Geriatric Periodic Health Exam in Primary Care

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Geriatric Periodic Health Examination for Primary Care

Learning Objectives
At the end of the sessions participants will:

- Appreciate the value of Periodic Health Examination of the Elderly
- Be familiar with criteria for identifying elderly at “higher-risk” of adverse outcomes
- Appreciate the value of an interprofessional model for PE of elderly within primary care
Outline

- Definition of Periodic Health Exam (PHE)
- Evidence and Benefits of using the PHE
- Detail an assessment and management strategy in primary care - IPEA:
  - Identify
  - Prepare
  - Evaluate
  - Action
- Showcase the GPHE Toolkit
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.
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 (updated 2003).
- The tools presented incorporate the findings and recommendations from the Canadian Task Force.
Why use a Geriatric Periodic Health Exam (GPHE)?

- Targets high-risk “Geriatric Issues”
- Early identification and review of Chronic Diseases
- Opportunity for screening for risky behaviors
- Opportunity for Education and Health Promotion
- Applicable to Interprofessional Primary Care Practice
- Potential System Benefits
Why use a Geriatric Periodic Health Exam (GPHE)?

- Targets high-risk “Geriatric Issues”
  - Frailty
    - Predictors
      - Extreme age
      - Visual loss
      - Impaired cognition/mood
      - Limb weakness
      - Abnormalities of gait and balance
      - Sedative use
      - Multiple chronic diseases
    - Applies to approximately 10% of all seniors or perhaps 30 in a 2000 person primary practice or 60% of all visits by seniors to ER
Why use a Geriatric Periodic Health Exam (GPHE)?

- Targets high-risk “Geriatric Issues”
  - Frailty
  - Sensory Loss (Hearing and Vision) - B
Why use a Geriatric Periodic Health Exam (GPHE)?

+ Targets high-risk “Geriatric Issues”
  - Frailty
  - Sensory Loss (Hearing and Vision)
  - Cognition (MCI, Dementia, Delirium)
    - Symptoms + reported decline – A
    - Symptoms – B
    - Asymptomatic – C
    - High risk profile – age + vascular risk/family history
Why use a Geriatric Periodic Health Exam (GPHE)?

- Targets high-risk “Geriatric Issues”
  - Frailty
  - Sensory Loss (Hearing and Vision)
  - Cognition (MCI, Dementia, Delirium)
  - Depression
    - Screening with Self-rating tool – D
    - High index suspicion
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
    - High risk profile – A
      - seeking medical help
      - Multiple falls
      - Fear of falls
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 and review of Chronic Diseases
  - Diabetes
  - Thyroid Disease
  - Cancer
  - Asthma/COPD
  - Obesity
  - Cardiovascular Disease
  - Stroke
  - Arthritis
  - Osteoporosis
  - Pain
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% or coronary heat 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).
Why use a Geriatric Periodic Health Exam (GPHE)?

- Opportunity for screening for risky behaviors
  - smoking
  - obesity
  - nutrition
  - medications
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, preparation and evaluation 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.

+ Potential System Benefits
The Potential Benefits from use of GPHE

- 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.
- Better use of resources.
- Improved satisfaction of patients, families and personnel.
PHE Framework

**Identify**
- Primary Care Team identifies the need for a comprehensive and structured approach to Geriatric Periodic Health Exam.
- Patient fills out Geriatric Periodic Health Exam – Patient Form prior to visit – at home, or in waiting room.
  - A member of the interdisciplinary team reviews the Geriatric Periodic Health Exam – Patient Form with patient noting issues for assessment and counseling by specific team members.

**Prepare**
- Each member of the team uses the Geriatric Periodic Health Exam – Interprofessional Screen guiding the clinician through an evidence-based assessment and treatment process based on the recommendations from the Canadian Task Force on the Periodic Health Exam and issues identified from the Geriatric Periodic Health Exam – Patient Form. The form includes a summary sheet that tracks health issues, follow-up needs and counseling completed.

**Evaluate**
- Members of the primary care team flag pertinent issues for physician requiring further assessment and/or follow-up based on Geriatric Periodic Health Exam – Patient Form and the Geriatric Periodic Health Exam – Interprofessional Screen.

**Action**
- Physician performs informed, targeted assessment of issues requiring further assessment, orders investigations and consults, and initiates necessary treatment documenting on the Geriatric Periodic Health Exam – Interprofessional Screen.

- MD in consult with interdisciplinary team review findings, agree on care plan, individual roles, proposed care plan with patient including counseling for risk factors and relevant patient information materials and arrange for further follow up as required. The team uses the Geriatric Periodic Health Exam – Tracking Form to monitor screening, immunization and counseling needs.

- The Geriatric Periodic Health Exam – Patient Form consists of screening questions for common conditions seen in elderly individuals.
  - Patient engagement including the Geriatric Periodic Health Exam – Patient Form is improved by the provision of counseling and educational materials that promote optimal health and disease management strategies.
  - The physician receives information through interdisciplinary team via the Geriatric Periodic Health Exam – Interprofessional Screen on current health issues and risk factors prior to the physical exam, providing for a targeted, efficient visit.
  - The PHE takes approximately 30 minutes to complete (Mann et al., 2004) and has been shown to be more effective than the routine “physical” (Stachenko, 1994).
  - The PHE leads to reduced patient worry and may be a powerful motivator for engaging in positive health behaviours on the part of the patient (Bouware et al., 2007).
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

Identify  Prepare  Evaluate  Action

Self-report forms.
Geriatric Periodic Health Exam – Patient Form (Office Use)

Patient Name

Date of Birth [yyyy/mm/dd]

HCN

Health Concerns:
Please list your current health concerns:

Medication(s):
Please list all of your current medications (incl. non-prescription and herbal remedies):

<table>
<thead>
<tr>
<th>Name</th>
<th>Dose</th>
<th>How Often</th>
<th>Name</th>
<th>Dose</th>
<th>How Often</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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<td>4.</td>
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<td>5.</td>
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<td>10.</td>
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</tbody>
</table>

Please answer the following questions (check your response for all yes / no questions):

General Health:
How would you describe your own health?

- Excellent
- Good
- Fair
- Poor

Has there been a recent change (within the past 90 days) in your health?

- Yes
- No

Have you visited the Emergency Room in the past 30 days?

- Yes
- No

Have you been admitted to the hospital within the past 90 days?

- Yes
- No

- If yes, please provide comments:

Do you have pain that affects your quality of life?

- Yes
- No

- If no, please provide comments:

When was your last flu shot?

- Date:

Mental Health:
Are you basically satisfied with your life?

- Yes
- No

- Do you often get bored?

- Yes
- No

- Do you often feel helpless?

- Yes
- No

- Do you prefer to stay at home rather than going out and doing new things?

- Yes
- No

- Do you feel pretty worthless right now?

- Yes
- No

- Additional comments:
### Geriatric Periodic Health Exam – Patient Form (Office Use)

#### Patient Name

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>HCN</th>
</tr>
</thead>
</table>

#### Do you have problems sleeping?  
- Yes ☐  
- No ☐

#### Do you have difficulties with your memory?  
- Yes ☐  
- No ☐

#### Lifestyle:

- **Lifestyle:**  
  - **Do you drink alcohol?**  
    - Yes ☐ => If yes, how much (# of drinks/week)? _____  
    - No ☐
  - **Do you currently smoke or have you ever smoked?**  
    - Yes ☐ => If yes, how many packs/day? _____  
      => For how many years? _____  
    - No ☐
  - If you smoke now, are you thinking of quitting?  
    - Yes ☐  
    - No ☐
  - **Do you exercise regularly?**  
    - Yes ☐ => If yes, how often / what type of activity?  
    - No ☐
  - **Do you have a Power of Attorney?**  
    - Yes ☐ => For personal care  
    - No ☐

#### Activities:

- **Activities:**  
  - Do you have any difficulties with everyday activities?  
    - Yes ☐  
    - No ☐
  - => If yes, please indicate the areas where you have difficulty:
    - Eating ☐
    - Dressing ☐
    - Meal preparation ☐
    - Laundry/Housekeeping ☐
    - Banking ☐
    - Toileting ☐
    - Grooming ☐
    - Shopping ☐
    - Housekeeping ☐
    - Bathing ☐
    - Use of Telephone ☐

#### Driving:

- **Driving:**  
  - Do you drive?  
    - Yes ☐  
    - No ☐

#### Fall/Mobility (Safety):

- **Fall/Mobility (Safety):**  
  - Have you had a fall within the last 12 months?  
    - Yes ☐  
    - No ☐
  - Did you seek medical attention as a result of a fall?  
    - Yes ☐  
    - No ☐
  - Do you have a fear of falling?  
    - Yes ☐  
    - No ☐

---

Thank you for assisting us in providing a comprehensive Periodic Health Exam.
Self-report forms.
Structured gathering of information that guides evaluation and action.
Patient Screening Questions

Identify  Prepare  Evaluate  Action

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
Self-report forms.

Structured gathering of information that guides evaluation and action.

Efficient use of professional time.

Engages patients and families.
Geriatric Periodic Health Exam – Interprofessional Screen

Patient Name

Date of Birth [yyyy-mm-dd]

HCN

Presenting Issue(s):

Reason for Visit:

Geriatric PHE Summary/Follow Up (☑ indicates need for further follow up
* indicates need to refer also to Geriatric PHE - Patient Form):

<table>
<thead>
<tr>
<th>Geriatric Issues</th>
<th>Common Co-morbidities</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Falls/Mobility*</td>
<td>13. Cardiovascular Risk Factors</td>
<td>21. Lifestyle Issues*</td>
</tr>
</tbody>
</table>

Recent Labs

<table>
<thead>
<tr>
<th>Test</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCT</td>
<td></td>
</tr>
<tr>
<td>Cr</td>
<td></td>
</tr>
<tr>
<td>K</td>
<td></td>
</tr>
<tr>
<td>INR</td>
<td></td>
</tr>
<tr>
<td>TSH</td>
<td></td>
</tr>
<tr>
<td>HgbA1C</td>
<td></td>
</tr>
<tr>
<td>LDL</td>
<td></td>
</tr>
</tbody>
</table>

Next Appointment:

Clinician Signature: .................................................. Date: __________________________
Geriatric Periodic Health Exam – Interprofessional Screen

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Birth (yyyymmdd)</th>
<th>HCN</th>
</tr>
</thead>
</table>

Counseling issues addressed this visit

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
<th>7.</th>
<th>8.</th>
<th>9.</th>
<th>10.</th>
</tr>
</thead>
</table>

Geriatric PHE Summary/Follow-Up – Cont’d:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Screen</th>
<th>Cut off Value</th>
<th>F/U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vision</td>
<td>Snellen Eye Chart</td>
<td></td>
<td>Y ☐ N ☐</td>
</tr>
<tr>
<td>2. Hearing</td>
<td>If difficulties in hearing have been detected → Complete Whisper Test – Three (3) whispered words out of field of vision.</td>
<td>Y = Failure to correctly repeat three (3) whispered numbers or self-identified difficulties with hearing.</td>
<td>Y ☐ N ☐</td>
</tr>
<tr>
<td>3.1 Cognition - 1</td>
<td>Is individual at high risk, e.g. advanced age, positive family history and vascular risk factors? Are there identified issues from caregiver or individual?</td>
<td>Y = need for screening below</td>
<td>Y ☐ N ☐</td>
</tr>
</tbody>
</table>

Clinician Signature: ________________________________ Date: ________________

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# Geriatric Periodic Health Exam – Interprofessional Screen

<table>
<thead>
<tr>
<th>Issue</th>
<th>Screen</th>
<th>Cut off Value</th>
<th>F/U</th>
</tr>
</thead>
</table>
| 3.2 Cognition – 2 Dementia Quick Screen | 1. Registration: Instruct individual to listen carefully to and remember three (3) unrelated words and then to repeat the words. (House, Tree, Car) | Any of the following indicates a need for further cognitive assessment:  
- 0 or 1 on 3 item recall  
- < 10 on animal naming  
- > 10 animals is suggestive of a dementia  
- 10 to 14 suggests a mild cognitive abnormal clock drawing  
- impairment | |
| | 2. Ask individual to name as many four-legged animals as possible in one minute. [Animal naming chart on page 7. | | |
| | 3. Instruct individual to draw the face of a clock, either on a blank sheet of paper or on a sheet with the clock circle already drawn on the page. [See Clock Drawing tool on pg 7. | | |
| | After individual puts the numbers on the clock face, ask him/her to draw the hands of the clock to read a specific time, such as 11:10. These instructions can be repeated, but no additional instructions should be given. Give patient as much time as needed to complete the task. The CDT serves as the recall distraction. | | |
| | ![Normal Clock](image1) ![Mildly Abnormal Clock](image2) ![Abnormal Clock](image3) | | |

**RESULT:** Need for Further Cognitive Assessment? Y ☐ N ☐

| 4. Depression | Score from Patient Form 5-item GDS: 2 or more BOLDED answers from Patient form | Y ☐ N ☐ |

<p>| 5.1 Falls/Mobility | Fall within the last 12 months, sought medical attention after a fall or have a fear of falling? | Y ☐ N ☐ |</p>
<table>
<thead>
<tr>
<th>Issue</th>
<th>Screen</th>
<th>Cut-Off Value</th>
<th>F/U</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 Falls/ Mobility – Cont’d</td>
<td>Perform Timed Up and Go: Time the individual as he/she rises from a firm chair with arms (can push off from arm rests), walks three metres at normal pace (with walking aid if normally used) turns around, and returns to sit in the chair (Podsiadlo &amp; Richardson, 1991). <strong>NOTE:</strong> Do not elicit conversation during the test as it increases the performance time.</td>
<td>&gt; 14 seconds - correlates with a high risk for falls; ≤ 20 seconds – correlates with independence in ADL transfer tasks &amp; community ambulation, &amp; high scores on the Berg Balance Scale; 30 ≤ seconds – correlates with more dependence in ADLs, need for assistive devices for ambulation. (Richardson and Podsiadlo, 1990; Shumway-Cook et al., 2000)</td>
<td>Y ☐ N ☐</td>
</tr>
<tr>
<td>6. Caregiver Support (ADL/IADL)</td>
<td>Do you receive assistance from others (e.g. home care)?</td>
<td></td>
<td>Y ☐ N ☐</td>
</tr>
<tr>
<td></td>
<td>By whom:</td>
<td>Frequency:</td>
<td>Y = Assistance needs not being met and follow up required.</td>
</tr>
<tr>
<td>7. Urinary Incontinence</td>
<td>Do you have any problems with involuntary loss of water/urine?</td>
<td>Y = Need for further assessment / follow-up.</td>
<td>Y ☐ N ☐</td>
</tr>
<tr>
<td>8. Medications (Polypharmacy)</td>
<td>Number of prescribed drugs:</td>
<td>&gt; 5 prescription drugs</td>
<td>Y ☐ N ☐</td>
</tr>
<tr>
<td></td>
<td>Number of over the counter medications:</td>
<td>&gt; 3 over the counter drugs</td>
<td>Y ☐ N ☐</td>
</tr>
<tr>
<td>9. Asthma/COPD</td>
<td>- Any difficulties with breathing? Yes / No</td>
<td>- Consider home O2 if chronic hypoxemia on room air at rest (PaO2 of 55 mmHg or less, or SaO2 of 88 percent or less) or persistent PaO2 in the range of 56 to 60 mmHg or pulmonale, pulmonary hypertension or persistent erythrocytosis present.</td>
<td>Y ☐ N ☐</td>
</tr>
<tr>
<td></td>
<td>- History of COPD / Asthma / PND or Sleep Apnea (circle if any):</td>
<td>- Counseling may be indicated for smoking, use of inhalation devices, and safe use of home O2.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Use of inhalation devices? Yes / No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Use of in-home O2? Yes / No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- History or Current Smoking? Yes / No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Daily / productive cough? Yes / No</td>
<td></td>
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</tbody>
</table>
## Geriatric Periodic Health Exam – Tracking Form

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Birth</th>
<th>HCN</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Maneuver</th>
<th>Frequency</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP, height &amp; weight</td>
<td>Every Visit</td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td>Periodically</td>
<td></td>
</tr>
<tr>
<td>Cholesterol</td>
<td>Every Year</td>
<td></td>
</tr>
<tr>
<td>Pap Smear</td>
<td>Every 1-3 years up to age 65</td>
<td></td>
</tr>
<tr>
<td>Mammography</td>
<td>Every 1-2 years age 50-59</td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>*see interprofessional screen</td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Routinely above age 65</td>
<td></td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>Every Visit</td>
<td></td>
</tr>
<tr>
<td>Vision / Hearing</td>
<td>Every 1-2 years above age 65</td>
<td></td>
</tr>
<tr>
<td>Assess CVD</td>
<td>Periodically</td>
<td></td>
</tr>
</tbody>
</table>

### Screening

<table>
<thead>
<tr>
<th>Maneuver</th>
<th>Frequency</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus-diphtheria</td>
<td>Every 10 years</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>One dose above age 65</td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>Yearly</td>
<td></td>
</tr>
</tbody>
</table>

### Immunization

<table>
<thead>
<tr>
<th>Maneuver</th>
<th>Frequency</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium Intake</td>
<td>Women Periodically</td>
<td></td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>Periodically</td>
<td></td>
</tr>
<tr>
<td>Drug and Alcohol Use</td>
<td>Periodically</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>Periodically</td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
<td>Periodically</td>
<td></td>
</tr>
<tr>
<td>Oral Health</td>
<td>Periodically</td>
<td></td>
</tr>
<tr>
<td>Injury Prevention</td>
<td>Periodically</td>
<td></td>
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<tr>
<td>Polypharmacy</td>
<td>Periodically</td>
<td></td>
</tr>
<tr>
<td>Advance Directives</td>
<td></td>
<td></td>
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<tr>
<td>Caregiver Issues</td>
<td></td>
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<tr>
<td>Other:</td>
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<td>Other:</td>
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</tbody>
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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

Identify

Prepare

Evaluate

Action

- 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
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
Primary Care Team identifies need for Geriatric Periodic Health Exam (GPHE), with comprehensive & structured approach.

Engage patient in GPHE through completion of GPHE-Patient Form.

Are there issues flagged in GHPE-Patient Form requiring F/U from Primary Care Team?

Counsel by individual members of Primary Care Team identified from GHPE-Patient Form with provision of appropriate resources / information on prevention & health maintenance.

- Perform & document the GPHE-Interdisciplinary Screen.
- Administer or perform additional scales and tests as indicated.
- Flag issues for F/U at subsequent visits.
- Discuss & decide on any referrals, follow-up, medical tests and/or further assessment required.

Are there issues flagged in GHPE-Interdisciplinary Screen requiring F/U from Primary Care Team?

Provide any educational materials identified throughout GPHE, schedule next GPHE and complete GPHE Tracing Form.

- Arrange tests, appointments and referrals to other professional services.
- Provide any educational materials identified throughout GPHE.
- Schedule follow-up for issues requiring monitoring.
- Make referral to community organizations as appropriate.
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)*.
Accessing the GPHE Toolkit (www.sagelink.ca)
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.
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
References


Further Resources

Reports


Toolkits
