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Optimizing Health Care for the Older Adult – the 5Ms

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- Mind
 - Mobility
 - Medications
 - Multi-complexity
 - Matters Most to Me



Mind

- Mentation
- Dementia
- Delirium
- Depression



Mind

“Is the person motivated and committed to active participation in interventions, with the ability to learn, adapt, and problem solve?”

- Screening
 - Cognitive Impairment (SLUMS, MoCA, MoCA XpressO, Mini-Cog, MMSE)
 - Anxiety (GAD-7, SCAARED)
 - Depression (PHQ-2, PHQ-9, GDS)



Mind Action Plan

- Maintain mental activity
- Get out of the house
- Recognize and treat depression



Mind Action Plan

- Maintain a healthy lifestyle
 - Aerobic exercise
 - Strength Training
 - Mind/Body Practices (Tai Chi, Yoga)



Mind Action Plan

- Maintain a healthy lifestyle
 - Keep blood pressure under control
 - Screen vision and hearing
 - Proper nutrition
 - Minimize alcohol
 - Avoid smoking



Medications

- Polypharmacy
- De-prescribing
- Optimal prescribing
- Adverse medication effects
- Medication burden



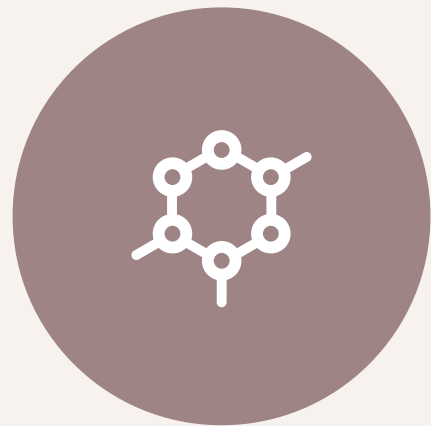
Medications

- AGS Beers Criteria[®] (American Geriatrics Society, 2023)
- STOPP/START (Gallagher et al., 2008)
- Deprescribing Guidelines
(Thompson et al. 2019, Scott et al. 2015, Phung E et al. 2018)



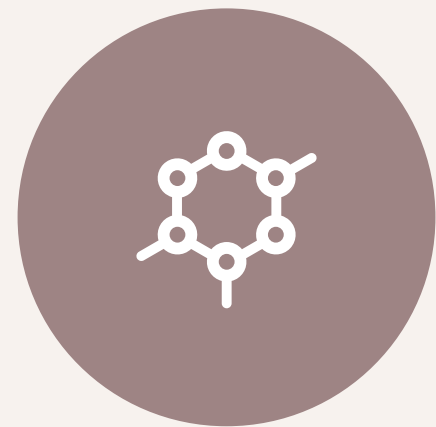
Multi-Complexity

- Physiology of aging
- Multi-morbidity
- Complex bio-psycho-social situations
- Social Drivers of Health



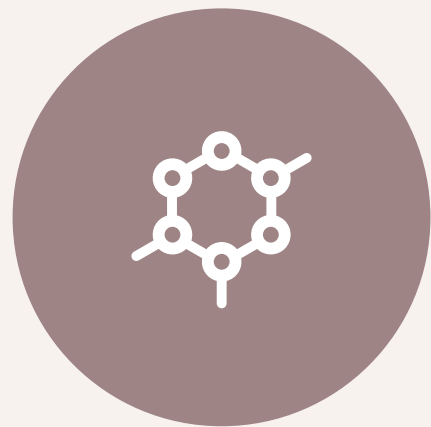
Multi-Complexity

- Living concerns
- Financial barriers
- Social isolation
- Transportation
- Communication



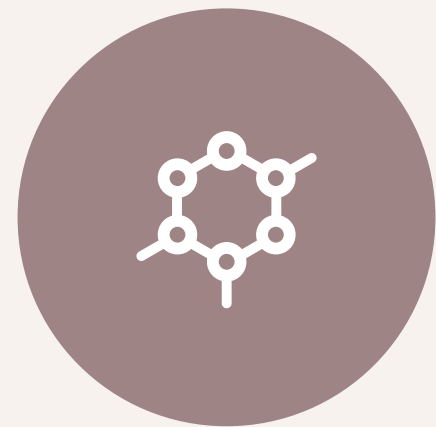
Social Drivers of Health Screening

- Health Leads Social Needs Screening Toolkit
- AAFP Social Needs Screening Tool
- CSM Accountable Health Communities Health Related Social Needs Screening Tool
- National Association of Community Health Centers PRAPARE Tool



Multi-Complexity Action Plan

- Interprofessional Collaborative Care
 - Social Worker, Case Managers
- Community Resources
 - Aging & Disability Resource Centers (ADRC)
 - 211.org
 - Places of worship



Multi-Complexity Action Plan

- Diabetes Prevention Program
- Healthy Living with Chronic Pain
- Healthy Living with Diabetes**
- Living Well with Chronic Conditions**
- Mind Over Matter: Healthy Bowels, Healthy Bladder



**Spanish versions are available

Multi-Complexity Action Plan

- Social Isolation and Loneliness
- Social Connection and Belonging
- Wisconsin Coalition for Social Connection
 - Connectwi.org

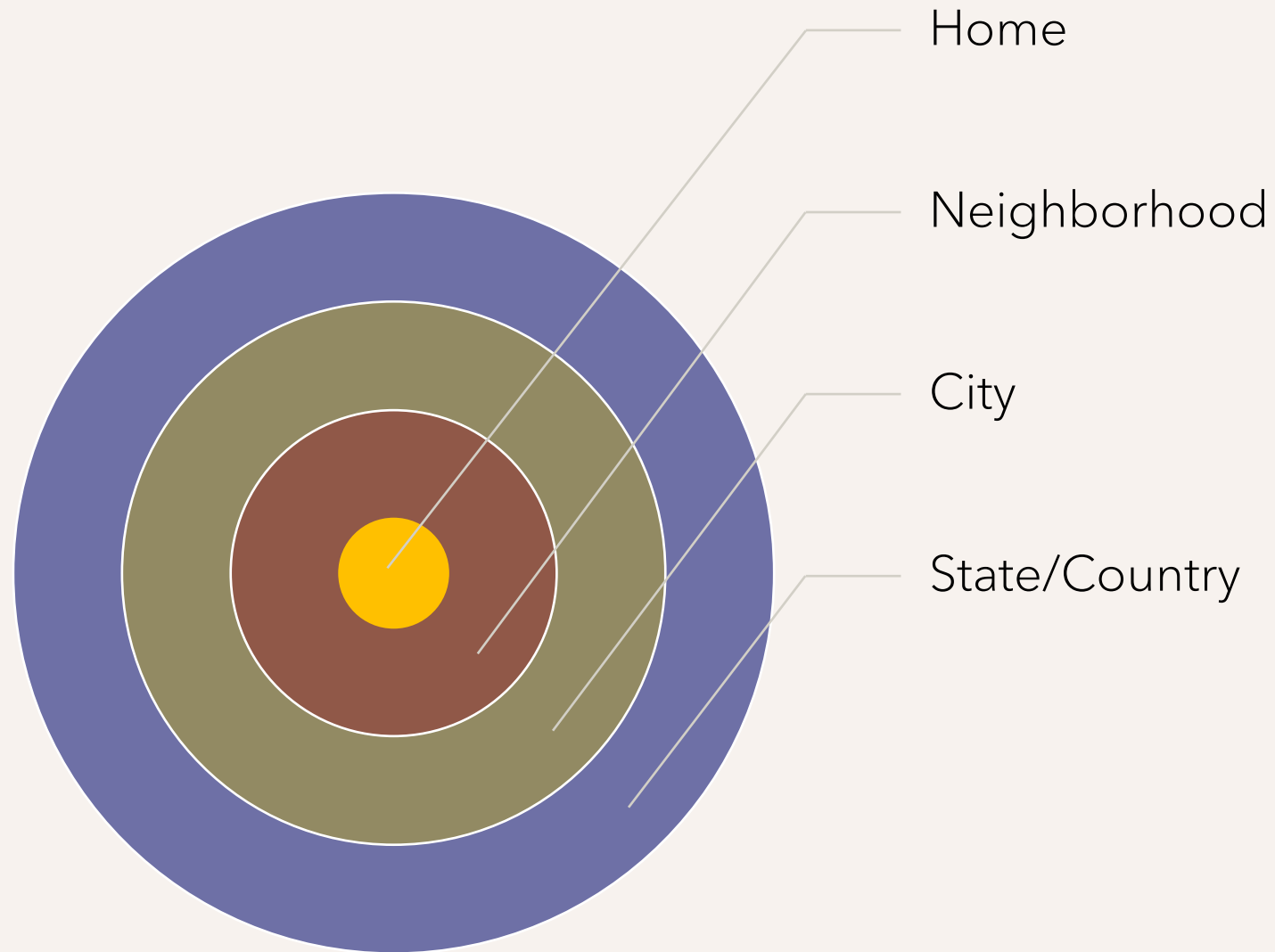


Mobility

- Impaired gait
- Impaired transfer ability
- Impaired balance
- Fall injury prevention
- Swallowing



How big is your life space?



Activities of Daily Living

BASIC

- Bathing
- Dressing
- Eating
- Transferring (moving)
- Continence
- Toileting

INSTRUMENTAL

- Cooking
 - Housekeeping
 - Shopping
 - Managing Finances
 - Managing Medications
 - Using the phone/technology
-

Mobility Action Plan

- Physical therapy, occupational therapy, or speech/language therapy.
- Move More and Move Often
- Don't restrict activity out of fear



Physical Activity Guidelines

- 150+ minutes/week of **moderate** activity
- 75-150 minutes/week of **vigorous** activity
- Strengthen muscles 2 times per week
- Balance training



Mobility Action Plan

- Tai Chi
- Keep Challenging Yourself



Mobility Action Plan

- Physical Activity for Lifelong Success (PALS)
- Stand Up for Your Health
- Stepping On**
- Walk with Ease
- Falls Free Wisconsin - fallsfreewi.org



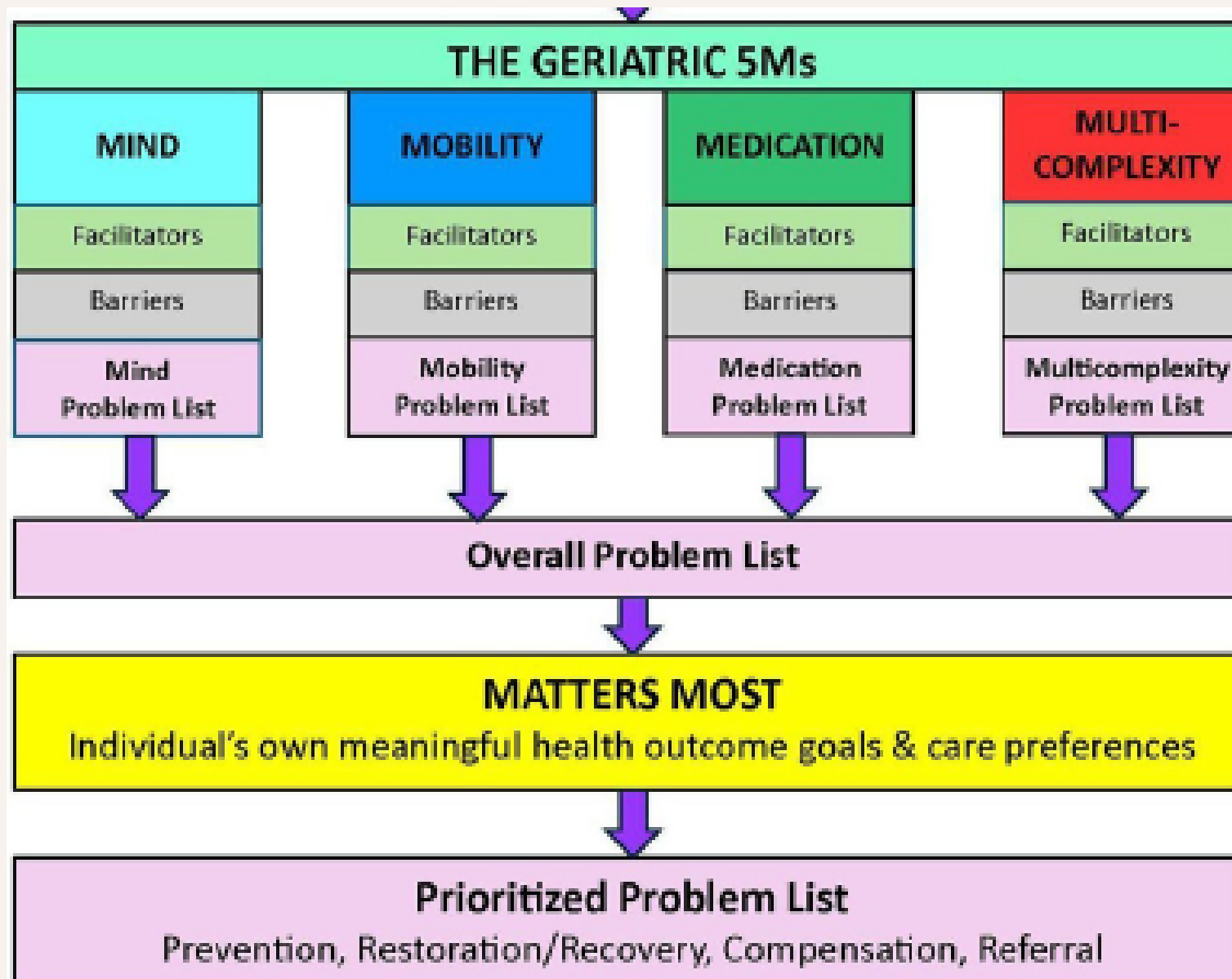
**Spanish versions are available

What Matters Most

- Individual's own meaningful health outcomes and goals
- Care preferences



What *Matters Most*



What Matters Most Action Plan

- Include family, social worker, case managers
- Advanced Care Planning
 - Advanced Directive (Living Will, Durable Power of Attorney for Healthcare)
 - POLST/MOLST/POST
 - Do not resuscitate (DNR) / Do not Intubate (DNI)
- Durable Power of Attorney for Finances
- Long-Term Care Planning Documents



What Matters Most Action Plan

- Will
- Funeral or Burial Preferences
- Personal Values or "Goals of Care" Statements



Challenges

Clinically complex patients

Time

Emergent concerns

Multiple prescribers

Missing/inaccessible information

Conflicting disease-specific guidelines

Evolving goals of care

Case Presentation - June

- 80 years old
- Artist
- Medical history
 - Hypertension
 - T2 DM
 - Hyperlipidemia
 - Major Depressive Disorder
 - Mild Cognitive Impairment
 - Urinary Incontinence



Case Presentation - June

- Lives alone independently
- Recent fall when visiting daughter
- Heightened fear of future falls
- Recent loss of husband





- Loss of Husband + Fall = ↑ Depression
- ↑ Depression = ↑ Cognitive decline
- Social isolation and loss = ↑ Depression
- Screening for depression
- Screening for cognitive decline





- Modifying medications
- Refer to counseling/support group
- Address mobility issues
- Encourage physical activity
- Encourage social engagement





- Falling increases the risk of recurrent falls
- Fear of Falling = Immobility
- Immobility = Worsening mentation

- Assess mobility
 - STEADI (CDC)
 - Timed-Up and Go
 - 30-second Sit-to-Stand
 - 4-Stage Balance Test





- Referral to Physical Therapy and Occupational Therapy
- Encourage Physical Activity





- Polypharmacy leads to:
 - Adverse Drug Events
 - Drug-Drug Interactions
 - Nonadherence
 - Functional Decline
 - Higher Cost
- Comprehensive Medication Review
- Ensure June is taking meds as prescribed





- Focus on modifiable aspects of care
- Address Social Drivers of Health
- Adapt patient education
- Consider health literacy





- Ask and understand, never assume
- Collaborate
- Communicate
- Advanced Care Planning
- Shared decision making



**Full Circle of Aging:
*Uniting Multidisciplinary
Voices for Better Care***

Physician
Advanced Practice Nurse
Physician Assistant

Nurse
Social Worker/Case Manager
Pharmacists
Nutritionists



Dentist
Psychiatrist
Psychologist
Mental Health Specialist

Physical Therapists
Occupational Therapists
Speech and Language Therapists
Hearing Specialists/ Audiologist

Geriatric
5Ms

Mind

Mobility

Medications

Multi-Complexity

Matters Most



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