HEALTH IN AGING – A GE FRIENDLY HEALTH SYSTEMS - ?

Common sense

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Nothing to disclose

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What makes this so important – Health in Aging

• NOT healthy aging
• Leading cause of death is now multiple chronic conditions
• Life expectancy - USA on par with CUBA, every other major industrial country is higher than us except Cyprus, Ireland, Portugal
• However, we spend more money per capita on health care than any other country ($4500/per capita)
WHY IS THIS – ROOT CAUSE?

WE HAVE PUT THE DISEASE AT THE CENTER, RATHER THAN THE PERSON

SHOULD BE – WHAT MATTERS TO YOU IS WHAT IS THE MATTER WITH YOU
Why should health systems want to be age friendly – what’s in it for them

“The only Big Data letters I care about are the four Ms — MAKE ME MORE MONEY
Case for Age Friendly Health Systems

- Reduces costs associated with poor quality care
- Supports bundled payments
- Increased utilization of cost-effective services
- Enhanced revenue and market share
Can be applied to multiple settings

Need to assess your own setting

Will give you some examples
Dr. L

- Dr. L is a 78 yo retired pediatrician who has parkinsonism, CAD, and depression. Most recently his has had some increased problems with swallowing with one episode of choking. He also had a recent fall off his electric bike which resulted in road rash and a bruise to his shoulder.

- He lives with his very caring wife, who watches him closely. He has family that lives nearby.

- He takes 8 different medicines, and multiple vitamins
**The 5 Ms – Institute of Health Care Improvement – Business case for becoming an age friendly health system**

<table>
<thead>
<tr>
<th>WHAT MATTERS</th>
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<tr>
<td>MEDICATION</td>
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<tr>
<td>MOBILITY</td>
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<tr>
<td>MENTATION</td>
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<td>MULTIPLE MORBIDITIES</td>
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Many models
So little time?
What has worked
**Advance Care Planning**

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<th>Pick One</th>
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<td>Prepareforyourcare.org</td>
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Ultimately creates a document.

**But** first - talk and discuss.

With COVID even more important - PC Wisconsin website for resources.
Current care planning Mary Tinetti, M.D.
Identify patients priorities – what outcomes do they want from their health

4 areas to stress

• Functioning and autonomy
• Relationships and communities
• Managing your health
• Meaningful things in your life

Start with one goal

Use patients own outcomes and preferences rather then their disease.

Focus on function, not necessarily symptoms
• Really drill down, get specific – what is the thing that is keeping you from doing that. What then medically can we help you with. Are there other activities that might match up with what you are doing

• This can be done by a trained facilitator

• Ex – what do you most want to us focus on (fill in health problem) so that you can do (fill in desired activity) more often or more easily
Statement A – You have been in and out of detox 6 times in the last year. You aren’t following through with your appointments. You better stop drinking or you will die…

Statement B – How is your dog Buster? I know he gives you a reason to keep going. Where does he go when you are in the hospital. What do you say we talk about ways to stay out of the hospital so you can take care of Buster? What ideas do you have about that?
• When asked about his “living will” by his physician sister he states”

• Yes, I have one and I have discussed it with my wife. My kids know about it but do not know where it is. I have not looked at it for probably 10 years

• What advice would you give him?
MEDICATIONS – some thoughts and ideas

- Medication reconciliation
- Evaluate patients goals related to life expectancy and adjust meds for that
- Evaluate meds for potentially inappropriate meds
- Deprescribing
- Example – MedCog
Medication deprescribing

1. Purpose of medication
2. How is patient using
3. “How’s that working for you”
A. Adverse effects
B. Benefits/burdens
C. Conversation
What if they say no - SPIKE

S - setting
P - perception
I - invitation
K - knowledge
E - emotion
S - Summarize recommendations
AND REPEAT
Dr. L

- He takes 8 different medications - lithium, citalopram, metoprolol, rosuvastatin, Sinemet, ropinorole, mirtazapine, Ritalin
- His wife gives him a handful of vitamins in the am
- He has seen his neurologist recently who quered him about whether he noticed any difference from his Parkinson's meds
- What would you like to make sure you do when you visit with him?
- How would you address his recent choking episode?
<table>
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<th>Think about</th>
<th>Think about a patient in the hospital</th>
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<td>Think about</td>
<td>Think PT Medicare rules</td>
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<td>Think</td>
<td>Think COVID and delirium - we have gone backwards</td>
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<td>Think</td>
<td>Think loss of mobility increases risk of death, hospitalizations, falls, declining functional status</td>
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Mobility - can be complex

Factors - balance, meds, sensory issues, footwear, environment, function

Pick a tool and use it - TGUG

Communicate
• After his recent fall, he is concerned about getting on a bike again.

• He continues to participate in various Parkinsons mobility classes, including pilates, boxing and dance although some of this has been restricted by COVID.

• How would you approach his recent fall and his desire to continue to ride his bike.
MENTATION

Depression
Dementia
Delirium
THE 3 DS

Each deserves a separate discussion

Each interacts with each other

All have
Under diagnosis
Under prevention
Under treatment
HELP –
Hospital Elder
Life Program
Dr. Sharon
Inouye

• Targeted patients at risk for delirium
• Predisposing conditions (cognitive impairment, severe illness, visual or auditory impairment
• Hospital acquired conditions - medications, procedures, bed rest
• Team of trained volunteers
**Interventions provide**

- Daily visitor program
- Targeted activities
- Early Mobilization
- Feeding assistance
- Hearing and vision protocol
- Non-pharmacological sleep protocol

**What they provide**

- Orient, socialize
- Keep cognitively engaged
- Walking and ROM
- Companionship at meals
- Adaptive equipment
- Soothing environment, music, herbal tea, hand foot massage
Dr. L

- On questioning, he has been on his multiple psychiatric meds for years and is not willing to change them
- His wife and children have expressed concern about his memory although he denies any issues
- He remains an active reader and is very socially engaged
- Would you change anything at this time
MULTIPLE DIAGNOSES

- All of the above
- Not just treating one disease, treating one person
FOCUS AREAS

• TRANSITIONS - hospital, NH, ALF, independent living, home health, hospice

• Annual Wellness visit - covers 4/5 Ms
  • Mentation - mini Cog
  • Medications - medication reconciliation
  • Mobility - ADLs, IADLs, ?TGUG
  • What matters
• He remains very aware of his multiple medical problems and how they affect his daily life
• He decided to give up driving 6 months ago
• He continues to play tennis with his brother but has adapted his style to fit his mobility needs
• He is an avid fisherman but now makes sure he does not go alone
“We’ve been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really it is larger than that. It is to enable well being. And well being is about the reasons one wishes to be alive.”

- Atul Gawande