What is COLLAGE, Overview

A consortium of aging services organizations, including CCRCs, moderate income and federally subsidized housing, and home care and community-based agencies using an evidence-based assessment tool and person-centered process to advance healthy aging and improve outcomes of older adults living independently.

- Membership Consortium
  - 65 non-profit sites
  - 22 states

- Evidence-based Tool
  - identifies health needs, risks, and interests
  - improves individual and community outcomes

- National Data Repository of Well Older Adults
  - secure/confidential
  - over 20k assessments representing over 8k clients
  - benchmarks outcomes
  - interventional research, public policy

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Membership States

click on a state to view the members

COLLAGE Membership– types

Count

Legend:
- CCRC sites
- At Home sites
- Housing sites
- Other

Values shown: 32, 4, 19, 3
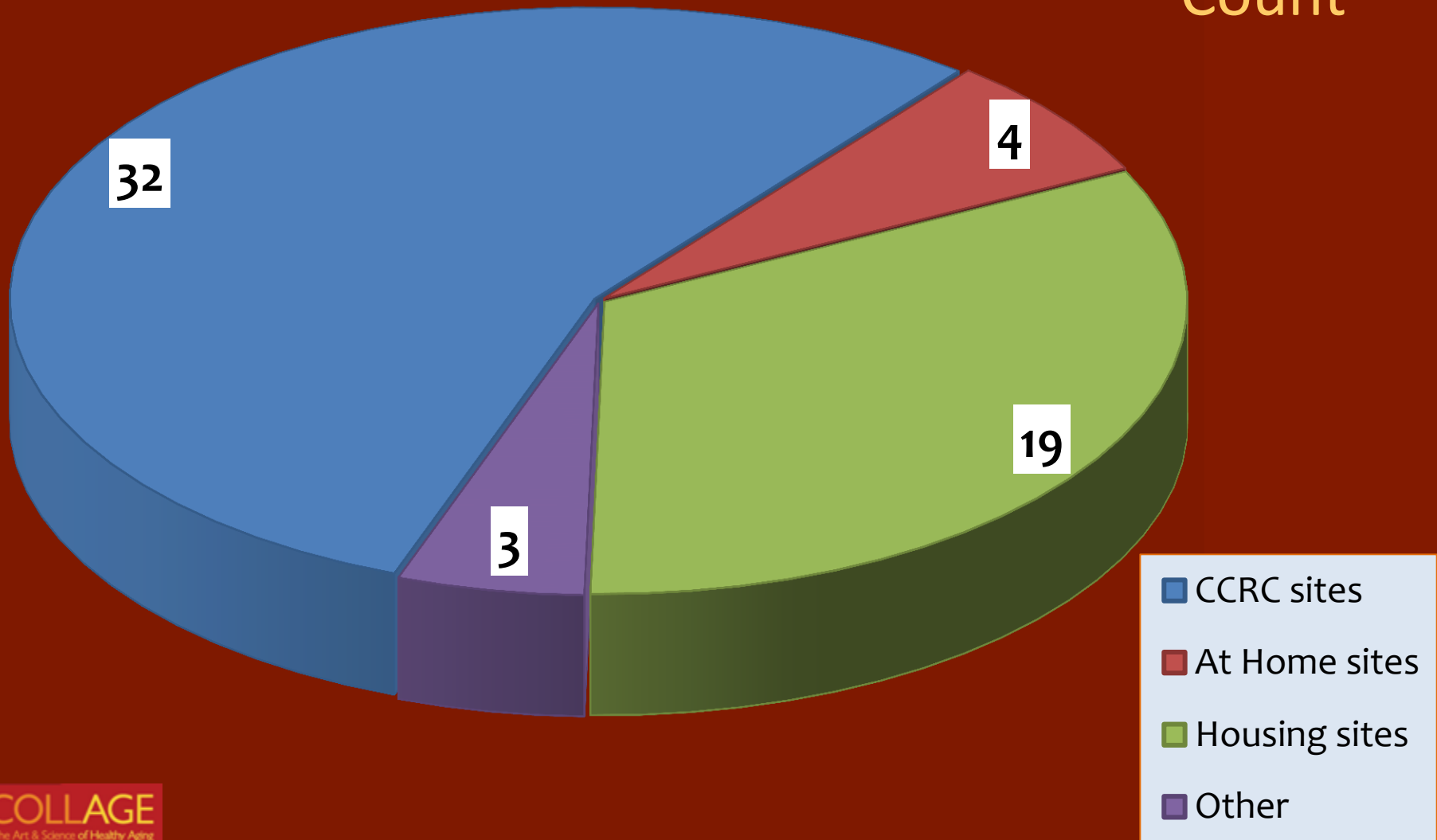
- **Joint venture** between Kendal Outreach, LLC and the Institute for Aging Research at Hebrew SeniorLife

- **Over 60 non-profit sites** in 22 states

- Guides the development of highly **personalized individual healthy aging plans**

- **Targets large scale health and wellness programs** to match changing needs of older adults

- **COLLAGE national data repository** for comparative benchmarking and quality improvement

- **Return on investment** is better healthy aging outcomes

Assessment Process

Who?

- Nursing, social service, fitness, wellness staff
- Independent or assisted living residents

Why?

- Improve healthy aging
  - individuals
  - community
- Target resources to resident goals
- Inform need for service decisions
- Strengthen program planning

Healthy Aging Assessment Conversation

"I felt so free when I was done with my conversation – it was as if everything was laid out on the table and I had someone there willing to help me with things of concern. I left there feeling so free and unburdened. It was a great experience. Everyone should do it."

-- Resident, Westminster Canterbury Richmond, Richmond, VA

- Staff person one-to-one with resident
- Once every 9 months to 1 year
- In office or home
- One hour for conversation
- Data recorded in software (web-based)

COLLAGE Assessment Tools: Key Features

- Comprehensive - 20 core assessment components

- Holistic snapshot of individual

- Part of an assessment suite developed by interRAI and used in over 92 countries

- Evidence-based: standardized and validated through international scientific studies

Core Assessment Sections

Community Health Assessment (CHA)	Wellness Assessment (WA)
Demographics	Exercise/Physical Fitness
Cognition	Recreation/Activities Involvement & Preferences
Communication/Vision	Falls
Mood	Sleep and Nutrition
Psychosocial Well-being	Emotional
Functional Status (ADL/IADL)	Memory & Communication
Continence	Spirituality
Diseases & Health Conditions	
Nutrition	
Medications	
Treatments & Procedures	
Social Relationships	

Reports Guide

- Programs and Planning
- Comparisons with other communities
- Evaluation and resources
- Benchmarking individuals and the community

- Preventions services
- Diagnostic areas
- Fitness
- Community participation
- Correlation of services to health outcomes

Impact for Individuals

- Customizes resident goals into a healthy aging plan, wellness roadmap

- Identifies issues in six wellness domains

- Records personal strategies suggested by COLLAGE healthy aging coach

- Provides staff and client feedback loop

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Impact for Community

- Falls and balance programs ("Got Water?")
- Spiritual wellness ("Joy of Living")
- Memory enhancement and support programs ("Covered Bridge")
- Bereavement support groups
- Aging Enriched Resource Center
- Exercise and Tai Chi for managing arthritis
- Yoga for managing depression and anxiety
- Library and book clubs
- Targeted educational materials
- Added PT/OT services, in-house
- Exercise/cognitive behavior for managing pain

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Impact on Management and Operations

- **Identifies needed services** to maximize abilities/functions

- **Facilitates data-based decisions** about risk, needs and interests

- **Emphasizes health promotion** and adaptation

- **Assists with accreditation**

Impact on Management and Operations

☐ **Improves planning, evaluation** and continuity of health and wellness operations

☐ **Leverages** data (grant funding)

☐ **Improves** financials (actuarials)

☐ **Measures** healthy aging leading to **improved outcomes**

Reports Overview

Individuals	Organizations
o Assessment Responses/Comparison	o Resident Profile
o Medications	o Medications
o Diseases	o Diseases
o Triggers (includes data item analysis)	o Triggers Summary
o Healthy Aging Plan	o Assessments Due
o Assessments Due	o **COLLAGE Repository**
	o **Ad Hoc**

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COLLAGE Repository:

Sample data on health promotion and health issues

HEALTH/MENTAL HEALTH STATUS

Item	Member	Consortium	Comparison
Health Promotion/Maintenance			
Blood Pressure measured in last year	93%	97%	92%
Colonoscopy Exam in last 5 years	61	67	59
Dental Exam in last year	85	88	78
Eye Exam in last year	79	85	77
Influenza Vaccine in last year	85	91	72
Mammogram in last year (for women)	46	48	18
Pneumovax Vaccine in last 5 years	65	69	52
Health Issues			
Falls: two or more in last 90 days.	13%	14%	31%
Pain: one or more periods of pain each day over last three days.	15	23	51
Weight Loss: either 5% unintended weight loss in last 30 days or 10% in last 180 days.	5	4	9
Bladder Incontinence: daily episodes of incontinence with some control, e.g., during the day, or always incontinent.	7	7	18

COLLAGE Repository:

Sample data on prior service use and pain scale

PRIOR SERVICE USE

| Item	Member	Consortium	Comparison
Hospital Admissions: any overnight hospitalization in last 90 days.	6%	8%	6%
Emergency Room Visits: any ER use without an overnight stay in last 90 days.	6	7	5
Physician Visits: any visits in last 90 days.	89	80	80

SUMMARY STATUS MEASURES

Pain Scale

The Pain Scale is used to examine prevalence of pain. The scale is derived from the pain items in the Minimum Data Set (MDS). It has been validated against the Visual Analogue Scale (VAS). The pain scale examines the frequency & intensity of pain shown by an individual.

|			
No Pain (0.1 VAS)	75%	60%	65%
Mild Pain (1.4 VAS)	15	19	17
Moderate Pain (3.8 VAS)	10	17	17
Severe Pain (5.0 VAS)	0	4	2

Ad Hoc Reporting

- Opens the door to site-specific reporting
- Analyze two or more data items from assessments
- Examples – two and three data items
  - Residents with daily pain and interested in help
  - Residents impacted by stress and want to speak with someone about it
  - Residents satisfaction with fitness, interest in a fitness program, and pain is obstacle

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Residents with daily pain and interested in help
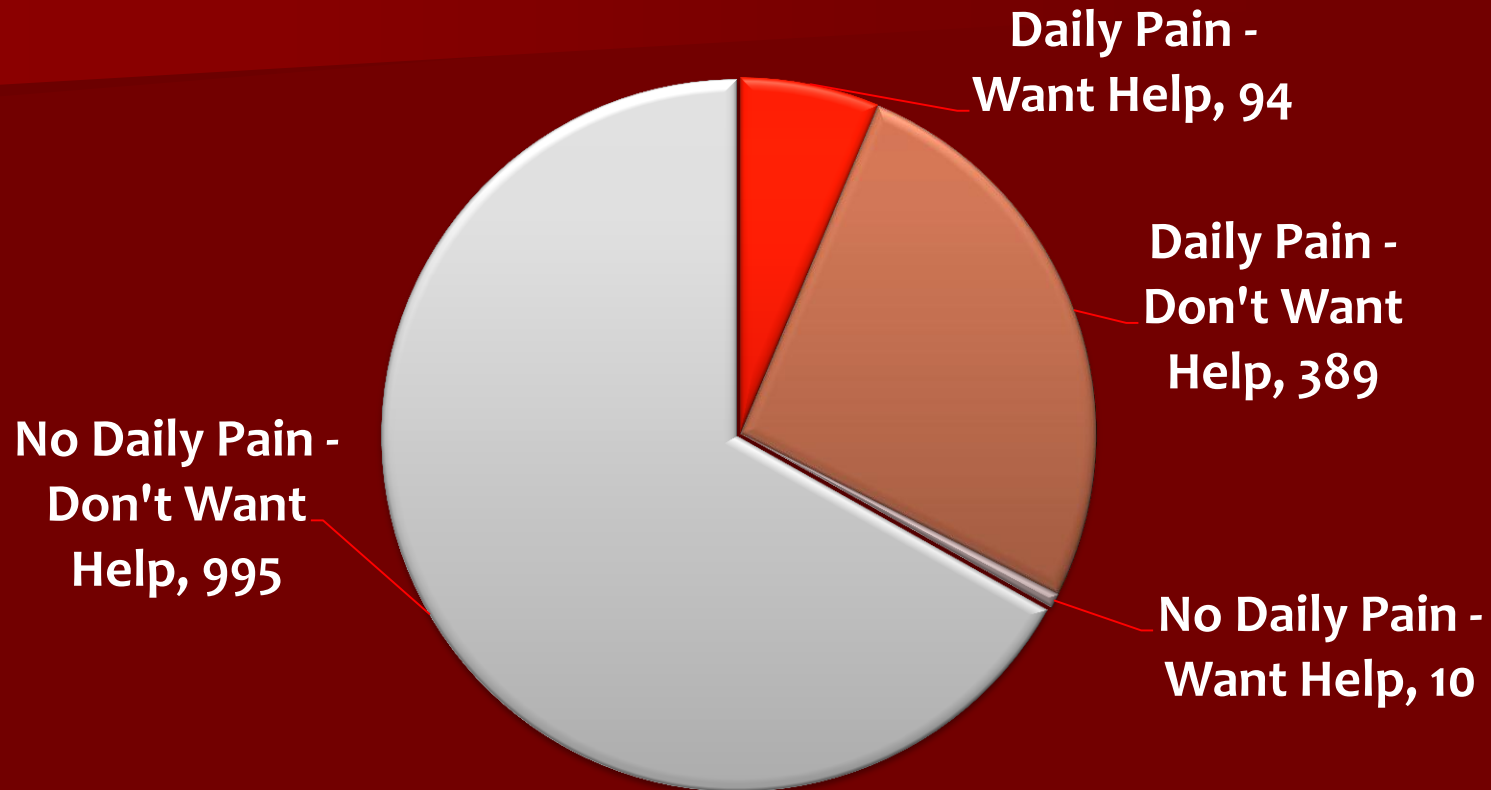
Daily Pain - Want Help	94
Daily Pain - Don't Want Help	389
No Daily Pain - Want Help	10
No Daily Pain - Don't Want Help	995

Residents impacted by stress and want to speak with someone about it
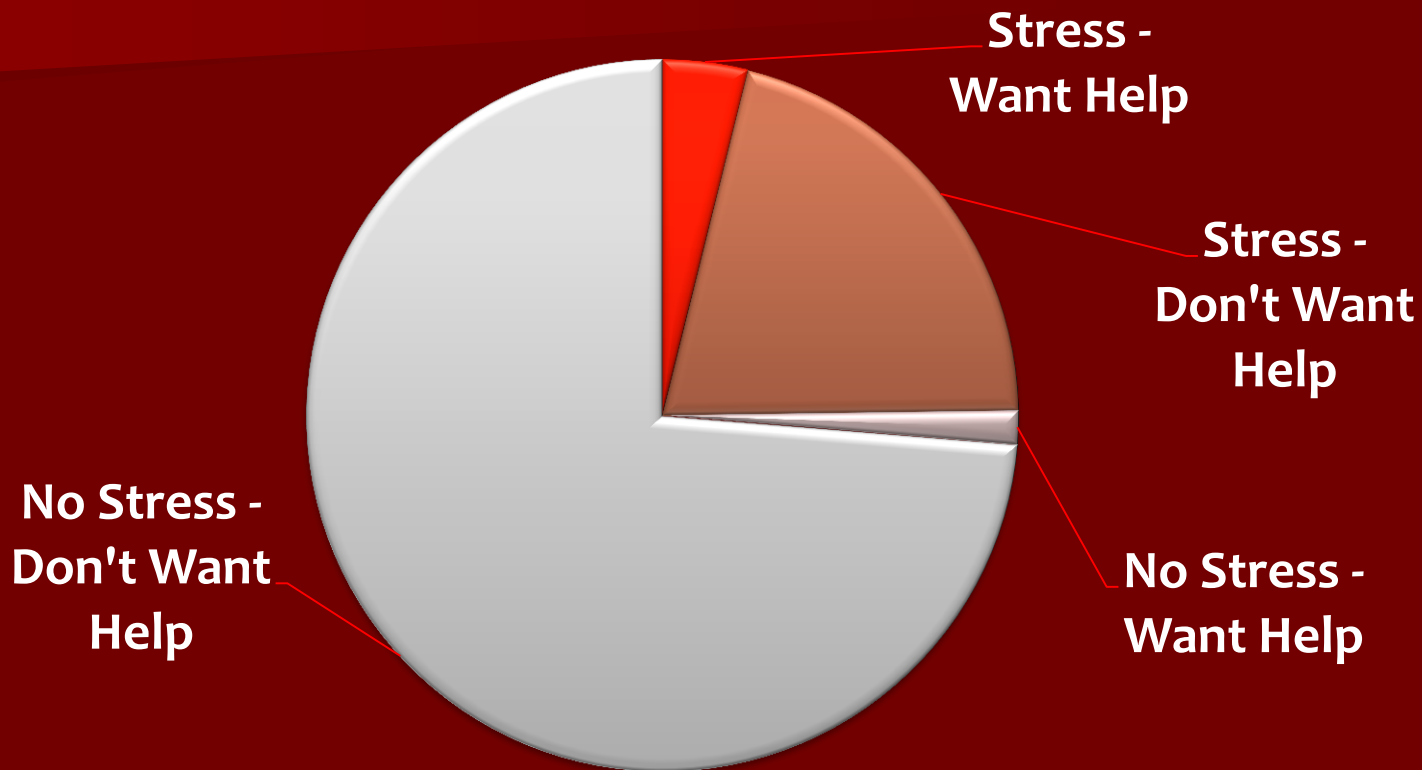
Stress - Want Help	54
Stress - Don't Want Help	292
No Stress - Want Help	21
No Stress - Don't Want Help	1029

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Residents satisfaction with fitness, interest in a fitness program, and pain is obstacle

Satisfied with Fitness -- 58%				Not Satisfied with Fitness - 42%			
Wants a fitness program		Does not want fitness program		Wants a fitness Program		Does not want a fitness program	
Pain obst	Pain no obst	Pain obst	Pain no obst	Pain obst	Pain no obst	Pain obst	Pain no obst
101 or 3%	450 or 12%	217 or 6%	1328 or 37%	385 or 11%	208 or 6%	653 or 18%	296 or 8%

COLLAGE data is the engine that drives your Wellness Program operations