Geriatric Workforce Enhancement Program and Integration of Age-Friendly Health Systems, Using the 4 Ms

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The Geriatric Workforce Enhancement Program

Federal work force enhancement grant funded through the Healthcare Resources and Services Administration (HRSA).

One of the major goals of the grant is the promotion Age-Friendly Healthcare

Age-Friendly Health Care, a concept pioneered by

- THE JOHN A HARTFORD FOUNDATION
- THE INSTITUTE FOR HEALTHCARE IMPROVEMENT
- PARTNERSHIP WITH
  - THE AMERICAN HOSPITAL ASSOCIATION (AHA)
  - THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES
  - KAISER PERMANENTE
  - TRINITY
  - ASCENSION

(FUNDED BY HRSA)

I have no relevant affiliations or disclosures

Objectives

EXPLORE

- Explore Age-Friendly Health Systems & MIPS

Explain

- Explain the 4 Ms Framework and how they apply to establishing an Age-Friendly Health System

Understand

- Understand the NSU Geriatric Workforce Enhancement Workforce Grant (GWEP) and how this applies to the Age-Friendly Health System

Implement

- Merit Based Incentive Program Measures (MIPs)

Purpose of GWEP

Devise

Devise an Age-Friendly Health System that improves health outcomes for older adults by integrating geriatrics with primary care using the 4Ms framework

Develop

Develop a healthcare workforce that maximizes patient and family engagement

Designate

Develop designated healthcare community clinical sites as Age-Friendly (IHI Designation)

Collaborate

Collaborate with GWEP, clinical educators & clinical partners to achieve this designation by assessment, planning, and evaluation of Age-Friendly Health Systems using the 4Ms framework

"Patients are the experts in what they want from healthcare.

Clinicians are the experts in how to get them there."

patientprioritiescare.org

The Urgent Need, Age-Friendly Healthcare

The number of older adults, ages 65 years and older is growing rapidly

- ✓2019 - 54 million in US
- ✓1:5 FL residents are >65 years old
- ✓As we age, care often becomes more complex
- ✓Older adults suffer a disproportionate amount of harm while in the care of the health system

2019 Census

Benefits of Becoming an Age-Friendly Health System

Avoid personal and financial costs of poor-quality care

- ✓ adverse medication events, decreased patient quality of life, emergency room visits, hospitalizations and increased mortality
- ✓ Impacts institutional insurance ratings and reimbursements

Improves the patient experience, impacting Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- ✓ Improved scores equal improved value-enhanced care, thus assisting in meeting CMS quality improvement measures
- ✓ Value-enhancing care will lead to an improved reputation, increased reimbursement and increased market share

Benefits of Becoming an Age-Friendly Health System

- ✓A yearly AWV increases the probability of a subsequent visit concerning advanced care planning (ACP) from 19.8 percent to 38.1 percent, thereby adding to the financial gains from the AWV

GOAL: Coverage of 90% of eligible beneficiaries yearly

- ✓AWV present the opportunity for 25 billable preventative screenings that may be prescribed under Medicare Part B - Alcohol misuse, Fall, Depression, Colorectal, Prostate, Breast Screenings, Bone density, Medical Nutrition Therapy, Hepatitis C, etc. (Medicare.gov preventative screening services)

Institute for Healthcare Improvement: Age-Friendly Health System Overview

- What Matters
- Medication
- Mentation
- Mobility

WHAT MATTERS

Healthcare that achieves patients' health outcome goals ensure that care is based on what Matters most to older adults.

- Connecting with family & friends
- Enjoying Life: Hobbies, personal growth, being productive
- Making end of life decisions
- Managing health, self-care & medications
- Ability to think clearly
- Maintaining mobility

MEDICATION

Discuss	Discuss which medications are helpful in meeting goals, which hinder goals
Evaluate	Evaluate understanding of how and why the medications are to be taken
Consider	Consider Deprescribing • Reducing unwanted or harmful medications is key • Maximize doses before adding additional medications
Use	Use Age-Friendly medication that do not interfere with What Matters, Mentation & Mobility. See BEERS Criteria

Medication Use and Risk

While 12% of the population of the USA are 65 y.o and older,

- 34% of prescription medications are used among individuals in this age group
- 30% of all over the counter drugs and herbal supplements are used by those over 65 years of age

Potential for adverse drug reaction (ADR) increases as numbers of medications used and medical conditions increase

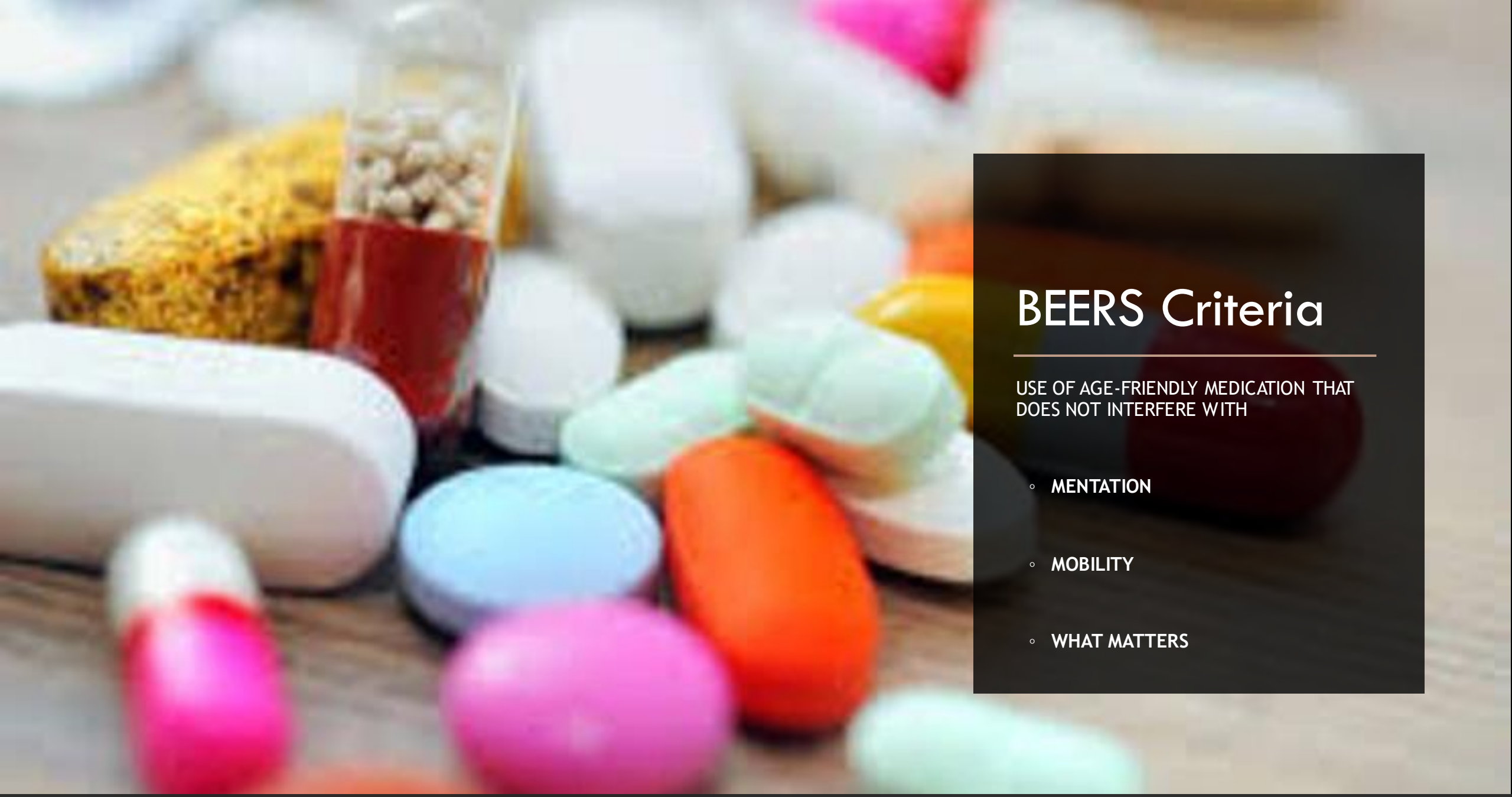
- Renal and hepatic function decline

Serious ADR may be confusion, delirium, depression, malnutrition & falls

About 60% of elderly take prescriptions improperly

- Resulting in approximately 140,000 deaths/year

  (American Public Health Association)



BEERS Criteria

USE OF AGE-FRIENDLY MEDICATION THAT DOES NOT INTERFERE WITH

- **MENTATION**
- **MOBILITY**
- **WHAT MATTERS**

Medications Potentially Inappropriate in Older Adults

Anticholinergic

- 1st generation antihistamines: Benadryl, Vistaril, Chlor-Trimeton
- Antispasmodics - Dicyclomine, Scopolamine

Alpha blockers/Alpha agonists

- Doxazosin - orthostasis
- Clonidine, Methyldopa - SE: CNS, orthostasis, bradycardia

Medications Potentially Inappropriate in Older Adults

Anti-arrthymic agent – ex: Amiodarone, toxic to thyroid, lungs

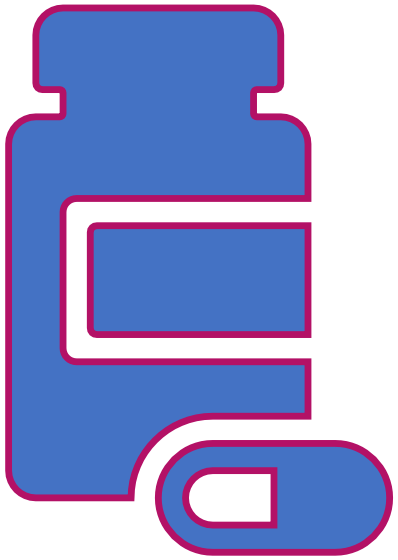
- Not for first line use, rate control best

Antiparkinsonian agents – benztropine, Trihexyphenidyl (Artane)

- Drowsiness, dizziness, constipation, dry mouth

Benzodiazepine and Non-Benzodiazepine hypnotics –
SE: sedation, confusion, falls

Sulfonylureas / Insulin – SE: hypoglycemia



MENTATION

Evaluate mentation

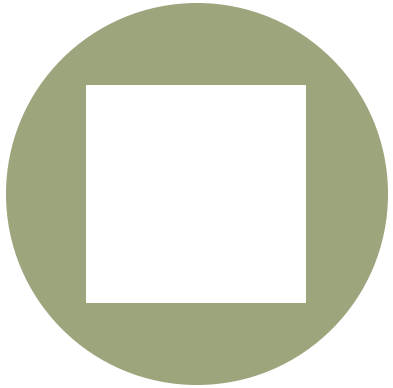
Focus & Concentration

Evaluate sleep efficiency

Evaluate well being

Cognitive Exam

ST. LOUIS UNIVERSITY MENTAL STATUS EXAMINATION (SLUMS)



MINI-COG

MINI MENTAL STATUS EXAM (MMSE)

Depression

Depression is linked to dementia

Factors include medication, poor diet, poor sleep, lifestyle, isolation, alcohol intake, genetics

Screening Tools

- PHQ-2 (Personal Health Questionnaire)
- PHQ-9
- Geriatric Depression Screen (GDS) 15 – item short form

Delirium	Depression	Dementia
▪ Abrupt onset , hours to days ▪ Fluctuation of lucid intervals during the 24 hours period	• Not a normal part of aging • Life changes lead to uneasiness, stress and sadness	**Early** ▪ Short term memory deficit ▪ Apathy & depression
▪ Altered LOC (either increased or decre ased activity) or hallucinations ▪ Usually reversible	• Affects • Feeling, thinking & daily activities • Decreased quality of sleeping, eating, & working	**Later** ▪ Impaired communication ▪ Disorientation, confusion, poor judgment
• Identifiable etiology	▪ May predispose to dementia	▪ Behavioral changes ▪ Ultimately, difficulty speaking, swallowing & walking
Action – evaluate for cause	**Action:** Consider medication source, diet, exercise, connection	**Action** – educate, support caregivers

MOBILITY: MOVE

Mobility Optimizes Virtually Everything

ASSESS

- Social distancing, daily mobility & functioning
- What is the individual doing to stay mobile inside or around the home
- Assistive devices
- Mobility goals

Act

- Offer aid to ensure safe mobility
- Encourage adults to move safely every day in order to maintain function and do what matters

Merit Based Incentive Payment System (MIPS)

CMS Quality measures that impact Medicare Reimbursement

- ✓Advanced Planning & What Matters
- ✓Screening for Opioid Misuse
- ✓Dementia Disease Caregiver Support
- ✓Fall Risk
- ✓Blood Pressure Control
- ✓Diabetes Control – A1c

Advanced Care Planning

Description	Components	Documentation	Workforce
Voluntary discussion of health care wishes	Face-to-face service, includes telehealth	Who: involved in discussion	Clinical Staff: offer ACP paperwork & explain
May be reported an unlimited number of times w/documentation	Advance care discussion (decisions re: care patient gets, where, when received)	What: was discussed	Provider (Physician/non-physician) must bill
Covered in Medicare Annual Wellness Visit	Discussion w/patient &/or family about advance directives w/wo completion of forms	Why: yearly review of ACP, or a change in the Patient Condition.	
Outside of Medicare Annual Wellness Visit, Part B cost sharing applies	Discussion with the patient, family members, &/or surrogate	Time spent	
No place-of-service limitations			(CMS.gov)
Charges 99497 (30 min.) - $130 99498 (add'l 30 min.) - $113			https://respectingchoices.org/wp-content/uploads/2018/10/2018-10-24-11.00-W1-4-To-Bill-or-Not-to-Bill-Phil-Rodgers-and-Sandra-Schellinger.pdf

Opioid Misuse

Use of prescription drugs without a prescription or used in a way different than prescribed

- ✓ Screen for Misuse
- ✓ Consider Alternatives

Dementia Care Giver Support

Resources

- Alzheimer's Association
- Respite care for elder care givers ((short term relief from hours to weekends) www.archrespite.org/respitelocator
- AARP foundation, Connect 2 Affect, Community Connections
- YMCA 360
- Jewish Community Center
- Helpguide.org
- Free online courses & Free online library
- Consider Adult Day Programs or in-home care services
- Involve extended family members to assist

Fall Risk Assessment

MA to screen for recent falls or recent injury from falls within past year

Document in

- History of present illness (HPI)
- Health promotions (assessments)
- Medicare preventive

Optimal Blood Pressure Goal

- ≤140/80
  - ≥120/70
  - BP >140/90 associated with a 53% increased risk of ischemic stroke & 85% increased risk of hemorrhagic stroke
  - BP <120/70 mmHg linked to increased AE

(ACC, AHA)

Diabetes Mellitus, A1c

American Diabetes Association definition:
Fasting blood sugar ≥126 mg/dl or A1c ≥ 6.5%

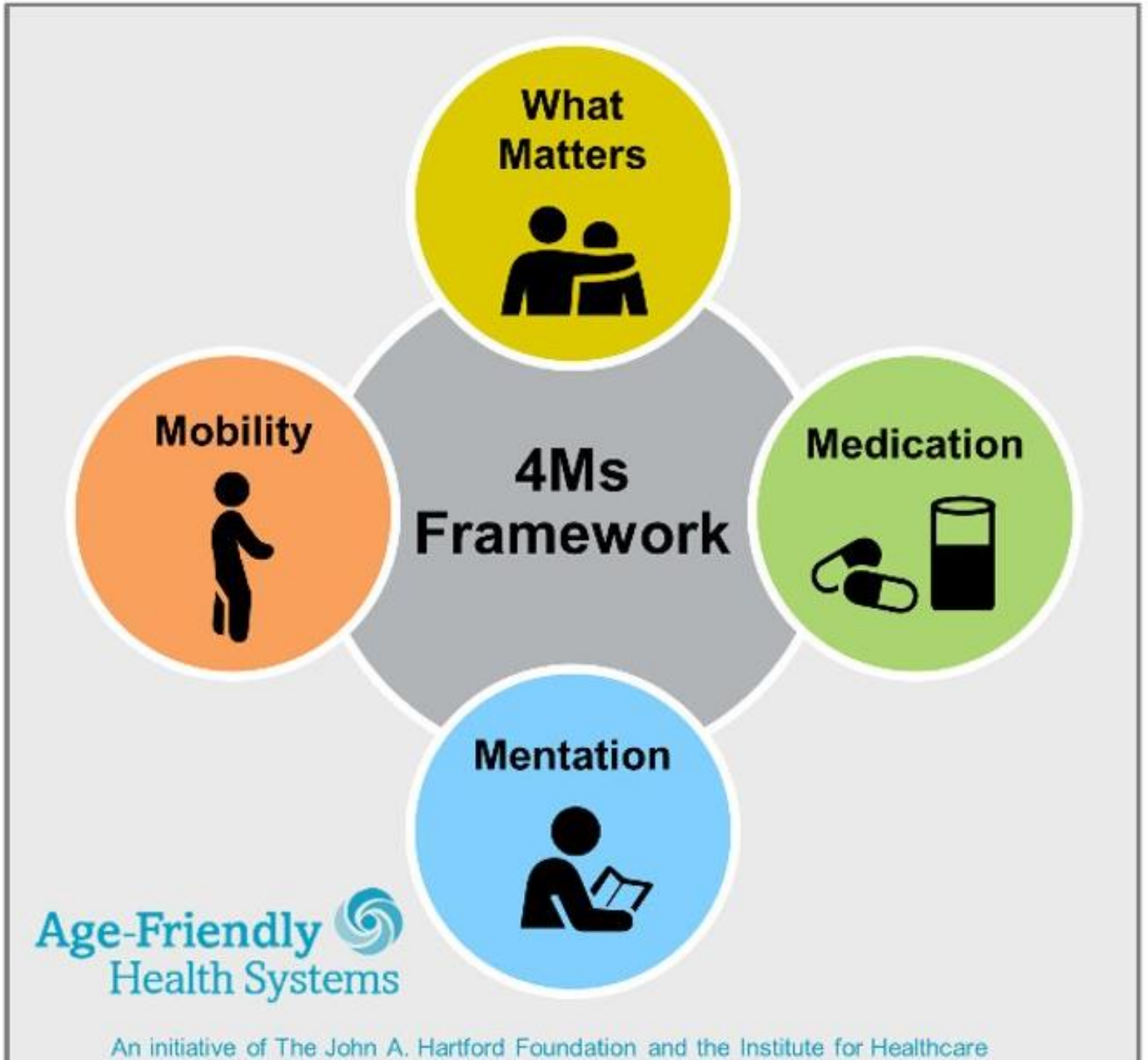
Initial visit

- ❑ Education
- ❑ Dietary and lifestyle recommendations
  - Minimize carbohydrates, Increase healthy fats, i.e. MCT
  - Increase activity levels

- ❑ Repeat A1c in 3 months to evaluate effect of diet and lifestyle.
- ❑ Goal for A1C: AGS 7.5-8%, complex illness or life expectancy <10 years, A1c 8-8.5%,
  - Initiate therapy with Metformin, avoid sulfonylureas if possible (hypoglycemia)

USE of EMR

MIPS – Measure of Effective Implementation of the Age-Friendly Health System



EMR: DOCUMENTATION IS KEY

MERIT-BASED INCENTIVE PAYMENT SYSTEM PREFORMANCE CATEGORIES

- ✓QUALITY
- ✓COST
- ✓PROMOTING INTEROPERABILITY
- ✓IMPROVEMENT ACTIVITIES

- ✓Advanced Planning & What Matters
- ✓Screening for Opioid Misuse
- ✓Dementia Disease Caregiver Support
- ✓Fall Risk
- ✓Blood Pressure Control
- ✓Diabetes Control – A1c

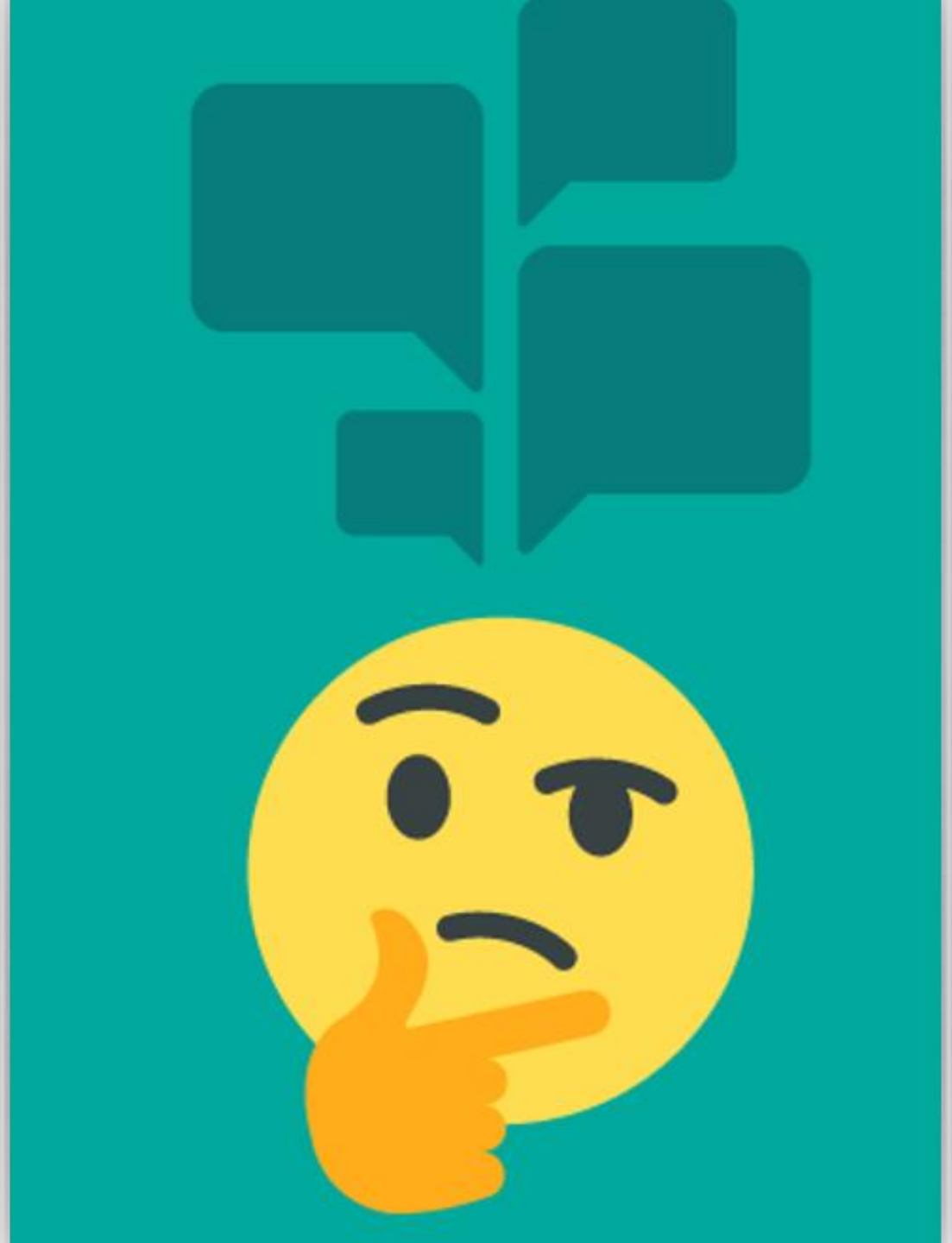
THE GOAL

Helping those under our care to live a life that is a full and rich as possible

Summary

Becoming an Age-Friendly Health System has a multitude of tangible financial rewards, but the richest rewards are intangible:

Making the world a friendlier, safer place for those venerated elders walking among us



Questions?

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Thank you for completing the Survey!

Survey Link https://redcap.nova.edu/redcap/surveys/?s=CHETXK48Y4

If the link above does not work, please try scanning the QR code: