do I need to do it?' and actually feel like I had some control over my treatment."</p> <p>– JB, heart failure, age 58, with LC 17 months</p>
Overall	<p>"I love you all to pieces. I could not have believed, like I said, I was very suspicious in the beginning of this, 'Okay, what do you want to do to me now?' ...But I found that somebody cared about how I was doing each day. It has incredibly changed everything. It has changed, as I said before, the way the doctors treat me. It has changed so many pieces of the puzzle. It has changed the fact that I was alone here, and everybody was so busy."</p> <p>– BK, heart failure, age 76, with LC 10½ months</p>

CONCLUSIONS

- LifeCourse helped maintain stability or even improve some QOL domains. This is notable because late life patients face declining health.
- LifeCourse assessments of patient QOL meet a need for vital information about patient and the role of health care delivery for whole-person care.
- Whole-person supportive care interventions like LifeCourse are a promising approach for patients affected by complex chronic illness at the end of life.