2005 White House Conference on Aging

Schmieding /ILC Solutions Forum on Elder Caregiving

June 2, 2005 ♦ 9 am -12 noon

Schmieding Conference on Elder Homecare

June 2, 2005 ♦ 12 noon - 4 pm

REPORT OF FINDINGS

JENNIFER A. DILLAHA, M.D.

ROLE OF PHYSICAL FUNCTION IN KEEPING ELDERS AT HOME

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SOLUTIONS FOR KEEPING ELDERS AT HOME FOR LIFE

TESTIMONY OF JENNIFER DILLAHA, MD TO THE POLICY COMMITTEE OF THE WHITE HOUSE CONFERENCE ON AGING

My name is Jennifer Dillaha. I am a physician with specialty training in internal medicine and subspecialty training in infectious diseases and in geriatric medicine. I am board certified in all three areas. Since 2001 I have been with the Arkansas Department of Health, where I am the Medical Leader for Chronic Disease, as well as the Medical Leader for the Southwest Public Health Region of Arkansas. Since joining the Health Department, I have played a leading role in the Agency's efforts to address the public health needs of the State's large aging population. Currently I am serving as the Chair of the Healthy Aging Interest Group of The Association of State and Territorial Chronic Disease Program Directors. I also have faculty appointments as assistant professor in the University of Arkansas for Medical Sciences College of Public Health and College of Medicine.

SUMMARY OF FINDINGS

Over the past four years I have invested much time and energy reviewing the medical and public health literature in order to understand the preventive health care needs of older Arkansans. As a result, I have concluded that maintaining physical function is likely the most important key to maintaining a healthy older population. Ironically, it is something that health care providers do very little to address and at very great expense. Let me explain what I mean.

Physical function, defined as the ability to perform the physical acts required for self-care, is a key component of overall health. Basic physical function includes the ability to get up and move around, to eat or feed oneself, to bathe and dress oneself, and to maintain bowel and bladder continence. It is physical function that allows elders to care for themselves to the greatest degree possible, and it is an important part of being able to live independently in the community. People who wish to remain in their own homes as they age will need to maintain, or improve, their physical functioning over time in order to do so.

- Persons with deficits in physical function often require assistance in their activities of daily living. A decline in physical function often drives increased use of in-home services or entry into the long-term care system.

- Declining physical function may herald an increase in risk for falls, and subsequent hip fracture or traumatic brain injury, which are both catastrophic and costly.

- Measures of physical function serve as the best predictors of health outcomes among community-dwelling older adults. This appears to be the case, regardless of specific medical diagnoses or co-morbid conditions. Maintaining or improving physical function plays a critical role in improving health care outcomes, not to mention quality of life.

- Evidence-based interventions published in the scientific literature demonstrate the benefit and cost-effectiveness of interventions to maintain or improve physical function among older adults, particularly those involving increased physical activity.

- Many, if not most, physicians (and other health care providers as well) give little attention to the functional status of their older patients. Few physicians are skilled in assessing physical function, and most have had little or no training in functional assessment.

- In addition, few physicians have a working knowledge of the evidence-based interventions demonstrated to maintain or improve physical function and consequently omit consideration of physical function from their treatment plan.

RECOMMENDATIONS AND REFORMS

There are three priority areas for policy recommendations and reforms that I would like to propose. First, health care providers must have the skills needed to assess physical function. Second, functional assessment must become part of the standard of care. And finally, preventing functional decline must be viewed by physicians and other professionals as falling within their area of responsibility as health care providers.

1) Health care providers must have the skills to assess physical function:

    - The Centers for Medicare and Medicaid Services (CMS) should make functional assessment a required component of all "History and Physical Exams" performed on older adults. The "H & P" should become the "H, P & F"—"History, Physical Exam, and Functional Assessment".

    - Functional assessment should be taught as a standard element of the H, P & F, to student physicians and other health care students during professional school and during post-graduate education and training.

    - Assessment of physical functioning should be a core competency for graduate medical education accreditation in all disciplines that engage older patients.

    - Continuing medical education for all Medicare providers should include education in functional assessment.

2) Functional assessment should be part of the standard of care:

    - CMS should develop and implement diagnostic and billing codes to support the inclusion of functional assessment as a standard part of the H, P & F, in both inpatient and outpatient settings.

    - Electronic medical records, including those developed by CMS for DOC-IT, should include functional assessment as standard element in the software.

- CMS, the Agency for Healthcare Research and Quality (AHRQ), the National Institutes of Health (NIH), and other federal agencies should fund and support research to test and validate the most accurate and effective tools to assess physical functioning.

3) Functional decline should be recognized by physicians as a health indicator that requires a planned intervention on their part that is both appropriate and timely.

   - CMS, AHRQ, NIH, and other federal agencies should fund and support research to investigate the most effective interventions to maintain or improve physical function among older adults in a variety of settings and among a variety of social, racial and ethnic groups.

   - The Quality Improvement Organization program of CMS should develop and implement quality indicators for functional assessment and appropriate interventions.

In summary, maintaining or improving physical function among older adults is key to maintaining the health and quality of life for millions of older Americans. My perspective is that a change in the paradigm we use to view the health of older adults is needed, and I strongly encourage the Policy Committee to include this concept in the final recommendations of the White House Conference on Aging.

The role of physical function is undervalued by health care providers when compared to the preferences of older adults. Surveys find that older adults often prioritize function and comfort over disease treatment and prolongation of life.

I would like to thank the Policy Committee and the Schmieding/ILC Solutions Forum on Elder Caregiving for this opportunity to share my concerns and ideas.