HEALTH IN AGING – AGE 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 then us except Cyprus, Ireland, Portugal**
- **However, we spend more money per capita on health care then any other country ($4500/per capita)**

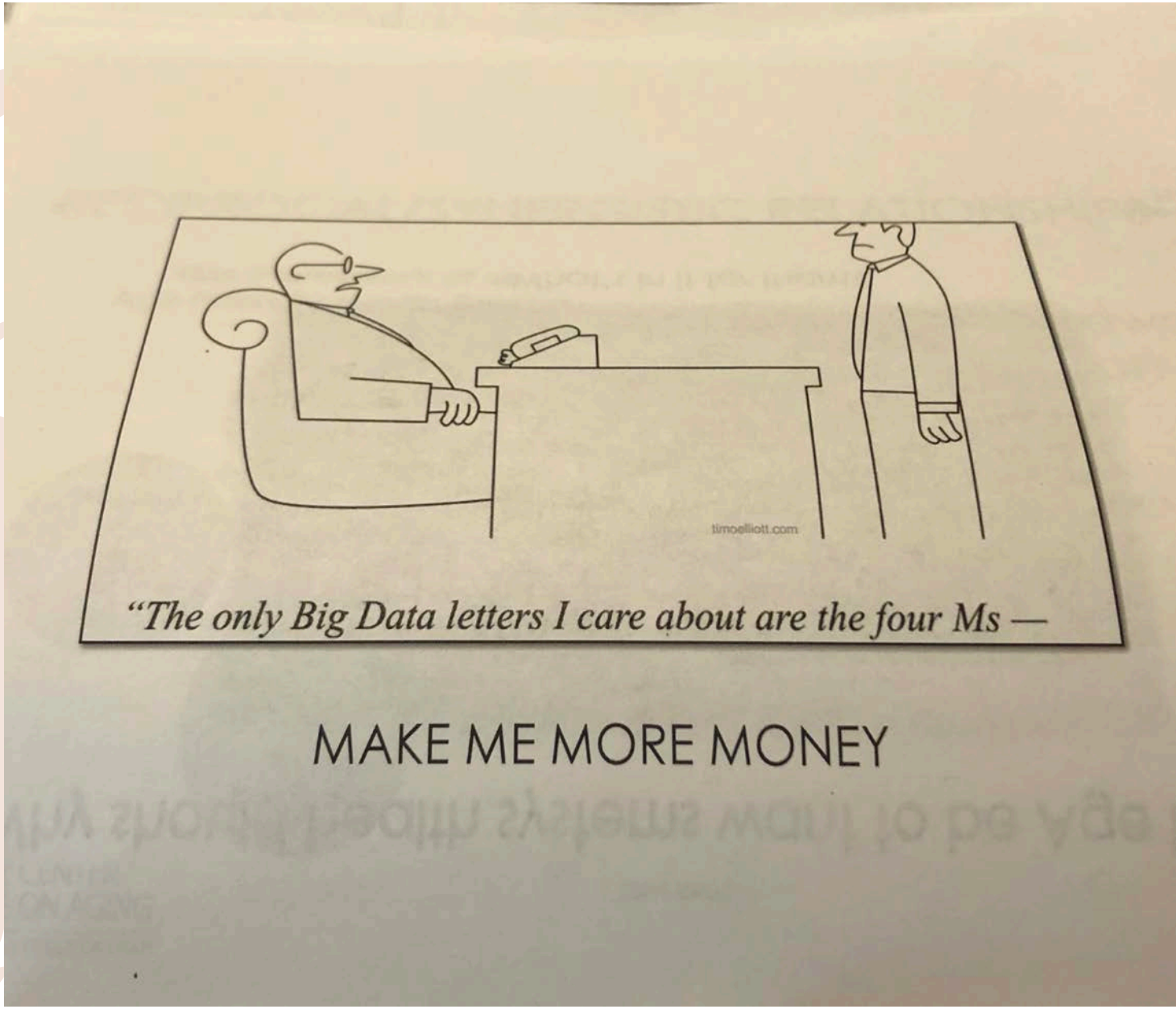
UC Project for Cl

WHY IS THIS – ROOT CA USE?

WE HAVE PUT THE **DISEASE** AT THE CENTER, RATHER THEN 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



CASE FOR AGE FRIENDLY HEALTH SYTEMS

- Reduces costs associated with poor quality care
- Supports bundled payments
- Increased utilization of of costs effective services
- Enhanced revenue and market share

SO WHAT DOES THIS LOOK LIKE

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

- WHAT MATTERS
- MEDICATION
- MOBILITY
- MENTATION
- MULTIPLE MORBIDITIES

WHAT MATTERS

- Many models
- So little time?
- What has worked

ADVANCE CARE PLANNING

PICK ONE

PREPAREFORYOURCARE.ORG

Ultimately creates a documents

BUT first - talk and discuss

With COVID even more important - PC Wisconsin web site for resources

Current care planning Mary Tinetti, M.D.

GERIPAL WEBSITE TO LISTEN TO HER DISCUSSION

"CURRENT CARE PLANNING" – Mary Tinetti, MD.

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

More Tinetti

- 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

LETS TALK ABOUT BUSTER

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 stope 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?

Dr. L

- 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 – Medi cog**

Medication deprescribing 123-ABC

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?**

MOBILITY

Think about	**Think about a patient in the hospital**
Think about	**Think about PT Medicare rules**
Think	**Think COVID and delirium – we have gone backwards**
Think	**Think loss of mobility increases risk of death, hospitalizations, falls, declining functional status**

MOBILITY – CAN BE COMPLEX

- Factors – balance, meds, sensory issues, footwear, environment, function
- Pick a tool and use it – TGUG
- Communicate

Dr. L

- 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

- 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**

Dr. L

- 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**