Integrating Geriatrics Innovations into Health Care

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Objectives

☐ A brief history
☐ The demographic imperative is here
☐ Current health care system failures
☐ Geriatric innovations
☐ Integration into health care
☐ Conclusion
History of Geriatric Evaluation - 1

- Mother of Geriatrics – Marjory Warren, M.D. (1897-1960)
- Poor Law Infirmary Hospital annexed into West Middlesex Hospital in 1935
- 714 chronically ill bedridden “incurable” patients
- creation of first Geriatric Evaluation Unit
History of Geriatric Evaluation - 2

- established concepts of:
  - comprehensive assessment
  - rehabilitation
- “undertaken by a team whose central theme is optimism and hope”
- multidisciplinary team approach

History of Geriatric Evaluation - 3

- Outcome
  - 150 transferred to Psych hospital
  - 200 d/c to residential home
  - 350 remain
- 35% of whom were eventually discharged to independent living situation
Demographics – US Population > 65

U.S. Population Ages 65 and Older, 1950 to 2050

Demographics: Percent > Age 65

Percent of U.S. Population in Selected Age Groups, 1970 to 2050

- Categories: Under Age 18, Ages 18-44, Ages 65+

Rocky Mountain Geriatrics Conference
August 2016
Demographics: Age Pyramid
1910-1970’s

<table>
<thead>
<tr>
<th>1910’s</th>
<th>Nascher coins “geriatrics” and publishes first geriatrics textbook.</th>
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</thead>
<tbody>
<tr>
<td>1940’s</td>
<td>American Geriatrics Society and Gerontological Society of America established.</td>
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<td>1960’s</td>
<td>White House Conference on Aging</td>
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<td>1970’s</td>
<td>Medicare Act</td>
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<td></td>
<td>NIA established - Robert Butler Director</td>
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<td></td>
<td>DVA GRECC program and fellowships</td>
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<td>IOM report “Aging and Medical Education”</td>
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</tbody>
</table>

Demographics: Age Pyramid
1980’s – 2000’s

| 1980’s | Geriatric Medicine and Psychiatry fellowship programs accredited. |
|-------|-----------------------------------------------------------------
|       | AFAR founded. |
|       | NIA-ALzheimer’s Disease Centers. |
|       | ABIM and ABFM CAQ exam offered (1988). |
|       | RRC training requirements. |
| 1990’s | NIA-APepper Centers. |
|       | Hartford AGS Geriatric Specialists program begins. |
| 2000’s | Reynolds Foundation medical education awards. |
|       | IOM Workforce for Older Americans Report. |
Demographics: Age Pyramid 2016 and beyond
2011 Meta-analysis

Comprehensive geriatric assessment for older adults admitted to hospital: meta-analysis of randomised controlled trials

Graham Ellis consultant geriatrician and honorary senior clinical lecturer, Martin A Whitehead consultant geriatrician, David Robinson consultant geriatrician, Desmond O’Neill associate professor of gerontology, Peter Langhorne professor of stroke care

Conclusions Comprehensive geriatric assessment increases patients likelihood of being alive and in their own homes after an emergency admission to hospital. This seems to be especially true for trials of wards designated for comprehensive geriatric assessment and is associated with a potential cost reduction compared with general medical care.

Objectives

- A brief history
- The demographic imperative is here
- Current health care system failures
  - Quality
  - Safety
  - Cost
Quality

☐ 55% of adults receive recommended care
   ■ 439 indicators of quality of care for 30 acute and chronic conditions as well as preventive care
   ■ McGlynn, EA NEJM, 2003 348:2635

☐ Assessing Care of the Vulnerable Elderly
   ■ Quality indicators for falls, incontinence, dementia and end of life care all met < 35%

Safety

☐ Medications
   ■ Potentially inappropriate medications
   ■ Interactions
   ■ Adverse drug events

☐ Iatrogenic Illness in Hospitals
   ■ Delirium
   ■ Falls
   ■ Hospital acquired infections

☐ Care Transitions to nowhere – “lost in translation”
Costs

![Costs Graph](image)

Objectives

- A brief history
- The demographic imperative is here
- Current health care system failures
- Geriatric innovations
  - Comprehensive Geriatric Assessment
  - Syndrome Specific
  - Site of Care Specific
  - Systems of Care

**Principles Of Geriatric Assessment**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Promote wellness, independence</th>
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<tbody>
<tr>
<td>Focus</td>
<td>Function, performance (gait, balance, transfers)</td>
</tr>
<tr>
<td>Scope</td>
<td>Physical, cognitive, psychologic, social domains</td>
</tr>
<tr>
<td>Approach</td>
<td>Multidisciplinary</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Ability to perform rapid screens to identify target areas</td>
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<tr>
<td>Success</td>
<td>Maintaining or improving quality of life</td>
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**Goals Of Comprehensive Geriatric Assessment**

- To determine a patient’s:
  - medical status
  - functional capabilities
  - psychosocial status
- in order to develop an overall plan for treatment and long-term follow-up.
Patient Outcomes improved by Functional Assessment

- Improve activity level, diagnostic accuracy, living situation
- Reduce polypharmacy, prescribe appropriate medications
- Decrease hospitalizations/nursing home use
- Increase home health care
- Reduce medical costs
- Prolong survival

Syndrome Specific

- Multifactorial Fall Prevention
- Delirium Prevention – Hospital Elder Life Program
- Depression – IMPACT
- Dementia – ABC
- Incontinence
- Heart failure
Site Specific

- Hospital Acute Care of the Elderly (ACE) Units
- Nurses Improving Care of Hospitalized Elders (NICHE)
- Program of All-inclusive Care for the Elderly (PACE)
- Primary Care – ACOVE
- Eden Alternative in Skilled Nursing Facilities

Systems of Care

- Medications – Beers List
- Patient Safety initiatives
- Palliative Care
- Transitions of Care
Objectives

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- Integration into health care
  - Patient Centered Medical Home
  - Post-acute care/ Bundling
  - Accountable Care Organizations

Movement to Value Based Care

<table>
<thead>
<tr>
<th>Target percentage of Medicare FFS payments linked to quality and alternative payment models in 2016 and 2018</th>
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<tr>
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<tr>
<td>All Medicare FFS (Categories 1-4)</td>
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<tr>
<td>FFS linked to quality (Categories 2-4)</td>
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<tr>
<td>Alternative payment models (Categories 3-4)</td>
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Geriatric Care Innovations Align with CMS Triple Aim

- Higher quality care for individuals
- Better health for populations
- Lower costs

Patient Centered Medical Home (PCMH)

- MD-directed team practice
- Whole person care
- Patient centered = goal oriented
- Provide care coordination across the continuum
- Enhanced access
- Focus on care quality and safety
Post-acute Care/ Bundling

- Single payment for hospital stay + 90 days of post hospital care
- PAC clinical care networks – hospital partnership with SNF, HHA, hospice
- Precursor to ACO

Our time is here…

- The demographic imperative has arrived, but it is not sufficient
- Our value proposition is in population health of a vulnerable, high cost patient group
- The evidence-based innovations developed in the past 30 years can now be deployed to address current health system needs
Conclusion

- The health system is rapidly evolving
- Geriatrics is poised on the cutting edge of value based care
- We need to be proactive in leading this change in health care on behalf of our patient population’s needs

Questions...

About our logo...

The bristlecone pine tree (Pinus longaeva) - the earth’s oldest inhabitant with a life span of 4,000 years - is found only in Utah and five other western states. Its extraordinary longevity and ability to adapt and survive in extremely harsh environmental conditions above 10,000 feet embodies the investigative spirit and mission of the Utah Center on Aging.
Care coordination for a single patient