

A Practical Approach to Older Adults with Complex Needs

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No conflicts to report

Specific Learning Objectives

1. Describe the complexities of care for older adults.
2. Describe common models of care in the hospital and care transitions settings.
3. Describe common themes of best practice models in serving older adults with complex needs.

Older adults – Getting more complex? Or are we just figuring out the terminology?

- The Four (or Five) M's
- Polypharmacy/deprescribing
- Multimorbidity
- Multicomplexity

The 4, then 5, M's of geriatrics

- Four Ms
 - Age-Friendly Health Systems (**Fulmer 2016**, the Hartford Foundation and Institute for Healthcare Improvement)
 - **M**obility, **M**entation, **M**edications, What **M**atters Most
- Five Ms
 - Tinetti 2017; Health in Aging
 - *Same* + **M**ulticomplexity (the overarching concept to address as geriatric health care providers)

Polypharmacy and deprescribing

- Differentiating “many complex problems with indications” from “taking too many medications”
- It’s about **conversations** and safety/priorities/goals of care
- Deprescribing is NOT simply “stopping meds”

Bloomfield, J Gen Intern Med 2020

Utleigh, BMC Geriatrics 2019

Multimorbidity

- Emerged as a distinct “entity” mid 2000’s
 - Boyd 2005; Fried 2008
- Guiding patients, families as well as health care providers/systems
 - AGS Expert Panel 2012; Tinetti 2012
- Incorporates many key facets of care that impact multimorbidity management

Guiding Principles in care of older adults with multimorbidity

- Always clarify focus of encounter
- Patient preferences
- Relevant evidence
- Consider prognosis
- Interactions within and among treatment and conditions
- Weigh benefits and harms in treatment plan

AGS Expert Panel. JAGS 2012; 60: 1957-1968

Older adults with complex care needs

- AGS Board mandate
- Working group and strategy

Defining Care Complexity

*Patients with complex care needs often have **multiple chronic conditions; physical frailty and disability; and cognitive, psychiatric, social, and financial issues.***

*As a result of these overlapping impediments to good health, they are also more likely to be **high utilizers of healthcare resources.***

Models of care to serve older adults with complex care needs

- A structured PubMed literature search and a search for primary websites of the selected models of care
- Review of models of care that met established criteria
 - 18 models were identified
 - There are certainly other models that meet criteria
- Criteria/process reviewed with AGS members at annual meeting
- Common components identified by 18 models
- Goal of initiative: Illuminate the challenge, focus on best practices, provide guidance

Care components of models serving older adults with complex care needs (I)

1. Person-centered care
2. Interdisciplinary team assessment
3. Complex care management
4. Special considerations
5. Caregiver support

Care components of models serving older adults with complex care needs (II)

6. Care transitions

7. Integrated medical/social care long-term services and support

8. Medication management

9. Consumer engagement

10. Goals of care/Advanced care planning

When to consult a geriatrician

- Advising the public
- Advising general practitioners
- Making it *understandable*
- Assigning *value* to such a referral/consultation
- The importance of the *response* by geriatrician/model of care

Summary

- Older adults are more likely to have “multimorbidity” and “multicomplexity”
- Providers and health systems can adapt to provide more holistic and appropriate care for these patients
- Certain models of care have been identified that provide care efficiently and achieve better outcomes for older adults who have complex care needs
- Geriatricians and other health care providers are experts in this area and can serve as leaders in the development and propagation of best practices and models of care

Presenter Information

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