Age-Friendly Health Systems and the 4 Ms

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CATHOLIC CHARITIES HAWAI'I
CIRCLE OF CARE FOR DEMENTIA

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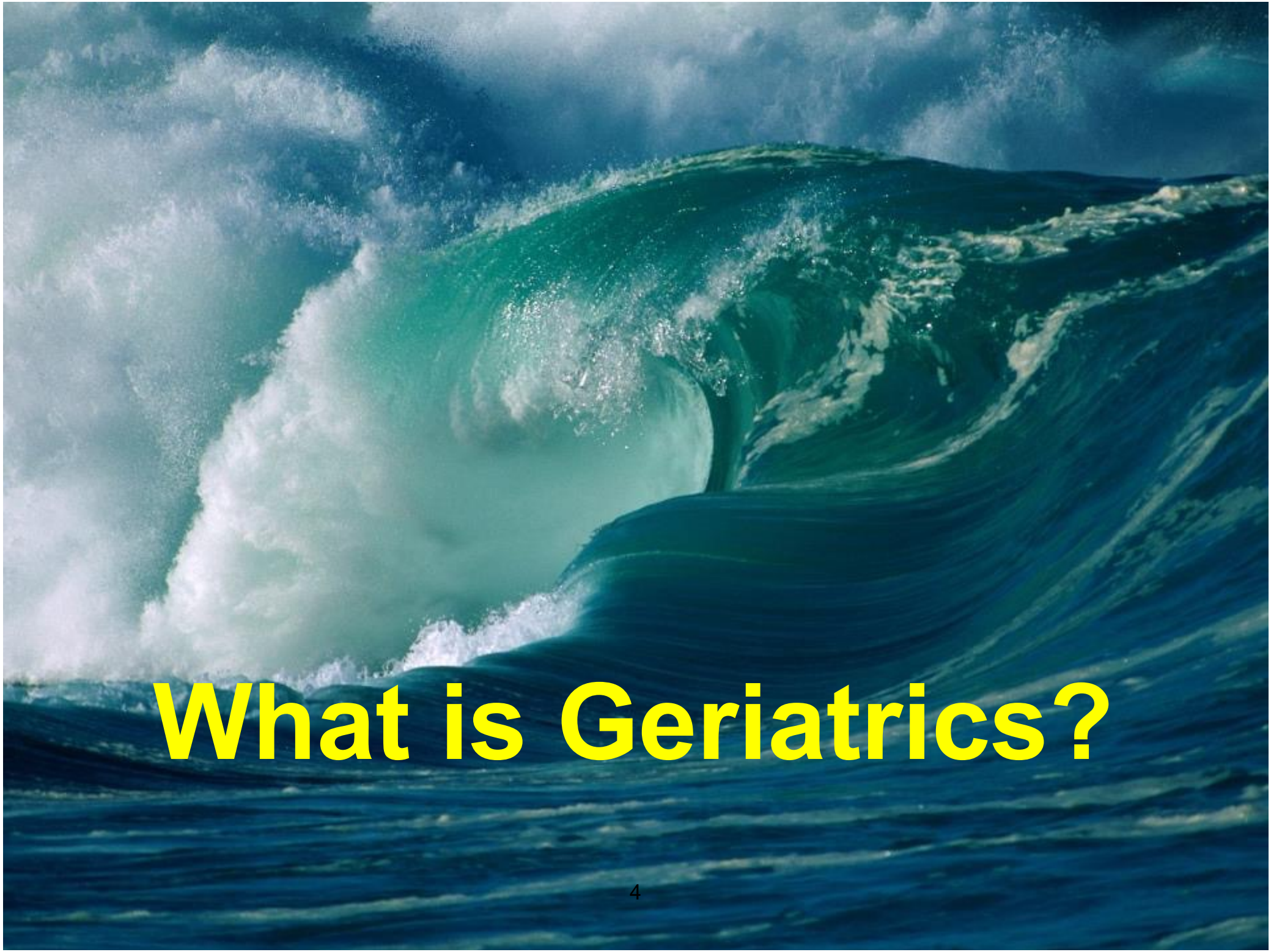
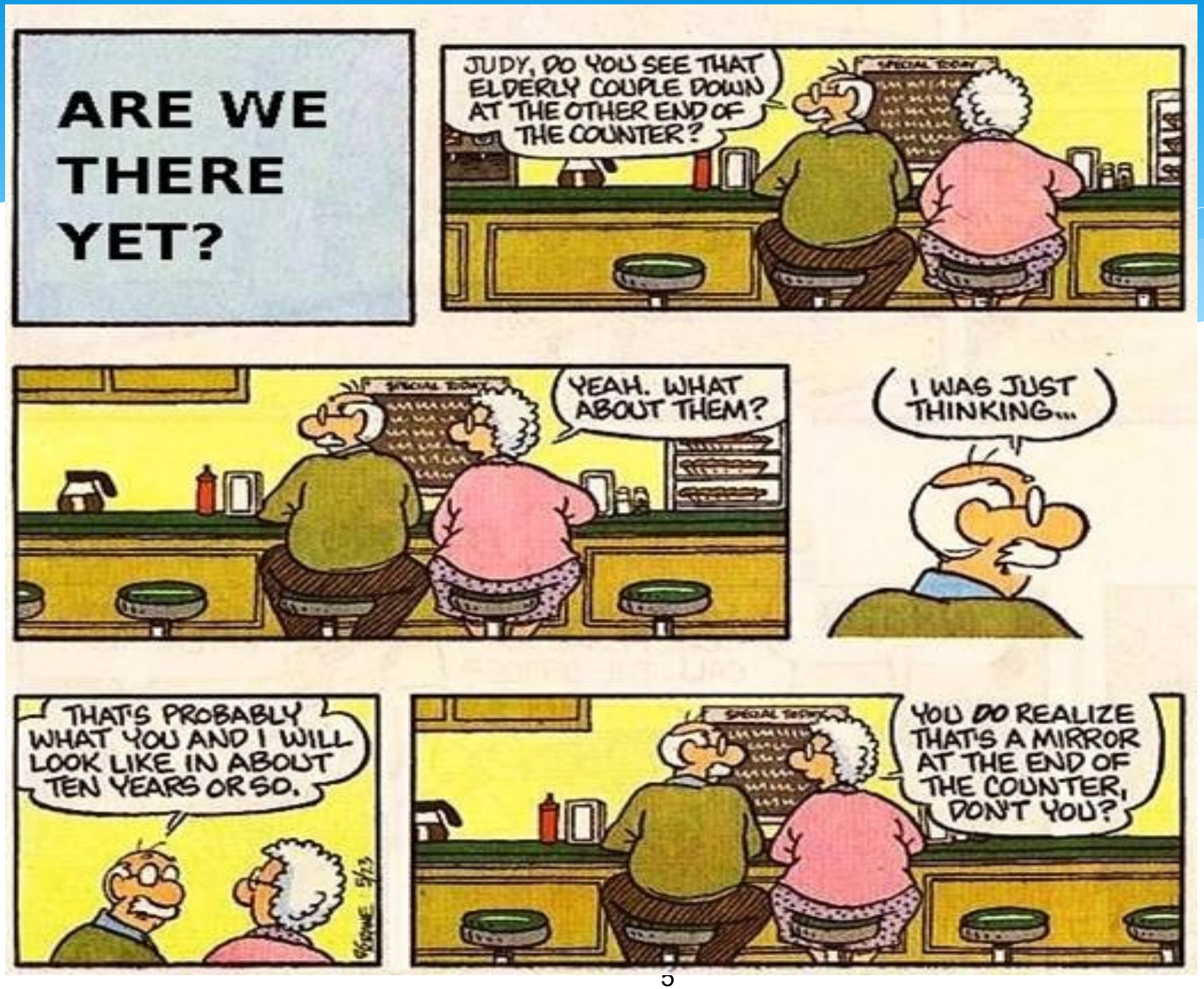
Learning Objectives

- Understand about population aging and that older adults have unique needs
- Learn the concept of age-friendly health systems
- Know the 4 Ms:
  - What Matters
  - Medication
  - Mentation
  - Mobility
- Memory loss, dementia, caregiving


What is Geriatrics?


ARE WE THERE YET?
JUDY, DO YOU SEE THAT ELDERLY COUPLE DOWN AT THE OTHER END OF THE COUNTER?
YEAH. WHAT ABOUT THEM?
I WAS JUST THINKING...
THAT'S PROBABLY WHAT YOU AND I WILL LOOK LIKE IN ABOUT TEN YEARS OR SO.
YOU DO REALIZE THAT'S A MIRROR AT THE END OF THE COUNTER, DON'T YOU?

What is Geriatrics?

- Care of older patients
- Traditionally age 65 years and older
- Currently a critical shortage specialty
- 30,000 geriatricians needed in the U.S. – we have < 7,000 and the number is decreasing
- For practical reasons, geriatrics is currently mostly care of the very frail elderly

Epidemiology of Aging

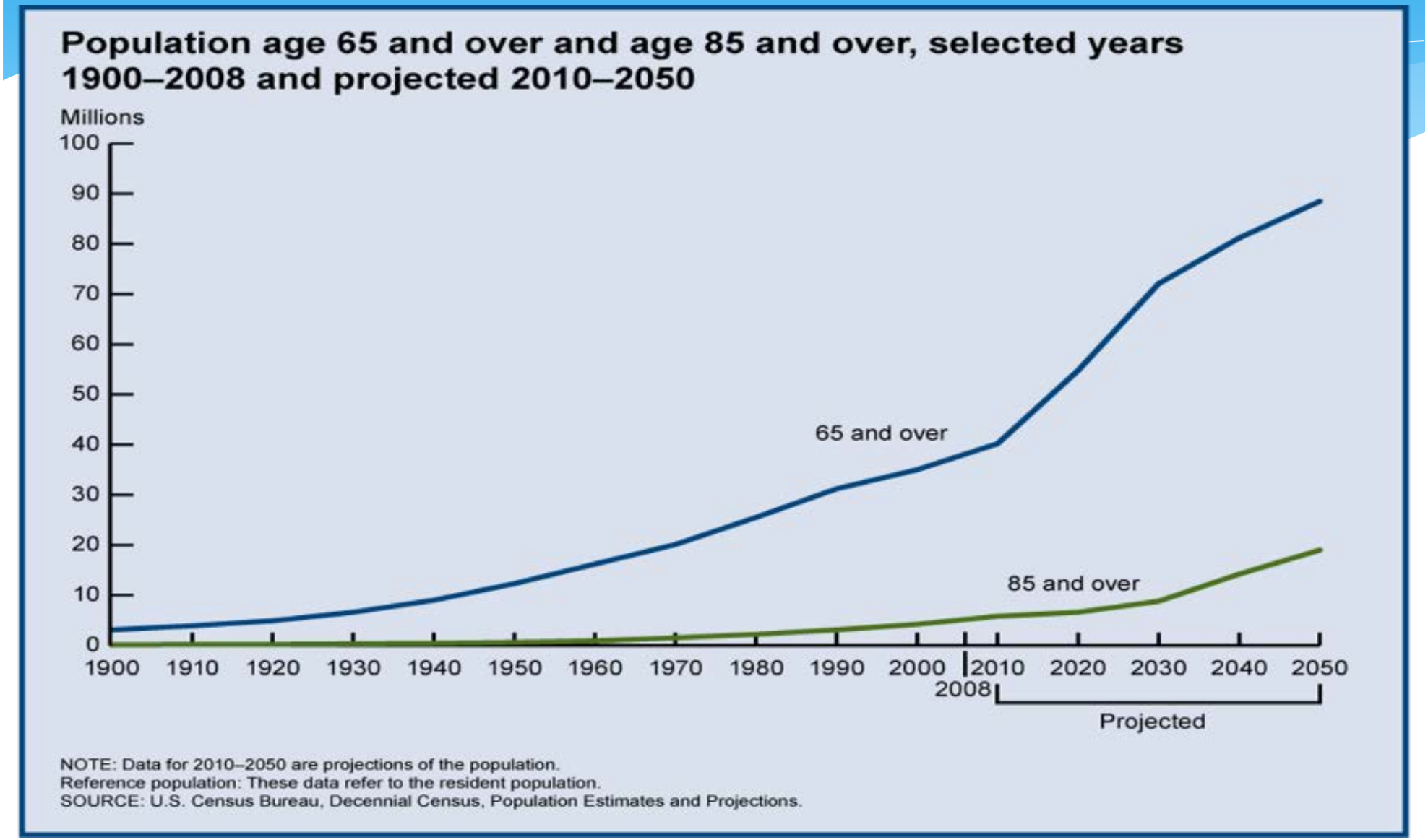
- Over 50 million people age 65 years and older in U.S. (> 15% of population)
- Projections:
  - 2020 – 56 million
  - 2040 – 80 million
  - 2060 – 95 million
- Hawaii – longest life expectancy in the U.S.

U.S. Life Expectancy

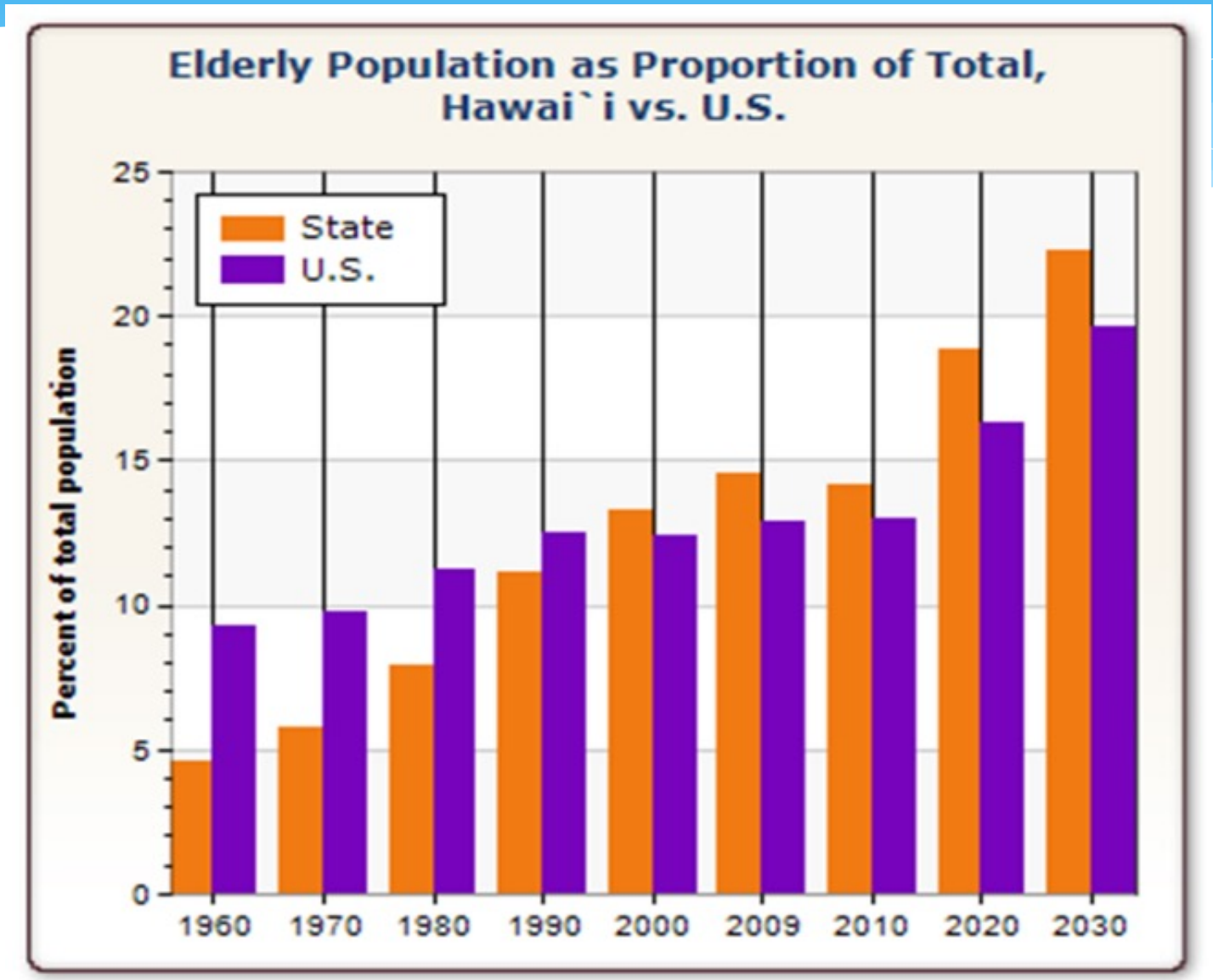
Years of Life Expectancy at Birth		
In the year:	**Men**	**Women**
1900	47.1	50.7
1990	71.8	78.8
2000	74.1	79.5
2010	75.7	80.8
2020	**75.7**	**82.3**
2050	79.7	85.6

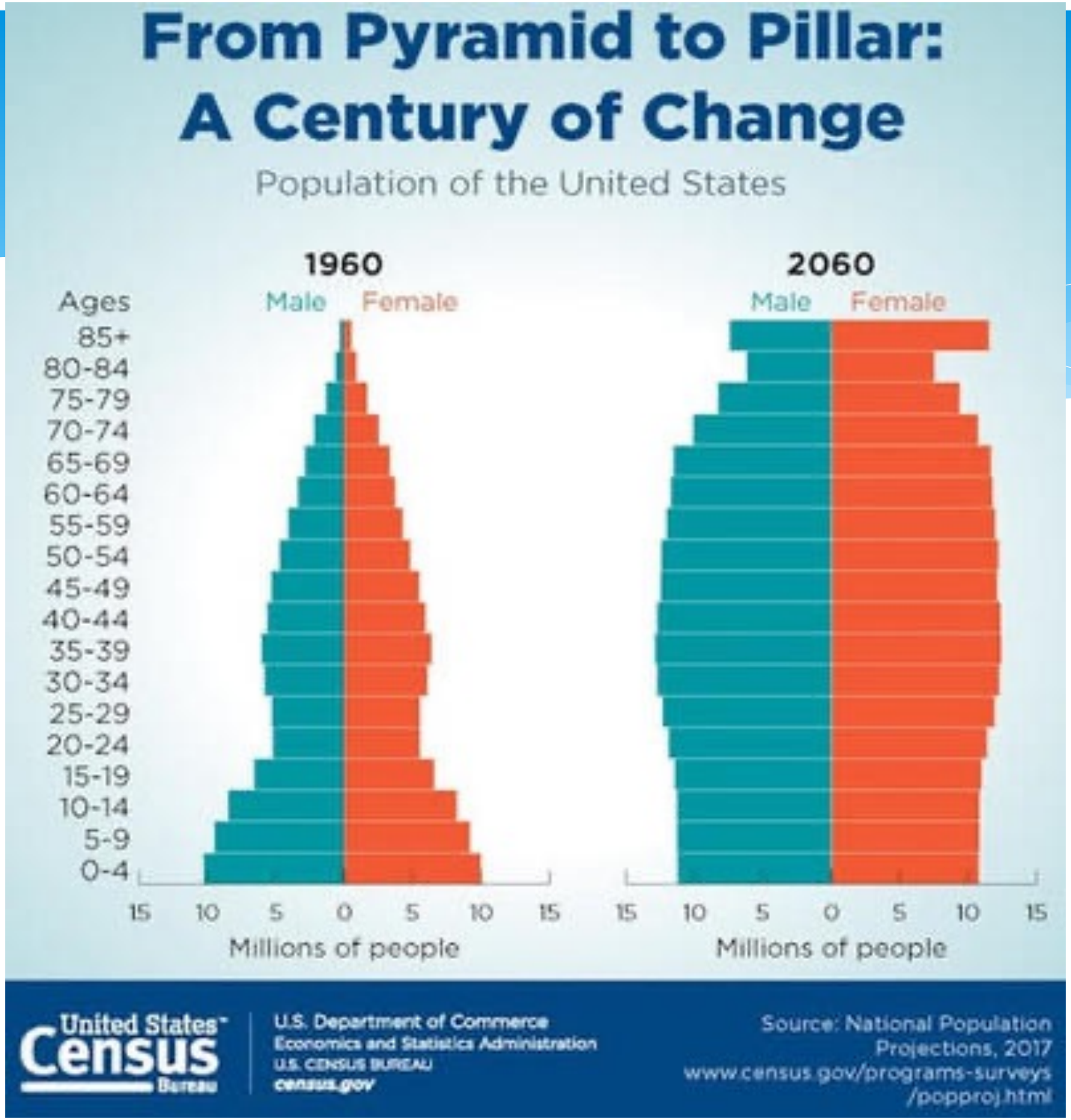
Source: National Center for Health Statistics

U.S. Older Population



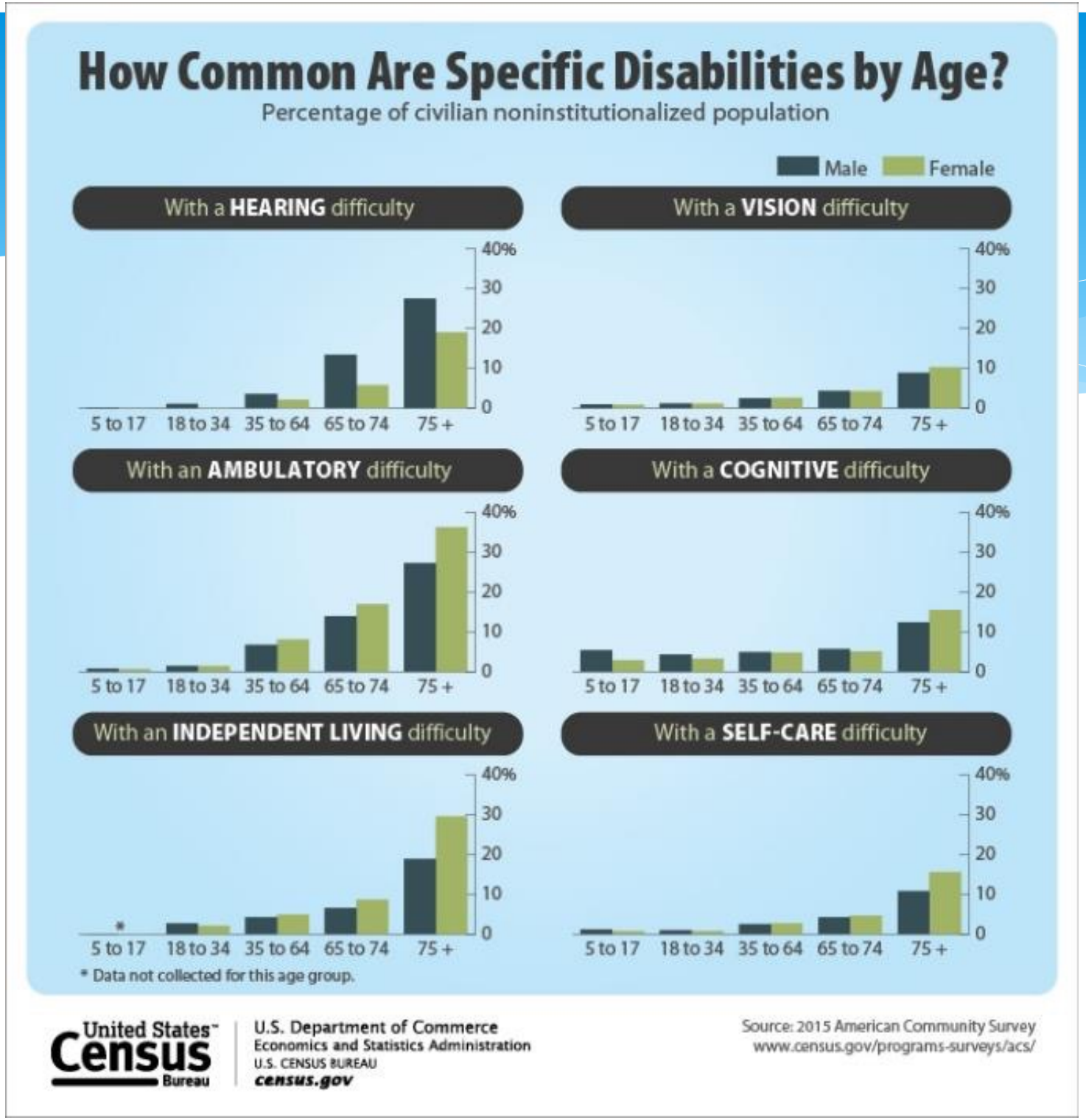
Hawaii's Older Population




From Pyramid to Pillar:
A Century of Change
Population of the United States
1960
Male
Female
2060
Male
Female
Ages
85+
80-84
75-79
70-74
65-69
60-64
55-59
50-54
45-49
40-44
35-39
30-34
25-29
20-24
15-19
10-14
5-9
0-4
15 10 5 0 5 10 15
Millions of people
15 10 5 0 5 10 15
Millions of people
United States Census Bureau
U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov
Source: National Population Projections, 2017
www.census.gov/programs-surveys/popproj.html

Characteristics of Aging

- Susceptibility to disease increases
- Genetic and environmental factors influence rate of aging
- Great variability among elderly
- Ability to maintain homeostasis decreases


How Common Are Specific Disabilities by Age?
Percentage of civilian noninstitutionalized population
Male
Female
With a HEARING difficulty
With a VISION difficulty
With an AMBULATORY difficulty
With a COGNITIVE difficulty
With an INDEPENDENT LIVING difficulty
With a SELF-CARE difficulty
40%
30
20
10
0
5 to 17
18 to 34
35 to 64
65 to 74
75 +
* Data not collected for this age group.
United States Census Bureau
U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov
Source: 2015 American Community Survey
www.census.gov/programs-surveys/acs/

Principles of Geriatric Assessment

Goal	**Promote wellness, independence**
Focus	**Functional status**
Scope	**Physical, cognitive, psychologic, social domains**
Approach	**Interdisciplinary**
Success	**Maintaining or improving quality of life**

Geriatric Approach to Care

- Focus on the whole person, not just an organ system
- Enhance independence and quality of life
- Preventive care
- Early rehabilitation if possible
- Palliative care if necessary
- Interdisciplinary team approach

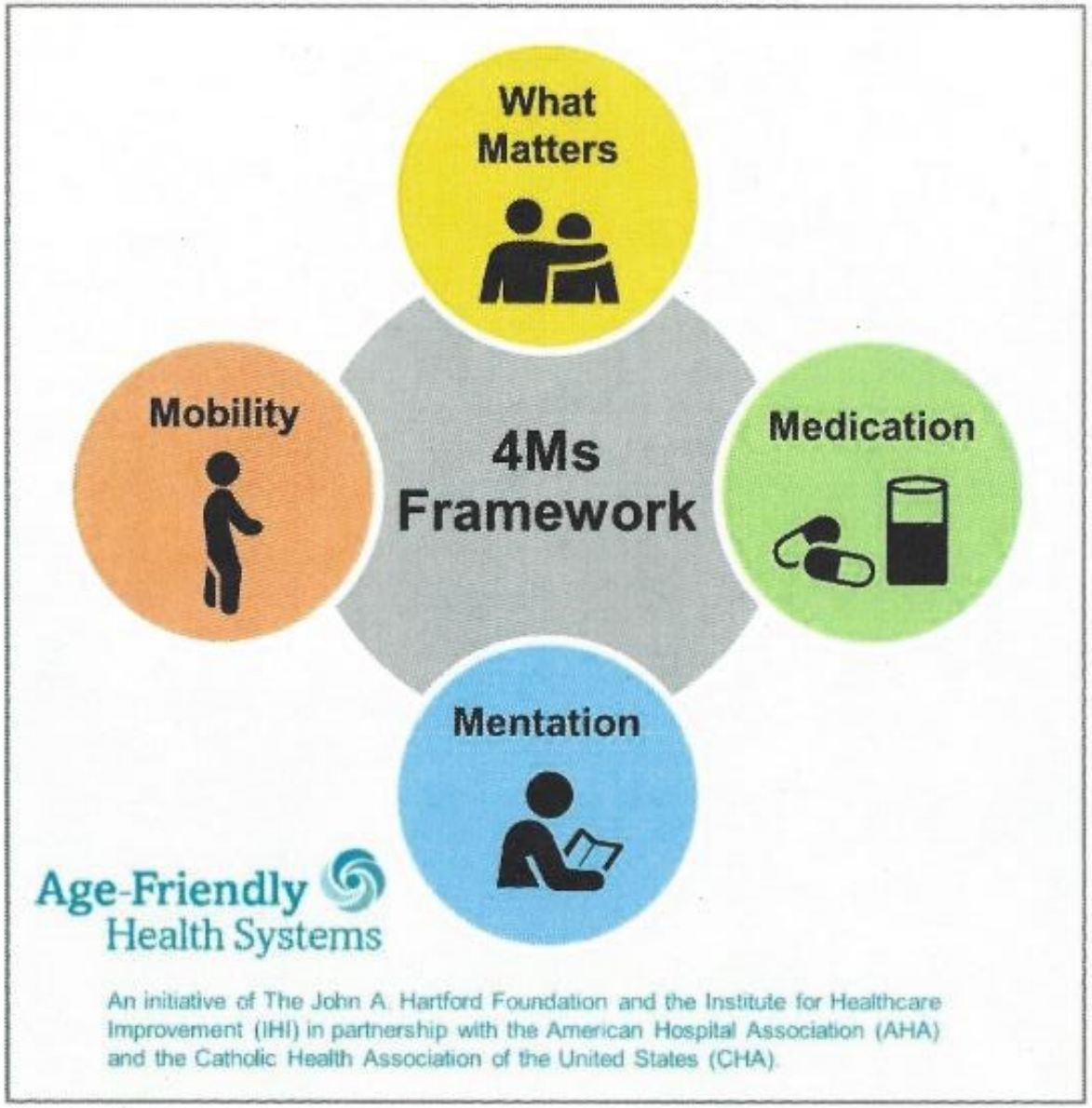
Age-Friendly Health Systems

- Based on the premise that older people have unique needs
- AFHS Initiative created by:
  - The John A. Hartford Foundation
  - The Institute for Healthcare Improvement (IHI)
  - The American Hospital Association (AHA)
  - The Catholic Health Association of the US (CHA)
- Goal: To prevent harm, improve health outcomes, and lower costs

Age-Friendly Health Systems

- A new way to organize care for older adults
- AFHS should be implemented in all settings, including home and community
- Will help meet goals of the IHI Triple Aim:
  - Improving individual healthcare experience
  - Improving population health
  - Reducing costs of care

AFHS: The 4 Ms



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

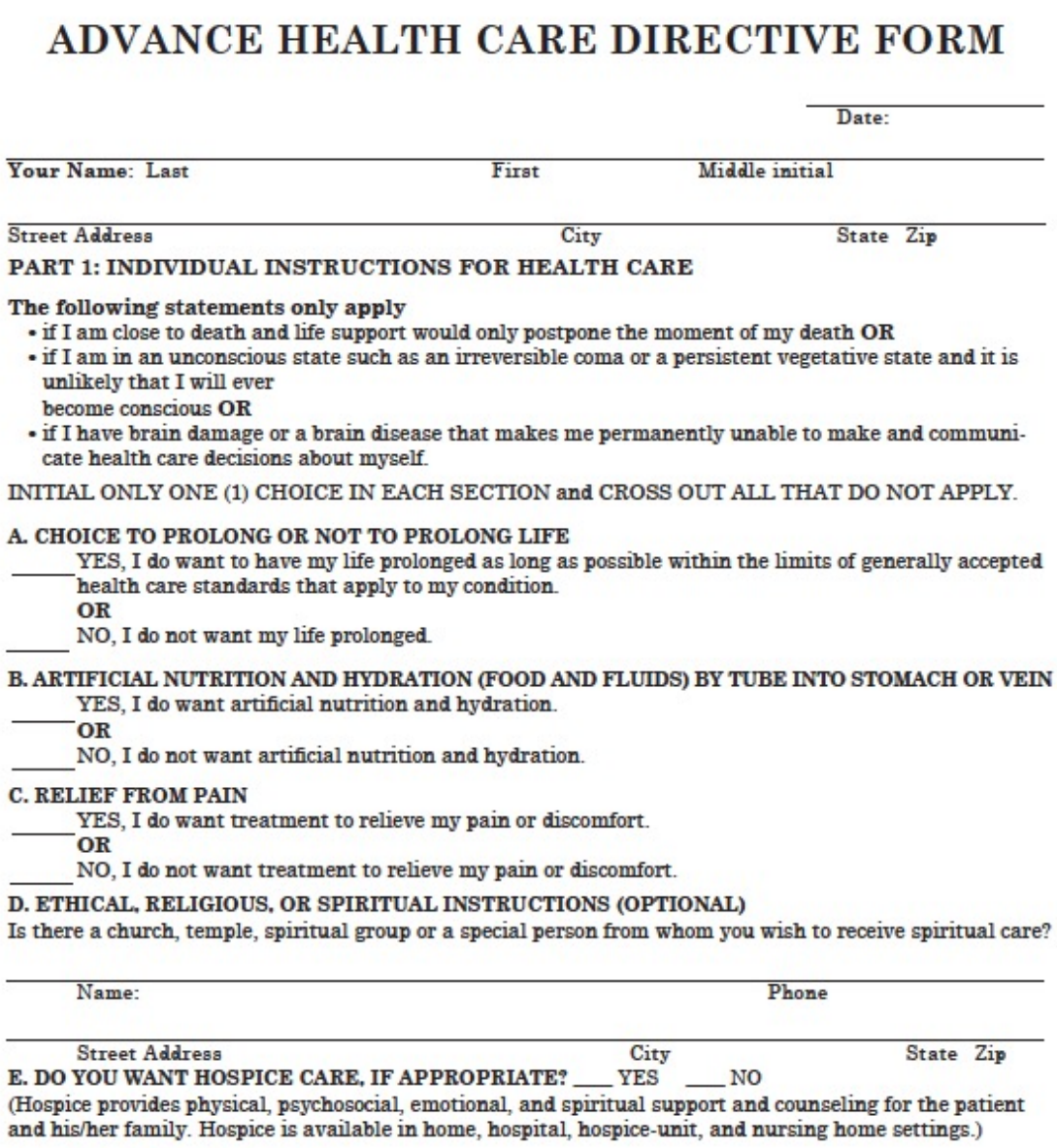
Ensure that older adults move safely every day in order to maintain function and do What Matters.

What Matters

- Ask patients what matters most to them
  - Healthcare goals
  - Care preferences
- Advance healthcare directives
- POLST if appropriate
- Encourage discussions with family
- All other Ms should revolve around this

Advance Directives

- All directives, instructions or even desires that a person may communicate concerning decisions about medical treatment
- Only applies under certain conditions



ADVANCE HEALTH CARE DIRECTIVE FORM

Date:

Your Name: Last First Middle initial

Street Address City State Zip

PART 1: INDIVIDUAL INSTRUCTIONS FOR HEALTH CARE

The following statements only apply

- if I am close to death and life support would only postpone the moment of my death **OR**
- if I am in an unconscious state such as an irreversible coma or a persistent vegetative state and it is unlikely that I will ever become conscious **OR**
- if I have brain damage or a brain disease that makes me permanently unable to make and communicate health care decisions about myself.

INITIAL ONLY ONE (1) CHOICE IN EACH SECTION and CROSS OUT ALL THAT DO NOT APPLY.

A. CHOICE TO PROLONG OR NOT TO PROLONG LIFE

_____ YES, I do want to have my life prolonged as long as possible within the limits of generally accepted health care standards that apply to my condition.

OR

_____ NO, I do not want my life prolonged.

B. ARTIFICIAL NUTRITION AND HYDRATION (FOOD AND FLUIDS) BY TUBE INTO STOMACH OR VEIN

_____ YES, I do want artificial nutrition and hydration.

OR

_____ NO, I do not want artificial nutrition and hydration.

C. RELIEF FROM PAIN

_____ YES, I do want treatment to relieve my pain or discomfort.

OR

_____ NO, I do not want treatment to relieve my pain or discomfort.

D. ETHICAL, RELIGIOUS, OR SPIRITUAL INSTRUCTIONS (OPTIONAL)

Is there a church, temple, spiritual group or a special person from whom you wish to receive spiritual care?

Name: Phone

Street Address City State Zip

E. DO YOU WANT HOSPICE CARE, IF APPROPRIATE? ___ YES ___ NO

(Hospice provides physical, psychosocial, emotional, and spiritual support and counseling for the patient and his/her family. Hospice is available in home, hospital, hospice-unit, and nursing home settings.)

Format of Advance Directives

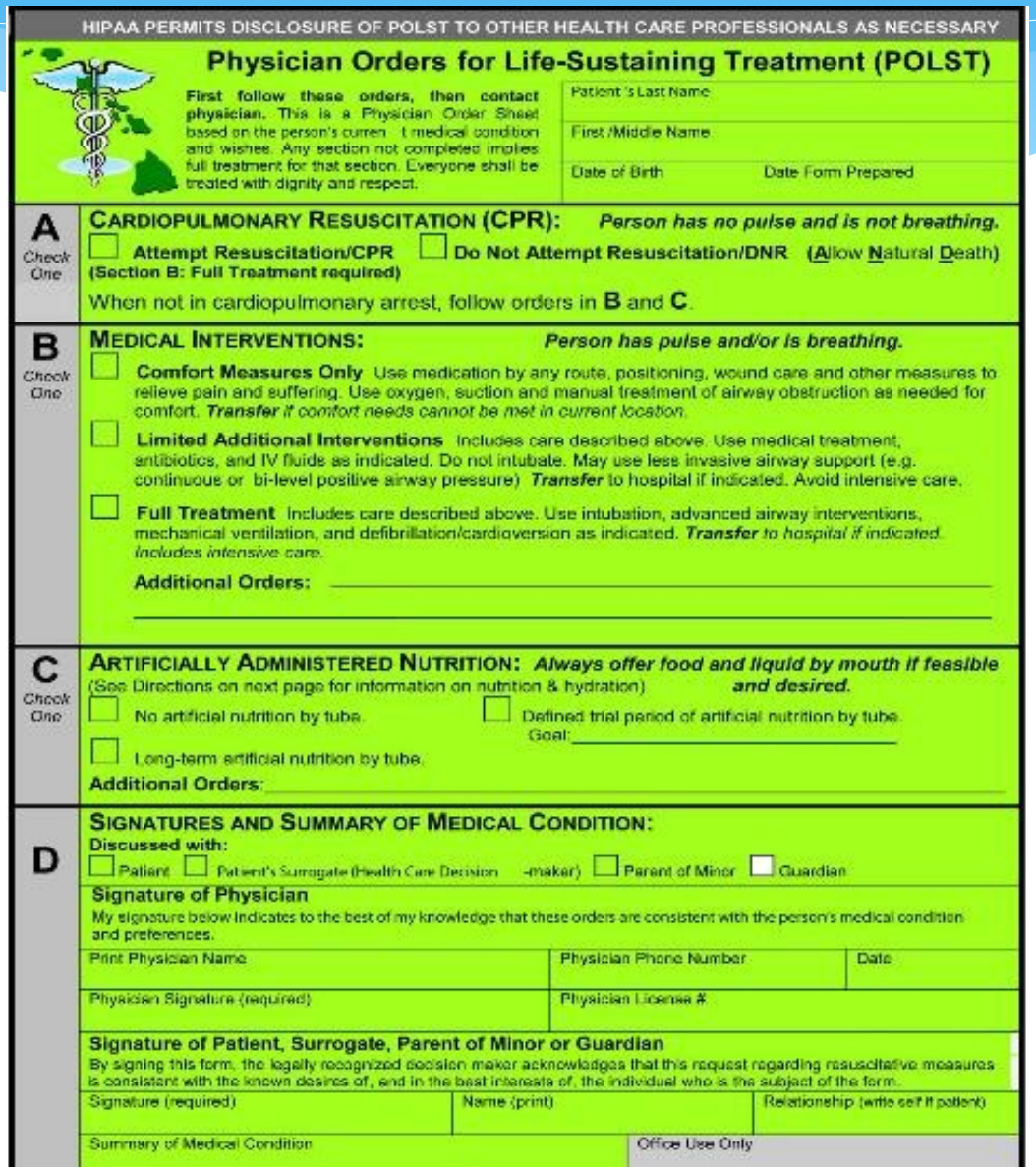
- Can be either written or oral
- May be written as part of an Advance Directive form
- May even be written in a letter expressing a person's wishes
- May be expressed verbally to a physician who documents wishes in the medical record

Durable Power of Attorney

- Select one or more persons to be your agent and make health care decisions if you are unable
- Could be a spouse, adult child, friend or other trusted person
- Can't be an employee of the health care facility
- Document must be signed and witnessed or notarized

Provider Orders for Life Sustaining Treatment (POLST)

- A physician or APRN's order
- Specifies the types of treatments that a seriously ill person wishes to receive NOW
- Particularly useful in the community for 1st responders and EMS



HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's curren t medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Patient's Last Name | First /Middle Name | Date of Birth | Date Form Prepared

A Check One — **CARDIOPULMONARY RESUSCITATION (CPR):** ***Person has no pulse and is not breathing.***

☐ **Attempt Resuscitation/CPR** ☐ **Do Not Attempt Resuscitation/DNR** (Allow Natural Death)

(Section B: Full Treatment required)

When not in cardiopulmonary arrest, follow orders in **B** and **C**.

B Check One — **MEDICAL INTERVENTIONS:** ***Person has pulse and/or is breathing.***

☐ **Comfort Measures Only** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Transfer*** *if comfort needs cannot be met in current location.*

☐ **Limited Additional Interventions** Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use less invasive airway support (e.g. continuous or bi-level positive airway pressure) ***Transfer*** to hospital if indicated. Avoid intensive care.

☐ **Full Treatment** Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. ***Transfer*** *to hospital if indicated. Includes intensive care.*

Additional Orders: _____

C Check One — **ARTIFICIALLY ADMINISTERED NUTRITION:** ***Always offer food and liquid by mouth if feasible and desired.***

(See Directions on next page for information on nutrition & hydration)

☐ No artificial nutrition by tube. ☐ Defined trial period of artificial nutrition by tube. Goal: _____

☐ Long-term artificial nutrition by tube.

Additional Orders: _____

D — **SIGNATURES AND SUMMARY OF MEDICAL CONDITION:**

Discussed with:

☐ Patient ☐ Patient's Surrogate (Health Care Decision -maker) ☐ Parent of Minor ☐ Guardian

Signature of Physician

My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Print Physician Name | Physician Phone Number | Date

Physician Signature (required) | Physician License #

Signature of Patient, Surrogate, Parent of Minor or Guardian

By signing this form, the legally recognized decision maker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and in the best interests of, the individual who is the subject of the form.

Signature (required) | Name (print) | Relationship (write self if patient)

Summary of Medical Condition | Office Use Only

Advance Directives vs. POLST

Details	Adv. Directives	POLST
For whom	For all adults	For persons with advanced illness (no age restriction)
Purpose	•To express values •To appoint decision maker •Future wishes	•Medical orders that turn a patient's wishes into action •Applies today
Guides EMS actions	NO	YES
Guides Rx decisions in the hospital	YES	YES

Medication

- The elderly use a disproportionate percentage of medications (>33% of prescription drugs)
- >90% of older people take at least 1 drug
- Polypharmacy is common
- Drug interactions and side effects more common

Successful Drug Therapy

- Correct drug
- Correct dosage
- Targets the correct condition
- Appropriate for the patient and their goals of care
- Failure in any of the above can lead to ADE (adverse drug events)

Adverse Drug Events

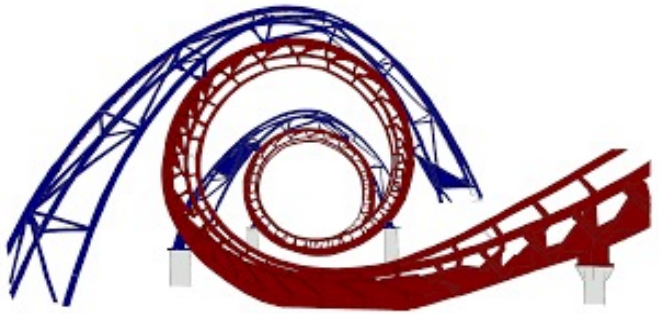
- Responsible for 700,000 ER visits and 120,000 hospitalizations each year in the U.S.
- $3.5 billion spent each year
- Many ADEs are preventable!
- Elderly patients more prone to ADEs

Risk Factors for ADEs

- Advanced age
- Increased number of drugs (prescription or over-the-counter)
- Prior adverse drug event
- Use of alcohol
- Low body weight
- Poor liver or kidney function

Rules for Drug Use in the Elderly

- Start low and go slow
- Assess risk versus benefit
- Don’t quit too soon
- Monitor closely for side effects
- Avoid starting 2 drugs at the same time
- Rollercoaster rule



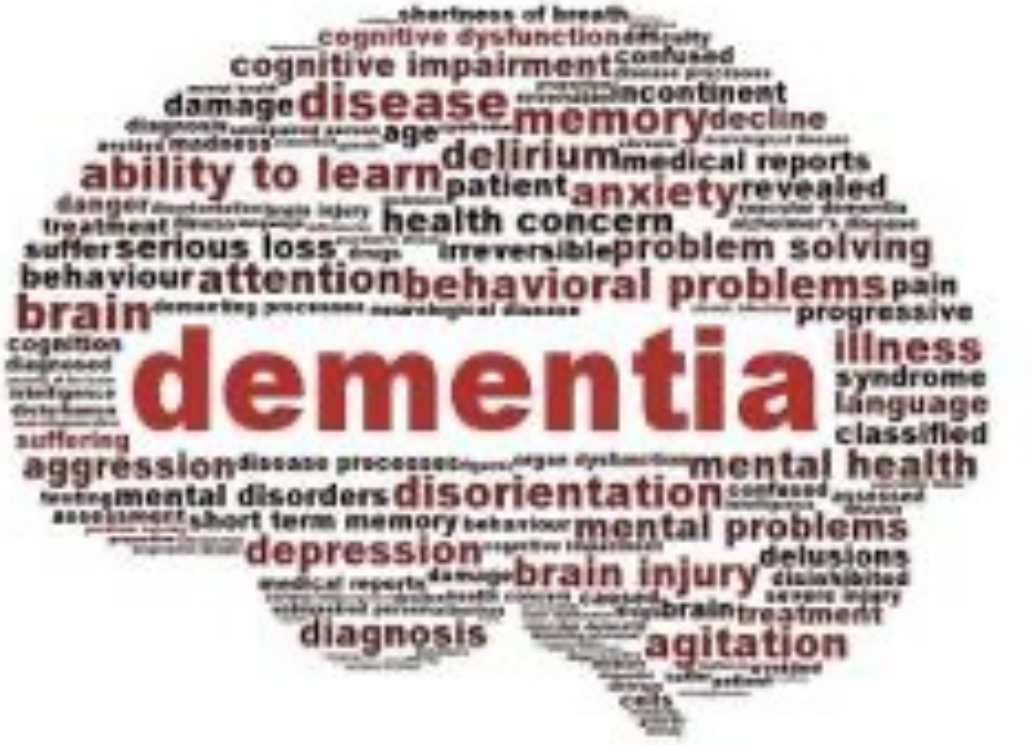
Appropriate Drug Use

- Is the medication necessary?
- What are the goals and end points?
- Do benefits outweigh risks?

- Are you treating effects of another drug?
- Could 1 drug be used for 2 conditions?
- Possible drug or disease interactions?

Mentation

- Prevent, identify, treat and manage:
  - Dementia
  - Depression
  - Delirium
  - Across all settings



What is Depression?

- Medical condition that causes mood changes with persistent feelings of sadness and loss of interest
- Affects how you feel, think and act in daily life
- Affects functioning at work and home
- Causes problems with relationships
- Present most of the day, nearly day, for at least two weeks

What is Delirium?

- Acute confusional state (hours/days)
- Clouding of consciousness
- Waxing and waning
- Severe attention deficit
- Altered sleep/wake cycle

- Very common in the hospital, particularly in those with underlying dementia

Dementia Definition

- Acquired deficits (not mental retardation)
- Deficit in memory
- Deficit in at least one other cognitive domain
- Affects social and occupational function
- Absence of delirium and major psychiatric disorders

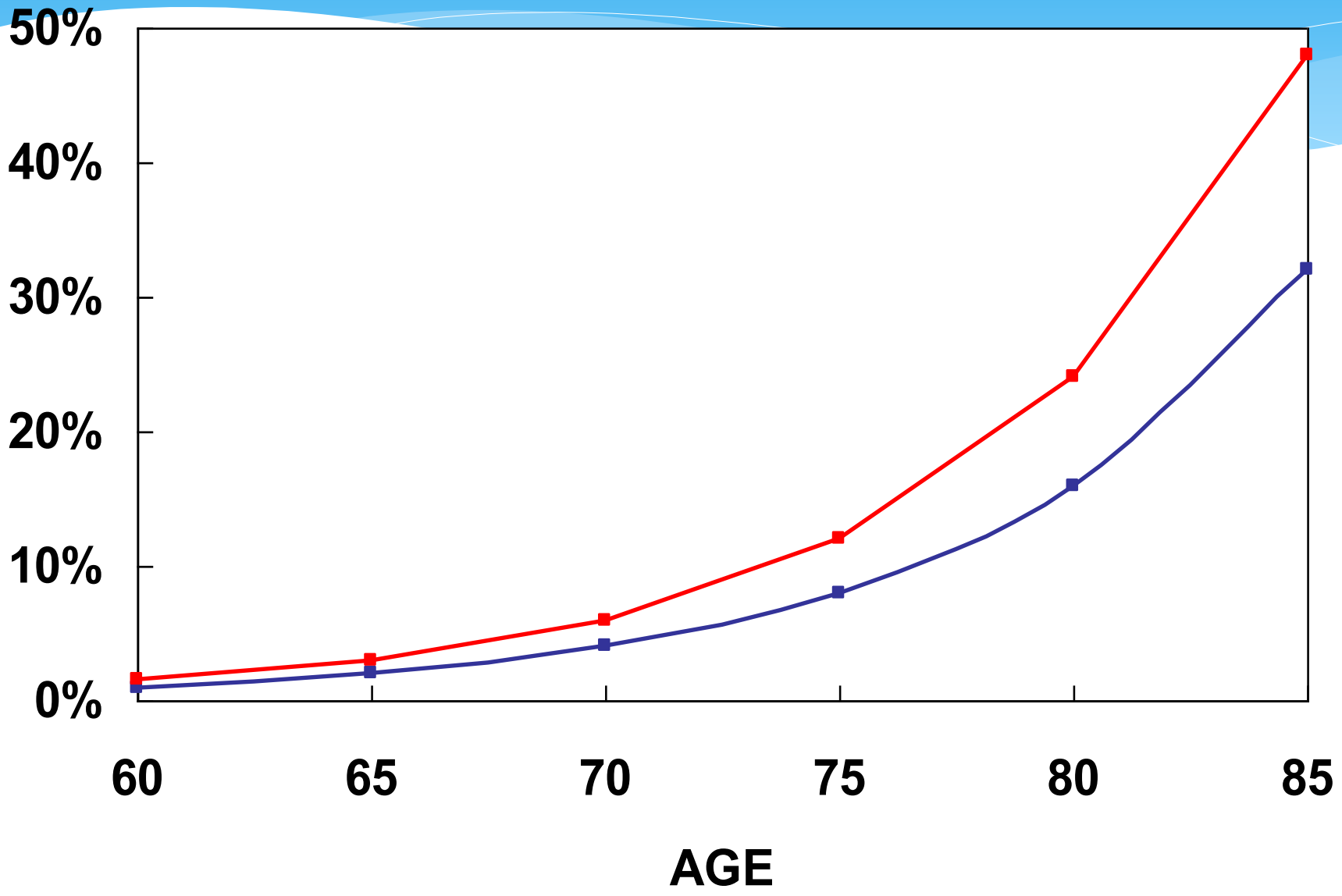
Mild Cognitive Impairment (MCI)

- Subjective cognitive complaint (pt or proxy)
- Cognitive deficit on testing in at least 1 domain (memory, language, attention, executive function, visuospatial)
- Normal social & occupational function (ie. NO DEMENTIA)
- High risk of converting to AD

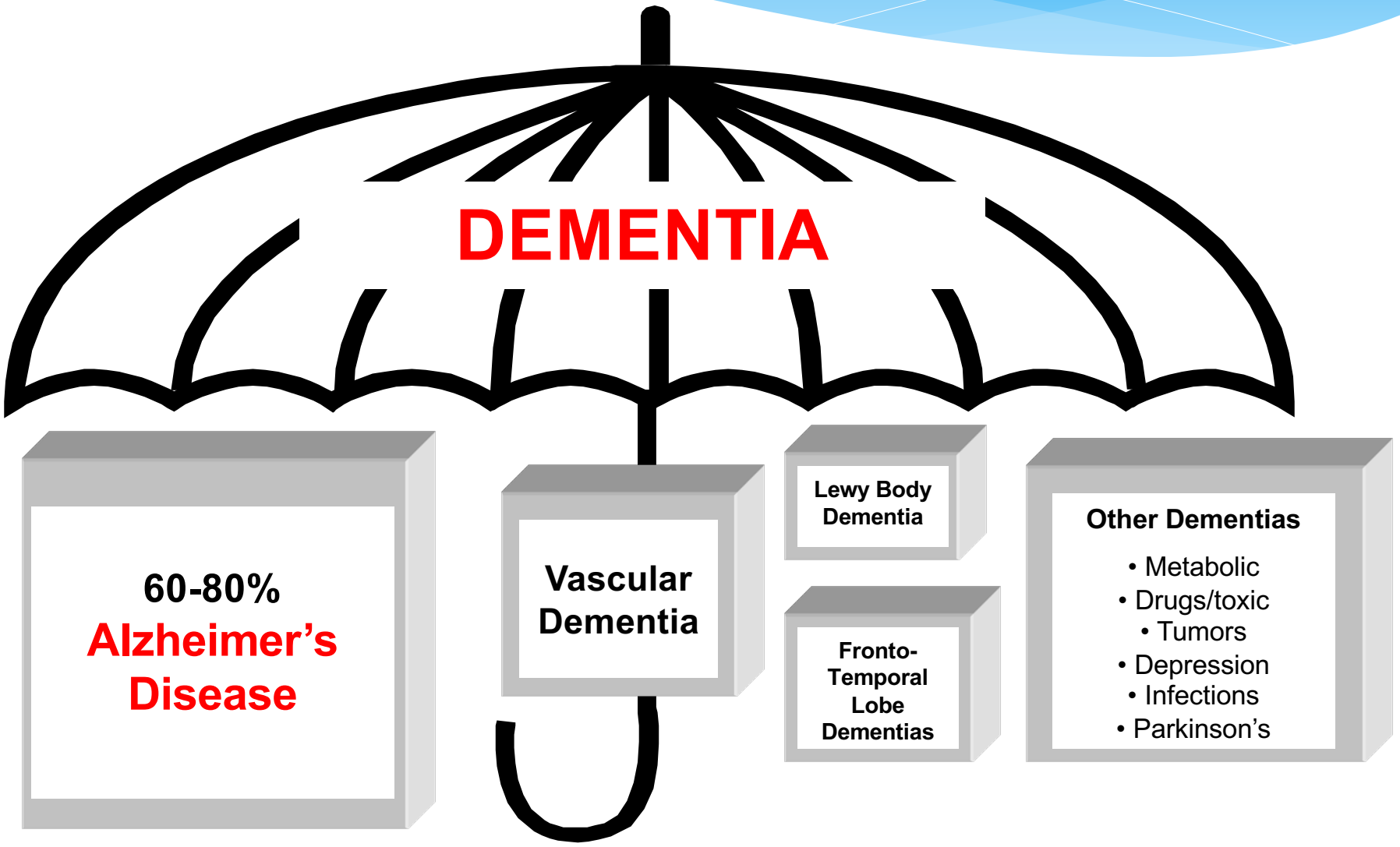
Epidemiology of Dementia

- 13% if age 65+ years, almost 50% in 85+ years
- Geometric increase in prevalence (after age 60, doubles every 5 years)
- Long duration of disease
- Major cause of disability, primary reason for institutionalization
- Over $200 billion annually for care & over $200 billion for lost productivity

Prevalence Rates of Dementia



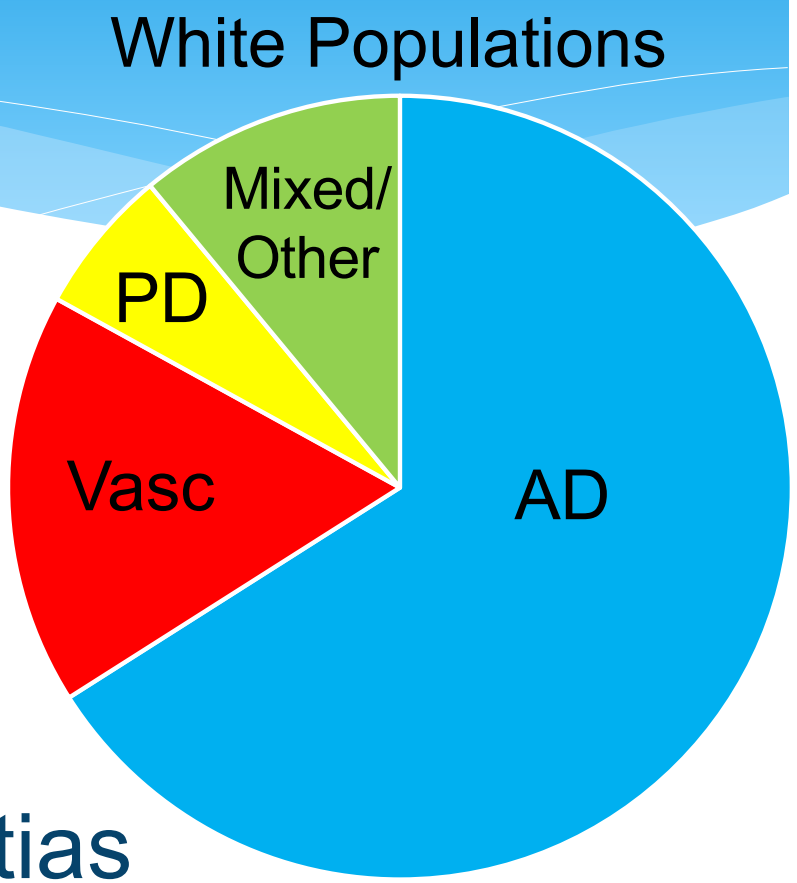
Not All Dementias Are Alzheimer's Disease (AD)



Some forms are reversible (treatable)

Dementia Sub-Types

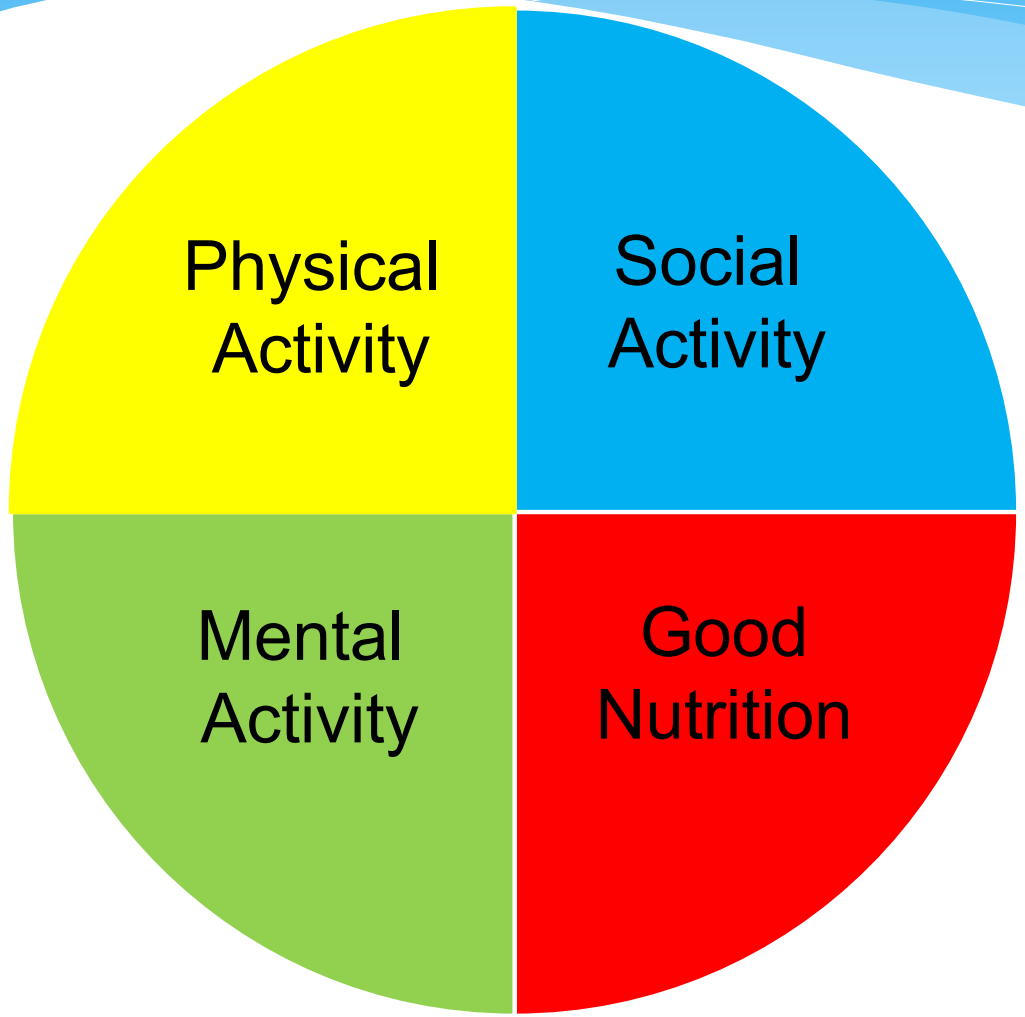
- Alzheimer's Disease
- Vascular Dementia
- Lewy Body Dementia
- Parkinson's Disease
- Fronto-Temporal Dementias
- Other causes (possibly reversible)



Dementia Treatment Strategies

- Early diagnosis is key
- Treat the cause (if found)
- Treat complications (behavior, sleep)
- Safety, stable environment
- Family education, caregiver support
- Interdisciplinary team approach
- Community resources – AA, EOA
- Planning for future financial / legal issues

Maintaining Brain Health



Reducing risk factors for heart disease

Mobility

- Maintain function and independence
  - Activities of daily living (ADLs)
  - Instrumental activities of daily living (IADLs)
- Prevent falls
- Interdisciplinary team care – Role of OT, PT, SLP, others

WHAT ARE ADLs?

The Activities of Daily Living

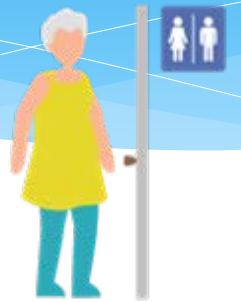
Bathing

Properly washing your face and body

Dental Hygiene

Keeping mouth, teeth, gums clean and healthy by regular brushing and flossing

Toileting



Using a toilet and cleaning oneself appropriately

Eating

The ability to feed oneself

Dressing

Choosing and putting on appropriate clothing

Transfer & Mobility

Safely moving from one location to another (bedroom to living room)

WHAT ARE iADLS?

The Instrumental Activities of Daily Living

Cooking

Cooking, planning, and preparing meals

House Cleaning

Keeping living space free of clutter and dirt

Taking Medication

Taking medications as prescribed

Laundry

Washing linens, towels, and articles of clothing

Shopping

Purchasing groceries, clothing, and other items

Personal Finances

Paying bills and budgeting accurately

Communication

Making and returning telephone calls

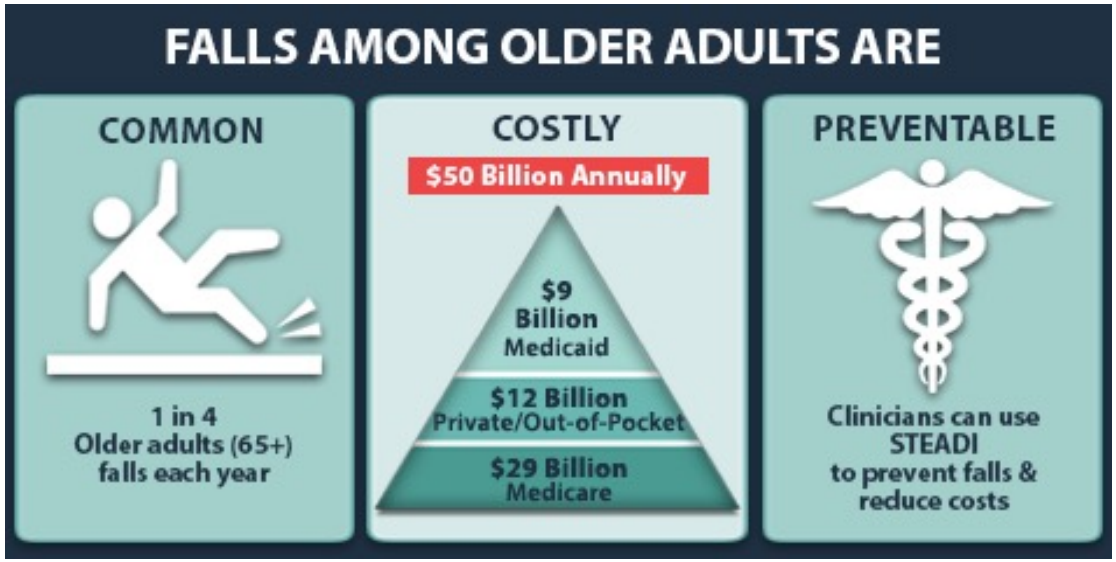
Transportation

Driving a car, calling a cab, using public transportation

Adverse Effects of Med School on ADLs (Activities of Daily Living)

Fall Prevention

- Falls are a serious threat to older people
- CDC's STEADI Program (STopping Elderly Accidents, Deaths & Injuries)
- Core Elements:
  - Screen
  - Assess
  - Intervene



STEADI Program

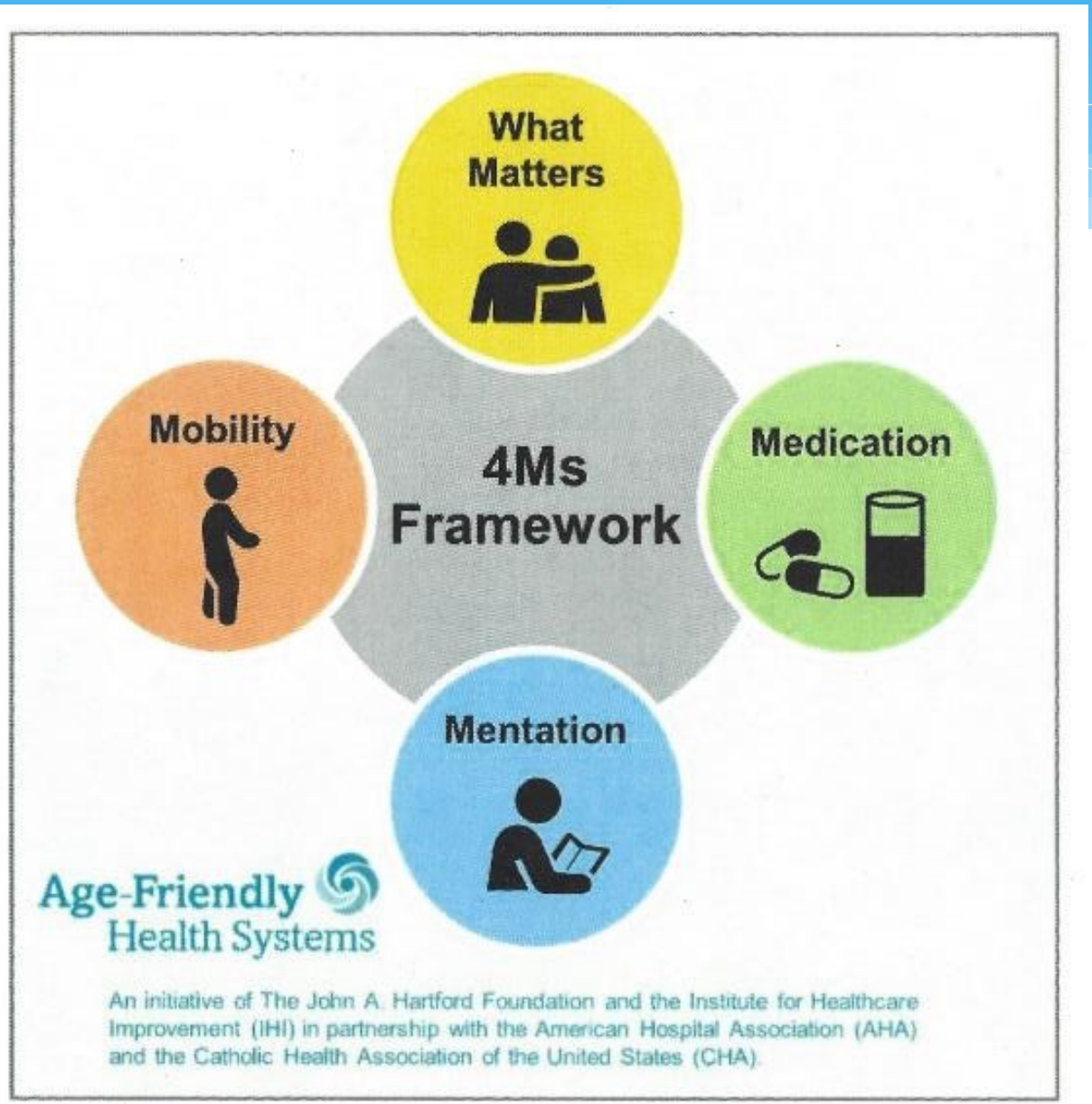
- Screen: Questions, balance/gait testing
- Assess: Identify risk factors
  - Medications/orthostatic hypotension
  - Home hazards
  - Vision, Feet/Footwear, Diet
  - Co-morbid conditions (osteoporosis, depression, etc.)
- Intervene
  - Prevention - Education, Diet, Exercise programs for all
  - Address risk factors
  - PT, Home safety evaluation

Summary

- For practical purposes, aging is a loss of the body's reserve capacity
- Normal aging should not interfere with daily activities
- With age, there are more risks and exposures, therefore more disease
- Our habits over a lifetime can influence our health

Avoid Sterotyping People

Summary: The 4 Ms



Thank You!

Questions?