Addressing the Rising Mental Health Needs of an Aging Population:
Cultivating Interprofessional Teams

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Juanita

Evidence Continue to See an Increase in Antipsychotic Use & Decline in Non-drug Team Approaches

The Epidemic Within the Pandemic: Delirium

Delirium is leaving many older patients more vulnerable. They need caregivers, despite no-visitor rules.

May 10, 2020

Nurses tend to a COVID-19 patient in a Stamford Hospital intensive care unit (ICU) in Stamford, Connecticut. John Moore/Getty Images

Original Investigation | Geriatrics

February 17, 2023

Antipsychotic Medication Use Among Older Adults Following Infection-Related Hospitalization

Yichi Zhang, MS[1,2]; James M. Wilkins, MD[3]; Lily Gui Bessette, MS[2]; et al

Author Affiliations | Article Information

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Key Points

Question What are the rates and associated patient characteristics of discontinuation of antipsychotic medications (APMs) among older adults following infection-related hospitalization?

Findings In this cohort study of 5835 patients in the US, we observed discontinuation rates of only 11% for new atypical APM users and 52% for new haloperidol users by 30 days after initiation following infection-related hospitalization. Dementia and prolonged hospitalization were inversely associated with haloperidol and atypical APM discontinuation.

Meaning These findings suggest that contrary to clinical recommendations, APM discontinuation rates following infection-related hospitalization are low and are lower for atypical APMs than for haloperidol.

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journal homepage: www.ajgponline.org

Editorial

Knowing the Older Adult With Delirium Superimposed on Dementia

Donna Marie Fick, Ph.D., RN, GCNS-BC, FAAN

Research

JAMA Psychiatry | Original Investigation

Rates of Antipsychotic Drug Prescribing Among People Living With Dementia During the COVID-19 Pandemic

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IMPORTANCE Concerns have been raised that the use of antipsychotic medication for people living with dementia might have increased during the COVID-19 pandemic.

OBJECTIVE To examine multinational trends in antipsychotic drug prescribing for people living with dementia before and during the COVID-19 pandemic.

DESIGN, SETTING, AND PARTICIPANTS This multinational network cohort study used electronic health records and claims data from 8 databases in 6 countries (France, Germany, Italy, South Korea, the UK, and the US) for individuals aged 65 years or older between January 1, 2016, and November 30, 2021. Two databases each were included for South Korea and the US.

EXPOSURES The introduction of population-wide COVID-19 restrictions from April 2020 to the latest available date of each database.

MAIN OUTCOMES AND MEASURES The main outcomes were yearly and monthly incidence of dementia diagnosis and prevalence of people living with dementia who were prescribed antipsychotic drugs in each database. Interrupted time series analyses were used

Research Brief

Pilot Study of a Two-Step Delirium Detection Protocol Administered By Certified Nursing Assistants, Physicians, and Registered Nurses

Donna M. Fick, PhD, RN, FAAN; Sharon K. Inouye, MD, MPH; Caroline M
Jackie Gallagher, MS; Jane McDowell, CRNP†; Janice Penrod, PhD, RN, F
and Edward R. Marcantonio, MD, SM

CLINICAL INVESTIGATION

Comparative Accuracy and Efficiency of Four Delirium Screening Protocols

JAMDA 20 (2019) 1391–1396

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JAMDA

journal homepage: www.jamda.com

Original Study

Ultra-brief Screeners for Detecting Delirium Superimposed on Dementia

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Journal of HOSPITAL MEDICINE www.journalofhospitalmedicine.com

ORIGINAL RESEARCH

Preliminary Development of an Ultrabrief Two-Item Bedside Test for Delirium

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BRIEF REPORT

Implementing a Rapid, Two-Step Delirium Screening Protocol in Acute Care: Barriers and Facilitators

Erica K. Husser, PhD, Donna M. Fick, PhD,* Marie Boltz, PhD,* Priyanka Shrestha, RN, MS,* Jonathan Siuta, MD,† Shannon Malloy, MA,‡ Abigail Overstreet, MA,‡ Douglas L. Leslie, PhD,§ Long Ngo, PhD,‖¶ Yoojin Jung, MS, PhD,** Sharon K. Inouye, MD, MPH,†† and Edward R. Marcantonio, MD, MSc‡‡*

ABSTRACT

BACKGROUND/OBJECTIVES: An effective and efficient protocol for delirium identification is needed to improve health outcomes for older adults and reduce healthcare costs. This study describes the barriers and facilitators related to the implementation of the ultra-brief confusion assessment innovation. Field notes and brief semi-structured interviews (n = 231) with clinicians, explored the utility, acceptability, and feasibility of the protocol, and supplemented the observations. RESULTS: The UB-CAM was generally positively received by all three clinician types. Six themes describe barriers and/or facilitators to implementing the UB-CAM: (1) physical setting and milieu; (2) practice environment; (3) integrating into role;

BACKGROUND: Workforce and Training Concerns

- **Workforce crisis / Threat to IP teams:** disappearing supply of primary care physicians, including geriatricians, geri-psych, nurses, therapists, nurse aides, psych, social services, and frontline staff (HHS, 2017;2023).
- **Michigan nurses' study:** Survey of 9,150 state-licensed nurses in Michigan --82% emotionally exhausted, 39% plan to leave in the year (Medvec et al, 2023 *Medical Care*).
- **Challenge due to staffing, financial disincentives, poor work environment:**
- **Barriers:** drive for efficiency and increased productivity—barrier to comprehensive approach required in team care *and the mental health of our careforce/workforce.*
- **Lack of training:** for professional workforce in care of older adults with complex conditions in health care facilities.
- **Teams:** lack of training for clinicians to work in teams.

IP team care has been shown to reduce mortality in older adults and improve function, QOL & care partner burden

TEAMs bring diversity, innovation, support, improved staff morale

Chen et al. BMC Geriatrics (2021) 21:377
https://doi.org/10.1186/s12877-021-02319-2

BMC Geriatrics

RESEARCH Open Access

Effectiveness of comprehensive geriatric assessment intervention on quality of life, caregiver burden and length of hospital stay: a systematic review and meta-analysis of randomised controlled trials

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Abstract

Background: Comprehensive geriatric assessment (CGA) interventions can improve functional ability and reduce mortality in older adults, but the effectiveness of CGA intervention on the quality of life, caregiver burden, and length of hospital stay remains unclear. The study aimed to determine the effectiveness of CGA intervention on the quality of life, length of hospital stay, and caregiver burden in older adults by conducting meta-analyses of randomised controlled trials (RCTs).

Methods: A literature search in PubMed, Embase, and Cochrane Library was conducted for papers published before February 29, 2020, based on inclusion criteria. Standardised mean difference (SMD) or mean difference (MD) with 95% confidence intervals (CIs) was calculated using the random-effects model. Subgroup analyses, sensitivity analyses, and publication bias analyses were also conducted.

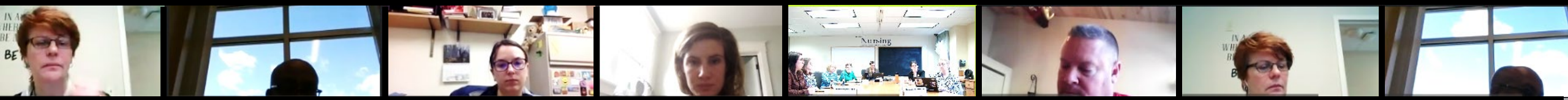
Results: A total of 28 RCTs were included. Overall, the intervention components common in different CGA intervention models were interdisciplinary assessments and team meetings. Meta-analyses showed that CGA interventions improved the quality of life of older people (SMD = 0.12; 95% CI = 0.03 to 0.21; $P = 0.009$) compared to usual care, and subgroup analyses showed that CGA interventions improved the quality of life only in participants' age > 80 years and at follow-up ≤3 months. The change value of quality of life in the CGA intervention group was better than that in the usual care group on six dimensions of the 36-Item Short-Form Health Survey questionnaire (SF-36). Also, compared to usual care, the CGA intervention reduced the caregiver burden (SMD = − 0.56; 95% CI = − 0.97 to − 0.15, $P = 0.007$), but had no significant effect on the length of hospital stay.

Challenges to IP Team Care

- **Hierarchies in delivery of care**, pay, incentives, AND trust
- **Reimbursement** of complex care teams
- **Ability to train & hire** from other disciplines in education, practice, research (team science)
- **Sharing of health information (the "promise of EHR")** among teams & medical and social sciences
- **Listening**, mutual respect, unconscious bias, diversity, & training differences
- Quality measures **needed to support teams**

What Are Possible Solutions?

- **Training teams together**—education, practice, research (Team Science)—CMS, Behavioral health, AFHS, HRSA, RTNH, AHEC, GWEP, ECHO--all teach all learn https://www.johnahartford.org/grants-strategy/revisiting-the-teaching-nursing-home
- **Pathways versus pipelines**—equitable pay and incentives/clinical ladders for all team members
- **Cultivating/training in trust and respect**, listening with an open mind, recognition, shared goals, DEI
- **Delivery system changes** embedded into care-clinical ladders, whole team huddles, sharing health and social info
- **NAM Plan on Workforce Well-Being** https://nam.edu/initiatives/clinician-resilience-and-well-being/national-plan-for-health-workforce-well-being/




Project
ECHO®
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Invite
33
Participants
Share Screen
12
Chat
Record
Reactic


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"ALL TEACH/ALL LEARN-
Use First Names"
Jenny Knecht Fredo
Kimberly Van Haitsma

Workforce and Training Strategies

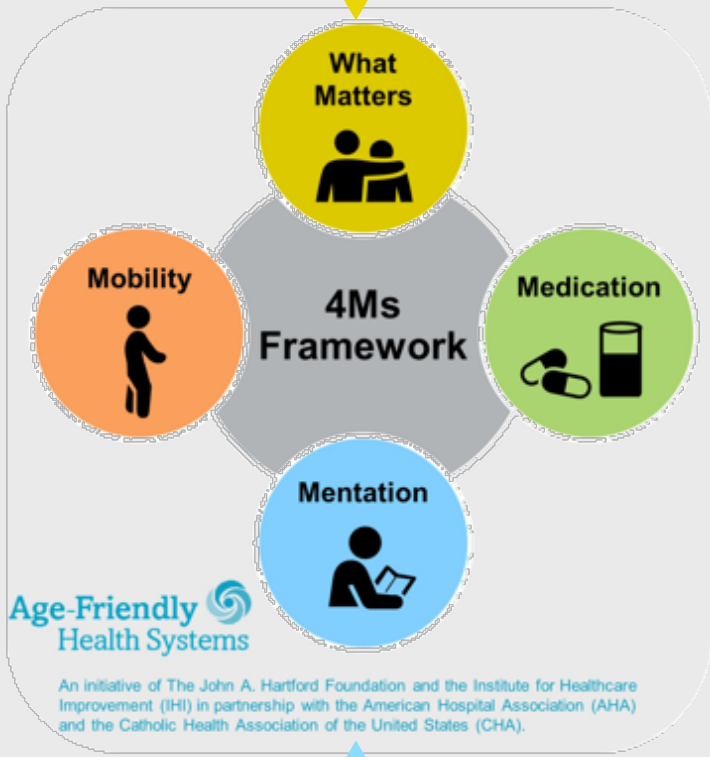
- **Acknowledge** that a fully integrated interprofessional team is critical to providing high quality primary care to older adults.
- **Address** regulatory barriers for practice by non-MD healthcare professionals and team care, thereby helping to alleviate the physician shortage and encourage team-based care.
- **Mandate** training in geriatrics and mental health competencies and TEAM care for all health professionals treating older adults.
- **Encourage** states and the federal government to create loan forgiveness, scholarship and financial incentives for clinicians and staff entering geriatrics and geriatric psychiatry

Summary of Reform Strategies

- Incentivize providing care for complex mental health and older adult care
- Train teams together for practice & research
- Invest in caring for whole person outcomes (e.g., care congruent with patient goals) rather than individualized metrics.
- Address team diversity, trust, racism, ageism
- Fully engage the older adult, all team members-and Caregiver as a team member.
- Further research on models, frameworks and best practices (communication/trust) that cultivate communication & healthy Interprofessional teams

Interprofessional TEAM—gets to know Juanita & CG to build relationship/trust.
Know what matters to Juanita to align care to her goals.
Know behavior is a form of Communication-especially in persons with dementia.
Connect with community/IP team resources.
Get family and care partner input.

Encourage physical activity/PT/OT – **daily mobility goals** as part of managing behavior or distress.
Home assessment



Less meds the better. Pharm consult. Use deprescribing best practices.
Deprescribe-oxybutynin, prn lorazepam. Avoid start meds that contribute to falls, delirium, and sedation.

Assess & Act on for Dementia, Depression & Delirium
Observe and report for acute and chronic changes in thinking and alertness.
Review meds that worsen or lead to dementia/delirium.
Get involved in activities, connection to others community partners.