Older patients represent a heterogeneous population often with 3-5 coexisting conditions and difficulty with key activities of daily living. Geriatricians often assess the older patient by performing 45-60 minute geriatric assessment using a diversity of tools. However, the ability to risk-stratify older patients in a simple systematic way that can be used by other primary care and subspecialty providers has not been easy to define. Moreover, identifying risk often does not mitigate, manage, or track it. The use of technology and remote monitoring can provide an opportunity to more accurately assess and monitor older patients, and then allow monitoring of these patients. Eventually, the data can be used to create predictive algorithms not only for bad health outcomes but for independent living. Research with older individuals is not easy, and technology use, adoption, and adherence in this population is also a challenge. Moreover, performing studies in a large population requires a scalable approach to recruitment, procurement, consenting, installation, tracking, and analytics.

**ABSTRACT:**

Older patients represent a heterogeneous population often with 3-5 coexisting conditions and difficulty with key activities of daily living. Geriatricians often assess the older patient by performing 45-60 minute geriatric assessment using a diversity of tools. However, the ability to risk-stratify older patients in a simple systematic way that can be used by other primary care and subspecialty providers has not been easy to define. Moreover, identifying risk often does not mitigate, manage, or track it. The use of technology and remote monitoring can provide an opportunity to more accurately assess and monitor older patients, and then allow monitoring of these patients. Eventually, the data can be used to create predictive algorithms not only for bad health outcomes but for independent living. Research with older individuals is not easy, and technology use, adoption, and adherence in this population is also a challenge. Moreover, performing studies in a large population requires a scalable approach to recruitment, procurement, consenting, installation, tracking, and analytics.

**BIOGRAPHY:**

Dr. Naeim is Professor in Medicine. He serves as the Chief Medical Officer for Clinical Research for UCLA Health as well as Director of Informatics for the Jonsson Comprehensive Cancer Center. He serves as an Associate Director of the Clinical Translational Science Institute and as Director for the Center for SMART Health. He is trained in Geriatric Medicine, Hematology-Oncology, and most recently boarded in Clinical Informatics. As a Physician Informaticist, he supervises the Oncology and Research IT teams for the health system’s Electronic Health Record. He is also leading major innovative projects around Universal Consent for Precision Health and remote monitoring of older patients using wearable sensors and remote monitoring. Given his Ph.D. in Public Policy, Dr. Naeim is an active data scientist with support through R01 grants and PCORI pragmatic trials focused on older and/or cancer populations.