

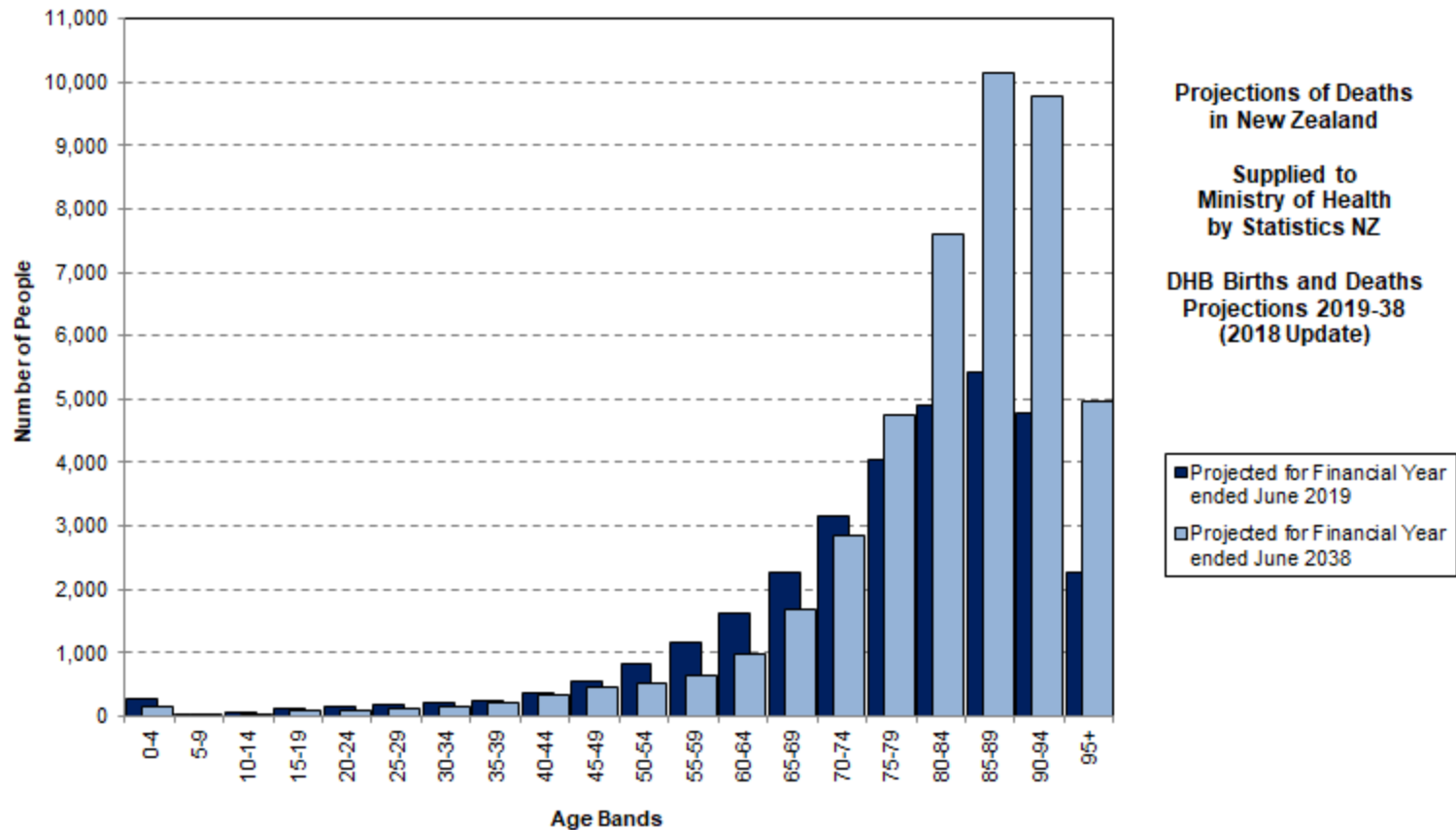
Trajectories of Care at the End of Life

The value of interRAI data

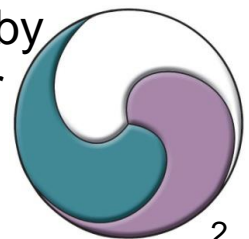
interRAI Knowledge Exchange Forum
Wellington, 4 March 2020



Ageing of Deaths 2019 to 2038

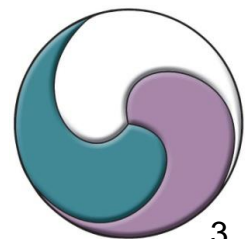


Statistics NZ projects for the Ministry of Health in the “2018 Update” that total deaths will increase from **32,600** a year in FY2019 to **45,500** a year by FY2038, an increase of **40%**. There are two important effects: the greater number of deaths and the ageing of those deaths.

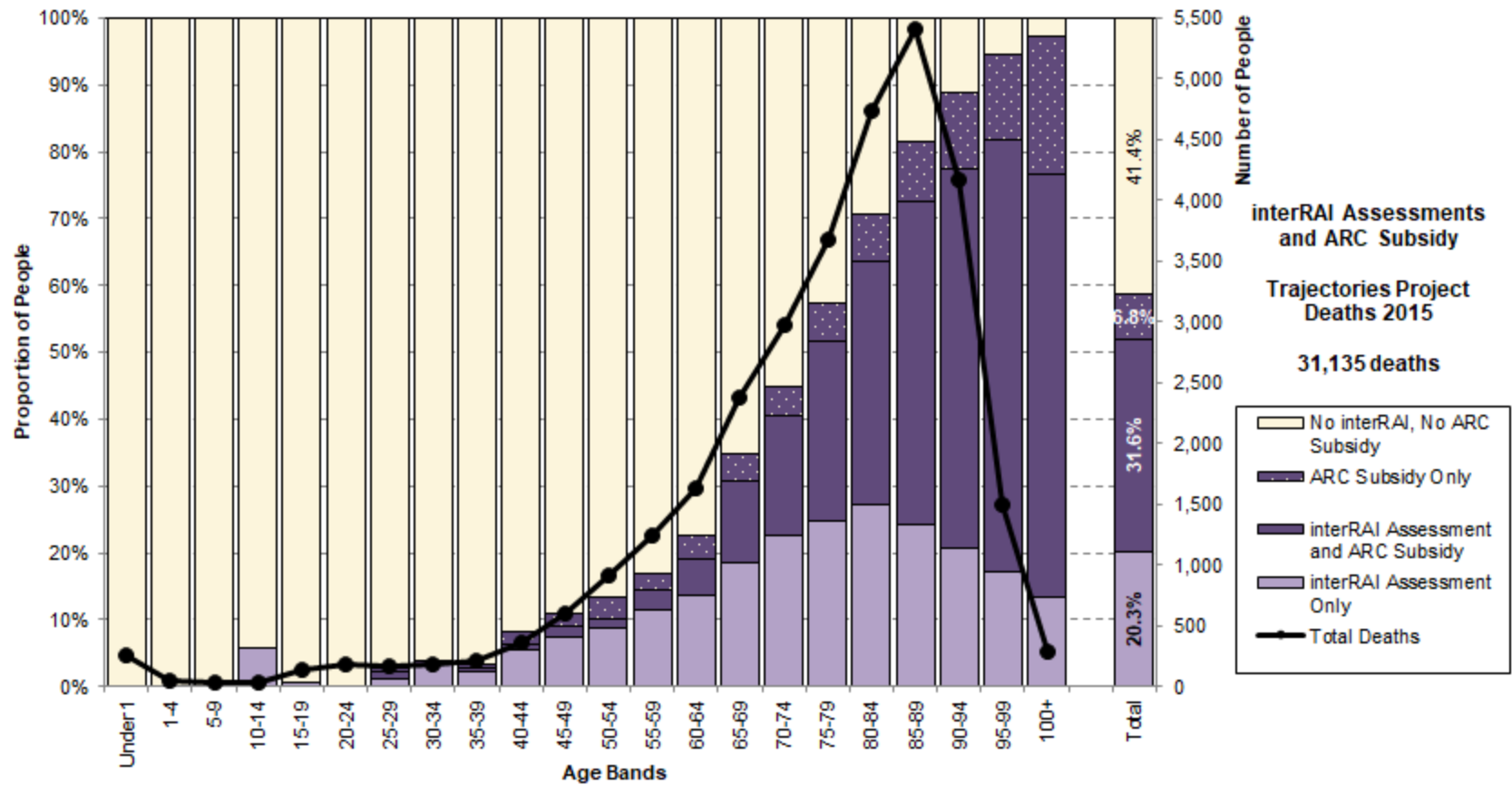


Trajectories Study Data

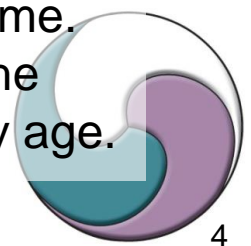
- Linked data sets for **all deaths occurring and registered in 2015**
 - Mortality Collection (MORT)
 - New Zealand Cancer Registry (NZCR)
 - National Minimum Dataset (Hospital Events) (NMDS) - inpatients
 - National Non-Admitted Patients Collection (NNPAC) - outpatients
 - PRIMHD mental health data (PRIMHD)
 - Laboratory Claims Collection (Labs)
 - Pharmaceutical Collection (Pharms)
 - PHO Enrolment Collection (PHO)
 - General Medical Subsidy Collection (GMS) – other GP used
 - Disability Support Services (SOCRATES)
 - Aged Residential Care Subsidies (CCPS)
 - interRAI Assessments (interRAI)
 - History of Hospice Care and Hospice IPU for all hospices



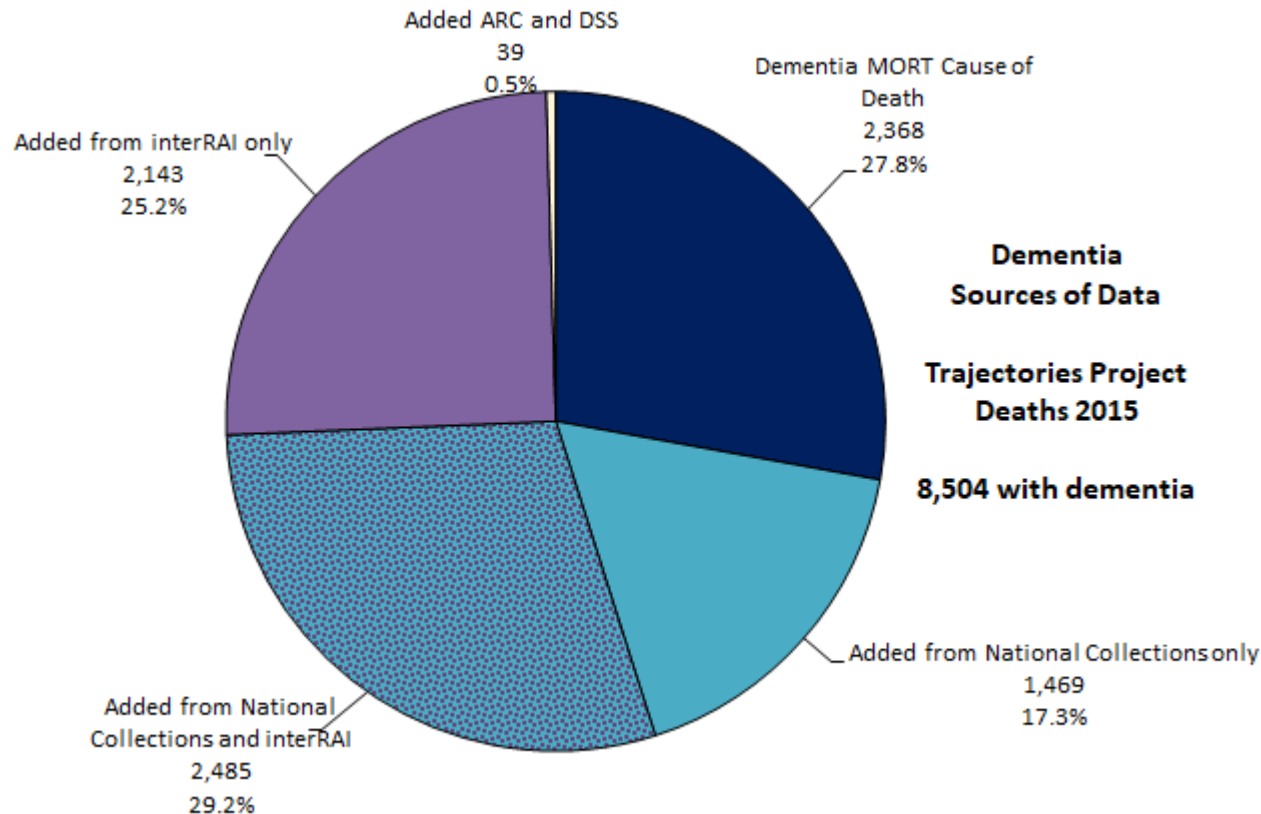
interRAI Assessment, Potential



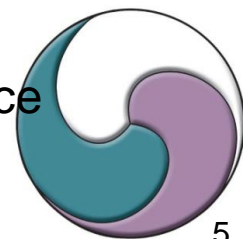
We received 30,928 assessments for the 31,135 deaths. 51.8% of people had one or more assessments. A further 6.8% had an ARC subsidy at some time. With assessments mandatory in aged residential care from 1 July 2015, the potential total interRAI is 58.6% of all deaths, with a very strong pattern by age.



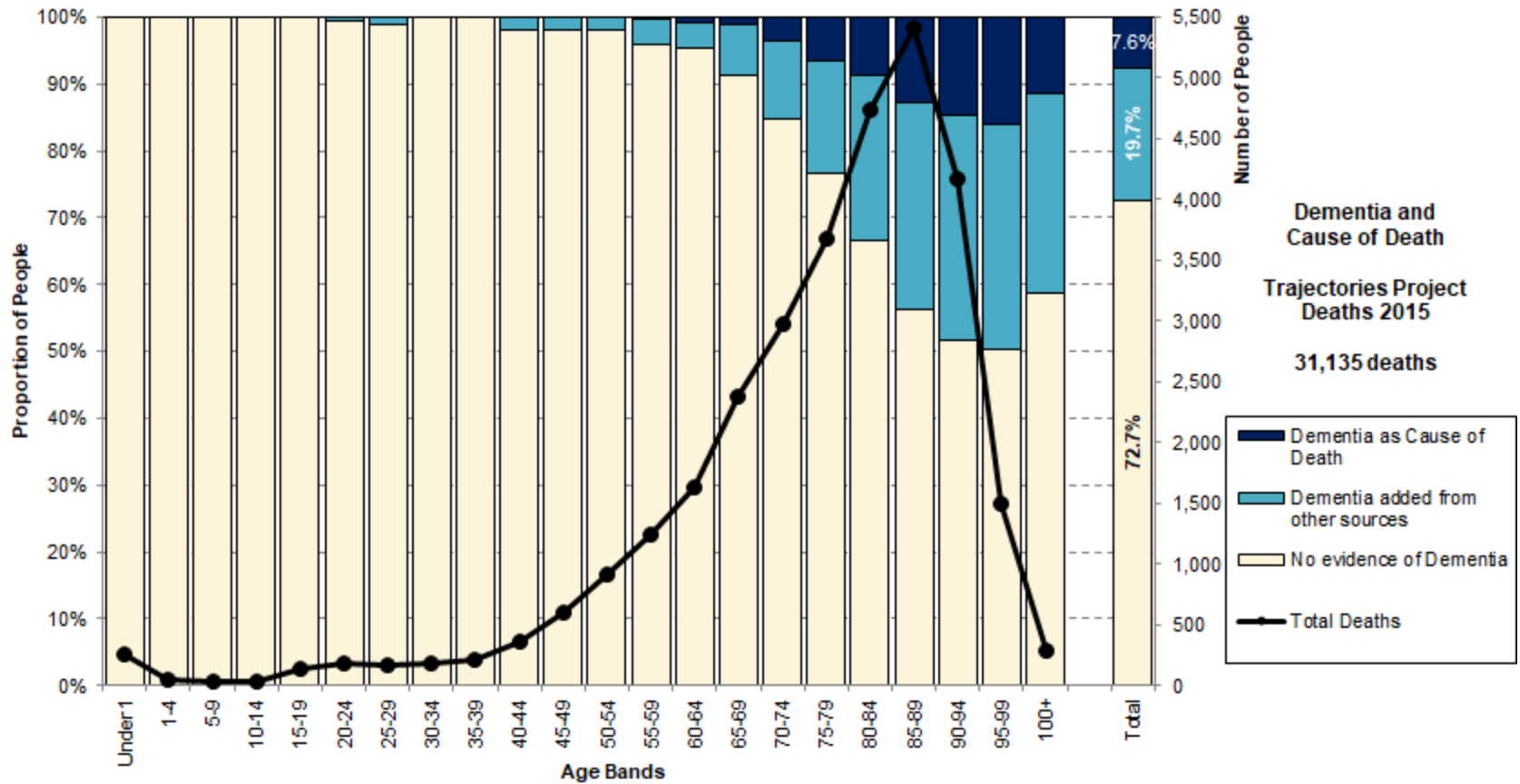
Dementia Sources of Data Importance



27.8% of all dementia identified from mortality data. This shows the impact of the main sources of data and the extent of overlaps. National Collections (NMDS and PHARMS) and interRAI (diagnosis and Cognitive Performance Scale) are the most important sources. There is significant overlap.



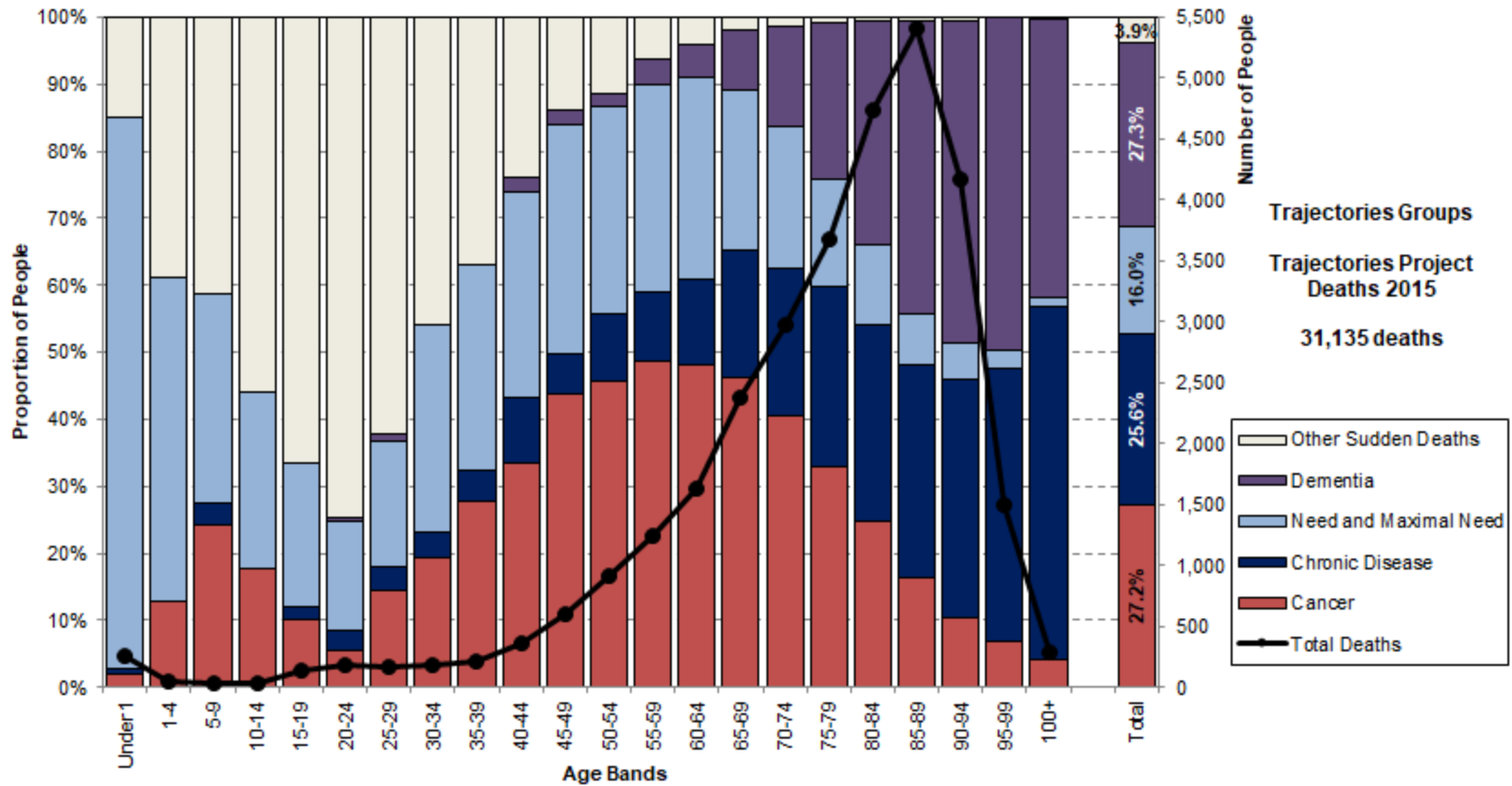
Dementia and Cause of Death



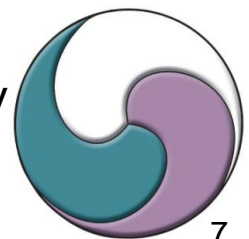
Dementia is known to be poorly represented as a cause of death. Only 7.6% of all deaths identified as having a form of dementia from mortality data. By combining any evidence of dementia from other sources, we find that a further 19.7% have dementia, making 27.3% of total deaths.



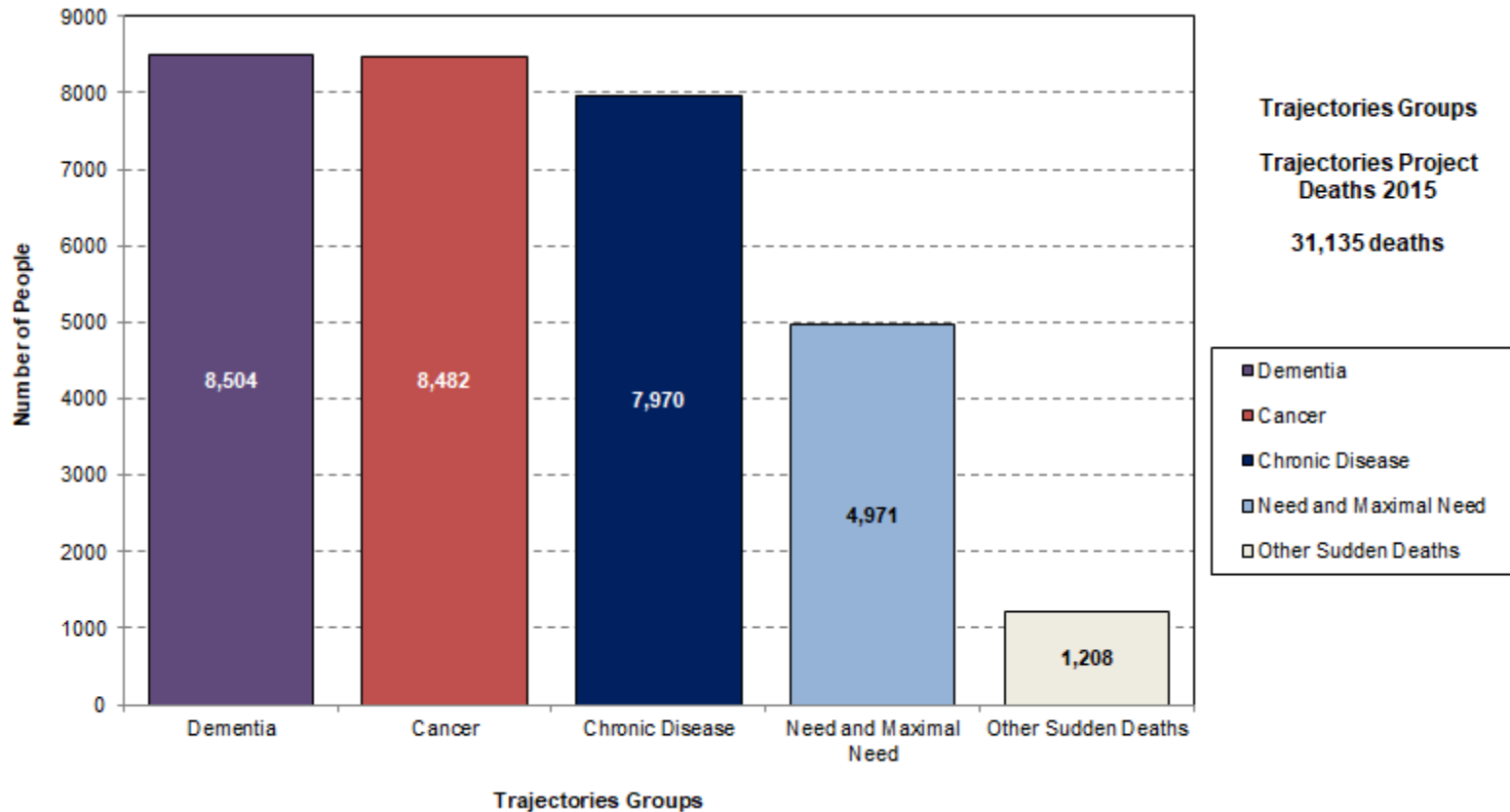
Trajectories Groups



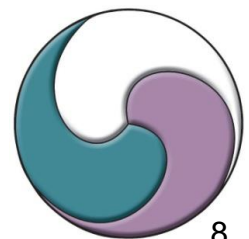
Trajectories Groups allocated sequentially: Dementia, Cancer (diagnosed cancer, died of neoplasm), Chronic Disease (needing ARC or interRAI assessment for home care), Need and Maximal Need (including Disability Support Services), Other Sudden Deaths.



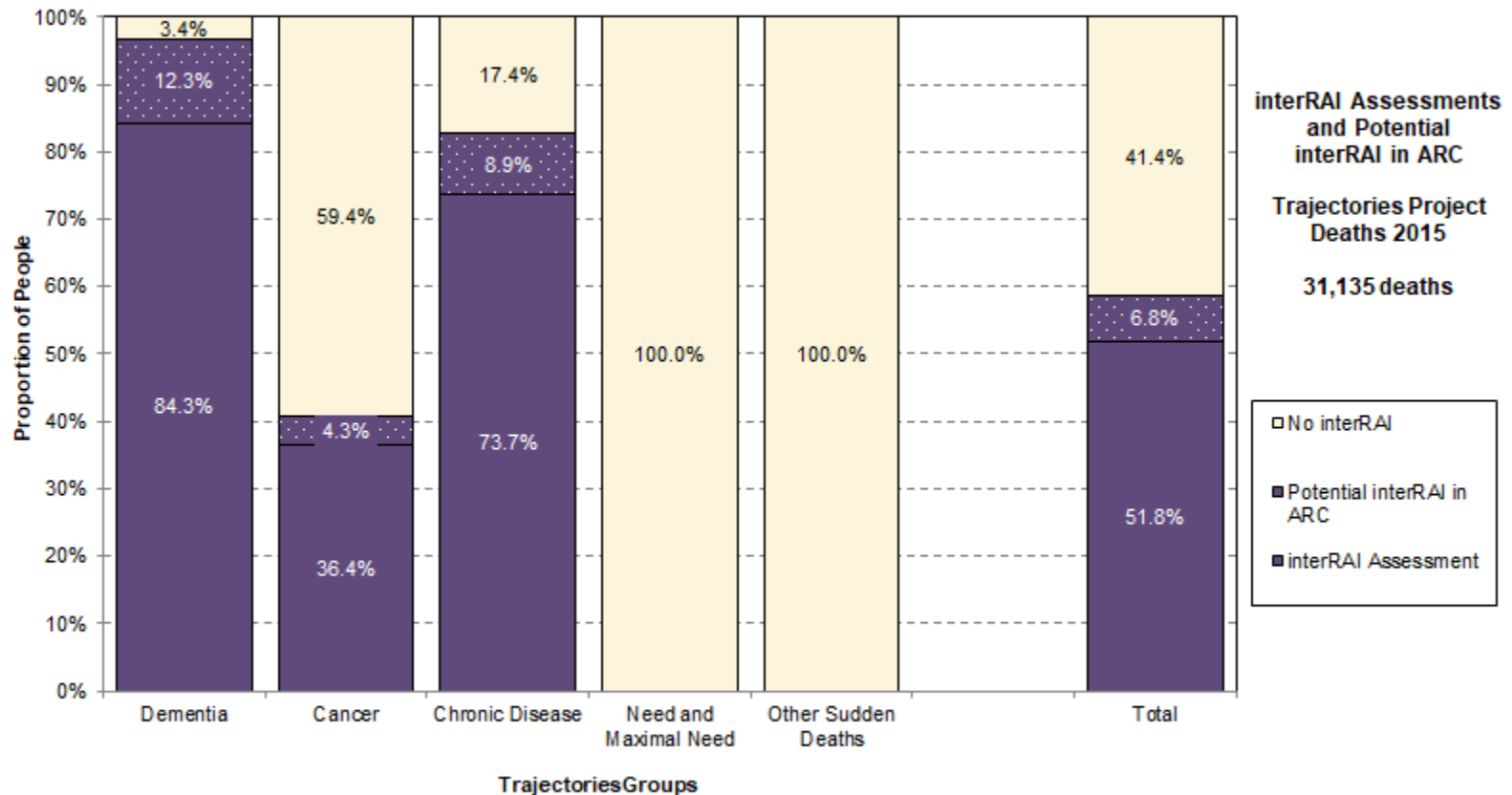
Trajectories Groups



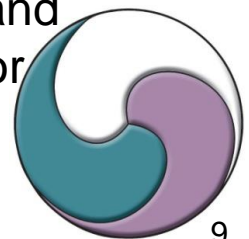
The groups are allocated from left to right. The Dementia and Cancer groups are large in their own right. The amalgamated Chronic Disease group is almost the same size. The analysis that follows will typically use these five major groups.



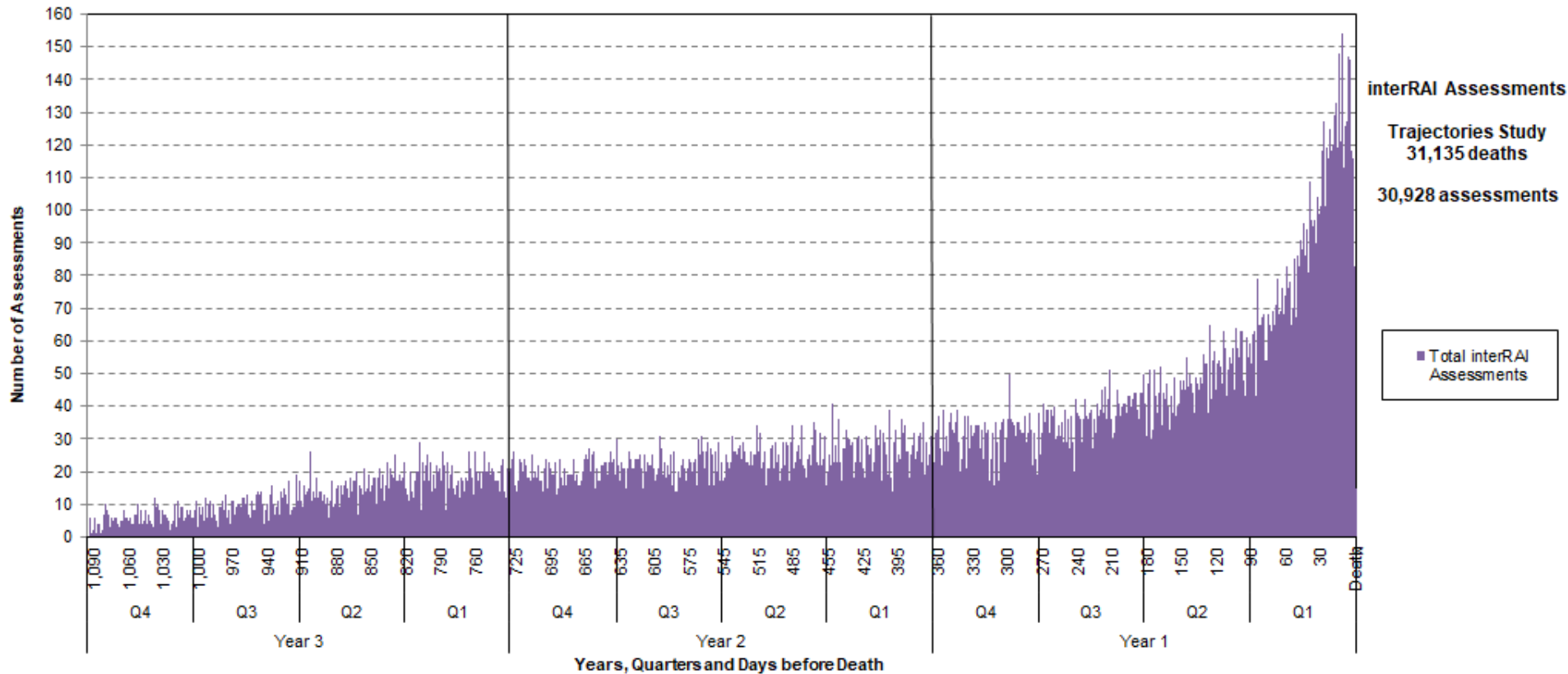
interRAI Assessment, Potential



The potential total of assessments (including all in ARC) is 58.6% of all deaths. Almost the whole Dementia group has an assessment (96.6%), and this does not yet include those not giving consent to share data. 82.6% for the Chronic Disease group and only 40.6% for the Cancer group.

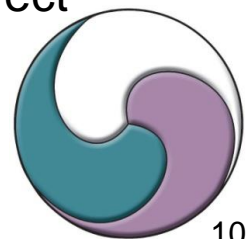


Time of interRAI Assessments

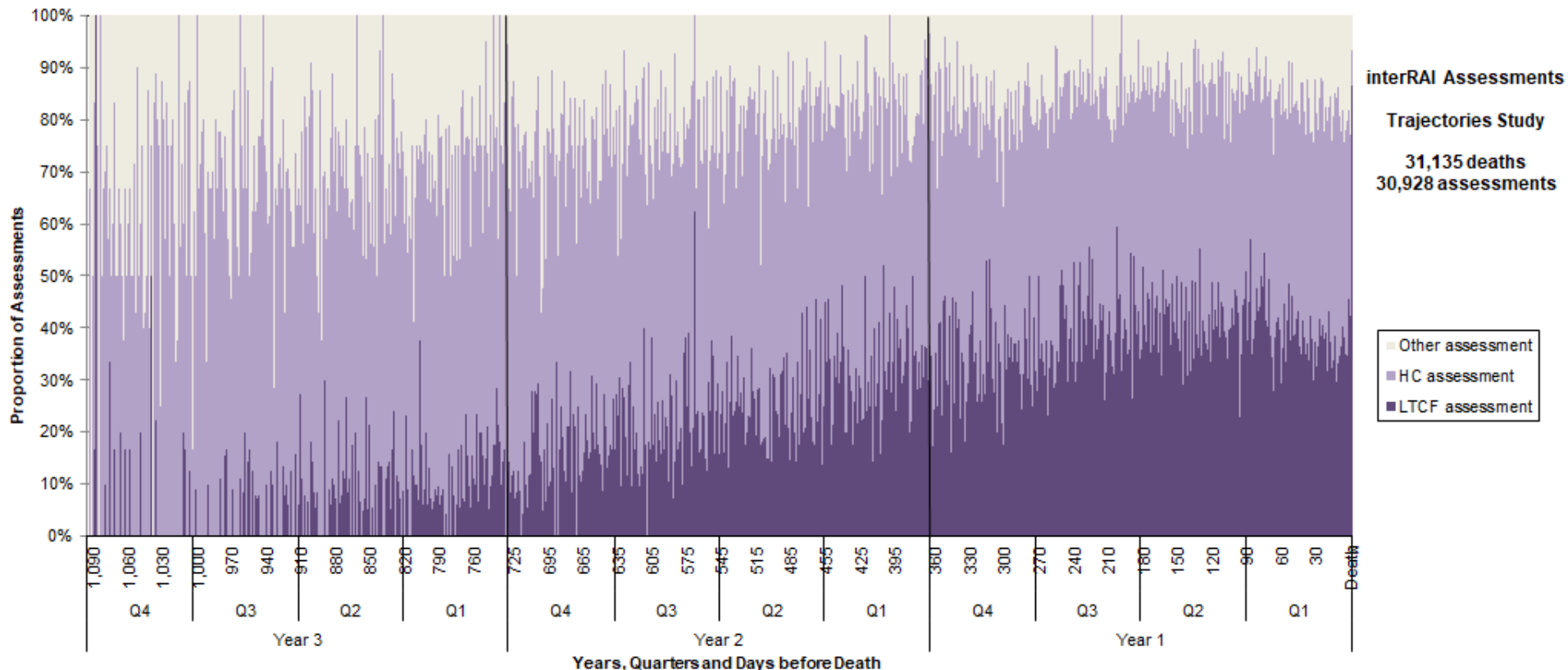


Number of interRAI assessments graphed each day.

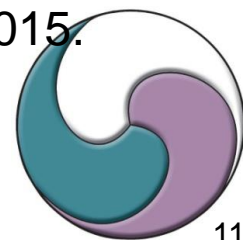
Strong relationship of number of assessments with time before death. Effect of introduction of interRAI, particularly the LTCF, in final year. May look different if study conducted in later years.



Type of interRAI Assessment



Use of LTCF linked to timing of entry to aged residential care. However, this pattern is affected by the compulsory introduction of LTCF from 1 July 2015.



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bode³

Burden of Disease Epidemiology, Equity
and Cost Effectiveness Programme



W E L L I N G T O N



**Body, Mind, Soul
Earth**

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