

# Sample

## 60-Minute Oral Proposal

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### Health Maintenance Strategies in Post-Acute and Long-Term Care

**Category:** Clinical Medicine

**Keyword:** Clinical Practice/Clinical Practice Guidelines

**Education Need:** The demographics of aging in the United States have shifted significantly: average life expectancy has almost doubled in the last century. By 2030, the percentage of the population over 65 years of age will exceed 20%, or over 70 million people. Chronic illnesses are very common - 80 percent of older adults will have at least one, and 50 percent at least two chronic conditions. Given the high prevalence of chronic medical conditions among older adults, preventive health care measures and early detection have become increasingly important to maximize both the quantity and quality of life. Older adults use a disproportionate share of health care resources and are vulnerable to the effects of poor quality of care. When choosing a preventative measure, health care providers should individualize screening, tests, and interventions which address functionality, prognosis, life expectancy, the patient's values and wishes, test burden, availability, and risks versus benefits. Older adults living in the post-acute and long-term care (PALTC) continuum need special consideration in terms of health maintenance. This population has higher prevalence of advanced age, medical comorbidities, physical disability, functional decline, and cognitive impairment. Functional status, quality of life, estimated benefit, and patient preferences should guide preventative screening and interventions. Some prognostication tools made specifically for frail older adults can be helpful in constructing health maintenance plans, such as the 4-year mortality index for older adults and the estimated life expectancy (ELE) for frail elders, if selected and used appropriately. Most preventative health recommendations do not specifically address the PALTC population. The 2012 AMDA Health Maintenance Clinical Practice Guideline provides a solid background framework for discussion, and can be used as a springboard to review and evaluate updated recommendations and outcomes from multiple sources in a similar context.

**Session Summary:** This session will review current health maintenance recommendations for persons in the PALTC continuum. Topics to be covered include cancer screening, immunization, and strategies for screening and prevention of some common chronic conditions and lifestyle risk factors in the PALTC population (diabetes, hypertension, dementia, falls, frailty, osteoporosis, vitamin D deficiency, depression, and hyperlipidemia). An evidence-based framework will be presented for developing a patient-centered, interprofessional approach to preventative health maintenance for this unique population. Potential barriers to implementation will be discussed. Case-based scenarios will be utilized for an interactive session.

#### Learning Objectives:

- Review current evidence-based health screening recommendations within a risk-to-benefit framework for the PALTC population.
- Discuss currently recommended evidence-based preventative interventions within a risk-to-benefit framework for the PA/LTC population.
- Describe some current prognostication tools appropriate for decision-making in PA/LTC.
- Develop their own updated and patient-centered template for health screening and prevention in PA/LTC.

#### References:

Health Maintenance in the Long Term Care Setting: Clinical Practice Guideline. American Medical Directors Association 2012.

United Nations, Department of Economic and Social Affairs, Population Division. World Population Ageing 2013. <https://www.healthypeople.gov/2020/leading-health-indicators/Leading-Health-Indicators-Development-and-Framework>. Accessed July 15, 2018.

Lee SJ, Leipzig RM, Walter LC. Incorporating lag time to benefit into prevention decisions for older adults. *JAMA*. 2013;310(24):2609.

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Tomczyk S, Bennett NM, Stoecker C, Gierke R, Moore MR, Whitney CG, Hadler S, Pilishvili T Use of 13-valent pneumococcal conjugate vaccine and 23-valent pneumococcal polysaccharide vaccine among adults aged ≥65 years: recommendations of the Advisory Committee on Immunization Practices (ACIP). *Centers for Disease Control and Prevention (CDC). Morb Mortal Wkly Rep*. 2014;63(37):822.