

## *An Approach to Preventative Care while working with Older Adults within Inpatient Medical Case Management Settings*

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## Learning Objectives

- ① To educate the audience about how case management assessments can act as a preventative measure to identifying the needs of older adults.
- ① To recognize the challenges that arises with age, and ways to meet the needs of older adults within their own social environment.
- ① To notify the audience of the effectiveness of case management utilization and how brokering older adults to necessary resources can act as a preventative measure to future medical encounters.

## Overview

- a) The importance of assessments and case management implications when working with older adults.
- a) Defining ageism and how it affects functionality within activities of daily living.
- a) Brokering: aging population services for continued medical care.
- a) A preventative approach: a link to case management and lowered patient readmissions.

## Educational Objective One

- The importance of assessments and case management implications when working with older adults.
  - ① Assessments
  - ② Case Management Integration

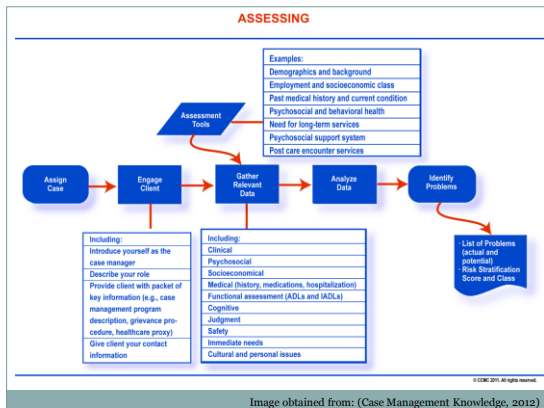
## The Population of Older Adults

- “Older Americans spend 12.8% of the total expenditures on health, more than twice the proportion spent by all consumers” (Older Adults in Health Care Settings, n.d., p.4).
- High rate of dual diagnoses amongst medical conditions
- Activities of Daily Living become taxing with age
- Limited social support systems

## Medical Case Management Assessments

- Target Population: 65 and Older
- Multiple complex problems
- Bio, Psycho, Social needs
- Utilize a variety of questions to assess the patient’s environment.
- Completed by interdisciplinary medical teams within hospital settings.
- Acts as a measurement tool to assess a patients living environment and barriers to continued medical care.

(Older Adults in Health Care Settings, n.d.).



## Assessment: Biological

- Past Medical History
- Commonalities amongst Older Adults
- Medications and Medical Adherence
- Pain Management History
- Functionality → Quality of Life → Life Expectancy

(Older Adults in Health Care Settings, n.d.).

## Assessment: Psychological

- Mental Health
- Competency
- Undiagnosed Mental Health
- Older Adults present with:
  - High Levels of Dementia
  - Loss of Significant other → Finding purpose → “Sadness and Worry” (p.5)
- Comorbidities
- Ageism

(Older Adults in Health Care Settings, n.d.).

## Depression Screening

- According to “Depression in Older Adults” by Dr. Zvi Gellis (2007):
  - D: Dysphoria
  - E: Eating Behavior
  - P: Physical Complaints
  - R: Rumination
  - E: Energy Loss
  - S: Suicidal thoughts and Plans
  - S: Poor sleep or too much sleep
  - I: Isolation
  - O: Omission of pleasurable activities
  - N: Negativity in relation to self, others, future

(Older Adults in Health Care Settings, n.d.).

## Assessment: Social

- Living Situation
- Social Environment
- Social Institutions and Interactions
- Networks
- Religious/Spiritual
- Social and Family Support Systems
- Negative versus Positive Social Support

(Older Adults in Health Care Settings, n.d.).

## Other Areas of Assessment

- Goals
- Functionality
- Mobility
- Values and Preferences
- End of Life Care
- Economic Resources

(Older Adults in Health Care Settings, n.d.).

### The biopsychosocial model of disease

My long-term health conditions are biological in origin, but the impact has been felt physically, psychologically and socially. My long-term health condition can't be treated just through the biological medical model alone. . . .

Bio	psycho	social
pathology disease symptoms science doctors tests	depression stress guilt anxiety identity tears	hobbies family isolation money career friends burden

**"The medical support keeps me *alive*, but it is the psychological and social support that enables me to *live*."**

© The Patient Patient, 2013  
www.thepatientpatient2013.blogspot.co.uk

Image obtained from: (The Patient Patient, 2013)

### Educational Objective Two

- To recognize the challenges that arises with age, and ways to meet the needs of older adults within their own social environment.

- Defining ageism and how it affects functionality within activities of daily living.

### Older Adults and Ageism

- Ageism: "form of discrimination and prejudice, particular experienced by seniors" (Ageism, n.d., p.1).
- Targeting individuals 60 and older
- Families limiting Seniors to make choices
- Mental Health problems are overlooked amongst Older Adults

<https://www.youtube.com/watch?v=ROjlbTFhdk>

### Challenges with Age

- According to Brian Alger, and his article "The Primary Challenges of Aging" there are four categories of challenges that await the geriatric population:
  - Physical Challenges
  - Psychological Challenges
  - Cultural Challenges
  - Spiritual Challenges

(The Primary Challenges of Aging, n.d.).

### Challenges with Age: Physical

- Normal Aging and its Physical Changes
- Decline in normal senses and mobility
- Age triggering diseases
- Adapting to changes and challenges with ADL's
- Primary Care Physicians and the study of Gerontology

(The Primary Challenges of Aging, n.d.).

### Challenges with Age: Psychological

- Memory Loss
- Bereavement
- Depression
- Social Isolation
- Reconciliation

(The Primary Challenges of Aging, n.d.).

## Challenges with Age: Cultural

- Ageism
- Transitioning into an elder society
- Cultural Competent Practices
- Social Support Services
  - Palliative Care
  - Hospice Care Services

(The Primary Challenges of Aging, n.d.).

## Challenges with Age: Spiritual Challenge

- Impermanence
- Points of No Return
- Sense of Belonging
- Being an Elder
- Legacy

(The Primary Challenges of Aging, n.d.).

## Educational Objective Three

- To notify the audience of the effectiveness of case management utilization and how brokering older adults to necessary resources can act as a preventative measure to future medical encounters.
- ① Brokering: aging population services for continued medical care.
- ② A preventative approach: a link to case management and lowered patient readmissions.

## Brokering to Services

- Linking
- Social Environment
- ADL Assistance
- Empowerment
- Patient Centered Care Model

## Services to Broker to in Healthcare Settings

- Home Health Care
- Skilled Nursing Facilities
- Long Term Acute Care Facilities
- Assistant Living Facilities
- Durable Medical Equipment
- Social Service Agencies

## Case Study Example

- Barry an 87 year old man presents to the emergency room with shortness of breath. Barry lives alone in a two story apartment, with 12 steps to enter his bedroom. He utilizes no durable medical equipment at home and considers himself to be independent.
- Barry states to the case manager that he is close to his family, but his three daughters live out of town. Barry's wife Susan died 12 months ago, he's stated that he feels lost without her. Since Susan died Barry does not like to go out of the house alone, and gets anxious that something could happen to him.
- Throughout his stay at the hospital testing showed that Barry had a mass on his lung, the mass was identified to be lung cancer and Barry was given only a short time to live.

## Case Study Example Continued

- The case manager met with Barry to discuss end of life/hospice care services as recommended by the Physician in collaborative rounds. Although Barry was ready to be with his wife in heaven, he was not ready to sign onto hospice care services.
- The case manager met with Barry to discussed options for his medical care. Barry stated that his goal was to return home, and stay out of the hospital for the duration of his life.

## Biological Identifiers

- Research Informed Practice
- PMH: COPD
- Medical Adherence
- Functionality → Quality of Life → Life Expectancy
- Lung Mass → Limited Time to Live → Quality of Life
- Patient Goals

(Older Adults in Health Care Settings, n.d.).

## Psychological Identifiers

- Undiagnosed Mental Health: Anxiety/Depression?
- Competency: Alert and Oriented
- Recent loss of his wife Susan:
  - Loss of Significant other → Finding purpose → Sadness and Worry
- Comorbidities
  - Anxiety and COPD/Lung Mass
- Ageism
  - Acceptance but not ready for end of life (hospice) treatment

(Older Adults in Health Care Settings, n.d.).

## Social Identifiers

- Housing: Lives alone
- Social Support System: family out of town, recent death of spouse
- Social Institutions and Interactions: None identified
- Religious/Spiritual: referred to heaven in CMA
- Social and Family Support Systems: family out of town
- Positive Social Support

(Older Adults in Health Care Settings, n.d.).

## Brokering: Services for Discharge Planning

- Biological:
  - Linkage to DME for COPD oxygen needs and hospital bed
  - Home health for medical adherence
- Psychological:
  - Broker to Psych Services: Possible anxiety/depression concerns, Linkage to Medication if needed
- Social:
  - **Goal:** return home, with family staying with patient
  - Home health: SN, PT, OT, SW, Spiritual Care
  - Palliative Care
  - Hospice

## Barry Case Study Reflection

- Did the Case Manager do everything she could to meet Barry's goals?
- Is there anything you would have done differently as a case manager?

## Challenges within a Healthcare setting

- Time Restraints
- Competent to make own decisions
- Family Communication
- Placement Challenges
- Patient/Family Decision Making
- Denial or Embarrassment
- End of Life Acceptance

(Older Adults in Health Care Settings, n.d.).

## Case Management Readmission Avoidance

- **The Utilization Review Accreditation Commission (URAC) emphasize readmission avoidance activities as:**
  - ① Utilization of systems that can link patients to medicine adherence and reminder services.
  - ② Coaching provided to patients and families.
  - ③ Transitional Care provided to patients.
  - ④ Reinforcement and education of treatment plan.
  - ⑤ Coordination of community and social service needs.

(Impact on Healthcare, nd., p.1.)

## Case Management Effectiveness

### Defined by the (URAC):

- ✓ Higher patient satisfaction rates linked to emotional support and having an advocate within the inpatient setting.
- ✓ Physicians and hospitals have complex cases addressed and facilitated properly.
- ✓ Payers cost reduced while their consumers are retained.

(Impact on Healthcare, nd., p.1.)

## Conclusion: Take Home Messages

- The importance of CMA
- Service Utilization
- Preventable Readmissions
- Ageism
- Advocacy within this population
- Patient Centered Care

## Questions:

- Thank you!

## Resources

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