

IU GERIATRICS e-news June - July 2010

A newsletter from [IU Geriatrics](#) and the [IU Center for Aging Research](#)

GRACE Dissemination Under Way at Indianapolis VAMC



The **Geriatric Resources for Assessment and Care of Elders** or [GRACE model](#) includes home-based geriatric assessment and care management by a nurse practitioner and social worker who collaborate with the primary care physician and a geriatrics interdisciplinary team and are guided by 12 care protocols for common geriatric conditions.

Personnel on the VA GRACE team include L to R Nurse Practitioners Rebecca Parks and Carrie Bone, Program Assistant Demetrius Folsom, Social Workers Kelly Miller and Erica Gallmeyer, Geriatrician and Medical Director Usha Subramanian, Psychologist Brad Mossbarger, and Clinic Pharmacist Ashley Berkeley.

The [January e-news](#) announced that the Veterans Administration had funded "Dissemination of GRACE Care Management to At Risk Older Veterans" at the Indianapolis VA. This is the first in a series of updates about GRACE and IU Geriatrics at the VA.

How does GRACE Medical Director **Usha Subramanian, MD, MS**, describe the personnel assembled to implement the GRACE care manage-

ment model at the Indianapolis VA?

"I call the GRACE team my Dream Team," notes Dr. Subramanian. "We hired several team members in April to complete the core disciplines needed for success of GRACE--geriatrics, nursing, social work, pharmacy, and mental health."

The model targets Veterans aged 65 or older who receive primary health care at the Indianapolis VA and who are at risk for institutional extended

care. GRACE is initiated during the hospital stay to assist with discharge planning and transitional care, thus helping to avert readmissions and providing early access to alternatives to institutional extended care.

If the GRACE support team is the Dream Team, then the key components of the GRACE model are the preparation, practice and execution of the game.

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NIA Awards R01 to Dr. Boustani for Pharmacological Management of Delirium Trial

In 2005, approximately 2.7 million Americans aged 65 and older spent at least one day in the intensive care unit costing Medicare a total of \$27.5 billion. Up to 80% of these older ICU patients had delirium during their hospital stay. These patients are prone to develop various hospital acquired complications such as falls, injuries, and pressure ulcers that may contribute to mortality, poorer functional status, limited rehabilitation, prolonged length of stay, increased institutionalization, and higher health care costs.

The National Institute on Aging has



funded Principal Investigator **Malaz Boustani, MD, MPH**, for "Pharmacological Management of Delirium," an R01 that will evaluate the efficacy of a multi-component pharmacological intervention in reducing delirium severity and duration and subsequently decrease ICU and hospital length of stay.

Pharmaco-epidemiological studies and scattered randomized clinical trials have demonstrated that the pharmacological management of delirium among older adults is complicated and may need to include a combination of a reduction in the use of benzodiazepines and anticholinergics, along with the use of low dose neuroleptics such as haloperidol.

However, there are no randomized controlled trials that have evaluated the efficacy of such a pharmacological management on reducing delirium severity, duration, and its related complications.

The five-year randomized controlled trial will evaluate the efficacy of a pharmacological protocol that includes a reduction of exposure to anticholinergic medications, a reduction of exposure to benzodiazepines, and daily use of a low dose of haloperidol.

"A major advantage of the proposed multi-component intervention," notes Dr. Boustani, "is reducing exposure to potentially harmful medications and using a low dose of haloperidol during the critical early days of ICU care."

IU Geriatrics Welcomes Fellows

On behalf of the IU Geriatric Medicine Fellowship, the program's director, **Felipe P. Perez, MD**, welcomed five new PGY4 fellows in July. They are pictured L to R **Sajid Chaudhry, MD, Tochukwu Iloabuchi, MD, Dennis Joseph, MD, Kristi Lieb, MD, and Qurrat ul ain Shamim, MD**.



Prior to arriving at Indiana University, Dr. Chaudhry worked as a home care physician in Flint, Michigan where he was a popular teacher of internal medicine residents. His career goal is to be a geriatric medicine fellowship director.

Dr. Iloabuchi completed medical school at Nnamdi Azikiwe University in Nigeria and an internal medicine residency at the Interfaith Medical Center in Brooklyn, NY where he served as one of three chief residents for 25 residents. He wants to further his clinical training and continue in a teaching role with medical students and residents.

Dr. Joseph completed medical school at the University of Kerala in India and an internal medicine residency at the IU School of Medicine. Following geriatrics training, he will be going on to do an endocrinology fellowship at IU.

Dr. Lieb completed medical school and the internal medicine residency at IU. Her interest in geriatric medicine grew during residency when she participated in a quality improvement project during an advanced geriatrics rotation. Dr. Lieb is interested in a career working in the long term care setting.

Dr. Shamim graduated from medical school at the Dow University of Health Sciences in Karachi, Pakistan and com-

pleted her internal medicine residency at West Virginia University in Charleston. Following a year of geriatrics fellowship training, she will begin a nephrology fellowship, matched with the University of Florida in 2011.

The new fellows join advanced fellows PGY5 **Syed Salman Moinuddin, MD**, and PGY6 **Heather Riggs, MD**.

Dr. Moinuddin is in the geriatric medicine academic track, with a focus on medical education and an interest in curriculum development and assisting in starting an Acute Care for Elders service at the Indianapolis VAMC.

Dr. Riggs is entering her third of four years in a combined Geriatric-Hematology/Oncology fellowship. The first year two years focused on clinical geriatrics and clinical hematology/oncology. The final two years add research activities that combine the two sub-specialties.



GRACE Dissemination

The team starts with an in-home comprehensive geriatric assessment and development of an individualized care plan, including selection of GRACE care protocols and team suggestions that may be activated for geriatric conditions. Team members meet with the primary care physician to review, modify and prioritize the care plan which is implemented by the team in collaboration with the PCP and is consistent with the patient's goals. The GRACE interdisciplinary team meets weekly to review care plan implementation.

Prior to enrolling Veterans into the model, the GRACE care protocols and care plan strategies were customized and loaded into the VA's award-winning electronic health record software known as CPRS. Both CPRS and additional Web-based tracking provide coordination and continuity of care. Seventy patients are currently enrolled in the program.



A GRACE Steering Committee was created to involve key stakeholders in the implementation and evaluation process, including creation of a GRACE evaluation plan to assess the model on measures of quality, resource utilization, and costs.

In a future issue, look for news about the new VA outpatient geriatrics

The GRACE Steering Committee is comprised of key stakeholders in the implementation and evaluation process. The committee and their Indianapolis VAMC roles include:

Dr. Bradley Allen, Chief of Medicine
Dr. Christopher Suelzer, Chief of Ambulatory Care
Dr. Nagesh Rao, Chief of Primary Care
Phyllis Beaman, Chief of Geriatrics and Extended Care
Dr. Valerie Smith-Gamble, Geriatric Psychiatrist
Dr. Michael Sha, Geriatrician
Dr. Cathy Schubert, Medical Director, Geriatric Consultation Clinic and Acute Care for Elders Service
Dr. Usha Subramanian, GRACE Medical Director
Dr. Steven Counsell, Geriatrics Section Chief

consultation clinic developed by geriatrician **Cathy Schubert, MD** and geriatric psychiatrist Valerie Smith-Gamble, MD. The clinic will serve as a resource to GRACE and further incorporate mental health within the VA Geriatrics and Extended Care Service Line.

Presentations and Professional Activities

Jesse Stewart, PhD, discussed [his research](#) on the [June 20, 2010 episode](#) of Sound Medicine. Depression and inflammation are linked--which is the cause and which is the effect?

NiCole Keith, PhD, was one of more than 30 IU researchers who participated in the 2010 Annual Meeting of the American College of Sports Medicine in Baltimore. She presented [Dwelling interiors influence physical activity levels in middle aged African Americans](#) (co-authors Dan Clark, PhD and Douglas K. Miller, MD) and [The extension of 'Exercise is Medicine' Model: Clinical Interventions for Promoting Physical Activity and Reducing Health Disparities in Medically Underserved Populations](#) in a special workshop.



Courtesy of
Indiana University

Steve Counsell, MD, co-authored [The Urgency of Preparing Primary Care Physicians to Care for Older People with Chronic Illnesses](#), which was published in the May issue of *Health Affairs*. The authors propose several policy solutions to help the United States prepare for the increasing number of geriatric patients. [Read the IU news release.](#)

Gene Lammers, MD, represents the American Geriatrics Society as the alternate delegate to the American Medical Association [House of Delegates](#).

Felipe P. Perez, MD, has been selected to participate in the National Hispanic Medical Association Leadership Fellowship Class of 2010. The program provides promising Hispanic physicians support to enhance their leadership capability, increase understanding of current key national/state health policy issues, develop innovative perspectives on solutions to critical issues affecting Hispanic populations and develop a proposal for policy action to improve health care in the Hispanic community. www.nhmamd.org/

Publications

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