



Laura Block, PhD, RN

Postdoctoral Fellow

University of Utah

"This award will provide me with training on leveraging high frequency, linked nursing home EHR, Minimum Data Set, and Medicare claims data to identify and validate indicators of emerging palliative care needs, informing research on improving timely access to palliative care among nursing home residents."

Dr. Block is a postdoctoral fellow at the University of Utah College of Nursing. Her research focuses on improving care for nursing home residents, particularly those living with dementia and experiencing unmet palliative and behavioral health needs. She uses mixed methods approaches, combining large-scale data analysis with qualitative inquiry to identify patterns in resident symptoms and needs and to inform strategies to improve care delivery. Her current research examines indicators of palliative care needs and seeks to develop resident- and family-centered interventions that integrate palliative and behavioral health approaches to improve symptom management at the end of life.

Evaluating Nursing Home EHR Data for Emerging Palliative Care Needs

One in five older adults dies in a nursing home, where palliative care can improve symptom management and care planning, yet many residents do not receive it in a timely way. Current approaches to identify residents eligible for palliative care are few and rely on limited data, often missing opportunities to identify residents with emerging palliative care needs earlier. This project will use detailed electronic health record (EHR) data, linked to the Minimum Data Set (MDS) and Medicare claims, to identify and test indicators of emerging palliative care needs. This award will provide Dr. Block with the necessary training and experience using the Long-Term Care (LTC) Data Cooperative data resources to: (1) Identify and characterize EHR-derived indicators of emerging palliative care needs among nursing home residents; and (2) Develop and evaluate an EHR-enhanced measure of emerging palliative care needs and compare it with MDS and claims-based approaches to assess improvements in timeliness and identification of residents who may benefit from palliative care. This project will generate critical evidence on whether EHR-derived indicators can identify emerging palliative care needs earlier, more accurately, and at scale compared to MDS-based approaches and Medicare claims. These findings will inform the development of an EHR-enhanced measure that leverages high frequency clinical data to identify actionable needs during periods when palliative care can meaningfully influence symptom management and care planning. This work will lay the foundation for future research to develop and implement scalable, data-driven strategies to improve timely access to palliative care among nursing home residents.