



# State of the Art Conference

## VA Emergency Medicine (SAVE)



## Geriatric Emergency Medicine

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*This is a draft and may not represent the final recommendations that will be forthcoming.*



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# Geriatric Emergency Medicine Work Group Members

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**THANK YOU to work group members for your expertise and great discussion sessions!!!!**

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# Priority Foci & Questions

1. Gaps, variation, and measurement:

***Where are the greatest gaps in quality care for older adults in the ED?***

2. Interventions, VA implementation, assessments, and outcomes:

***What evidence-based interventions or policies should be implemented to improve care of older persons in the ED?***

3. ED expanded role – telehealth & community care coordination:

***How could the ED's role be expanded to help older adults meet their goals of ED care?***

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# GED ESP Scoping Reviews & Inventories

- ESP reviews – Hughes multi-strategy interventions in ED with positive impact on patient function, mixed impact on utilization.
- ESP Inventories
  - Assessments: 1. General risk, 2. Falls/mobility, 3. Cognitive Assessment, 4. Delirium. 5. short-term risk/triage
  - Telehealth: 1. Pre-ED / triage, 2. ED telehealth care, 3. post-ED care coordination
- Notable papers (Kennedy GEDA variability, Shankar patient priorities, Hwang Medicare costs)
- Growing number of studies, descriptive

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# Priority Question #1

## 1. Gaps, variation, and measurement:

- a. Where is the greatest variation in processes of care and outcomes for older adults discharged from the ED?
- b. Are existing metrics that are being used as quality benchmarks for older adults in the ED sufficiently patient- and family-centered or are new measures needed? If so, what new measures are needed?

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# Priority Question #1

- **Variability**
  - Measures and definition, identification of “high risk” patients
  - ED Resources (staffing, services)
  - Outcomes - facility (e.g., utilization) vs. patient
  - VA ED model includes urgent care
- **Existing measures**
  - Utilization-based
- **Knowledge gaps/barriers**
  - What variation is most meaningful
  - Shift to measures of patient and caregiver priorities
  - Comparison of VA non-VA
  - Measuring change results in change/impact of additional quality measurement
  - Metrics for specific patient populations
  - Lack of data infrastructure for some patient-centered outcomes (e.g. function)

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# Priority Question #1

## Research Priorities

- Understand which care processes and other sources of variation (e.g. staffing) drive outcomes for GED patients
- Evaluate discharge process and outcomes/transitions/longitudinal care from the ED
- Study implementation of new clinical processes to understand impact on patients, care partners, ED staff; human centered design, usability, audit & feedback, perceived value of change

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# Priority Question #1

## Policy/Implementation Recommendations:

- VA data to characterize and variation in GED care (patients, staffing, processes)
- For any new measures, prioritize 4Ms and patient-centered outcomes (“what matters” to them)

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# Priority Question #2

2. Interventions, VA implementation, assessments, and outcomes:
  - a. What interventions are effective for improving quality and outcomes of older persons in the ED?
  - b. What innovative programs are currently being implemented in VA and what evidence (if any) is needed to evaluate their impact?
  - c. What is the clinical impact of geriatric risk assessments in the ED?
  - d. How has Geriatric ED Accreditation influenced quality and outcomes for older adults and costs of care?

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# Priority Question #2

- Multi-strategy interventions – identify high risk patients/provide referrals, f/u
- Screening successfully implemented in EDs
- Multiple VA GED innovations in progress (e.g. EQUIPPED, VIONE, VA ICT model; Geri-Vet, SCOUTS)
- Geri ED assoc with reduced costs

## Knowledge Gaps/Barriers:

- Identifying risk
  - Who to screen
  - Best tools?
- Which assessments (falls, medications, elder mistreatment, care transitions)
- Variable staffing

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# Priority Question #2

## Research priorities

- Who/what to screen/assess?
  - High risk, Meds, Mobility/falls, Cognitive (delirium/dementia), Elder mistreatment
  - All vs. Targeted
  - Feasibility/usability
  - Leveraging informatics/EHR (AI, ML, VA existing risk scores)
- Transdiscip/longitudinal/x-setting impact (ED / post-ED care)
- Do GED dashboards improve outcomes?
- GED Accreditation - Does it matter?
- Support multicenter evaluation of ongoing GED initiatives /patient-caregiver outcomes / evaluation of clinician facilitators-barriers



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# Priority Question #2

## VA Policy/Implementation

### Recommendations:

- Enhance data sharing, standardization, Cerner
- Key clinical processes – Identifying/targeting complex care needs patients, medication review/safety, transitions
- Standardizing processes risk assessment (screen/assess/action)

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# Priority Question #3

3. ED expanded role – telehealth & community care coordination:
  - a. What is the effectiveness of telehealth interventions used in the emergency setting for older adults?
  - b. Are there best practices for integration of families, assessment of social needs, or partnerships with community agencies that warrant further research into their effectiveness?

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# Priority Question #3 - Telehealth

## Many potential applications

- Direction (ED support → Other, Consult → ED)
- Setting (widened access)

## Knowledge Gaps/Barriers:

- Preferences/needs/value for various use cases
- Workflow
  - Feasibility, infrastructure, staffing
- Safety and quality; Measures?
- GED transdisc telehealth (SW, pharm, etc.?)

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# Priority Question #3 - Telehealth

## Research priorities

- Evaluating telehealth implementation/context/use cases
- Evaluating patient perspective/acceptability/needs
- Evaluating quality, safety, and effectiveness of telehealth

(transdiscip/longitudinal/x-setting)

- Does it work? Improve care? Impact on workload? Impact on equity?
- Telehealth to support acute care in NH is promising/warrants further study
- Telehealth to promote improved access (when limited); SW, Pharm, PT?

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# Priority Question #3 – Expanded ED role

- Care partners are essential
- Social needs are common and often unaddressed

## Knowledge Gaps/Barriers:

- Scope of ED care/What should be initiated in/out of ED?
- Patient/caregiver priorities vs. clinician/health system
- How to improve shared decision making?
- Barriers in information exchange with community
- What is best practice for post-ED care transitions? (ED vs. primary care)
- How can ED best address SIOH

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# Priority Question #3 – Expanded ED role

## Research Priorities:

- Best practices for incorporating inclusion of care partners
- Evaluating patient perspective/acceptability/needs
- SIOH/streamlining ED workflow (ED vs. defer to outpatient)
- Incorporating care transitions and

evaluating transdisciplinary coordination

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# Priority Question #3

## VA Policy/Implementation

### Recommendations:

- Encourage ED documentation of care partners
- All VA EDs should incorporate process to support post-ED care transitions
- Explore use of telehealth to expand access to Pharm, SW

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