Geriatrics-Competent Care Webinar Series

Multidisciplinary Geriatric Assessment of the Older Adult

August 28, 2014

Multidisciplinary Geriatric Assessment of the Older Adult

Conducting an evaluation of physical, cognitive, psychological, and social needs

This webinar is supported through the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) to ensure beneficiaries enrolled in Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. To support providers in their efforts to deliver more integrated, coordinated care to Medicare-Medicaid enrollees, MMCO is developing technical assistance and actionable tools based on successful innovations and care models, such as this webinar series. To learn more about current efforts and resources, visit Resources for Integrated Care (www.resourcesforintegratedcare.com) for more details.

Platform Overview

- Microphones are muted
- Need the slides?
  - Go to www.ResourcesForIntegratedCare.com
- Slides not advancing?
  - Press F5
- Need Closed Captioning?
  - See the “cc” icon (bottom of screen)
- Have a Question?
  - Click the Question & Answer icon (bottom of screen)
  - Engage the Operator through the phone line
  - Email RIC@lewin.com

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Overview

- This is the second session of a two-part webinar series titled "Geriatrics-Competent Care."

- Each session will be interactive (e.g., polls and interactive chat functions), with 60 minutes of presenter-led discussion, followed by 15 minutes of presenter and participant discussions.

- Video replay and slide presentation will be available after each session at: www.resourcesforintegratedcare.com

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Introductions

- Thomas Gill, Moderator

  Humana Professor of Medicine (Geriatrics) and Professor of Epidemiology (Chronic Diseases) and of Investigative Medicine, Yale School of Medicine

- Veronica Rivera

  Assistant Professor of Geriatrics and Palliative Medicine, Mount Sinai Hospital

- Linda Gillespie

  Aging & Disability Resource Director, Central Ohio Area Agency on Aging

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Getting to Know Our Audience

Poll Question #1 – Which of the following best describes your professional area?

- Healthcare Administration
- Medicine/Nursing/Physician Assistant
- Pharmacy
- Social Work
- Advocacy
- Other

Poll Question #2 – What is your primary role?

- Administrator
- Clinician
- Educator
- Researcher
- Consumer Advocate
- Other

Poll Question #3 -- In what setting do you work?

- Community Health Center / Federally Qualified Health Center
- Home Care
- Long-term Care Facility
- Managed Care Organization
- Consumer Organization
- Other

Topics Covered

- Principles of Geriatric Assessment
- Communication Strategies
- Physical Assessment
- Cognitive Assessment
- Psychological, Social, and Quality of Life Assessment
- Conducting Geriatric Assessments in a Clinical Setting
- Conducting Geriatric Assessments in the Home

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Principles of Geriatric Assessment

Principles of Geriatric Assessment

Goal:	Promote wellness, independence
Focus:	Function, performance (gait, balance, transfers)
Scope:	Physical, cognitive, psychological, social domains
Approach:	Multidisciplinary
Efficiency:	Ability to perform rapid screens to identify target areas
Success:	Maintaining or improving quality of life

STRATEGIES FOR RAPID SCREENING (1 of 3)

Domain	Rapid screen
Functional status	Answers “Yes” to one or more of the following: Because of a health or physical problem, do you need help to: a) Shop? b) Do light housework? c) Walk across a room? d) Take a bath or shower? e) Manage the household finances?

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STRATEGIES FOR RAPID SCREENING (2 of 3)

Domain	Rapid screen
Mobility	"Timed Get Up and Go" test: unable to complete in less than 20 seconds
Nutrition	Unintentional weight loss of >5% in prior 6 months (or BMI < 20kg/m^2)
Vision	If unable to read a newspaper headline and sentence while wearing corrective lenses, test each eye with Snellen chart: unable to read greater than 20/40

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STRATEGIES FOR RAPID SCREENING (3 of 3)

Domain	Rapid screen
Hearing	Acknowledges hearing loss when questioned or unable to perceive a letter/number combination whispered at a distance of 2 feet
Cognitive function	3-item recall: unable to remember all 3 items after 1 minute
Depression	Answers “Yes” to “Do you often feel sad or depressed?”

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Communication Strategies

Communication Strategies: Establish a Friendly Relationship

- Introduce yourself
- Address the patient by last name
- Face the patient directly
- Sit at eye level
- Speak slowly
- Ask open-ended questions: “What would you like me to do for you?”

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Communication Strategies: Accommodate Patients' Needs

- Inquire about hearing deficits; raise voice volume accordingly
- If necessary, write questions in large print
- Allow ample time for patient to answer

Physical Assessment

Physical Assessment

Complete physical assessment includes:

- Functional status
- Nutrition
- Vision
- Hearing
- Cognition

Assessing Functional Status

Which of the following is NOT considered a **basic** activity of daily living?

a. Bathing
b. Dressing
c. Cooking
d. Feeding
e. Toileting

Tools to Assess Functional Status (1 of 2)

Activities of daily living (ADLs)

Walking, bathing, dressing, transferring, toileting, feeding, grooming

Instrumental activities of daily living (IADLs)

Using telephone, preparing meals, managing finances, taking medications, doing laundry, doing housework, shopping, managing transportation

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Tools to Assess Functional Status (2 of 2)

"Timed Up and Go" test

Qualitative; timed; assesses gait, balance, and transfers

Gait speed

Strongest predictor of future disability and death

Life space

Assessment offers complementary strategy for distinguishing among levels of mobility

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Assess Nutritional Status

- Screen for malnutrition
  - Visual inspection
  - Measure height, weight, BMI
    - BMI = weight (kg) / height (m^2)
    - Watch for low BMI (<20 kg/m^2)
    - Watch for unintended weight loss ≥ 5% in 6 months

- Poor nutrition may reflect medical illness, depression, functional losses, financial hardship

Vision

- Cataracts, glaucoma, macular degeneration, and abnormalities of accommodation worsen with age

- Ask about everyday tasks:
  - Driving, watching TV, reading

- Use performance-based screening:
  - Ask patient to read from newspaper, magazine
  - Use Snellen chart or Jaeger card

Hearing

- Hearing loss is common among older adults
- Impaired hearing → depression, social withdrawal
- Assess first for cerumen impaction
- Hearing loss usually bilateral and in high-frequency range
- Refer for formal audiometry testing if:
  - Acknowledges hearing loss when questioned
  - Unable to perceive letter/number combination whispered at a distance of 2 feet

Cognitive Assessment

Why Screen for Cognitive Loss?

- Most people with dementia do not complain of memory loss
- Cognitively impaired older persons are at ↑ risk for accidents, delirium, medical non-adherence, and disability
- Prevalence of cognitive decline
  - Doubles every 5 years after age 65
  - Nearly 50% of those aged 90+

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Cognitive Assessment: Performance Measures

- Recall 3 items after 1 minute
- Folstein's Mini-Mental State Examination (MMSE)
  - Widely used but now proprietary
- Montreal Cognitive Assessment (MoCA) and St. Louis University Mental Status Examination (SLUMS)
  - Other validated tools to assess cognition
- Tests of executive control
  - Clock-drawing test
  - Listing 4-legged animals test

Mini-Cog

- 3 word recall = 3 points
- Clock Draw = 2 points
- Score:
  - 0-2 positive screen for dementia
  - 3-5 negative screen for dementia

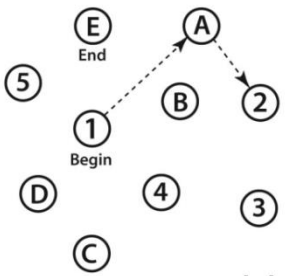
Borson S. The mini-cog: a cognitive “vitals signs” measure for dementia screening in multi-lingual elderly. Int J Geriatr Psychiatry 2000; 15(11):1021.

MoCA (www.mocatest.org)

MONTREAL COGNITIVE ASSESSMENT (MOCA)
Version 7.1 Original Version

NAME :
Education : Date of birth :
Sex : DATE :

VISUOSPATIAL / EXECUTIVE — POINTS



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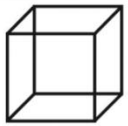


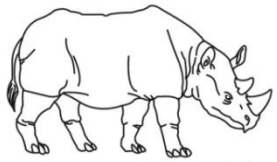
Draw CLOCK (Ten past eleven) (3 points)

[ ] Contour [ ] Numbers [ ] Hands

__/5

NAMING

[ ]



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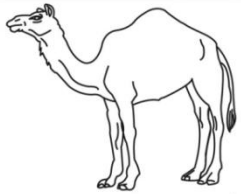

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__/3

MEMORY Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial					
2nd trial					

No points

ATTENTION Read list of digits (1 digit/ sec.).

Subject has to repeat them in the forward order [ ] 2 1 8 5 4

Subject has to repeat them in the backward order [ ] 7 4 2

__/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors

[ ] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B

__/1

Serial 7 subtraction starting at 100 [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65

4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0 pt**

__/3

LANGUAGE Repeat : I only know that John is the one to help today. [ ]

The cat always hid under the couch when dogs were in the room. [ ]

__/2

Fluency / Name maximum number of words in one minute that begin with the letter F [ ] _____ (N ≥ 11 words)

__/1

ABSTRACTION Similarity between e.g. banana - orange = fruit [ ] train – bicycle [ ] watch - ruler

__/2

DELAYED RECALL

	Has to recall words WITH NO CUE	FACE [ ]	VELVET [ ]	CHURCH [ ]	DAISY [ ]	RED [ ]	Points for UNCUED recall only
Optional	Category cue						
	Multiple choice cue						

__/5

ORIENTATION [ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City

__/6

© Z.Nasreddine MD www.mocatest.org Normal ≥ 26 / 30

TOTAL __/30

Add 1 point if ≤ 12 yr edu

Administered by: _____

Psychological, Social, and Quality of Life Assessment

Assess Psychological Status

Although prevalence of major depression among older adults is low (1%–2%), “subclinical” depression is common.

- Ask, “Do you often feel sad or depressed?”
- If patient responds affirmatively do further evaluation, e.g., Geriatric Depression Scale or PHQ-2
- Watch for signs of anxiety, bereavement

Social Assessment

- Ethnic, spiritual, and cultural background
- Availability of a personal support system
- Caregiver burden
- Safety of the home environment
- Elder mistreatment
- Advance directives

Also continue to assess for:

- Substance abuse
- Sexual activity and sexually transmitted infections

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Quality of Life

- Includes various aspects of physical, cognitive, psychological, and social function
- Short Form–36 Health Survey (SF–36): assesses physical function, limitations due to physical and emotional health, bodily pain, social functioning, mental health, vitality, general health perceptions
- Ask about patient preferences regarding medical care and goal of care
- Acknowledge the role of culture and ethnicity on understanding of health and illness

Conducting Geriatric Assessments in a Clinical Setting

Functional Assessment in a Clinical Setting

Use the TEAM

- Medical assistants and nurses can screen for falls, depression, cognitive impairment

Think about using your electronic medical record

- Templates
- Best practice alerts

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Case Study: E.L.

- Ms. EL is a 95 y.o. Latina woman with no known medical problems who is presenting for care for the first time. She is accompanied by her daughter who provided a history.
- Current complaints
  - Weight loss, memory problems
- Past medical history
  - None

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The First Visit with E.L.

- **Social**
  - Born: in Santo Domingo; in NYC since 1935
  - Graduated from high school
  - Worked in factory making dresses
  - 2 children: 1 daughter lives in VA (works in CT) and comes at night; 1 son lives in NY
  - Lives in apartment with 5 flights of stairs
- **Functional Status**
  - ADLs: Ambulates with cane; independent
  - IADLs: Goes to laundromat; independent cooking; gets a little help with cleaning and shopping; daughter manages finances

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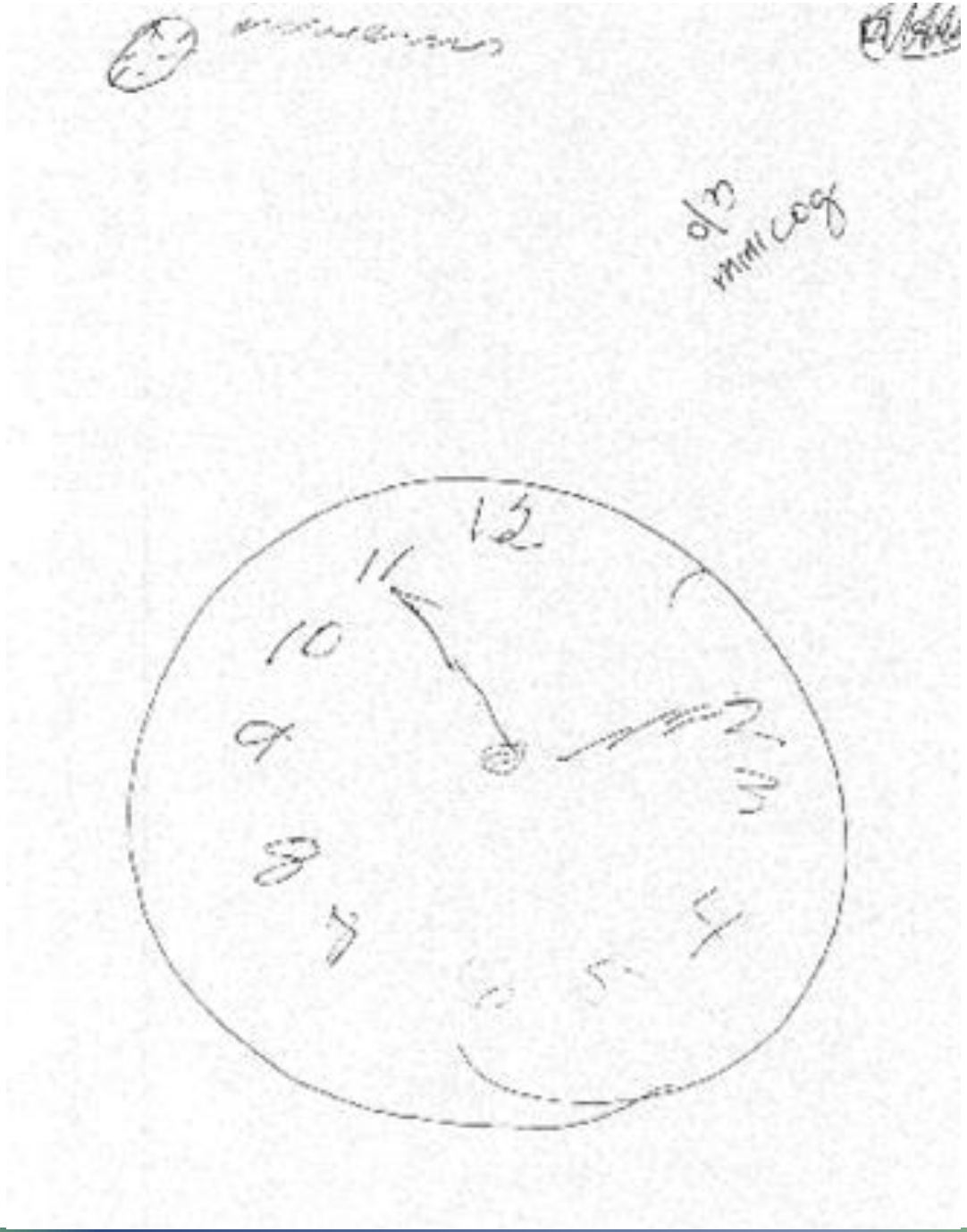
The First Visit with E.L.

Review of Systems, plus:

- weight loss
- hearing loss
- memory impairment
- falls

Cognitive Screen



The First Visit with E.L.

- Referred to social worker
  - Qualified for Medicaid LTC for home aide,

    home PT, DME (rolling walker and bedside commode)
- Cerumen impaction
- Labs to work-up weight loss and cognitive impairment

Future Visits with E.L.

- Depression screen
- Vision screening

Tips

- Remember to not get overwhelmed
- You can do assessments over time
- The people you are providing care for will come back

Conducting In-Home Geriatric Assessments

In-Home Assessment

- Many of the principles and techniques described today are also applicable when conducting in-home assessments.
- The added benefit of an in-home assessment is that the assessor can observe the living and family situation, and address potential barriers to following physician orders.
- The assessment collects information about an individual's current situation, functional ability, strengths, problems and care needs.

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In-Home Assessment

- Often conducted by a registered nurse or licensed social worker with prior experience and training in working with older adults.
- Nurse or social worker is knowledgeable of the availability of and eligibility for home and community-based services.
- The assessment process can often lead to linkage with community resources that assist the older adult in remaining in the community and in complying with physician orders.

The Comprehensive Assessment

- Medical history – diagnoses, prior hospitalizations
- Medications – organized, clearly labeled, no empty bottles, individual or caregiver understands reason for taking and how to take properly? Compliant?
- Medical equipment in place or needed?
- Stairs or other physical hazards, such as throw rugs, inadequate lighting, flooring, hoarding?
- Evidence of rodents, roaches, bed bugs?

The Comprehensive Assessment

- Food in the refrigerator that is not expired?
- Working utilities and telephone?
- Advanced directives in place, such as healthcare directives, power of attorney, guardianship?
- Need for assistance with managing finances?
- Ability to get in and out of the residence, transportation (medical and non-medical), isolation
- Signs of dementia and depression?

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Support System

- Caregivers available, living in the home or nearby?
- Ability of caregivers to continue assisting over time.
- Others living in the home or visiting regularly who might provide support or be creating difficulties, i.e., adult children, grandchildren, neighbors.
- Signs of neglect or abuse?

In-Home Care Planning

- Goals of older adult and caregivers – stay home, consider assisted living or other alternatives
- Review of available community based care options
- Eligibility and application process for federal, state and local programs
- Referrals or possible enrollment for services based on individual needs and wishes
- Many community-based programs include ongoing care management to ensure services are meeting needs.

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Care Management

- Care Management standards vary among programs, funders, and populations served
- Standards may be dictated by risk level of the older adult, i.e., medical or functional frailty, and health & safety concerns
- Usually require a mix of phone contacts (monthly) and home visits (quarterly or more often)
- Standards are always minimum standards and may need to be adjusted based on consumer needs

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Locating Community Resources

- Contact the Area Agency on Aging (AAA) serving the consumer's region. There are almost 700 AAAs in the United States.
- AAAs offer information, referral, and linkage to programs and services, and free in-home consultations
- Use the Eldercare Locator to find the nearest AAA:

  http://www.eldercare.gov/Eldercare.NET/Public/Index.aspx

  1-800-677-1116

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Case Study: C.H.

- Consumer (client) is a 75 y.o. widowed female
- Lives alone; niece visits daily; 3 grandchildren visit often but do not provide much assistance
- Niece is primary caregiver and assists with daily care
- Limited financial resources

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C.H. Needs Assessment

- Primary diagnosis is CHF. Also is obese and has history of prior back & knee surgeries
- Sees physician regularly
- Requires hands on assistance with bathing, dressing, toileting, locomotion due to weakness
- Has shower chair, walker with wheels, raised toilet seat
- Straight cane

C.H. Needs Assessment

- No environmental concerns but at risk of falls
- Denies feeling depressed; no behavioral issues observed; oriented to time and place
- Caregiver handles finances, shopping, laundry and meal preparation
- No advanced directives or power of attorney in place
- Caregiver needs assistance in order to reduce stress

C.H. Service Needs

- Currently receives a home health nurse to set up medications, monitor vital signs and evaluate for signs of CHF
- Consumer and niece requesting Personal Care Aide/Homemaker, Emergency Response System, Incontinence Products
- Qualifies financially for program funded by Medicaid
- Will receive ongoing care management by a nurse or social worker to ensure services are meeting needs

Summary

- The focus of geriatric assessment is on function
- Successful assessment promotes wellness and independence
- Strategies that enhance communication with older patients should be used
- Comprehensive assessment includes physical, cognitive, psychological, and social aspects of health and wellness

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Questions

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Survey

Thank you for joining our webinar. Please take a moment and complete a brief survey on the quality of the webinar.

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