

# NAVIGATING HEALTH CARE AS WE AGE

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LOVE

TACK !

HONOR









# CURRENT STATE OF HEALTH CARE

- Costs are escalating – majority due to older pts
- Skyrocketing numbers of older patients
- Outcomes for usual care could be better

$$\downarrow \text{VALUE} = \frac{\downarrow \text{QUALITY}}{\text{COSTS} \uparrow}$$



# QUALITY CHALLENGES IN ELDER HEALTHCARE

- Inpatients: 1 in 7 Medicare beneficiaries have an adverse event in the hospital
- Increased rate of cognitive decline
- 40% lose ability to perform one Activity of Daily Living
- 50% incidence of delirium – 30% permanent
- 25% cannot be discharged home
- 20% of errors occur at transitions of care
- 20% of admissions due to adverse drug events

# HOW DID WE GET HERE?



# IT'S TIME TO CHANGE DIRECTION

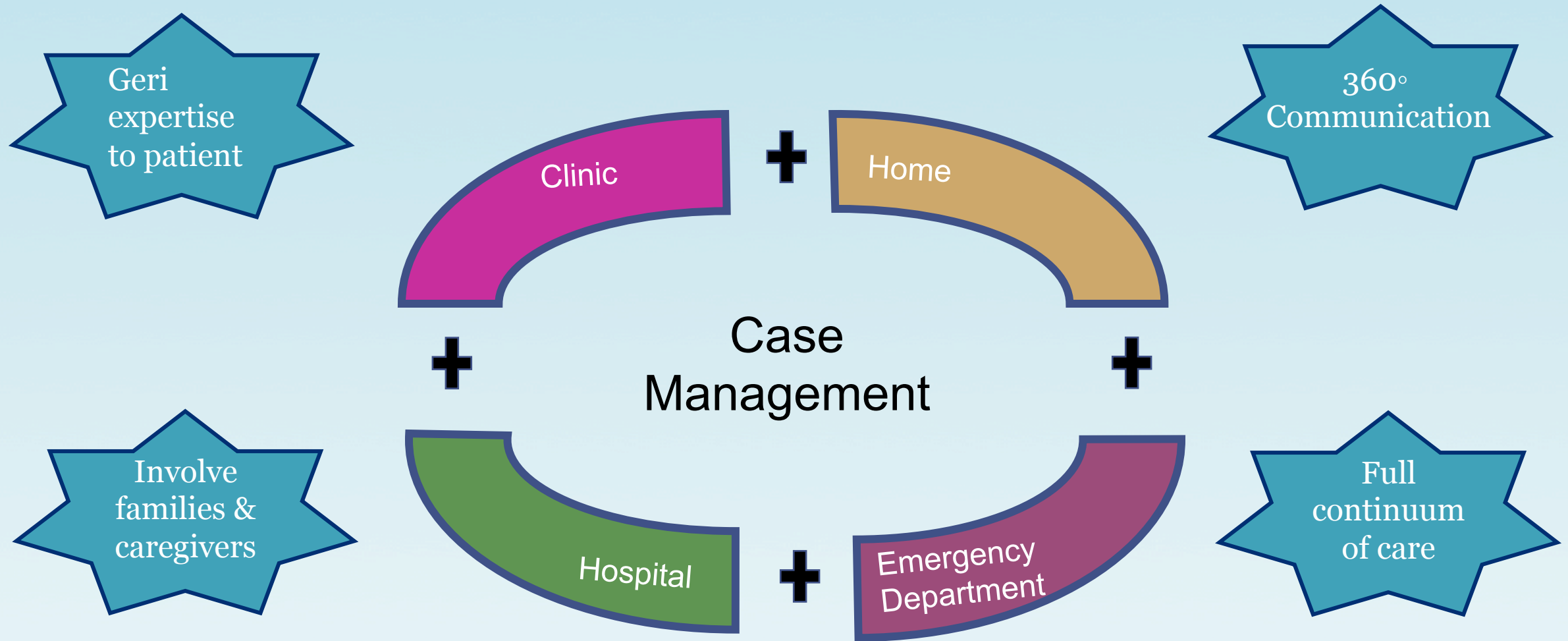




# HOW GERIATRIC MEDICINE IMPROVES VALUE

- ▶ Outpatients: less likely to be disabled, depressed, or need home health services
- ▶ Acute Care Elderly (ACE) units saves \$731/admission – 2012 data
- ▶ Inpatients: More likely to be alive, and living in own home, with better physical and cognitive function
- ▶ Geriatric-orthopedic co-management saves \$13,000/admission
- ▶ Reduced length of stay and readmissions
- ▶ Age appropriate palliative care
- ▶ More likely to make house calls

# GERIATRIC HOSPITAL CONCEPTUAL MODEL



# CASE EXAMPLE

## Usual Approach

1. 75 year old female is found down and confused at her home
2. Delirium diagnosis not addressed
3. Stroke work-up done instead
4. Patient had urinary tract infection
5. Clinical Observation Unit stay for 2 days with no improvement
6. 10 day stay on Acute Care of the Elderly Unit

## GH Approach

1. ED delirium screen
2. Direct ACE unit admit
3. Urinary Tract Infection treated and physical therapy started early
4. Shorten length of stay by 4 days



40% cost  
reduction



# OUTCOMES

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## *PATIENT*

### **Increased:**

- Quality of life
- Discharge to home
- Functional status
- Cognitive status
- Patient satisfaction
- Family satisfaction
- Provider satisfaction

## *HOSPITAL*

### **Decreased:**

- 30 day readmissions
- Length of stay
- Delirium and falls
- Polypharmacy
- Indwelling urinary catheter use
- Unnecessary testing
- Emergency room visits

# OUTCOMES

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## *COMMUNITY*

- Increased Health Care Value
- Reduced Nursing Home Placement
- Becomes an Interprofessional Training Site
- Site for Research Trials in Aging
- A First in the Country
- Set National Standards for Geriatric Hospital

# WHAT CAN YOU AND I DO TO ADDRESS CHALLENGES IN HEALTH CARE AS WE AGE

- Exercise
- Eat well
- Avoid polypharmacy
- Seek out Geriatric Care
- Get extra assistance if hospital care is needed
- Help make our Geriatric Hospital Concept a reality?



