Geriatrics-Competent Care:
Multidisciplinary Geriatric Assessments

This brief highlights information from Resources for Integrated Care's webinar *Multidisciplinary Geriatric Assessment of the Older Adult: Conducting an Evaluation of Physical, Cognitive, Psychological, and Social Needs* presented by Thomas Gill, MD, Veronica Rivera, MD and Linda Gillespie, MA, LSW. This information includes:

- the principles of geriatric assessment
- communication strategies for assessment
- physical assessment
- cognitive assessment
- psychological, social, and quality of life assessment
- conducting geriatric assessments in both home and clinical settings

Principles of Geriatric Assessment

In geriatric assessment, there is a focus on the older adult's functional abilities and the approach taken is inherently multidisciplinary. The goals of successful geriatric assessment are ultimately to maintain and improve quality of life for older adults. There are six core principles of geriatric assessment:

- **Goal:** Promote wellness and independence
- **Focus:** Function and performance (e.g. gait, balance, transfers)
- **Scope:** Physical, cognitive, psychological and social domains
- **Approach:** Multidisciplinary
- **Efficiency:** Ability to perform rapid screening to identify target areas
- **Success:** Maintaining or improving quality of life

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An effective strategy to maximize the efficiency of assessment is to perform rapid screens that can identify target areas of concern requiring a more complete evaluation.

STRATEGIES FOR RAPID SCREENING

Domain	Rapid Screen
Functional Status	Answers "Yes" to one or more of the following: Because of a health or physical problem, do you need help to: a. Shop? b. Do light housework? c. Walk across a room? d. Take a bath or shower? e. Manage the household finances?
Mobility	"Timed Get Up and Go" test: unable to complete in less than 20 seconds
Nutrition	Unintentional weight loss of >5% in prior 6 months (or BMI < 20kg/m^2)
Vision	If unable to read a newspaper headline and sentence while wearing corrective lenses, test each eye with Snellen chart: unable to read greater than 20/40
Hearing	Acknowledges hearing loss when questioned or unable to perceive a letter/number combination whispered at a distance of 2 feet
Cognitive Function	3-item recall: unable to remember all 3 items after 1 minute
Depression	Answers "Yes" to "Do you often feel sad or depressed?"

Communication Strategies

As part of geriatric assessment, it is important to establish and maintain a good relationship with the individual. Effective strategies for communicating with older adults include:

- Introduce yourself
- Address the person by last name
- Face the person directly
- Sit at eye level
- Speak slowly
- Ask open-ended questions
- Inquire about hearing deficits; raise voice volume accordingly
- If necessary, write questions in large print
- Allow ample time for the person to answer

Physical Assessment

Although being able to provide a rapid screening assessment for older individuals is the first step in the process, it is important to extend the assessment when areas of concern are identified. A complete physical assessment includes evaluating functional status, nutrition, vision, hearing and cognition.

Evaluation of functional status should include assessing activities of daily living (ADLs), instrumental activities of daily living (IADLs), the "timed get up and go" test, gait speed and life space:

- ADLs – Walking, bathing, dressing, transferring, toileting, feeding, grooming
- IADLs – Using telephone, preparing meals, managing finances, taking medications, doing laundry, doing housework, shopping, managing transportation
- "Timed Get Up and Go" Test – Qualitative; timed; assesses gait, balance and transfers
- Gait Speed – Strongest predictor of future disability and death
- Life Space – Assessment of how large the individual's world is; is he or she confined or mobile within a room, home, block, neighborhood, etc.

Assessing nutrition is very important in that poor nutritional habits may reflect medical illness, depression, functional losses and/or financial hardship. Poor nutrition can be evaluated by both a simple visual inspection as well as by measuring the person's Body Mass Index (BMI), monitoring weight changes over time, and evaluating her or his diet.

Visual impairment can result from cataracts, glaucoma, macular degeneration and diabetic retinopathy. Abnormalities of accommodation worsen with age and need to be monitored. This can be achieved by asking about the person's visual experience with everyday tasks, such as watching TV, reading or driving. Performance-based screening is also recommended by asking the individual to read from an article or testing visual acuity using an eye exam test, such as a Snellen Chart (for distance) or Jaegar Card (for close-up).[1],[2]

[1] Farsightedness. U.S. National Library of Medicine. Medline Plus. https://www.nlm.nih.gov/medlineplus/ency/article/001020.htm
[2] Nearsightedness. U.S. National Library of Medicine. Medline Plus. https://www.nlm.nih.gov/medlineplus/ency/article/001023.htm

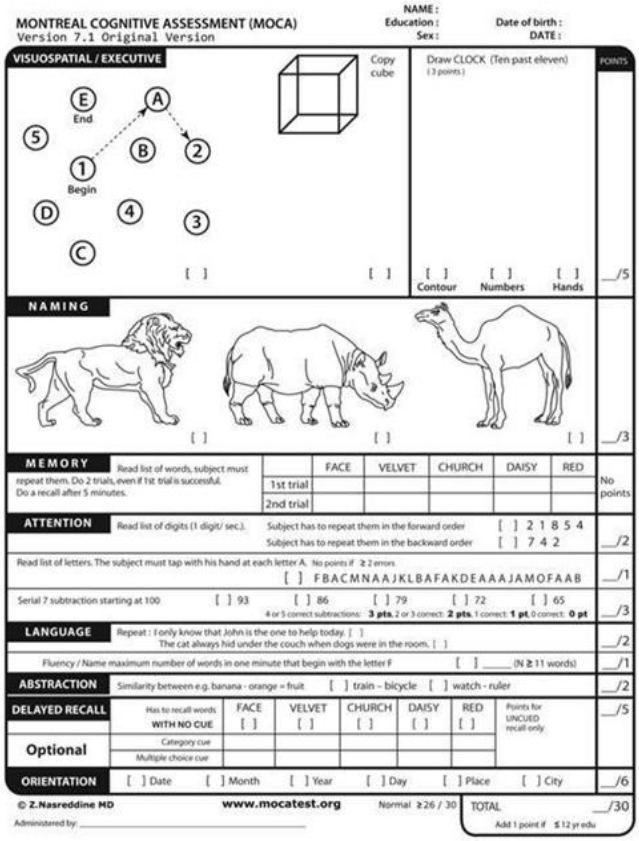
Finally, hearing loss is common among older adults and has the potential to lead to social withdrawal, isolation and depression. Age-related hearing loss is usually bilateral and in the high-frequency range. It is best to first check for any cerumen impaction, which can lead to improved hearing when removed. If the person acknowledges hearing loss or has trouble hearing a letter/number combination whispered from two feet away, they should be referred for formal audiometry testing.

Cognitive Assessment

The prevalence of cognitive decline doubles every five years after the age of 65 and nearly 50 percent of those who are 80 years of age or older experience cognitive decline. Cognitively impaired older adults are at a higher risk for accidents, delirium, medical non-adherence and disability. Further, older adults with dementia don't usually complain of memory loss so it's important to conduct an objective cognitive assessment.

Performance measures to assess cognition:

- Recall three items after one minute
- Folstein's Mini-Mental State Examination (MMSE)[3]
- Montreal Cognitive Assessment (MoCA)[4] and St. Louis University Mental Status Examination (SLUMS)[5]
- Tests of executive control:
    - Clock-drawing test
    - Listing four-legged animals test



Psychological, Social, and Quality of Life Assessment

When assessing psychological status in older adults, the prevalence of major depression among older persons is lower than in younger adults, but subclinical depression is more common. Older adults may not meet the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for depression but still may have symptoms that warrant recognition and treatment. The single best screening item is to ask the person "if they feel sad or depressed." If s/he answers yes, the

[3] Mini-Mental State Examination (MMSE): https://www.mountsinai.on.ca/care/psych/on-call-resources/on-call-resources/mmse.pdf
[4] Montreal Cognitive Assessment (MoCA): http://www.mocatest.org/pdf_files/test/MoCA-Test-English_7_1.pdf
[5] St. Louis University Mental Status Examination (SLUMS): http://medschool.slu.edu/agingsuccessfully/pdfsurveys/slumsexam_05.pdf

instruments that could be administered next include the Geriatric Depression Scale or the Patient Health Questionnaire-2.[6,7] It is also important to be alert for signs of anxiety and bereavement.

A proper social assessment includes the evaluation of the following domains:

- Ethnic, spiritual and cultural background
- Availability of a personal support system
- Caregiver burden
- Safety of the home environment
- Elder mistreatment
- Advance directives
- Substance abuse
- Sexual activity and sexually transmitted infections

Quality of life measurement will include various aspects of physical, cognitive, psychological and social function. Instruments such as the Short Form-36 Health Survey integrate evaluation across those four areas by assessing physical function, limitations due to physical and emotional health, bodily pain, social functioning, mental health, vitality and general health perceptions. Overall, it is essential to engage older adults and their families to understand their preferences regarding medical care and goals of care.

Conducting Geriatric Assessments in a Clinical Setting

In a busy office practice, it can be difficult to find the time to perform an adequate geriatric assessment with patients who already have multiple medical problems and are taking many medications. It is critical to effectively utilize the entire clinical care team. Medical assistants and nurses can be helpful in doing many of the assessment screens (e.g., falls, depression, cognitive impairment). Not only is it important to think about using the entire clinical care team, but also to use available electronic medical records for assistance, as well building in templates and best practice alerts to make sure these screens and assessments are completed. Assessments can be done over time; not everything needs to be accomplished during a single visit. Older adults with chronic illness and at risk for functional decline will be coming back into the clinic periodically, so clinicians have the opportunity to pace the process.

Conducting In-Home Geriatric Assessments

Many of the principles and techniques described above are also applicable when conducting in-home assessments. The added benefit of an in-home assessment is that the assessor can observe the living and family situation of the older adult and address potential barriers to following physician orders. The in-home assessment collects information about an individual's current situation, functional ability, strengths, problems and care needs. In-home assessments are usually conducted by a registered nurse or licensed social worker with prior experience and training in working with older adults. These providers are knowledgeable regarding the availability of, and eligibility for, home and community-based services. The assessment process can often lead to linkages with community-based resources that assist the older adult in remaining in the community and in complying with physician orders.

[6] The Geriatric Depression Scale: http://consultgerirn.org/uploads/File/trythis/try_this_4.pdf
[7] The Patient Health Questionnaire-2: http://www.commonwealthfund.org/usr_doc/PHQ2.pdf

A comprehensive in-home assessment includes evaluating the following:

- Medical history - diagnoses, prior hospitalizations
- Medications - organized, clearly labeled, no empty bottles, individual or caregiver understands reason for taking medication and how to take properly, compliance
- Medical equipment in place or needed
- Stairs or other physical hazards such as throw rugs, inadequate lighting, flooring, hoarding behavior
- Evidence of rodents, roaches, bed bugs
- Food in the refrigerator that is past expiration date
- Working utilities and telephone
- Advanced directives in place such as healthcare directives, power of attorney or guardianship
- Need for assistance with managing finances
- Ability to get in and out of the residence, transportation, issues of isolation
- Signs of dementia and depression
- Caregivers available, living in the home or nearby
- Ability of caregivers to continue assisting over time
- Others living in the home or visiting regularly who provide support or create difficulties
- Signs of neglect or abuse

Care planning

When it comes to care planning for an individual, the goals and preferences of the older adult and the caregivers need to be considered first and foremost. As part of the assessment, the provider should determine whether the older adult wishes to reside at home and whether he or she is able to do so, or need additional in-home assistance. The assessor should review available community-based care options with the older adult and caregivers. In many communities there are a variety of options, including Medicaid-funded programs and community agencies that will provide services to adults who are 60 or older (typically, there are no financial requirements for these types of programs). In some localities, there are also county senior service programs that are often used as a way to obtain services for people who are not Medicaid-eligible or not quite as impaired as some of the Medicaid programs require. The assessor usually has a good understanding of programs and services available in the community and can link the older adult and/or family caregivers to those programs and provide as much assistance in arranging services as the person would like. Many community-based programs include ongoing care management to ensure that services are meeting needs and that the person's health and safety aren't being compromised by staying at home.

Tips on locating community resources

- Contact the Area Agency on Aging (AAA) serving the consumer's region. There are almost 700 AAAs in the United States
- AAAs offer information, referral, and linkage to programs and services and free in-home consultations
- Use the Eldercare Locator to find the nearest AAA: www.eldercare.gov

Additional Resources

- Resources for Integrated Care- Multidisciplinary Geriatric Assessments Webinar https://www.resourcesforintegratedcare.com/Webinar2_Geriatric_Assessment
- Centers for Medicare & Medicaid Services - Resources for Integrated Care Available for Health Plans & Providers https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/ResourcesforIntegratedCareAvailableforHealthPlansandProviders.html
- Eldercare Locator - 1-800-677-1116 http://www.eldercare.gov/Eldercare.NET/Public/Index.aspx
- Administration on Aging (Administration for Community Living) - Aging & Disability Evidence-Based Programs and Practices http://acl.gov/Programs/CDAP/OPE/ADEPP.aspx
- Healthy Living Center for Excellence – Evidence-Based Self-Management Programs http://www.healthyliving4me.org/programs/
- National Council on Aging – Evidence-Based Programs http://www.ncoa.org/improve-health/center-for-healthy-aging/
- Community Catalyst - *Voices for Better Health* http://www.communitycatalyst.org/initiatives-and-issues/initiatives/voices-for-better-health

About the Webinar Series

Resources for Integrated Care (RIC) supports plans and providers in their efforts to **deliver more integrated, coordinated care to Medicare-Medicaid enrollees**. RIC represents the collaboration between the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS), The Lewin Group and the Institute for Healthcare Improvement.

The RIC webinar, *A Discussion of Universal Competencies that are Fundamental to Quality Geriatrics Care Across Disciplines and Care Settings,* was supported through the MMCO in the CMS to ensure beneficiaries enrolled in Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. To support providers in their efforts to deliver more integrated, coordinated care to Medicare-Medicaid enrollees, MMCO is developing technical assistance and actionable tools based on successful innovations and care models, such as this webinar series. To learn more about current efforts and resources, visit Resources for Integrated Care at www.resourcesforintegratedcare.com for more details.