Geriatric giants – remote assessment

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Objectives

- Brief review of the CGA
- How to adapt that to remote assessments
- Geriatric giants

REPORT OF THE VIRTUAL CARE TASK FORCE FEBRUARY 2020

- CONCLUSION
- With the current rate of progress, it is likely to take many years for Canada to achieve ..virtual care
- Without addressing key issues ….the delivery of publicly funded virtual care services in Canada is also likely to remain outside the core physicians–patient model of care.

Late to the party?

Recent surveys conducted by Canada Health Infoway (CHI) patients would like

- 71% electronic appointments

  9% of family physicians offer this
- 63% email their health care Provider

  24% of family physicians offer this
- 41% video visits

  4% of family physicians offer this

Canada Health Infoway. 2018 Canadian Physician Survey.

Principle driven virtual care practice to ensure quality and accessibility, Dr. Kendall Ho

- June 2020 CMA
  - almost half of all Canadians have now accessed a physician using virtual care options
  - 91% satisfaction rate
- US
  - 11% of consumers used telehealth in 2019
  - 76% in May 2020
- There are four key principles to consider to ensure that VC is used appropriately and ethically:
  - 1. Clinical
  - 2. Medicolegal
  - 3. Educational
  - 4. Social

Virtual care

- Virtual care is not a type of medicine. Rather, it is a set of tools for delivering care and improving health at a distance
  - synchronously (e.g., video and phone visits)
  - asynchronously (e.g., eVisits, messaging, remote monitoring, and eConsults)

Dord Digit. Med. 4, 6 (2021

Clinical

- Set up
- Triage
- Interview
- Examination
- Diagnosis
- Communication
- Follow up

Location/setting

- Even if you are in your kitchen you can’t bake bread and run a clinic at the same time
- Patient set up

Triage

- Diagnosis
- Accompanied
- Can do the caregiver remotely – very useful
- Tech savvy
  - Zoom
  - Facetime
  - Telephone very difficult
- Consent

Diagnoses that need a physical exam

- Unexplained weight loss/ fatigue/ loss of energy
- Undifferentiated complaints
- Falls
- Don’t compromise however……

Comprehensive geriatric assessment-well patient

- PMH
- Meds
- HPI
  - Cognition
  - Mobility
  - Other symptoms
- Social history
  - Supports
  - Care giver issues
  - Alcohol
- Functional history
  - ADLs
  - IADLs

- Exam
  - Conversation
  - Formal cognitive testing
  - Gait and chair rise
  - Weight
  - BP
- Investigations

Diagnosing Dementia
Cognitive domains

- Frontal
  - Apathy
    - Are you doing all the planning and organizing
    - What does he do during the day
  - Behaviour
    - Irritable
    - Restless
    - Agitated
  - Executive
    - Complex IADLs (can be captured in functional history)
- Temporal
  - Word finding
    - Has to stop mid sentence (naming nonspecific)
  - Memory
    - Events from the previous day
    - Recent conversations
    - Repeats questions
- Occipital
  - Lost in familiar places
  - Does not recognize family

Diagnosing dementia

- Social history
  - Caregiver
  - POA/will/financial risk
  - Alcohol
  - supports
- Functional history
  - IADLs (floods fires fraud and driving)
    - Driving
    - Finances
    - Housekeeping
  - ADLs

Diagnosing dementia - tools

- Dementia
  - Conversation as a diagnostic tool
  - Brief MSE
  - MMSE and MOCA are only tools
  - You can diagnose dementia with out a score
- TMMSE
  - Clearly demented
  - Language
  - Education
- MOCA
  - If not certain of normal/MCI/Dementia
  - If sophisticated
  - If driving

Dementia - Validation of virtual MMSE

- MMSET out of 22
  - first 5 items
  - Name the thing you are talking into to talk to me

I don’t like cut off scores

- ALFI-MMSE telephone
  - sensitivity = 67%;
  - specificity = 100%
- in-person MMSE
  - sensitivity = 68%;
  - specificity = 100%)
- Sensitivity = 100%
  Specificity = 96.7%
  *Cut-off 16 for dementia
- Sensitivity = 95%
  Specificity = 84%
  *Cut-off 15 for Alzheimer's disease

MOCA options - validated

- Regular with support and pencil and paper
- Blind MOCA out of 22 – cut off 19
- 5 minute MOCA out of 15 – cut off 11

MOCA test full

- Need visuals
- Need some support usually
- Challenging

Blind MOCA

- Leave out the first three items
- T-MoCA cutoff of 18–19 has been found optimal for discrimination of normal versus impaired cognition
- Reliability of diagnosis for MCI was good, optimal cutoff score of 19 for MCI diagnosis.

MIS scoring				**Total**
Number of words recalled spontaneously	…	multiplied by	3	…
Number of words recalled with a category cue	…	multiplied by	2	…
Number of words recalled with a multiple choice cue	…	multiplied by	1	…
	Total MIS (add all points)			**---/15**

Mini Montreal Cognitive Assessment (Mini MoCA) Version 2.1

- Registration – 5 words given twice – no score
- Word list
  - proper nouns numbers and verbs of different tenses not allowed
  - (Four legged animals)
  - 60 seconds
  - Score
    - • 0 points for 0 to 2 words
    - • 1 point for 3 to 5 words
    - • 2 points for 6 to 9 words
    - • 3 points for 10-13 words
    - • 4 points for 14 words or more
- Orientation /6
- Recall
  - 1 point for each
  - with no prompts

- TOTAL SCORE:
  - maximum of 15 points. 11 and above is considered normal.

TICS-M

- 11 items with a maximum of 41 points assessing the domains of orientation, attention/executive functioning (backwards counting, serial 7s, opposites), immediate memory, and language (sentence repetition, auditory naming, following directions).
- measure of delayed verbal free recall

Assessment

- Diagnosis
- Investigations
- Pharmacologic management
- Non pharmacologic
- Safety issues
  - Driving
  - Finances – POA/Will, Secure finances
  - Nutrition – monitor weight
  - Wandering
  - Fires
- Caregiver stress
  - Education / Resources
  - First link

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- Functional history
  - ADLs
  - IADLs

Diagnosing falls – what we can do

- Is this incidental?
- Is this reversible?
- Is this part of a frailty syndrome?

Frailty

- Slow
- Fatigued easily
- Poor energy output
- Weak
- Involuntary weight loss

Diagnosing falls – what we can do

- History
  - Usual mobility
    - Do they walk outside unassisted?
    - Daily activity
    - Walking aids
  - Trip
  - Syncope /presyncope
  - pain
- ADL / IADL
- Cognition
- Med review
- Postural BP
  - Initial and after gait assessment
- Gait
  - Rise from chair without arms
  - Pain
  - Furniture crawling

Interventions

- If profoundly frail
  - Safety
  - Home care OT
- If marginally frail or not frail
  - Don’t ignore OA – please!
  - Education
  - Great data for online exercise
  - BC brain wellness
  - Personal trainer
- Canadian guidelines
  - 150 minutes hard exercise (heart rate up)
  - 2 weight bearing sessions a week

Diagnosing falls – what we can't do

- Proper gait assessment
- Neurologic exam for PD or focal abnormalities
- Cardiac

Diagnosing weight loss

- Frailty/sarcopenia
- Cognition
  - Don’t do a detailed dietary history
  - Eat a lot when with family
  - Fridge review
- Medical
  - Red flags
- Med review
  - Donepezil
  - Metformin
- Weight
  - Monitor with interventions
- Screening labs

- CAN’T DO abdominal exam/LAN – MUST be seen in person

Med review

- Need pharmanet
- Visual of meds if possible
- Screening questions
  - How many meds do you take
  - When do you take them
- Cognition
- Postural BP

Communication

- It’s what we do
- Can we meet the standards expected remotely

Communication Skills in Patient-Doctor Interactions: Learning from Patient Complaints

- Themes and sub-themes regarding communication errors
- **Non-verbal communication errors**
  - Eye contact
  - Facial Expression
  - **Paralanguage**
- Verbal communication errors
  - Active Listening
  - Inappropriate Choice of Words
  - Content of Information
  - Communicated Inadequate information
  - Poor quality of information
- Poor attitudes
  - Lack of Empathy
  - Lack of Respect

W.Y. Kee et al. / Health Professions Education 4 (2018) 97–10699

Process

- Clarify why you are calling
- Need collateral online
- Need to give patient chance to talk
- Body language and eye contact and conversation directed at patient
- Excuse yourself if you have to talk to caregiver primarily
- Try not to exclude the patient from the call

Communication Skills in the Age of COVID-19FREE
Anthony Back, MD
Annals of Internal Medicine June 2020

- 1. Dealing with emotion is more important than giving lots of information (*or getting*)
- 2. Information is best delivered in small packets that start with a headline.
- 3. Patient values should be at the heart of medical treatment plans - feel heard and understood

What I learned

- Be prepared
- Be more human
- Exaggerated facial expression
- A lot of expressed empathy
- A lot of recognition and respect for their experience and resilience
- Listen more talk less – pauses, packages of information, limit the content

Dorn, S.D. Backslide or forward progress? Virtual care at U.S. healthcare systems beyond the COVID-19 pandemic. npj Digit. Med. 4, 6 (2021

- Most patients would like to continue
- Hospital at Home – John Hopkins
  - combination of in-person home care, remote monitoring, and video visits
  - Improved multiple outcomes
- may increase care access

- “multi-channel” strategies that blend
  - traditional in-person care
  - asynchronous (online and mobile self-service tools, remote monitoring, secure messaging, and eConsults)
  - synchronous (phone and video visits) virtual options.
- The goal is to match patients with the channel(s) that best meet their needs and preferences at the time

Burn out

- Move move move
  - exercise program
- Force you eyes off the screen
- Get a good screen
- Get a good chair
- Take breaks

Risks for Patient access

- Limited English proficiency,
- Low digital literacy,
- Vision and hearing impairment
- Poor access to the internet and digital devices
- Cognitively impaired
- Frail

Summary

- Patients like it
- It can be effective
- Use the tools to increase accessibility
- Watch for burn out

- Because the way we work has totally changed, I understand now more than ever the importance of really connecting with people