Integrating Advocacy for Older Adults with Systems-Based C-L Practice: Intervention Opportunities Through the Lens of a Complex Case



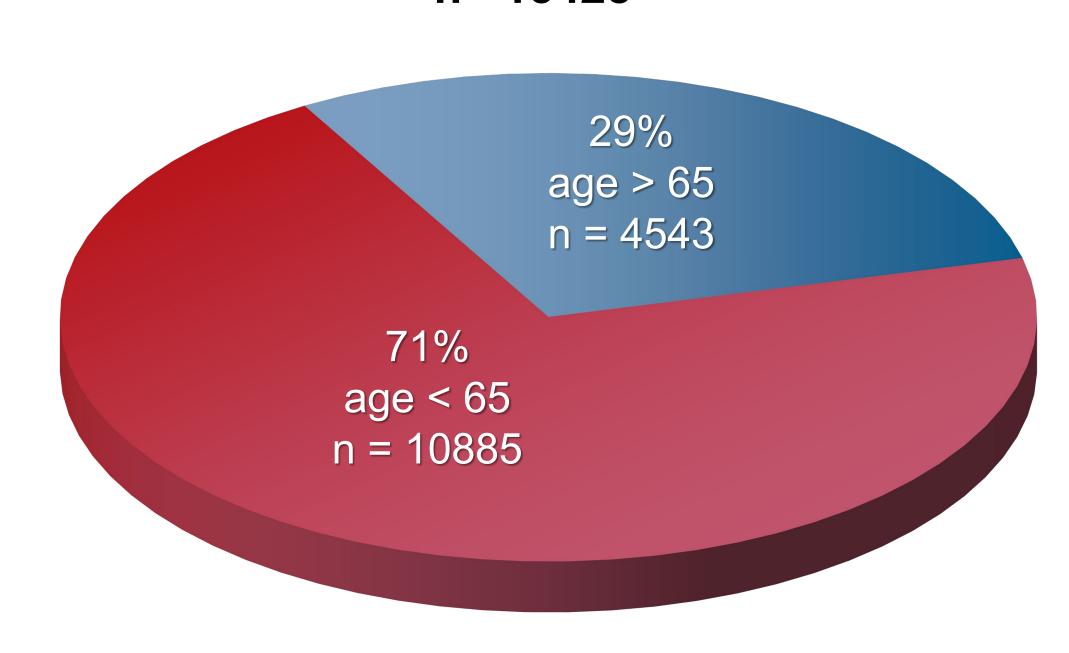
WEXNER MEDICAL CENTER

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Background/Significance

- As the population ages, frontline C-L psychiatrists are well positioned to advocate for improving the care of older adults in the general hospital setting
- Older adults receive a significant number of general hospital psychiatric consultations due to¹:
- Increased medical complexity
- Inadequate community resources
- Shortages in geriatric-specific psychiatric providers and services
- A substantial amount of geriatric training and consultation experience for medical students, residents, and fellows occurs on our inpatient consultation-liaison psychiatry service at our 1400 bed urban academic medical center
- Highlighting systems issues in complex cases can:
- Benefit trainee understanding of the clinical learning environment
- Identify ethical issues surrounding unrepresented patients²
- Demonstrate application of decisional and dispositional capacity principles
- Reveal opportunities to improve pre- and post-hospital intercepts for geriatric patients with high-risk behavioral health comorbidities
- Validate the role of safety-net hospitals in aiding vulnerable populations

Inpatient Psychiatry Consults, FY21-FY24 The Ohio State University Wexner Medical Center n= 15428



Case Presentation

Crisis Presentation

- An elderly woman was brought to the emergency department by police officers
 Concerns that she was unable to care for herself
- Found to be confused, wandering aimlessly on city streets

Emergency Department

- Appeared depressed, malnourished, and deconditioned
- Admitted to the hospital general medicine inpatient service
- Diagnosed with unmanaged hyperthyroidism, multiple genitourinary infections

Psychiatry Consultation Evaluation

- Electronic medical record review revealed a recent brief admission to a local psychiatric hospital for suicidal ideation
- Examination revealed low mood, poor oral intake, delusional guilt, nihilistic ruminations, and impairments in memory and executive functioning; not delirious

CLP Hospita Follow-up

- Repeat visits revealed intense anxiety and perseveration on "lack of resources" and lost personal documents; some improvement with treatment for psychotic depression
- Inability to demonstrate informed thinking surrounding her medical needs and disposition planning persisted

Psychosocial Challenges

- No next-of-kin available (unrepresented)
- Homeless, estranged relationship with children, intermittently staying in a shelter
- Evidence of decisional and dispositional incapacity

Interventions & Response

- Her mood improved significantly with acute medical care, psychotropic medications, and nutritional interventions
- Persisting neurocognitive and functional deficits warranted discharge to an extended care facility

Complex Discharge Planning

- Protracted interprofessional care coordination facilitated court-appointed guardianship
 Patient was bespitalized for several months due to severity of symptoms, court
- Patient was hospitalized for several months due to severity of symptoms, court involvement, and complex care coordination with guardian to secure discharge placement

Discussion

- This case illustrates several emerging patterns:
- A rise in unrepresented patients without identifiable family or friends to serve as decision making surrogates²
- A paucity of inpatient psychiatric hospital programs that can integrate geriatric medical and psychiatric needs
- The value of interprofessional teaming with social work and allied health professionals (PT, OT, SLP) in developing comprehensive discharge plans
- The impact of dispositional capacity assessments and risk for hospital discharge delays
- Our unrepresented geriatric patient with psychotic depression illustrates the benefits of a C-L driven approach for geriatric patients in crisis
- Nearly twice as many psychiatry residency graduates pursue consultation-liaison psychiatry fellowship positions than geriatric psychiatry fellowship positions in the United States
- The number of CLP fellowship programs has been steadily increasing, while the number of geriatric psychiatry fellowship programs has decreased in recent years³

Conclusion/Implications

- Geriatric patients with medical and psychosocial complexity are particularly vulnerable to diminished community intercepts and pressures to increase healthcare operational efficiency
- C-L Psychiatrists are well positioned to model and teach the comprehensive care of older adults in hospital settings
 - Public safety-net hospitals can promote better biopsychosocial care coordination in geriatric psychiatric syndromes
 - Systems-based teaching with a focus on negotiation and integration with hospital and community partners is key

References

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- 2. Babb, E., Matrick, A., Pollack, T., & Rosenthal, LJ. (2021). Hospital Guardianship: A Quality Needs Assessment of "Unbefriended" Patients Who Lack Decisional Capacity. *Journal of the Academy of Consultation-Liaison Psychiatry*, 62(5), 538-545.
- 3. Petriceks, A. H., Olivas, J. C., & Srivastava, S. (2018). Trends in Geriatrics Graduate Medical Education Programs and Positions, 2001 to 2018. *Gerontology & geriatric medicine*, 4, 2333721418777659.

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