VETERANS HEALTH ADMINISTRATION

Transforming Urgent Care for Veterans with Serious Chronic Conditions

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Convergence

- Key elements of successful change in health care: Power of **persistence**, importance of **serendipity**, and that no meaningful changes in health care occur without **collaboration**

- Encourage us to “Create serendipity”

- **CONVERGENCE of PROBLEMS**: Worsening health care workforce shortage; Increasing population of older Americans with serious chronic diseases with unmet needs – social determinants of health; Unsustainable rise in Health Care costs, fragmented care

- **CONVERGENCE of SOLUTIONS**: Interdisciplinary teams, person-centered care, Age Friendly Health Systems; Intermediate Care Technicians; Coordination and collaboration among Emergency Medicine, Geriatrics and Primary Care: **VA Transformation to implement Geriatric Emergency Departments**

Case: Interdisciplinary Team

- 87 year-old (y/o) with cardiovascular disease, hypertension, discharged to home after hospitalization for change in cognition, possible stroke. Multiple family members piecing together care
- 17 days later, brought to Emergency Department (ED) for falls
- Determined to be **medically stable**, identified as a senior at risk
- ED Social Worker (SW), Physical Therapy (PT), Pharmacist
- Identified caregiver burden, balance and gait difficulties, cognitive impairment, potentially inappropriate medications, self-care limitations
- Avoided hospitalization OR unsafe discharge to home, by short stay rehabilitation, coordination of home safety evaluation, durable medical equipment, caregiver respite, home services and supports

Serendipity

- 2016 Rebuilding New Orleans after Hurricane Katrina – “I want New Orleans to be the exemplary model of care for older Veterans” F. Rivera, Medical Center Director; J. Slick, Emergency Dept. Director.
- 2019 Age Friendly Healthcare Systems – VA Geriatrics & Extended Care Strategic Priority
- February 2020 – VA launched initiative for Geriatric Emergency Department Accreditation (GEDA) by American College of Emergency Physicians (ACEP). 20 VA Emergency Departments
- Then what happened?

Collaboration

The John A. Hartford Foundation

westhealth

ACEP Geriatric Emergency Department Accreditation

GEDC THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE
EDUCATE IMPLEMENT EVALUATE

VA Geriatric Research Education and Clinical Centers (GRECCs)

ACEP Standards for Geriatric Emergency Department Accreditation

Level 3 (entry level): MD and RN champions with geriatric focus

- Geriatric focused care initiative
- Mobility aids
- Food & drink 24/7

Level 2: ADD Medical/nurse director champions with geriatric Emergency Medicine focus

- Geriatric-focused nurse case manager 56 hours/ week
- Geriatric team: 2 of Physical Therapists, Occupational Therapists, Social Worker, or Pharmacy available to Emergency Department (ED)
- Hospital executive supervision and support for geriatric ED resources
- Geriatric EM education for physicians and nurses
- Adherence to at least 10 of 27 policies and protocols; Quality Improvement process
- Tracking at least 3 of 11 outcome measures

Level 1 (Highest level): ADD Patient Advisor

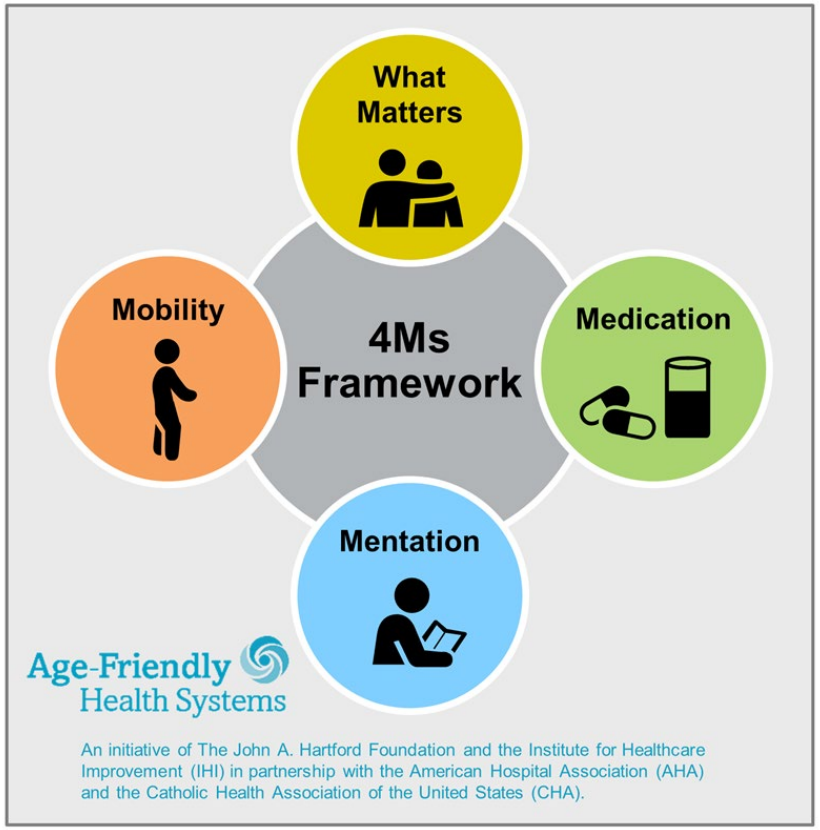
- Geriatric assessment team of at least 4 disciplines available to ED20 protocols, 5 outcomes and more environmental enhancements

What is an Age-Friendly Health System?

- Age-Friendly Health Systems (AFHS) ***reliably*** provide high-quality care to older adults using the 4Ms:
  - ✓ What Matters
  - ✓ Medication
  - ✓ Mentation
  - ✓ Mobility
- The 4Ms are:
  - A framework, not a new program
  - Practiced as a set, but driven by What Matters

"What concerns you most when you think about your health and about being in the ED today/tonight?"

"What outcome are you most hoping for from this ED visit?"



COVID : Pause, or continue?
Why establish Geriatric Emergency Department (ED)?

- High prevalence of older persons with multiple chronic conditions in ED
- Identify unmet needs for personal care and palliative care
- Increase proportion discharged safely to home
- Reduce returns to Emergency Department and Hospital
- ***Hwang U and Morrison SE. The Geriatric Emergency Department. J Am Geriatr Soc 55:1873–1876, 2007.***
- ***Huded JM, Lee A, Mcquown CM, et al. Implementation of a geriatric emergency department program using a novel workforce. Am J Emerg Med. Epub 2020. PMID: 33129647:*** https://doi.org/10.1016/j.ajem.2020.10.039

COVID : Pause, or continue?
Why establish Geriatric Emergency Department (ED)?

- Align patient goals of care with care plan
- Decrease fragmentation, increase continuity with primary care
- Reduce trajectory for high-risk persons with serious chronic diseases, of Emergency Department to Hospital to Hospital-Acquired falls, injuries, delirium, functional decline
- Reduce total costs of care; shift care from ED to home
- ***Cornell PY, Halladay CW, Joseph Ader J, Halaszynski J, Hogue M, McClain CE, Silva JW, Taylor LD, and Rudolph JL. Embedding Social Workers In Veterans Health Administration Primary Care Teams Reduces Emergency Department Visits. Health Aff, 2020. 39(4)603–612.***
- ***Hwang U, Dresden SM, Vargas-Torres C, Kang R, Garrido MM, et al. Association of a Geriatric Emergency Department Innovation Program With Cost Outcomes Among Medicare Beneficiaries. JAMA Network Open. 2021;4(3):e2037334. doi:10.1001/jamanetworkopen.2020.***

May 2021 Accredited VA Emergency Departments

Cleveland, OH
Durham, NC
Syracuse, NY
Palo Alto, CA
Charleston, SC
New Orleans, LA
Grand Junction, CO
Greater LA, CA
San Diego, CA
Buffalo, NY
Madison, WI
Long Beach, CA

ACEP Geriatric Emergency Department Accreditation

Submission in Process/Review:

Indianapolis, IN
Denver, CO
Louisville, KY
Atlanta, GA
VA Connecticut
Des Moines, IA
Dallas, TX
Salt Lake City, UT

May 6, 2021

Launched Cohort 2

32 VA Emergency Departments

1 VA Urgent Care Center

Several EDs elevating to Level 2 or Level 1

What matters most? Matters in the ED, too

- 85yo presented to ED with falls
- Triage – no fractures, no serious injury from falls. **Medically stable.**
- Identified as Senior at Risk. Referred to Social Worker and Intermediate Care Technician (Former Military Medic)
- Social worker – concerns beyond medical, not confident of self-care capability, possible depression
- Intermediate Care Technician – as a former Military Medic, quickly built rapport and trust with Veteran, opened up
- Struggling to take care of himself
- Depression over recent placement of his wife of 60 years in nursing home
- Other issues that would not have been evident in routine assessment.
- Outcome: What mattered most to the Veteran

- ***Tinetti ME, Costello DM, Naik AD, et al. Outcome Goals and Health Care Preferences of Older Adults With Multiple Chronic Conditions. JAMA Network Open. 2021;4(3):e211271. doi:10.1001/jamanetworkopen.2021.1271***

What actions can we take this month?

1. Evaluate your Emergency Department: What % are age 65+? What % are hospitalized? What % return to ED within 30 days?
2. Identify seniors at risk, refer to primary care social work
3. Identify potentially inappropriate medications, refer to primary care
4. Convene champions: Primary Care, Geriatrics, Emergency Medicine, Palliative Care, Social Work, Pharmacy
5. Start small: Connect Primary Care SW or Nurse Coordinator with a local ED – start with one shift per week, or daily check in at 4pm
6. Pursue Level 3 ACEP Geriatric Emergency Dept Accreditation
7. Explore Age Friendly Healthy Systems: “Geriatrics Plus” – geriatric clinic or home care PLUS primary care, or ED, or hospital unit
8. Integrate “What matters” into practice: train, track and provide feedback on discussing and incorporating “what matters” or patient goals into health record and care plan. AFHS, Patient Priorities Care, other options.
9. What’s next in VA? Mobile workforce to avoid trip to ED