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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THANK YOU to work group members for your expertise and great discussion sessions!!!!
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?*
• ESP reviews – Hughes multi-strategy interventions in ED with positive impact on patient function, mixed impact on utilization.

• ESP Inventories
  – 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
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?
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)
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/transition/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
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)
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?
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
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
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)
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?
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.?)
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)
• Telehealth to support acute care in NH is promising/warrants further study
• Telehealth to promote improved access (when limited); SW, Pharm, PT?
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
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
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