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Providing a Health and Wellness Resource Guide to Senior Patients in Western Connecticut

Pooja T. Desai

Robert Larner College of Medicine at The University of Vermont

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Providing a Health and Wellness Resource Guide to Senior Patients in Western Connecticut

Pooja Desai
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Robert Larner College of Medicine at The University of Vermont
Project Mentor: Thomas Whelan, MD
Brookfield Family Medicine, Brookfield, CT
With a gradual improvement in health-care services, life expectancy has increased and thus the percentage of the elderly population.

Senior patients (>60 years) have a higher prevalence of chronic diseases, physical disabilities, mental illnesses, and other co-morbidities, when compared with younger patient populations. (1)

80% percent of senior patients have at least one and 50% have at least two chronic conditions. (2)

In the Primary Care setting, prevention and control of health problems of elderly patients necessitates a multifaceted approach incorporating active collaboration of health, social welfare, rural and urban development, and legal sectors.

A community based geriatric health-care program should start with the development of a comprehensive policy so as to include not only medical aspects, but other social determinants of health as well. (3)

In order to effectively coordinate care for senior patients, physicians and other health professionals must be aware of the resources available in their community.
Public Health Costs

- Although most Primary Care offices conduct falls risk assessments, fall injuries continue to be a leading cause of morbidity and mortality in elderly patients.

- According to the U.S. Centers for Disease Control and Prevention one in four Americans aged 65+ falls each year. Falls result in more than 2.8 million injuries treated in emergency departments annually, including over 800,000 hospitalizations and more than 27,000 deaths. (4)

- Elderly patients struggle with chronic disease management.

- A 2014 Connecticut Hospitalizations study showed that heart disease was the leading cause of hospitalization for ages 65 and older. The lowest rate of hospitalizations was for ages 5-14 (1,378 per 100,000) and the highest for ages 65 and older (26,761 per 100,000). (5)

- Assisted living and nursing facilities cause a huge financial burden on patients and their families.

- A 2013 study showed that nursing facilities in Connecticut charge an average daily rate of $390/day, summing to an average annual rate of $142,200. These figures show a 3.6% increase in charges over the past five years in the state. (6)
Community Perspective on Issue and Support for Creating Resources Handout

- **Dr. Thomas Whelan**  
  Family Medicine Physician, Brookfield Family Medicine

  “Medical management of elderly issues should go way beyond which pill to take. Wellness for the elderly is usually a coordination of available resources, including doctor visits, but especially knowing the available resources will assist me and our practice.”

- **Kevin Hartman**  
  Program Manager, Accountable Health Communities, Danbury Hospital

  “There are so many factors that influence clinical outcomes in patients. Up to 50% of the cost of care comes from the five social determinates of health: housing instability, food insecurity, utility needs, interpersonal violence, and transportation needs. By providing patients with these resources, we will improve clinical outcomes.”

- **Maureen Farrell**  
  Director of Community Wellness, Regional YMCA of Western CT

  “With my public health background, I’m always looking at population health. I’m working with the Western Connecticut Health Network on different strategies to address health needs in our community. We’ve found that the efforts we make now for prevention do improve future clinical outcomes. Educating physicians on what community resources are available is important because it all starts with the doctors, as they’re the ones that patients have confidence in. Doctors can help senior patients get to a place where they can find more help.”
Intervention and Methodology

- Lack of awareness of available resources for senior populations was a common complaint during my patient encounters over the course of the family medicine rotation.
- Through dialogue with the providers at Brookfield Family Medicine, local social workers, health program managers at Danbury Hospital, and the Directory of Community Wellness at the local YMCA, I found that identifying available senior resources was an important need in the community and that providing an educational handout would be a useful resource for all providers in the practice.
- My interviews and research guided the creation of an informational handout on the available resources for senior patients.
- Resources incorporate many aspects of health, including fitness and wellness, housing, socialization and recreation, medical needs, medical equipment and technology, support groups, and transportation.
- Resources are located in the major cities in Western Connecticut.
- This handout is written with accessible language.
- Handout was given to all patients ages 60 and older.
Results

- The informational handout was given to providers at Brookfield Family Medicine and was positively received as a useful resource which would be beneficial to distribute amongst their patients.

- The handout is being hung up in patient exam rooms.
Effectiveness and Limitations

- **Effectiveness**
  - A short survey could be created to evaluate the effectiveness of the informational handout. This could include
    - Patient response to the handout and its utility
    - Whether patients had attended any of the events or reached out to any site contacts

- **Limitations**
  - There was limited time to assess the effectiveness and response to the handout.
  - The handout does not include all available resources, as many are listed online. This may pose a problem for patients who don’t have regular access to internet or smart phones.
  - Patient motivation to try and implement these techniques is an important limitation.
Recommendations for Future Interventions

- Future interventions can expand the handout to include new resources, such as additional fall prevention and chronic disease management classes.

- Incorporating the handout into the practice’s electronic medical record may facilitate distribution, as patients can leave with this along with their visit summary.
References


