

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

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The Issue

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

Wenger NS et al. Ann Int Med 2003

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Barriers

- Time is a premium in busy primary care practices.
- Insufficient cognitive capacity
- Disjointed health care system
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MARTHA STEWART
CENTER for LIVING
AT MOUNT SINAI

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<http://www.youtube.com/watch?v=Q5LzW3eeoA&lr=1>
<http://www.mountsinai.org/patient-care/service-areas/geriatrics-and-aging/areas-of-care/martha-stewart-center-for-living>

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

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- Healing/tranquil environment
- Multipurpose rooms for group visits, activities, seminars, meetings, precepting
- Optimized flow

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Challenges & Work Arounds

- 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

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- 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

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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

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• You can put your question here

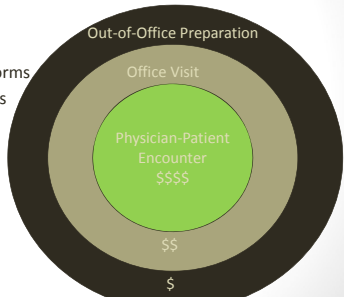


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Improving An Existing Practice

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



David B. Reuben: The 20-Minute Medicare Visit

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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

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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

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Geriatric principles

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

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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

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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

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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

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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)

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Reuben DB, Roth C, Kamberg C, Wenger NS. Restructuring primary care practices to manage geriatric syndromes: the ACOVE-2 intervention. J Am Geriatr Soc. 2003 Dec;51(12):1787-93.

Billing opportunities

- Care plan oversight
 - G0181
- Requirements
- Sample documentation

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Checklist of Older-Adult-Friendly Practice Tips

- Preparation to see provider
- Provider Visit
 - History
 - Physical exam
- Fostering communication
- After visit summary

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Preparation To See Provider

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

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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)

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Physical Exam

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

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Fostering Communication

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

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After Visit Summary

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

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- You can put your question here



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Role of Family Caregiver

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

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Advance Directives

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

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Treatment Options

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

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Safety Issues

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

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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

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Conclusion

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

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