



TTT SERIES: IMPROVING HEALTH OUTCOMES PRESENTATION

TRAINER NOTES

Course Description: This course is designed to provide the tools and techniques necessary for your staff to ask the right questions to help patients achieve better health outcomes. The emphasis of this presentation is the Health Outcome Survey, also known as HOS. The HOS survey is compiled from a patient-reported outcomes measure used in Medicare managed care. The survey is composed of 68 questions which include the five measure composites dealing with physical health, falls prevention, urinary incontinence and mental health.

Purpose: Keeping in mind your patient populations, the goal of the HOS survey is to gather valid, reliable, and clinically meaningful health status data that will lead to the improve health outcome of your patients. The HOS survey is used in quality improvement activities, pay for performance, program oversight, public reporting, and to improve health.

The following notes correspond to the Improving Health Outcomes slide deck:

SLIDE #1: INTRODUCTION

- Here is where you can personalize the introduction to your group's meeting/session/training.

SLIDE #2: IMPROVING HEALTH OUTCOMES OBJECTIVES

- By the end of this presentation, you will be able to:
 - Communicate with patients about their gaps in care and outcomes.
 - Define what impacts patient health outcomes
 - Discuss challenges/barriers to accessing care to meet patient needs.
 - Describe how HOS measures impacts a patient's overall health.

SLIDE #3: WHAT IS 5-STAR?

- What is 5-Star?
 - The focus is on how patients feel about their care and how it is being delivered – their perception of quality. We look at how patients engage with their care; screening, tests, etc.
 - **5-Star is a set of quality measures used by Medicare.**
 - **The scoring is based on encounters, chart reviews, surveys and administrative data from providers and health plans.**
 - There are fifty-three measures that cover the following categories:
 - Staying healthy screening tests
 - Managing chronic conditions
 - Member satisfaction with the health plan and providers
 - Member complaints and Medicare problems
 - Health plan handling of customer appeals
- **HEDIS, CAHPS, HOS MEASURES**
 - **What is HEDIS?** Healthcare Effectiveness Data and Information Set
 - HEDIS looks at annual screening, reduce readmissions, medication reconciliation and A1C: a test that measures what % of hemoglobin (protein in the RBC that carries Oxygen) is coated with sugar – higher the # (over 6.5) = Diabetes and too high at risk for complications.
 - **What is CAHPS?** Consumer Assessment of Healthcare Providers and Systems

- To simplify, the **survey** is a standardized tool to measure patients' perception of care provided by physicians in an office setting.
 - **What is HOS?** Health Outcomes Survey – which we will be discussing in detail in today's presentation.
 - These are all 5 Star measures that are used by Medicare to evaluate healthcare plans (SCAN) and providers and their staff on how well care is being delivered to our members and your patients.
 - These surveys and screenings are our Report Cards!
- **Ratings help beneficiaries compare plans based on quality and performance**

SLIDE #4: DEFINITIONS: HEDIS AND CAHPS

- **HEDIS**
 - The Healthcare Effectiveness Data and Information Set – HEDIS — was created by the National Committee for Quality Assurance (NCQA) to measure the clinical quality performance of health plans.
 - Data set that “grades” and compares health plans’ quality outcomes.
 - For health plans and medical groups, HEDIS ratings can be very important. The scores on measures can help providers understand quality of care being delivered to their patients in some of the most common chronic and acute illnesses.
 - HEDIS looks at annual screening, reduce readmissions, medication reconciliation and A1C: a test that measures what % of hemoglobin (protein in the RBC that carries Oxygen) is coated with sugar – higher the number (over 6.5) = means the patient has Diabetes and is at high risk for complications.
- **CAHPS**
 - CAHPS stands for Consumer Assessment of Healthcare Providers and Systems.
 - CAHPS surveys ask consumers and patients to report on and evaluate their health care experiences in different settings.
 - Surveys cover topics important to consumers and focus on those aspects of quality that consumers are best qualified to assess.
 - Its purpose is to advance our understanding of patient experience with health care.
 - To simplify, the **survey** is a standardized tool to measure patients' perception of care provided by physicians in an office setting.

SLIDE #5: IMPROVING HEALTH OUTCOMES

- This is the introduction slide to HOS (Health Outcomes Survey).
- This is one of the 5 Star measures that are used by Medicare to evaluate healthcare plans and providers and their staff on how well care is being delivered to our members and your patients.
- You could say it is our Report Card!

SLIDE #6: DEFINING HEALTH OUTCOMES SURVEY (HOS)

- What is the Health Outcome Survey or as we call it HOS?
- **Definition:**
 - Survey that asks consumers and patients to report on and evaluate their healthcare experiences.
 - Patient-reported outcomes measure used in Medicare managed care
- **What does the survey do?**
 - The goal is to gather valid, reliable and clinically meaningful health status data to improve health.

- Assess patient experience in a specific healthcare setting
- Used in quality improvement activities, pay for performance, program oversight, and public reporting.
- **What's the connection to patient health outcomes?**
 - Good communication between providers and patients is key to positive healthcare processes and outcomes.
 - Improved patient adherence to treatment plan
 - Improved clinical outcomes, patient safety practices
- What is key to consider when looking at the HOS measures is how **inter-related** they all are.
 - For example, chronic pain which is included in the physical health measure has an enormous impact on patient mental health. Of if someone has a fall, we need to consider impacts on all aspects of health.
 - And maintaining physical strength through physical activity as we age positively impacts nearly all areas of patient health.
 - Perception is really important because it affects how the patient looks at their physical health, mental health and overall health outcome.

SLIDE #7: CROSS WALKING PATIENTS' HEALTH

- **Cross Walking Patient's Health – identifies and addresses psychological, behavioral, emotional, cognitive and interpersonal factors.**
- Here is where we look at how the patient is screened, assessed, receives staff intervention, and is provided with patient follow-up.
- **Functional Status:**
 - In older adults, functional status predicts mortality, health care costs, nursing home placement and other outcomes.
- You want to be able to assess their activities of daily living:
 - Basic activities of daily living (BADL) – the ability to perform basic self-care tasks – Examples: eating, dressing, bathing, toileting
 - Intermediate activities of daily living (IADL) – the ability to live independently – Examples: housework, laundry, transportation
 - Advanced activities of daily living (AADL) – the ability to fulfill societal, community, and family roles, and participate in recreational or occupational tasks
 - Examples are work, babysit their grandchildren, go to the senior center, involved in community services
- Our ability to perform daily tasks greatly impacts the perception of our health.
- Now, keeping functional status in mind, let's look at what may impact a patient's overall health, and their perception of their health.
- **Mental Health:**
 - Do they have any mental health issues, such as depression, fear, anxiety, and withdrawing socially?
 - Pay attention to how many times they tell you that they are sad or lonely
 - What non-verbal signs are you able to assess as well as verbal?
- **Physical Health:**
 - When people are emotional or distraught, negative perceptions are amplified, and they **rate their health as poorer** than their peers. These negative perceptions can lead to further functional decline.

- Not being able to do the activities that we used to do, such as running or skiing can further impact the patient's negative perception of their health.
- Lack of physical ability or motivation to engage in physical activities can further impact depression.
- Addressing patient health involves considering multiple areas covering both physical and mental aspects of health.
- HOS measures represent important aspects of patient health. They drive patient physical and mental health so we can't really separate them. Someone who is socially isolated due to concerns about bladder leakage may be more depressed, more likely to think his or her health is poor, is probably less likely to exercise and may be at increased risk for falling if trying to hurry to the toilet.
- **Access to Care:**
 - In addition, **the social determinants of health (SDOH)** adds another layer that can impact the patient's health and make access to care more challenging. Different patients are going to need different levels of assistance to gain access. One size does not fit all.
 - For example, Mrs. Jones is grieving. Looking at her access to care due to depression may be different than another's patient reason for dealing with grief: loss of a family member, home, animal, etc. Access for each patient varies, and our care and attention needs to vary as well.
 - NOTE: Here is where you can use an example of a patient in your office or demographics.
- **Provider Relationship:**
 - When a provider pays attention and listens to their patient, positive outcomes are much more likely to occur. Having a relationship with you, the provider is essential to the patient to manage their health. With that positive relationship, the patient gains trust in your office, your staff, and your care plan. They will listen and follow what you say, which will give them confidence in the treatment plan, and the patient's ability to follow it.
- **Patient Activation:**
 - Patient activation is ensuring that patients have the **knowledge, skills and confidence** in managing their own health care. Bear in mind, many factors influence patients level, or ability to manage their care. For example, the loss of a spouse could impact her level of activation into her own care.

SLIDE #8: MONITORING PHYSICAL HEALTH

- **HOS Measure Composite: Monitoring Physical Health**
 - As we all know exercise is magic...if we could put its qualities in a pill we could improve health a lot.
 - People who rate their health as frail or poor are more likely to be hospitalized. It is all about the patient's perception.
 - Setting expectations for your health for your age. We want our patients to understand what is excellent health and very good health relative to their age.
 - We want our patients to understand that excellent health in their 80s is different than excellent health in their 60s.
 - The higher the health score is, which correlates to a higher 5-Star score, the better the reimbursement rates which allows us to provide better benefits.

SLIDE #9: IMPORTANCE OF PHYSICAL HEALTH

- **Importance of Physical Health**
- **Review the slide and emphasize the importance of each recommendation:**

- Improves general health and quality of life
- Maintain the ability to live independently
- Reduces the risk of falling and fracturing bones
- Maintain flexibility and prevent muscle wasting/shortening
- Can improve mood, reduce stress and the impact of depression
- **Food for thought:**
 - When seniors come in to your office, do you ever feel that it is inappropriate to suggest physical activity because they are older, frailer or disabled?
 - Remember, we are all capable of activity at some level based on what is appropriate.
 - Take the time to discuss the importance of physical activity. Use personal stories or examples to illustrate the impact of physical activity.
- **Please note:** Physical activity and good mental health are interwoven.
- Anyone in the office can discuss this connection with the patient and how it impacts the patient overall health outcome.

SLIDE #10: PHYSICAL ACTIVITIES FOR SENIORS

- **Physical Activities for Seniors:**
 - Note to Trainers: If you have time, share with the attendees the following video
 - **YouTube Link: 93-year-old woman loves exercise class! – Daily Mail** at <https://www.youtube.com/watch?v=H8oSONuVZMA>
- Play video clip and afterwards, speak to what the audience saw:
 - What are their feeling towards the idea that seniors can find a way to exercise at any age?
 - Reiterate the fact that physical activity is important at any age, and all ability levels.
- Here are other types of exercise – review slide.
 - Discuss types of physical activities that you see seniors doing that you might recommend to your patients.
 - Talk about different levels of activity to meet the needs of patients at various stages of health and age.
 - Patients can be encouraged to select an activity and be educated on how to begin or restart.

SLIDE #11: HOS SURVEY QUESTIONS – MONITORING PHYSICAL HEALTH

- Have your staff review these survey questions so that they will be able to address the topics and be prepared to care for the patients accordingly.
- Use the language in the questions when you speak to your patients.
- Questions or topics to consider when talking to your patient about their physical health:
 - Do a comparison of the patient’s activity level from the previous year to now
 - Ask the patients to describe the things they like to do for physical activity
 - Encourage patients to continue or start physical activity.
 - Talk about things they might already be doing such as gardening or housework.

SLIDE #12: BEST PRACTICES: MONITORING PHYSICAL HEALTH

- **Best Practices: Monitoring Physical Health**
- Talk to with your patients about:
- **Current levels:**
 - Discuss how your staff assesses the patient’s current of physical health and regular exercise or physical activity.

- Ask patients what they like to do, what they wish they could do, and what they may be capable of doing.
- **Maintaining or increasing physical activities:**
 - Ask your patients if they are able to climb stair, have a specific time that they walk or go to the gym? Inquire if anything has changed that causes them not to be physical active.
- **Assessing Gait:** (walking ability)
 - Does the patient use any DME (durable medical equipment): Canes, Walkers, Wheelchairs?
 - Does the patient need physical therapy?
 - Does the staff encourage home exercises that could make the patient stronger?
- **Identify the Barriers:**
 - Identify what barriers the patients are experiencing due to physical limitations that will cause them difficulties in obtaining access to care?
 - What are some of the obstacles that the patient faces when attempting to do physical activities?
- **Education and Resources:**
 - Explore with the patient the possibilities of attending nearby senior centers, walking groups, etc.
 - Does the office have pictures or instructions regarding different exercises that can be provided to the patients so that they can envision activities within their capabilities to perform alone or with a group.
 - Encourage the use of the Internet or YouTube videos to learn about different types of exercises for seniors.
 - Participation in activities not only maintains physical fitness but reduces social isolation and depression.

SLIDE #13: IMPROVING AND MAINTAINING PHYSICAL HEALTH

- **HOS Measure Composite: Improving and Maintaining Physical Health**
 - One of the key HOS measures is improve and maintaining physical health.
 - It's one thing to start an activity...it is another to maintain the energy and commitment to that activity.
 - It can take anywhere from **18 to 254** days for a person to form a **new habit and an average of 66 days** for a new behavior to become automatic.
- **Why is it important to maintain their physical activities?**
 - It helps improve our moods and helps reduce stress. In other words, we are better able to handle difficult or demanding situations
 - It helps us maintain muscle flexibility and balance; thereby, preventing a person from falling and hospitalization
 - It helps improved the overall quality of a person's life. A person is able to maintain their independence, their social contacts and reduce illness and isolation.
- **One of our challenges is that CMS looks at the scores from 2 years ago and compares it to current scores.**
 - CMS looks at the percent of all senior patients whose physical health was the same or better than expected after two years
 - This is how the care we administer to our patients is measured.
 - The only way to ensure our patients' health stays the same or improves is to engage with the patient and help activate them in to their own care. We can't change how they responded 2 years ago, but we can influence their perceptions moving forward.

SLIDE #14: PAIN METER

- **Pain Meter**
 - To assess if a patient is able to maintain or improve their level of activity, it is always good to see if they are dealing with pain.
 - Pain is the main driver in the scoring of this measure so it is a really good place to start.
 - Data informs us that people in pain are more likely to use services.
- These type of Pain Meters help a patient with the ability to tell us how they feel...more objective than subjective answers.
- Have the staff address the following questions?
 - Do you use pain meters in your office? How might these be beneficial?
 - Discussions with your patients should include: “Let’s set goals around your pain and how we can help you manage it.
 - Pain meters are a useful tool in pain management. The goal in dealing with pain is that of management rather than elimination.
- This is an important message to get out to your patients by setting realistic expectations. You must provide them with the information so that they understand that the doctor may not be able to eliminate pain but will help to manage it. The bigger issue is if the patient expects the doctor to cure them and it does not happen, then their disappointment will not only affect their patient satisfaction but it will affect our scores.
- This slide is not only a good tool to use to evaluate the patient’s level of pain but it can be used as a quick activity with the staff:
 - For example: If you (staff member) were asked, “How would you rate your pain level today?”

SLIDE #15: HOS SURVEY QUESTIONS – IMPROVING AND MAINTAINING PHYSICAL HEALTH

- **HOS Survey Questions regarding Improving and Maintaining Physical Health**
- Have your staff review these survey questions so that they will be able to address the topics and be prepared to care for the patients accordingly.
 - Use the language in the questions when you speak to your patients.
- People who rate their health as frail or poor are more likely to be hospitalized.
- It is all about the patients’ perception. Assist the patient to set expectations about what they are capable to do at their age. People can feel differently as they get older. They can experience loss, loneliness, depression and anxiety.
- The HOS Questions can assist you in assessing the patient’s physical health. Here are questions or topics to consider when talking to your patient about their physical health:
 - Do a comparison of the patient’s activity level from the previous year to now
 - Ask the patients to describe the things they like to do for physical activity.
 - Encourage patients to continue or start physical activity.
 - Talk about things they might already be doing such as gardening or housework.
- Remember how our patients answer these questions will strongly affect how we are measured.
- **One of our challenges is that CMS looks at the scores from 2 years ago and compares it to current scores.**

SLIDE #16: BEST PRACTICES: IMPROVING AND MAINTAINING PHYSICAL HEALTH

- **Best Practices: Improving and Maintaining Physical Health**
- Talk to with your patients about:
- **Overall Health:**

- People who rate their health as frail or poor are more likely to be hospitalized. It is all about the patients' perception.
- Set achievable goals with the patient around physical activity/exercise.
- We want our patients to understand what excellent and very good are for them.
- **Daily Activities:**
 - Work together with your patients to form an activity profile: walk 4 times a week for 30 minutes; go to the gym 2 times a week for strengthening exercises, etc.
 - So as not to discourage our patients, set long term and short term goals. For example, start a program of 15 minutes of walking every day (short term). This is achievable and not overwhelming.
 - We want our patients to understand how to maintain their current level of health or improve their level of health.
- **Assess Pain Levels:**
 - Ask the patients if they have pain and how much does it affect their ability to do any type of activity
- **Identify Barriers:**
 - What are the barriers that prevent them from doing or participating in an activity? Is it pain, transportation, embarrassment? Assess the Social Determinants of Health that are preventing the patient from achieving optimal health.
- **Education and Resources:**
 - Encourage patients to seek out activities that they would enjoy. Are there senior centers nearby, walking groups, etc.?
 - Does the office have pictures of different exercises that can be provided to your patients so that they can envision activities that they may be willing to do on their own or with groups?
 - Print out Age Page on Physical Activity for your patients.
<https://order.nia.nih.gov/sites/default/files/2017-11/exercise-and-physical-activity.pdf>

SLIDE #17: REDUCING THE RISK OF FALLS

- **HOS Measure Composite: Reducing the Risk of Falls**
- For the Trainer, ask the following questions of your staff:
 - How many of you believe we, as healthcare workers, can actually prevent falls?
 - How many of you believe that seniors fall and that you can't do anything about it?
- Each year approximately 30 to 40% of people aged 65 years and older who live in the community fall.
 - Roughly half of all falls result in an injury, of which 10% are serious.
 - The injury rates increase with age.
 - The direct medical costs for falls total nearly \$30 billion annually.
- And there is a small percent of senior patients who have had a problem with falling, walking or balancing, and who have discussed it with their doctors and got treatment for it during the year.
- **Resource: Assessment and Management of Fall Risk in Primary Care Settings by Elizabeth A. Phelan, MD, MS**

SLIDE #18: IMPORTANCE OF REDUCING FALL RISK

- The following points discuss the Importance of Reducing Fall Risks:
- **First Point: Fear of Falling**
 - It's important to realize that Falls can also cause injuries that are not visible to others.
 - Some people who experience a fall become fearful of falling again

- Patients may not report falls for fear of losing independence. They fear that their families may take away their homes and relocate them into a nursing facility.
- Leads to a cascade of eventual isolation. The patient does not want to leave their home for fear of falling. This fear may cause a person to cut down on their everyday activities. When a person is less active, they become weaker and this increases their chances of falling.
- Ask patients about their fears or worries about falling
- **Second Point: Leading cause of Injury in People aged 65+**
 - **Falls are the number one injury older people get hospitalized.** 10- 20% of falls cause serious injury which may lead to hospitalization.
 - One out of five falls causes a serious injury such as broken bones or a head injury
 - Each year, 3 million older people are treated in emergency departments for fall injuries.
 - Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a head injury or hip fracture.
 - Each year at least 300,000 older people are hospitalized for hip fractures.
 - More than 95% of hip fractures are caused by falling, usually by falling sideways.
 - The mortality risk of hip fractures within one year increases.
 - Falls are the most common cause of traumatic brain injuries (TBI).
 - **People are 2 or 3x more likely to die within a year post fracture than the general population.**
 - And one year after a hip fracture, only approximately 40% of surviving patients regain their previous level of mobility and only approximately 25% regain their former functional status
 - [Resource: From the CDC: Home and Recreational Safety 2017](#)
- **Third Point: Every Second an Older Adult Falls**
 - Activity: 5 second countdown...you ask your staff to make a fist, then as you count, 1,2,3,4,5... you open your fingers until the hand is completely open.
 - Then looking at the hand, you explain that in that amount of time, 5 older adults just fell.
- **Fourth Point: Increased Cost to the Patient and Healthcare**
 - 1/2 of older adults will require home health care in the 6 months following a fracture
 - Many will have long-term functional decline.
 - In 2015, the total medical costs for falls totaled more than \$50 billion. Medicare and Medicaid shouldered 75% of these costs.
- **Fifth Point: Many are unable to live Independently**
 - Many are unable to live independently after a fall, which directly impacts their quality of life.
 - It impacts the patient's access to care, both directly and indirectly
 - It impacts the provider's office which include increased office visits, possible hospitalization and increased resource utilization: home health care services, PT, housing, safety checks, etc.
- **Note to Trainer: Staff Participation**
 - Ask your attendees if they know of someone (family, friend, even patient) who has fallen.
 - After the person fell, did they experience some type of loss of independence?
 - How did the fall change the person's life or daily routine?

SLIDE #19: HOS SURVEY QUESTIONS – REDUCING THE RISK OF FALLS

- **HOS Survey Questions regarding Reducing the Risk of Falls**
 - Have your staff review these survey questions so that they will be able to address the topics and be prepared to care for the patients accordingly.
 - Use the language in the questions when you speak to your patients.

- **Reminder:**
 - Each year, millions of older people—those 65 and older—fall. In fact, more than one out of four older people falls each year, but less than half tell their doctor. Falling once doubles your chances of falling again.

SLIDE #20: RISK FACTORS

- **Risk Factors**
 - They are Biological, Behavioral and Environmental
 - Most falls are caused by a combination of risk factors.
 - The more risk factors a person has, the greater their chances of falling.
 - Factors can be modified to improve /decrease risk
 - Show Home Safety Checklist and remind participants of resources available.
- **Review risk factors on slide**
 - **Biological**
 - Muscle weakness or balance problems
 - Medication side effects and/or interactions
 - Chronic health conditions
 - Vision changes and loss
 - Loss of sensation in the feet such as neuropathy
 - **Behavioral**
 - Inactivity contributes to the weakening of muscle strength
 - Risky behaviors such as walking without a cane or walker, not holding on to hand railings, etc.
 - Alcohol/substance use: over drinking and using “recreational” drugs that may cause a person to lose their balance.
 - **Environmental**
 - Clutter, tripping hazards such as stacks of books/magazines, cords misplaced or not taped down, small pets who love to come up to a person’s feet
 - Poor lighting
 - Lack of stair railings
 - Lack of grab bars inside and outside the tub or shower
 - Poorly designed public spaces
 - **Barefoot or socks indoor increases the risk of falls 13X!!!**
- **Note to Trainer: Staff Participation**
 - Ask the attendees to think of some of their patients and what you know about their conditions and lives and what could lead them to falling or what led them to fall.
 - What types of factors have you personally seen that have led to falls in your patients or other persons you may know?

SLIDE #21: BEST PRACTICES: REDUCING THE RISK OF FALLS

- **Best Practices: Improving and Maintaining Physical Health**
- Talk to with your patients about:
- **Problems with balance or walking**
 - Identifying falls or near falls and reasons for the falls will help determine how best to help them reduce the risk of falls in the future.

- Observe how the patient walks into the office/exam room – assess their gait.
- Discuss exercise options that the patient can do to increase strength and balance.
- Demonstrate the 4-Stage Balance Test – you can find this test on the CDC website at https://www.cdc.gov/steady/pdf/4-Stage_Balance_Test-print.pdf
- **Demonstrate use of DME (Durable Medical Equipment)**
 - Prescribe, educate and demonstrate how to correctly use DMEs (canes, walkers, wheelchairs) to improve mobility and balance
- **Recent or near falls**
 - Refer the patient to Physical therapy
 - Encourage the patient to take a fall prevention class
 - Assess patient’s physical activity level. Ask them what type of daily exercises do they do to maintain muscle strength.
- **Review all medications**
 - Review and reconcile patient’s current medications and dosage. Have patients bring a list of all medications, including over the counter and alternatives.
 - Determine that patients are actually taking their medications as prescribed, at the correct doses and times. Assess if they are “forgetting” to take their meds.
 - Ask about side effects that are problematic for a patient’s ability to walk, e.g., cause dizziness, blackouts, etc.
- **Hearing and Vision Changes**
 - Discuss hearing and vision concerns or changes that may have caused problems with balance or mobility for the patient to walk safely.
 - Provide referrals to hearing and vision specialists and encourage annual appointments to identify any changes or to evaluate possible conditions which may require the need for hearing aids or glasses.
- **Home Safety**
 - Provide the patient or caregiver with a Home Safety Checklist to help identify potential hazards in the home.
 - Is a referral to an occupational therapist for home safety evaluation and modification needed?
- **Identify Barriers:**
 - What are the barriers that prevent the patient from safety proofing their homes?
 - Assess the Social Determinants of Health that are preventing the patient from achieving fall prevention. Are these problems associated with lack of funds to purchase safety equipment; embarrassment to have someone safety proof their home; fear of losing independence, etc.?

SLIDE #22: IMPROVING BLADDER CONTROL

- **HOS Measure Composite: Improving Bladder Control**
 - Urinary incontinence is not a very popular subject with patients or health care workers.
 - Urinary incontinence is a significant health problem with considerable social and economic impact.
 - Question that is of concern to us: In the past six months, did you (the patient) experience urine leakage problems and discussed treatment options with a provider?

SLIDE #23: IMPORTANCE OF DISCUSSING URINARY INCONTINENCE

- **Importance of Discussing Urinary Incontinence**
- **Note to Trainer: Staff Participation**

- Why don't people want to talk about UI?
- Does UI affect a patient's mental health, physical health or the risk of falling?
- What parts of your patient's life could be affected by UI?
- How do you think Falls and UI are connected and what can we do about it?
- Why do people with unmanaged UI can end up experiencing social isolation?
- Why do you think people with unmanaged UI end up being institutionalized?
- Discuss the answers and relate them back to the slide points when appropriate.
- Slide topics:
- **Impacts patient's quality of life**
 - Social Isolation
 - Risk of falling
 - Ability to access care
- **Reduces stigma**
 - Mark of disgrace
 - Feeling of embarrassment
 - Loss of independence
- **It is a treatable problem**
 - Discuss products, treatments, medication, and surgical options that can renew a person's quality of life
- **Reduce social isolation**
 - Fear of leaving the home
 - Fear of having an accident
 - Fear of what people might say
- **Reduces risk of falling**
 - When a patient has to run to the restroom, they run the risk of falling.
 - If a patient has an accident where liquid is running down their leg, they might definitely slip and fall.
- **Reduces risk of institutionalization**
 - Most patients fear that once their family finds out that they have UI problems, they will take away their independence and place them in a board in care or nursing facility.

SLIDE #24: HOS SURVEY QUESTIONS – IMPROVING BLADDER CONTROL

- **HOS Survey Questions regarding Improving Bladder Control**
- Have your staff review these survey questions so that they will be able to address the topics and be prepared to care for the patients accordingly.
 - Use the language in the questions when you speak to your patients.
- There are other questions you can ask to support these questions:
 - Do you wear protective underwear?
 - Do you ever leak when you sneeze?
 - Have you altered the amount of liquids you drink so that you do not have to worry about going to the restroom too often?
- We want our patients to remember the interventions we provide.

SLIDE #25: BEST PRACTICES: IMPROVING BLADDER CONTROL

- **Best Practices: Improving and Maintaining Physical Health**

- Talk to with your patients about:
- **Patient's Perception of problem:**
 - Biggest issue: If I tell my doctor, family, caretaker, they will take me from my home and put me in an assisted living situation.
 - Quality of Life – ask the following questions:
 - Does it affect their quality of life?
 - Does it affect their outside activities?
 - Are they denying it is as a problem?
 - Are they denying themselves to engage in social functions?
 - Are they doing self- isolation?
- **Urine Leakage and Normalizing Urinary Incontinence:**
 - Discuss with your team on how to talk with your patients using similar language that is asked in the survey questionnaire.
 - To decrease the uncomfortableness of this topic, introduce UI as a simple, everyday type of question so as not to place a “spotlight” on the topic. This is a sensitive and embarrassing topic.
 - One preference is to use other topics as a way to introduce the subject.
 - For example: A simple and non-threatening topic is that dealing with “problems sleeping.”
 - Questions relating to sleep can segue into the more difficult/uncomfortable issues to discuss.
 - Here is an example of how a conversation could transition from one topic (sleep) into another (UI):
 - Do you get up in the middle of the night to use the restroom?
 - Have you ever had a problem getting to the restroom?
 - Have you ever had an accident?
 - Have you ever had an accident in the day? If so, how often?
 - Has this affected or interfered with your daily activities?
- **Ways to Control or Manage Leakage**
 - Through the use of bladder training exercises, medication, personal hygiene products, and surgery, if necessary, a patient may find ways to control or manage leakage.
 - Ask about Symptoms: Do you leak when you cough, sneeze or laugh?
 - Discuss different types of surgery. One type of surgery uses Botox. We know that Botox is used for wrinkles, but when dealing with UI, it is administered directly into the bladder to tighten the muscles!
- **Identify Barriers:**
 - What are the barriers that prevent the patient from being able to confidently handle UI issues?
 - Assess the Social Determinants of Health that are preventing the patient from control or managing urinary incontinence: costs, embarrassment buying pads or adult underwear, difficulty in obtaining supplies, etc.
- **Educate**
 - You have an important role in educating patients and making them feel comfortable in bringing up the bladder problems.
 - It's important when you can get the patient to open up about a problem with UI. Once they are willing to identify that it is bothersome, provide information so the patient can learn more about how it could be treated?

- **It is a common problem of aging, but not necessarily part of normal aging**
- UI affects both women and men
- UI is not bound by race or income
- And UI is a leading cause of institutionalization
- **Encourage**
 - Most important, **ENCOURAGE** them to bring the problem to PCP's attention!
 - Incontinence can be an embarrassing and isolating condition.
 - Reassure them that there are things that can be done, e.g., exercises, medications, pads.
 - The patient needs to know that they do not have to handle the issue alone and that they are not alone because UI affects one in 10 adults.

SLIDE #26: IMPROVING OR MAINTAINING MENTAL HEALTH

- **HOS Measure Composite: Improving and Maintaining Mental Health**
 - People can feel differently as they get older. They can experience loss, loneliness, depression and anxiety.
 - We need to level-set expectations for our patients.
 - Our challenge is that Medicare (CMS) looks at scores from 2 years ago and compares it to current scores – this is similar to Improving and Maintaining Physical Health.
 - The only way to ensure our patients health stays the same or improves is to engage with the patient and help activate them in to their own care. We can't change how they responded 2 years ago, but we can influence their perceptions moving forward.

SLIDE #27: IMPORTANCE OF MENTAL HEALTH

- **Importance of Mental Health**
- **First and most important, depression is not a normal part of aging – as individuals age, it does not mean they will suffer from chronic depression or mental distress.**
- Symptoms of depression in older adults are often overlooked and untreated because they coincide with other problems encountered by older adults:
 - A chemical imbalance in the brain
 - Genetics - depression can run in families
 - Life events (loss of friends, family, independence)
 - Side effects (medications, illicit drugs, alcohol)
 - Chronic illnesses
 - Other medical conditions (pain, hormone changes, catastrophic illnesses or accidents)
- Older adults with depressive symptoms have:
 - Diminished ability to function as compared to those with chronic medical conditions such as lung disease, hypertension or diabetes
 - An increased perception of poor health
 - An increased use in utilization of medical services and health care costs.
- **So what is the importance of improving or maintaining mental health?**
 - Improves general health
 - Improves quality of life
 - Improves ability to function
 - Reduces social isolation
 - Maintains the ability to live independently

- When a patient has “good” mental health, the following will occur:
 - It greatly impacts the ability for a person to succeed in all areas of their lives.
 - By treating depression early, overall patient activation can help improve success in adherence to treatment or exercise plans, as well as improving mood and function of daily activities.

SLIDE #28: WHAT DEPRESSION LOOKS LIKE

- **What Depression Looks Like** (these are a few examples of what depression looks like.)
- Bring up 3 – 5 points on the slide
- **No two people are the same, so no two patients’ symptoms will look the same.**
- If the patient is able to identify which emotions they have been experiencing, screen them further using the following helpful self-assessments and diagnostic tools:
 - Anxiety: General Anxiety Disorder - GAD-7 Scoring
 - Bipolar Disorder: Mood Disorder Questionnaire MDQ
 - Depression: Patient Health Questionnaire PHQ-2 or PHQ-9
 - Accessible at phqscreeners.com
 - Drug and Alcohol Abuse (including prescription drug abuse): CAGE-AID
 - Post-Traumatic Stress Disorder: Primary Care PTSD Screen (PCPS) and PTSD Checklist for DSM-5 (PCL-5)
- **The use of these tools will depend on the preference of the provider and how they wish to assess the patient further.**
 - **RESOURCE:** All of these can be found at Magellan Health, Inc. 2011-2020
<https://www.magellanpcptoolkit.com/diagnostic-tools/screening-tools.aspx#:~:text=Depression,screening%20tool%20to%20identify%20depression.>
- **Possible breakout activity:**
 - Discuss types of symptoms you have seen with some of your patients.
 - How did you address the patient’s needs?
 - Discuss how a patient with certain symptoms may respond to your questions.
 - Discuss different resources available for different depressive symptoms.

SLIDE #29: HOW ARE YOU FEELING TODAY?

- **Emotion Meter: How are you feeling today?**
- To help a patient assess how they are feeling, this chart may be easier for them than trying to describe it by using words.
- If you are doing telehealth visits, this is a great tool to use – just show the patient the chart and have them pick the emoji face or number that corresponds to their feelings.
- Have the staff address the following questions:
 - Do you use this type of meter in your office? How might this be beneficial?
 - Discussions with your patients should include how they have felt in the past month. This may prompt an opportunity to open up about their emotional health and further the discussions.
- This slide is not only a good tool to use to evaluate the patient’s current emotional state but it can be used as a quick activity with the staff:
- For example: If you (staff member) were asked, “How would you rate your emotional state today?”

SLIDE #30: HOS SURVEY QUESTIONS – IMPROVING OR MAINTAINING MENTAL HEALTH

- **HOS Survey Questions regarding Improving or Maintaining Mental Health**

- Have your staff review these survey questions so that they will be able to address the topics and be prepared to care for the patients accordingly.
 - Use the language in the questions when you speak to your patients.
 - People can feel differently as they get older. They can experience loss, loneliness, depression and anxiety.
- **One of our challenges is that CMS looks at the scores from 2 years ago and compares it to current scores.**
- This is how we are measured! The only way to ensure our patients health stays the same or improves is to engage with the patient and help activate them in to their own care. We can't change how they responded 2 years ago, but we can influence their perceptions moving forward.

SLIDE #31: BEST PRACTICES: IMPROVING OR MAINTAINING MENTAL HEALTH

- **Best Practices: Improving and Maintaining Physical Health**
- Talk to with your patients about:
- **Emotions affecting their work or daily activities**
 - Have their emotions affected their sleep patterns: sleeping too much or too little
 - Is it difficult to perform daily activities, e.g., going to work, doing laundry, cooking, etc.?
 - Are they able to focus on a task or activity?
- **Emotions effecting their social interactions or enjoyment**
 - Are they isolating themselves from family, friends, activities?
 - Are they experiencing little interest in activities that they use to enjoy in the past?
- **Diagnostic Tools and Referrals**
 - When a patient's emotional state has been identified, the following diagnostic tools may be use to screen a patient's condition:
 - Anxiety: General Anxiety Disorder - GAD-7 Scoring
 - Bipolar Disorder: Mood Disorder Questionnaire MDQ
 - Depression: Patient Health Questionnaire PHQ-2 or PHQ-9
 - Accessible at phqscreeners.com
 - Drug and Alcohol Abuse (including prescription drug abuse): CAGE-AID
 - Post-Traumatic Stress Disorder: Primary Care PTSD Screen (PCPS) and PTSD Checklist for DSM-5 (PCL-5)
- **The use of these tools will depend on the preference of the provider and how they wish to assess the patient further.**
 - The need for a counseling is key to the patient's success in recovery. It is important to secure a list of physicals and counselors that may be referred to the patient for assistance dealing with their depression, anxiety or addictions.
 - Have up to date resources available for your patients, e.g., tip sheets from reputable sources (NAMI, NIH, SAMHSA, PsychHub)
 - The most effective treatment combines talk therapy and medications.
- **Review Medications**
 - Have patients bring all their medications in for review at least once a year
 - Using anti-depressants:
 - Inform the patient that these medications take a couple weeks to take effect.
 - Advise a patient that if they stop the medication, the patient will never feel the full benefit of them.

- Inform the patient that it can also be dangerous to stop medications abruptly and without the knowledge of your physician.
- If a patient wants to stop taking the antidepressants because they do not feel like they are working or the side-effects are problematic, then talk to your health care provider immediately before stopping the use of the medication.
- **Manage Lifestyle**
 - To prevent social isolation and the deterioration of a patient's mental and physical well-being, encourage the following:
 - Keep in touch with friends and family
 - Call someone if you are feeling sad or thinking about suicide
 - Find a support group
 - Spend time with others
 - Senior Center, Community Center, religious affiliated groups
 - When you feel depressed, don't be alone
 - It is the most difficult thing to do, but it is very important to be with someone.
 - Exercise most days and eat a healthy diet
 - Sleep 7-9 hours a night (adults) – set a schedule
 - Do not self-medicate with the use of drugs or alcohol to escape or feel numb
- **Alternate Therapies**
 - Sometimes medication and counseling may not be enough, so encourage the use of alternative therapies:
 - Physical therapy or Occupational therapy to assist with managing pain
 - Yoga
 - Acupuncture
 - Meditation
 - Massage

Slide #32: **FINAL NOTES**

- **KEY TAKEAWAYS**
 1. All of these measures are interrelated and should be discussed with each and every one of your senior patients at least annually.
 2. Consider the patients' culture/ethnicity, primary language spoken and understood, and gender identity.
 3. Patients often prefer to speak with someone of a similar gender, language, or ethnicity when discussing sensitive health needs like UI, Mental Health, and chronic condition management.
 4. How do we get our patients to retain the information we give them?
 - Providing written instructions, and asking our patients to “teach back” the information we provided them will help them retain more information, and lead to better health outcomes.
 5. What we need to think about is the level of patient activation, knowledge, confidence, skills, in how we continue to engage them for a positive relationship with their provider and medical group.
 - When a patient feels engaged and connected there is an associated higher outcome for that patient and a greater likelihood that they will be satisfied.

POLL QUESTIONS/KNOWLEDGE CHECKS:

- 1) TRUE OR FALSE: The Health Outcome Survey assesses a patient's experience in a specific healthcare setting.
Answer: True
- 2) TRUE OR FALSE: Maintaining physical strength through physical activity as a person ages positively impacts nearly all areas of their health.
Answer: True
- 3) Slide #17: Why is it important to advise a senior patient to maintain their physical activities?
 - A) Improves mood and reduces stress
 - B) Maintains muscle flexibility
 - C) Improves quality of life
 - D) All of the above**Answer: D) All of the above**
- 4) Which statement or statements about the Risk of Falling are true?
 - A) Every second an older adult falls.
 - B) Chronic health conditions contribute to the risk for a senior to fall.
 - C) Walking barefooted or in socks would never cause a person to fall.
 - D) A and B
 - E) A and C**Answer: D) A and B**
- 5) Slide #26: TRUE OR FALSE: Most patients have no problem talking about Urinary Incontinence.
Answer: False
- 6) Slide #32: 3) TRUE OR FALSE: Depression is not a normal part of aging.
Answer: True