Developing a Rural Geriatrics Assessment Clinic

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Disclaimer Slide

- I have no conflicts of interest.
Presentation Objectives

- Describe what is Geriatric assessment
- To identify key players needed to run your own rural GAC
- Describe key points of the assessment and how the process works
- To discuss some of the challenges to developing your own GAC
- Describe the benefits of operating a rural GAC
Case Presentation

- **CC:** Confusion, lost driving
- **HPI:** 84 y.o. female found driving down wrong side of street and confused where she was.
- **PMH:** DM II, HTN, CKD, OA, hyperlipidemia, U.I., Diverticulosis, Hx. Polyps, Dementia
- **NKDA**
- **Meds:** Actos, Glipizide, Aricept, Aspirin, Detrol LA, Januvia, Lisinopril, Simvastatin, Metformin, Metoprolol
- **SH:** Widowed living alone in farmhouse, retired farmer’s wife, no history of Etoh, Tobacco use
Case Presentation

- FH: CAD, CVA, HTN
- ROS: unremarkable other than nocturia 2-3 times/night and admits to being forgetful
- PE: T98, P84, R18, BP152/78, Wt. 152lbs, Gen-nad/alert but not orientated to place or time, HEENT-cataracts, Neck-nl., Chest-clear, Heart-rrr w/o m/r/g, Abd-nl., MS-varicose veins, good ROM, 2+pulses, Neuro-WNL, Psych-nl. affect
Pender Community Hospital
Demographics

- Population around 1200 people
- 4 full-time physicians and 2 physician assistants
- Serve parts of four different counties in the hospital district
- Large Native American and Latino populations
- In 2006 15% percent of population in Thurston county is over 65 y.o. and rising
What is Geriatric Assessment?

• Comprehensive evaluation especially of the complex patient, i.e. those with dementia, mental health concerns and failing functional abilities
• Designed to optimize an older person’s quality of life using the team approach to look at the whole person
• Primary care physicians are not always able to adequately address geriatric conditions in the traditional allotted time scheduled during a clinic appointment
• These conditions need to be assessed so that plans can be developed to improve the status of the elderly
• It is meant to assist and compliment the care they receive from their primary physician
Key Players on the Team

• May be different and unique to each community or hospital depending on available personnel and specialties
• Must have a captain to orchestrate the effort
• Each player needs a defined role
Pender Geriatric Assessment Team

- Dr. Matt Timm
- John Miller PT
- Jill Belt LMHP LSW
- Carrol Baier RN BS PS
Key Points of the Assessment

- Complete History and Physical
- Vitals including sitting and standing BP and Pulses
- Vision and Hearing Screen
- Health Maintenance issues eg. Flu shot, mammogram, pneumonia shot, pap smear
- Weight – look for trends from the clinic records
Key Points of the Assessment

- Gait and Balance Assessment
- Lab, X-ray, EKG, CT as needed
- IADL & ADL scoring
- Social history
- Geriatric Depression Scale
- MOCA
- Mini-mental status exam
- Power of attorney and Living will
Key Points of the Assessment

- Medications are evaluated for interactions with other drugs and food, what is appropriate for the elderly, any areas that are not being addressed
- Nutritional status and special dietary needs
- Fall risk and what can be done to keep them safe.
- Ancillary information and concerns from family members
- Goals the patient or family would like to accomplish from the assessment
How does the process work before the visit?

- Referral from physician
- Pre-visit form is completed prior to visit and dispersed to team members for review
- Chart review/Medical records summarized
- Assessment of medications for SEs/interactions
- ADL/IADL scoring done in advance
How does the process work the day of the visit?

• Process takes at least three hours per patient
• Each team member meets with the patient/family to carry out their defined roles
• Necessary lab, x-ray, etc. is done between or after visiting with team members
• The team meets briefly at the end of the day to discuss each patient
How does the process work after the visit?

• Each of the team members summarizes their recommendations
• All information from the assessment is compiled into a report and dictated
• A follow-up meeting is scheduled with the family and patient to discuss the team’s recommendations
• Copy of the assessment is given to their PCP, family, and nursing home if patient resides there
• Return in 4-6 weeks to monitor the effectiveness of the plan and make revisions as needed
Challenges

• Determining best location to perform assessment
• Identifying key team members
• Time commitment
• Coordinating the GAC with regular clinic and hospital schedules
• Developing assessment tools and pre-visit questionnaire
Challenges

• Reimbursement
• Demand exceeds Supply
Benefits

• Good publicity for your local hospital
• Patients and families have more time to express concerns than normal clinic visit
• Families more accepting of recommendations coming from a team than just one individual
• Can help families set up outside services to keep mom or dad at home for as long as possible
Benefits

• Provides additional revenue for your local hospital through lab, x-ray, referrals, etc.
• Helps families with the difficult decision of proper placement/living arrangements
• Patients can have assessment done in their local community hospital
Case Presentation Continued

- Lab: Found to have blood sugar in the 50s, mildly anemic, mild UTI, B12 deficient, TSH nl., Chem panel otherwise nl.
- Observed in hospital overnight
- Discharged to Pender Care Center
- Scheduled for geriatric assessment for further evaluation
Summary

- Geriatric assessment can be done in a rural setting
- Valuable service to patients and their families
- As life expectancy continues to improve the need for these services will continue to rise
Questions?