Improving the Coordination of Health Care for Older Americans

Michael L. Malone, MD
Advocate Aurora Health
November 9, 2018
To Reach the Clouds, North Point Press, 2002.
Tightrope Walking Equipment:

- A 23 foot long balancing pole
- Galvanized cable to span between two structures
- Stabilizer cables every 50 feet
- Nylon slings to anchor the cables
- Suede leather soled shoes
- A dynamometer
- An anemometer
- A portable weather system

Plus a Support Team!

Key Elements for effective results:
What Does it Mean to Coordinate Care?

• Coordination:
  – The process of organizing people or groups so that they work together properly and well
  – The harmonious functioning of parts for effective results
Why is Standard Care **NOT** Coordinated?

- **Lots of providers:**
  - Physicians, advanced practice providers & specialists
  - Rehab, Social Service, Nursing, Pharmacy
- **Not defining the patients’ goals and preferences**
- **Multiple sites of care:**
  - Community
  - Emergency Department
  - Hospital
  - Post-acute care
- **Lack of continuity of care**
- **Lack of seeing the patient as a person**
What are the Key Elements of Coordinated Care?

1. The individual receives a timely and accurate diagnosis.
2. The individual knows where (in the community) to go for help.
3. The individual’s family gets the help they need.
4. Care is directed based on the goals & preferences of the individual.

Based on Wisconsin Alzheimer’s Institute presentation of Dr. Bruce Fink November 3, 2017.
What are National “Best Practice” Models Featuring Coordinated Care?

Models:
- Acute Care for Elders
- Guided Care
- GRACE model
- Care Transitions Intervention
- Mary Naylor’s Transitional Care model
- Teach Back tool
- Amy Kind’s C-TraC

Key Elements:
- Defining patient goals and preferences
- Interdisciplinary teams
- Communication of information from one site to the next
- Patient education/empowering patients to make decisions about their health
- Medication reconciliation
- Timely follow up of patient
Telephone Calls to Coordinate Care to Avoid a Visit to the Emergency Department:
How Do We Measure Coordinated Care?
How Are We Doing So Far?

• Lots of room for improvement
• We need to get this right.
• Best practice of our models: Bundled HELP program with hospital and home care programs working together in Lakeland and Burlington
What Can You Do Next?

- During your first interaction with your patient, ask who their support person is.
  - Remember to use open ended questions.
- Review the patient’s understanding of their condition and their plan of care moving forward.
- Remember to use “Teach Back” to identify patient understanding of the plan.
- Ask to be included on (the team) special projects to improve care for older adults.
Thank You
Selected Readings:

- Naylor MD et al. Comprehensive discharge planning and home follow up of hospitalized elders: a randomized controlled trial. JAMA 1999; 281(7): 613-620.