



Master Plan for Aging – Goal 2 Health Care Reimagined



Presenters



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Pressures on the Old Model of Geriatric Care

- ▶ In 2018
 - ▶ More complex older adult population – 49.2 M
 - ▶ Certified geriatricians - 6,952 (736)
 - ▶ Full time practicing geriatricians – 3,590
- ▶ 30% of 65-year-old and older need care from a geriatrician
- ▶ One geriatrician can take care of up to 700 patients
- ▶ Health systems
 - ▶ Rapidly changing Medicare reimbursement
 - ▶ Reduction in health care operating margins



Geriatric Models of Care

- ▶ Comprehensive geriatric assessment has been shown to improve outcomes for frail elders
- ▶ Geriatric outreach teams performing home visits have been shown to decrease mortality and reduce nursing home admissions
- ▶ Geriatric day hospital care was associated with reduction in death and institutionalization, greater independence, and higher level of physical function

The 5Ms of Geriatric Care



Geriatric Emergency Department (GED)

► **WHY GEDs:**

- Over 68% of Emergency Department admissions are people over the age of 60
- Once in the ED, older patients more likely to
 - have an emergent or urgent condition, be hospitalized, and be admitted to a critical care unit
 - receive a greater number of diagnostic tests, spend longer times in the ED, and have higher charges for their ED services than younger patients.
- After an ED visit, older adults are at greater risk for medical complications, functional decline, and poorer health-related quality of life than they were before.

GED Model of Care

- ▶ GED accreditation by the Association of California Emergency Physicians
 - ▶ better clinical staff education in geriatric emergency medicine and nursing care
 - ▶ At the Queen, the specialized age-friendly response team includes the Medical Director and a Registered Nurse
 - ▶ evidence-based protocols for common geriatric syndromes
 - ▶ structural modifications such as quiet rooms, soft lighting, dementia-friendly design
- ▶ REDUCES risk of delirium, complications caused by medical treatment, cost, hospital length of stay, and transfer to long-term care facilities
- ▶ PRESERVES patient function
- ▶ Provides the best care for the most vulnerable



Aging and Disability Resource Connection



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We are the One Door for :

- Information and Assistance
- Options Planning
- Benefits Assistance
- Short Term Service Navigation
- Transition from Medical Facilities to Home
- Home Modification
- Care Giver Registry



Supporting Health Through the ADRC

- ▶ Person centered advocacy and service coordination for clients and their support network during medical transitions.
- ▶ Support with enrollment in IHSS (In-Home Supportive Services).
- ▶ Caregiver registry services – help with hiring caregivers and understanding program requirements such as Electronic Visit Verification.
- ▶ ADRC Health Profession Intern Program
- ▶ Advocating and support accessing transportation, assistive technology and many other services