

EMBRACING THE BOUNDARIES: A NOVEL MODEL OF AN OUTPATIENT GERIATRIC CLINIC

The contribution of the medical and nursing staff in preserving and improving function in the elderly.

A unique framework of an ambulatory service as part of Comprehensive Geriatric Assessment (CGA) at the "Shoham" Medical Center.

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Background:

Geriatric clinics play an increasingly important role in the healthcare system, encompassing activities such as diagnosing dementia, evaluating cognitive and functional dysfunctions, and minimizing polypharmacy to prevent or reduce adverse drug effects.

The conventional clinical model involves an interdisciplinary team consisting of physicians, nurses, social workers, and other health professionals. However, the effectiveness of this model lacks substantial evidence. Therefore, investigating the effectiveness of geriatric clinics with alternative compositions of health professionals is warranted.

Goals:

The study aims to assess the efficacy of consultations provided by the outpatient clinic. The goal was to compare the changes in cognitive and functional assessments between the first and second visits.

Methods:

In 2016, "Shoham" Geriatric Medical Center, the largest geriatric medical center in Israel, established a geriatric clinic providing consultations to the community. The clinic comprises a geriatrician, a registered nurse and a secretary. For each outpatient a Comprehensive Geriatric Assessment (CGA) is performed in each visit with a six-month interval between visits. The consultation includes recommendations for further investigations, modifying drug therapies including deprescribing unnecessary medications and advocating for elderly rights for the National Insurance Institute and other relevant agencies. In this study, there was no control group.

Results:

Over a four-year period (2016-2020), 936 visits (556 visitors) were recorded. 179 outpatients visited the clinic at least twice. We found that two-thirds of the outpatients had either the same or improved functional status, as assessed by Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) assessment, between the first and the second visit. Furthermore, nearly half of the patients showed cognitive improvement as assessed by the Mini-Mental Test Examination (MMSE); one-third of the patients demonstrated improvement in mental status (PHQ2) as well.

Conclusions:

Existing literature predominantly focuses on multidisciplinary models of geriatric clinics, primarily targeting high-risk or vulnerable sub-populations. Commonly investigated outcome indicators include re-hospitalizations and mortality rates. This study examines the difference of a clinic-team model, wherein each team member possesses a distinct role, aiming to maintain and improve health in relatively medically-stable elderly individuals living in the community.

Policy decisions should be based on data derived from real-life models. Given the scarcity of geriatric services, innovation becomes imperative. The "Shoham" geriatric clinic strives to enhance the independence of the elderly while preventing them from becoming a burden upon society. Professionally, our model is comparable to inclusive geriatric clinics and is financially advantageous due to limited professional staff requirements. Therefore, it may be beneficial to implement this unique model nationally.