Slow Medicine and Community Nursing: Building a Foundation for Community-based Eldercare

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Presenter has nothing to disclose with regard to commercial relationships.
Canaries in a Coal Mine

Photo courtesy Mine Safety and Health Administration
U.S. Department of Labor
“The quest for slowness, which begins as a simple rebellion against the impoverishment of taste in our lives, makes it possible to rediscover taste.”
(Carlo Petrini)
DR. ALBERTO DOLARA
“INVITATION TO A “SLOW MEDICINE””
2002
My Mother, Your Mother: Embracing “Slow Medicine”, the Compassionate Approach to Caring for Your Aging Loved Ones

Dennis McCullough, M.D.

2008

www.MyMotherYourMother.com
SLOW MEDICINE(S) IN THE USA

Sweet, Victoria, M.D.,
God’s Hotel: a Doctor, a Hospital, and a Pilgrimage to the Heart of Medicine,
UNDERSTANDING COMPLEX CLINICAL SITUATIONS AND HEALING VIA SLOW MEDICINE

Butler, Katy,
Knocking on Heaven’s Door: Our Parents, their Doctors and a Better Way of Death,
SLOW MEDICINE AT THE END OF LIFE; HOSTS A SLOW MEDICINE FACEBOOK PAGE
Bauer, Ladd, M.D.,

History of Slow Medicine website—BROAD VIEW

Pieter Cohen MD and Michael Hochman, MD, MPH, Cambridge MA Health Alliance
EVIDENCE-BASED MEDICINE — UPDATES IN SLOW MEDICINE (FACEBOOK).

Complementary and Alternative Medicine using
“Slow Medicine” as new (alternative) term
Other Reform Movements (USA)

“Choosing Wisely”

“Right Care” — The Lown Institute
Roots of Slow Medicine for Elders

Kendal-at-Hanover
Geriatric Team Practice
Family-oriented care
Community-Oriented Primary Care (COPC)
The Dartmouth Atlas research
(hospice, palliative care)
Why Slow Medicine for Elders?

Demographics
Fragmentation of Care
Complexity
Uncertainty
Costs
FRAGMENTATION OF CARE:
more and more “-ists”

Special-ists
Hospital-ists
Transition-ists
SNF-ists
LTC-ists
Office-ists
Home-ists
Palliative care-ists
Hospice-ists
Incidentaloma-ists
Nocturnalists
Stability

“Everything is just fine, dear.” - Mom
Compromise

“Mom’s having a little problem.” - Dad
Crisis

“I can’t believe he’s in the hospital” - Sister
Recovery

“She’ll be with us for a while”
- Rehabilitation Nurse
Decline
“We can’t expect much more.”
-Visiting Nurse
Prelude to Dying

“I sense a change in her spirit.”
-Nurse in Long-Term Care
Death

“You’d better come now.”

-Hospice Nurse
Grieving & Legacy

“We did the right things…”
-Brother
Slow Food Principles

Family Recipes, Local Ingredients

Simmering on the Back Burner

Large Table, Long Meals
Slow Medicine Principles

Cultural Context and Patient & Family Values
Pacing ALL Eldercare Decisions
Enlarging Support
Sustaining Advocacy
For elders and families, Slow Medicine is a philosophy and a set of practices to improve quality of life and quality of care.
For doctors and other health professionals, Slow Medicine represents an improved way of understanding and guiding elders and their families.
AGS Guiding Principles for Management of Multimorbidity

Patient Preferences
Interpreting the Evidence
Prognosis
Clinical Feasibility
Optimizing Therapies and Care Plans
Patient Preferences

- A “deeper understanding” of the patient
- “Informing the patient” does not equal “understanding by the patient”
- Eliciting broad preferences is not medical decision-making
- Family, friends deserve involvement
- Preferences change over time (Kleinman)
Evidence

- Much of care of chronically ill and frail is an “evidence-free zone”
- Clinical practice guidelines often in conflict
An under-developed clinical skill

A “springboard” to deeper discussions

Dr. Daniel Hoefer, Sharp, California

use prognostication tools

hold all clinicians to a “Fifth Category” --SOAPP, not SOAP

How about a “Prognostic Batting Average”?

“It’s time we take a second look at the care we provide to the pre-terminal and advanced elderly, and remember a basic tenet of health care: primum non nocere – first do no harm.”

~Daniel R. Hoefer, MD, CMO, Outpatient Palliative Care, Sharp HealthCare
Clinical Feasibility

- Treatment complexity
- Treatment burden
- “Looks fine on paper, but impossible for elder, family, caregivers”
Optimizing Therapies and Care Plans

- “Promise medications”
- Polypharmacy
- Conflict resolution: doctors (not) talking to doctors
- Requires years of attention
Embedding Slow Medicine within Fast Medicine

Incorporate GERONTOLOGY, not just GERIATRICS

De-emphasize EFFICIENCY--focus on SLOWED CLINICAL PROCESS

Attend to INDIVIDUAL within CIRCLE OF CONCERN
“Side Effects” of Slow Medicine

- More control resides with elders and families
- Wider range of choices offered
- Humanistic caring
- Cost reductions
Challenges for Medical Systems

- Our future success resides in knowing how to better care for the chronically ill and frail.
- Embracing this task leads to more experienced clinicians and nuanced advising for elders.
- EOL and Late Life costs undermine our care systems.
- 80% of people die after age 65
  - 20% at age 65-75
  - 30% at age 75-85
  - 20% after age 85
Upper Valley Community Nursing Project

Dennis McCullough, MD
Laurie Harding, MS, RN
ReThink Health 2014
What Is The Problem?

In the Health Care System:
- Gaps in care for frail and chronically ill older people
- Lack of connection between patient, family, health and medical care providers – we need “better glue”
- Poor coordination of medical care
- Elder care needs are not consistent with the way care is currently delivered
The Aging of the Population

The anticipated cost of health care for elders in the future if we continue as we are today
Aging has Real Impacts on Medicare...

Impact of Aging on Total Spending in Medicare
Estimated 2010 Spending and Aging Impacts on 2030 only

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<th>Age Group</th>
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Successful Programs Are Built On

- Relationships
- Trust
- Continuity (avoids duplication)
- Compassion
- “Close to Home” Care
- 24/7/365
  (resembles family caregiving)

Source: FMEC 2013
Assisting communities in developing a community-based nursing program that is driven by need - not by reimbursement - and focuses on:

- Medical/Social Problem Solving
- Surveillance of High-risk individuals
- Filling the Care Need Gap
- Decreasing the Sense of Isolation
- Avoidance of Emergent Care
- Volunteer Support
- Collaboration with Medical and Human Service Providers
How Does UVCNP Work to Address a Frail/Aging Population?

- Medical care institutions “build out and down” while UVCNP “builds in and up”
- Nurses based in communities, hired by the community, who work with volunteers
- Simple and similar job descriptions: licensed, experienced, familiar with the community and its resources and volunteers
- Focus on relationships and slow medicine approach to care
- Care coordination and intra-community referrals
In our quest for quality in the late years of life, Slow Medicine brings together the best “medical caring” with our age-old traditions of support and caring for elders and their families.
The Race for Quality and Sustainability