Geriatric Periodic Health Exam in Primary Care

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Outline

- Definition of Periodic Health Exam
- Benefits of using the PHE
- Evidence for using the PHE
- Assessment and management strategy in primary care - IPEA:
  - Identify
  - Prepare
  - Evaluate
  - Action
What is a Geriatric Periodic Health Exam (GPHE)?

- An assessment that is aimed at preventing, detecting, and controlling specific conditions or risk factors.
- The GPHE speaks specifically to those conditions and risk factors that affect the geriatric population (65+ years of age).
- A process to detect many of the common geriatric issues which require further assessment and/or early intervention.
Why use a Geriatric Periodic Health Exam (GPHE)?

 Targets high-risk “Geriatric Issues”
  - Frailty
  - Sensory Loss (Hearing and Vision)
  - Cognition (MCI, Dementia, Delirium)
  - Depression
  - Falls/Mobility
  - ADL/IADL/Caregiver Support
  - Urinary Incontinence
  - Medications (Polypharmacy)
Why use a Geriatric Periodic Health Exam (GPHE)?

Early identification of Chronic Diseases (Case Finding):
- Diabetes
- Thyroid Disease
- Cancer
- Asthma/COPD
- Obesity
- Cardiovascular Disease
- Stroke
- Arthritis
- Osteoporosis
- Pain
Why use a Geriatric Periodic Health Exam (GPHE)?

✦ Opportunity for screening for risky behaviors
  ▪ smoking
  ▪ obesity
  ▪ nutrition
  ▪ medications

✦ Opportunity to review and manage chronic diseases
Why use a Geriatric Periodic Health Exam (GPHE)?

Opportunity for Education and Health Promotion:

- Thorough screening of common geriatric issues through the GPHE reduces patient worry and may be a powerful motivator for action on the part of the patient (Boulware et al, 2007).
- One-to-one doctor/patient relationship serves to reinforce large-scale public education and awareness.
- Community wide health promotion efforts, ultimately leading to a change in individuals' behaviour (Boulware et al, 2007).
Why use a Geriatric Periodic Health Exam (GPHE)?

- Applicable to Interprofessional Primary Care Practice:
  - Initial targeting and takes no more than 30 minutes to complete.
  - Parts of the GPHE can be self-administered and/or completed by other professionals within the primary care setting leading to better structuring of a physician assessment.

- Intrinsic benefits include:
  - Increased access to care
  - Reduced error
  - Improved Outcome
  - Better use of resources
  - Improved satisfaction of patients, families and personnel
Summary of some Benefits from Chronic Disease Management

- Chronic diseases, if left undiagnosed and untreated, such as diabetes and depression are causally related to other diseases (MOHLTC, 2006).
- 90% of type 2 DM and 80% or coronary heat disease can be avoided with good nutrition, regular exercise, smoking cessation and stress management (MOHLTC, 2006).
- 20% reduction in cancer rates with daily diets high in vegetables and fruit (MOHLTC, 2006).
- Mammography screening for 70% of women (aged 50-69) would prevent 1/3 of breast cancer deaths in Ontario over a 10-year period (MOHLTC, 2006).
- 90% of cervical cancer is preventable with regular screening (MOHLTC, 2006).
- FOBT in those aged 50-75 could reduce colorectal cancer mortality by 15%-33% (MOHLTC, 2006).
The Evidence for GPHE

- Canadian Task Force on the PHE has examined relevant clinical evidence and published a guide to clinical preventative health care targeting seven main screening areas in geriatrics: cognition, physical injury, elder abuse, visual impairment, hypertension, hearing and bacteriuria (Health Canada, 1994).

- The tools presented incorporate the findings and recommendations from the Canadian Task Force.
The Potential Benefits

- Improved management of chronic diseases.
- Better clinical outcomes with a longer life engaged in functional occupations.
- Increased efficiency of “the system”, quality care in the right setting, by the right person at the right time.
- Reduced hospitalizations, reduced ED use and reduced service duplication.
- Increased healthy behaviours.
PHE Framework

Identity

Primary Care Team identifies the need for a comprehensive and structured approach to Geriatric Periodic Health Exam

Prepare

Patient fills out Geriatric Periodic Health Exam – Patient Form prior to visit – at home, or in waiting room.
A member of the interdisciplinary team reviews the Geriatric Periodic Health Exam – Patient Form with patient noting issues for assessment and counseling by specific team members.

Each member of the team uses the Geriatric Periodic Health Exam – Interprofessional Screen guiding the clinician through an evidence-based assessment and treatment process based on the recommendations from the Canadian Task Force on the Periodic Health Exam and issues identified from the Geriatric Periodic Health Exam – Patient Form. The form includes a summary sheet that tracks health issues, follow-up needs and counseling completed.

Evaluate

Members of the primary care team flag pertinent issues for physician requiring further assessment and/or follow-up based on Geriatric Periodic Health Exam – Patient Form and the Geriatric Periodic Health Exam – Interprofessional Screen.

Action

Physician performs informed, targeted assessment of issues requiring further assessment, orders investigations and consults, and initiates necessary treatment documenting on the Geriatric Periodic Health Exam – Interprofessional Screen.

MD in consult with interdisciplinary team review findings, agree on care plan, individual roles, proposed care plan with patient including counseling for risk factors and relevant patient information materials and arrange for further follow up as required.

The Geriatric Periodic Health Exam – Patient Form consists of screening questions for common conditions seen in elderly individuals.

Patient engagement including the Geriatric Periodic Health Exam – Patient Form is improved by the provision of counseling and educational materials that promote optimal health and disease management strategies.

The physician receives information through interdisciplinary team via the Geriatric Periodic Health Exam – Interprofessional Screen on current health issues and risk factors prior to the physical exam, providing for a targeted, efficient visit.

The PHE takes approximately 30 minutes to complete (Mann et al., 2004) and has been shown to be more effective than the routine “physical” (Stachenko, 1994)

The PHE leads to reduced patient worry and may be a powerful motivator for engaging in positive health behaviours on the part of the patient. (Boulware et al., 2007)

The Geriatric Periodic Health Exam – Tracking Form to monitor screening, immunization and counseling needs.
A Comprehensive Periodic Health Exam for those >65 needs to address:

- Geriatric Issues (vision, hearing, incontinence, depression, polypharmacy, cognition, ADL’s/IADL’s, driving and falls/mobility).
- Common Co morbidities (osteoporosis, cardiovascular disease, obesity, diabetes, asthma/COPD, stroke, cancer and arthritis).
- Other Issues (advanced directives, immunization, nutrition, dental, lifestyle, communication & pain).
Self-report forms.
Structured gathering of information that guides evaluation and action.
Efficient use of professional time.
Engages patients and families.
Patient Screening Questions

Ask all patients about:

- Health History
- Medications
- General Health (e.g. ER visits, immunizations, oral health, changes in weight and appetite)
- Mental Health (e.g. 5-item GDS screen, memory and sleep disturbance)
- Lifestyle
- Safety
- ADL’s and IADL’s
Primary care team member conducts scope-specific components of evaluation guided by patient/family component.

Physician conducts scope-specific components of evaluation guided by patient/family and interprofessional components.

**Goal:** Identify all potential causes and modifiable risk factors.
Evaluate – Example Interprofessional Components

- Weight, height and BMI
- Cardio Vascular System – BP and HR
- Hearing – Whisper Test
- Snellen Eye Chart
- Cognition, mood/affect and behaviour
- Timed Up & Go, gait, balance and mobility
- Social history details
- Caregiver Support
- History and risk factors for common co morbidities
Evaluate – Example Physician Components

- Comprehensive medication review
- Vision – fundus
- ENT external – otoscopy, thyroid palpation
- Respiratory – percussion, auscultation
- Cardio Vascular System – auscultation heart, carotids
- Abdomen – palpation
- Musculoskeletal – range of motion, strength, joints
- Neurologic - tone, cranial nerves, coordination, reflexes, sensation
Initially, the goal is to manage immediate risk factors that can be improved rapidly.

Then attempt to adjust and manage those requiring longer-term approach.
Action Framework For Identified Causes / Modifiable Risk Factors

1. Further **Investigation**
2. Multi-dimensional **Management**
3. **Education** of client and Family
Interprofessional Practice and the GPHE

What is the role for other health professionals and who might be involved?

- Audiologist and Speech Language Pathologist
- Chiropodist
- Chiropractor
- Dental Hygienist
- Dental Surgeon
- Denturist
- Dietician
- Health Promoter / Educator
- Kinesiologist
- Massage Therapist
- Medical Laboratory Technologist

- Medical Radiation Technologist
- Naturopath/Drugless Practitioner
- Nurse
- Occupational Therapist
- Optician
- Optometrist
- Orthotist / Prosthetist
- Pharmacist
- Physiotherapist
- Podiatrist
- Psychologist
- Respiratory Therapist
- Social Worker
- Specialist Physician and Surgeon
Primary Care Team identifies need for Geriatric Periodic Health Exam (GPHE), with comprehensive & structured approach.

Engage patient in GPHE through completion of GPHE-Patient Form.

Are there issues flagged in GPHE-Patient Form requiring F/U from Primary Care Team?

YES

Counsel by individual members of Primary Care Team identified from GHPE-Patient Form with provision of appropriate resources / information on prevention & health maintenance.

- Perform & document the GPHE-Interdisciplinary Screen.
- Administer or perform additional scales and tests as indicated.
- Flag issues for F/U at subsequent visits.
- Discuss & decide on any referrals, follow-up, medical tests and/or further assessment required.

NO

Are there issues flagged in GHPE-Interdisciplinary Screen requiring F/U from Primary Care Team?

YES

Provide any educational materials identified throughout GPHE, schedule next GPHE and complete GPHE Tracing Form.

NO

- Arrange tests, appointments and referrals to other professional services.
- Provide any educational materials identified throughout GPHE.
- Schedule follow-up for issues requiring monitoring.
- Make referral to community organizations as appropriate.
Geriatric Periodic Health Exam (GPHE)

Geriatric Issues:

1. Hearing
2. Vision
3. Cognition
4. Depression
5. Falls/Mobility
6. ADL/IADL/Caregiver Support
7. Urinary Incontinence
8. Medications (Polypharmacy)
Geriatric Periodic Health Exam (GPHE)

Common Co-morbidities:

- 9. Asthma/COPD
- 10. Cancer
- 11. Diabetes
- 12. Nutrition/Obesity
- 13. Cardiovascular Risk Factors
- 14. Stroke
- 15. Arthritis
- 16. Osteoporosis
Geriatric Periodic Health Exam (GPHE)

- Other Issues:
  - 17. Driving
  - 18. Immunization
  - 19. Advanced Directives
  - 20. Dental
  - 21. Lifestyle Issues
  - 22. Communication
  - 23. Bowel
  - 24. Pain
Take Home Message

Primary care of the elderly is complex and there are often pre-existing co-morbidities superimposed on acute conditions, therefore, requiring a structured multi-dimensional approach to assessment and treatment using the Identify, Prepare, Evaluate and Action framework and a comprehensive Geriatric Periodic Health Exam (GPHE).
Further Resources

Reports


Toolkits


Your Take Home Toolkit

- Canadian Task Force Recommendations with quick reference sheets and summary charts.
- GPHE Interprofessional Screening Form.
- GPHE Patient Tracking Form.
- GPHE Patient Health Questionnaire Form.
- Patient information and handouts for specific geriatric health issues and general health education.
References


