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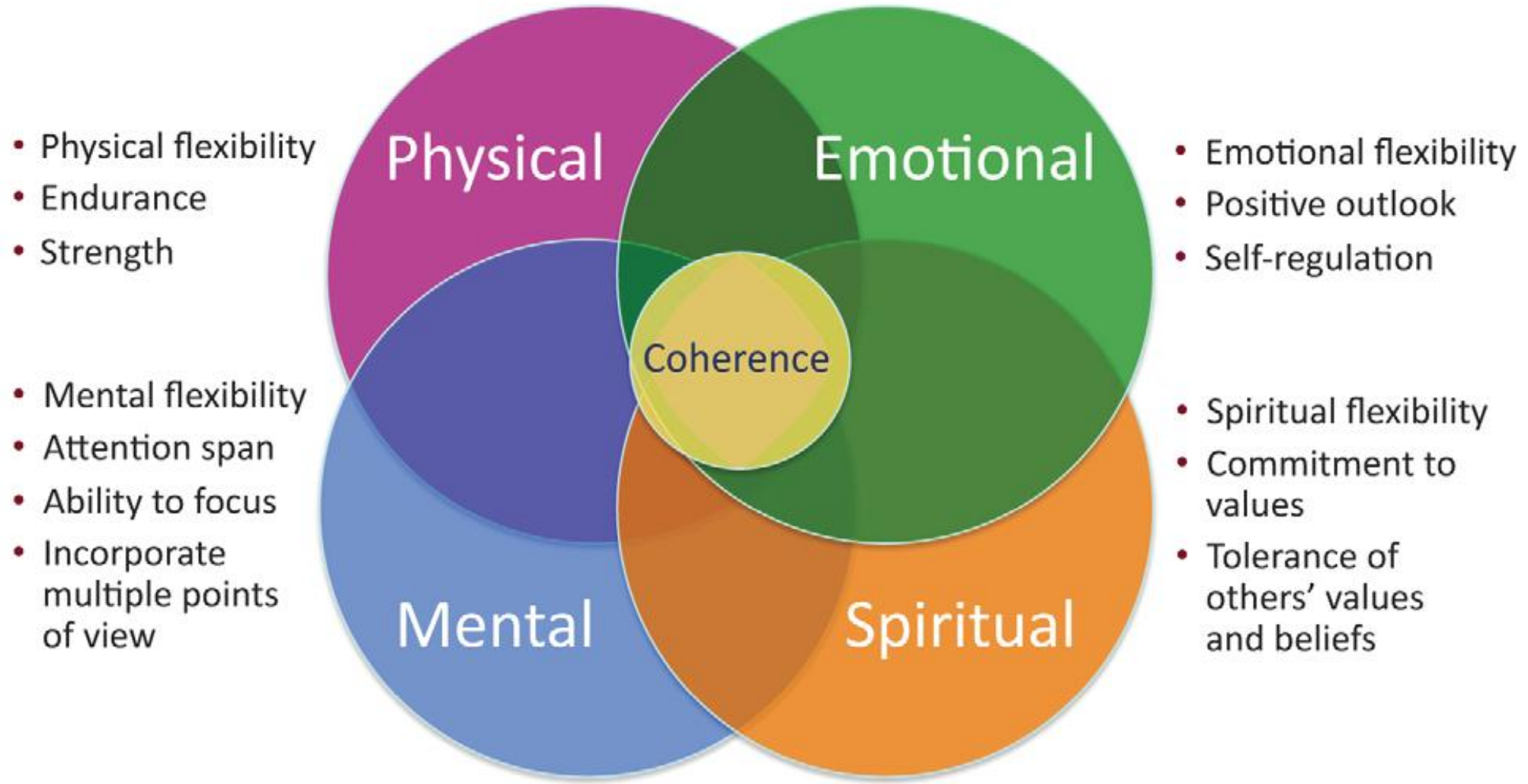


A misty autumn landscape with trees and a white picket fence. The scene is dimly lit, suggesting dawn or dusk, with a soft glow from the left. The trees have sparse, brownish leaves, and the ground is covered in fallen leaves. A white picket fence runs across the middle ground. The overall mood is serene and contemplative.

Uniting Voices for Holistic Geriatric Care: Lessons from a Decade of Care Management



Domains of Resilience





The Challenges and Opportunities

- Fragmented Care Coordination
- Integrating Behavioral Health and Dementia-Informed Care
- Advance Care Planning Conversations

Strategies to Improve Transitions

- Implement a dedicated care transition coordinator/team
- Standardize warm handoffs and share care plans
- Strengthen and build strong community partnerships

Integrating Behavioral Health and Dementia-Informed Care

- Collaborative Care Model (IMPACT trial 2002)
- Effective for mood disorders and behavioral symptoms of dementia
- Improves caregiver support
- Reductions in total cost of care (reduced ED visits, hospitalizations and specialty referrals)
- Improved medical outcomes and long-term benefits

Advance Care Planning Conversations

- Take a structured approach

STEP 1 Prepare

STEP 2 Ask permission

STEP 3 Explore values

STEP 4 Share information

STEP 5 Take an action/make a plan/document



Supporting Broader Conversations on Aging

- Traditional ACP focuses on serious illness & end-of-life

Same structured approach works for:

- Introducing in-home care
- Accepting help & redefining meaning
- Driving & transportation
- Living at home / aging in place

Cost of Avoidance

- Crisis-driven decisions
- Increased fragmentation & readmissions
- Family stress & caregiver burnout
- Missed opportunity for transcendent aging



Uniting Multidisciplinary Voices for Holistic Care

SUMMARY

Fragmented Care Coordination

Use Care Transition Coordinators, SBAR warm handoffs, and strong ADRC/community partnerships — especially for external transitions

Behavioral Health & Dementia Care

Integrate using the Collaborative Care Model (CoCM) with routine screening and team-based management

Advance Care Planning

Too many still have had these important discussions



DJFerguson & Associates. LLC

**Better Communication
Better Coordination
Better Care**



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