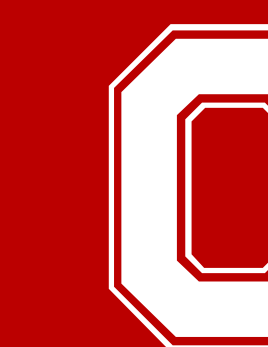


Integrating Advocacy for Older Adults with Systems-Based C-L Practice: Intervention Opportunities Through the Lens of a Complex Case



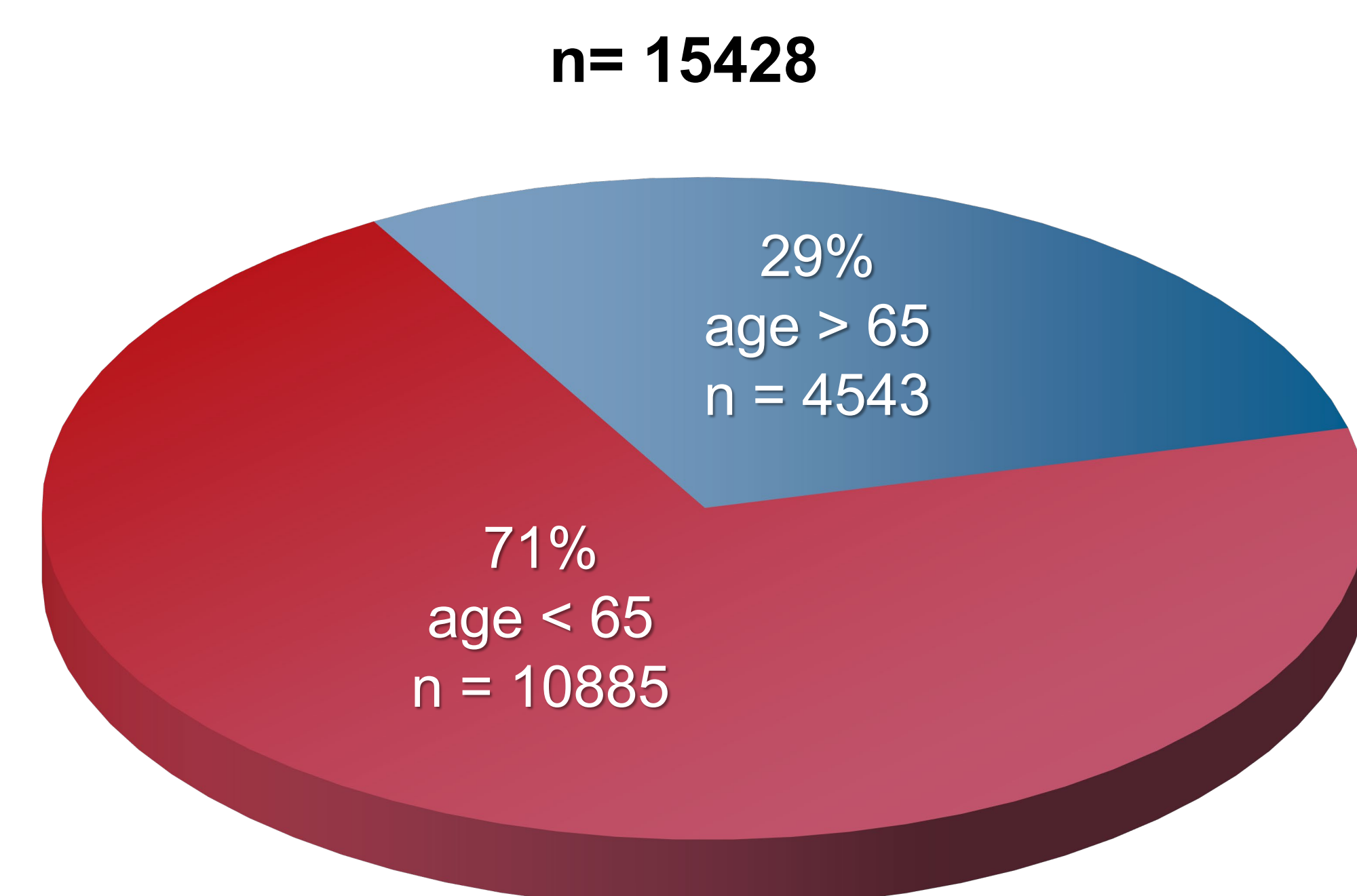
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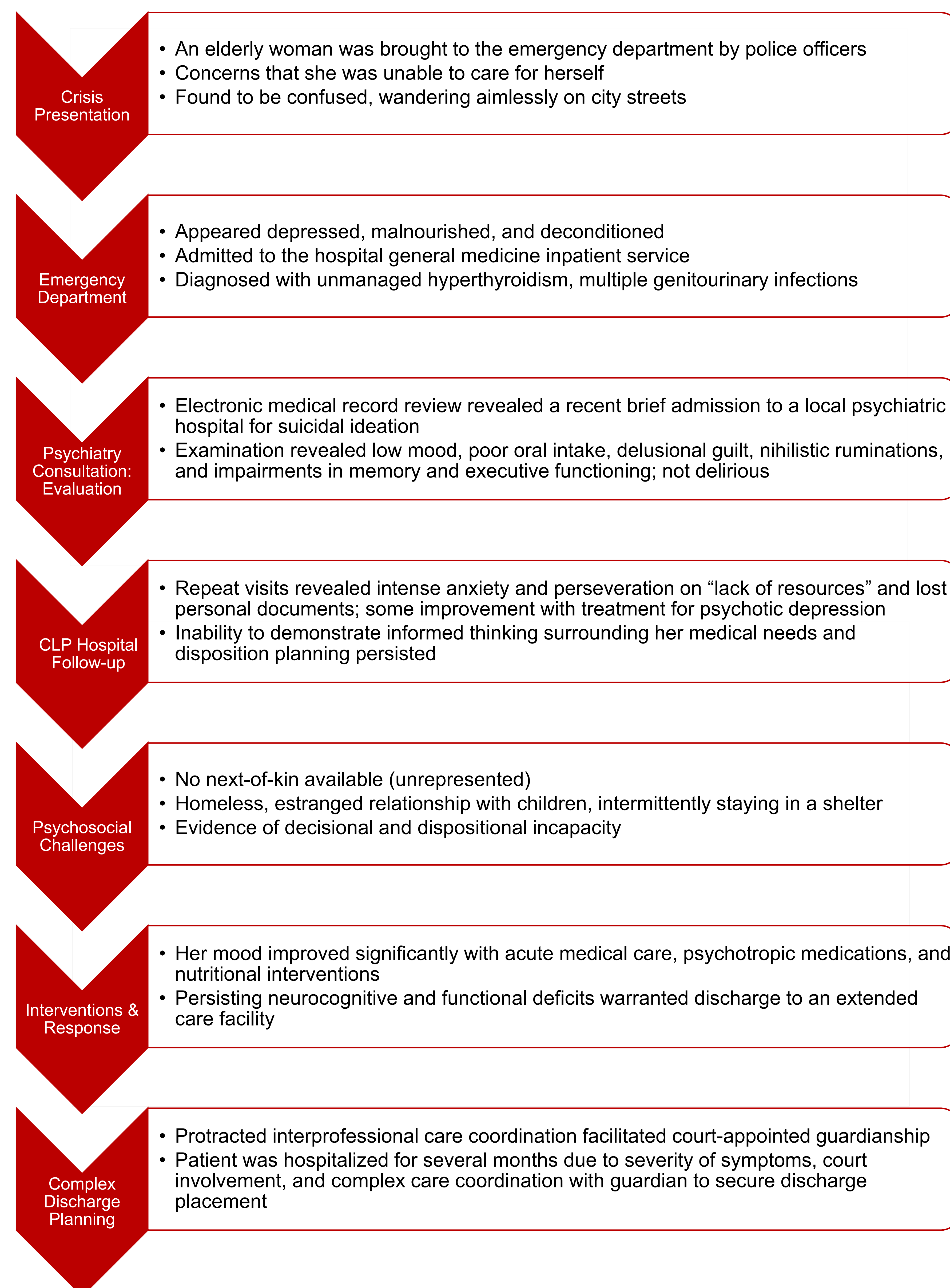
Background/Significance

- 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



Case Presentation



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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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.