AGE-FRIENDLY CLINICAL CARE: the 4Ms and what Matters most

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COUNTY OF SAN DIEGO
May 17, 2024

COUNTY OF SAN DIEGO
Health and Human Services Agency

LIVE WELL
SAN DIEGO

WHAT IS A GERIATRICIAN

Board Certified Internal Medicine Physician

+

Board Certification in Geriatrics

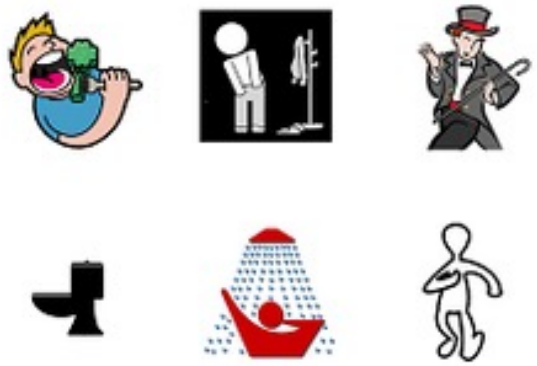
+

Holistic approach (what matters)

+

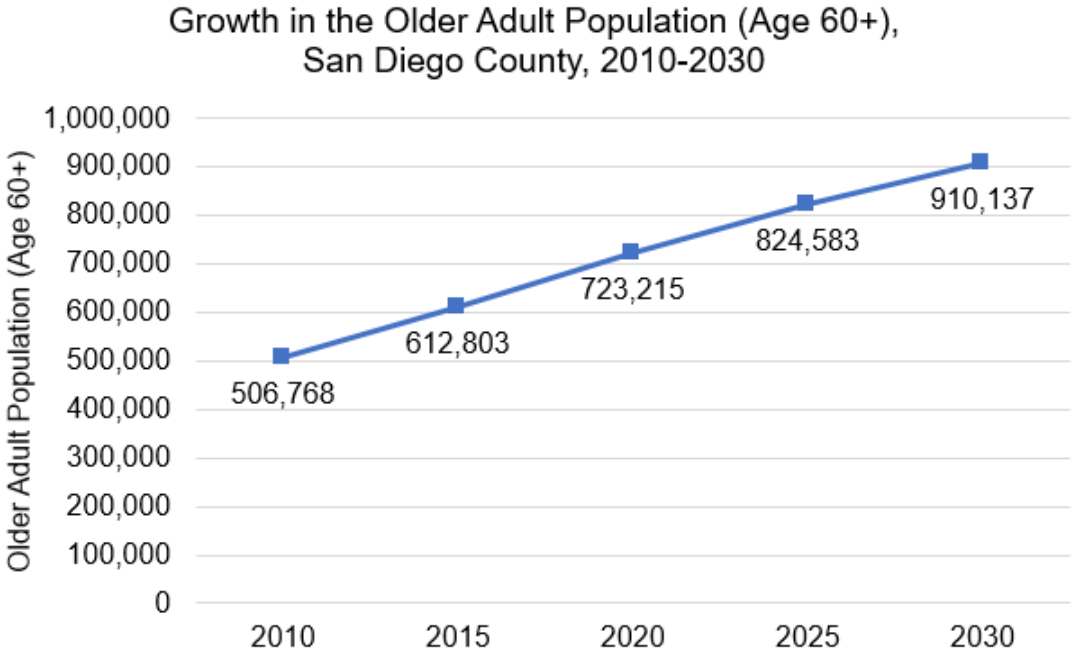
F Word

FUNCTION-
ACTIVITIES OF DAILY LIVING

Basic	Instrumental	Advanced
What you needed to get here	What you need to do on the weekend	What you want to do for enjoyment
		

(Muñoz-Neira et al., 2012; Slachevsky et al., 2019)

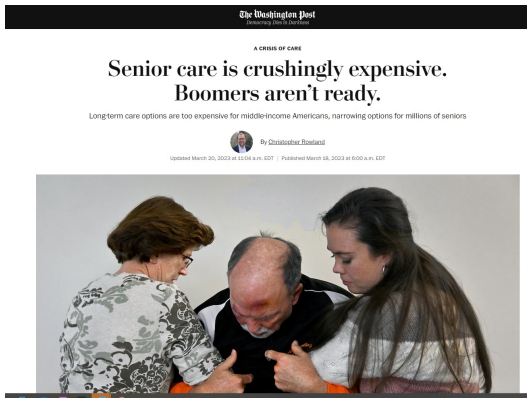
CONTEXT: AGING POPULATION



Source: State of California, Department of Finance. P-2: County Population Projections (2010-2060), P-2B County Population by Age. https://dof.ca.gov/forecasting/demographics/projections/. Accessed 7/11/2022.
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2022.

NEEDS: NATIONAL GAPS

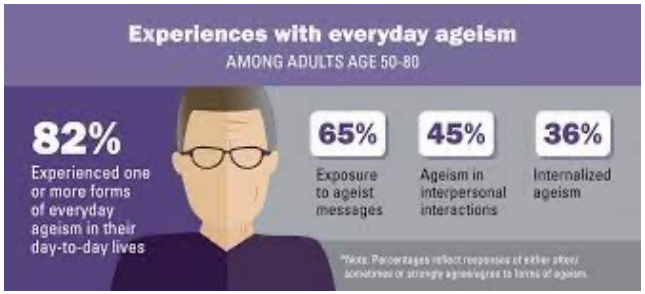
Age-Friendly Public Health

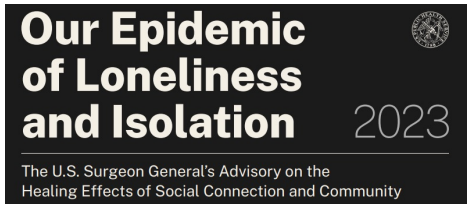


Older adults nationally are being priced out of their apartments

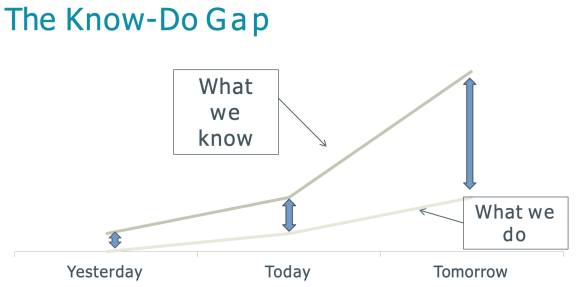
Can't afford help w/ADLs

Age-Friendly Communities





Age-Friendly Clinical Care



Only 30% of recommended evidence-based clinical care for older adults is implemented

Levine DM, Linder JA, Landon BE. The Quality of Outpatient Care Delivered to Adults in the United States, 2002 to 2013. *JAMA Intern Med.* 2016;176(12):1778–1790.

FIRST DAY AS CHIEF GERIATRIC OFFICER

COUNTY OF SAN DIEGO'S AGING ROADMAP- PHEW!

Aging and Independence Services

CALL CENTER: **800-339-4661**

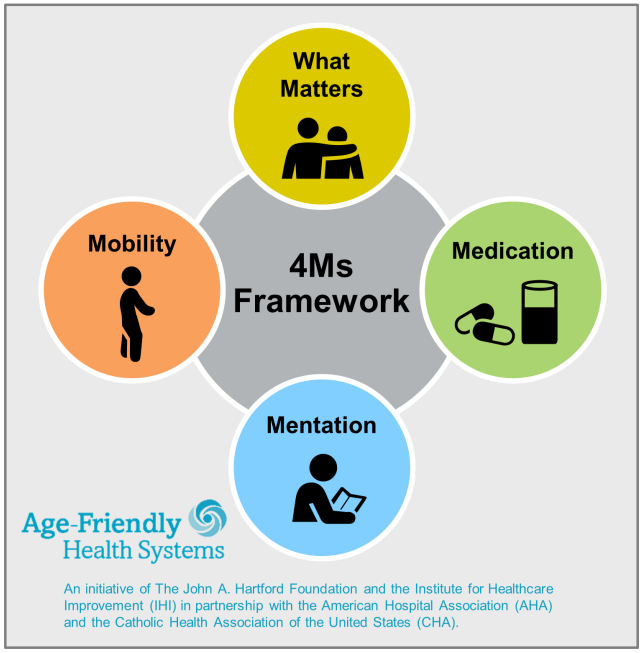
CoSD AGING ROADMAP
10 FOCUS AREAS

- HOUSING
- TRANSPORTATION
- HEALTH & COMMUNITY SUPPORT
- MEDICAL & SOCIAL SERVICES SYSTEM
- SOCIAL PARTICIPATION
- PREPAREDNESS
- DEMENTIA
- CAREGIVER SUPPORT
- SILVER ECONOMY
- SAFETY

CDA MASTER PLAN FOR AGING
5 FOCUS AREAS

- HOUSING FOR ALL STAGES AND AGES
- HEALTH REIMAGINED
- INCLUSION & EQUITY, NOT ISOLATION
- CAREGIVING THAT WORKS
- AFFORDABLE AGING

AGE-FRIENDLY CLINICAL HEALTH CARE: THE 4MS



For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at ihi.org/AgeFriendly

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

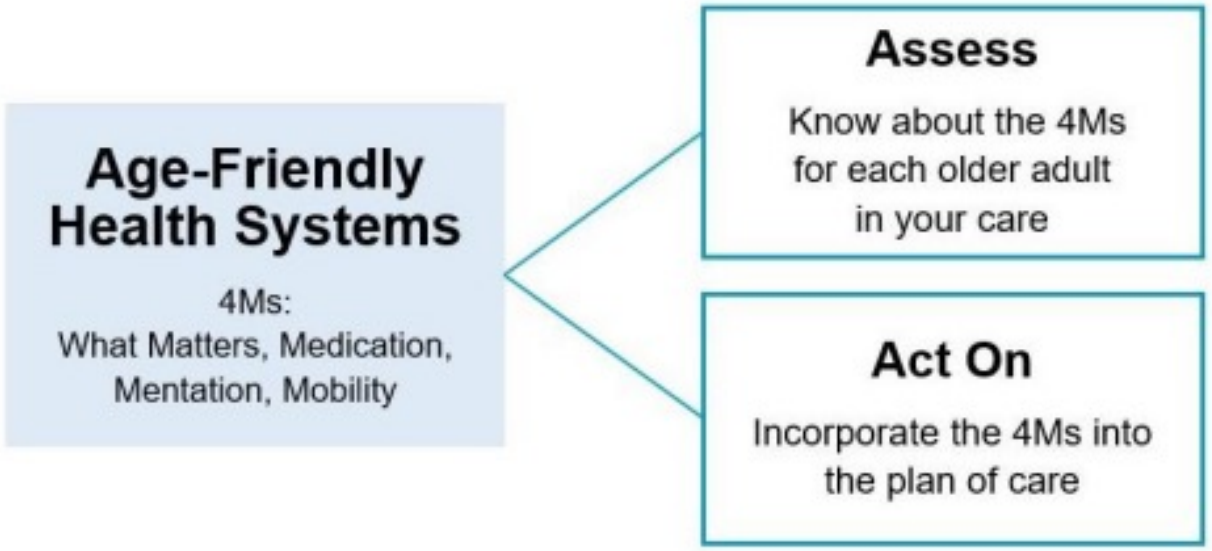
Ensure that older adults move safely every day in order to maintain function and do What Matters.

Age-Friendly Clinical Health Care aims to:

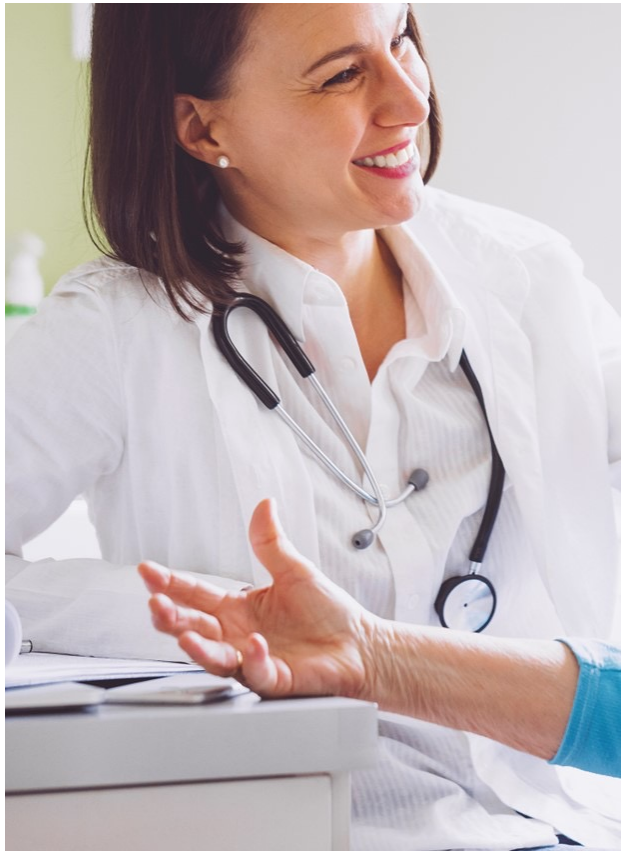
- Follow an essential set of evidence-based practices
- Cause no harm
- Align with what Matters with each older adult and their family

Institute for Healthcare Improvement
The John A. Hartford Foundation
American Hospital Association
CHA Catholic Health Association of the United States

AGE-FRIENDLY CLINICAL HEALTH CARE: ASSESSING AND ACTING ON EACH M



WHAT MATTERS MOST



AIM

Assess each older adult's specific health outcome goals and care preferences, including but not limited to End of Life Care

Act on /incorporate into care plan

Why What **MATTERS** Most is What Matters Most

For older adults

- Varies and we are the experts in ourselves
- Improved satisfaction with care

For health care professionals

- Decrease burnout
- Increased adherence to care plans

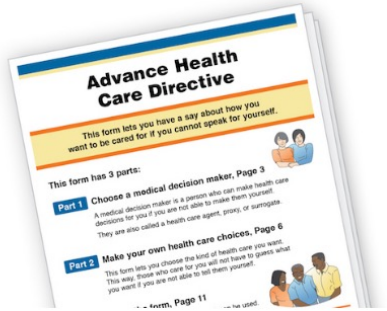
For health systems

- Prioritize what people want and decrease costly unwanted care
- Quality metrics: HEDIS Measure (as well as PRIME, QIP, etc.)

WHAT MATTERS – ASSESS

Advance Care Planning

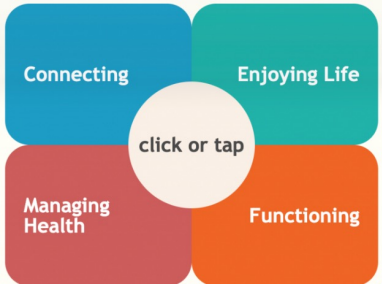
PREPARE™ for your care



https://prepareforyourcare.org/en/welcome

Current Care Planning

patient priorities care | Choosing what matters. Doing what works.



Myhealthpriorities.org

Cancer. 2021 Oct 1; 127(19): 3631–3639.
J Palliat Med. 2018 Jun 1; 21(6): 853–856.

WHAT MATTERS- ASSESS CURRENT CARE PLANNING

MyHealthpriorities.org

Institute for Healthcare Improvement What Matters Most Toolkit

Guiding Questions: Understanding Life Context and Priorities
• What is important to you today? • What brings you joy? What makes you happy? What makes life worth living? • What do you worry about? • What are some goals you hope to achieve in the next six months or before your next birthday? • What would make tomorrow a really great day for you? • What else would you like us to know about you? • How do you learn best? For example, listening to someone, reading materials, watching a video.

J Am Geriatr Soc. 2019 Apr;67(4):665-673. doi: 10.1111/jgs.15809

WHAT MATTERS MOST- THEMES

Choice and connection

As we age, most people want to feel

engaged, valued, and empowered to

Live how, where, and with whom we choose

regardless of race/ethnicity, income, sexuality, ability, etc.

WHAT MATTERS MOST- ACT

BRIDGING THE MEDICAL SOCIAL DIVIDE

CoSD AGING ROADMAP
10 FOCUS AREAS

- HOUSING
- TRANSPORTATION
- HEALTH & COMMUNITY SUPPORT
- MEDICAL & SOCIAL SERVICES SYSTEM
- SOCIAL PARTICIPATION
- PREPAREDNESS
- DEMENTIA
- CAREGIVER SUPPORT
- SILVER ECONOMY
- SAFETY

The San Diego Union-Tribune

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
ACCREDITED
GERIATRIC
EMERGENCY DEPARTMENT

MIND (MENTATION)

AIM

Assess/identify delirium, depression, and dementia across the continuum of care

Act/provide evidence-based prevention, treatment, and management

MIND (MENTATION)-
ASSESS DELIRIUM VS. DEPRESSION VS. DEMENTIA

Domains of distinction	Delirium	Depression	Dementia
Validated Screening tools	UB-2, CAM	PHQ-2, PHQ-9, GDS	Mini-Cog, AD8, **GP-COG**, FAQ
Onset	**Hours to days**	Weeks to months	**Months to years**
Course and duration	**Fluctuating, hours to days, reversible often medical cause**	May be chronic	**Progressive, irreversible**
Self-Awareness	May be aware of changes or fluctuation	Likely to be concerned about memory	May hide or be unaware of deficits
Common tests	CBC, CMP, TSH, B12, UDS, BAH, r/o ID (e.g., UA, Cxray), +- CT	CBC, CMP, TSH, B12,	CBC, CMP, TSH, B12, RPR, HIV, +- MRI
Management	**Underlying medical cause** Medications, Mobility, Sensory	Cognitive Behavioral Therapy SSRIs	Pharmacologic therapies (AChEIst, NMDA, Anti-monoclonals) Comprehensive Dementia Care!

DEMENTIA-
EXAMPLE ASSESS BRAIN HEALTH

THE ALZHEIMER'S Project
San Diego unites for a cure and care

The Cognitive Health Assessment
www.dementiacareaware.org

(CHA) a screen for dementia (aka brain health)

Part 1	Part 2	Part 3
		
Take a Brief Patient History	**Use Screening Tools**	**Document Care Partner Information**

Goal: Screen patients 65 and older annually (who do not already have a diagnosis of dementia)

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

DEMENTIA – ACT
COGNITION, FUNCTION, AND SUPPORT

If the Cognitive Health Assessment (Dementia Screen) is positive, then further evaluate and address:

COGNITION	FUNCTION	SUPPORT
Screen for depression and substance use	Based on functional assessment, connect patients to services depending on need. Especially consider	Document the roles and contact information for the patient's support system, including:
Eval for other diseases with cognitive symptoms (e.g., HIV, syphilis, thyroid, OSA, Vit B12 deficiency)	**In-Home Supportive Services, PACE, etc.**	Care partner for the CHA screen
Order labs (e.g., CBC, electrolytes, BUN/Cr, HbA1C) and head imaging (if <12 mos of sx)	Money management services	Support persons or additional care partners
Take more detailed cognitive sx history, consider referral to a specialist (Neurologist, Geriatrician, Geriatric Psychiatrist	Meal delivery services	**Health care agent(s) or durable power of attorneys**
Start a **Brain Health Plan**	Legal services for access to benefits through Medi-Cal and other programs	Connect patient to support system as needed to assist with medical and financial advance care planning

Aging and Independence Services

CALL CENTER: 800-339-4661.

Southern Caregiver Resource Center
Caring for those who care for others

ALZHEIMER'S ASSOCIATION

Alzheimer's | SAN DIEGO

ELA ELDER LAW ADVOCACY

LEGAL AID SOCIETY OF SAN DIEGO 100 YEARS 1920–2020

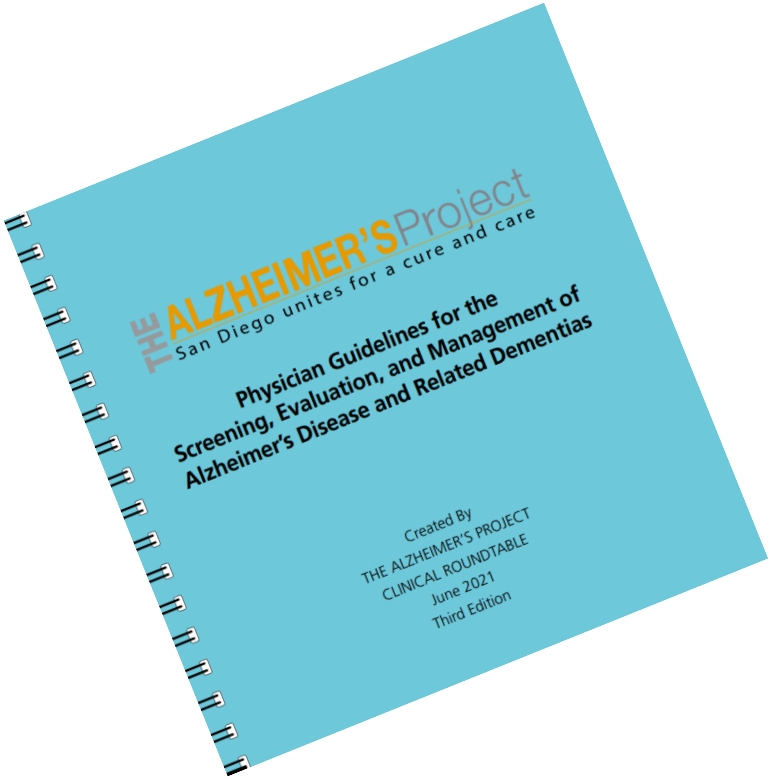
County of San Diego (.gov)
https://www.sandiegocounty.gov › sdc › programs › mcsd

San Diego Advancing and Innovating Medi-Cal (SDAIM)

UCSF University of California San Francisco

DEMENTIA Care Aware

DEMENTIA –ACT
ADDRESS COGNITION AND FUNCTION



Check back for 2024 update at Champions for Health
https://championsforhealth.org/alzheimers/

DEMENTIA Care Aware
Early detection. Better care.

Have questions about dementia care? Call Dementia Care Aware warmline for clinicians today at 1-800-933-1789, staffed by UCSF clinicians with expertise in dementia.
Or contact LindseyC.Yourman@sdcounty.ca.gov

DEMENTIA –ACT
COGNITION- START A BRAIN HEALTH PLAN

You can start a brain health plan to maximize brain function in all older adults, but it will especially benefit those with cognitive or functional decline

BRAIN HEALTH PLAN

- ❑ Ensure up to date vision and hearing assessments; if impairments are present, correct accordingly
- ❑ Review medications for cognitive side effects and reduce as possible in dose, frequency, or trialing off completely
- ❑ Encourage social and physical activity
- ❑ Continue to address cardiovascular risk factors, such as blood pressure and diabetes
- ❑ Consider starting dementia medications only after an official diagnosis of mild cognitive impairment or dementia is made (at best current medications can slightly slow the progression of dementia for a limited amount of time, all have side effects, and there is no cure)

DEMENTIA – ACT ACCESS SUPPORTS

People with Managed Medi-Cal who are diagnosed with dementia are within the population of focus: “at risk for institutionalization”, and can be referred to CalAIM Enhanced Care Management and Community Supports

The overlap between Enhanced Care Management and best practices in dementia care are detailed here

ECM component		Dementia care best practice
Outreach and engagement	☆	Partner with dementia friendly initiatives to generate referrals
Comprehensive assessment and care management plan	◐	Defined care manager role
	◐	Personalized and comprehensive care plan that is regularly updated according to the patient’s needs
	◐	Care plan includes treatment and care management
	⚠	Care plan includes medication management
Enhanced coordination of care	◐	Defined care manager role
Health promotion	◐	Caregiver education includes dementia education including managing stressors, medication management, self-management and community resources.
Transitional care services	◐	Defined care manager role
Member and family supports	◐	Care plan includes caregiver support
	◐	Caregiver support includes education on self-management
	⚠	Caregiver assessment
Coordination of and referral to community and social Support Services	◐	Defined care manager role

◐ Overlap ☆ Opportunity ⚠ Limitation

Overlap between these CS services and best practices in dementia care are detailed here

CS component		Dementia care best practice
Environmental accessibility adaptations (home modifications)	◐	Multicomponent interventions: safety intervention
Respite services	◐	Caregiver support: adult day programs
Personal care and homemaker services	☆	Supports identified barriers to access to care such as functional requirements and hour limitations for in-home support services
Medically tailored meals or medically supportive food	◐	Community dwelling intervention: home-delivered meals
Nursing facility transition or diversion to assisted living facility	◐	Community Dwelling Intervention: small-scale home-like care models

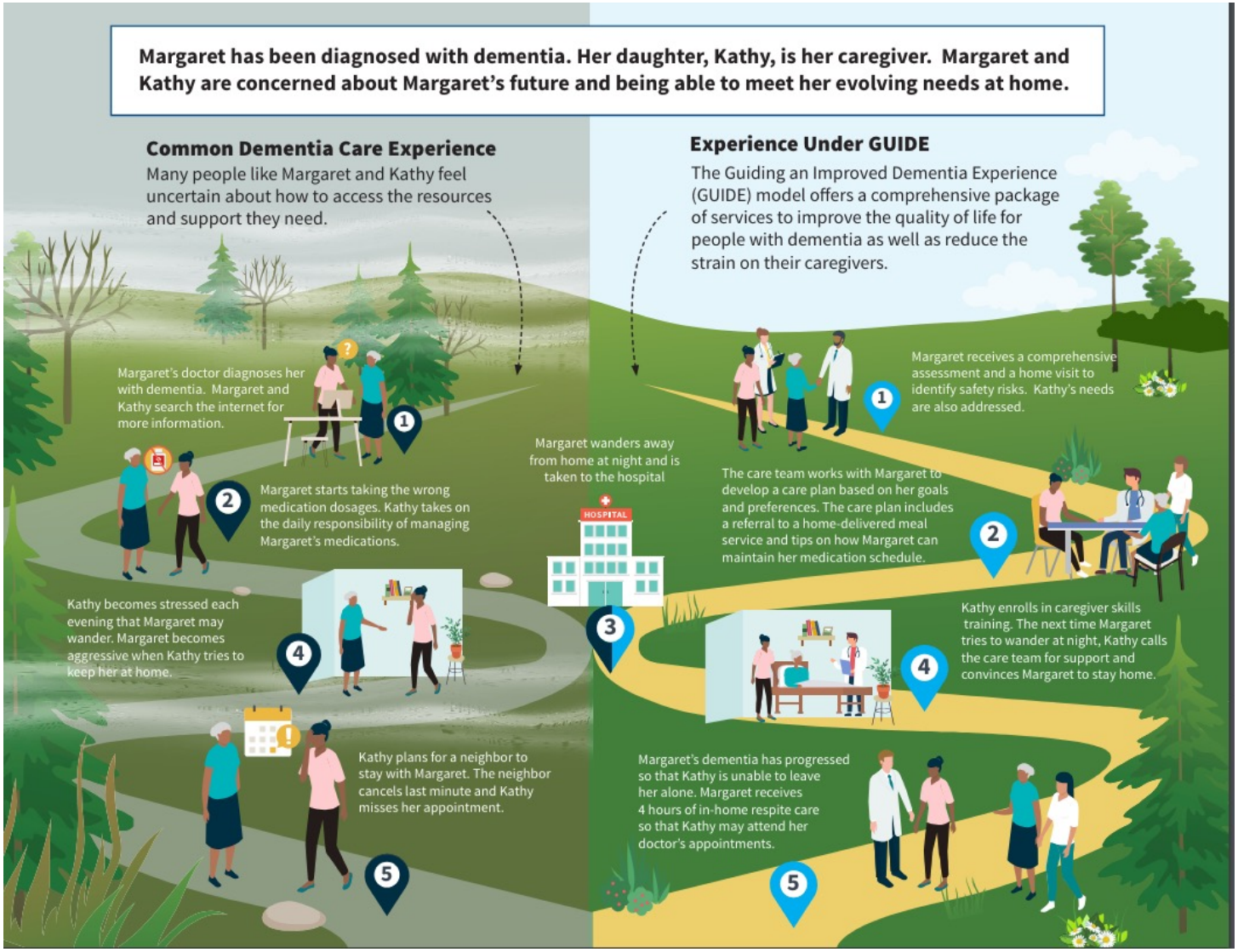
◐ Overlap ☆ Opportunity

https://archstone.org/uploads/ARCHSTONE-CALAIM-WHITEPAPER-FINAL-Nov-2023.pdf

CMS.gov

GUIDE

Two health systems in San Diego County are participating in this novel Alternative Payment Model for whole person dementia care



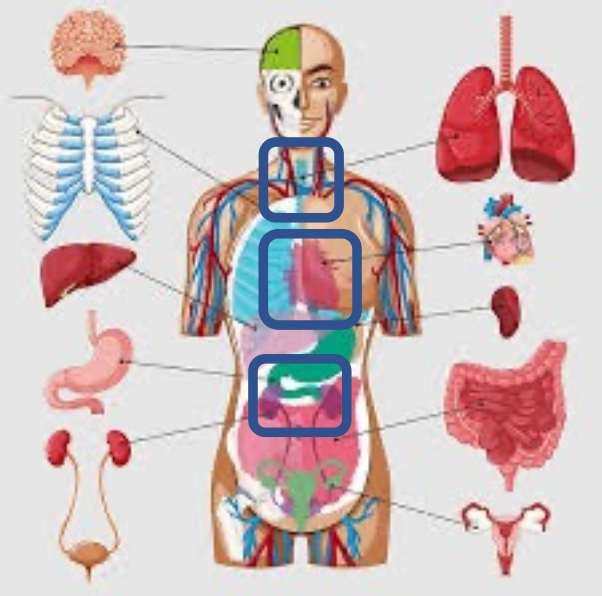
MEDICATIONS

AIM

Assess for potentially inappropriate medications

Act by using age-friendly medication that does not interfere with What Matters, Mind, or Mobility

MEDICATIONS- WHY



- Age-related physiology ↑ risks of Adverse Drug Effects
  - ↓ # of functional glomeruli → ↓ renal clearance of drugs, toxins
  - ↑ Ventricular stiffness → ↓CO/vascular comp → orthostasis
  - Mucosal cell atrophy → constipation, etc., etc.

- Polypharmacy and Adverse Drug Events cause real problems for us as we age
  - Adverse drug events cause up to 30% of hospital admissions for older adults
  - Drug-drug and drug-disease interactions
  - Prescribing cascades

Clin Interv Aging. 2016; 11: 497–505.

MEDICATIONS- ASSESS AND ACT

1. **Make sure each medication is necessary** and given at age-adjusted dose (CKD-Epi for GFR etc.)

- Consider exclusion criteria of studies: Are the studies about this medication generalizable to your older patient?
- Is your patient's life expectancy longer than the Time to Benefit of the medication?
- Do the benefits of the medication outweigh the burdens in terms of your patient's preferences, values, and priorities?

2. **Ask about risks of each new medication** and when it should be stopped if not working

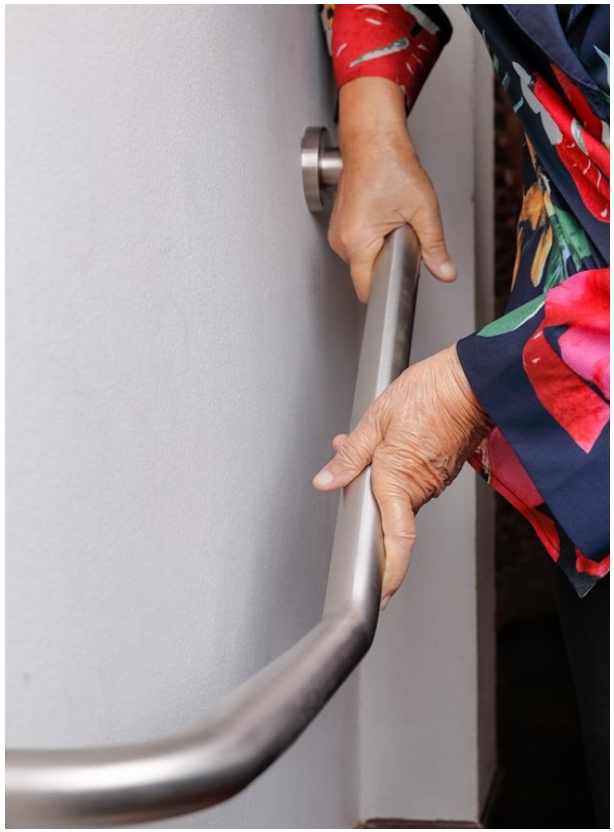
Beers is referenced in UpToDate under "Geriatrics"

AGS BEERS CRITERIA® 2023
Potentially Inappropriate Medications for Older Adults

deprescribing.org

https://medstopper.com/

MOBILITY



AIM

Assess for mobility risks and life space limitations (life space- how far can people travel safely from their room, are they able to do what matters to them?)

Act on by addressing both intrinsic and extrinsic risk factors for falls and gait instability

MOBILITY - IMPORTANCE

- Age-related physiology that impacts mobility
  - ↓ otoliths → ↓detection of gravity
  - ↓ number of neurons → ↓fine motor control
  - ↓ pupil diameter → diff focusing near objects
  - ↑ fat/ ↓type II fast twitch fibers → ↓ muscle tone and contractility

- **Falls** are the **leading cause of injury and injury death** among adults >=65 years old

- **Mobility limitations** in older adults put them at higher risk for
  - disability
  - nursing-home placement
  - decreased quality of life (limiting life space)

MOBILITY – ASSESS FALL RISK HISTORY

Patient **completes Stay Independent Brochure**
OR
Ask three questions
(yes to any is at risk)

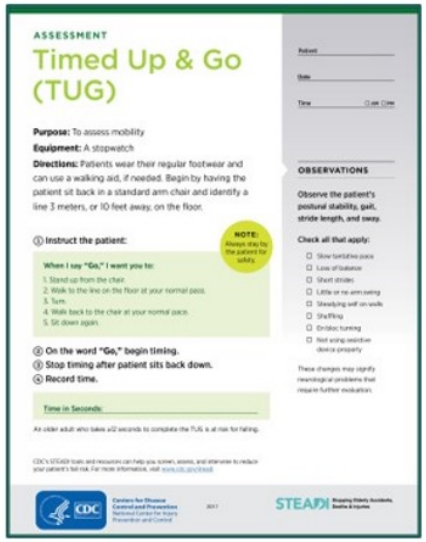
1. Feels unsteady when standing or walking?
2. Worries about falling?
3. Have fallen in past year?

Check Your Risk for Falling

Circle "Yes" or "No" for each statement below			Why it matters
Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
Total _____		Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor.	

This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res; 2011: 42(6)493-499). Adapted with permission of the authors.

MOBILITY – ASSESS
EXAM- SCREENS FOR FALL RISK



Name	Timed Up and Go	The 4-Stage Balance test	30-Second Chair Stand	Orthostatic Blood Pressure
Helps to assess	Overall mobility, gait and movement disorders	Static balance	Leg strength and aerobic endurance	Medication side effects, Dehydration, Medical conditions (cardiac, neurologic, endocrinologic, etc.)

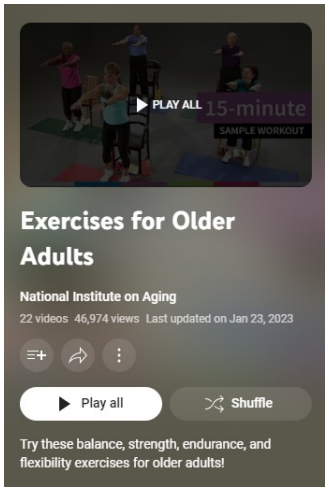
MOBILITY – ACT ON
EXAMPLES OF FREE RESOURCES

NIH National Institute on Aging

Aging & Independence Services

YouTube

Exercise Videos for Older Adults, Safe to do at home



MOBILITY – ACT ON
EXAMPLE MINIMIZE HOME HAZARDS

Home Safety Checklist

FLOORS

- ☐ Clear pathways of furniture and clutter
- ☐ Coil or tape wires and cords to the wall
- ☐ Secure rugs and carpets to the floor with double-sided tape (or remove)
- ☐ Do not use floor wax
- ☐ Remove low chairs that are difficult to sit in and get out of easily

LIGHTING

- ☐ Place a lamp close to the bed where it's easy to reach
- ☐ Install a nightlight so you can see where you're walking (some nightlights go on by themselves after dark)
- ☐ Replace burnt out light bulbs

STAIRS AND STEPS

- ☐ Keep objects off the stairs
- ☐ Fix broken or uneven steps
- ☐ Fix loose handrails, or put in new ones on both sides of the stairs
- ☐ Install an overhead light and light switch at the top and bottom of the stairs
- ☐ Apply reflective tape to the bottom and top of the stairs

CLOTHING/ACCESSORIES

- ☐ Wear shoes that have a thin, non-slip sole
- ☐ Wear pants and dresses that have been hemmed so they don't touch the floor
- ☐ Carry a mobile or portable phone with you at all times
- ☐ Consider an emergency response system

KITCHEN

- ☐ Keep things you use often on the lower shelves (about waist high)
- ☐ Keep a Vial of Life or current list of health information on your fridge in the event of an emergency
- ☐ Never use a chair as a step stool

BATHROOMS

- ☐ Put a non-slip rubber mat on the floor of the tub or shower
- ☐ Install grab bars next to and inside the tub, and next to the toilet
- ☐ Consider using a raised toilet seat, padded shower seat, and/or handheld shower head

BEDROOM

- ☐ Adjust bed height to a comfortable position

OUTDOORS

- ☐ Repair cracks and gaps in the sidewalk or driveway
- ☐ Trim shrubbery along paths to the door

Medi-Cal

Consider referral to [CalAIM Community Support for Environmental Accessibility Adaptations](#) (Home Modifications)

Environmental Accessibility Adaptations (Home Modifications)

SUMMARY

- We have a window of opportunity to adapt and optimize Age-Friendly Health Systems that meet the needs and leverage the strengths of older adults
- The 4Ms of Age Friendly Clinical Care are an essential set of evidence-based practices that do no harm and align with what matters most to each patient and their family (it's different for everyone)
- Addressing what Matters Most as we age requires whole person care that bridges the medical social divide
- This is all of us