COMPREHENSIVE GERIATRIC CARE IN HOSPITALS:
THE ROLE OF INPATIENT GERIATRIC CONSULTATION TEAMS

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Methods

Organisation of inpatient geriatric consultation teams
- Summary of Belgian studies, legal documents, policy papers
- Data provided by SPF/FOD & INAMI/RIZIV; TCT

SWOT
- 6 Focus groups: geriatricians (n=9); nurses (n=24); other HC professionals (n=4)

International best-practices
- Literature review
- Survey in France and the Netherlands; semi-structured interviews in US
# Background

## Ageing hospital population
- 43% hospitalisation days aged ≥75
- High proportion of older hospitalised patients have a [geriatric profile](#)

## Comprehensive geriatric care
- A [multidimensional](#) interdisciplinary process focusing on a frail older person’s medical, psychosocial and functional capabilities
- Case-finding / Assessment / Care planning / Implementation
- Evidence for: decreased hospital-mortality, improved cognitive functioning, higher proportion of patients returning home

## Geriatric inpatient care models
- Acute geriatric unit:
- Inpatient geriatric consultation teams: no evidence for clinical effectiveness
- Co-management models: emerging model without robust evidence
Belgian context

**Acute geriatric units**
- 99 acute hospitals & 7 geriatric hospitals
- In 2013: Programmed beds (n=11 755) > Recognised beds (erkende bedden/lits agréés) (n=7 341)
- ‘Justified beds (verantwoorde bedden/lits justifiés)’ > ‘Recognised beds’

**Inpatient geriatric liaison teams**
- External geriatric liaison function
- Geriatric ambulatory consultations
- Geriatric day hospitals

**Geriatricians**
- ±280 active geriatricians
- Estimated shortage of 143 FTE in 2010
- Imposed minimum quota (20/y) are not met
Belgian inpatient geriatric consultation teams

- High face-validity but absence of evidence about effectiveness
  - Multidisciplinary and holistic approach
  - Geriatric culture
  - Internationally not wide-spread

- From pilot projects towards strictly regulated teams
  - Shift to structural funding appreciated
  - Legislator more ambitious about their role than payer is in allocating funds

- Heterogenous implementation
  - Case-finding method: Screening tools, thresholds, additional selection preceding screening
  - Positive screening does not always result in a consultation
  - Adherence: too low to have impact?
Consults geriatricians

Proportion of stays (patients ≥ 75 y) with a geriatric liaison (2011)

<table>
<thead>
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<th>25th Pctl</th>
<th>50th Pctl</th>
<th>75th Pctl</th>
<th>Maximum</th>
<th>Mean</th>
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<tbody>
<tr>
<td>0.0%</td>
<td>0.0%</td>
<td>1.7%</td>
<td>7.5%</td>
<td>92.1%</td>
<td>5.9%</td>
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Knowledge exchange

- Available during initial implementation
- Today a common knowledge sharing platform is lacking → pockets of innovations emerging from bottom-up fail to be evaluated/disseminated

Alternative models

- Consultation or shared decision making?
- Workforce innovations
- Models outside hospital boundaries
Recommendations

Acute geriatric units remain the gold standard organisational model for older inpatients with a geriatric profile. However, investments in geriatric expertise outside the acute geriatric units are needed to ensure that all patients with a geriatric profile receive care according to the ‘comprehensive geriatric care (CGA)’ principles.

Maintain geriatric liaison but with:

- flexibility to experiment with other care models,
- a strengthened governance structure and knowledge exchange platform,
- evaluation.
To the Minister of Social Affairs and Public Health

**Long-term policy perspective**

- Revise capacity geriatric units in the context of a larger reform of the Belgian hospital landscape
- Increase attractiveness geriatric specialisation for physicians (e.g. recalibration of the tariff catalogue)
- Study feasibility and conditions advanced practice nurses in geriatric care

**Continue investments geriatric care programme**

- Flexibility;
- Knowledge platform;
- Allow billing nomenclature codes regarding internal geriatric consultation teams not only for $\geq 75$ but for all patients with a geriatric care profile
To the Federated entities

Integrate (or develop) indicators to evaluate QoC of (hospitalised) geriatric patients in collaboration with the College of physicians for geriatrics.

Design geriatric training (courses & clinical placement) in basic curricula for physicians, nurses & allied health professionals.

Ensure quality of geriatric care as a specific focus in hospital-wide accreditation programmes.
To hospitals

Adopt a **culture** where all health professionals are sensitive for ‘geriatric care’ (e.g. knowledge sharing, multidisciplinary meetings). This will require sustained efforts and **support from the hospital administrators**.