Engaging and activating seniors to improve health outcomes

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Context – Demographic shift

Until 2000, the 85+ Age Category Was a Tiny Minority of the Total Population
U.S. Population by Age Category and Gender: 1900, 1950 and 2000

Source: U.S. Census Bureau
Context – Demographic shift

By 2050, People Age 65 and Older Will Equal 20% of the Population
U.S. Population (and Forecast) by Age Category and Gender: 2000, 2025 and 2050

Source: U.S. Census Bureau
12% of the population (age 65+) account for 43% of top healthcare spenders.

Patient activation

• Among adults in the U.S. 65 years and older, 83% have one or more chronic diseases.
• Patient activation is defined as patients’ willingness and ability to take independent actions to manage their health and healthcare.
• Growing body of evidence that activation is:
  • Mutable
  • Associated with better health outcomes, especially in chronic disease management
Patient activation

• However, little is known about interventions to increase activation.
• Existing patient activation interventions are challenging to implement in clinical settings and have been limited in focus.
Developing a new approach: Setting and intervention

- Participants (N=116) were recruited from 2 community senior centers in low (n=63) and middle income (n=53) neighborhoods in metropolitan Los Angeles.
- Intervention: Participants were invited to attend group screenings of 5 video programs intended to educate and motivate active management of chronic conditions.
- Screenings were scheduled on multiple occasions over the course of a 12-week intervention period.

Frosch, Rincon, Ochoa & Mangione (2010). *Journal of the American Geriatrics Society*
Developing a new approach: Setting and intervention

- Programs focused on conditions common among seniors:
  - Living with coronary artery disease
  - Living with heart failure
  - Living with type II diabetes
  - Chronic low back pain
  - The role of advanced directives in health care

- Group screenings were followed by moderated discussions reinforcing active patient participation in chronic disease management.
Patient activation scores by screenings attended

- **Post intervention (p=.035)**
  - 2 or fewer screenings: 61.40
  - 3 or more screenings: 66.03

- **6 month follow-up (p=.000)**
  - 2 or fewer screenings: 62.23
  - 3 or more screenings: 77.16
Self-reported physical activity by screenings attended

- Walking (minutes per week)
  - Post intervention (p=.001)
  - 6 month follow-up (p=.000)
- Vigorous exercise (minutes per week)
  - Post intervention (p=.165)
  - 6 month follow-up (p=.008)

2 or fewer screenings
3 or more screenings
Health-related quality of life by screenings attended

![Bar chart showing health-related quality of life scores for physical and mental component scores for 2 or fewer screenings versus 3 or more screenings.](chart)

- **Physical component score**
  - Post intervention (p=.53): 49.86 (2 or fewer screenings), 50.49 (3 or more screenings)
  - 6 month follow-up (p=.002): 49.48 (2 or fewer screenings), 52.54 (3 or more screenings)

- **Mental component score**
  - Post intervention (p=.503): 57.43 (2 or fewer screenings), 57.81 (3 or more screenings)
  - 6 month follow-up (p=.000): 54.59 (2 or fewer screenings), 57.36 (3 or more screenings)
Participant feedback

• 81 year-old African American female: “My friend and I have started walking about a mile or two every morning at the park near our house. Also, now I make sure that before I take any new medication I ask my doctor what it is for, why I need to take it, and what side effects it may have.”

• 69 year-old African American male: “I try to walk more. My wife takes an aerobics class, but I didn't like it so instead I walk around the center while she takes her class. I feel that I have more energy now.”
Adapting the approach to clinical practice: Mind, Body and Soul @PAMF

• Goals: Engage patients in care; perform functional assessments for conditions that have high impact on health outcomes & are not consistently done in primary care.
• Series of three 90-minute sessions with 6-12 patients, launched in August 2011.
• Target population: Patients age > 65, can be referred by physician or self-referred.
• Staffed by MD, Nurse, and Behaviorist.
• Billed as 99213 visit, documentation done in EHR.
Mind, Body and Soul – Shared Medical Appointments for Successful Aging
# Mind, Body and Soul – Structure and approach

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Mind, Body and Soul – Structure and approach

- Focused history, examination
- Demonstration:
  - “Growing Older, Staying Well” video clips from Informed Medical Decisions Foundation
  - Group exercises
  - Tai Chi demonstration
- Geriatric assessment with validated instruments:
  - Mini Cog (memory)
  - Timed up and go test (fall)
  - PHQ-9 (depression)
Mind, Body and Soul – Structure and approach

• Discussions about themes encountered in aging journey.
• Share tips (and tales) on aging gracefully & adapting to challenges of getting older.
• Homework: memory training, handouts, website referral, MYHEALTHONLINE coaching.
• Decision aids:
  • “Growing Older, Staying Well”, Depression, Advance Directives, Chronic Back Pain.
• Time for reflection, review, sharing at beginning of each session.
Patient feedback

“I was struck by how frank everybody was about expressing ideas and concerns about aging…. It was good to hear that other people have the same issues and it has given me more peace of mind.”

----BOB, AGE 84

"I recently took part in the Shared Medical Appointments for Successful Aging conducted by Dr. Peter Cheng and Kelly Riley….I would like to go on record as commenting on the success of these meetings. The sessions were invaluable, enriching and so very helpful…There were about ten of us together and my wife accompanied me as did a few other spouses/partners. The atmosphere was very informal and very conducive to relating experiences of the aging process. We were thus alerted to many ideas and suggestions designed to help make us aware of what it means to live our lives, as we age, to safeguard our health, memory and above all to be able to make the most of what life presents to each of us on our daily journey…This experience has been a great help". ----MARTIN, AGE 74
Conclusion

• Engaging seniors in group visits is an efficient and effective way to activate them.
• Seniors greatly value the opportunity to learn from each other.
• When structured to include history, exam and decision-making, shared medical appointments are billable.