Case Study #1
GUIDING PRINCIPLES FOR THE CARE OF OLDER ADULTS WITH MULTIMORBIDITY

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Learning Objectives:
- Develop an approach by which clinicians can care optimally for patients with multimorbidity.
- Incorporate elements from five primary domains while providing care for older patients with multimorbidity.

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Guiding Principles: The Care Of Older Adults With Multimorbidity

Background

- Multi-morbidity = multiple chronic conditions
- 75% of adults ≥65 have ≥3 chronic conditions
- Goal for Health People 2020 (HHS)
  - "Improve the health, function, and quality of life of older adults."

- Guidelines for specific diseases do not apply to people with multiple conditions
- Multi-morbid are excluded or under-represented from studies
- Guidelines for one disease counter guidelines for others
  - Impractical
  - Irrelevant
  - Harmful
Background

- No one knows best way to manage older adults with multimorbidity
- Patients with the same conditions warrant different approaches because the patients are different
  - Illness severity
  - Preferences
  - Goals
  - Prognosis
  - Functional status
  - Financial status
  - Social setting
  - Human resources

Background

- AGS convened expert panel
  - Developed principles, not guidelines
  - An approach to patients, not specific recommendations for specific conditions
- Secondary goal is to facilitate research and development of evidence
  - Clinical
  - Assessment of patient priorities
  - Prognosis
  - Optimization of care plans

Domains

- 5 Domains that govern approach to older patients with multimorbidity
- Can be applied in any order
  1. Patient Preferences
  2. Interpreting the Evidence
  3. Prognosis
  4. Clinical Feasibility
  5. Optimizing therapies and care plans
Limitations
- Time-consuming
- Fear of litigation
- Changing landscape
  - Clinical
  - Regulatory
  - Social
  - Treatments/decisions contradict one another

Domains
1. Patient preferences
2. Interpreting the evidence
3. Prognosis
4. Clinical feasibility
5. Optimizing therapies and care plans

Patient Preferences
- All clinical decisions require elicitation of Patient Preferences
  - Patient-centered, but acknowledge that family, caregivers, social support also important
  - Some patients may defer to others, including clinicians, but still want their opinions to inform the decision
  - Recognize personal and cultural contexts
  - Decisions change over time
  - Preferences must be re-examined and re-evaluated
  - Elicitation of preferences is more involved when more complex decisions are faced, less involved when less complex

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Patient Preferences
- Important to recognize when decisions are preference-sensitive
  - Therapies that improve one condition but worsen another
  - Therapies that confer long-term benefit at short-term cost
  - Therapies that are complex with complex risks-benefit balances
- Preferences ≠ Decisions

Patient Preferences
- Important to provide true informed consent
  - Side effects often discounted by providers, but are very important to patients
  - Describe risk-benefit in numbers, rather than vague terms ("rarely," "frequently")
  - Use absolute risk, not relative risk
  - Use visual aids
- Only after above reviewed should preferences be elicited

Patient Preferences
- Often preferable to elicit preferences regarding general outcomes/goals, rather than specific
  - Live as long as possible
  - Maintain function
  - Be pain-free
- Each option can be weighted according to these general goals
- Decisions/choices do not have to be honored when futility is present
  - Reasonable expectation of benefit must be present
Domains

1. Patient preferences
2. Interpreting the evidence
3. Prognosis
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Interpreting the Evidence

- Very little evidence exists to guide care of older patients with multimorbidity

Interpreting the Evidence

- “Does the existing evidence apply to this patient with multimorbidity?”
- Did study population resemble this patient?
- What is the quality of the evidence?
- Were the outcomes meaningful to this patient?
  - Surrogate vs. patient-oriented
  - Were adverse events adequately reported?
- Clinical
  - Complexity
  - Financial
  - Effects on other conditions
  - Interactions with other conditions/medications
- Absolute risk should be calculated if not presented
- Time horizon to benefit, not just NNT/NNH
Domains
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Prognosis
- Prognosis informs, but does not dictate, decisions
  - Most older patients want to discuss Prognosis
  - Need to follow ethical principles
- Decision is also informed about preferences
  - Prolongation of life
  - Maintenance of function
  - Disease-specific outcomes
  - Quality of life

Prognosis
- Discussions about Prognosis occur during:
  - Decisions about treatment or prevention
  - Decisions about screening
  - Changes in clinical status
  - Changes in health service utilization
Prognosis

- Not just mortality
- Decisions can be focused on outcomes that are:
  - Short-term
  - Medium-term
  - Long-term
- For poorer Prognosis patients, short-term decisions are more salient, and vice versa
- Many prognostic calculators exist
  - Recognize limitations

Domains

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Clinical Feasibility

- Treatment complexity and burden must be reviewed and discussed, including:
  - Steps in the task
  - Number of choices
  - Duration of execution
  - Informed consent
  - Intervening and interrupting tasks
Clinical Feasibility

- The more complex or burdensome a treatment is:
  - Adherence declines
  - Adverse reactions increase
  - Quality of life declines
  - Economic burden increases
  - Caregiver strain and depression increase

Domains

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Optimizing Therapies And Care Plans

- Identify treatments that are inappropriate and therapeutic omissions
  - Medications
  - Polypharmacy
  - Procedures
  - Non-pharmacologic
- Avoidance of prescribing cascade
- Explanation of risk/benefit, in addition to explanation of unknown risk/benefit or uncertainty
Optimizing Therapies And Care Plans
- Discontinuation of medications
  - Detailed documentation
  - One at a time
  - Tapering
  - Time-limited withdrawal
  - Team approach

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Algorithm
1. Inquire about the patient's primary concern, and any additional objectives
2. Conduct complete review of care plan or focus on specific aspect of care plan
3. Identify current medical conditions and interventions; review adherence and comfort issues
4. Consider Patient Preferences
5. Identify relevant evidence for important outcomes
6. Consider Prognosis
7. Consider interactions within and among treatments and conditions
   - Weigh benefits and harms of all elements of treatment plan
8. Decide and communicate about decision(s)
   - Implementation/withholding
   - Continuation/discontinuation
9. Reassess at regular intervals
   - Benefits
   - Feasibility
   - Adherence
   - Alignment with preferences
Case of Murray Mills

- Murray Mills is an 87 Year-Old Male
- Accompanied by son and daughter
Case of Murray Mills
Patient’s Primary Concerns and Objectives
- Fatigued
- Taking too many pills
- Children concerned about safety
- Children concerned about the ability to stay at home alone
- Finances are an issue

GROUP DISCUSSION

Algorithm

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Case of Murray Mills
Complete Review of Care Plan
- Probable Alzheimer
- Congestive heart failure
- Osteoarthritis
- Osteoporosis
- Insomnia
- Diabetes mellitus, type 2
- Benign Prostatic Hyperplasia

Case of Murray Mills
Review of Medical Data
- MMSE 23/30 (25/30 6 months prior)
- BP & HR – 110/70, 54 seated; 100/60, 56 standing
- Hemoglobin A1c 6.8% (7% 3 months prior)
- LDL cholesterol 70 (3 months ago)
- BUN/Cr 1.7
- Echocardiogram – EF 30% (1 year ago)

Case of Murray Mills
Current Medical Interventions
- Metformin 500 b.i.d
- Glyburide 10 b.i.d
- ECA 3.0 mg
- Donepezil 10 q.h.s.
- Memantine 10 b.i.d
- Furosemide 40 b.i.d
- Metoprolol 100 b.i.d
- Lisinopril 20 b.i.d
- Tamoxifen 0.4 q.h.s
- Aclometacin 325 1 b.i.d
- Tramadol 50 b.i.d + p.m.
- CoQ10 600/300 b.i.d
- Atorvastatin 70 q. week
- Tolbutamide 10 q.h.s
- Simvastatin 40 q.h.s
- FOS 3x/week
- Walk 1-2 miles daily (goal)
- Sit upright x 30 minutes after bisphosphonate
- DASH diet
- Regular clinic visits:
  - VS, exam
  - X-rays
  - Labs
  - DEXA
  - Eye exam
  - Patient education
GROUP DISCUSSION

Algorithm

Case of Murray Mills
Adherence/Comfort

- Forgets evening meds due to fatigue
- Doesn’t check sugars due to discomfort of finger sticks
**Case of Murray Mills**

**Patient Preferences**

- Stay alive
- Optimize quality of life
- Reduce out-of-pocket expenses
- Remain at home despite 3 years of diagnosed Alzheimer
Case of Murray Mills
Evidence for Important Outcomes

- **Donepezil**
  - Re: maintaining function and/or delaying institutionalization
  - Mixed results and modest effects
  - Many studies do not examine these outcomes

- **Memantine**
  - No benefit in mild Alzheimer
  - Benefit from bisphosphonates may persist 5 years after cessation, if taken for at least 5 years
  - Tight glycemic control may cause more harm
  - Liberalize A1c goal
Case of Murray Mills

- Murray's life expectancy
  - 87 year-old male - median = 3.2-4.7 years
  - With Alzheimer - median = 2.7-3.3 years
- Ongoing cognitive decline likely
- Progressive decline in IADLs

Prognosis
Algorithm

Case of Murray Mills
Medication Interactions

- Fatigue:
  - Bradycardia
  - Metoprolol
  - Donepezil
  - Hypoglycemia
  - Statin
  - Poor sleep
  - Zolpidem

- Insomnia
  - Donepezil – nightmares
  - Zolpidem may not last entire night
Case of Murray Mills
Medication Interactions

- CHF – ? metformin
- Alzheimer – zolpidem
- Osteoporosis – zolpidem
- CRI – alendronate
- Hyperlipidemia – statin
Case of Murray Mills
Balance of Benefits and Harms

- Re-evaluate therapies for:
  - Diabetes
  - Insomnia
  - Dyslipidemia
  - CHF
  - Cognitive decline
  - Osteoporosis

Group Discussion

Algorithm
Case of Murray Mills

**Decide and Communicate**

- Discontinue metformin and glyburide
  - Check FBS only when symptomatic
  - Take metformin regularly
- Discontinue statin
- Discontinue bisphosphonate
- Change CoQ to 360 mg
  - Optimize dietary calcium
- Change nifedipine and keep medications on their name (except for pm)
- Change thiazide to qd (CRI)
- Family asesses
- Safe Return

**GROUP DISCUSSION**

**Algorithm**
Case of Murray Mills
Reassess at Regular Intervals

- Benefits
- Feasibility
- Adherence
- Alignment with goals/preferences

Algorithm

CONCLUSION

Do any of you have cases that you would like to be presented?
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