



Geriatric Periodic Health Exam in Primary Care

Susanne Murphy

Dr. John Puxty

Deanna Abbott-McNeil

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 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
 - 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% of coronary heart 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).

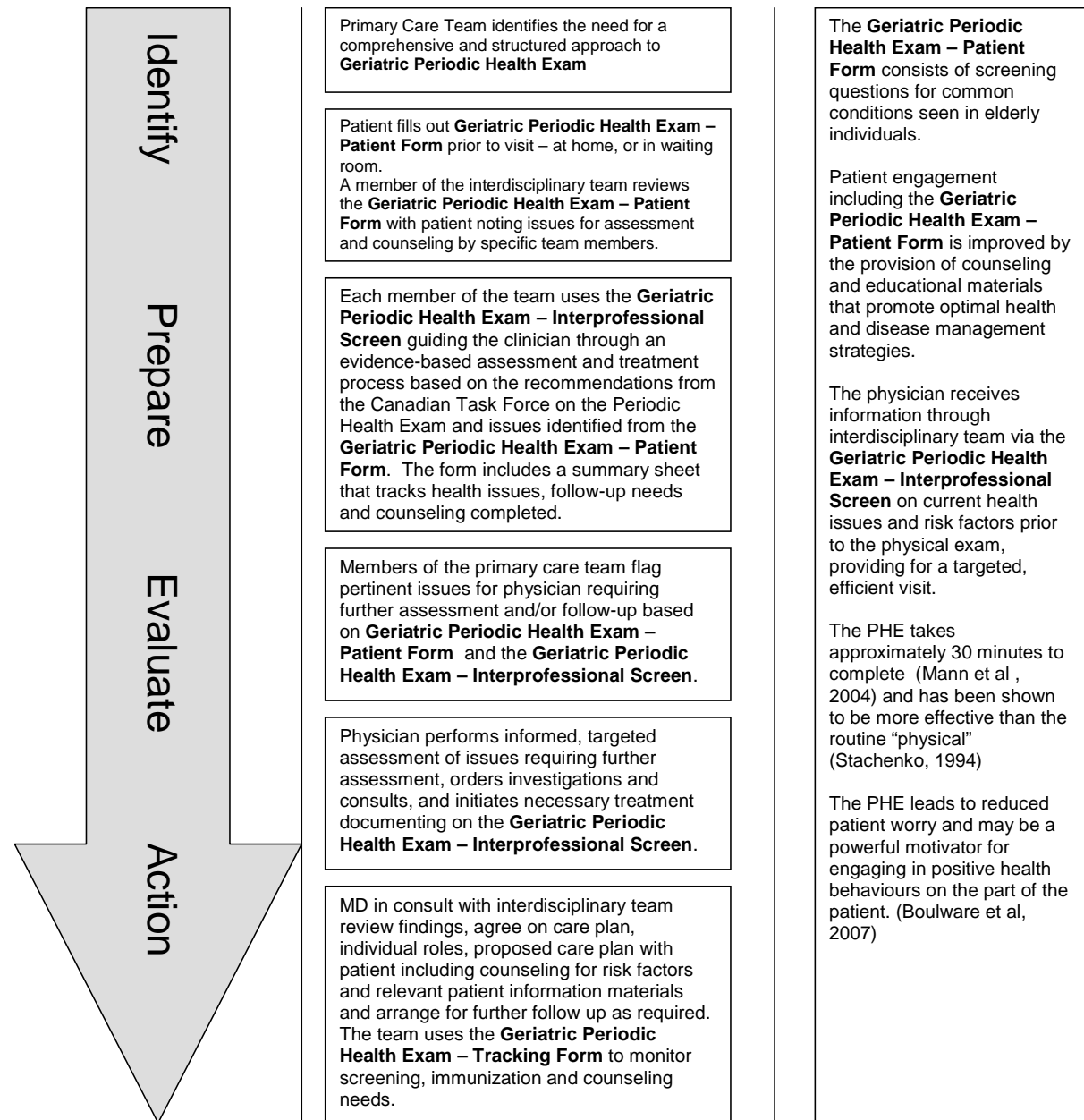
The Evidence for GPHE

- ✦ 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.

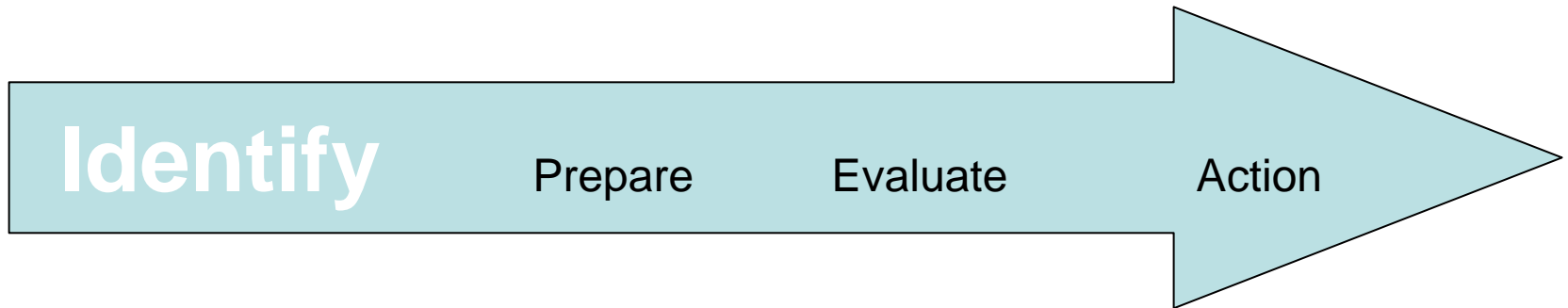
The Potential Benefits

- ✦ 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



Identify – Case-finding and targeting



- ✚ 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).

Prepare - Efficiency



- ✚ Self-report forms.
- ✚ Structured gathering of information that guides evaluation and action.
- ✚ Efficient use of professional time.
- ✚ Engages patients and families.

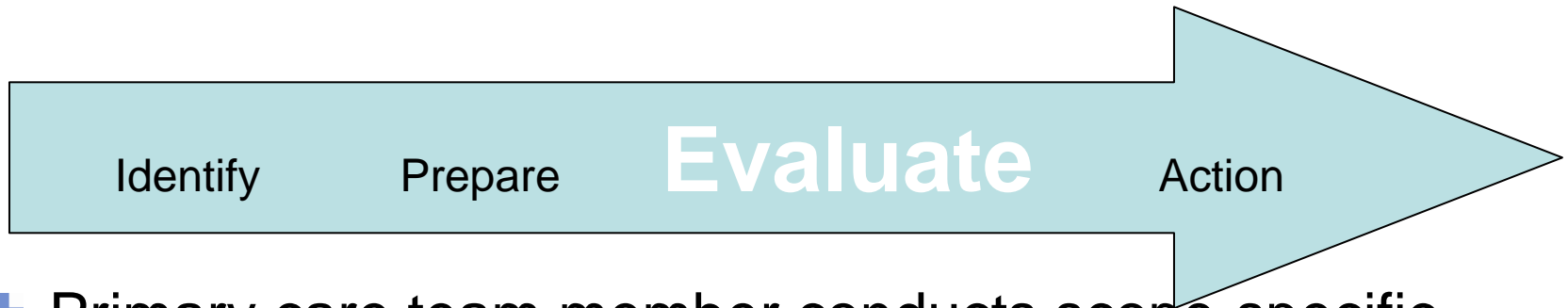
Patient Screening Questions



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

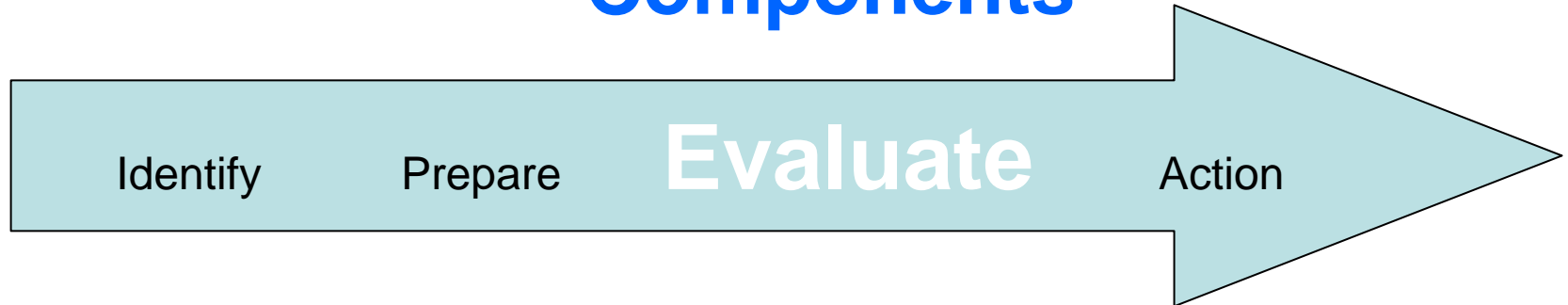
Evaluate



- ✚ 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.

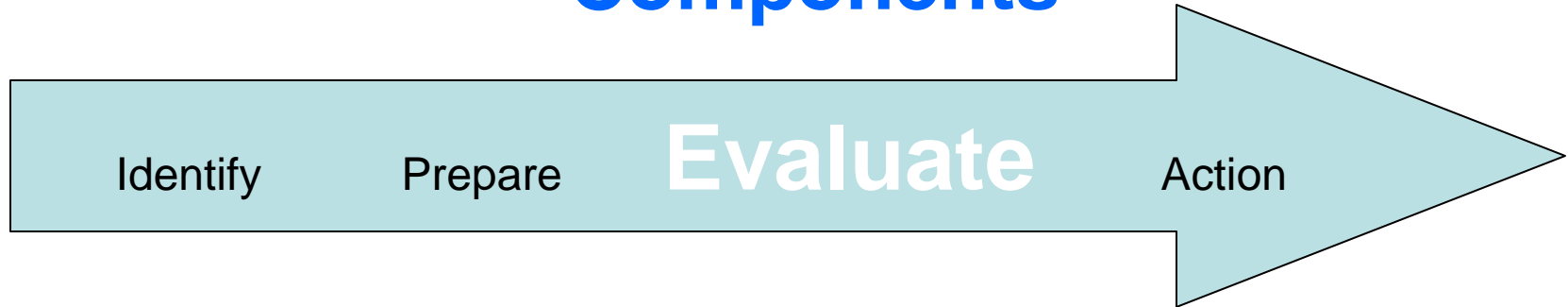
Goal: *Identify all potential causes and modifiable risk factors.*

Evaluate – Example Interprofessional Components



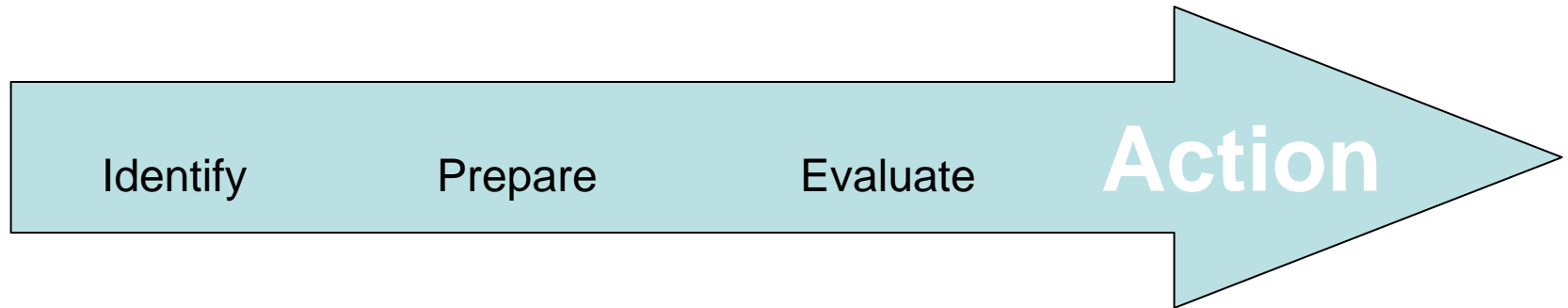
- + Weight, height and BMI
- + Cardio Vascular System – BP and HR
- + Hearing – Whisper Test
- + Snellen Eye Chart
- + Cognition, mood/affect and behaviour
- + Timed Up & Go, gait, balance and mobility
- + Social history details
- + Caregiver Support
- + History and risk factors for common co morbidities

Evaluate – Example Physician Components



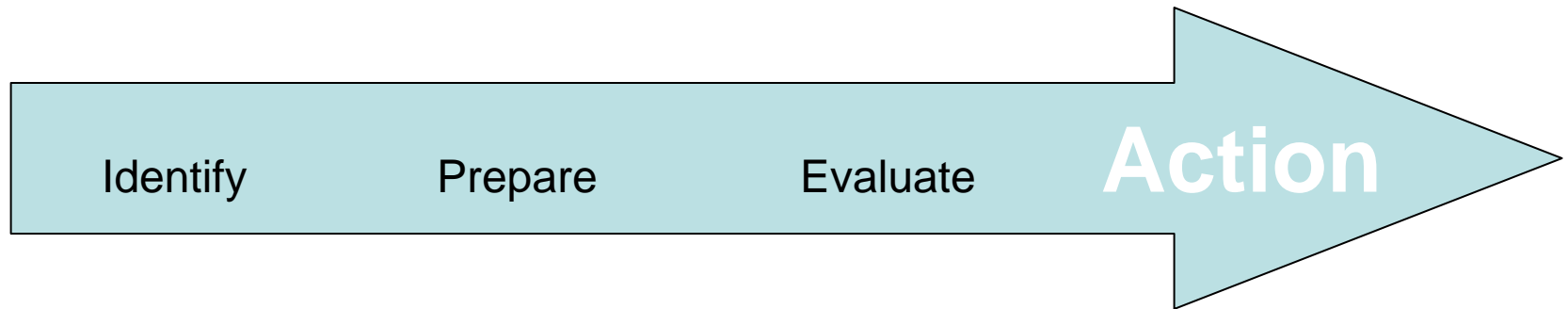
- ✚ Comprehensive medication review
- ✚ Vision – fundus
- ✚ ENT external – otoscopy, thyroid palpation
- ✚ Respiratory – percussion, auscultation
- ✚ Cardio Vascular System – auscultation heart, carotids
- ✚ Abdomen – palpation
- ✚ Musculoskeletal – range of motion, strength, joints
- ✚ Neurologic - tone, cranial nerves, coordination, reflexes, sensation

Action – General Principles



- + 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

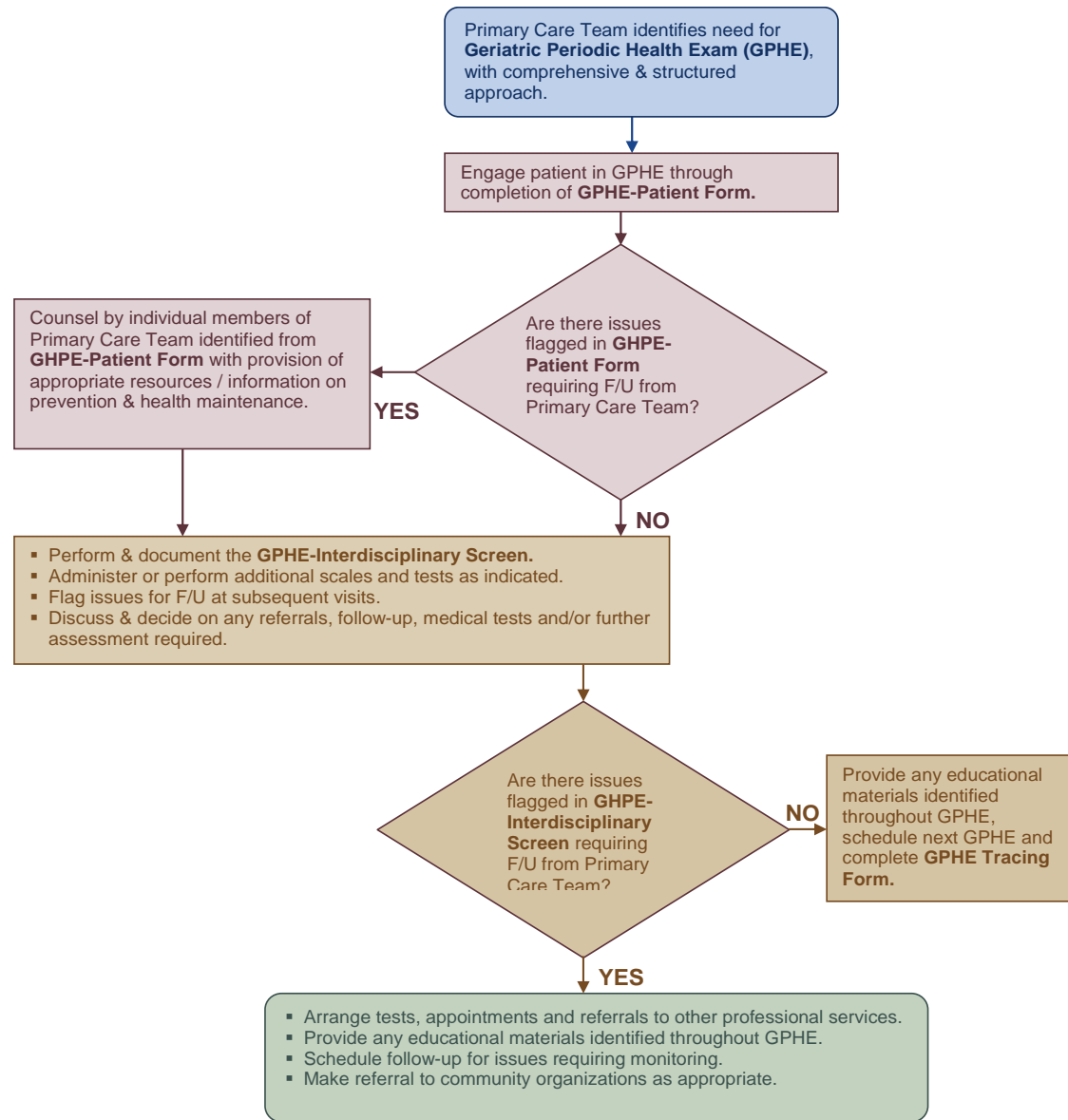
GPHE Flow Diagram

IDENTIFY

PREPARE (IHP)

EVALUATE (IHP/MD)

ACTION (IHP/MD)



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

Boulware, L.E., Barnes, G.J., Wilson, R.F., Phillips, J., Maynor, K., Hwang, C., Marinopolous, S., Merenstein, D., Richardson-McKenzie, P., Bass, E.B., Powe, N.R. and Daumit, G.L. (2006). *Value of the periodic health evaluation: Evidence report/technology assessment No.136*. Prepared by The Johns Hopkins University Evidence-based Practice Centre under Contract No.290-02-0018. AHRQ Publication No.06-E011. Rockville, MD: Agency for Healthcare Research and Quality. April 2006. Retrieved June 25, 2008, from <http://www.ahrq.gov/downloads/pub/evidence/pdf/phe/phe.pdf>.

Health Canada (1994). *Canadian Task Force on the Periodic Health Examination: The Canadian guide to clinical preventive health care*. Canada Communication Group Publishing: Ottawa, Ontario. Accessed, June 30, 2008, from <http://www.phac-aspc.gc.ca/publicat/clinic-clinique/index.html>.

Toolkits

Robinson, B.E., Ackerman, K., Barry, P.P. and Granville, L. (2006). Prevention Toolkit (Ed.). In *The Practicing Physician Education Project: Tools for the evaluation and management of geriatric patients in primary practice*. Merck Institute of Aging and Health. Available online at, www.gericareonline.net.

World Health Organization (2008). *Age-Friendly primary health care centres toolkit*. World Health Organization Press, Geneva Switzerland. Retrieved, July 13, 2008 from, [http://www.who.int/ageing/publications/AF PHC Centretoolkit.pdf](http://www.who.int/ageing/publications/AF_PHC_Centretoolkit.pdf).

U.S. Department of Health and Human Services (2003). *The pocket guide to staying healthy*. U.S. Department of Health and Human Services, Agency for Health Care Research and Quality. Retrieved, July 13, 2008 from, <http://www.ahrq.gov/ppip/50plus/>.

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

- Boulware, L.E., Marinopoulos, S., Phillips, K.A., Hwang, C.W., Maynor, K., Merenstein, D., Wilson, R.F., Barnes, G.J., Bass, E.B., Powe, N.R. and Daumit, G.L. (2007). Systematic review: The value of the periodic health evaluation. *Annals of Internal Medicine*, 146(4), 289-300.
- Clarke, B., Bayly, K., Frank, C., Kirk, J., Mather, F., Maxted, J. and Stickney-Lee, J. (2007). *Priorities for the health care of elderly: The role of the family physician*. CFPC Health Care of the Elderly Committee. College of Family Physicians of Canada. Accessed June 25, 2008, from http://www.cfpc.ca/local/files/Programs/Patient%20Care/Care_Elderly/HCOE_Discussion_Paper_June_07.pdf
- Health Canada (1994). *Canadian Task Force on the Periodic Health Examination: The Canadian guide to clinical preventive health care*. Canada Communication Group Publishing: Ottawa, Ontario. Accessed, June 30, 2008, from <http://www.phac-aspc.gc.ca/publicat/clinic-clinique/index.html>.
- Ministry of Health and Long Term Care (2006). Ontario's Chronic Disease Prevention and Management Framework. Presentation by Dr. Jack Lee, May 30, 2006. Accessed September 9, 2008, from http://www.toronto.ca/health/resources/tcpc/pdf/conference_lee.pdf.