



Age Friendly Care: What is it?

How do we provide this for our patients?

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About Engage

An interdisciplinary team of
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Engage is part of Georgia Gear, a multi-institute partnership whose goal is to improve clinical care and quality of life for older adults and their families.

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Our Process...

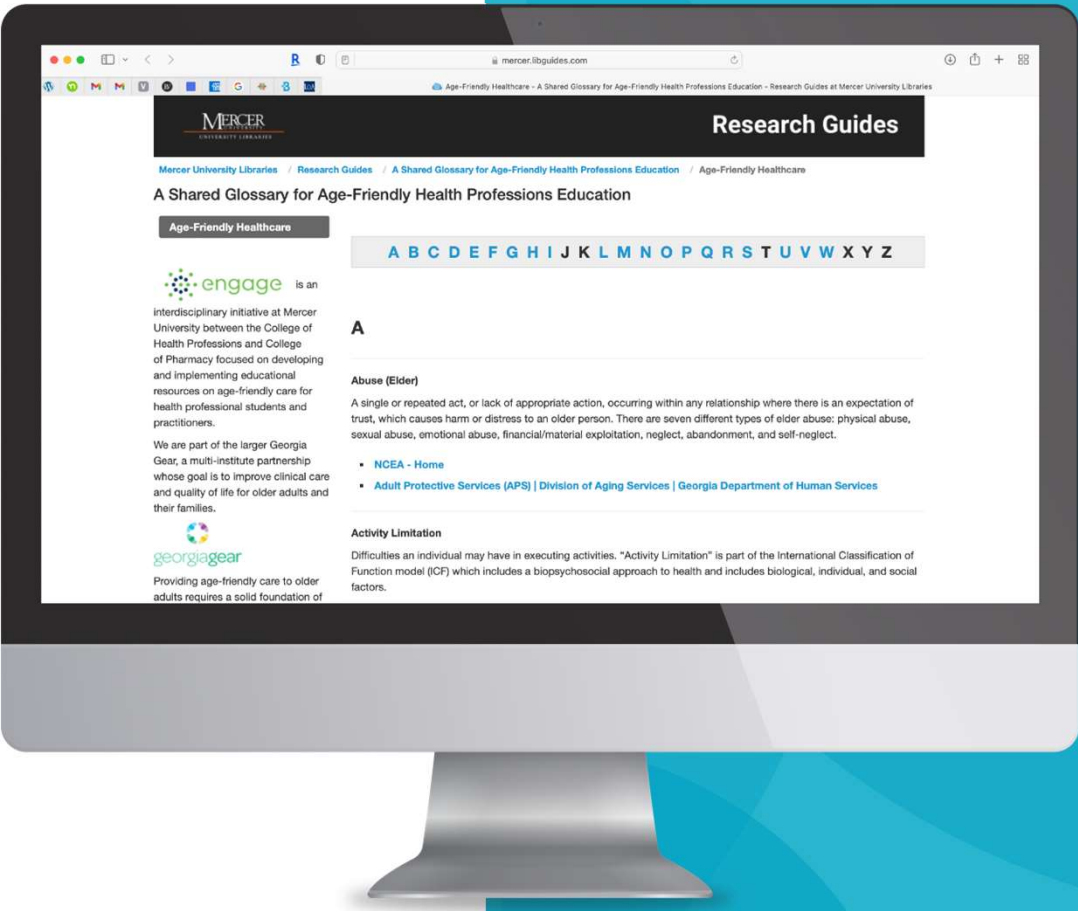
Audit of Accreditation Criteria	Audit of Health Sciences Curricula	Consensus on Products	Design and Develop Modules	Implement/Publish the Curriculum
<p>Allopathic Medicine</p> <p>Pharmacy</p> <p>Physical Therapy</p> <p>Psychology</p>	<p>Required and elective courses</p> <p>Course outcomes</p> <p>Placement of age-friendly curriculum</p>	<p>Glossary</p> <p>Modules:</p> <ul style="list-style-type: none"> • Overarching Topics • Geriatric Syndromes <p>Assessments</p> <p>Peer review and edit</p>	<p>Search literature</p> <p>Collect resources</p> <p>Format modules</p> <p>Include cases to illustrate 4Ms care</p> <p>Include S, A, and T</p>	<p>Mercer University:</p> <ul style="list-style-type: none"> • Library website • HS core courses • HS elective courses <p>Outside of Mercer</p>

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Know and Use the Shared Language...

we are all connected





Learning Objectives

At the conclusion of this session, participants should be able to:

- **Define age-friendly care and the 4Ms**
- **Describe why an interprofessional team is required to provide age-friendly care to older adults**
- **Identify within a patient case vignette when age-friendly care is not provided**
- **Formulate a plan of how age-friendly care would have better been provided in each patient case vignette**
- **Integrate concepts regarding age-friendly care and the 4Ms into their clinical practice with older adults**



The Age-Friendly Health System^{3,4}

In 2017, the John A. Hartford Foundation and Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association and the Catholic Health Association of the United States developed the concept of the “age-friendly health system.”

A framework or model of essential elements to support high-quality care for older adults.



The Age-Friendly Health System^{3,4}

Central to the framework, value is optimized for **all** constituents and stakeholders, including:

- Patients
- Families
- Caregivers
- Healthcare professionals
- Health systems



THE 4Ms FRAMEWORK

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.

MOBILITY

Ensure that older adults move safely every day in order to maintain function and do WHAT MATTERS



MEDICATION

If medication is necessary, use Age-Friendly medication that does not interfere with WHAT MATTERS to the older adult, MOBILITY, or MIND across settings of care.

MIND

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

Why is Age-Friendly Care Important?

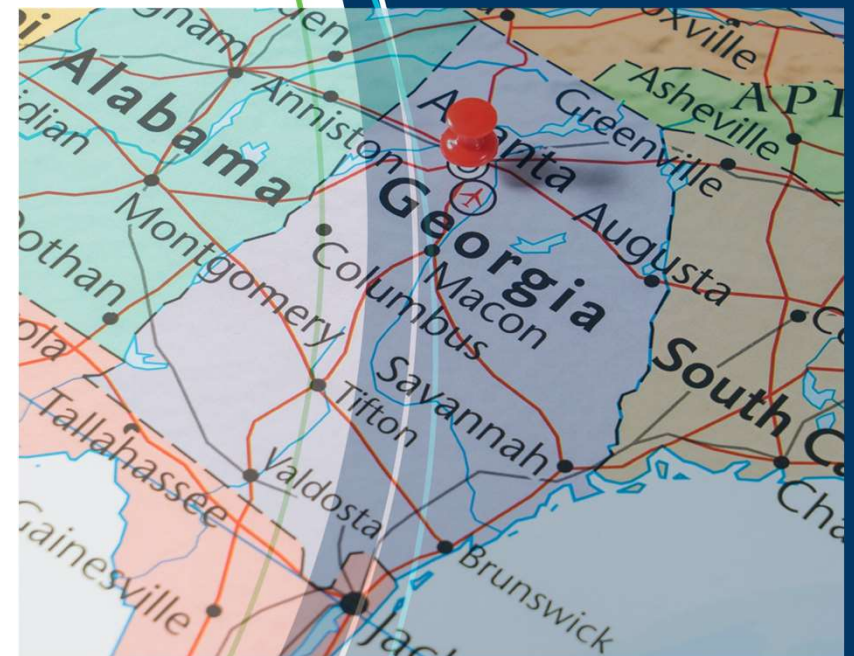
The Need.... We are Aging

National:

- By 2040, about one in five Americans will be age 65 or older.
- Those ages 65 and older will more than double by 2040.
- Those ages 85 and older, the group most often needing help with basic personal care, will almost quadruple by 2040.

Georgia:

- The U.S. Census Bureau estimates that more than 20 percent of Georgia's population will be 60 and older by 2030.
- ..this is an increase of almost 34 percent from 2012.



As you know...^{3,4}

- Healthcare becomes more complex as we age.
- Health systems and healthcare providers are frequently unprepared for this complexity.
- Older adults suffer a disproportionate amount of harm while in the care of the health system.





Definitions

! Geriatric Syndrome

- A multifactorial condition prevalent in older adults that develops when an individual experiences accumulated impairments in multiple systems that compromise their compensatory abilities.

Overarching Topics	Geriatric Syndromes		
<div data-bbox="485 899 835 995">Age-Friendly Care</div> <div data-bbox="485 1037 835 1133">Ageism</div>	Chronic Pain	Falls	Polypharmacy
	Cognitive Impairment	Frailty	Pressure Injury
	Delirium	Incontinence	Sleep Disturbance
	Depression	Malnutrition	



Age-Friendly care...

Requires an Interprofessional Team



Screening



Assessment



Treatment

Case

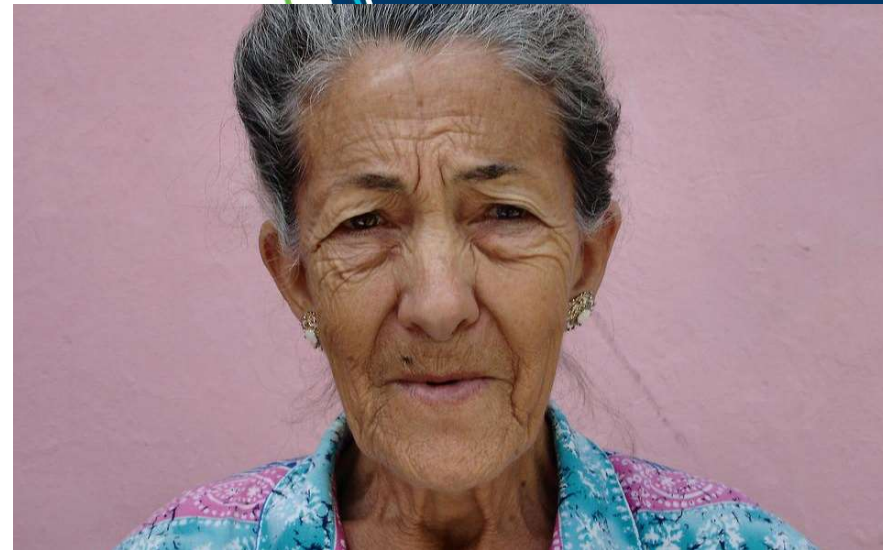
Mrs. Rodriguez

Mrs. Rodriguez is an 80-year-old Hispanic female living with her daughter for 8 months s/p hip replacement (THA) due to a fracture after a fall. She lived independently prior to the fall but has been unable to return home due to a lack of safety with ADLs.

Rehabilitation post-THA was limited due to insurance and post-op delirium during subacute and home health services.

Her depression has worsened being unable to return home and being home alone during the day while her daughter works. She stays in her room when her daughter is at work. Uses a rolling walker in the house and w/c in the community. Requires physical assistance or an elevated surface to stand. Her main complaint on exam is that she lost her dentures two weeks ago.

During her follow up visit, her orthopedic PA states that her x-rays look great, and she should follow up in 6 months or sooner if needed.



Case

Mrs. Rodriguez

Medical History

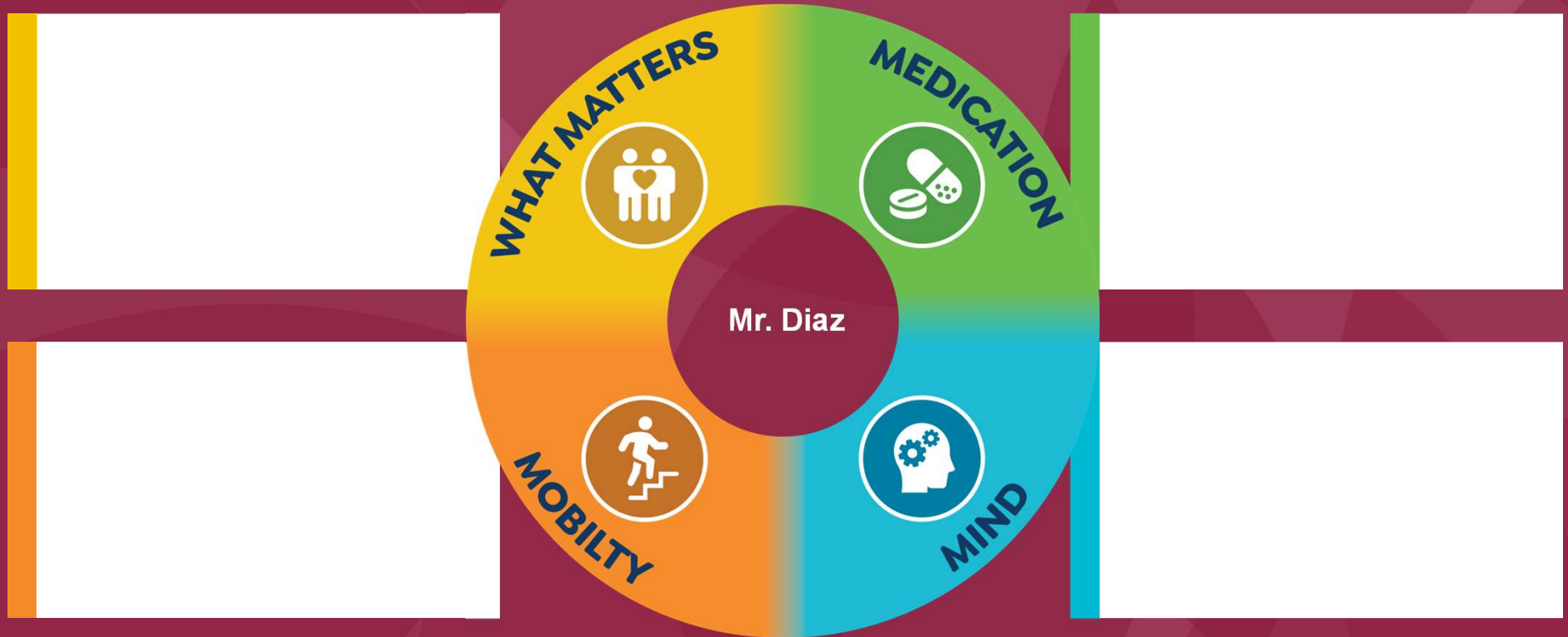
- Depression
- Osteoarthritis (Knees)
- Osteoporosis
- Hypertension
- Weight Loss:
 - >10% total body weight loss compared to pre-THA

Medications

- Sertraline (Zoloft) 50 mg once daily
- Acetaminophen (Tylenol) 500 mg every 8 hours as needed for pain
- Acetaminophen/diphenhydramine (Tylenol PM) 500/25 mg for sleep
- Atenolol (Tenormin) 100 mg daily
- Calcium citrate 400 mg/vitamin D3 500 IU (Citracal) twice daily with food
- Alendronate (Fosamax) 10 mg daily



Un-Age-Friendly Care (4Ms)



Frailty Age-Friendly Care (4Ms)



Clinical Pearls



Evaluating frailty

- Screen using validated, rapid instrument at all healthcare encounters for those > 70 years of age or unintentional weight loss >5% body weight in the prior year

Managing frailty

- Plan addresses polypharmacy, sarcopenia, weight loss, fatigue
- Multi-component physical activity program including progressive resistive training; reduce sedentary time
- Consider protein/caloric supplementation when weight loss or undernutrition is diagnosed; if prescribed it is optimized in conjunction with a physical activity program
- Address what matters most to the patient

Case

Mr. Diaz

Mr. Diaz is an 82-year-old Hispanic male who resides in a local assisted living facility.

He is brought to the Emergency Department by his daughter. His daughter states that the patient is agitated and confused and will only speak to her in Spanish, which is not typical for the patient, who is fluent in Spanish and English. She states this is getting worse and he cannot focus on questions she is asking him.

Mr. Diaz is yelling that he needs to go check on his wife right away. The patient's daughter explains that her mother passed away 15 years ago.

The emergency medicine PA performs a cursory exam and states "I understand that your wife passed away several years ago. Let's get some tests ordered to figure out what is going on with you." Later he returns and states "It looks like you have a little urinary tract infection. I will get you a prescription and we will get you out of here."



Un-Age-Friendly Care (4Ms)

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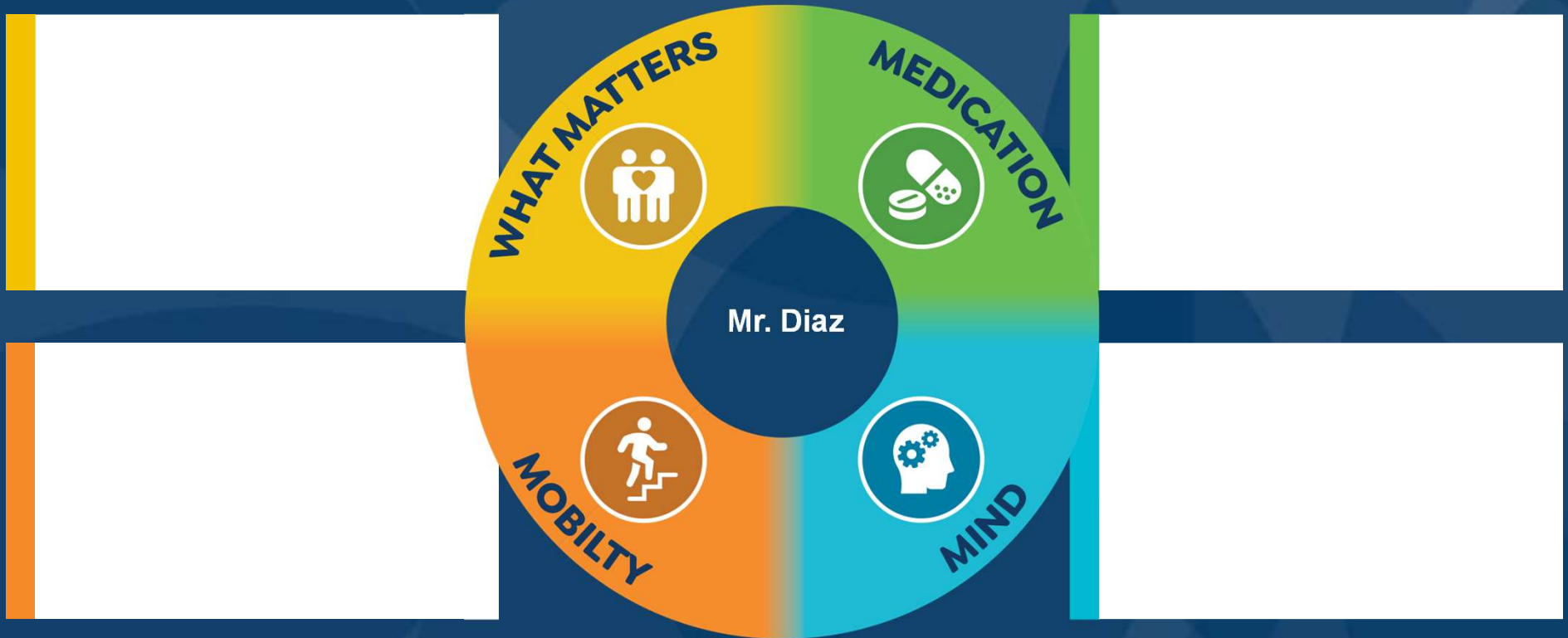
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Delirium Age-Friendly Care (4Ms)



Clinical Pearls



Evaluating Delirium

- Screen using validated, rapid instrument
- Listen to family and caregivers concerns and insights

Managing Delirium

- Treat the underlying condition that is etiology of delirium (infection, acute change in condition, exacerbation of chronic condition, medication adverse effect etc.)
- Consideration of caregiver input is important
- Address concerns of the patient

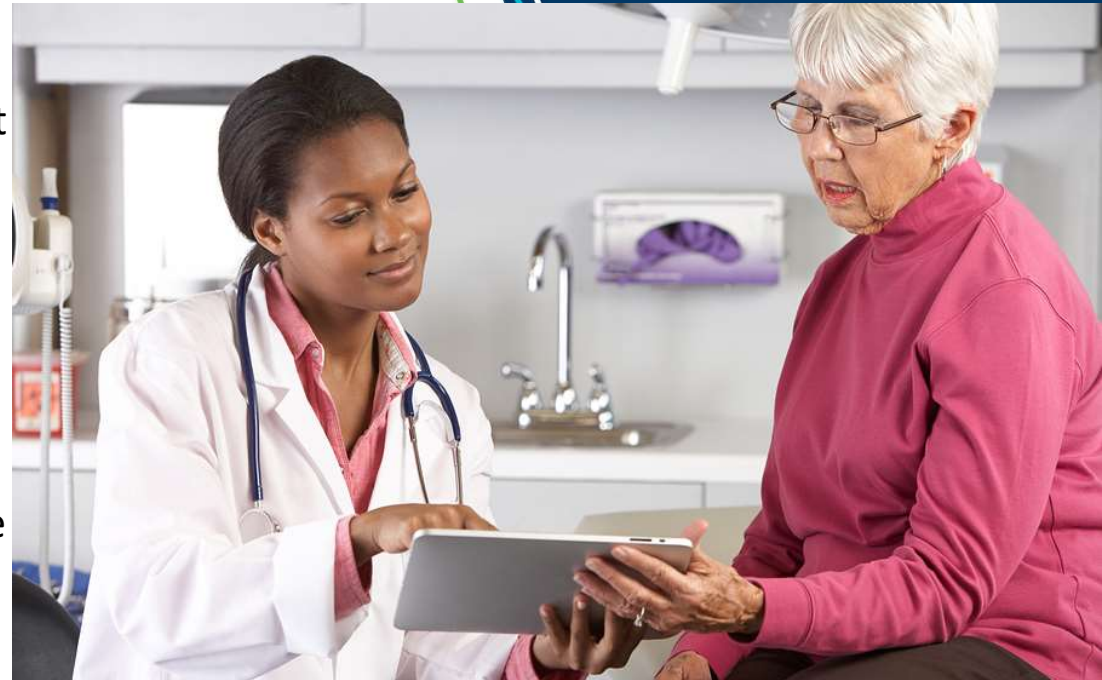
Case

Mrs. Milroy

Mrs. Sarah Milroy is an 80-year old female seeing primary care provider (PCP) for her **annual wellness visit**. She presents with a complaint of pain to her left wrist after a near fall yesterday while entering her home carrying a bag of groceries. She reports she did not fall and has not fallen in the last year; however, she is afraid of falling. She is also concerned about how she will get to appointments in the future since her neighbor that gives her rides is moving away.

Her past medical history is significant for type 2 diabetes mellitus, hypertension, depression, and knee osteoarthritis. She lives alone in a two-level home.

The PA voices she is glad that the patient did not fall, recommends Tylenol for discomfort and reports no abnormalities or concerns at the end of the annual wellness visit.



Case

Mrs. Milroy

- Medications:
- Atenolol (Tenormin) 100 mg daily
- Acetaminophen (Tylenol) 500 mg every 8 hours as needed for pain
- Glimepiride (Amaryl) 2 mg every morning
- Sertraline (Zoloft) 50 mg once daily
- Zolpidem (Ambien) 10 mg every night
- Fish Oil 1200 mg once daily

Fall Risk Screening Questions

Do you feel unsteady when standing or walking? - No

Do you worry about falling? - Yes

Have you fallen in the last year? - No

Fall Risk Assessments

Timed Up & Go: 13 seconds

30-second Chair Stand: 8 reps

Blood Pressure

Supine: 128/84 mmHG

Standing: 122/ 80 mmHG

Un-Age-Friendly (4Ms)

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Falls Age-Friendly Care (4Ms)



Clinical Pearls



Evaluating Falls

- Screen for fall risk annually, or any time patient presents with acute fall.
- Consider medication as contributing factor

Managing Falls

- Consideration of the older adult's cognitive status and availability of caregiver
- Engage in inter-professional fall prevention
- Address modifiable fall risk factors
- Use evidence to manage fall risk

Summary



Remember...

- The 4Ms in every encounter with an older adult in every type of setting
- Screen for common geriatric syndromes
- Engage the interprofessional team
- Refer patients to community resources

Continue to **ENGAGE...**

with your patients, their families,
your colleagues, and your
communities.

Together for Tomorrow



engage

Together for Tomorrow

THANK YOU

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