

## **NRI 97-022 Outcomes Assessment for Dementia Care: Development of a Module**

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### **BACKGROUND / RATIONALE:**

Within the next decade, the aging veterans will have a dramatic effect on the VA health care system. The number of veterans with dementia, a common disease of the aged, will increase with the growth in the number of veterans 75 and older. With the VA striving toward increasing productivity and providing "best value" health care, the effectiveness of services and treatments for persons with dementia needs evaluation. Currently, there are no standardized measurement packages permitting meaningful and informative comparisons of data from independent assessments of treatment effectiveness.

### **OBJECTIVE(S):**

The long-term goal of this research is to improve treatment of veterans with dementia by providing reliable, valid information about the outcomes of VA services. We will develop and validate an outcomes assessment module for persons with dementia receiving care in an outpatient setting.

### **METHODS:**

The field test of the Outcomes Module for Dementia (OMD) uses a cross-sectional design to examine acceptability, reliability, and validity; and a longitudinal cohort design to examine change over time within and between subjects. Subjects (patients and their caregiver) are recruited from three clinic sites, two primary care geriatric clinics (one VA and one university-based) and a specialty neurology and psychiatry practice. Inclusion criteria consist of an ICD-9 recorded diagnosis of dementia and a scheduled clinic visit at the time of recruitment. Exclusion criteria are age: less than 65, nursing facility resident, lack of an identified caregiver, or MMSE score less than 13. Data collection consists of OMD instruments and two validation instruments. The OMD contains three parts: a patient interview, a caregiver questionnaire about the patient, and a caregiver questionnaire about the caregiver. Psychometric analyses of the OMD will include examination of test-retest reliability, internal consistency of OMD scales, and concurrent validity (OMD scales compared to validation measures).

### **FINDINGS / RESULTS:**

Data collection has been completed. Sixty dyads completed baseline and retest instruments. One hundred fifty dyads completed baseline and 113 completed six-month follow-up instruments. The patient interview was conducted by trained research assistants. The caregiver instruments were self-administered. Chart reviews were conducted to provide additional medical information.

### **STATUS:**

Data analysis is in process.

### **IMPACT:**

As the VA develops new programs, implements practice guidelines, and moves patients from specialty to primary care, aggregate patient data that focuses on outcomes of care for persons with dementia will be valuable in evaluating the cost-effectiveness of such changes. The development of an outcomes module for veterans with dementia will contribute to the quality and efficiency of VA health care for veterans with dementia through its use in evaluating treatments and services offered to veterans.

### **PUBLICATIONS:**

Conference Presentations / Abstracts

1. Beck C., Cody M., Souder E., Zhang M.. Dementia Guidelines: Proliferation, Ambiguity, and Costs of Implementation.. Gerontological Society of America 51st Annual Scientific Meeting Philadelphia, PA 1998.