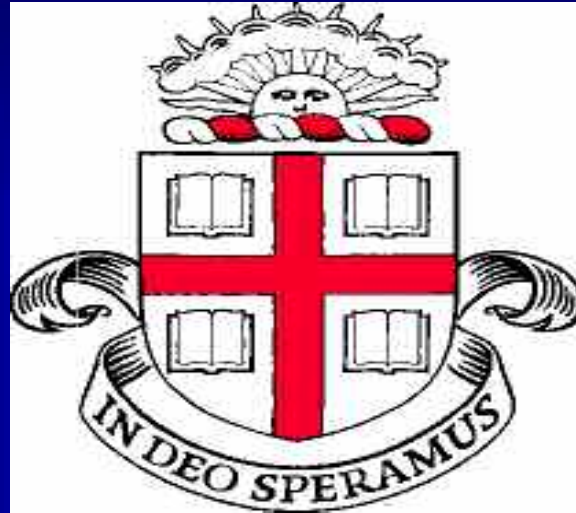


Quality Of Life for Older Adults: The Future Of Geriatrics



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Health Care for Older Persons

“The life span of any civilization can be measured by the respect and care that is given to its elderly citizens, and those societies that treat the elderly with contempt have the seeds of their own destruction within them.”

Arnold Toynbee, Historian

Future Older Patients

- Post- WWII (1946-64) birth cohort are soon to be elders – in US, the “Baby Boomers”
- 76+ million - most will make it to 65 and beyond
- Best educated and wealthiest ever
- Grew up in health care of the 1960s
- This is the population which will bankrupt healthcare and the world economy (Unless **WE** change care delivery)
- World-wide, 80% of health problems are chronic

Healthy Life Expectancy 2002

Rank	Country	HALE
1	Japan	75.0
3	Sweden	73.3
4	Switzerland	73.2
7	Italy	72.7
8	Australia	72.6
9	Spain	72.6
11	Canada	72.0
12	Norway	72.0
13	France	72.0
14	Germany	71.8
24	United Kingdom	70.6
25	Singapore	70.1
28	Slovenia	69.5
29	USA	69.3

Death and Disability Burden - World

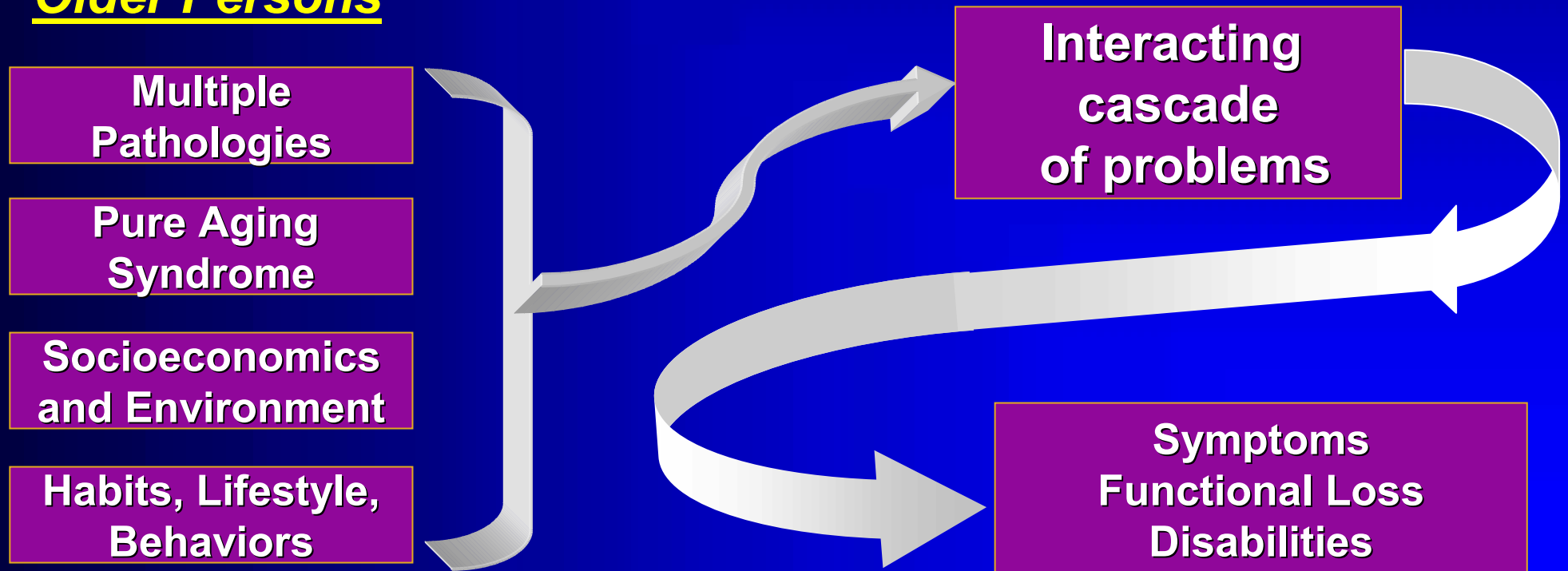
Mortality	%	DALYs	%
Ischaemic heart disease	13.7	Lower resp. infection	6.7
Cerebrovascular disease	9.5	HIV/AIDS	6.2
Lower resp. infection	6.4	Perinatal conditions	6.2
HIV/AIDS	4.2	Diarrhoeal diseases	5.0
COPD	4.2	Depression	4.1
Diarrhoeal diseases	4.1	Ischaemic heart disease	4.1
Perinatal conditions	4.0	Cerebrovascular disease	3.5
Tuberculosis	2.8	Malaria	3.1
Lung Cancer	2.3	Road traffic accidents	2.8
Road traffic accidents	2.2	COPD	2.7

Disease Cascade in Older Persons

Young Adults



Older Persons



Geriatrics Syndromes

- **Physical or cognitive function loss as primary expression of disease**
- **Primary pathology not necessarily in organ system with symptoms**
 - + **Confusion (Delirium or Dementia)**
 - + **Dizziness**
 - + **“Dysmobility,” Falls**
 - + **Syncope**
 - + **Urinary incontinence**
 - + **Weight or appetite loss**

Goals of Care for Older Adults

Health-Related Quality of Life

- **SUCCESSFUL AGING**
- *Prevent or reduce disability, maximize function*
- Manage complexity
- Evidence-based treatment of disease
- Anticipate and prevent clinical catastrophes
- Appropriate long-term care
- Palliative care
- Individualized care
- Care guided by patient's preferences

The Future of Geriatrics (How to Achieve Goals for Older Adults)

- **Prevention**
 - + Prevent or reduce disability, maximize function
 - + Anticipate and prevent clinical catastrophes
- **Comprehensive Geriatric Assessment**
 - + Manage complexity
 - + Evidence-based treatment of disease
 - + Appropriate long-term care
 - + Individualized care guided by patient preferences
- **Advance science to improve HRQL for older adults**

Prevention Opportunities to Keep Older Adults Healthy

Blood pressure screening *

Exercise*

Smoking cessation*

Driving safety*

Immunizations

Nutrition*

Environment - home, world*

Screening for cancer

Booze control*

Oral health*

O/P prevention*

Mobility-prevent falls*

Emotional health*

Rx - drug safety*

Social networks*

*Not currently part of Medicare benefit

Why Do Geriatric Assessment?

- Identify problems - symptom underreporting
 - + Function loss often first disease indication
- Risk identification - death, NH, falls, UI, MVA
- Risk stratification for interventions - Dx or Rx
- Monitor Rx response and disease progression
- Setting clinical objectives for Rx or rehab
- Communication among multiple professionals

Principles of Geriatrics Gleaned from CGA Studies

- Loss of function should trigger assessment (don't forget dementia)
- Depression increases morbidity and mortality, and predicts impaired physical function
- Impaired psychosocial function predicts morbidity, mortality, physical function decline
- Slow or difficult physical performance is a risk
- Elders often recover from physical impairments

Quality Of Healthcare (1)

We worry about quality of all health care, but especially managed care, based upon awful anecdotes, profit-driven risk for under-service

- **IOM definition - The degree to which health services for individuals and populations increase desired health outcomes and are consistent with current professional knowledge**
- **Reduced iatrogenesis and waste**
- **Reduced variation (when science base exists for strategies producing optimal outcomes of care)**

Quality Of Healthcare (2)

- Invidious comparisons between FFS and MC quality pepper the literature of the 1990s
- Several notable reports of statistically significant differences have made MC the whipping boy
- But differences in quality related to payment system pale when compared with absolute deficiencies in care of older Americans
- Many thousands have sickened, suffered and succumbed while awaiting improved quality of care

Quality of Healthcare (3)

US Physician Performance - Hospital Care

“Good” performance is approximately 100%

- Flu vaccine, screened or given 27% (18)
- Pneumonia vaccine, screened or given 24% (13)
- Antibiotics within 8 hours for pneumonia 87% (85)
- Blood culture before antibiotics 82% (84)
- Fibrillators discharged on warfarin 57% (54)
- Antithrombotic for stroke at discharge 84% (82)
- No sublingual nifedipine for stroke 99% (95)

Quality of Healthcare (4)

US Physician Performance – Cardiac Care

(“Good” performance is approximately 100%)

- ASA within 24 hours 85% (82)
- ASA at discharge 86% (84)
- Beta-blocker within 24 hours 69% (63)
- Beta-blocker at discharge 79% (72)
- ACEI at discharge 74% (70)
- Counseled to quit smoking **43% (40)**
- In CHF, measured ejection fraction 70% (66)
- ACEI at discharge if EF < 40% 68% (72)

Quality of Healthcare (5)

US Physician Performance - Anywhere

“Good” performance is approximately 100%

- Flu vaccination annually 72 % (66)
- Pneumovax ever 65% (55)
- Mammogram in last 2 years 60% (56)
- Diabetes Care
 - + Eye exam in past year 70% (69)
 - + Hemoglobin A_{1c} annually 60% (55)
 - + Lipid profile measurement for diabetics 74% (58)

Achievements in Clinical Geriatrics 1

- Geriatric evaluation and management *
- Special units for acute & transitional care *
- Improved use of drugs
- Improved pain management *
- Prevention of pressure ulcers *
- Prevention of delirium
- Exercise as prevention and treatment *

* Not covered in current Medicare FFS benefit

Achievements in Clinical Geriatrics 2

- Glimmers in treatment of AD
- Treatment of hypertension (screening *)
- Prevention of osteoporotic fractures (screening, counseling *)
- Improved treatment of depression (screening *)
- Value of anticoagulants in stroke prevention
- Thrombolytic therapy for AMI

* Not covered in current Medicare FFS benefit

Failures of American Geriatrics

- **Too few geriatricians for all roles – practice?**
 - + **Research program leadership**
 - + **Education program leadership**
 - + **Health system design and leadership**
- **Insufficient communication of our value**
- **Payment system not supporting optimal care**
- **Information technology void**

Next Steps

- **Increase production of leadership geriatricians**
 - + **Geriatrics curriculum for medical schools**
 - + **Loan forgiveness for physician scientists, educators pursuing geriatrics careers**
- **Single payer system that funds: CGA, geriatrics career development and education, rewards outcomes desired by patients, pays for quality, and develops electronic practice platform that makes it hard to make mistakes**
- **Communicate to public, private, government**