DIY Geriatrics!

A Geri-Friendly Office Experience

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Outline

- The issue
- Building a new practice
- Improving an existing practice
- Role of the family caregiver
- Conclusion

The Issue

- Physicians not able to provide high quality of care for older persons

Barriers

• Time is a premium in busy primary care practices.
• Insufficient cognitive capacity
• Disjointed health care system
• $$$

Features

• Improved patient access
  • Street access
  • Automatic doors
• Geri friendly finishes
  • Slip/scuff resistant flooring
  • Nonreflective (stone, wood)
  • Sound absorbing
• Ergonomic fixtures
  • Adjustable height exam table
  • Sturdy chairs with arm rests
  • Handrails in corridors

AMA Geriatric Care by Design 2011
Healing/tranquil environment

Multipurpose rooms for group visits, activities, seminars, meetings, precepting

Optimized flow

Challenges & Work Aroun ds

• Storage
  • Limited space for supplies
  • More time to stock rooms more frequently

• Heavy doors
  • Per fire code
  • Assistance with opening doors

• Room size
  • cramped rooms
  • Flexibility to change rooms based on needs of family, equipment

• Furniture
  • Cramped real estate, door hits exam table
  • Wall mount phones, computers
  • Forms and supplies in central storage
  • Exam tables in upright position

• Cramped administrative spaces
  • Smaller than before lead to some resentment
  • Pooling resources in common area
Lessons Learned

• 1. Prioritize needs
• 2. Communicate effectively
• 3. Map current visit and office flow
• 4. Be prepared for systems change
• 5. Mock up the space
• 6. Plan for equipment/furniture for both patient and staff
• 7. Consider how material choices can affect patients
• 8. Storage
• 9. You will not please everyone
• 10. Change is hard

Improving An Existing Practice

• Communication
• Satisfaction
• Geriatric principles
• Geriatric-friendly forms
• Billing opportunities

David B. Reuben: The 20-Minute Medicare Visit
Communication

- Telephone call triage to members with appropriate skill level
- Delineate management of calls from specific groups
- Review scripting and skills across staff for courteousness and responsiveness
- Review call flow, complaints, errors at staff meet
- Consider matching patient needs vs staff skills
- Identify types of calls that would benefit from early physician involvement
- Establish how results will be conveyed and by whom

Satisfaction

- Patient satisfaction
  - Choose tool based on resources and time
  - Focus on key elements
  - Implement a satisfaction survey
- Staff satisfaction
  - Choose format based on size
  - Some basic content
  - Informal feedback
- Personal satisfaction
  - Recognize elders as vulnerable individuals
  - Appreciate frailty and illness
  - Be creative
  - Involve patients

Geriatric principles

- Functional assessment
- Gait and balance
- Polypharmacy
- Pain
- Urinary incontinence
- Malnutrition
- Depression
- Cognitive impairment
- Sensory impairment
- Advance care planning
Geriatric-Friendly forms

- Forms can make visit
  - Efficient
  - Goal directed
  - Facilitate tracking of progress and treatment

- Previsit questionnaire
  - Initial visit
  - Follow-up visit
  - Focused-problem visit

Initial Visit

- Comprehensive but not cumbersome
- Avoid medical jargon
- Specific choices
- Common problems
- Syndromes
- Functional assessment
- Avoid too many items
- Allow easy transfer to EMR

Follow-up Visit

- Helps focus on pressing issues for pt
- Updates physician of interval changes
- Screen for falls, incontinence, weight loss
- Visit to other physicians
- Updated med list
- Request for refills
- Pharmacy update
Focused-problem Visit

• ACOVE forms for depression, heart failure, falls, incontinence, dementia
• Staff can pre-populate
  • Subjective section
  • Some simple assessment (orthostatic vitals, vision testing)

Billing opportunities

• Care plan oversight
  • G0181
• Requirements
• Sample documentation

Checklist of Older-Adult-Friendly Practice Tips

• Preparation to see provider
• Provider Visit
  • History
  • Physical exam
  • Fostering communication
  • After visit summary
Preparation To See Provider

- Arrivals
- Check-in
- Medical assistant’s role
  - Medication review
  - Vital signs
  - Critical events
  - Social history
  - Testing

Provider Visit: History

- Introduce yourself (cognition/dignity)
- Hearing
- Elicit concerns and negotiate agenda
- Address concerns
  - Medications
  - Syndromes
  - Critical events
  - Social
  - Lifestyle factors
  - Preventive care (including graduation)

Physical Exam

- Observe!
- Teeth and mouth
- Skin
- Feet
- Screen for syndromes
  - Mini-Cog
  - Timed get up and go test
  - PHQ-9
  - GDS
  - ADL/IADL
Fostering Communication

- Send copy of note to facility
- Speaker phone for calling with questions
- Ask for written information regarding concerns

After Visit Summary

- Standardize summary
  - Vitals, provider info, med list
  - Specific instructions on changes
  - Individualized goals
- Print in large font!

You can put your question here
Role of Family Caregiver

- Advance Directives
- Treatment Options
- Safety Issues
- Caregiver Needs

Advance Directives

- Goals of care, long-term care, end-of-life care preferences
- Health care proxy, living will, DPOA
- Financial planning, elder-law consult

Treatment Options

- Informed consent
- Cultural preferences (use interpreter)
- Palliative care options
- Referrals (supportive services, psych, social work, clinical trials)
Safety Issues

- Appropriate supervision
- Devices (Alzheimer's Association Safe Return Home)
- Driving
- Vulnerability to abuse and self-neglect
- Environmental (burns, falls)
- Medication management

Caregiver Needs

- Support
  - Emotional (anxiety, depression, anger, grief, guilt...)
  - Physical (poor diet, lack of exercise)
  - Spiritual (lack of faith)
  - Social (isolation, neglected friendships)
  - Family dynamics (lack or destructive involvement)
- Education
  - If uneducated about diagnosis, difficult to plan and cope

Conclusion

- Offices can be made geri-friendly by practice redesign
- Quality of care can be improved
- Be a champion
- Hard work!