



Mass

General

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M A G A Z I N E

The Graying American Patient

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The Graying

Are we ready?



American Patient

America is in a fix.

Not only is the country facing a rapidly graying population, thanks to the aging of the Baby Boomers — a fifth of whom will be 65 or older in 2030 — but people are also living longer, the result of improved lifestyle and medical advances. Yet most medical and nursing schools have never put great emphasis on caring for the oldest patients, and geriatrics has never been a terribly popular field of study. So the U.S. is short on expertise.

Hospitals will be on the front lines. In fact, they already are: nationwide, patients 65 and up comprise half of all hospital visits today, according to the Centers for Disease Control.

At Massachusetts General Hospital, where older adults comprise 43 percent of inpatient visits, physicians, nurses and other healthcare professionals are ramping up to prepare for the increased influx in older patients. Older patients present special care challenges because their illnesses are generally more acute and chronic than those of younger adults, and they experience more complications and have longer lengths of stay in the hospital.

In fact, as far back as the mid-1990s, a small group of Mass General physicians and others voiced urgency in preparing for the influx. As a result, in 1995, the hospital established a geriatrics-focused primary care clinic, MGH Senior Health, one of but a handful of major hospitals to do so in those years. Most recently, a hospital-wide initiative, focused foremost on nurses, has taken off, setting the groundwork for a growing banquet of programs to better

An elderly patient talks with Dr. D'Avolio and staff taking part in her 65plus program on an inpatient floor at MGH.



care for elderly inpatients. At the same time, research breakthroughs at Mass General on diseases that primarily affect older patients, like Alzheimer's and other neurodegenerative diseases, continue to inform the geriatrics field and improve care.

“An increasingly sophisticated understanding of the specialized needs of elderly patients, and how to best cater to them, has taken hold here,” says Barbara Moscovitz, MSW, LICSW, a 27-year MGH veteran social worker and in-house social worker for MGH Senior Health.

THE NATIONWIDE DEFICIT in geriatrics expertise is glaring. Last April, the Institute of Medicine released a report decrying the nation's healthcare workforce as “woefully inadequate” to meet the needs of an aging society. The report notes that the number of older Americans will nearly double to 70 million by 2030, when the youngest Baby Boomers will have reached retirement age — though the oldest will do so in three years. Today, about 13 percent of Americans are 65 or over.

In hospital settings, the elderly are extra-vulnerable. They experience falls, confusion, bed sores, sleep problems, dehydration, nutritional problems and incontinence far more commonly than younger adults. They are more susceptible to feeling isolated or depressed due to the change in environment from home to hospital. Even a seemingly minor glitch in the hospital can cause a cascade of negative effects for older patients. For instance, if such a patient has his hearing aid taken out for a surgery and stays without it for a period of time afterwards, he can quickly become disoriented and confused, which can lead to more problems.

Acknowledging these special challenges, in 2004 MGH Chief Nurse Jeanette Ives Erickson, RN, MS, FAAN, led the way for MGH to become part of a nationwide initiative to improve the care of hospitalized older adults, called NICHE (sponsored by the John A. Hartford Foundation). The Mass General program, dubbed *65plus*, is led by associate nursing



MGH Senior Health: At a Glance

Senior Health's physicians do visits to homes, nursing homes, rehabilitation facilities and hospice care. Director Kenneth L. Minaker, MD, and his colleagues ask every patient to write and sign an “advanced directive,” a plan outlining what services should or should not be deployed in an end-of-life situation, something that is not commonly done in hospital settings and primary care clinics. Staff has the detailed know-how to answer all the financial questions related to Medicare, assisted living and other specialty types of care.

Our staff “has an innate understanding of the aging process; we like working with older patients; we are comfortable with palliative care; and we have a working relationship with the outside institutions and organizations where our patients go for long-term or rehab care,” says Dr. Minaker.

The practice is only poised to grow.

Demand for home visits is rising, so MGH Senior Health recently began a home-visit training program for its own staff. In fact, overall demand to enter the practice is so high that it is booking six months out. Dr. Minaker is working to recruit more geriatrics specialists to work in units throughout the hospital. Today, MGH employs about a dozen geriatricians, at Senior Health and in other units.

In addition, he plans to start a clinical fellowship program and will hire a researcher to investigate the unmet needs of elderly patients. And his team also hopes to start a family caregiver resource center, which will assist individuals caring for sick, elderly parents or other family members.

chiefs Theresa Gallivan, RN, MSN, and Debra Burke, RN, MSN, MBA, and includes a multidisciplinary team of healthcare professionals. Last year, Ms. Ives Erickson hired Deborah

D’Avolio, PhD, NP, a geriatrics specialist, to spearhead it.

The program is tackling improvements in policy, practice and education. Dr. D’Avolio and her *65plus* team have worked with hospital pharmacy staff to reduce or alter prescriptions of medications that should be avoided in older adults. They have partnered with dieticians to monitor food and fluid intake and ensure adequate protein content in the hospital. They have helped nursing staff find alternatives to waking older patients frequently during the night for medications, since frequent interruptions of sleep are particularly trying on elderly patients.

Ellison 16 was the first medical unit at the hospital to implement the *65plus* program, and several other units are following suit.

“MGH has long been a leader in recognizing the needs of our older patients,” says Ms. Burke. “Our staff has embraced the *65plus* program, and we continue to listen to the voice of our patients to continuously elevate the level of care that we provide.”

ONCE THE PATIENT is out of the hospital, however, one of the biggest challenges that remains is maintaining consistency of patients’ electronic records. This is a technology issue that affects all patients, but particularly the elderly – who transfer frequently between hospital, rehabilitation setting, nursing home, home and in some cases, ultimately to a hospice.

Although Partners HealthCare has a records operating system across its affiliates, “work still needs to be done to improve the system so all records of each patient are fully accessible,” says Katherine Hess, MD, a geriatrics specialist at MGH Senior Health. When patients transfer outside the Partners system, there’s no guarantee an electronic medical record will be available, particularly at nursing homes, which often don’t have sophisticated computer networks.

Down to the level of doctor and patient, a strong line of communication is central to good care, particularly for older patients, says Kenneth L. Minaker, MD, who founded and directs MGH Senior Health.

Caring for the elderly, who tend to have multiple chronic conditions, “is just as much about day-to-day health management and prevention as it is about treating disease,” says Dr. Minaker, who also heads the MGH Geriatric Medicine Unit. “In short, it’s about ongoing communication with the patient.”

He continues, “What elderly outpatients really need is someone to ask, ‘Did you take your meds today? Did you see the eye doctor and get your glasses fixed so you can read the labels on those medications? Are you going to physical therapy regularly, so your injured hip doesn’t act up again and put you back in the emergency room?’”

The problem is, the healthcare fee-for-episodic service structure simply isn’t suitable for that kind of care, and few doctors want the hassle and reimbursement battles involved in dealing with managed care. Money aside, many budding physicians view as a burden the work of caring for older patients with multiple chronic conditions, frequent hospitalizations and complicated recoveries from surgeries and other procedures.



Dr. Minaker with a patient at Fox Hill Village in Westwood, MA, where MGH Senior Health provides primary care.

Indeed, MGH Senior Health has the infrastructure to be able to ask those questions or at least regularly interact with a patient's family members to ensure they are asking those questions.

In addition to seven primary care geriatricians, the practice employs an in-house pharmacist, a psychiatrist, a nurse practitioner with expertise in geriatrics and a social worker — Ms. Moscovitz — who provides one-on-one consultation with patients and their families and sits in on many patient-doctor visits. Ms. Moscovitz is the go-to support person in the clinic for patients with Alzheimer's and the family members who care for them.

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— Ms. Moscovitz

Louise P. brought her mother, Florence, to the practice 11 years ago after a “scary” car ride with Florence in the driver's seat. “I realized that I had to prevent her from driving and I needed guidance in doing that. That was when I understood that we had entered a new era in terms of the care that she needed,” says Louise. Soon after, Dr. Minaker diagnosed Florence with early-stage Alzheimer's.

Now 93, Florence knew little about what was going on around her at a recent visit with Dr. Minaker. But Louise, a former scientist for the National Institutes of Health, is relaxed. “We're in the best hands,” she says. “It's very obvious to me that Dr. Minaker is knowledgeable about the latest research on Alzheimer's and that my mother is getting the care that is right for her.” ■



In good hands at Fox Hill Village with MGH Senior Health staff.