

# GERIATRICS COMES OF AGE:

Preparing to Care for an Aging Population



While downsizing appears to be the new normal in America, one sector of the economy is experiencing unprecedented growth. Health care is expected to create 3.2 million jobs by 2018 — more than any other industry, according to the Bureau of Labor Statistics. This boom is precipitated by the simple fact that Americans are getting older. Each day, 10,000 baby boomers turn 65. By 2030, older adults will make up 20 percent of the population.

Aging is expected to have a profound impact on both the demand for healthcare services and the way they are delivered. The Centers for Disease Control estimates that chronic conditions account for 75 percent of all healthcare costs and that 80 percent of older adults have at least one chronic condition. These numbers will rise sharply unless better strategies are developed to prevent and manage chronic disease.

The healthcare industry must also respond to the changing character of older adults. Compared to previous generations, baby boomers are educated, active and well informed about health matters. “Thirty years ago, older adults typically did not ask questions of the doctor or therapist about their plan of care,” says Catherine V. Piersol, MS, OTR/L, clinical director of Jefferson Elder Care. “This population is different. They want to participate in their care.”

While research shows they have specialized needs, older adults in healthcare settings are often treated similarly to younger adults. “There isn’t a great understanding behind the vast amount of evidence that supports geriatric rehabilitation and what is considered normal and abnormal aging,” says Tim Fox, PT, GCS, MS ’95, DPT ’08, CEO of Fox Rehabilitation. “There’s also a sense of ageism — discrimination as far as what practitioners may subjectively feel is an appropriate level of function for an elderly individual, as opposed to using objective tests and measures and referencing normative values to make clinical decisions.”

As a leader in health professions education, Jefferson is preparing students and practitioners for the coming change by pioneering evidence-based programs designed to improve quality of care for older adults. “Jefferson is on the cutting edge,” says Tracey Earland, MS, OTR/L, assistant professor of occupational therapy. “The commitment we’ve placed to increasing students’ knowledge about teamwork in the care of older adults is going to be an asset for the community as a whole.”



Geriatric pharmacist Emily Hajjar, PharmD, BCPS, CGP, reviews medications with patient Myron Heard. Photo by Sabina Pierce.

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– Tim Fox, PT, GCS, MS ’95 and DPT ’08  
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**Opposite page:** OT student Lauren Lovinger works with a patient at the Riverview Home at the Riverview Home in Philadelphia.



Catherine Piersol, MS, OTR/L, assists a JEC client in the home. Photo by Ed Cunicelli.

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Clinical Director of Jefferson Elder Care

## Community-Based Care

In an apartment at Philadelphia’s Riverview Home, an occupational therapy student works with a 75-year-old resident to prepare a simple meal. The patient, who has low vision, uses a black cutting board to safely slice an onion.

The Riverview Home Occupational Therapy Department represents a decade-long partnership between Jefferson and the city. Student therapists sharpen their clinical skills while providing physical activity, education and assistance with the tasks of daily living to an underserved elderly population.

This approach illustrates a growing trend in the care of older adults — the shift from inpatient treatment toward community-based approaches. By providing personalized, proactive care, practitioners can help elders manage chronic conditions and maintain function and independence. “We look at people in the context of where they live — their physical and social environment,” says Arlene Lorch, OTD, OTR/L, CHES, clinical supervisor of the Riverview program. “That’s different from the older model where we just looked at illnesses, problems and disabilities.”

This shift is crucial to meet the complex needs of people living with heart disease, diabetes and other chronic diseases. “We developed a system in the latter part of the twentieth century that was really effective at managing acute problems,” says Christine Arenson, MD, associate professor of family and community medicine in the Division of Geriatric Medicine and Palliative Care. “But we don’t have very good systems in place to support patients and families in the less glamorous, day-to-day grind of managing chronic conditions.”

## Coordination and Communication

Coordination of care is a particular challenge in caring for older patients. Careful communication among patients, providers and caregivers is crucial, especially when elders see multiple providers or move from one setting to another. For many practitioners, this requires involvement beyond a traditional office consultation. “We need to be problem solvers and patient advocates,” says Emily Hajjar, PharmD, BCPS, CGP, assistant professor of pharmacy.

To meet the needs of patients with chronic conditions, Jefferson Family Medicine Associates has adopted the patient-centered medical home model developed by the National Committee on Quality Assurance. Medical homes are primary care practices that provide patient-centered care using a multidisciplinary approach. At Jefferson, each practice employs a guided care nurse who offers support and education to patients and caregivers and coordinates care among providers. Jefferson is one of few health systems to hold the NCQA’s highest level of medical home certification.

The medical home model is also popular among nurse practitioners, who play an important role in caring for local elders. “As nurses, we’re trained to look at the whole person, to communicate and run our practices much like a medical home,” says Jennifer Bellot, RN, PhD, MHSA, assistant professor of nursing, who researches older adults’ use of nurse-managed centers. Philadelphia currently has one of the highest concentrations of such centers in the country.



A health mentor discusses her medical history with a student. Photo by Ed Cunicelli.

## Caring across Disciplines

Once a month, a team of pharmacists, physicians, nurses, social workers, occupational therapists and physical therapists gathers at the Philadelphia Senior Center to assist older adults who are at risk of falling. Patients receive a comprehensive assessment that covers balance, cognitive status, social support and medication safety. Many of these screenings are conducted by Jefferson students as part of their clinical experiences.

Afterward, the team meets to share findings and formulate recommendations. Together, they create a detailed picture of the

patient's functioning and needs. "Our students are participating, which is really exciting," says Earland, who coordinates the falls prevention clinic. "They get practice, feedback and exposure."

Research demonstrates that interprofessional approaches like this one can significantly improve health outcomes for older adults. Jefferson is among the first universities to put this evidence into practice on a large scale. Multidisciplinary teams can be found in many of Jefferson's clinical settings, including the family medicine practice at the Philadelphia Senior Center and within

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the Senior Adult Oncology Program at Kimmel Cancer Center. “Everyone has a voice, and we’re all working for the common good,” says Hajjar. “I think all the disciplines realize that no one discipline can do everything.”

Interprofessional competency is an integral part of health professions education at Jefferson. One example is the Health Mentors Program, in which teams of four to five students from nursing, medicine, physical therapy, occupational therapy, pharmacy and couple and family therapy work together to create a multidisciplinary plan of care for an adult with one or more chronic conditions. Many students report that working with their health mentor helps them see older adults in a new light. “Time and again, they say things like, ‘I had no idea someone who was 80 would be so busy,’” says Arenson.

Jefferson also supports interprofessionalism as a member of the Eastern Pennsylvania-Delaware Geriatric Education Center, a grant-supported consortium of area universities and healthcare providers. Members work in multidisciplinary teams to develop education and training opportunities that enhance quality of care for older adults. Recent topics include chronic disease management, end-of-life care and oncology care. Materials developed by the group are used across the country and have been integrated into many of Jefferson’s health professions curricula.

## Translating Research into Practice

The caregiver of an 85-year-old patient with Alzheimer’s disease watches an occupational therapist arrange clothes on a bedspread. The therapist demonstrates how the caregiver can help the patient dress independently by setting up the task in advance and using gentle prompting. Strategies like these may allow the patient to remain at home, despite recent declines in function.

Dementia represents one of the greatest challenges in caring for older adults. The Alzheimer’s Association estimates that 5.4 million people are living with Alzheimer’s disease and related dementias and that 70 percent of them live at home. While practitioners often regard dementia as untreatable, research has identified interventions that can improve function, activity engagement and the quality of life of both patients and caregivers. “There are many strategies that can be implemented, including changing the environment to minimize distractions

and teaching caregivers ways to communicate with their family member,” says Piersol.

Jefferson Elder Care (JEC) was cofounded by Laura Gitlin, PhD, a former professor of occupational therapy and internationally recognized researcher in geriatrics, and Janice P. Burke, PhD, OTR/L, FAOTA, dean of the School of Health Professions. JEC serves as a living laboratory for the development, testing and dissemination of innovative home- and community-based health and human services. The center also strives to translate research into practice quickly and effectively. Evidence-supported interventions tend to have a slow “speed to market” — it often takes a decade or longer for practitioners to adopt new findings. Through professional training, consultation and community partnerships, JEC equips health professionals to offer older adults the most advanced care available.

JEC also provides an in-home clinical service for people with dementia and their families, including occupational therapy, the Skills<sub>2</sub>Care™ program for family caregivers and a home safety assessment. Services are designed to promote “aging in place,” the concept of helping elders live independently at home regardless of age, income or disability. “That’s a very big movement that I think everybody, including the government, is interested in,” Lorch says. “Having too many people in nursing homes creates problems in terms of funding and facilities. And of course, most people do wish to stay at home.”

## Rich Rewards

The challenging field of geriatrics offers a wealth of opportunity for health professionals. Jefferson’s geriatric practitioners emphasize the many rewards of their work. “I only hope that I can live to have as rich of life experiences as I’ve heard from my patients,” says Hajjar. “It’s inspiring to see how they handle things.”

Arenson agrees. “Working with older patients is incredibly intellectually stimulating,” she says. “We get to take care of them for many years and see them have lots of successes. Yes, they will eventually pass. But at age 95 after a life well led, that’s really not so terrible a thing.” ■