



Ydq#K dñq#lqg#kh#F dñr#R ghulDgxow

Dggñd#z hwr#f#kz du#G#SK

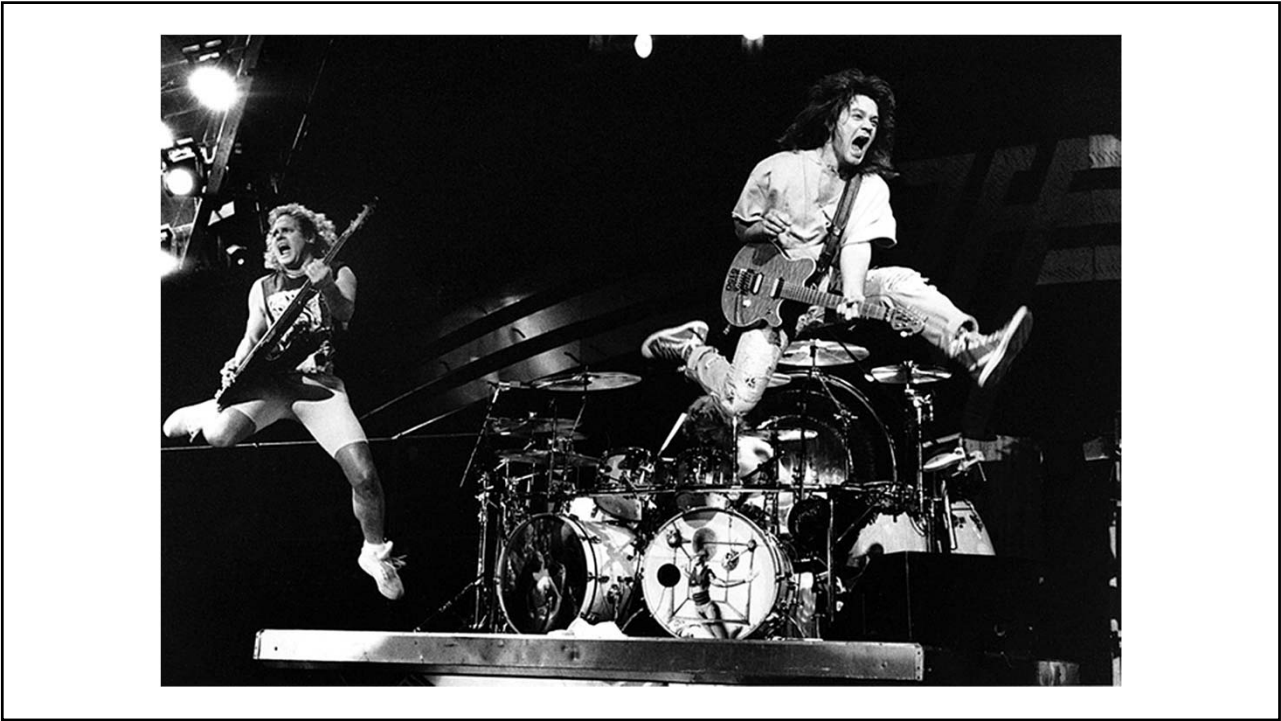
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YD#Erwrq#Khdokfdñ#|vñp /G lyvrq#ñT hubwlfv# #Sdñlñh#F dñ

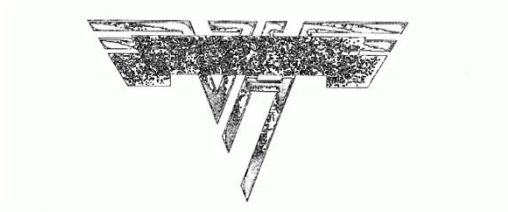
Qhz #Iqj òlqg#ñT hubwlfv#ñhvdufk#Igxfdwlrq#lqg#F dñlfd#F hqwhu

Idfxw|/ñqvwññ#ñT#Khdokfdñ#ñP suryhp hqwr#ñDjh#ñuhggq#Khdok#ñ|vñp vñqñlñlñh

1



2



Munchies

Potato chips with assorted dips
Nuts
Pretzels
➔ M & M's (WARNING: ABSOLUTELY NO BROWN ONES)
Twelve (12) Reese's peanut butter cups
Twelve (12) assorted Dannon yogurt (on ice)

Supplies

Forty-eight (48) large, bath-size cloth towels
One hundred (100) cups for cold drinks (16 oz., waxed paper)
Fifty (50) styrofoam cups (minimum 10 oz.) for hot drinks

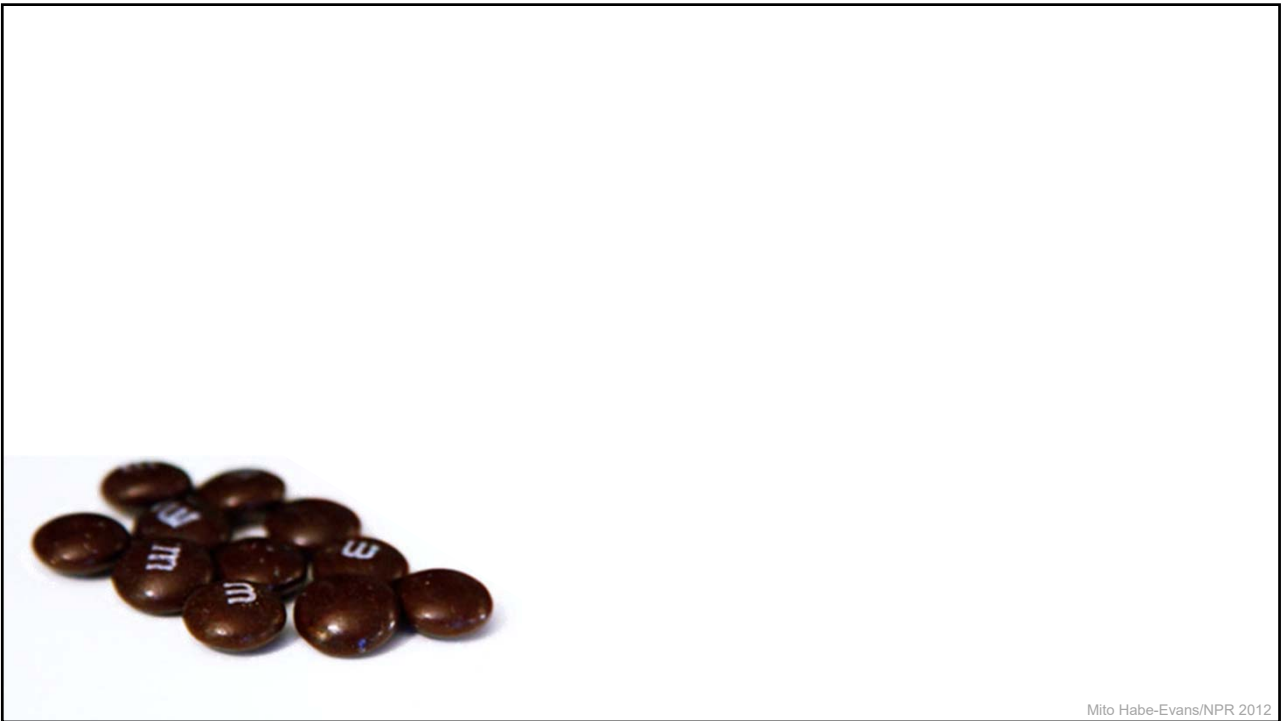
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4



5



6

Ydq#K dñq#dqg#kh#F dñh#r#R ghñDgxow

1. Identify the “Brown M&Ms”: warning signs that an older adult may be experiencing rising risk
2. Define frailty as a dynamic state of decreased resilience/reserve



y Health Systems” and the Geriatric 5Ms
older adults

Schwartz AW, JAMA Internal Medicine, 2017

7



DM

CHF

HTN

CAD

Afib

COPD

Cataracts

Presbycusis

Constipation

Osteoporosis

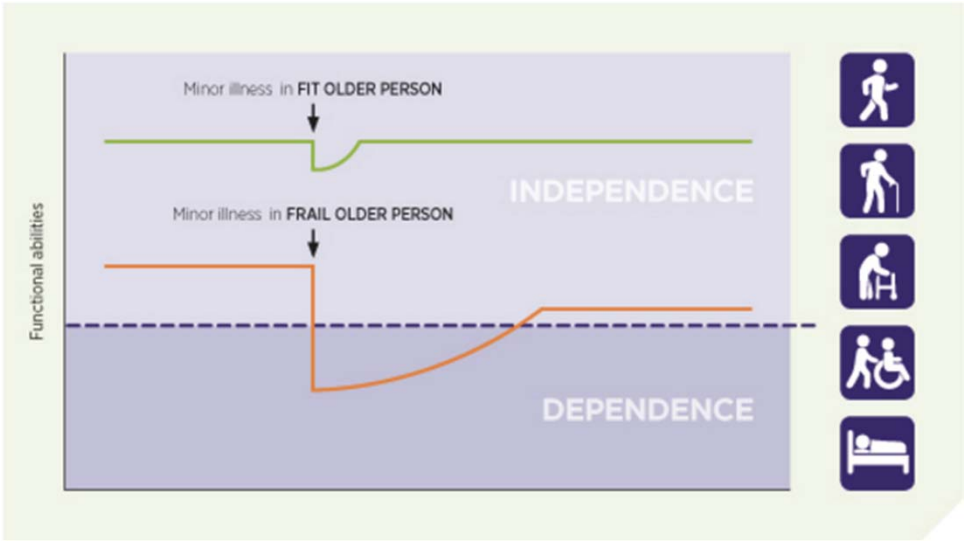
Osteoarthritis



Image source: womenshealth.va.gov

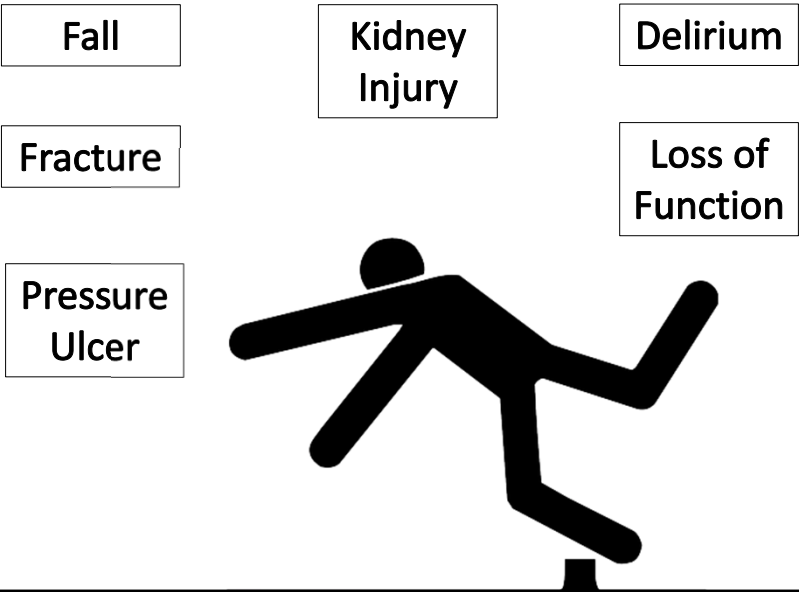
8

Frailty: Limited resilience/reserve

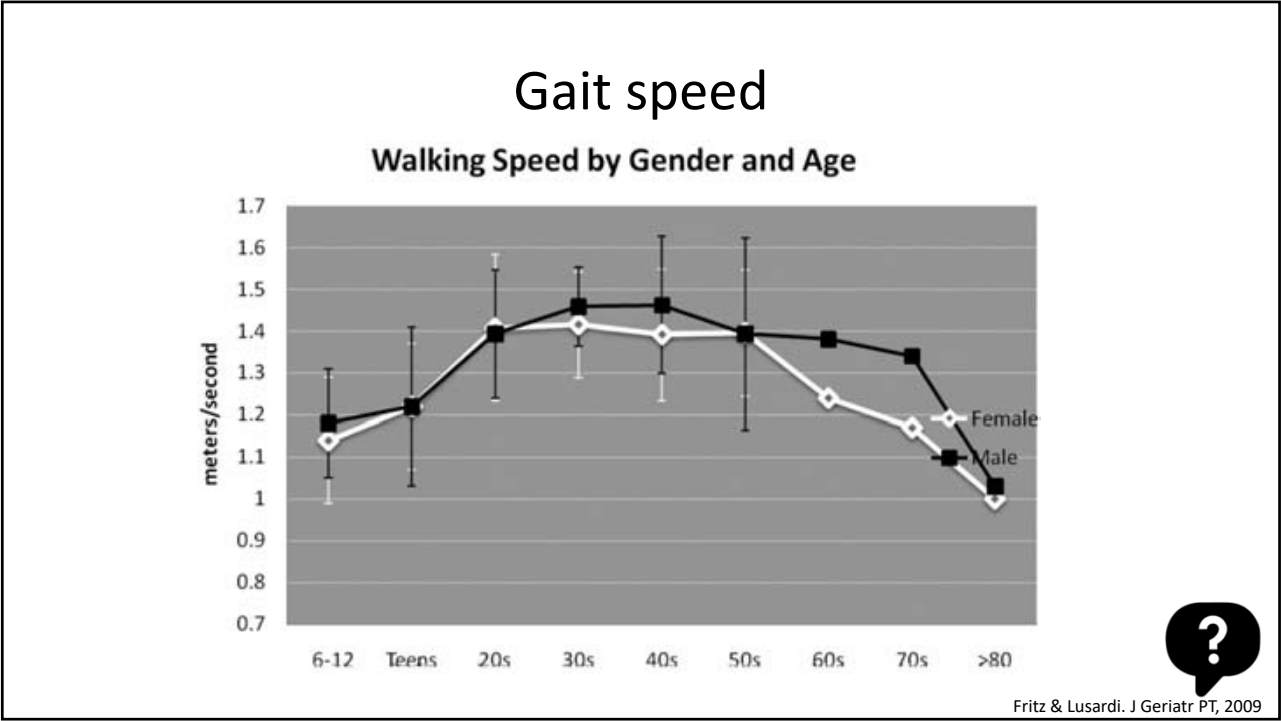


Adapted from Clegg et al. Lancet 2013

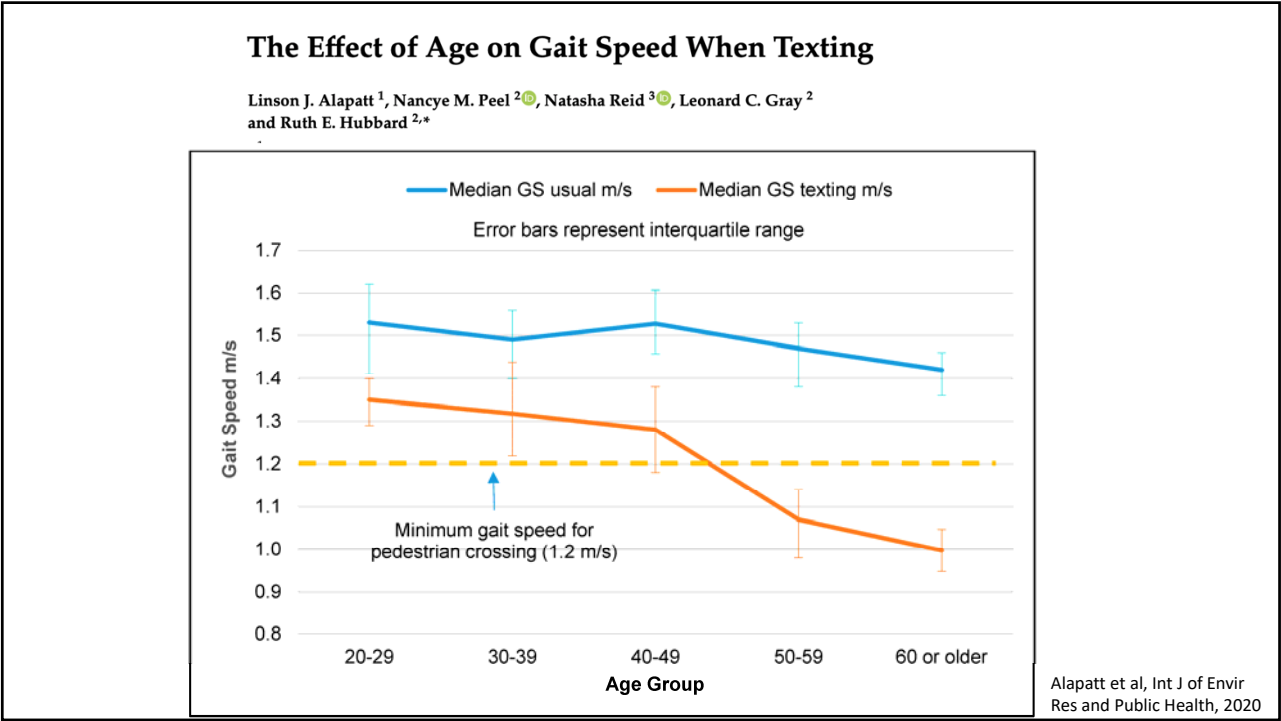
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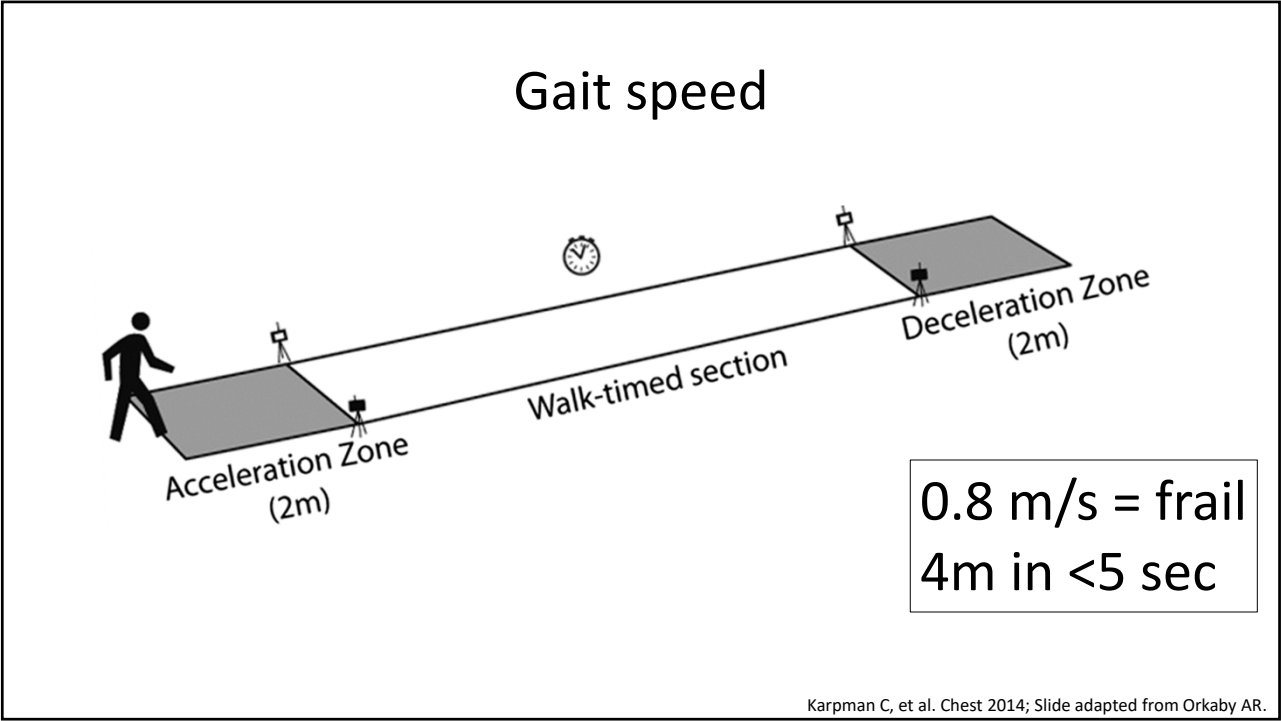
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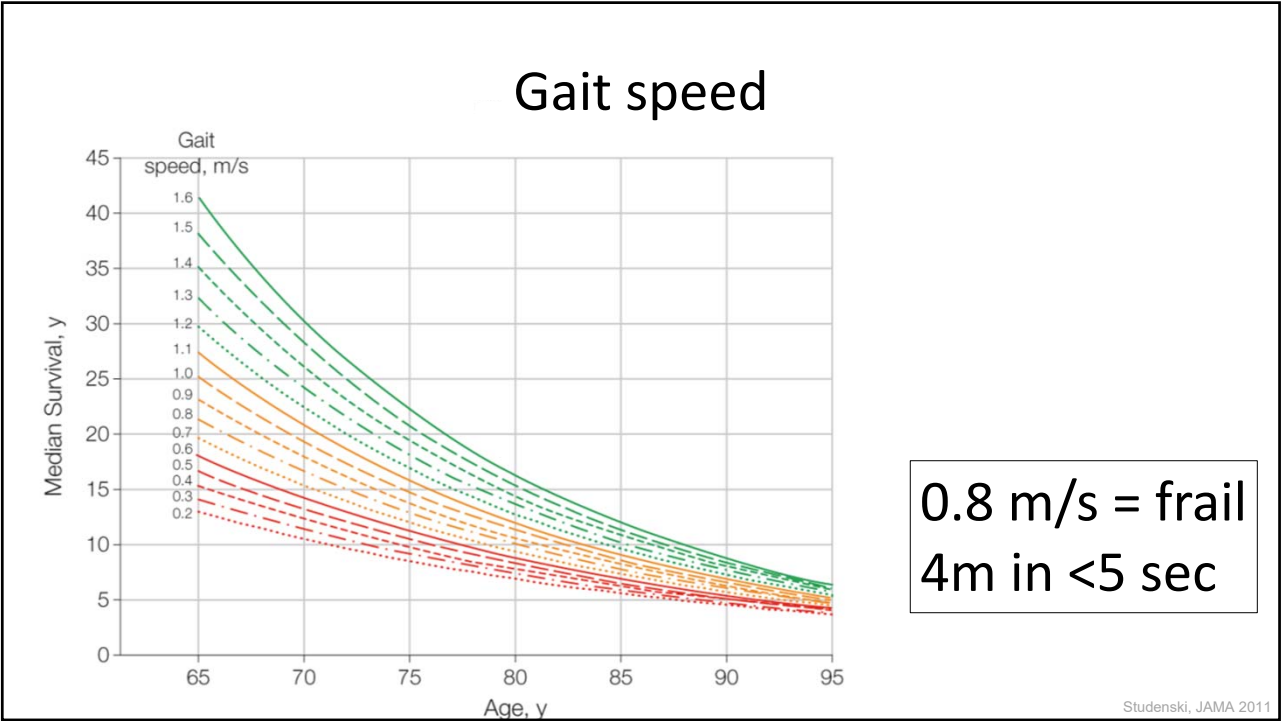
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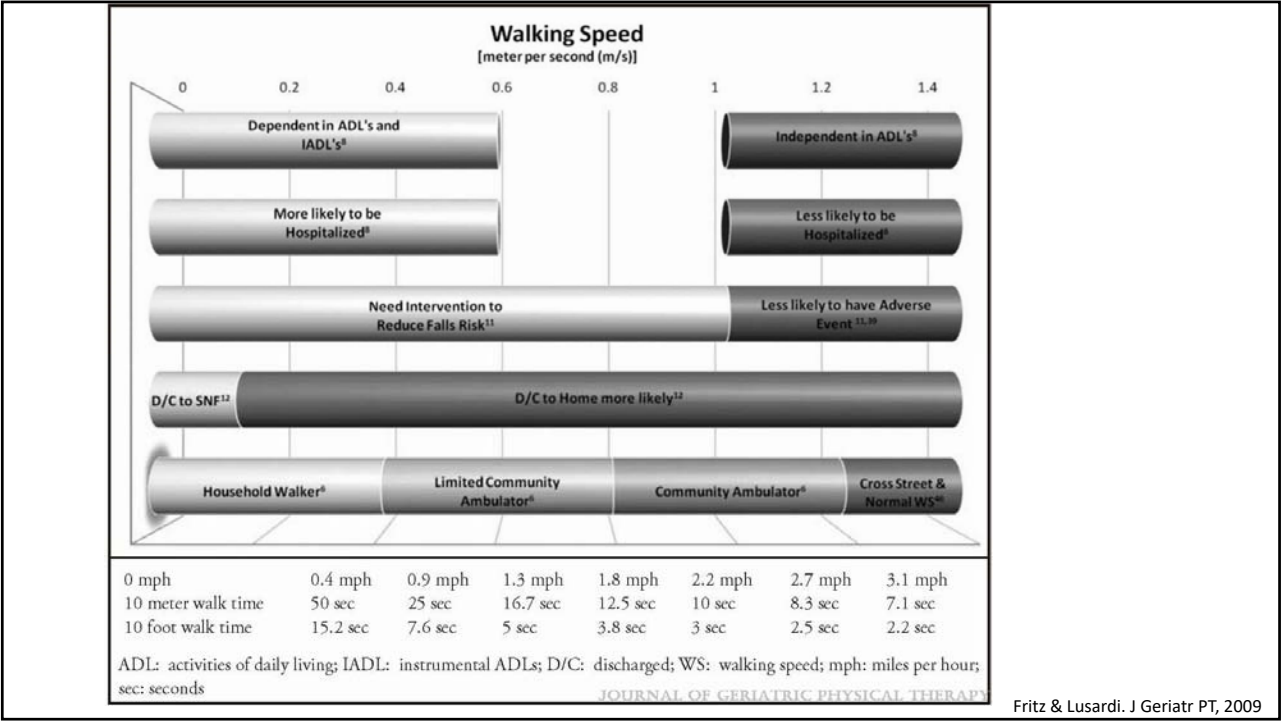
12



13



14



15



- DM
- CHF
- HTN
- CAD
- Afib
- COPD
- Cataracts
- Presbycusis
- Constipation
- Osteoporosis
- Osteoarthritis



Image source: womenshealth.va.gov

16

Chair Stands



CDC.gov/STEADI

17

Chair Stands

THE NEW ENGLAND JOURNAL of MEDICINE

CLINICAL PRACTICE

Caren G. Solomon, M.D., M.P.H., Editor

Prevention of Falls in Community-Dwelling Older Adults

David A. Ganz, M.D., Ph.D., and Nancy K. Latham, P.T., Ph.D.



Ganz and Latham, NEJM 2020

18

Chair Stands: Sarcopenia

A

VL RF VM VI

?

Trappe, J Applied Physiology 2001

19

SPPB

1. Balance Tests

Side-by-Side Stand
Feet together side-by-side for 10 sec

Semi-Tandem Stand
Heel of one foot against side of big toe of the other for 10 sec

Tandem Stand
Feet aligned heel to toe for 10 sec

≤ 10 sec (0 pt)
10 sec (1 pt)
≤ 10 sec (+0 pt)
10 sec (+1 pt)
10 sec (+2 pt)
3-9.99 sec (+1 pt)
≤ 3 sec (+0 pt)

Go to 4-Meter Gait Speed Test

2. Gait Speed Test

Measures the time required to walk 4 meters at a normal pace (use best of 2 times)

1m 2m 3m 4m

≤ 4.82 sec 4 pt
4.82-6.20 sec 3 pt
6.21-8.70 sec 2 pt
≥ 8.7 sec 1 pt
Unable 0 pt

3. Chair Stand Test

Pre-test
Participants fold their arms across their chest and try to stand up once from a chair

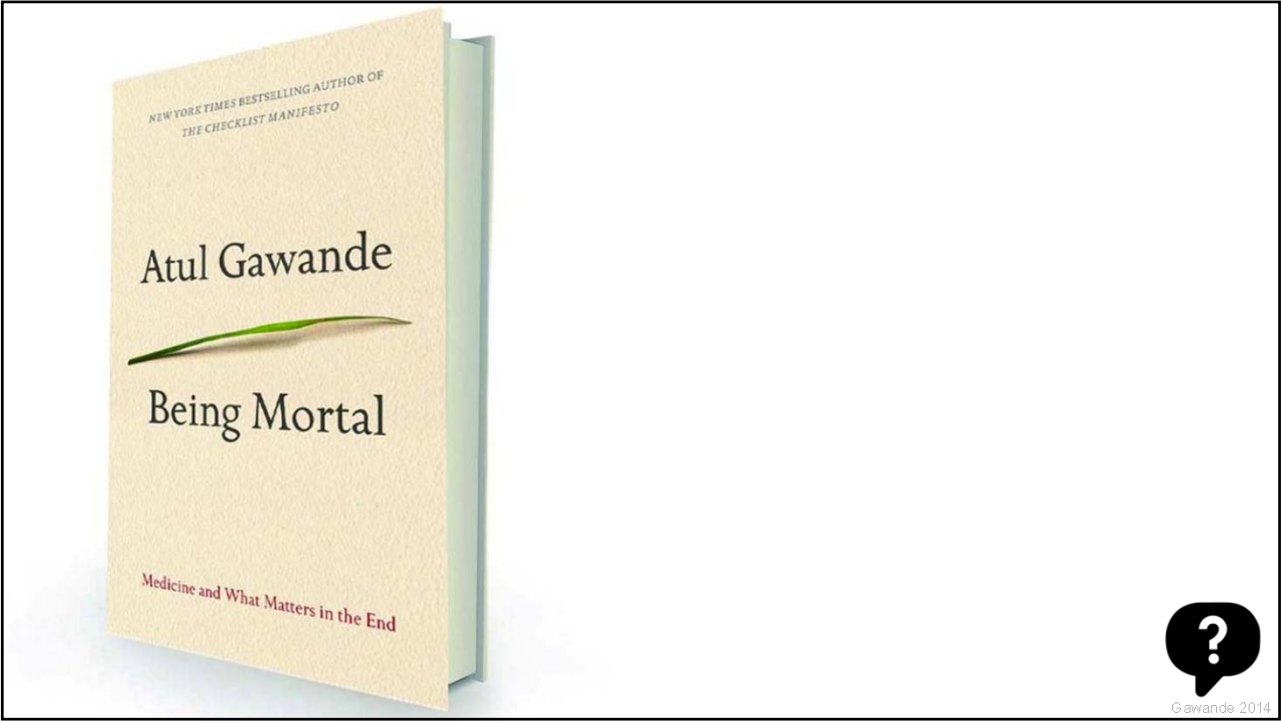
unable → Stop (0 pt)

able → **5 repeats**
Measures the time required to perform five rises from a chair to an upright position as fast as possible without the use of the arms

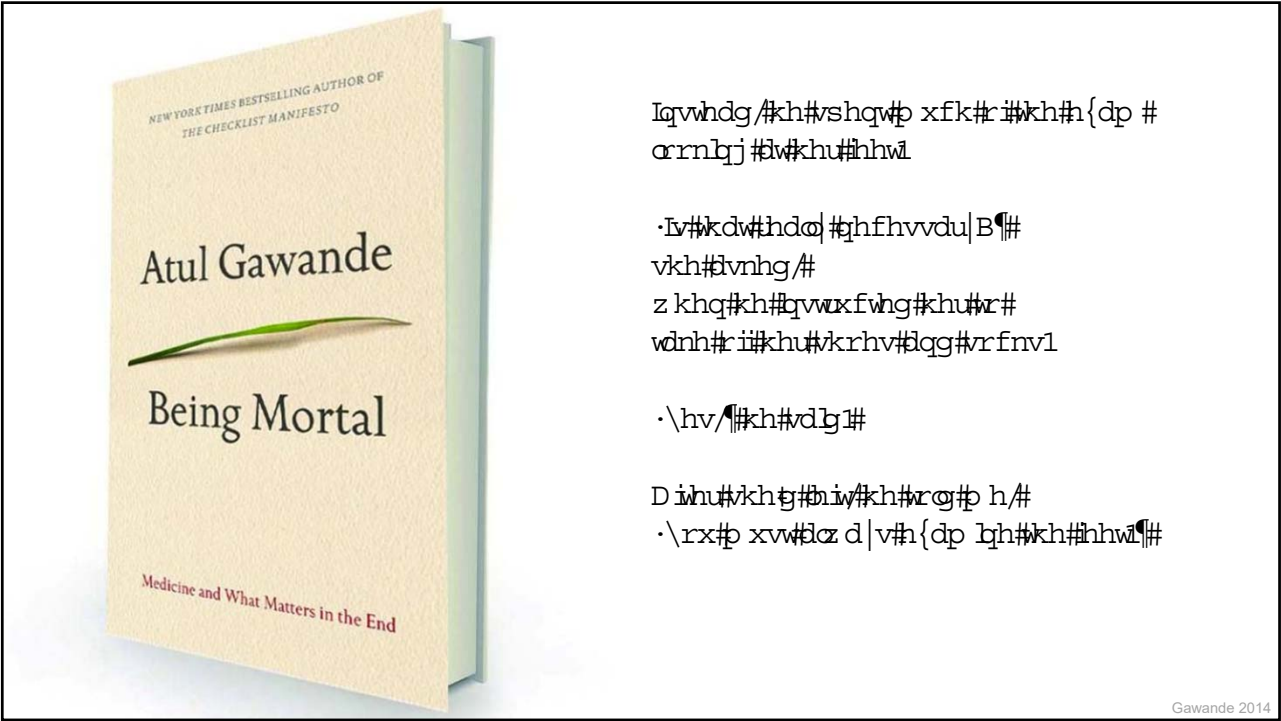
≤ 11.19 sec 4 pt
11.20-13.69 sec 3 pt
13.70-16.69 sec 2 pt
≥ 16.7 sec 1 pt
≥ 60 sec or unable 0 pt

Figure from Riskowski et al, Journal of Biomechanics, 2012

20



21



22



23



24

PERSPECTIVE

Toenails as the “Hemoglobin A_{1c}” of Functional Independence—Beyond the Polished Wingtips

REVIEW

THE AMERICAN JOURNAL of MEDICINE®

Foot Examination for Older Adults

Kirstyn James, MD, MRCPI,^{a,b,d} Ariela R. Orkaby, MD, MPH,^{a,c,d} Andrea Wershof Schwartz, MD, MPH,^{a,c,d}

Case report

From the ground up: recognising risk of frailty syndromes and functional decline through foot examination

Kirstyn James ^{1,2,3,4} Christian Baglini,⁵ Andrea Wershof Schwartz^{1,3,6}

Orkaby and Schwartz, JAMA IM 2018, James et al, AJM 2020, James et al, BMJ Case Reports 2021

25

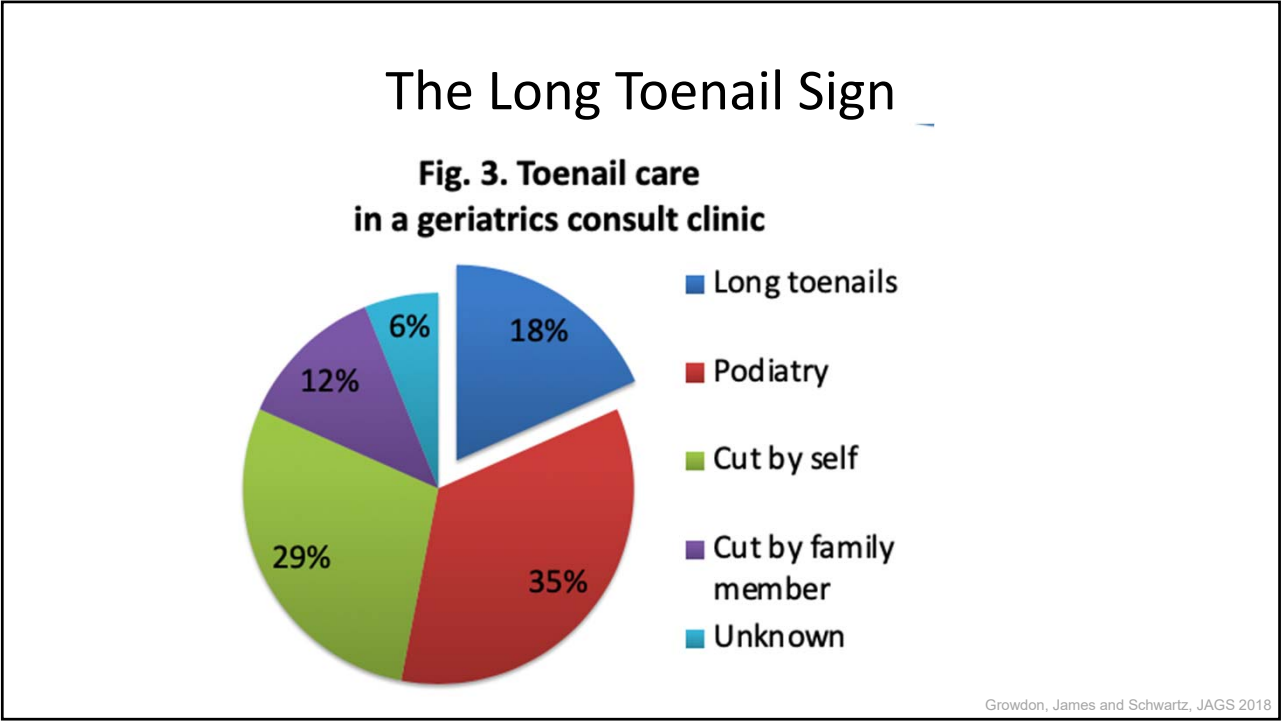
The Long Toenail Sign



Image 1. Patient's feet with long, thickened toenails consistent with onychomycosis, bilateral hallux valgus and hammertoes.

James, Orkaby and Schwartz, Eur J Med 2021

26

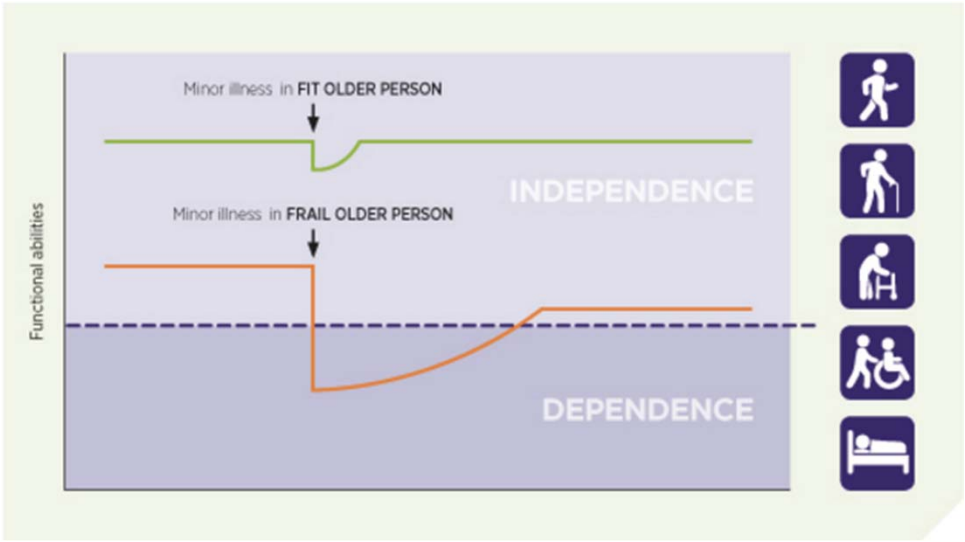


27



28

Frailty: Limited resilience/reserve



Adapted from Clegg et al. Lancet 2013

29

Patho-physiology of Frailty

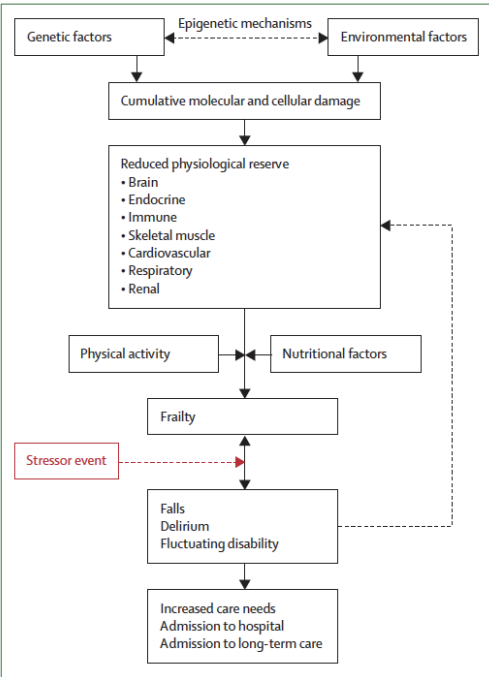
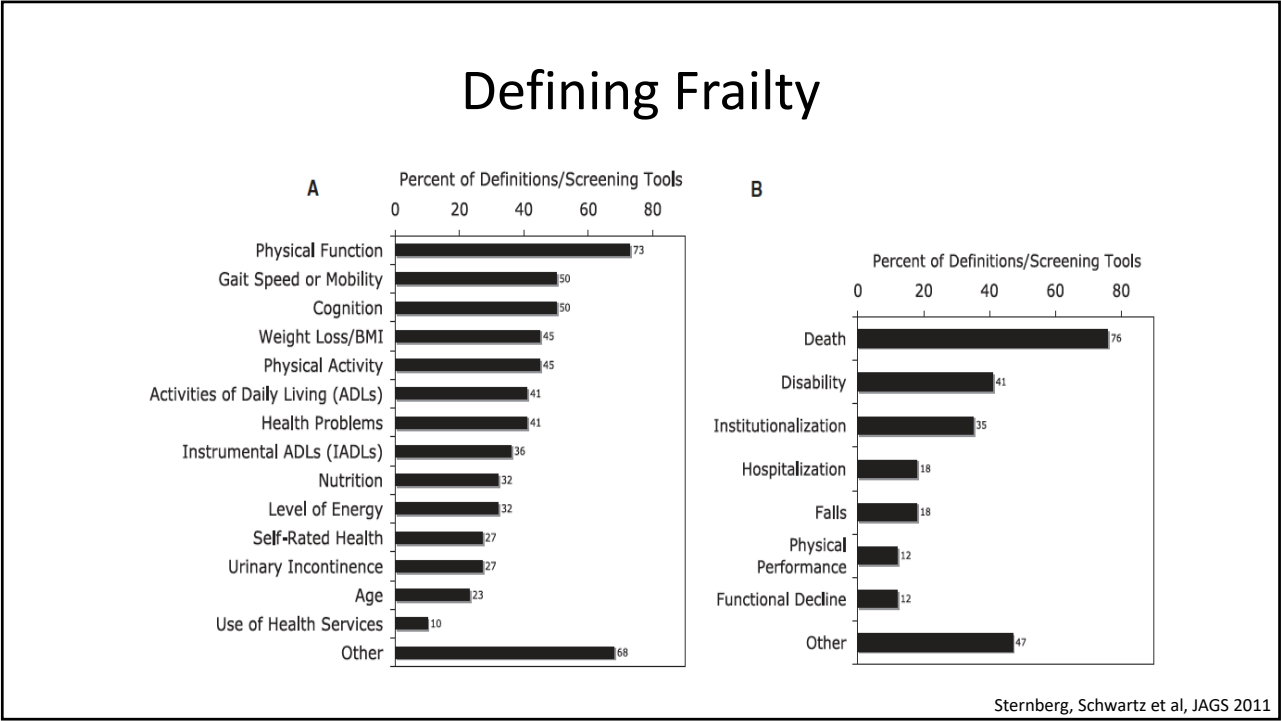


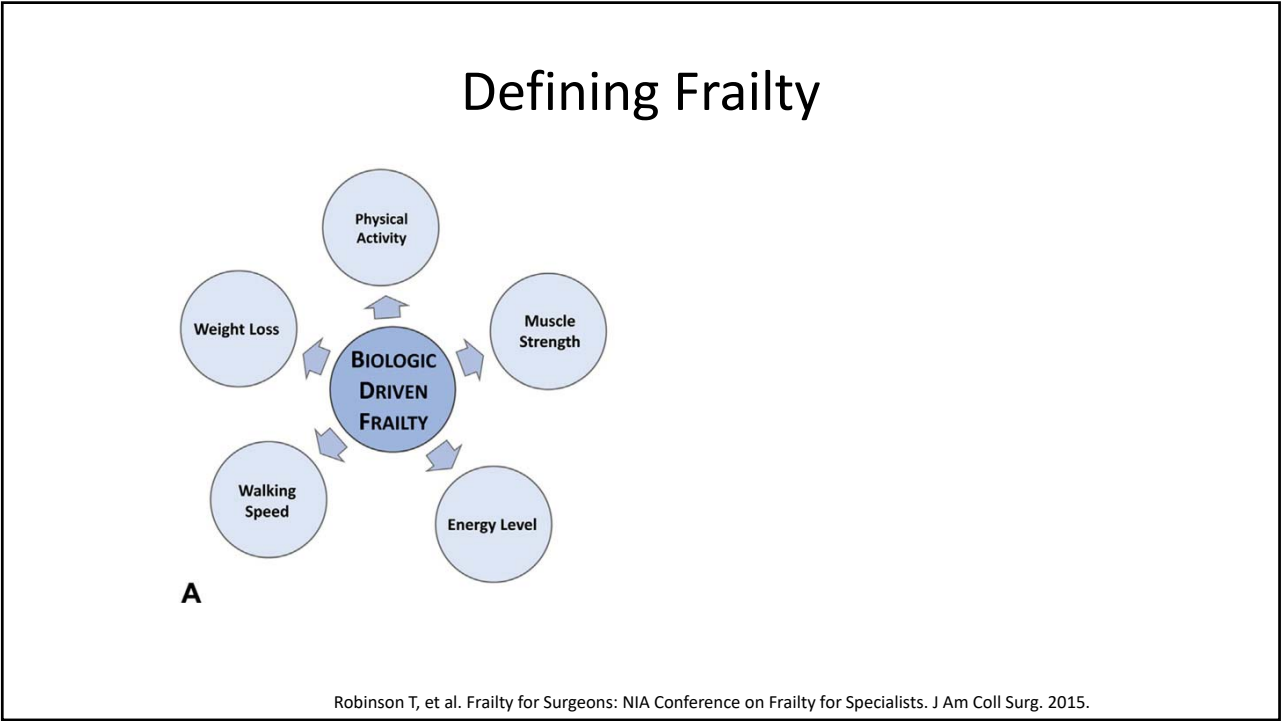
Figure 2: Schematic representation of the pathophysiology of frailty

Clegg et al. Lancet 2013

30



31



32

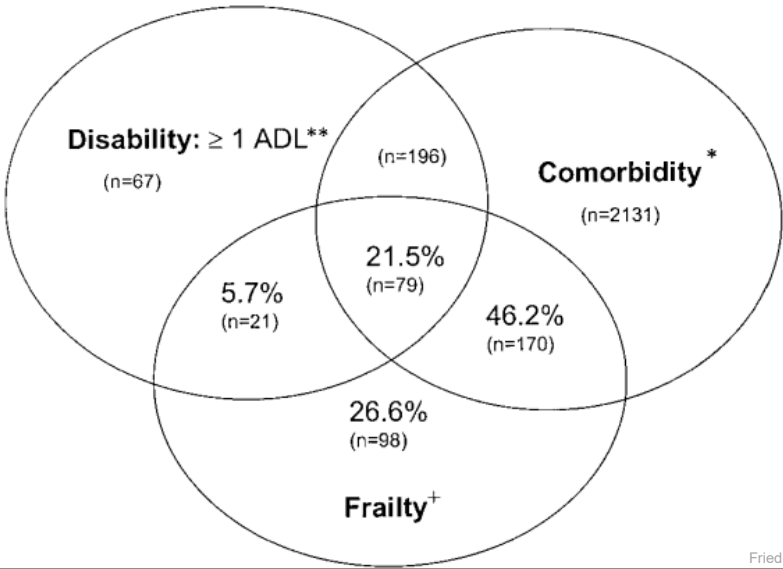
Defining Frailty

- **Frailty as accumulation of deficits:** “the more things that are wrong, the more likely that person is frail” (Rockwood 2007)
- **Frailty as a biologic syndrome of decreased reserve** resulting from cumulative declines across multiple physiologic systems (Fried et al. 2001)

Varadhan & Buta, Frailty Toolbox, AGS 2015

33

Defining Frailty: Fried’s Phenotype



Fried, J Ger Biol 2001

34

Defining Frailty: Fried's Phenotype

1. Weight loss (more than 10lbs)
2. Weakness (grip strength)
3. Exhaustion (self-report)
4. Walking Speed (15 feet)
5. Physical Activity (Kcals/week)

- Not Frail: 0
- Pre-frail: 1-2
- Frail: ≥ 3

Fried, J Ger Biol 2001

35

FRAIL scale (3+ = Frail)

- **Fatigue:** Are you fatigued?
- **Resistance:** Do you have difficulty walking up one flight of steps?
- **Aerobic:** Are you unable to walk at least one block?
- **Illness:** Do you have more than five illnesses?
- **Loss of weight:** Have you lost more than 5% of your weight in the past 6 months?

- Not Frail: 0
- Pre-frail: 1-2
- Frail: ≥ 3

Abellan , et al. J Nutr Health Aging 2008

36

Defining Frailty

The diagram illustrates the components of Deficit Driven Frailty. A central yellow circle labeled "DEFICIT DRIVEN FRAILITY" is surrounded by six other yellow circles, each representing a different domain. Arrows point from each of these outer circles toward the central circle, indicating that each domain contributes to the overall state of frailty. The domains are: Social Vulnerability (top), Medical Conditions (top-right), Functional Decline (bottom-right), Depression (bottom), Cognition (bottom-left), and Nutrition (top-left).

B

Robinson T, et al. Frailty for Surgeons: NIA Conference on Frailty for Specialists. J Am Coll Surg. 2015.

37

Clinical Frailty Scale*

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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38

The Clinical Frailty Scale

- Variability in risk for people of the same age
- Allows for risk stratification
- Ask about the baseline two weeks ago

CFS score:

- An 80 year old who can run a marathon
- An 80 year old who can't get out of bed

Rockwood, KR et al. CMAJ 2005

39

The Clinical Frailty Scale

- It's all about the baseline two weeks ago
- CFS relies on history of functional status changes, cross-referenced with observation
- Often disability arises from an accumulation of deficits in older patients (vs younger pts)
- CFS 4 = vulnerable, 'slowing down'
- CFS 6 (need help with outdoor activities and some help with basic activities) – all cause mortality during admission to acute hospital = 6%
- CFS 7 (completely dependent for personal care) – all cause mortality during admission to acute hospital = 11%

<https://www.acutefrailtynetwork.org.uk/Clinical-Frailty-Scale>

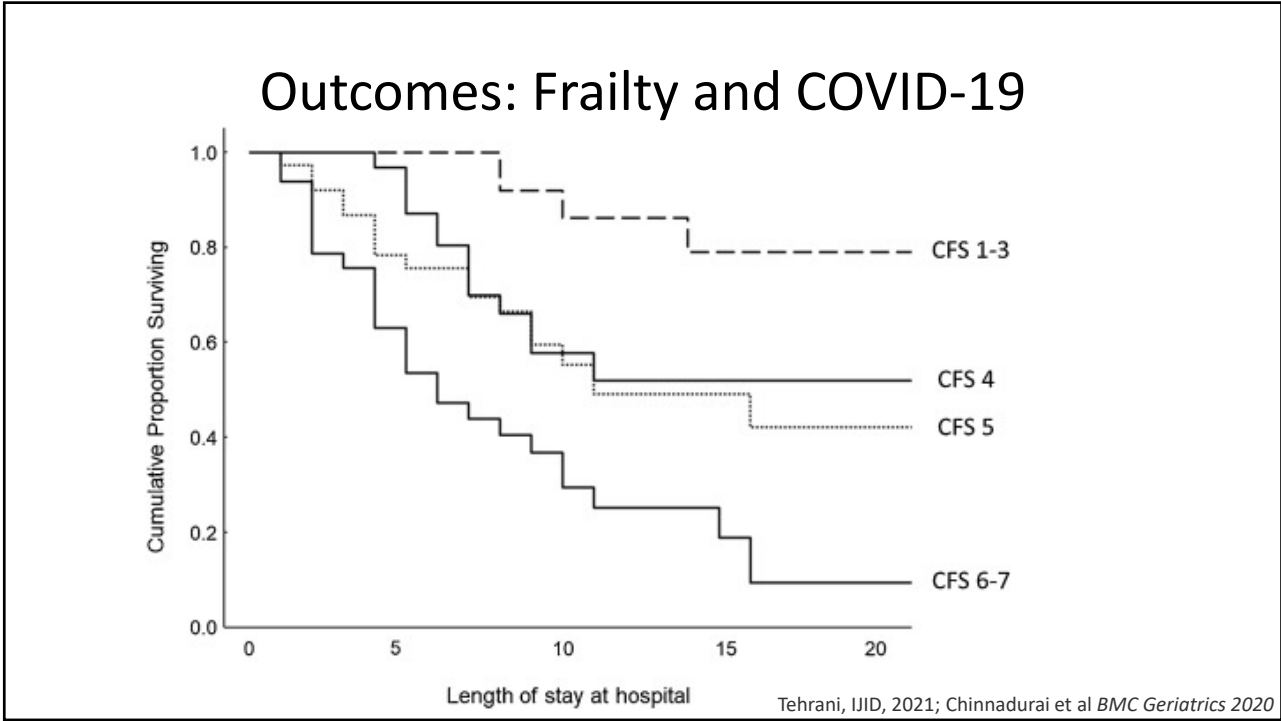
40

Outcomes by CFS score

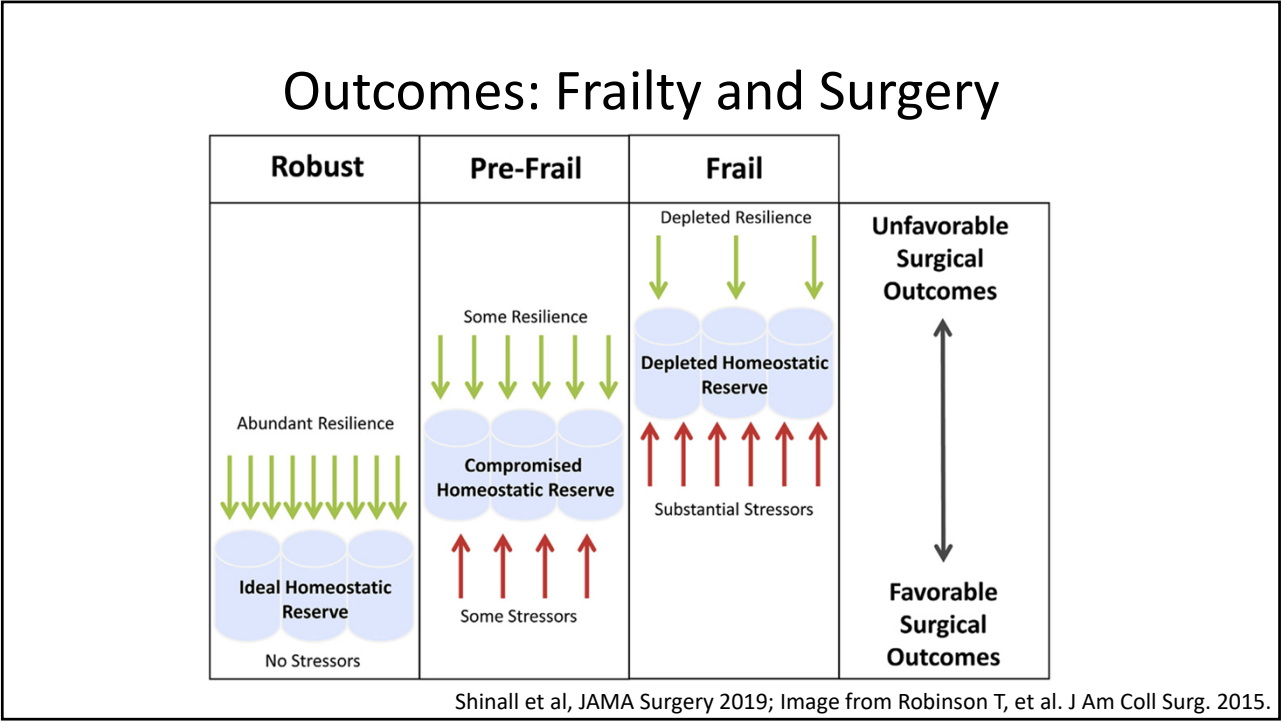
CFS grade	Length of stay	Readmission rate	In-patient mortality	Care intentions	Service referrals	Post-discharge support
1	4	4%	2%	Detect and manage geriatric syndromes e.g. delirium	General internal medicine	Self-care
2	5	7%	2%			
3	7	11%	2%			Prevention (e.g. falls, memory clinic)

<https://www.acutefrailtynetwork.org.uk/Clinical-Frailty-Scale>

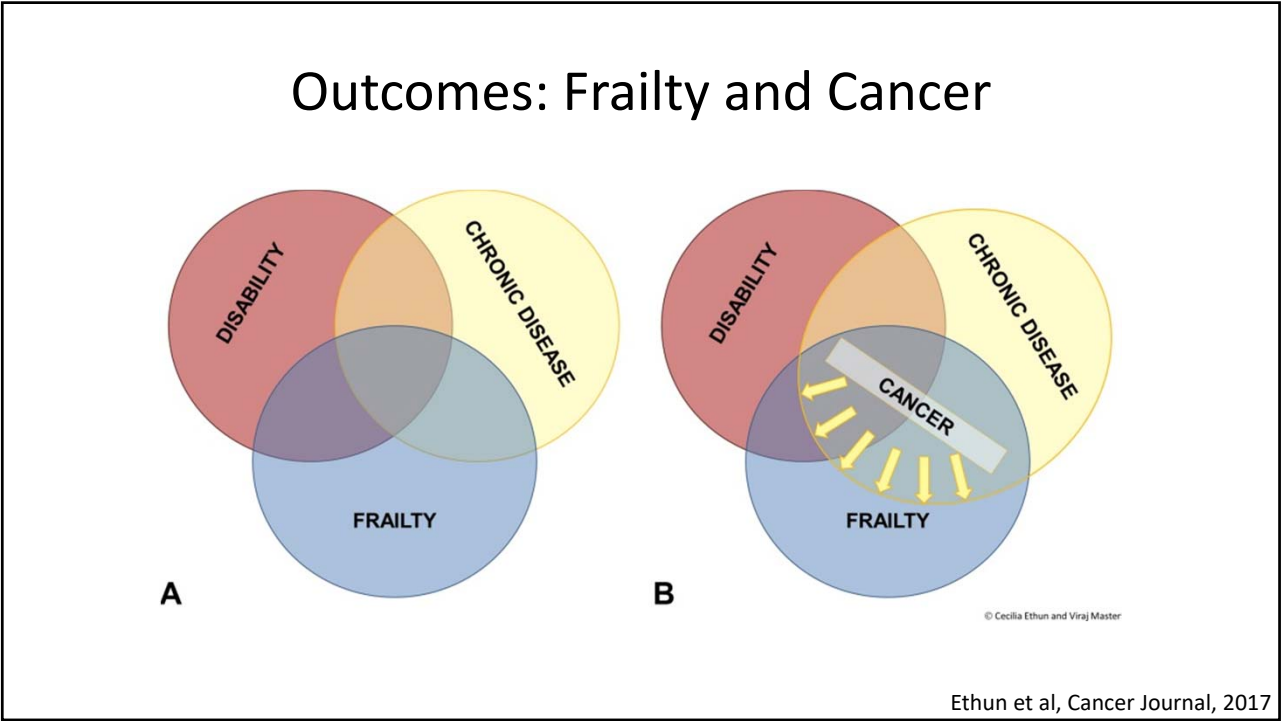
41



42



43



44

Outcomes: Frailty and CVD

“Epidemiological studies have consistently demonstrated that frailty carries a **relative risk of >2 for mortality and morbidity** across a spectrum of stable CVD, acute coronary syndromes, heart failure, and surgical and transcatheter interventions.”

Afilalo, JACC, 2014

45

Frailty

Clinical Frailty Scale*



1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 Well – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



3 Managing Well – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.



5 Mildly Frail – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



7 Severely Frail – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9 Terminally Ill - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

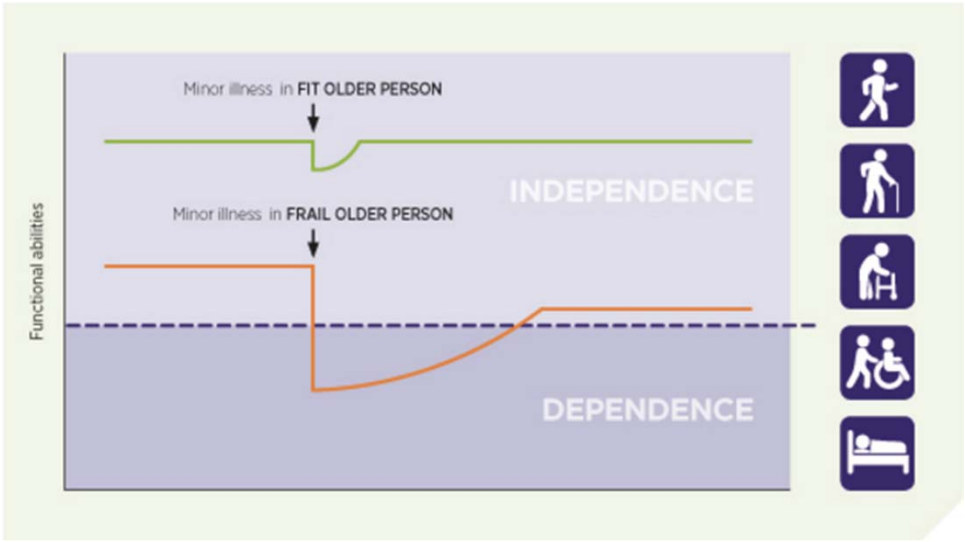
In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

46

Frailty: Limited resilience/reserve



Adapted from Clegg et al. Lancet 2013

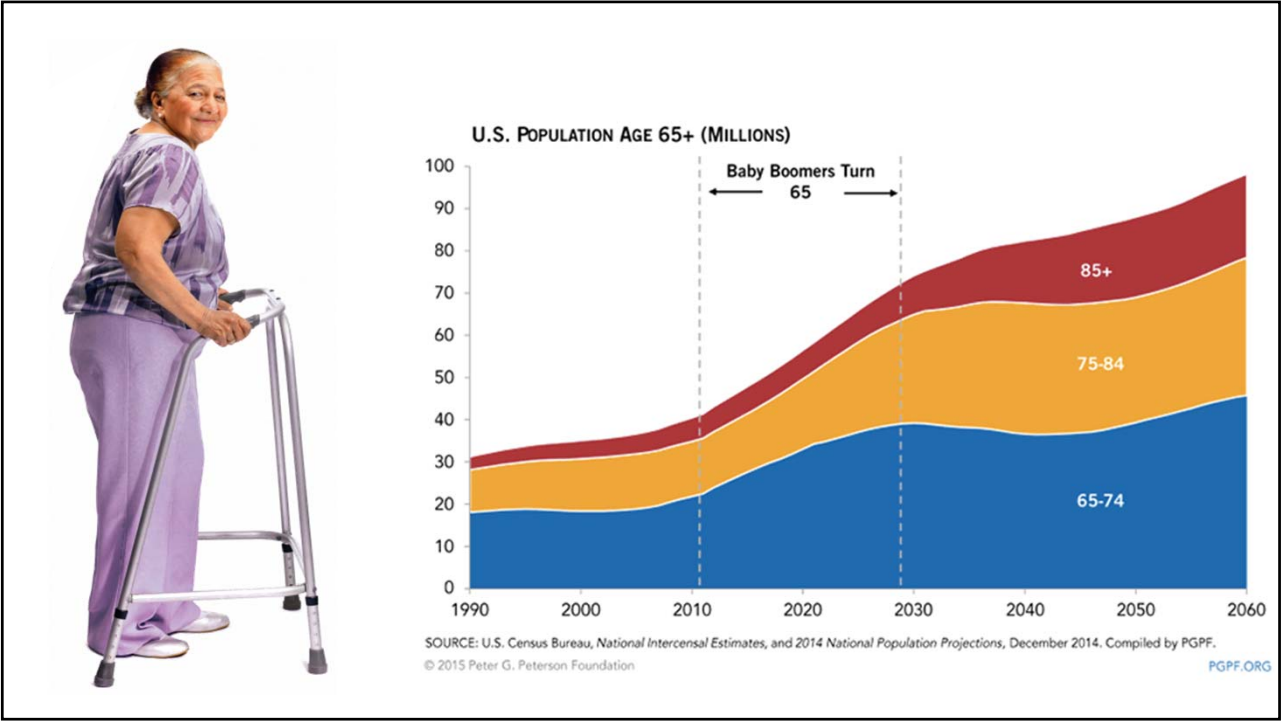
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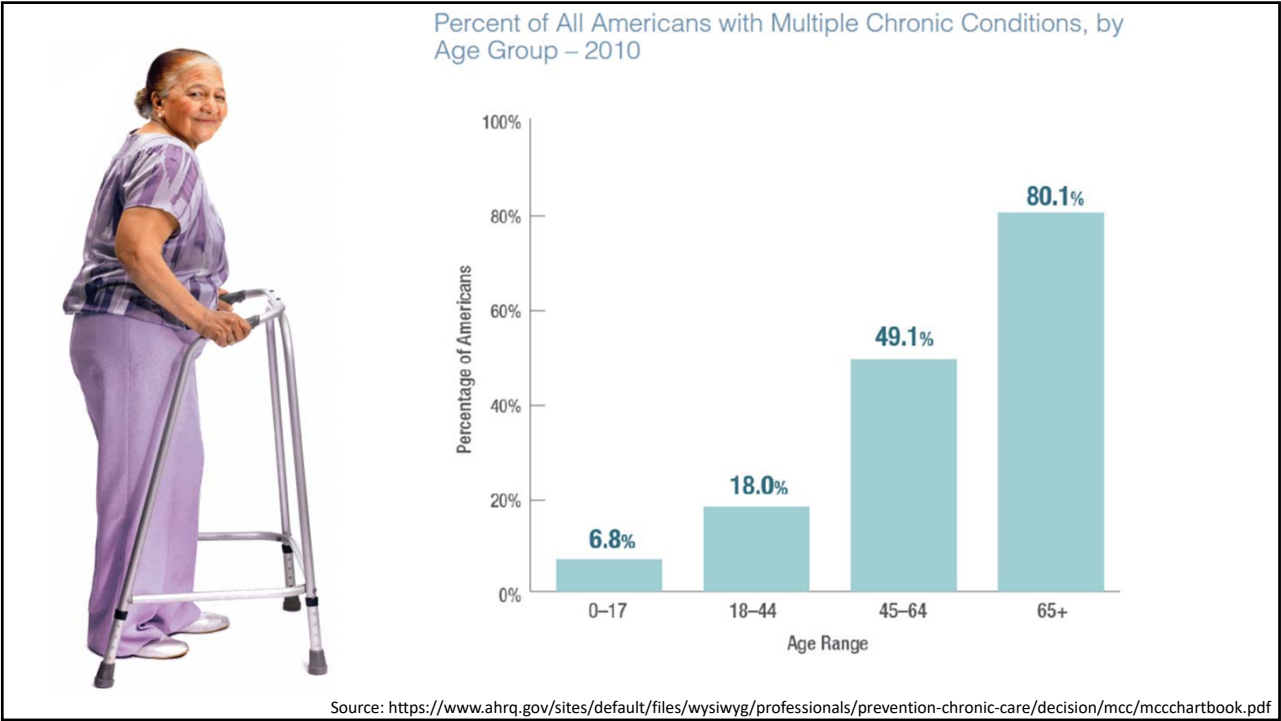
- DM
- CHF
- HTN
- CAD
- Afib
- COPD
- Cataracts
- Presbycusis
- Constipation
- Osteoporosis
- Osteoarthritis

Image source: womenshealth.va.gov

48



49



50



DM
CHF
HTN
CAD
Afib
COPD
Cataracts
Presbycusis
Constipation
Osteoporosis
Osteoarthritis



Image source: womenshealth.va.gov

51



The Urgency of Improving Care for Older Adults

- Fragmented system
- Disease focused treatment
- Challenge of managing multimorbidity
- High prevalence of delirium, polypharmacy, falls, functional decline
- Need for better advanced care planning
- Need to address frailty

Lynn, JAGS 2019; Tinetti et al, Clinics in Geriatric Med 2016

52



The Geriatric 5Ms

Age-Friendly
Health Systems

Tinetti, Molnar and Huang, JAGS 2017

53



Age-Friendly

Health Systems

The 4M Model


What Matters


Medications


Mentation


Mobility

www.ihl.org/AgeFriendly



Mate et al, J Aging and Health, 2021; Image: womenshealth.va.gov; ihi.org/afhs; Fulmer et al, JAGS 2020

54

Van Halen and the Care of Older Adults - Dr. Schwartz

27

Mobility: ADLS



Basic Activities of Daily Living

Katz ADLs

55

Mobility: IADLS

1. Telephone
2. Shopping
3. Food Preparation
4. Housekeeping
5. Laundry
6. Transportation
7. Medications
8. Finances



IADLS: Instrumental Activities of Daily Living

Lawton and Brody, Geron 1969

56

 Mobility: IADLS

Table 3. Multivariable Models of Association of Type and Number of iADL Dependencies With Survival

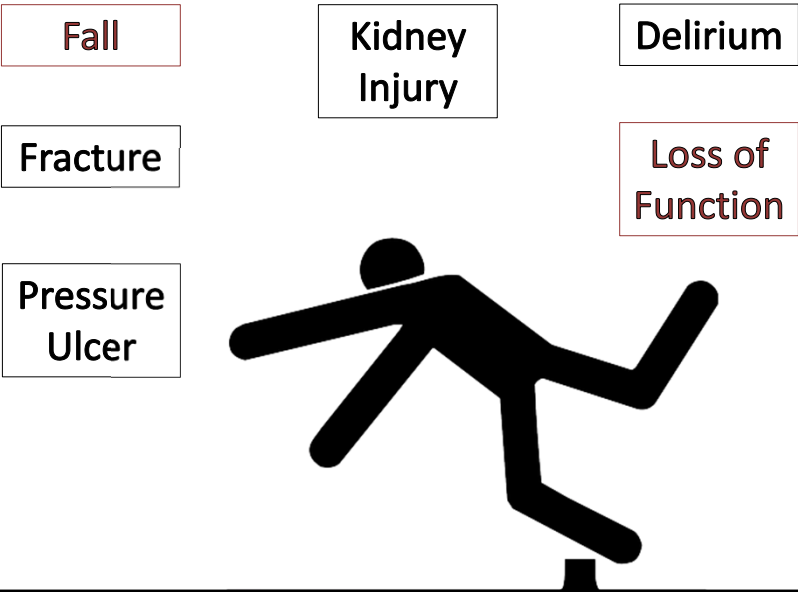
iADL Dependency ^a	Mortality, Hazard Ratio (95% CI) ^b
Type	
Shopping	2.39 (1.35-4.21)
Meals	2.42 (1.38-4.24)
Housework	2.01 (1.19-3.38)
Medications	0.99 (0.48-2.02)
Finances	1.45 (0.67-3.16)
No.	
1	1.94 (0.99-3.83)
2	2.44 (1.24-4.81)
≥3	2.98 (1.43-6.21)

Abbreviations: CI, confidence interval; iADL, instrumental activity of daily living.
^aAdjusted for age, sex, comorbidity, cancer aggressiveness, prior treatment, current/new treatment intensity, and ADL dependency.
^bCox proportional hazards model.

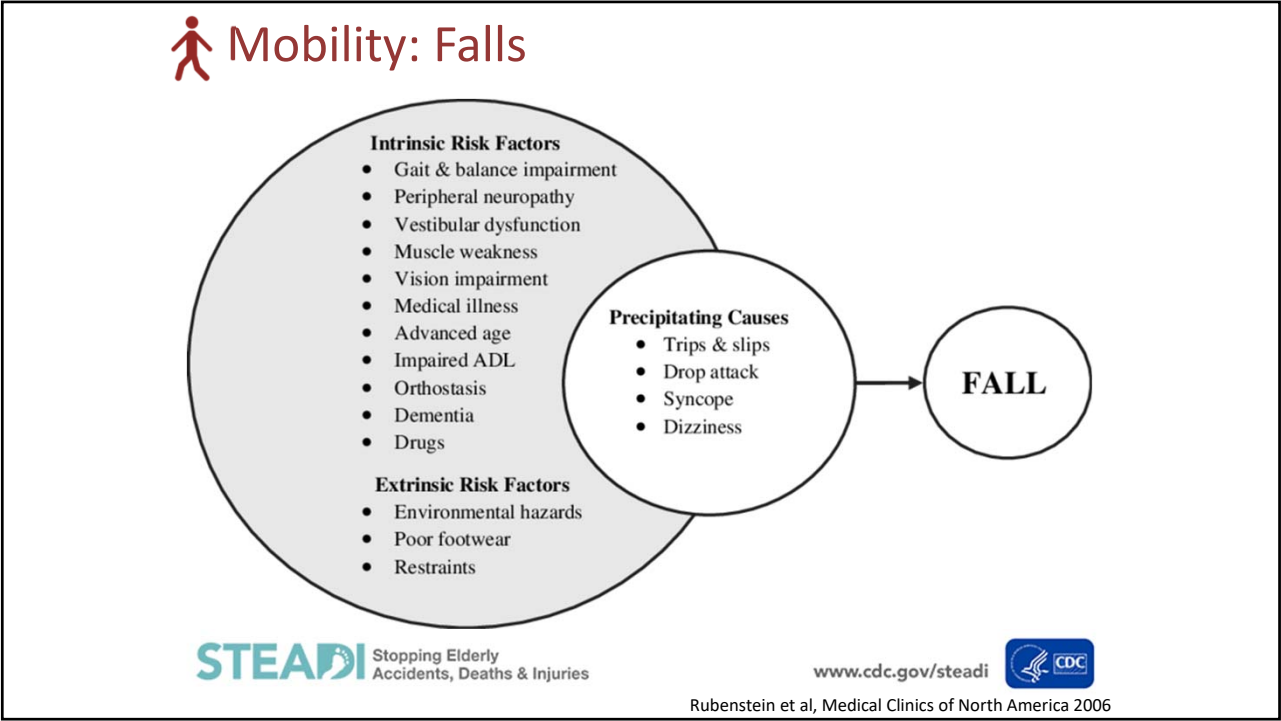
Dumontier et al, JAGS 2019

57

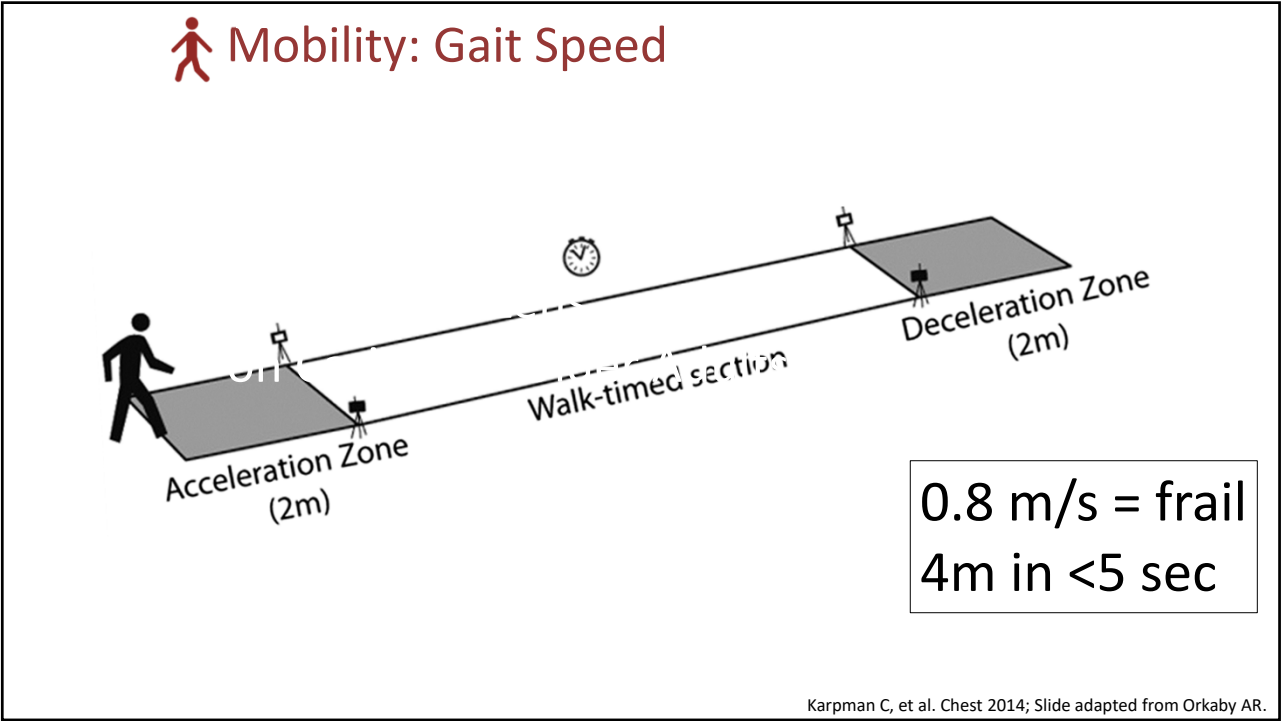
 Mobility: Falls



58



59



60



Mobility: Chair Stands



CDC.gov/STEADI

61

Sk|vlfddWkhuds|

Ylvbqj#Qxuh

Vrflbz run

Skdyp df|

Srgbhw|

Qxwllrq

Ghqwdo

VOS

RW

Idp b|

R skwkr

Dxglrøj|

Hghu#huylfhv

Doydafha#F dñ#Solaa bi



Idoñm

Preb|

Vxssruw

Vho#Fduh

Dgkhuhqfh

Khdok#W huf|

F dñj lyhu#exughq

H{hfxwlyh#xqfwlrq

Ibdqf bñhvrxufhv

Van Gogh 1886: Orkaby & Schwartz JAMA IM 2018

62



Mobility: Assess and Act on



- Screen for:
 - Functional limitations (ADLs/iADLs, Sock on sign, Toenails)
 - Falls (Chair stand, Gait Speed, SPPB)
 - Toe to head fall risk factors
- Act on:
 - Optimize function & reduce fall risk with an interprof team
 - Strengthening exercises, Tai Chi
 - Create opportunities for mobility in the hospital

63



The Geriatric 5Ms



Mobility



Mind



Medications



Multicomplexity



Matters Most

Tinetti, Molnar and Huang, JAGS 2017

64



Mind: Memory



65

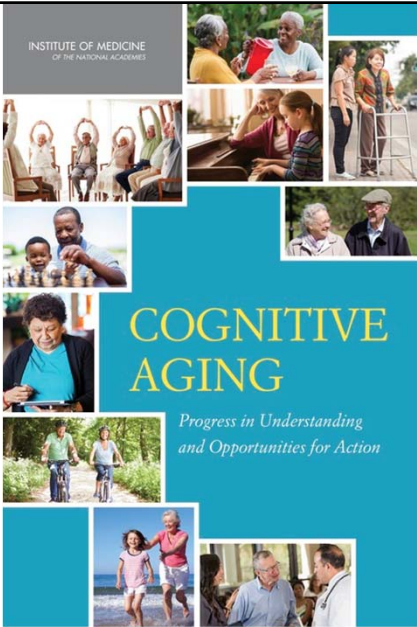


Mind: Memory

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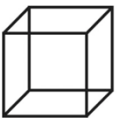
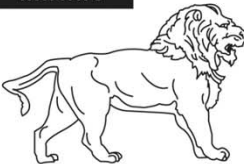
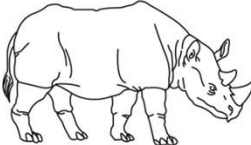
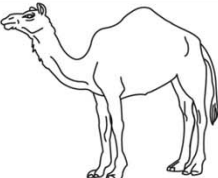
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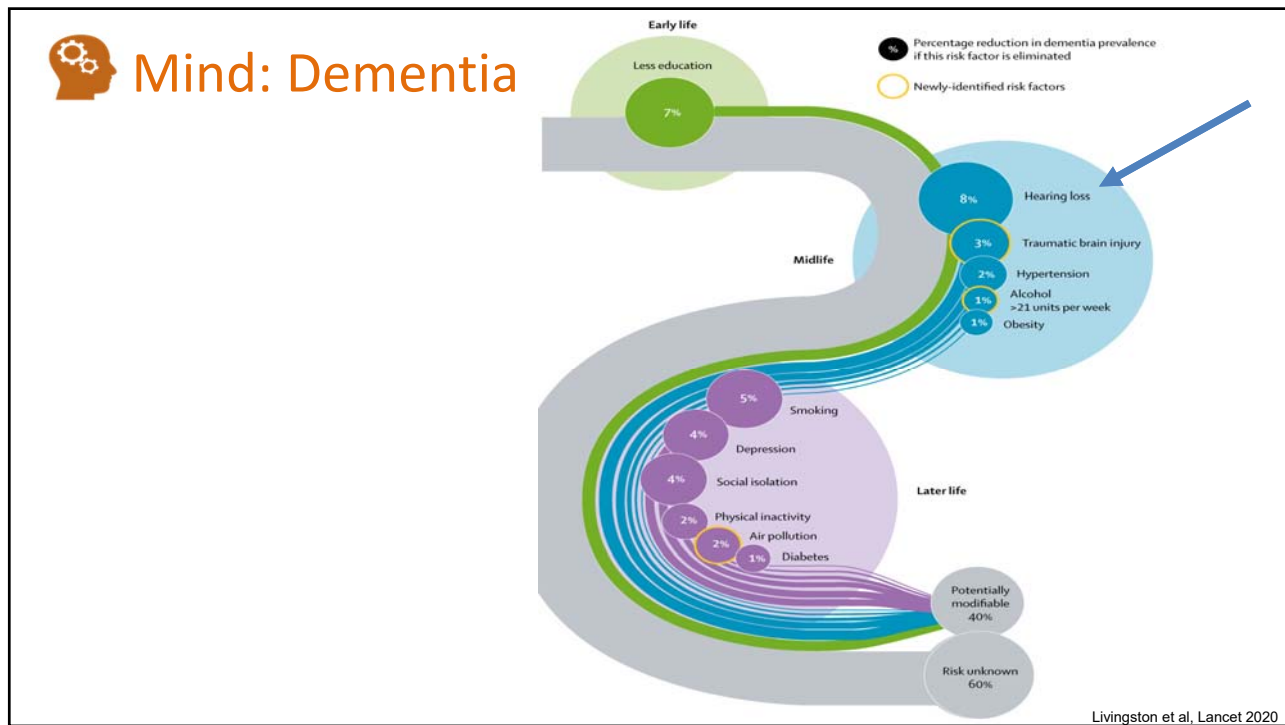
IOM 2015

66

MONTREAL COGNITIVE ASSESSMENT (MOCA) Version 7.1 Original Version						NAME:	Education:	Date of birth :				
						Sex:		DATE:				
 Mind	VISUOSPATIAL / EXECUTIVE					COPY CUBE	DRAW CLOCK (Ten past eleven) (3 points)	POINTS				
												
												
NAMING						 []	 []	 []	___/3			
MEMORY						Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.	FACE	VELVET	CHURCH	DAISY	RED	No points
						1st trial						
						2nd trial						

Borson, Milicog, JAGS 2019; mocatest.org;
deYoung et al, Journal of Telemed, 2018

67



68

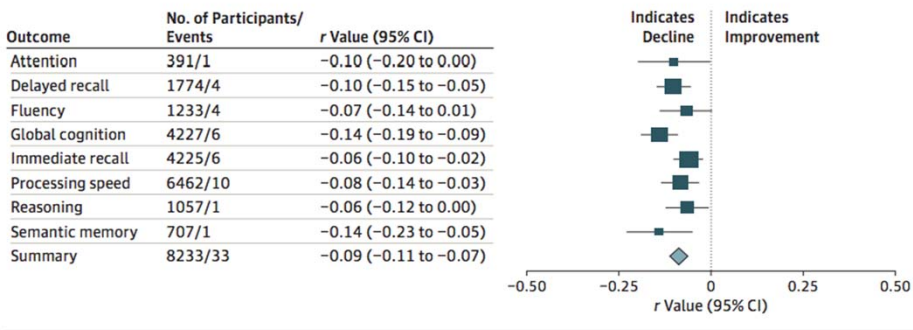


Mind: Hearing

JAMA Otolaryngology-Head & Neck Surgery | Original Investigation

Association of Age-Related Hearing Loss With Cognitive Function, Cognitive Impairment, and Dementia

Figure 3. Forest Plot of Correlations for Cognition Cohort Outcomes



Loughrey et al, JAMA Otolaryn, 2018; Haber et al, AJPH 2015; Torres-Russoto et al, Neurology 2009

69



Mind: Hearing

Calibrated finger rub auditory screening test (CALFRAST)



(A) Initial presentation of calibrated finger rub auditory screening test (CALFRAST) stimuli with full arm extension (CALFRAST-Strong 70 and CALFRAST-Faint 70). (B) CALFRAST-Strong 35 produced with the examiner's forearm flexed to 90 degrees.

Finger rub test & Check for wax!

Torres-Russoto et al, Neurology 2009

70



Mind: Social Isolation and Loneliness



43% of seniors¹ feel lonely on a regular basis.



There is a **45%** increased risk of mortality¹ in seniors who report feeling lonely.



15 cigarettes a day² Loneliness is more dangerous than obesity and as damaging to health as smoking 15 cigarettes a day.

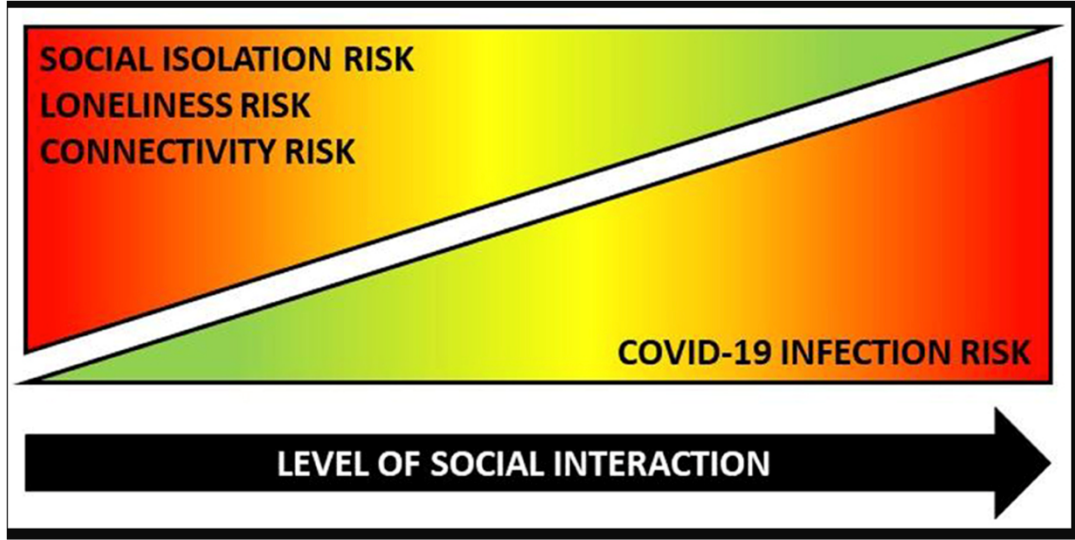


Image from Cochrane: Video calls for reducing social isolation and loneliness in older people;
Image from <https://www.hrsa.gov/enews/past-issues/2019/january-17/loneliness-epidemic>

71



Mind: Social Isolation and Loneliness



Wu. Global health and Research Policy 2020; Smith et al. Front. Public Health 2021

72

**Mind**

The New York Times

The Epidemic Within the Pandemic: Delirium

By Sharon K. Inouye
Dr. Inouye is a geriatrician and founder of the Hospital Elder Life Program.

May 10, 2020



Hanlon & Inouye, Age and Ageing 2020; Inouye SK, NEJM 2020; Inouye, NYT, 2020

73

**Mind: Delirium**

HOW COMMON IS DELIRIUM?

Typically, almost one-third of people who are critically ill will have an episode of delirium; for COVID-19, the proportion rises to more than half.

31.8%

Typical

55%

COVID-19

©nature

Marcantonio, NEJM 2018; Arnold, Nature 2020

74

 **Mind: Delirium**

The NEW ENGLAND JOURNAL of MEDICINE

CLINICAL PRACTICE

Delirium in Hospitalized Older Adults

Edward R. Marcantonio, M.D.

Acute onset

Inattention

Disorganized thinking

Altered Level of Consciousness

Marcantonio, NEJM 2018; Arnold, Nature 2020

75

 **Mind: Delirium**

- UB2 Delirium Screen
- 35-40 seconds to administer
- 93% sensitivity for delirium
- only 64% specificity

2-ITEM ULTRA-BRIEF (UB-2) DELIRIUM SCREEN Quick Guide ©	
POSITION	Try to sit at eye level
SENSORY	Be sure sensory aides (glasses, hearing) are in place
WORDING	Please read the script exactly as written
1: Please tell me the day of the week	
The participant can check anywhere (e.g., white board, newspaper, etc.), but cannot ask anyone else in the room.	
2: Please tell me the months of the year backward, say December as your first month	
MISSED MONTH	If participant finished reciting months but missed one or more, it is incorrect and no prompting is allowed.
STUCK	Prompt only with: "what month comes before _____ (last month they said)?" Prompt up to two times; if after 2 prompts participant is frustrated, confused, or taking a long time, mark it incorrect and offer them an exit such as, "that's a tough one, you're doing well... let's try the next question."
WRONG TYPE OF ANSWER	If the participant begins at November, starts forward, or begins spelling, assume they don't understand the question and re-read the instructions <u>once</u> . If the participant is incorrect again, mark it as incorrect but let them finish.
If incorrect on either question, use an additional screening tool to further assess, such as the CAM or 3D-CAM https://www.hospitalelderlife.org/request-access/delirium-instruments/	
Remember to avoid correcting or helping the older adult; inquiries to: Donna Fick dmf21@psu.edu . (Please cite Fick et al, Journal of Hospital Medicine, 2015) Not to be reproduced without permission. See disclaimer on back.	

Fick et al, JHM 2015; https://www.nursing.psu.edu/wp-content/uploads/2019/03/UB-2-with-disclaimer-fick_Delirium-Pocket-Card_052118.pdf

76



Mind: Assess and Act On



- Screen for:
 - Delirium (UB-2)
 - Dementia (mini-cog, MOCA)
 - Depression, social isolation and loneliness
 - Hearing and vision loss
- Act on:
 - Maximize sensory input
 - Increase social engagement, including remotely
 - Provide opportunities for connection and cognitive support

77



The Geriatric 5Ms



Mobility



Mind



Medications



Multicomplexity



Matters Most

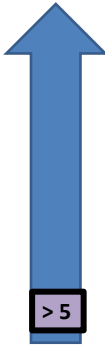


Tinetti, Molnar and Huang, JAGS 2017

78



Medications: Polypharmacy



- Frailty
- Disability
- Drug-drug interactions
- Impaired cognition
- Slowed gait speed

Gnjidic D et al. J Clin Epidemiol 2012
Doan J et al. Ann Pharmacother 2013
Langeard et al. Frontiers in Pharmacology 2016
Slide from Philips et al, Metedportal 2019

79



Medications: Polypharmacy

Dq| #ghz #v|p swr p #qdq#roghus dhw#krxg#eh#
frqvghung#dguxj#vgh#ihfw#qwsuryhqrwkhuz lh1



Gurwitz, 2012

80



The Geriatric 5Ms



Mobility



Mind



Medications



Multicomplexity



Matters Most



Tinetti, Molnar and Huang, JAGS 2017

81



Multicomplexity: SDOH



Health Care and Quality



Neighborhood and Built Environment



Social and Community Context



Education Access and Quality



Economic Stability



Ouslander and Sehgal, JAGS 2019; Buhr et al, JAMDA 2014" cdc.gov - Image source

82



Multicomplexity: Support & Caregivers



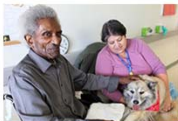
Adult Day Health
Care



Home Based Primary
Care



Homemaker & Home
Health Aide Care



Hospice Care



Palliative Care



Respite Care



Skilled Home Health
Care



Remote Monitoring
Care



Veteran-Directed
Care

- **CARE** for Caregivers:
- Caregiver Wellbeing
- Advanced Care Plan
- Respite
- Education

https://www.va.gov/GERIATRICS/pages/Home_and_Community_Based_Services.asp; Holliday et al, JAGS 2019

83



Multicomplexity: Ageism

Opinion

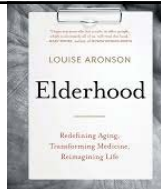
'Covid-19 Kills Only Old People.' Only?

Why are we OK with old people dying?

By Louise Aronson

Dr. Aronson is a professor of medicine at the University of California, San Francisco.

March 22, 2020



“We can choose to either diminish our elders or support them. When we care for them, we not only are affecting the lives of people now but also are shaping our own futures.”

84



Multicomplexity: Assess and Act On



- Assess:
 - SDOH
 - Ageism
 - Supports
 - Caregivers
- Act on:
 - Reduce barriers to access care including Telehealth
 - Social support for patients and caregivers with an interprofessional team
 - Address SDOH and biases

Holliday et al. JAGS 2019

85



The Geriatric 5Ms





Mobility



Mind



Medications



Multicomplexity



Matters Most



Tinetti, Molnar and Huang, JAGS 2017

86



Matters Most: Advanced Care Planning



Petriceks and Schwartz, J Pal and Supportive Care, 2020

87



Matters Most: Current Care Planning



Choosing what matters.
Doing what works.

2.

Mr. K's healthcare team wants him to:



Mr. K. wants his healthcare to help him:



Coutler et al, Cochrane 2015; Tinetti et al, JAMA IM 2019

88



Matters Most: Current Care Planning

**JAMA Network**

**patient priorities care**

Choosing what matters.
Doing what works.

From: **Association of Patient Priorities–Aligned Decision-Making With Patient Outcomes and Ambulatory Health Care Burden Among Older Adults With Multiple Chronic Conditions: A Nonrandomized Clinical Trial**

JAMA Intern Med. 2019;179(12):1688-1697. doi:10.1001/jamainternmed.2019.4235

Step 1
Facilitator^a helps patient

- Clarify values
- Identify health outcome goals
- Elaborate care preferences^b
- Engage with clinicians around health priorities

→ Patient's health priorities are documented and transmitted to patient's clinicians →

Step 2
Clinicians consider patient's current health care and potential health care options within the context of patient's health priorities and health trajectory

↓ Clinicians translate patient's health priorities into care options ↓

Step 3
Patient and clinicians continuously work to align care and decisions with patient's health priorities, by stopping, continuing or starting interventions

↑ Readdress health priorities with changes in health status ↑

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Coutler et al, Cochrane 2015; Tinetti et al, JAMA IM 2019

89



Matters Most: My Life My Story

GERONTOLOGY & GERIATRICS EDUCATION
<https://doi.org/10.1080/02701960.2019.1665038>



My life, my story: Teaching patient centered care competencies for older adults through life story work

Susan Nathan^{a,b,c}, Laura L. Fiore^{a,b}, Stephanie Saunders^a, Kate LM Hinrichs^{a,b}, Marcus D. Ruopp^{a,b,c}, Andrea Wershof Schwartz^{a,b,c,d}, and Jennifer Moye^{a,b,d}

www.boston.va.gov/Education/Faculty_Development/My-Life_My-Story.asp

Nathan et al, My Life My Story, GGE 2019

90



Matters Most: Assess and Act On



- Assess:
 - Current Care Goals (Patient Priorities Care)
 - Advanced Care Planning
 - Personal values and stories
- Act on:
 - Communicate about ACP goals
 - Coordinate around Current Care Planning goals
 - Ask and Share Stories
 - Personalize Care to focus on what matters

91



The Geriatric 5Ms



-  Mobility
-  Mind
-  Medications
-  Multicomplexity
-  Matters Most

Tinetti, Molnar and Huang, JAGS 2017

92

Ydq#K dñq#dqg#kh#F duh#r#R ghv#Dgxow

1. Identify the “Brown M&Ms”: warning signs that an older adult may be experiencing rising risk
2. Define frailty as a dynamic state of decreased resilience/reserve
3. Describe the “Age-Friendly Health Systems” and the Geriatric 5Ms framework for caring for older adults

Schwartz AW, JAMA Internal Medicine, 2017

93

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DvviwdqW\$urihvry#Kduydu#PhgIfdeWfkrredgg#Kduydu#WK1#FkdqWfkrred#r#Sxedf#Khdok

YD#Erwrq#Khdokfdh# / whp /#G lyvrq# #J hubwulfv# #Sdodwlyh#F duh.

Qhz #Hgj dgg#J hudwufv#Jhvdufk#Hgxfdwlrq#dgg#F dgJd#F hqwu

Idfxw/#qvwkwh#ru#Khdokfduh#p suryhp hqww#Djh#Luhggd#Khdok#|wvhp v#qlddwyh

94