



Ethnogeriatric Imperative: Current and Implications: A Call for Action

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Disclosures

- n Horizon Healthcare Services, Inc. Pharmacy & Therapeutics Committee (P&T)
- n Medicare Evidence Development & Coverage Advisory Committee (MEDCAC)



Questions to be discussed

- n Why is ethnogeriatrics important?
- n How does this relate to research on Healthy Aging, specifically the Medicare Annual Wellness Visit (AWV)?
- n How dose this relate to the New Jersey Alzheimer's Disease Study Commission Report 2016?
- n What are next steps?



Ethnogeriatrics & Demographics

n Definition:

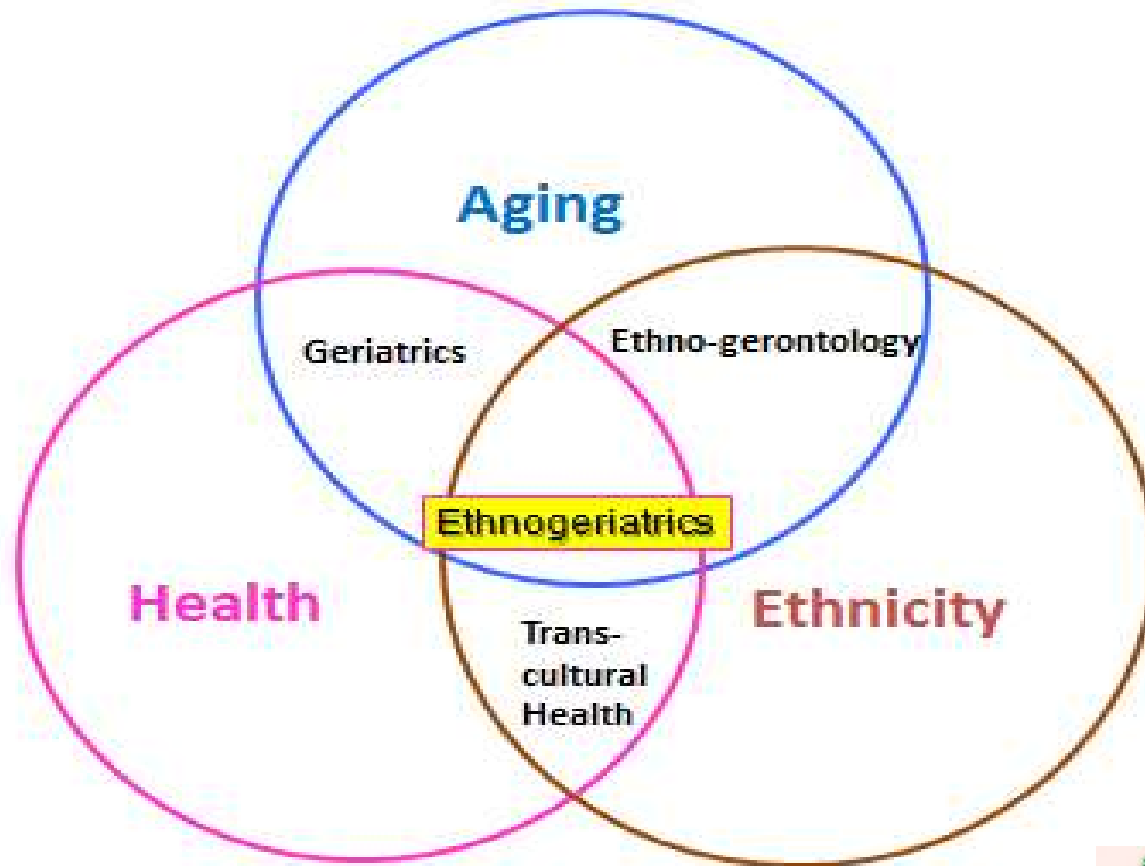
- A subspecialty in gerontology/geriatrics that focus on the interrelatedness of aging, health and culture particularly for older adults from diverse ethnic/racial communities.

n Demographics:

- Increasing numbers of elders from diverse ethnic backgrounds
- One-third of the U.S population 65+ are projected to be from one of the four minority categories
- Vast diversity within ethnic minority and majority populations

Ethnogeriatrics

Sources of Scientific Knowledge





Challenges to High Quality Ethnogeriatrics care

- n Disparities in health status and health care
- n Differences in acculturation level and other characteristics within the populations
- n Language and limited English proficiency
- n Health literacy
- n Culturally defined health beliefs
- n Beliefs and preferences about long term care and end of life care

Improving High Quality Ethnogeriatrics Care

- n Incorporation of the 15 Culturally and Linguistically Appropriate Services (CLAS)
 - Ethnogeriatric training programs
 - Community health workers to increase access
 - Language services
 - Ethnic specific foods
 - Collection of race and ethnicity data
 - Communication in progress to stakeholders on implementation and sustaining





Rutgers Health- Center for Healthy Aging at Monroe (CHAM)

- n Geriatricians: Department of Family Medicine and Community Health & Department of General Internal Medicine RWJMS
- n Provide primary geriatric medical care and comprehensive geriatric assessments/consults
- n Memory/Dementia Evaluations with Rutgers University Behavioral Health Care - Comprehensive Services on Aging (COPSA)
- n Geriatric Fellowship Program
- n Parker Nursing Home

Rutgers Health- Center for Healthy Aging at Monroe (CHAM)



Providing advanced diagnosis and treatment of conditions affecting older adults

As people age, their health care needs typically become more varied and complex. At the **Center for Healthy Aging at Monroe**, we specialize in anticipating and meeting the needs of older adults, with comprehensive care to address life's evolving challenges.

We provide primary geriatric medical care and consultative specialty services for disease prevention and health promotion, treatment of illness, and proactive management of multiple chronic conditions, and have a special focus on dementia care. In addition to outpatient care at our conveniently located Monroe office, our clinicians provide after-hours coverage for unexpected health events. We work closely with hospitals and other health providers in the event you require inpatient care. And, our geriatric practice uses e-Prescribing and a secure electronic health record integrated across the medical group's other specialties.

Our primary affiliated hospital is Robert Wood Johnson University Hospital in New Brunswick, an RWJBarnabas Health facility.

RUTGERS HEALTH

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Our practice is a proud part of **Rutgers Health**, the clinical arm of Rutgers, The State University of New Jersey.

Rutgers Health is the most comprehensive academic health care provider in New Jersey, offering a breadth of accessible clinical care throughout the state supported by the latest in medical research and education. Rutgers Health connects health care providers across disciplines, including doctors, nurses, dentists, physician assistants, pharmacists, social workers, and behavioral health and addiction professionals, with a single focus: helping people and populations get well and stay well by delivering consistent, coordinated, value-based health care.



**Center for Healthy Aging
at Monroe**
Geriatric Medicine

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Health. Discovery. Revolution.

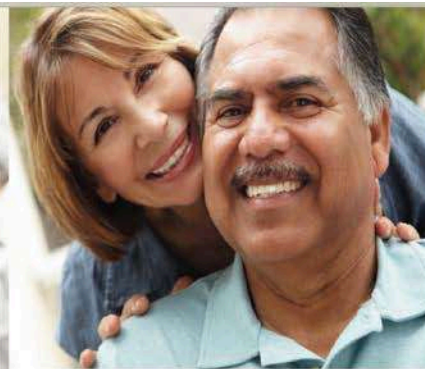
Rutgers, The State University of New Jersey

Rutgers Health- Center for Healthy Aging at Monroe (CHAM)



Patient-centered care,
specializing in the advanced
health needs of older adults

We are committed to providing care that is compassionate, respectful and state-of-the-art. We take a holistic



The Expertise You Need

Our program is led by highly trained, board-certified geriatricians from the Department of Family Medicine and Community Health and the Division of General Internal Medicine at Rutgers Robert Wood Johnson Medical School. Geriatricians are physicians who have completed core training in a primary medicine field, such as family medicine or internal medicine, and then gone on to specialize in the care of older adults through additional years of fellowship training in geriatrics.

Other physicians affiliated with the Center for Healthy Aging at Monroe have special expertise in such subspecialties as cardiology, vascular surgery, gynecology and urology.

Primary Geriatric Medical Care

- Ambulatory visits
- Assisted living facility/nursing home visits
- Welcome to Medicare visits
- Medicare Annual Wellness Visits
- Preventive care
- Chronic health conditions

Comprehensive Geriatric Assessment/ Consultative Services

- Dementia/memory loss
- Depression/anxiety
- Falls/mobility
- Nutrition/weight loss
- Advance care planning
- Driving challenges





Healthy Aging Research: Medicare Annual Wellness Visit (AWV)

- n Established by the The Patient Protection and Affordable Care Act (PPACA) of 2010
- n **Purpose** is to create or update a Personalized Prevention Plan Service (PPPS)
- n Medicare Beneficiaries know little about this new benefit and healthcare providers underutilize it.



AWV Elements

- n Establishment of the beneficiary's medical and family history
- n Establishment of a list of current providers, suppliers, and all prescribed medications
- n Measurement of the beneficiary's height, weight, body mass index, and blood pressure
- n Detection of any cognitive impairment
- n Health risk assessment
- n Screening for depression
- n Review of functional ability and level of safety
- n Establishment of a written screening schedule, such as a checklist for the next 5 to 10 years based on recommendations of the United States Preventive Task Force (USPSTF)
- n Provision of personalized health advice to the beneficiary and a referral, as appropriate, to health education or preventive counseling services.
- n Discussion of advance directive, upon agreement of the individual

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/AWV_Chart_ICN905706.pdf



Few Studies – Many Gaps

- n Most likely to receive AWW: White, urban, higher income, female, and 1-2 comorbidities
- n Improved preventive screening rates
- n Minimal impact on detection of cognitive impairment
- n **Socioeconomic disparities in utilization**

- Trends in Use of the AWW 2011-2014 Ganguli, JAMA 2017

- Effectiveness of AWW Accessing Preventive Care 2011-2014 Camcho, J of Primary Care & Community Health 2018

- One-Year Effect of the Medicare Annual Wellness Visit on Detection of Cognitive Impairment: A Cohort Study, Nicole R. Fowler et al. *J of the American Geriatrics Society* 2018



Detection of Any Cognitive Impairment

- n Assessment of an individual's cognitive function by direct observation, with due consideration of information obtained by way of patient reports and concerns raised by family members, friends, caretakers, and others



Detection of Cognitive Impairment

- n No data on operationalization
- n Lack of understanding of tools used to assess cognitive function and potential lack of standardization
- n Lack of knowledge and training
- n Providers availability and time
- n Incorporation of Health IT application



New Jersey Alzheimer's Disease Study Commission Report 2016

- n Growing diversity among the aging population
- n Served as Geriatrician member of the Commission
- n Goal was to study the current issues in New Jersey associated with Alzheimer's disease and to comprehensively assess the needs of residents related to the state infrastructure of services for the disease.

<https://www.state.nj.us/humanservices/news/reports/DAS%20-%20Alz%20Report%20-%20FINAL.pdf>



New Jersey Alzheimer's Disease Study Commission Report 2016

n Methods:

- Listening sessions, written input, and web based survey

n Results: common themes emerged

- Increase awareness and reducing stigma
- Need for a healthcare workforce trained in caring for patients with the disease
- Importance of family members as caregivers
- Public safety concerns
- Financial challenges



New Jersey Alzheimer's Disease Study Commission Report 2016

- n From a population health stand point
 - How important is it to address social determinants of health?
 - How important is it for us to address transitions of care and care coordination?
 - Which patients are most likely to be readmitted within the first 30 days after hospital readmissions?
 - Which patients are most likely to be readmitted in the next 12 months?
 - How many Emergency Department visits will these patients likely make in the next 12 months?



Next Steps & Opportunities for Collaboration

n Current research

- Writing R21 NIA AWW Data Analysis Plan
 - Detailed patient and provider characteristics using claims data and Medicare Current Beneficiary Survey (MCBS) to elicit more information
 - Medical chart review on detection of cognitive impairment element
- Other opportunities exist here to explore other elements; depression, preventive services, chronic diseases, advance directives, and others.



Next Steps & Opportunities for Collaboration

- n New Jersey Alzheimer's Disease Study Commission Report 2016
 - Multiple goals/strategies proposed for future research
 - Potential Funding Sources
 - Foundation Grants
 - Alzheimer's Association



Questions and Comments

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