The Geriatric Assessment

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Learning Objectives

• Health care reform will emphasize the delivery of interdisciplinary coordinated care
• Older adults will have difficulty finding Drs. trained in the care of the elderly
• The geriatric assessment is different from a standard medical evaluation
Case Highlights:
Mr. Pereza (age 76)

- **Medical Hx**: CAD, 2 strokes, DM
- **Medications**: 21 medications/OTCs per day
- **Review of Symptoms**: forgetful, difficulty sleeping, multiple falls
- **Social**: married, death of child 2 years ago, drinks “alcohol”, ADL dependent, no advanced directives
- **Physical Exam**: ↓ pedal pulses, peripheral neuropathy, mild left-sided neuro deficits
Case Highlights: Mrs. Pereza (Age 73)

- **Medical Hx**: DM, zoster, osteoporosis, h/o DVT, h/o breast cancer
- **Surgical Hx**: Left hip repair, inferior vena cava filter
- **Social**: No advanced directives, takes care of husband, death of child 2 years ago
- **Review of Symptoms**: Urinary incontinence, poor energy, “depressed”
Demographics

• ≥65 y.o.
  – 13.1% of the U.S. population
  – Number will double over next 30 yrs

• ≥85 y.o.
  – Fastest growing segment of U.S. population
  – 80% have ≥2 chronic illnesses
  – Higher incidence of cognitive impairment and geriatric syndromes
Geriatric Assessment: Goal

- Recognize needed resources/interventions for seniors “at risk” for:
  - a.) hospitalization
  - b.) disability
  - c.) NH placement
“At Risk”: Dependancy

- ≥85 y.o.
- lack of caregiver
- disadvantaged minorities
- physical or mental impairment
- low income
- abused, neglected, or exploited
The Dually Eligible (Medicare & Medicaid)

- Compared to Medicare-only persons:
  - ↑ disease burden & functional impairment\(^1\)
  - 4–6X ↑ cost of care\(^2\)
- 400,000 seniors in FL, > 6 million nationally\(^3\)
- LTC costs falls on state's Medicaid programs

3. FL Department of Elder Affairs. 2010 Florida County Profiles. http://elderaffairs.state.fl.us
FL LTC Medicaid Reform (2011)

- All frail elders who meet Medicaid criteria for LTC must enroll in a “capitated” managed care plan
  – Replaces all current HCBS waivers
  – Emphasis on care coordination
  – Goal will be to avoid/delay NH placement

State of Florida. CS/HB 7107 and 7109.
Florida LTC Medicaid Reform

- FL will be divided into 11 regions
- Several providers/region
  - American Eldercare: All 11 regions
  - Sunshine State: 10 (except #2)
  - United Health: 9 (except #s 1 & 9)
  - Coventry: 4, including #10
  - Amerigroup: #s 9 & 10

- Rejected: WellCare, Freedom, Universal, Humana
Current Medicare System

• Unsustainable Cost
  – $572 billion in 2012 (↑ 6% annually through 2020)
    • MedPAC, March 2012.

• Variable quality
  – High readmission rate
  – 25% of all testing/procedures not needed
    • ACP Position Paper, 2011.
  – 40% of patients receive excessive care
Federal Health Reform Bill (2010)

- Focus on the “Medical Home” model
- $ Penalty for inappropriate rehospitalizations
- Voluntary programs to “bundle” payments:
  - inpatient payments to hospitals & Drs
  - acute & post-acute care
- Focus on Accountable Care Organizations

Health Care and Education Reconciliation Act of 2010.
ACA: Focus on Containing Costs

• 15-member Independent Payment Advisory Board ("death panel")
• Emphasis on "value" rather than volume
• Defining "value"?
• *Center for Medicare & Medicaid Innovation* to test new payment models
Who is going to assess and provide coordinated, value-based health care for seniors “at risk”? 
• Number of geriatricians is ↓
• Provide small % of the elderly’s care needs
• Dependent entirely on Medicare payments
• Salaries < FM and general IM Drs
• Efforts to improve reimbursement unlikely
Geriatric NPs

• AANC began retiring the Geriatric NP certification in 2013
Primary Care Careers

- Income <= procedure-based specialists
- FM & IM salaries continue to ↓
- High rates of career burnout
- Panels ≥ 2,500; 20-25 patients/day (15 min intervals)
- Few taking new Medicare/Medicaid patients

Poor Interest In General Internal Medicine (GIM)

- Survey of 57,000 U.S. IM residents (2009-2011)
- 21.5% plan to practice GIM
- Majority to pursue subspecialty career
- 9.3% to be hospitalists
- *Conclusion*: expanding medical school enrollment or primary care residency slots might not ↑ supply of GIM Drs

Geriatric Assessment: No Easy Task

- Patients with multiple problems
  - medical
  - social
  - psychological
  - financial issues

- Aging marked by heterogeneity
- Most health care issues are multi-factorial
- Many diseases present atypically
- Many illnesses/syndromes are underreported
- Comfort level of many health care professionals

Domain Categories

- Medical
- Functional
  - mobility, ADLs, hearing, vision
- Psychological
  - cognitive status, depression
- Social
  - support, advance directives
- Prevention
Medical & Functional

- medical history
- medication list (including OTC)
- functional status (ADL’s, IADL’s)
- screen for geriatric syndromes
Activities of Daily Living

Basic
• Dressing
• Feeding
• Continence
• Toileting
• Bathing
• Transferring

Levels of Dependency
– Able to perform
– Needs supervision
– Needs assistance
– Unable to perform
Activities of Daily Living

• 1/3 lose ability to perform ≥ 1 ADL with hospitalization
  – more likely to be rehospitalized or institutionalized

INSTRUMENTAL (IADLs)

(involve executive functioning)

• Shopping
• Housekeeping
• Accounting
• Food Preparation
• Transportation
Geriatric Syndromes

- sensory impairments
- dementia/delirium
- malnutrition
- falls/immobility
- abuse/neglect
- incontinence
- pressure ulcers
- polypharmacy
Screening for Geriatric Syndromes

- “head-to-toe” review of systems
- physical exam
  - serial weights
  - orthostatic blood pressure
  - hearing and vision loss
  - mini-mental status exam/ “Mini-Cog”
  - PHQ-2/PHQ-9
  - “Get-Up-and-Go Test”
Urinary Incontinence

- Subjective
- “Do you have trouble holding your urine?”
- Other questions to ask:
  - How often do you need to urinate?
  - When do you leak urine?
  - Do you have trouble emptying your bladder?
USPSTF: Hearing Impairment

- Insufficient evidence to assess balance of benefits & harms of screening in asymptomatic adults aged 50 years or older. (I statement)

Hearing Impairment

• Screening
  – “Do you have a hearing problem?” (LR=6.3)

• Exam
  – whispered voice and finger rub techniques are 80% accurate in screening (LR=6.1)

Visual Impairment

• USPSTF recommends routine annual visual screening for adults after age 65 years ("B" recommendation)
• Poor visual acuity is easily detected using a wall-mounted or handheld Snellen chart.
Unintentional Weight Loss

• Under 5% is non-significant

• Workup
  – History (appetite, dysphagia, etc.)
  – Physical (wasting, edema, mental status, etc.)
  – Social (transportation, economic, etc.)
  – Labs (prealbumin?)
  – Other tests
Prealbumin (transthyretin)

- Thyroid hormone-binding protein that transports thyroxine from bloodstream to brain
  - Shenkin A. Clinical Chemistry 2006;52:2177-2179.

- Levels not related to dietary protein intake
Pressure Ulcer Screening

• all bed- or chair-bound persons, or those whose mobility is impaired
• patients with ↓ mental status, moisture, incontinence, nutritional deficits
Falls: Screening 2013

- **ROS:** “Have you fallen to the ground in the last 12 months?” (Medicare quality of care indicator)

- **Physical:** “Get Up and Go” test
  - Have patient sit in chair
  - Rise and walk 10 feet
  - Should be done in 15 seconds
  - Observe for ataxia, turning
Depression: PHQ-2

- Over the past 2 weeks, how often have you been bothered by the following:

<table>
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<tr>
<th></th>
<th>Not at all</th>
<th>Some days</th>
<th>&gt;1/2 days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little or no interest or pleasure in doing things?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Score ≥3 is positive
Dementia

• Prevalence ↑ with age

• Dementia patients have difficulty
  – Learning and retaining new info
  – Handling complex tasks (checkbook balancing)
  – Reasoning
  – Spatial perception
  – Orientation (getting lost)
  – Behavior
Diagnosing Dementia?

• Screening - MMSE, Mini-Cog, etc.
• History
  – involves talking with family/caregiver
• Physical Exam
• Labs
• Imaging
Social Assessment

- More than ETOH/smoking/drugs
- Current & potential care givers
- Level of education
- Occupational history
- Economic assessment
- End-of-life issues
End of Life

• Unique issues arise:

  – Who makes the decisions?

  – Advance directives?

  – Withholding and withdrawing care?
Prevention/Health Maintenance

• Goal of health maintenance:
  – Delay or prevent disease
  – Optimize QOL
  – Maintain independence and productivity
Prevention

• exercise
• substance abuse
• environmental hazards
• injury prevention
  – falls, burns
• dental health
• immunizations
Prevention: Immunizations

- Tetanus (60% cases among age >60)
- Influenza (90% of deaths occur age>60)
- Zoster (50% protection)
- Pneumococcal polysaccharide (? Benefit)

Older Drivers

- Predictors of MVCs
  - History of falls
  - Visual & cognitive defects
  - History of MVC
  - CNS-acting meds
Driving Evaluation (History)

- Medical History
  - Illness with waiting period

- Driving History
  - seatbelt use
  - traffic violations
  - accidents
  - getting lost
  - social support

- Medications
  - benzodiazepines
  - anticholinergics

- Alcohol Use
94 y/o with 2 Recent MVC & “Normal” MMSE
Older Driver: Physical Exam

- Strength (e.g. grip)
- Mobility (reach, range of motion)
- Cognition (judgment, attention, visual-spatial)
- Hearing
- Visual acuity
Conclusions

• Interest in geriatric medicine is waning
• Need for geriatric assessment is increasing
• Models involving geriatric assessment are needed