EVMS

Eastern Virginia Medical School

Community Focus.
World Impact.

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2023 Brock Institute - Glennan Center

Community Lecture:

"Patient Designed Successful Aging: The Cleveland Clinic Experience"

Ardeshir Z. Hashmi, MD, FACP, FNAP, AGSF
Endowed Chair of Geriatric Innovation, Section Chief - Center for Geriatric Medicine
Cleveland Clinic

October 24, 2023

6:30 – 8:00 pm

The Brock Institute - Glennan Center Lecture was established by the Cooke Fund of the Hampton Roads Community Foundation

EVMS
GLENNAN CENTER
FOR GERIATRICS
AND GERONTOLOGY

25TH ANNIVERSARY

EVMS
M. FOSCUE BROCK
INSTITUTE FOR COMMUNITY
AND GLOBAL HEALTH

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Welcome & Opening of 2023 Community Lecture

Marissa Galicia-Castillo, MD, MSEd, CMD, FACP, AGSF, FAAHPM
John Franklin Distinguished Chair of Geriatrics
Director, Glennan Center for Geriatrics and Gerontology
Section Head, Palliative Medicine & Geriatric Medicine
Eastern Virginia Medical School

Welcome Remarks

Jackson Cherry

Executive Director

Kisco Senior Living

First Colonial Inn

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Brock Institute - Glennan Center Lecture

The Cooke Fund of the Hampton Roads Community Foundation established in 2015 highlights the latest in geriatric academic research and brings world-renowned leaders in geriatric care to EVMS to share their knowledge with the students, faculty, community physicians and leaders in healthcare throughout Hampton Roads.

Since 2015, the year of the first Brock Institute Glennan Lecture, leveraging the experience and network of Dr. Bob Palmer, now professor emeritus and former director of the Glennan Center, and the current director, Dr. Marissa Galicia-Castillo, the partnership between the Brock Institute and the Glennan Center is pleased to present this evening's program.

We want to thank Mr. Robert Goodman, Esq. for your support and guidance in the development of these series of presentations.

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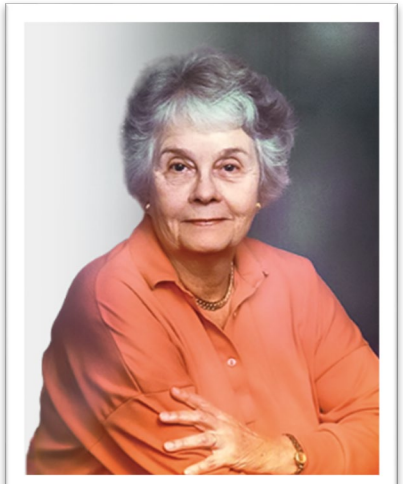
M. Foscue Brock Institute for Community & Global Health

M. Foscue Brock, MD, was a tuberculosis specialist in charge of Norfolk's Grandy Sanitorium for 29 years before he entered private practice. Dr. Brock volunteered at the public health center in Norfolk throughout his career and was a popular family doctor. It was Dr. Brock's involvement with the community that inspired Dr. Brock's son, Macon F. Brock Jr., and wife, Joan, to establish the M. Foscue Brock Institute for Community and Global Health at EVMS in 2012. The M. Foscue Brock Institute for Community and Global Health honors the values that led Dr. Brock in his life and career.

M. Foscue Brock, MD



Virginia Glennan Ferguson

Glennan Center for Geriatrics and Gerontology

The Glennan Center for Geriatrics and Gerontology was established in 1995 through a generous gift from Virginia Glennan Ferguson in honor of her father and grandfather. The Glennan Center aims to promote the health, well-being, independence, and quality of life of older adults; and to enhance the knowledge base and standards of practice in geriatrics and gerontology through clinical practice, education, research and advocacy especially in the areas of cognition, healthy aging and palliative care.

Glennan Scholarship Presentation

Marissa C. Galicia-Castillo, MD, MSEd, CMD, FACP, AGSF, FAAHPM

- Director, Glennan Center for Geriatrics and Gerontology

Madeline Dunstan, M.S.

- Associate Director of Education & Instructor, Glennan Center for Geriatrics and Gerontology

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Congratulations to the current and previous recipients!

James Lau, MD
2020 - 2021
2021 - 2022

Ashley Peterson,
MD Class of 2023
2021 - 2022

Anna Dickinson,
MD Class of 2025
2022 – 2023 and 2023 - 2024

Luke Leidy, MS'20
MD Class of 2025
2022 – 2023 and 2023 - 2024

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CONTINUING MEDICAL EDUCATION

Accreditation Statement

Eastern Virginia Medical School is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation

Eastern Virginia Medical School designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CONTINUING MEDICAL EDUCATION

Disclosure

Dr. Ardeshir Hashmi (Speaker) has disclosed he is member of the advisory board for Cognivue, Inc.

All other planning committee members have no relevant financial relationships with ineligible companies to disclose.

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CONTINUING MEDICAL EDUCATION

Title: Patient Designed Successful Aging: The Cleveland Clinic Experience

Target Audience:

Physicians, Physician Assistants, Residents, Nurses, and other healthcare providers

Learning Objectives:

- Evaluate the impact of patient and caregiver leadership on designing content and structure of a successful aging program.
- Apply strategies empowering socioeconomically disadvantaged seniors to benefit from state-of-the-art technology solutions for clinical and social determinant needs.
- Evaluate the critical importance of guiding caregivers on optimally supporting loved ones throughout life transitions.

Housekeeping

- This session is being recorded
- In-Person
  - Please save questions until the end of the presentation
  - Restrooms are available outside of the event space
- Virtual
  - Participants will be muted to minimize background noise
  - Please submit questions using the Chat Function

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"Patient Designed Successful Aging: The Cleveland Clinic Experience"

Ardeshir Hashmi, MD, FACP, FNAP, AGSF

Endowed Chair of Geriatric Innovation

Section Chief, Center for Geriatric Medicine

Cleveland Clinic

Patient Designed Successful Aging: The Cleveland Clinic Experience

Ardeshir Hashmi MD, FACP, FNAP, AGSF

Enterprise Chief – Center for Geriatric Medicine

Endowed Chair for Geriatric Innovation

Cleveland Clinic

October 2023

Financial Disclosures: Physician Advisory Board Cognivue Inc.

This bears no relationship to any content of this talk

Agenda

1. **DESCRIBE THE IMPACT OF PATIENT & CAREGIVER LEADERSHIP ON DESIGNING A SUCCCESSFUL AGING PROGRAM**

2. STRATEGIES EMPOWERING SOCIOECONOMICALLY DISADVANTAGED SENIORS WITH STATE-OF-THE-ART TECHNOLOGY SOLUTIONS FOR CLINICAL & SOCIAL DETERMINANT NEEDS

3. GUIDING CAREGIVERS ON OPTIMALLY SUPPORTING LOVED ONES THROUGH LIFE TRANSITIONS


100
YEARS
EST. 1921
Caring for life
Researching for health
Educating those who serve

72.4K
CAREGIVERS WORLDWIDE

4
COUNTRIES

5,050
PHYSICIANS & SCIENTISTS

21
HOSPITALS

140
SUBSPECIALTIES

>220
OUTPATIENT LOCATIONS

U.S. News & World Report 2020-23: Best Geriatric Hospitals

Forces Driving US Healthcare Transformation

01

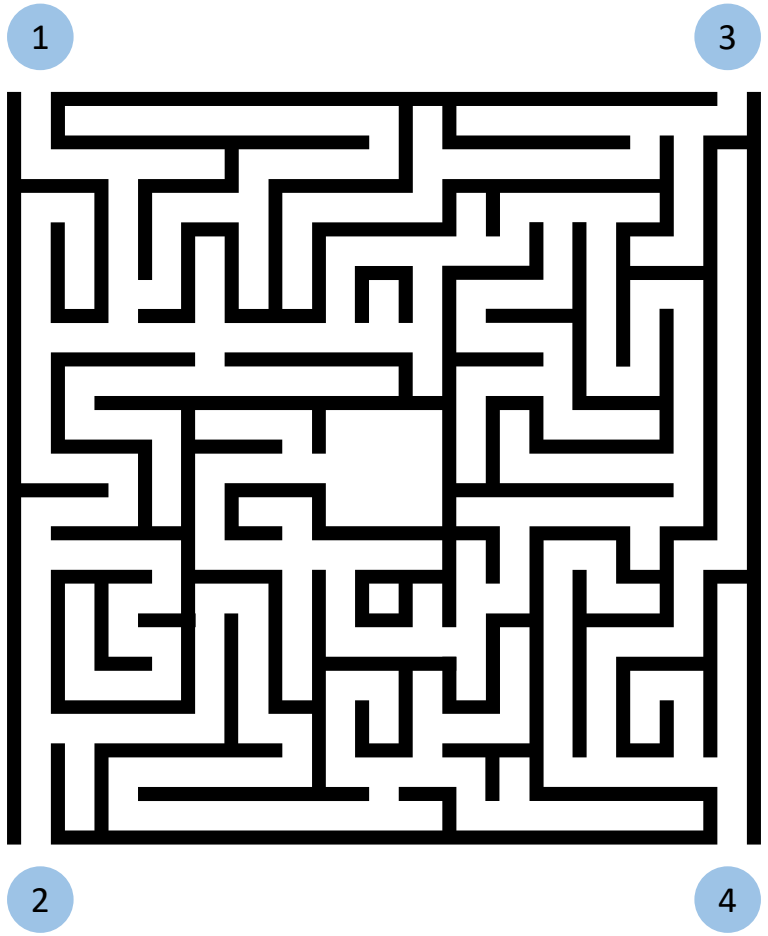
Payors

Healthcare spend
Shift to government coverage
Pressure towards value

02

Market

Transparency
Competition



Patients & Community

Health care vs. sick care
Shared decision making
Consumerism

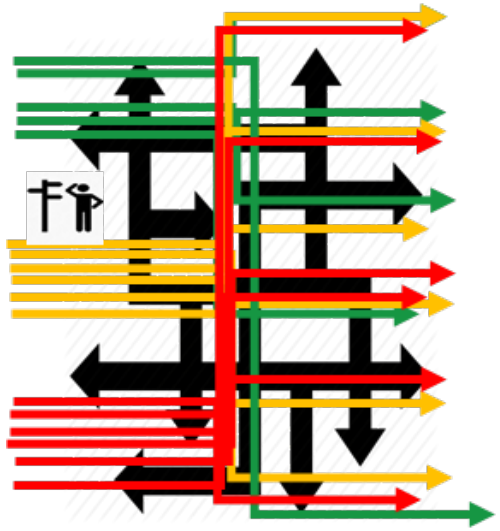
03

Workforce

Recruitment & Retention
Burnout

04

Systemic Inequities in Healthcare Access



54%

of doctors

say they are burned out.[1]

88%

of doctors

are moderately to severely stressed.[2]

59%

of doctors

wouldn't recommend a career in medicine to their children.[3]

1. Mayo Clinic 2014.
2. VITAL WorkLife & Cejka Search Physician Stress and Burnout Survey 2015.
3. Jackson Healthcare; 2013 Physician Outlook and Practice Trends.

https://www.athenahealth.com/insight/technologys-role-fixing-physician-burnout

Caregivers of Older Adults: A Focused Look at Those Caring for Someone Age 50+

Conducted by

AARP Real Possibilities Public Policy Institute

National Alliance for Caregiving

"Family Caregivers are an invisible, isolated army carrying out increasingly complex tasks.. without adequate recognition, support or guidance, and at great personal cost. Despite the extent of involvement in everyday care..

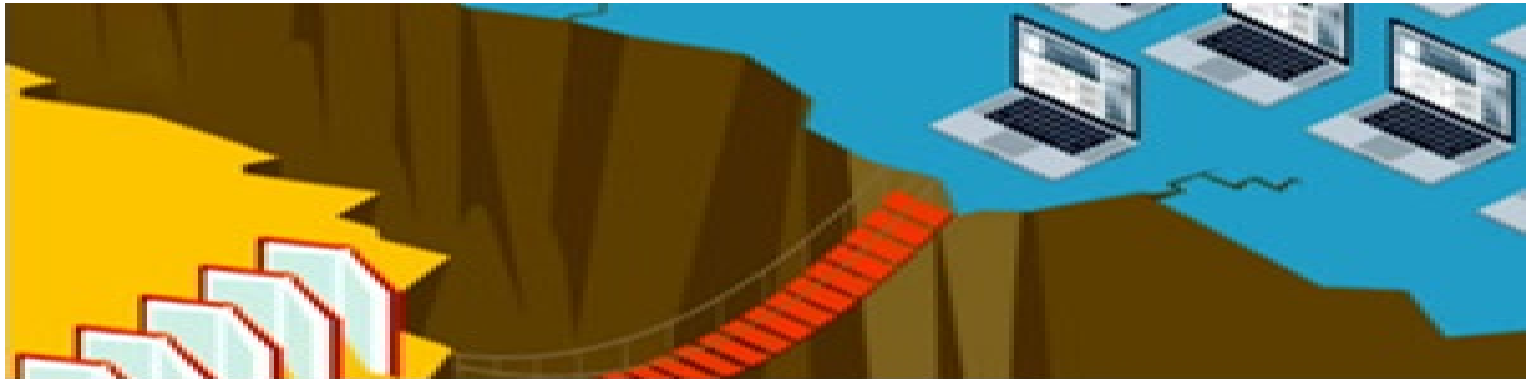
Often ignored by payers and providers with no.. Acknowledgment of interdependence of their situation and that of the ..care recipient"

COVID 19 Pandemic: Adversity & Opportunity

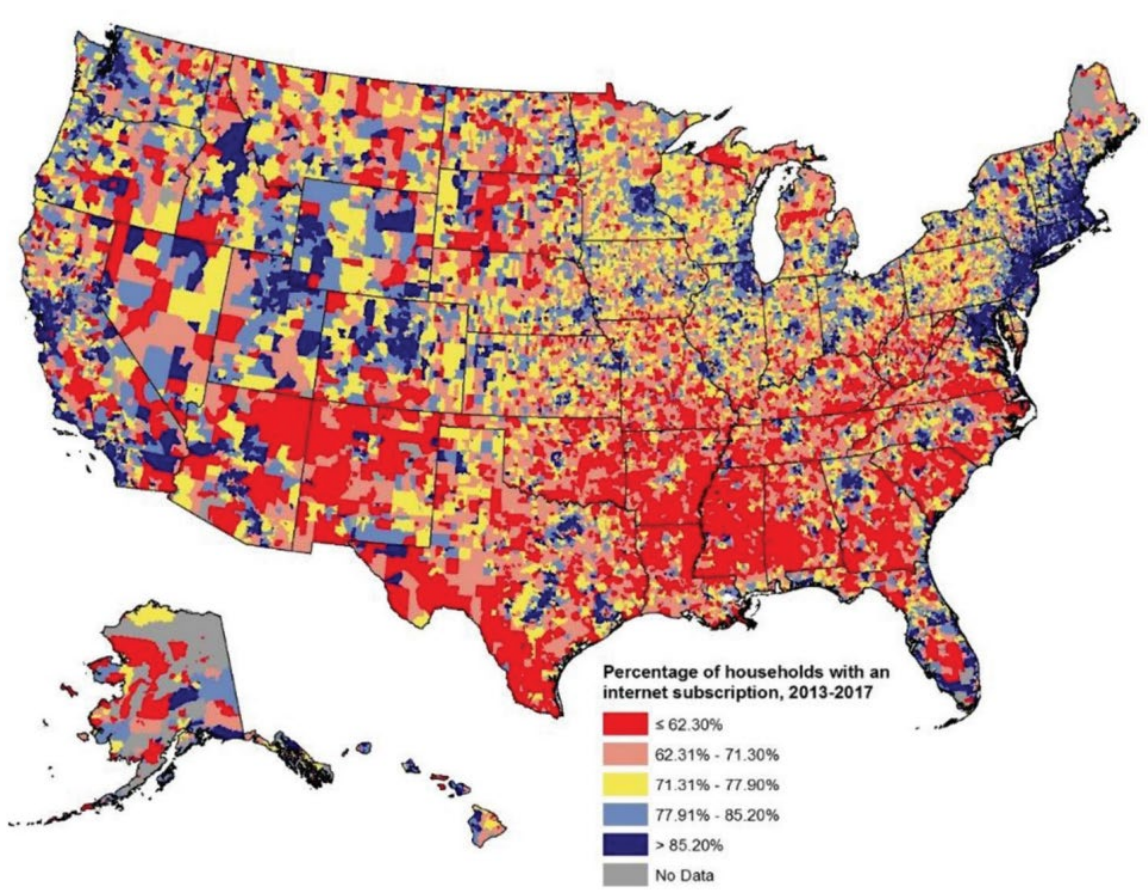
- Ageism of traditional Health system structures
- Cognitive Biases: Drive Through Testing
- Digital Divide
- Social Isolation
- Visitation Policies
- Masks, face shields & Communication breakdowns

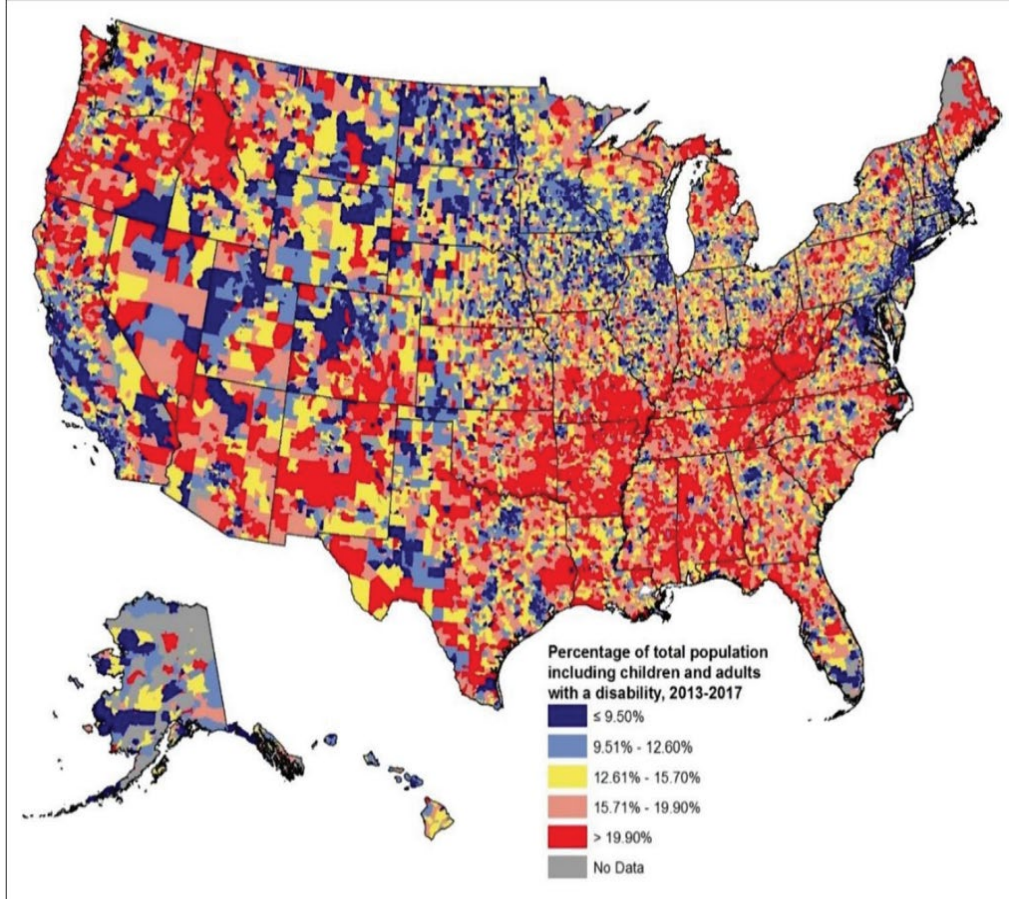
Intersectionality: Ageism & Classism

& Ableism



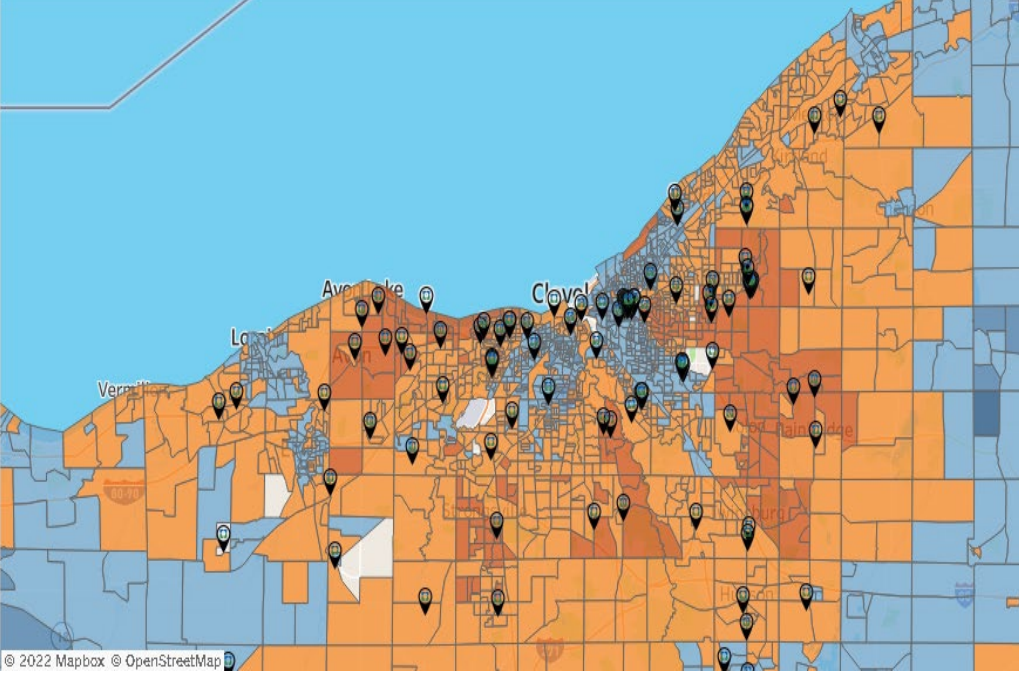
Closing the Digital Divide





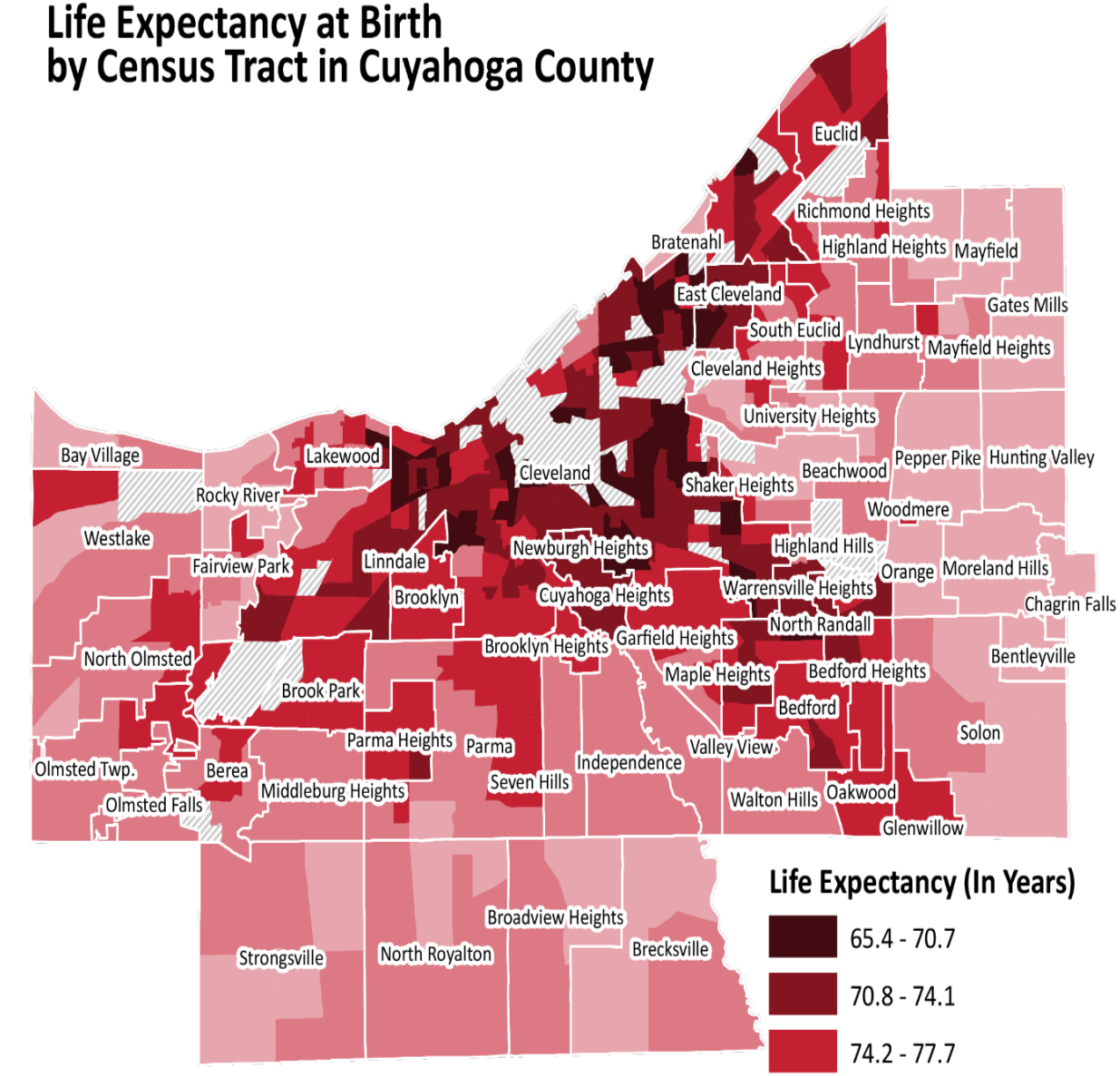
- **Gaps exist in broadband internet and computer use in the United States**
- Communities with low internet and computer use have **7 years shorter life expectancy** than communities with high use
- These communities are substantially **increased risks of mortality** from various chronic conditions, poor physical and mental health, disability, hospitalization, smoking, obesity, physical inactivity, and reduced access to care

Singh GK, Girmay M, Allender M, Ramey CT. Digital Divide: Marked Disparities in Computer and Broadband Internet Use and Associated Health Inequalities in the United States. International Journal of Translational Medical Research and Public Health. 2020



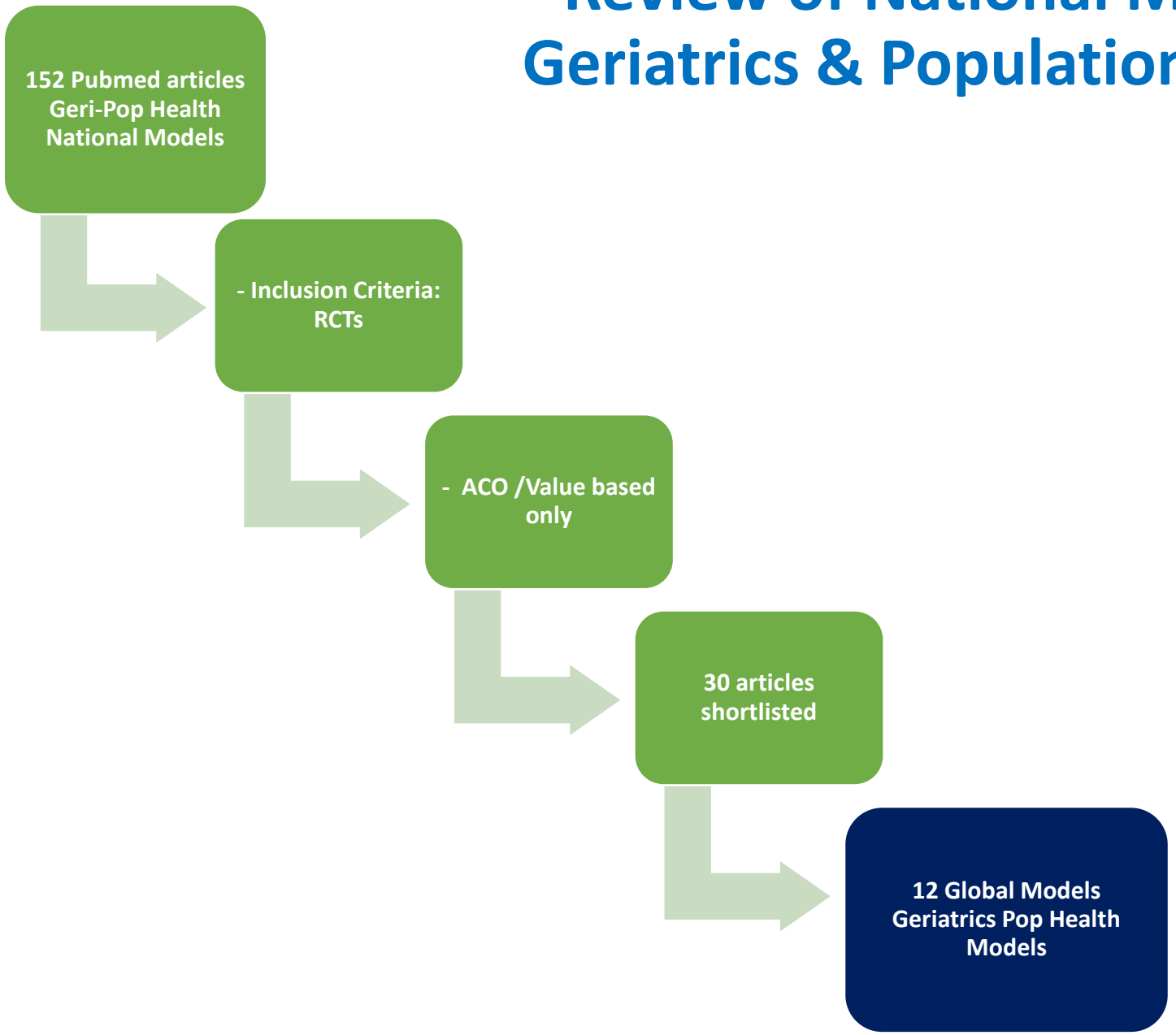
Cleveland Clinic patients who rarely use MyChart

Live in the same "redlined" districts where there are higher rates of poverty and lower life expectancy



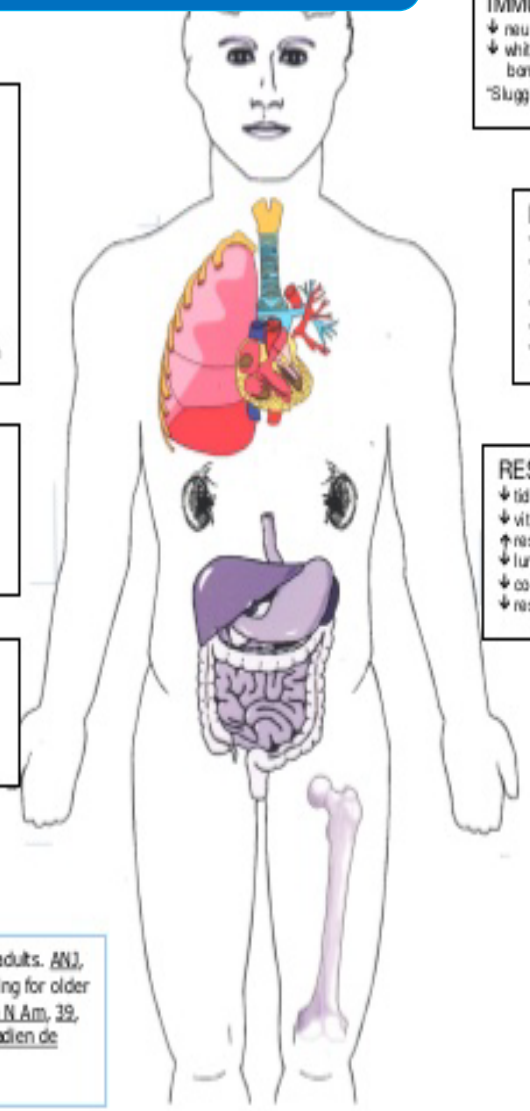
THE CENTER FOR COMMUNITY SOLUTIONS EST. 1913
RESEARCH • ANALYSIS • ACTION

Review of National Models: Geriatrics & Population Health



Geriatric Resources for Assessment and Care of Elders

52 ways our bodies physiologically change between Age 50 and 80



SENSORY
- ↓ salivation
- ↓ taste buds for sweet & salty: most tastes are bitter / sour
- ↓ visual acuity
- ↓ sensitivity to sound
- ↓ response to pain
- ↓ thirst sensation
- ↓ motor skills

Changes in dentition

CARDIOVASCULAR
- ↑ myocardial irritability
- ↑ dysrhythmias, e.g.
  - ↑ PVC's/PAC's
  - ↑ A/V blocks
  - ↓ maximal heart rate
  - ↓ sinus rate
- ↓ arterial compliance
- ↑ systolic blood pressure
- ↓ cardiac output
- ↑ circulation time
- ↓ cutaneous/tissue perfusion

CENTRAL NERVOUS SYSTEM
- ↓ neuronal density
- ↓ reflexes
- ↓ sympathetic response
- ↓ proprioception
- ↓ baroreceptor response (postural hypotension)

RENAL
- ↓ bladder capacity
- ↓ renal blood flow
- ↓ glomerular filtration
- ↓ renal clearance of drugs & metabolites

GASTROINTESTINAL
- ↓ gastrointestinal absorption
- ↓ gastric emptying
- ↓ hepatic blood flow / drug clearance
- ↓ drug absorption
- ↓ motility
- ↓ transit time

METABOLIC
- ↓ basal metabolic rate
- ↑ risk for hypothermia
- ↓ temperature regulation response

IMMUNE
- ↓ neurohumoral response
- ↓ white blood cell reserve (secondary to bone marrow/splenic sclerosis)

"Sluggish" T cell response

BODY COMPOSITION
- ↓ lean muscle mass
- ↓ subcutaneous fat
- ↑ overall body fat
- ↓ sweat glands
- ↓ skin pigmentation
- ↓ serum protein binding

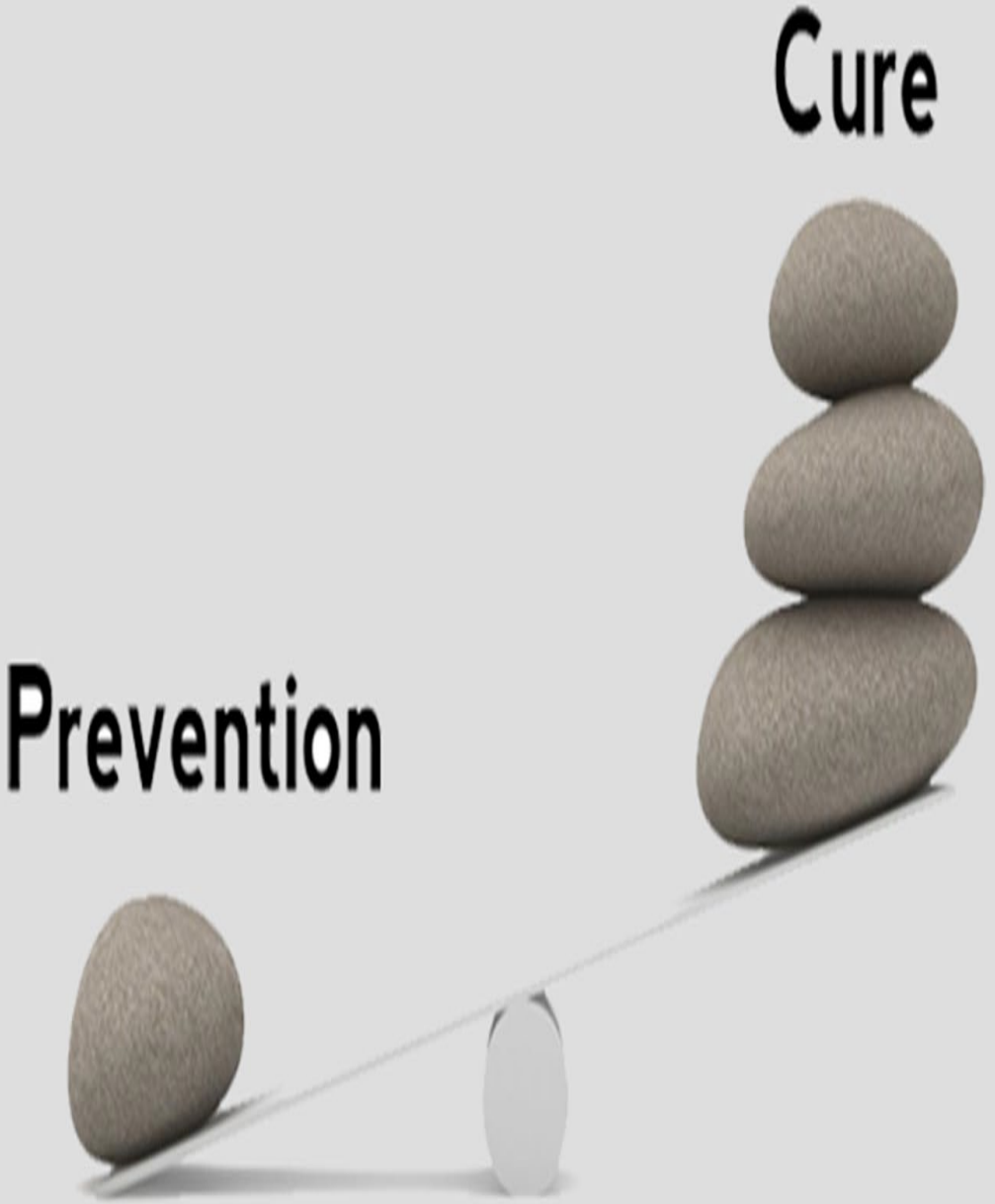
RESPIRATORY
- ↓ tidal volume
- ↓ vital capacity
- ↑ residual volume
- ↓ lung capacity
- ↓ compliance
- ↓ response to hypoxemia/hypercapnia

ENDOCRINE
- ↑ or ↓ thyroid function

Hypo/hyperthyroidism
- ↓ insulin sensitivity

ORTHOPEDIC
Osteopenia
- ↑ risk of fractures
- ↓ range of motion
- ↑ ligamentous stiffness

Sources: Graf, C. (2006).Functional decline in hospitalized older adults. ANJ, 106(1), 58-67; Mick, DJ, Ackerman, MH. (2004). Critical care nursing for older adults: pathophysiological and functional considerations. Nurs Clin N Am, 39, 473-493; Watters, JM. (2002). Surgery in the elderly. Journal canadien de chirurgie, 45(2), 104-108.



Clinical Frailty Scale

1. **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

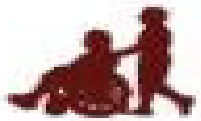
2. **Well** – People who have no active disease symptoms but are less fit than Category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3. **Managing Well** – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4. **Vulnerable** – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up," and /or being tired during the day.

5. **Mildly Frail** – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6. **Moderately Frail** – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.



7. **Severely Frail** – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8. **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. **Terminally Ill** – Approaching the end of life. This category applies to people with a life expectancy < 6 months, who are not otherwise evidently frail.

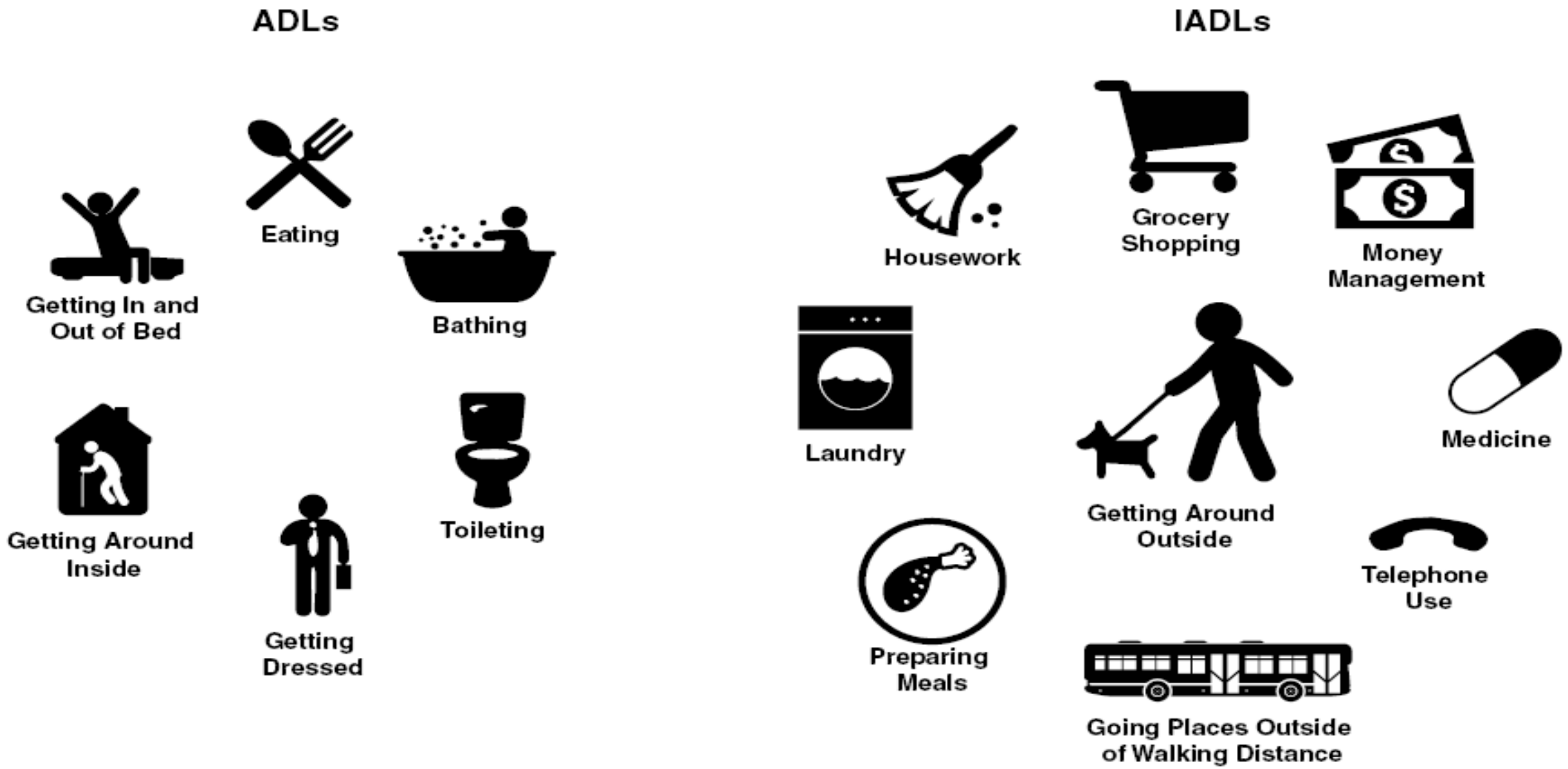
Where dementia is present, the degree of frailty usually corresponds to the degree of dementia:

- **Mild dementia** – includes forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.
- **Moderate dementia** – recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.
- **Severe dementia** – they cannot do personal care without help.

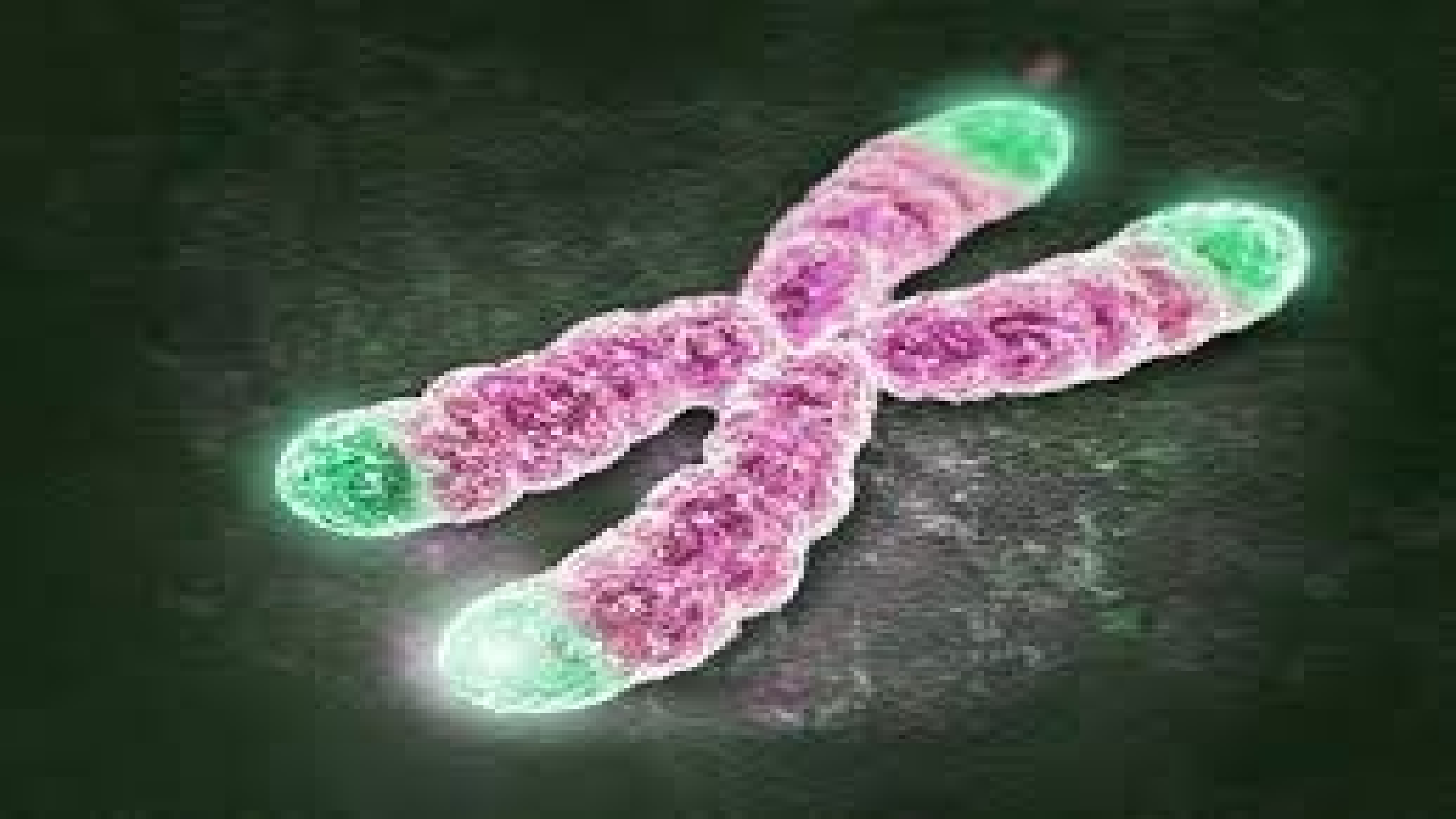
K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489–495

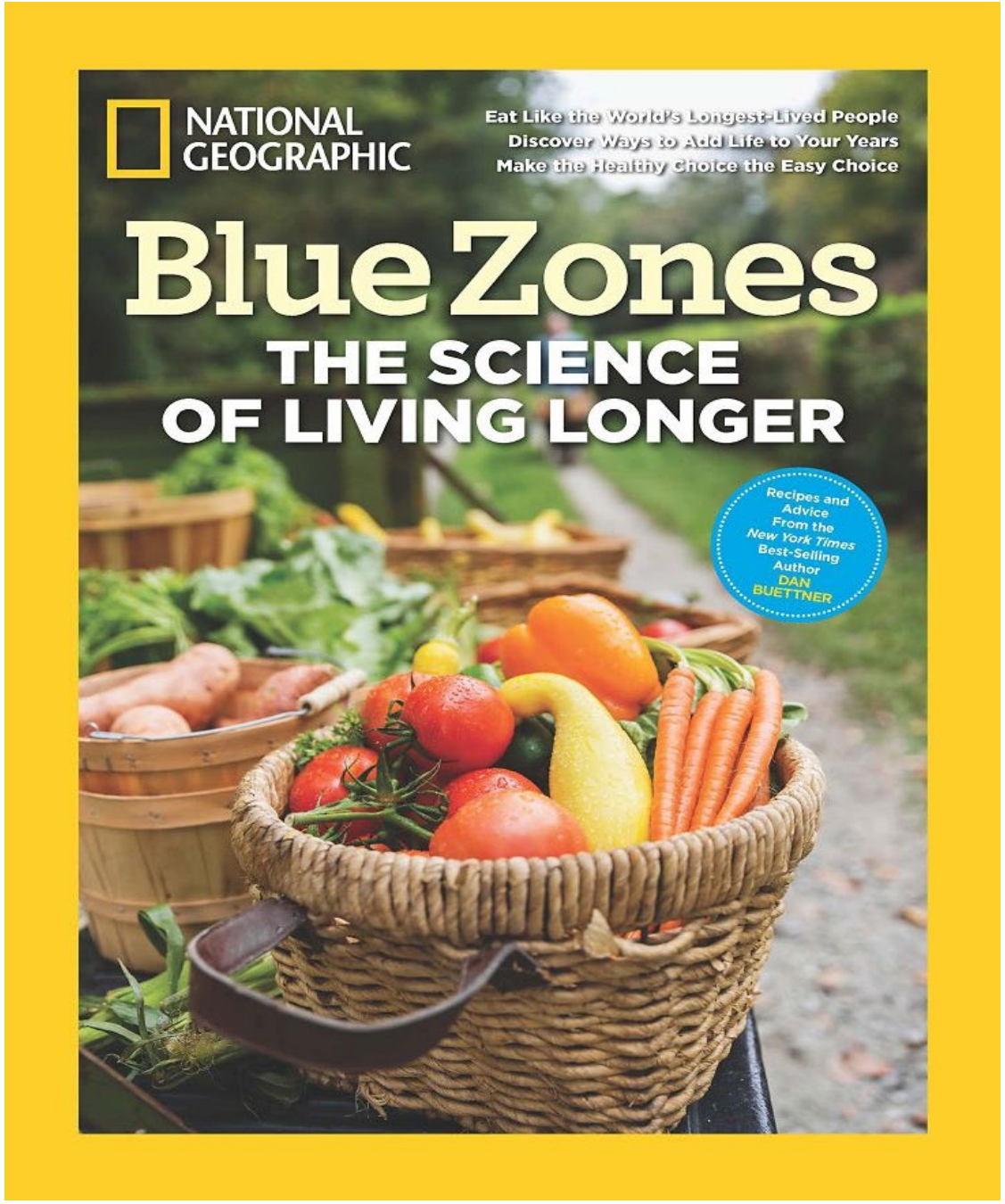
Figure 1

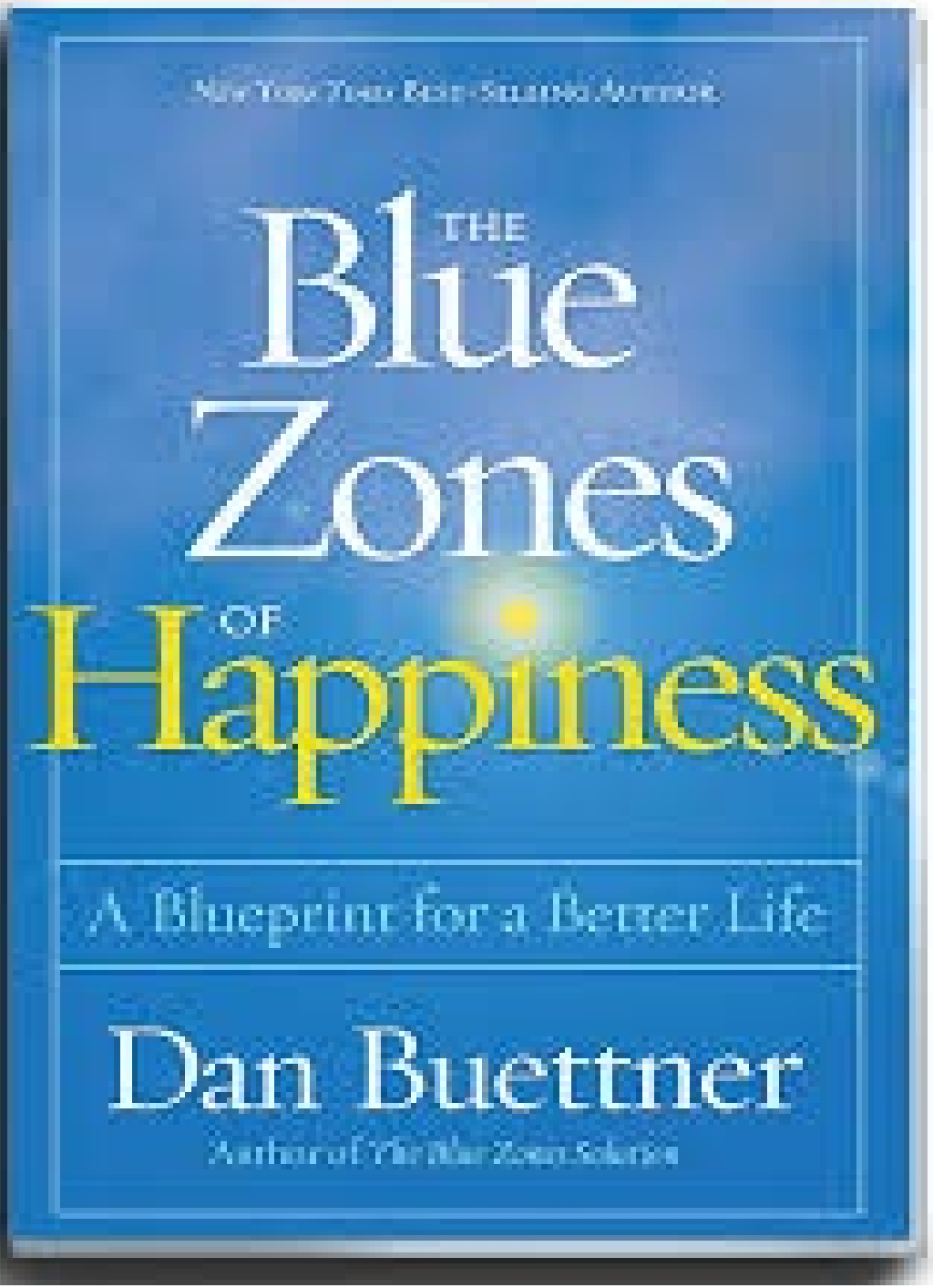
Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)



- **Co-Designed with our Patient Family & Advisory Council**
- **Multiple Services Co-Located on a unified platform**
- **90 minute visits, with an interdisciplinary team**




NATIONAL GEOGRAPHIC
Eat Like the World's Longest-Lived People
Discover Ways to Add Life to Your Years
Make the Healthy Choice the Easy Choice
Blue Zones
THE SCIENCE OF LIVING LONGER
Recipes and Advice From the New York Times Best-Selling Author DAN BUETTNER


New York Times Best-Selling Author
The Blue Zones of Happiness
A Blueprint for a Better Life
Dan Buettner
Author of The Blue Zones Solution


LOMA LINDA
CALIFORNIA
SARDINIA
ITALY
ICARIA
GREECE
OKINAWA
JAPAN
NICOYA
COSTA RICA
BLUE ZONES
LONGEVITY HOTSPOTS
BLUE ZONE LIFE LESSONS
MOVE NATURALLY
RIGHT TRIBE
RIGHT OUTLOOK
EAT WISELY

Characteristics Common to the Blue Zones

1. Move Naturally

Right Outlook

2. Know your purpose
3. Down shift

Eat Wisely

4. 80% rule
5. Plant slant
6. Wine@5

Belong

7. Family first
8. Belong
9. Right tribe

The FINGER Trial – Ngandu et al. Lancet 2015

Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability

STUDY DESIGN	Proof of Concept Randomized Controlled Trial
Target Population	Population aged 60-77 with cognition at mean or slightly lower than expected for age at 6 centers across Finland over 2 years
Primary Outcome	Comprehensive Neuropsychological Battery (NBT) Z Score (Composite of 14 cognitive tests)
Analysis	Modified Intention to Treat
Intervention	Multi-Domain: I. Nutritional II. Physical Exercise III. Cognitive Training IV. Monitoring & Management of .vascular risk factors
Results	Between group difference change in NBT score per year 0.022 (CI 0.002-0.42)p=0.03

The FINGER Trial II – Ngandu et al. Lancet 2015
Finnish Geriatric Intervention Study to Prevent Cognitive Impairment & Disability

Highlights
72 % adherence to all 4 domains
Improvement on NTB Total score after 24 months 25% higher intervention vs. control (p=0.03)
Executive function 83 % higher intervention vs. control (p=0.039)
Processing speed 150% greater intervention vs. control (p=0.029)

4M Geriatrics Clinical Focus

Mentation

Mobility

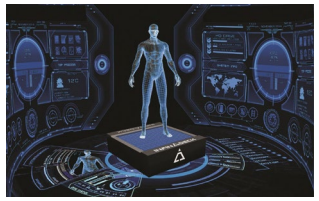
Medications

What Matters Most

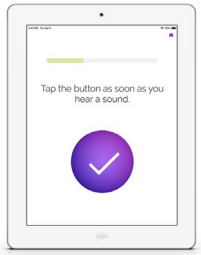
Age-Friendly Health Systems: The "4 Ms"

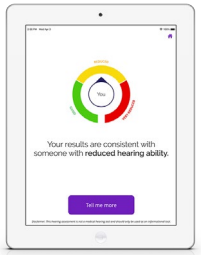
The "4Ms"	Description
What Matters	Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to end-of-life, and across settings of care
Medication	If medications are necessary, use Age-Friendly medications that do not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care
Mentation	Prevent, identify, treat, and manage dementia, depression, and delirium across care settings of care
Mobility	Ensure that older adults move safely every day to maintain function and do What Matters

Cleveland Clinic Successful Aging “4 M” Innovation

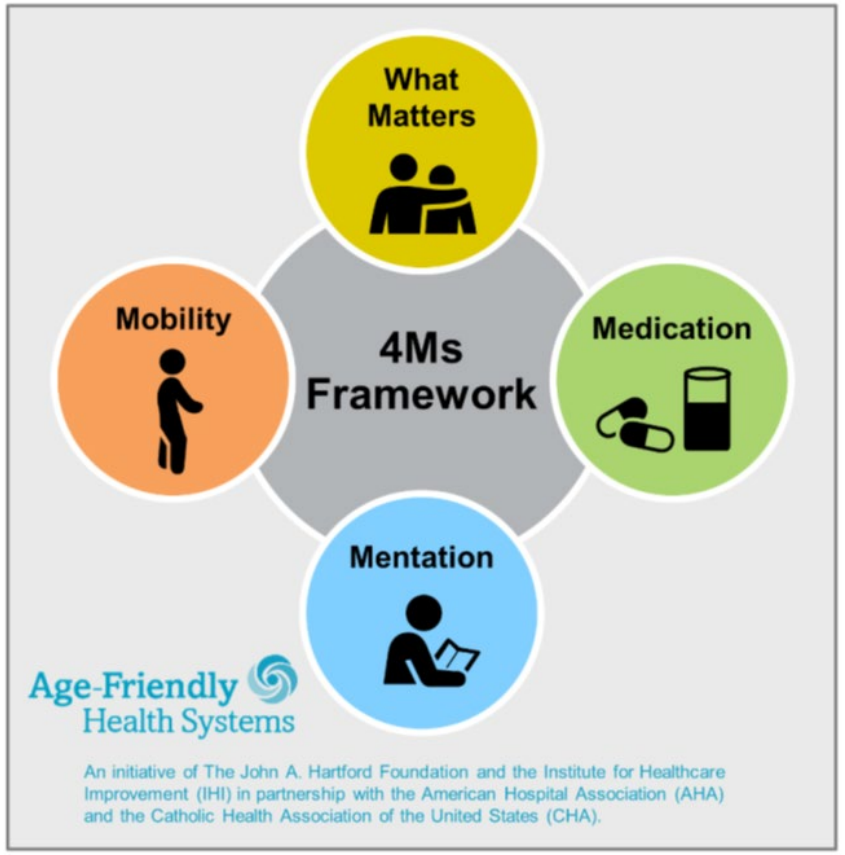


Artificial Intelligence-Based Cognitive Assessment

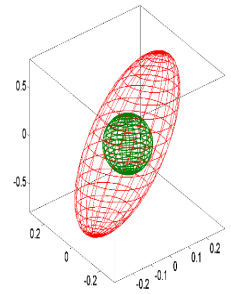


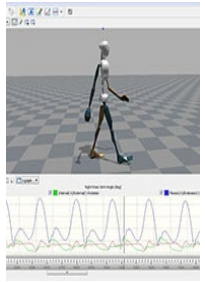


Technology Platform-Based Audiology Screening



Virtual Frailty Analysis

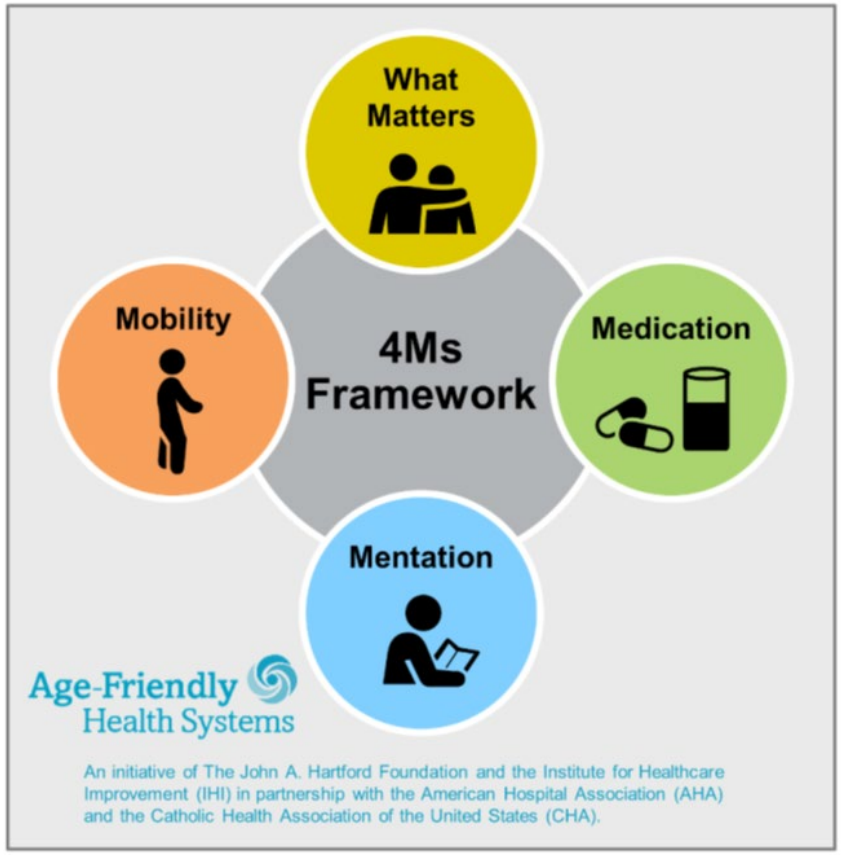




Cleveland Clinic Successful Aging “4 M” Innovation

Deprescribing

Pharmacogenomics



Robotic Pet Therapy

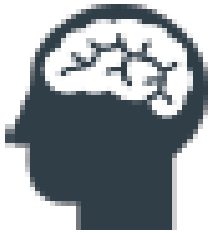
Yale University

“Practical” Dementia Pathway

Lifestyle vascular modification/cognitive training -F.I.N.G.E.R -R.C.T (Ngandu et al-Lancet 2015 JAMA Neurology 2018)

EINSTEIN
Albert Einstein College of Medicine

Aging Brain Home Model: Montefiore



Shared Medical Appointments (S.M.As) supporting patients / families in determining optimal care setting

Behavioral Symptom management, Driving Discussion / OT Referrals/ Elder Abuse Screens

Partnership with Alzheimer’s Association

alzheimer's association
Central Ohio Chapter

Mentation

Successful Aging Community / Social Prescribing Coalition I

BENJAMIN ROSE INSTITUTE ON AGING
SERVICE • RESEARCH • ADVOCACY

NUTRITION SOLUTION

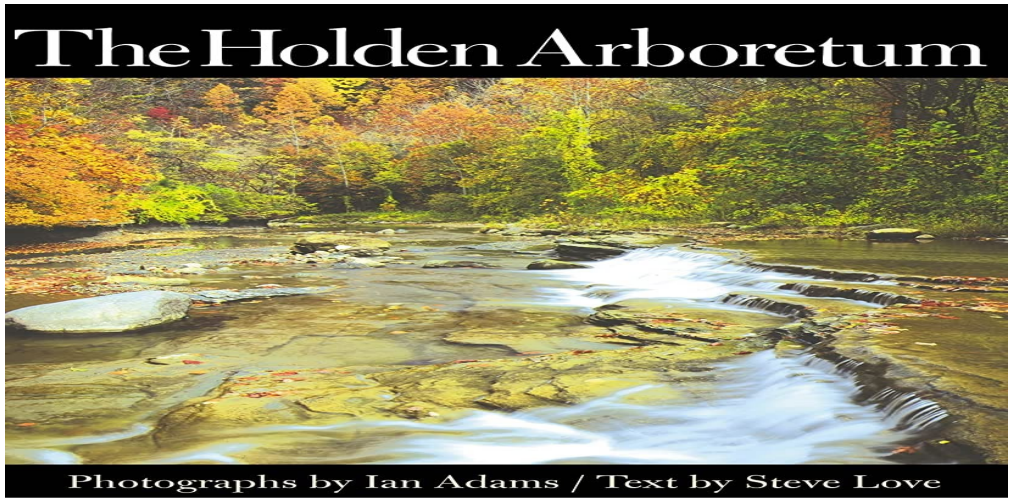
Social Determinants of Health

alzheimer's association®

Caregiver Support

Western Reserve
Area Agency on Aging

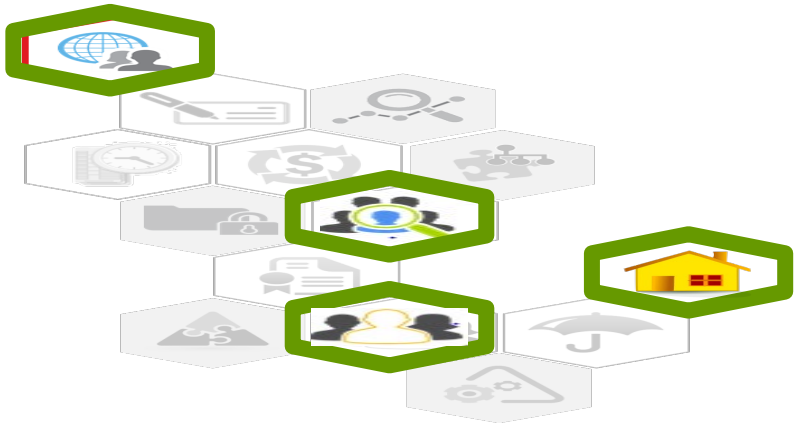
Successful Aging Community / Social Prescribing Coalition II



Arts & Medicine

HOLDEN
arboretum
HOLDEN FORESTS & GARDENS

Carolyn L. Farrell Foundation
at the
Center
FOR
ARTFUL
Living



Successful Aging Program focuses on Practical Advice to every day challenges for Patients & Families

Home Services

- Medical
- Non Medical
- Hospice
- Care Management
- Aging In Place/Safety Assessment
- Remodelers
- Medical Equipment/Supplies
- Food Services
- Companionship

Financial, Legal, Insurance

- Estate Planning
- Wills
- Trusts
- Special Needs Planning
- Powers of Attorney
- Directives
- Long Term Insurance
- Guardianships
- Medicaid Planning and Applications
- Medicare Planning
- Financial Planning

Transportation & Housing Options

- Community Transportation Services
- Senior Subsidized Housing
- Independent Living
- Assisted Living
- Memory Care
- Continuing Care Communities
- Adult Day Care
- Skilled Nursing Care/Nursing Home
- Safely Staying At Home
- Senior Living Referral and Placement Services

Negotiated Partnerships with Regional Allies

DSAS
CUYAHOGA COUNTY DIVISION OF SENIOR AND ADULT SERVICES
Services and Solutions for Better Living

8 Senior Centers serving
3 Zip Codes with Highest ADI

Simply Virtual

Virtual "kiosks"
IT support for My Chart Access
Internet availability

HomeFit
Equity by Design
AARP Real Possibilities

"Home Fit" program to renovate homes for fall safety

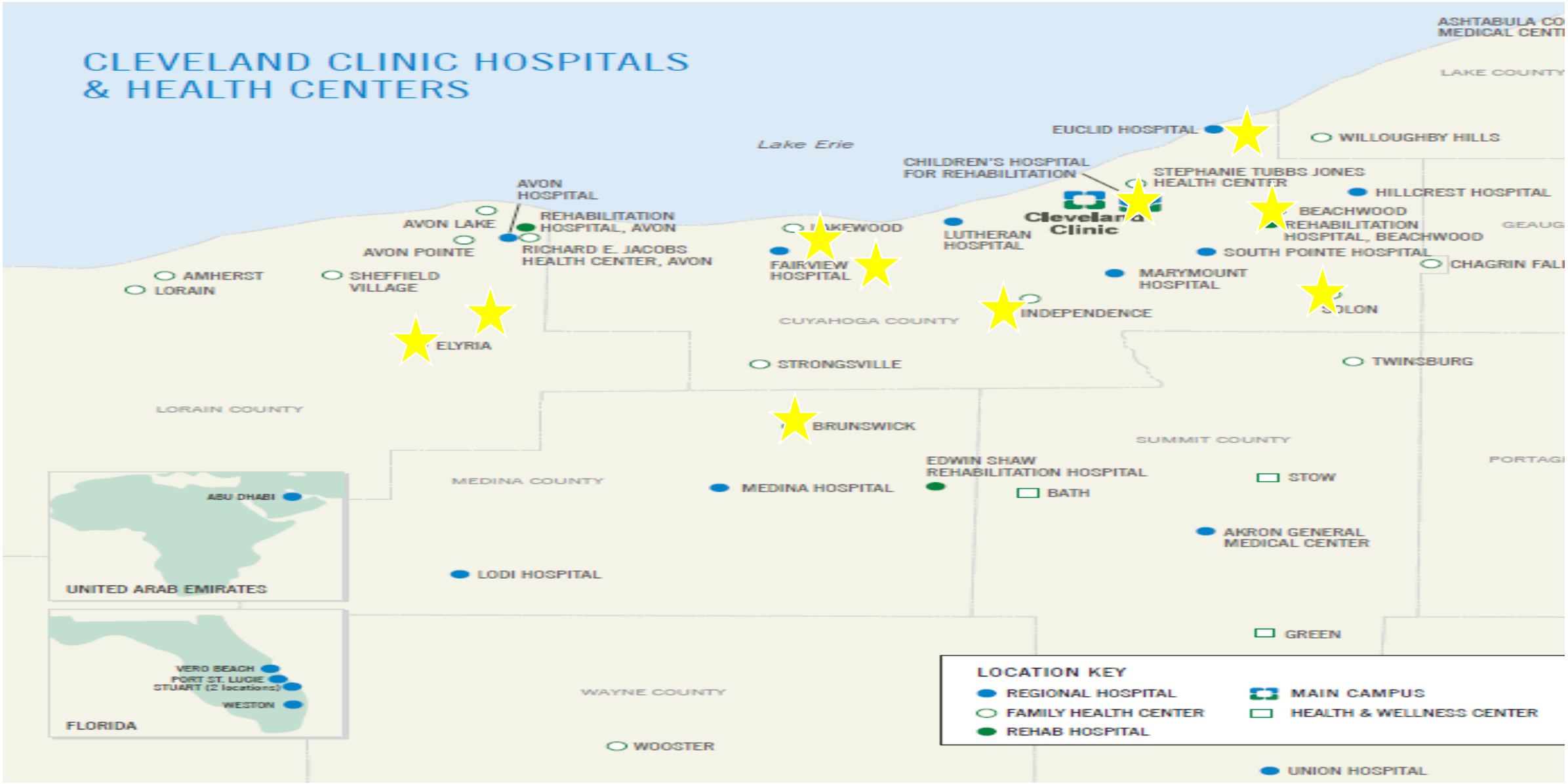
BENJAMIN ROSE INSTITUTE ON AGING
SERVICE • RESEARCH • ADVOCACY

Commitment: Dedicated Liaison for
CGM SDH Bundle:
Nutrition, Housing & Caregiver solutions

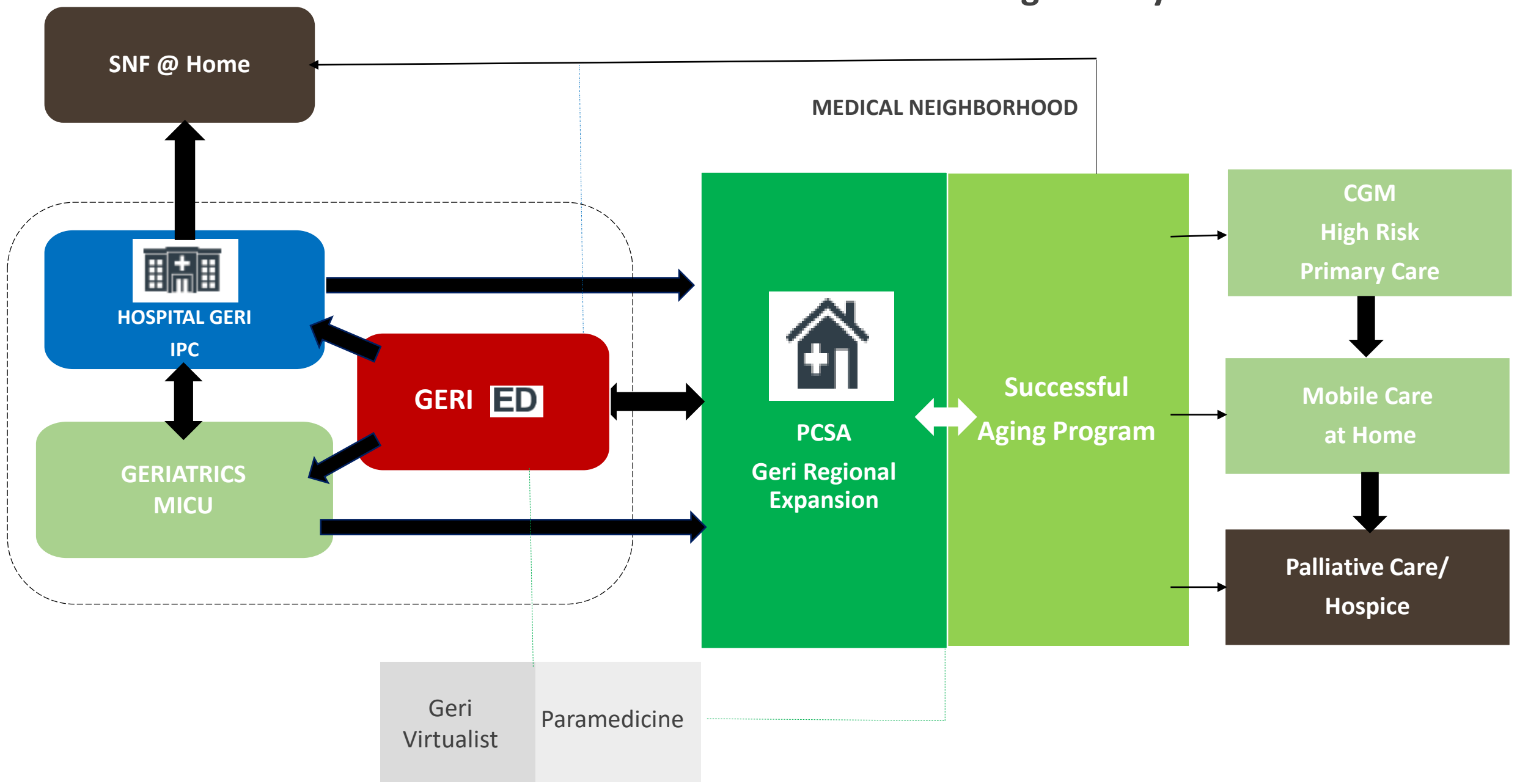
alzheimer's association

Prioritized Caregiver Support
Programs – Virtual & In person

Center for Geriatric Medicine (CGM) Outpatient Locations



Cross Continuum CC Geriatrics Navigation System



Challenge: The Swiss Cheese Model from referral to implementation

Examples of Implicit Bias: Clinical Realm
Intersection: Race, Age & Socioeconomic status

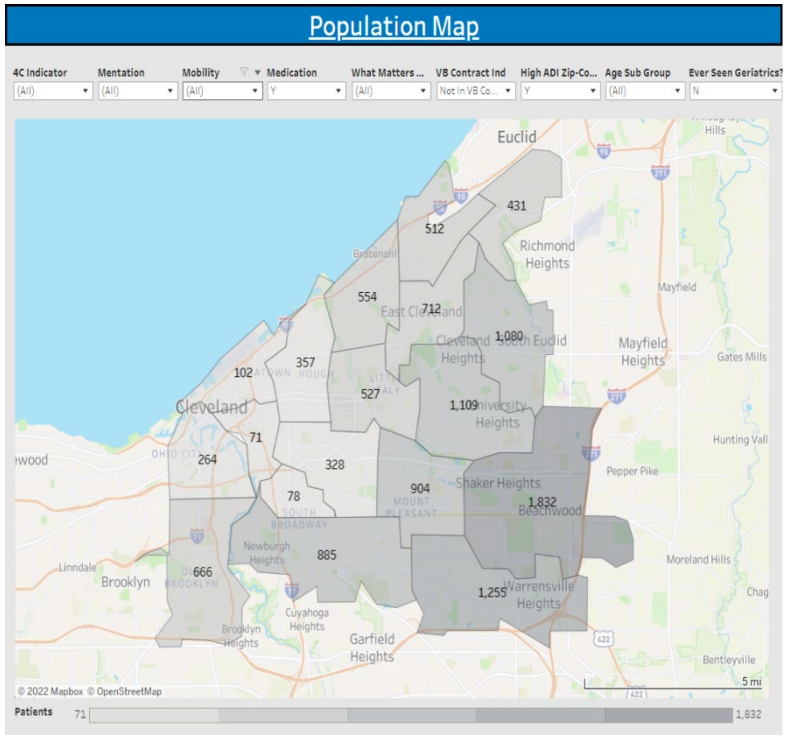
- Structural Inequities, Social Determinants of Health (SDH) and **Inequities in Healthcare Access**

- **Area Deprivation Index (ADI):** Created by HRSA, refined by Dr. Amy Kind (U. of Wisconsin):

- Allows for neighborhood mapping of socioeconomic disadvantage by zip code

- Includes income, education, employment, and housing quality domains

Cleveland Clinic Electronic
Age Friendly 4M Dashboard

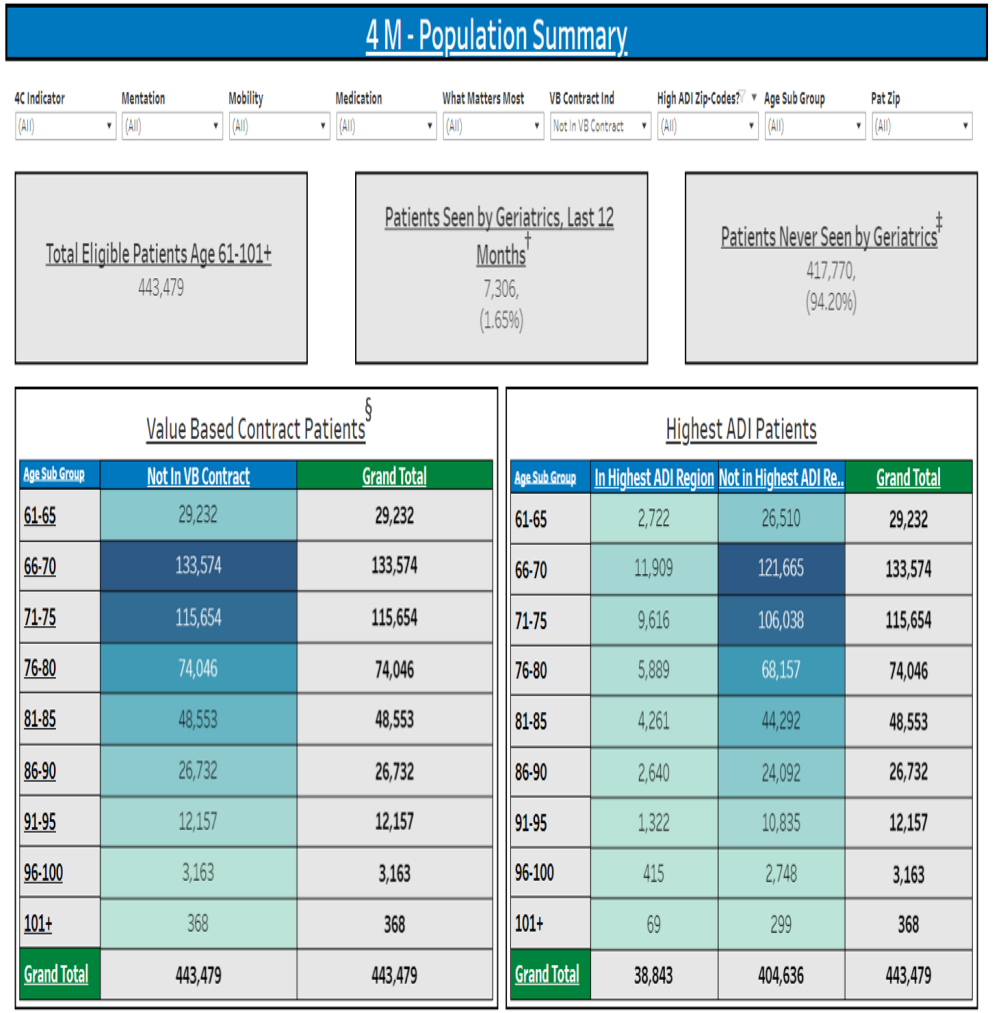


Geospatial Heat Map

# of Older Patients seen at the Cleveland Clinic (CC) over last 5 years mapped by zip codes of highest vs. non highest ADI

Examples of Implicit Bias: Clinical Realm
Intersection: Race, Age & Socioeconomic status

- 438,146 CC older patients seen over last 5 years
- 83.2 % Caucasian; **10.03 % African American**
- **Overall, 94 % had never seen Geriatrics**
- **54.11 % African American in Highest ADI** vs. 5.85 % in non highest ADI zip codes
- **CC Electronic Age Friendly 4 M Dashboard:**
  - **Geospatial localization of older adults with 4 M Clinical & SDH need by zip code & Outreach to address these gaps**



4 M - Population Summary

4C Indicator: (All) | Mentation: (All) | Mobility: (All) | Medication: (All) | What Matters Most: (All) | VB Contract Ind: Not in VB Contract | High ADI Zip-Codes?: (All) | Age Sub Group: (All) | Pat Zip: (All)

Total Eligible Patients Age 61-101+	Patients Seen by Geriatrics, Last 12 Months†	Patients Never Seen by Geriatrics‡
443,479	7,306, (1.65%)	417,770, (94.20%)

Value Based Contract Patients§

Age Sub Group	Not In VB Contract	Grand Total
61-65	29,232	29,232
66-70	133,574	133,574
71-75	115,654	115,654
76-80	74,046	74,046
81-85	48,553	48,553
86-90	26,732	26,732
91-95	12,157	12,157
96-100	3,163	3,163
101+	368	368
Grand Total	443,479	443,479

Highest ADI Patients

Age Sub Group	In Highest ADI Region	Not in Highest ADI Re..	Grand Total
61-65	2,722	26,510	29,232
66-70	11,909	121,665	133,574
71-75	9,616	106,038	115,654
76-80	5,889	68,157	74,046
81-85	4,261	44,292	48,553
86-90	2,640	24,092	26,732
91-95	1,322	10,835	12,157
96-100	415	2,748	3,163
101+	69	299	368
Grand Total	38,843	404,636	443,479

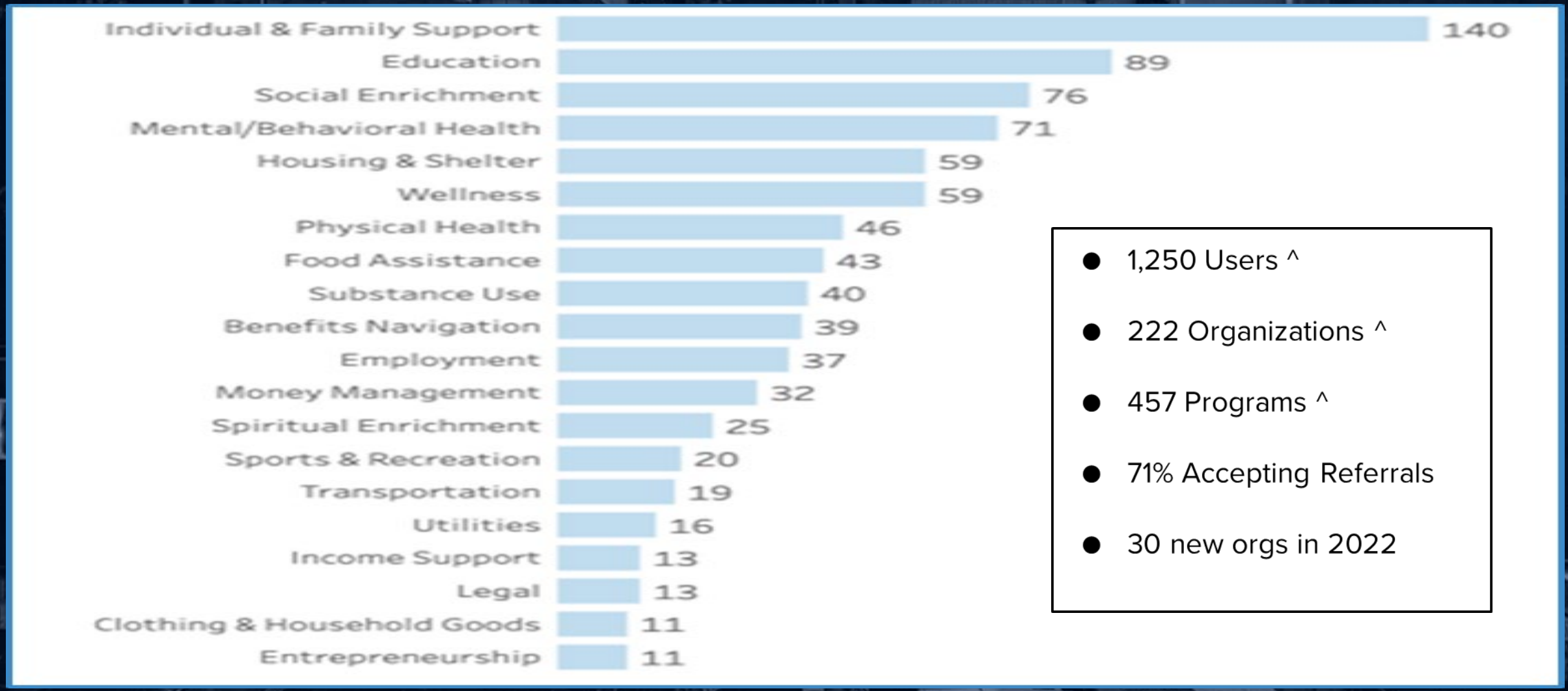
Cleveland Clinic Electronic Age Friendly 4M Dashboard

CC Geriatric Emergency Needs Assessment (GENA)

- Led by CCF Geriatrician Dr. Kenneth Koncilja with 90 medical trainees
- A **Telephonic** Outreach program to identify and address clinical & SDH Care gaps
- **4,000** vulnerable home bound older adults connected with **in 3 months**
- **Addressed:**
  - **(i) Clinical & home care needs**
  - **(ii) Medication delivery**
  - **(iii) Food insecurity**
  - **(iv) Elder abuse**
  - **(v) public health awareness**
  - **(vi) home hospice needs**
- Age Friendly Virtual Curriculum for trainees

UNITE US

Northeast Ohio Programs by Service Type



- 1,250 Users ^
- 222 Organizations ^
- 457 Programs ^
- 71% Accepting Referrals
- 30 new orgs in 2022

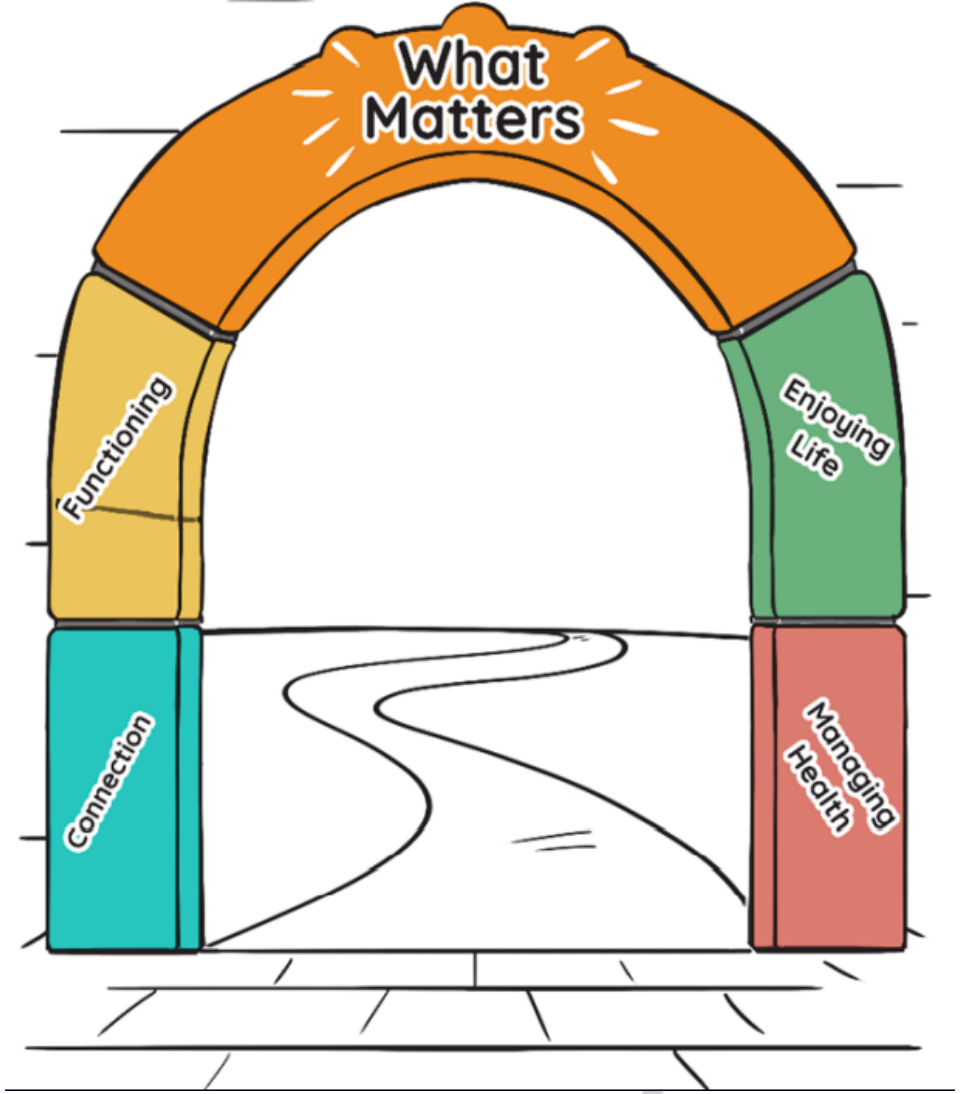
Geriatrics
Patient & Family
Caregiver Support Guide

Cleveland Clinic

Matters Most

arison of Traditional Disease-Specific and Goal-Oriented Outcomes.*

Measurement Domain	Examples of Diseases	Traditional Outcomes	Goal-Oriented Outcomes
Survival	Cancer, heart failure	Overall, disease-specific, and disease-free survival	None if survival not a high-priority goal; survival until personal milestones are met (e.g., grandchild's wedding)
Biomarkers	Diabetes, COPD	Change in indicators of disease activity (e.g., glycated hemoglobin level, CRP level, and pulmonary-function tests)	None (not a meaningful outcome observed or felt by patient)
Signs and symptoms	Heart failure, COPD, arthritis	Inventory of disease-specific signs and symptoms (e.g., dyspnea, edema, and back pain)	Symptoms that have been identified as important by the patient (e.g., control of dyspnea or pain sufficient to perform an activity such as bowling or walking grandchild to school)
Functional status, including mobility	Cancer, heart failure, COPD	Usually none or disease-specific (e.g., Karnofsky score, NYHA functional classification, and 6-minute walk test)	Ability to complete or compensate for inability to complete specific tasks identified as important by the patient (e.g., ability to get dressed without help)



N ENGL J MED 366;9 NEJM.ORG MARCH 1, 2012

Perspective

MARCH 1, 2012

Goal-Oriented Patient Care — An Alternative Health Outcomes Paradigm

David B. Reuben, M.D., and Mary E. Tinetti, M.D.

Patient Priorities Care (PPC) Current Care Planning vs. Advanced Care Planning (ACP)

Received: 9 February 2022 | Accepted: 18 February 2022

DOI: 10.1111/jgs.17727

EDITORIAL

Journal of the American Geriatrics Society

Should we still believe in advance care planning?

Viewpoint

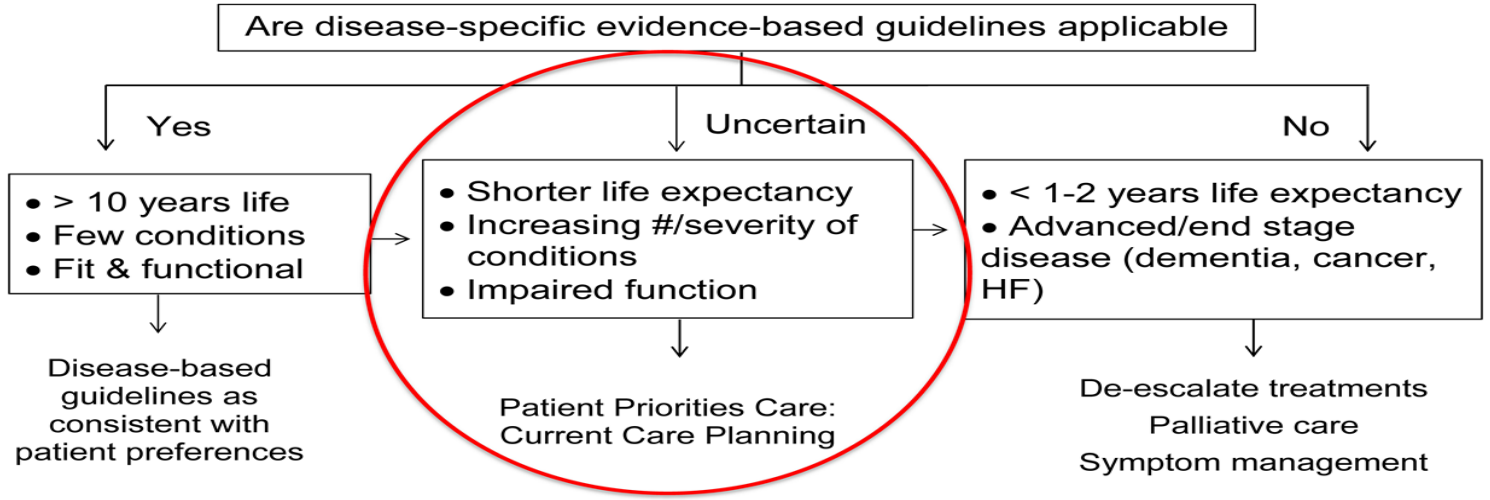
October 8, 2021

JAMA Network

What's Wrong With Advance Care Planning?

R. Sean Morrison, MD[1,2]; Diane E. Meier, MD[1]; Robert M. Arnold, MD[3]

Decision-making and care of older adults with multiple chronic conditions



Balancing
Multiple Chronic Comorbidities

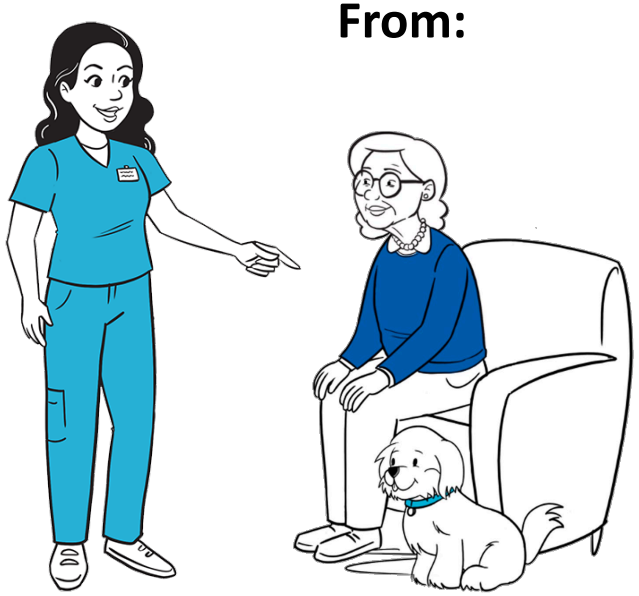
Balancing MCC

MCC Older Adult Exclusion

Patient Priorities Care

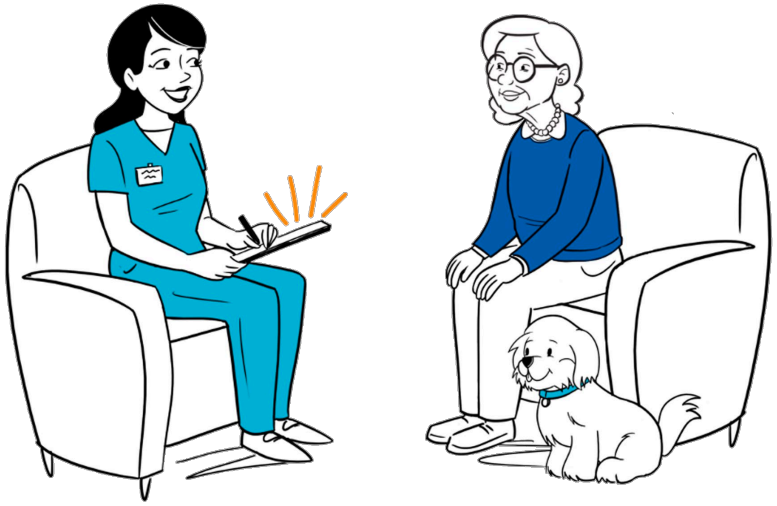
moves decision-making and conversation

From:



"You need (fill in treatment) for your (fill in disease)."

To:



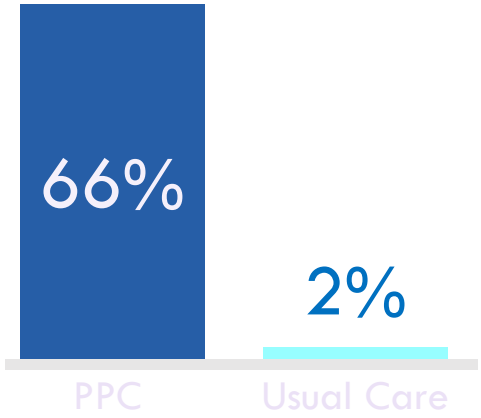
"Knowing your health conditions, your overall health, and what matters most to you, I suggest we try (fill in care option)."

what we know so far…

Patient priorities aligned care is effective

Compared with usual care, PPC is associated with…

Focus on patient's goals



↓ Unwanted care

- ✓ Medications stopped (2-3x less)
- ✓ Tests ordered (~30% fewer)
- ✓ Self-management added (30% fewer)

↓ Treatment burden
(TBQ; p=0.04)

Tinetti, et al. JAMA Int Med, 2019

SP: A Personal Journey

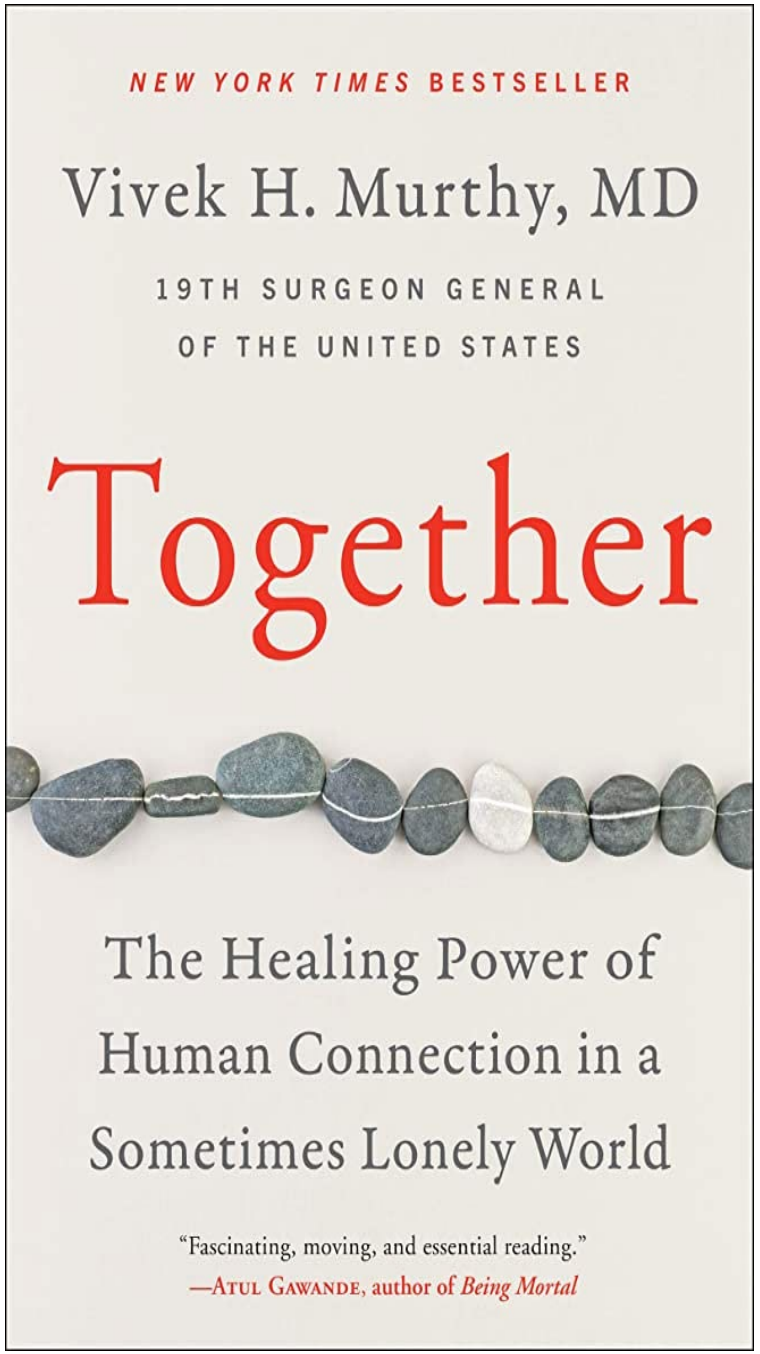
- Social Prescribing without knowing it!

Prescribing Culture, Community, and Connection

SOCIAL PRESCRIBING CAN BOLSTER MENTAL AND PHYSICAL HEALTH

BY RACHEL CHEN

It took two years and nearly 50 emergency-room visits for Dr. Ardeshir Hashmi to realize he didn't need to prescribe pills for his 93-year-old patient's excruciating chest pains. He needed to prescribe ballroom dance.



Loneliness can present as great a mortality risk as smoking 15 cigarettes a day

100 YEARS

Cleveland Clinic

NATIONAL & INTERNATIONAL LOCATIONS

Cleveland Clinic

Cleveland Clinic

100 YEARS

EST. 1921

THE FUTURE OF HEALTHCARE SINCE 1921

EVMS Eastern Virginia Medical School | Community focus. World impact.

Closing of 2023 Community Lecture

Cynthia C. Romero, MD, FAAFP

Director, M. Foscue Brock Institute for Community & Global Health
Professor, Family and Community Medicine
Eastern Virginia Medical School

EVMS Eastern Virginia Medical School | Community focus. World impact.

Event Evaluations

Please complete virtual event surveys!

Links & Information will emailed following the lecture:

1) **Conference Evaluation**
   - Sent from BrockInstitute@evms.edu
   - Assists the planning committee on future educational and community engagement events.

2) **CME & CE Evaluation (If applicable)**
   - Eastern Virginia Medical School designates this live activity for a maximum of *1.5 AMA PRA Category 1 Credits*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.
   - **An attestation survey will be sent via Survey Monkey following the conference**. In order to receive CME credits, you must complete the survey. Once the survey is complete you will receive an electronic certificate. If you have any questions regarding the attestation process, please contact EVMS CME at 757-446-6140.

EVMS Eastern Virginia Medical School | Community focus. World impact.

Additional Follow-Ups

1) **Recording of the Event**
   - The Brock Institute team will edit today's recording and prepare for posting via EVMS YouTube. This will be made available to all attendees after the event, as well as posted on the Brock Institute website.
   - You can see past Brock Institute – Glennan Center Community Lecture and Grand Round Presentations here: https://www.evms.edu/community/brock_institute/events_and_activities_/brock_institute_glennan_lecture/

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Questions or Comments?

Contact the Brock Institute

BrockInstitute@evms.edu

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