

Living the Spectrum: Continuum of Geriatric Care

Angelica Davila MD, MS
UT Health Geriatrics and Palliative Care



UT Health
San Antonio

OBJECTIVES

To List & Describe

- Differences in Aging
- Continuum of Geriatric Care
- Criteria to determine which level of care a person needs
- Benefits of Geriatric Care
- Patient and family resources

Life expectancy at birth, at age 65, and at age 75: United States, selected years 1900–2015

<i>Specified age and year</i>	<i>All races</i>		
	<i>Both sexes</i>	<i>Male</i>	<i>Female</i>
At birth			
1900 ^{2,3}	47.3	46.3	48.3
1950 ³	68.2	65.6	71.1
2015 ⁴	78.8	76.3	81.2
At 65 years			
1950 ³	13.9	12.8	15.0
2015 ⁴	19.4	18.0	20.6
At 75 years			
1980	10.4	8.8	11.5
2015 ⁴	12.3	11.2	13.0

Components of Normal Aging

Physical Changes

Psychological/Emotional/Mental Changes

Social Changes

Spiritual Changes

Physical

Decrease in Physical Strength, Endurance and Flexibility

Decline in efficiency of body organs

Loss of bone mass

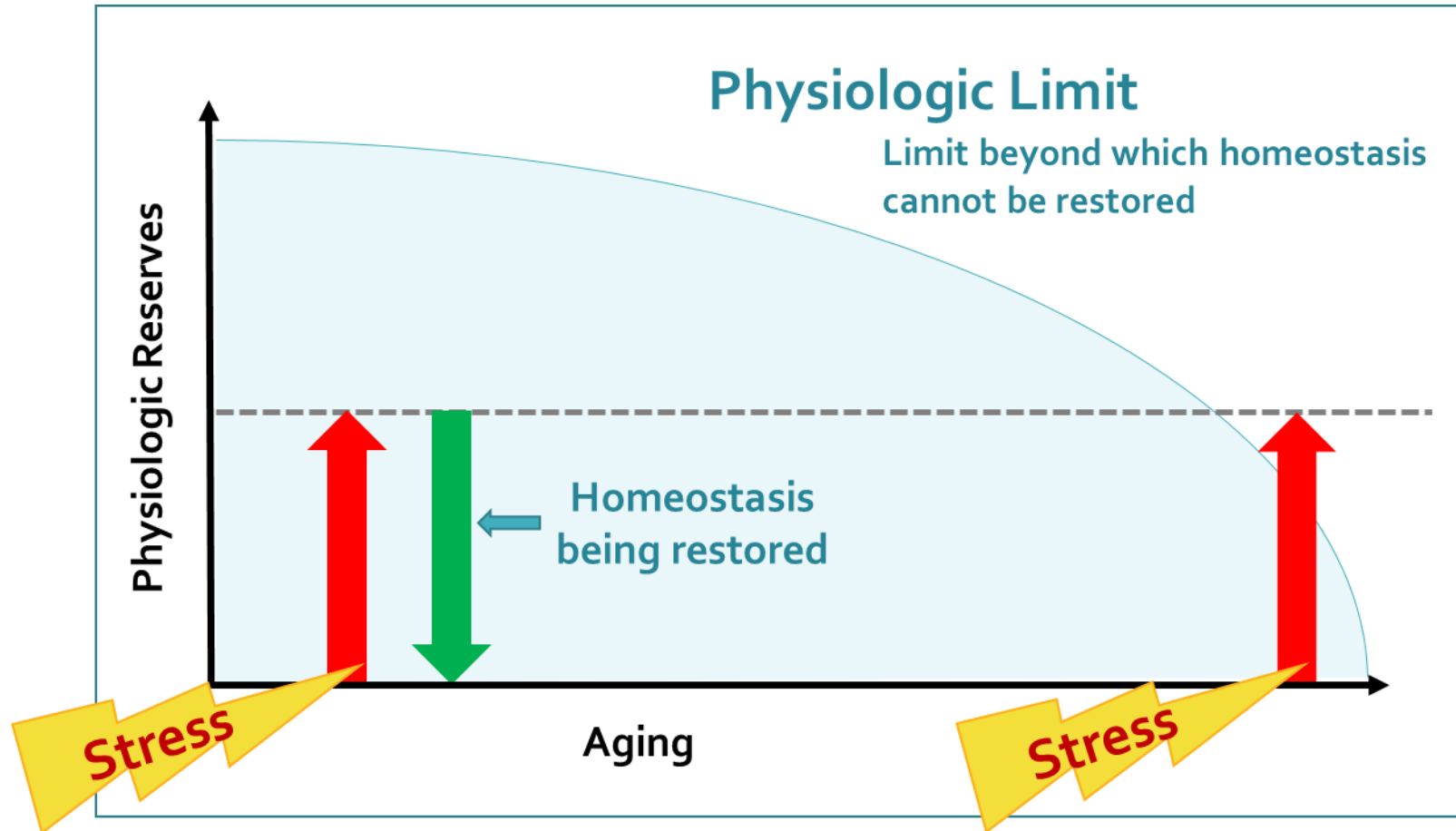
Slower reflexes

Taking longer to return to equilibrium

Decline in senses

Homeostasis + Stenosis

HOMEOSTENOSIS



Factors affecting physical aging

Genetics

Lifestyle

Nutrition

Medical care

Presence of chronic conditions

Psycho-Social Changes

Loss, Grief, Bereavement

Emotional problems : depression and anxiety

Retirement

Lack of social interactions

Changes in our overall purpose

Continuum of Care

Independent Living vs Assisted Living vs
Long Term Care



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Functional Status

ADLs

- ◆ Bathing
- ◆ Dressing
- ◆ Toileting
- ◆ Transfer
- ◆ Contenance
- ◆ Feeding



IADLs

- ◆ Telephone
- ◆ Traveling
- ◆ Shopping
- ◆ Preparing meals
- ◆ Housework
- ◆ Repairs
- ◆ Laundry
- ◆ Medication
- ◆ Money

Case Presentation: Mrs O.P living at home

Mrs O.P is a 73 yo female with medical problems that include High blood pressure, high cholesterol, intermittent vertigo, atrial fibrillation.

She has lived in her home for 43 years and is widowed. She has a son that lives in San Antonio that helps her get to doctors appointments and manages her finances.

She takes her own medications, has help to get groceries but cooks her own food and her house is well kept.

During our wellness visit, SLUMS performed with score 21/30

Independent Living at Home:

Function Status

Age: unspecified

Cognitive status: normal to mild cognitive impairment

Function: independent to mildly debilitated

ADLs – perform on their own

IADLs – independent or needing some assistance

Extra resources

- Home health services (home bound; limited time/number of services) – physical therapy, occupational therapy, home health aide, medication management
- Family Support
- Provider services (may be paid by Medicaid but not Medicare) – usually private pay
- Meals on Wheels
- Church support and assistance
- Transportation Services
- Senior Community Centers
- Silver Sneakers Program

Independent Living in a Retirement Community:

Independent Living Community:

- Own apartment with kitchen
- Can provide meal options for residents
- Offers social activities and transportation
- Home health services available
- Limited locations provide medication assistance, provider assistance, checking on residents if don't present to meals
- Cost is private pay which varies hundreds to thousands monthly, some low income options

Case Presentation: Mrs O.P moved to new home with daughter

Mrs O.P's daughter decided to move to San Antonio and built a house to provide more assistance to Mrs O.P. After moving in, daughter calls the clinic that Mrs O.P. is acting very confused and strange. She comes to clinic and we discuss that a change in behavior can be a signal of infection, however, Mrs O.P. has recently been moved out of her house and now living with a child which can cause increased stress. Discussed behavior changes in patients with mild cognitive impairment when moved out of their normal routine.

- Urine was dirty, treated for UTI and finished treatment
- Approx 3 weeks later, daughter still stating she is very confused and treated for another UTI
- Mrs O.P. suffers a fall and is dropped off at the ER

Case Presentation: Mrs O.P admitted to the hospital

Mrs O.P. admitted to the hospital for s/p fall, intermittent dizziness and possible UTI. Mrs O.P. appears to have benign positional vertigo and she is now very fearful of falling and does not feel she is stable. Does not appear to be infected and decided to treat with IV antibiotics as last course of action for her daughters concerns about confusion.

Spoke with daughter who states she is very overwhelmed with caring for her mom the last 2 months. She states her mom is very demanding and she feels she cannot do anything right. She does not understand why her mother is being so difficult to live with.

- Discharge Mrs O.P. to an inpatient rehab for therapy to improve her function and try to prevent falls
- Also provide some respite for her daughter, discussed other living arrangements but not a financial option for this family

Post-Acute Care Services



Case Presentation: Mrs O.P discharged from rehab

MRS O.P. would ideally have multiple options for discharge. Her confusion is more attributed to her mild cognitive impairment with delirium vs advancing stages of dementia. Her symptoms are not due to urinary tract infection, she likely has asymptomatic bacteriuria. Set up post hospital Transition of Care appointment

Living options

- Home with daughter
 - extra assistance from providers (private pay), senior centers
 - Home health for continued therapy
- Personal Group Home
 - 4 residents to a nurse/provider that assists with all needs and meals
 - Cost varies based on the level of care, Private pay starting approx. \$1500 monthly
- Assisted Living Facility
- Memory Unit

Assisted Living Facility

Functional status:

Age: unspecified

Cognitive status: normal to mild cognitive impairment

Function: independent or walker or wheelchair/scooter use

ADLs – needing assistance with less than 4

IADLs – can need assistance in all areas

Assisted Living Resources:

- Nurses available to triage any concerns
- Contracted Physicians visit the facility
- Monitors vitals, labs and xrays available but unable to manage complicated medical issues
- Increased care options available for dressing, toileting, medication management
- Home health services available
- Meals provided and staff ensure residents have had a meal either in their room or dining hall
- Social activities, transportation and assistance to appointments if needed
- Costs increase depend on the amount of care required, \$2000 & up
- Long Term Care Insurance (private insurance policy) can cover after 100 day elimination period

Memory Care Unit

Functional status

Age: unspecified

Cognitive status: major neurocognitive impairment, concern for wandering

Function: : independent or walker or wheelchair/scooter use

ADLs – can need assistance in all areas

IADLs – can need assistance in all areas

Memory Care

- Provide more open concept with safeguards for wandering, some facilities have the ability to walk outside
- Provide medication management, ADL assistance and social activities
- Physician and psychiatrist usually available
- Cost private pay approx. \$5000 monthly
- Long term insurance can cover

Case Presentation: Mrs O.P living in assisted living

Mrs O.P. flourishes at an assisted living. She has assistance with medications and is prompted for all meals and activities. She has met other residents and enjoys her experience. Daughter visits regularly and takes mom out for some activities and meals. Their relationship has improved.

As the years progress, Mrs O.P. is becoming more debilitated and is no longer able to perform the majority of her ADLs. The assisted living facility meets with both her and her daughter to discuss future options

Future Options:

- Personal Group Home
- Nursing Home Facility

Nursing home or long term care

Functional status

Age: unspecified

Cognitive status: normal to cognitively impaired

Function: mildly independent to dependent

ADLs – dependent in 4 or more areas

IADLs – dependent

Nursing facility

- Nursing staff available to triage concerns
- Staff available for ADL assistance
- Contracted Physicians available for onsite care
- Interdisciplinary team approach, include pharmacist, restorative aids, dieticians, nurses and physicians
- Social activities
- Costs \$5000 monthly & up
- Long Term Care insurance, private pay or Medicaid (if qualifies)

Case Presentation: Mrs O.P living in a nursing home

Mrs O.P. Cognitive status starts to decline and she becomes very limited in her function and is wheelchair bound. She is not as social despite encouraging activities. She is starting to eat less and lose weight. She is evaluated for constipation, treated for GERD, has blood work checking for thyroid issues and checked for infection without any improvement of symptoms.

We have had goals of care discussions with Mrs O.P. and she did not want to prolong life with extreme measures. IDT meeting to discuss with daughter her mom's previous goals and our concern for future illness and hospitalizations. She agrees her mom would not want repeat hospitalizations and if her acute illnesses were not resolved with care provided then she would like to die naturally at the nursing home

- Referral to hospice services

Palliative Care and Hospice Services

Age: unspecified

Palliative Care: qualifies with a chronic medical condition that significantly alters/affects a patient's life

Hospice Care: qualifies with a life-limiting condition with life expectancy of less than 6 months

Palliative Care resources:

- Provided primarily in outpatient services (doctors offices); Expanding to Nursing Home Facilities and Homebound services
- Focus on symptom control and quality of life and reducing hospitalizations, can provide extra assistance with nursing, social worker and spiritual support

Palliative Care and Hospice Services

Hospice Care Resources:

- Provided anywhere that the patient considers home (personal home, assisted living, nursing home, etc)
- Focus on symptom control, quality of life and preventing undesired hospitalizations
- Provides weekly nurse visits, 24/7 nurse on call support, social worker, spiritual support,
respite services, Medical equipment services, medication management

Financial costs and coverage

Medicare

Part A: covers hospitalizations, hospice, home care and skilled nursing home care (3 midnight hospital stay)

Part B: physician services and therapies (in hospitals, outpatient or LTC setting)

Part C : managed care plans (varies in benefits)

Part D: covers drugs and vaccines

Medicaid: can cover long term nursing home care for those who qualify financially and medically but does not cover assisted living

Geriatric Care



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Who is a Geriatrician?

Medical doctor basic training in family medicine or internal medicine

Additional fellowship training in geriatric medicine (1-2 years)

Board certification in geriatric medicine

What do Geriatricians do?

Help older adults maintain function and quality of life.

Enable and empower older adults to lead a life that is fulfilling and enjoyable for them.

Manage multiple health problems that older adults have and some that are common because of growing older

What do Geriatricians Do?

Expert in Geriatric Syndromes

Anxiety
Balance Problems and Falls
Constipation
Dizziness
Depression/Loneliness
Hearing loss
Low Vision
Incontinence
Memory Problems

Whole Person Care

Polypharmacy
Transitions from different care settings
Multiple Providers
Multiple Conditions
Pain
How to age actively and well
Advance care planning
End of life concerns

Who should see a geriatrician

Any older adult

If you want to age well and with dignity

Want to be in charge of your own health

Maintain your function and quality of life

Prevent polypharmacy

Frail Older Adults

Patient, family members or friends feel the stress of care giving

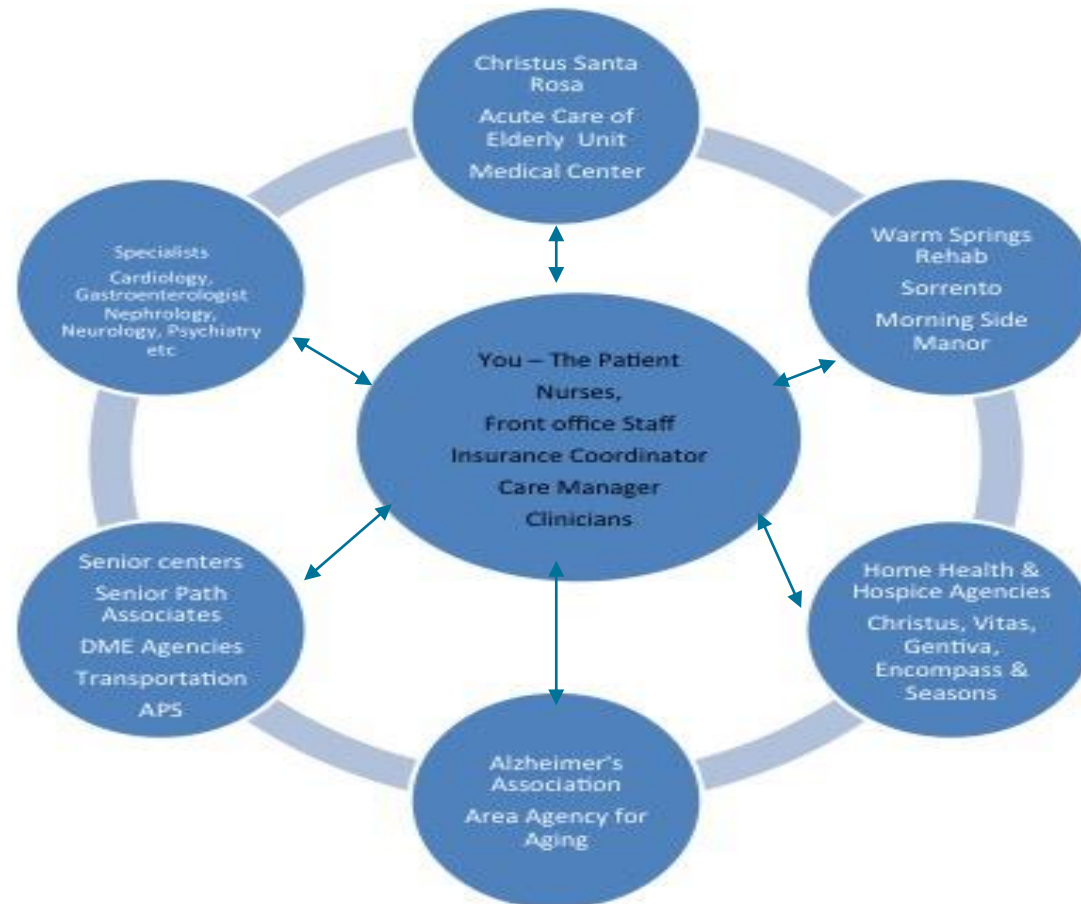
Too many doctors and medications

Memory problems

Falling too much

Frequent hospitalizations and emergency room visits

UT Senior Health Model of Care– Care across a continuum



Geriatric Resources

Bexar Area Agency on Aging : <http://www.aacog.com/108/Bexar-Area-Agency-on-Aging>

Phone: (210) 477-3275 / (866) 231-4922

Divisions

Benefits Counseling - Provides assistance to seniors 60 years of age and older and Medicare beneficiaries of any age concerning their public benefits and entitlements

Care Coordination - Assesses the needs of people 60 years of age and older and then coordinates local resources to support an individual's highest level of functioning

Caregiver Support - Assesses needs of caregivers and then coordinates available support services

Information, Referral, and Assistance - Provides information and assistance to callers to identify and link with the appropriate service agencies

Nutrition - Serves nourishing meals on site and/or delivered to home-bound seniors

Ombudsman - Advocates for residents of long-term care facilities

Senior Centers - Local neighborhood facilities providing organization and provision of support services and recreational and group activities for the older person

Transportation - Offers door-to-door trips to nutrition sites, local medical services, and social service agency appointments

Geriatric Resources

Alamo Service Connection (ASC) Aging & Disability Resource Center (ADRC):

<http://www.aacog.com/107/Alamo-Service-Connection>

Phone: (210) 477-3275

Fax: 1-866-332-3252

Services

AACOG's [Bexar Area Agency on Aging](#) (BAAA) serves the City of San Antonio and Bexar County. The agency is dedicated to building a community that supports older residents and allows them to age in place with dignity, security, and enhanced quality of life.

The range of services provided include, but are not limited to, Medicare, Social Security, legal aid, health and wellness training, assistance for family caregivers, senior centers, recreation, congregate meals, home-delivered meals, home visits by a social worker, adult protective services (APS), home repairs, in-home supportive services, emergency financial assistance, and access to transportation services.

Geriatric Resources

Comprehensive Senior Centers:

<https://www.sanantonio.gov/humanservices/SeniorServices/SeniorCenters>

Phone

210.207.8198

Programs / Activities

Daily Nutritious Meal

Social Services

Arts and Crafts

Exercise Classes

Library

Recreation and Dance

Arts and Crafts

Computer Classes

Basic Health Screenings

Work Search Programs

Field Trips

Therapeutic Pool *

* Only at Bob Ross Senior Center

Summary

- Normal Changes of Aging
- Continuum of Care - Independent Living vs Assisted Living vs Long Term Care
- Criteria to determine needs in each phase
- Benefits of Geriatric Care
- Patient and family resources

References

www.medicare.gov

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<https://www.cdc.gov/nchs/data/hus/2016/015.pdf>

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Images:

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