



UCSF Department of Medicine ZUCKERBERG SAN FRANCISCO GENERAL

EXCELLENCE IN CARING FOR OLDER ADULTS

The number of older adults is increasing in the U.S. So is the number at ZSFG. The percentage of patients age 65 or older at ZSFG has increased from 13% in 2014 to 18% in 2021. Now, over 16,000 patients at ZSFG are age 65 or older. Older adults want to age gracefully, preserving cognitive function, physical abilities and independence. We asked our geriatricians, specialists trained to evaluate and manage the healthcare needs and treatment preferences of older people, about their work at ZSFG.

While access to and quality of care is important for all elders, it is critical for those whose life conditions are challenging. “Hard life circumstances make you age faster, and people struggling with low socioeconomic status, HIV, homelessness and substance use are often physiologically older than their chronologic age in terms of cognition and functional ability,” said Dr. Louise Walter, MD Professor of Medicine and Chief of the UCSF Division of Geriatrics.

“Older adults deserve an age-friendly health system, which means providing people the best geriatric care across different settings,” said



Louise Walter, MD

Dr. Walter. How is this accomplished? “We can optimize aging by focusing on the “four M’s: Mentation, Mobility, Medications, and what Matters.” said Dr. Walter.

Mentation problems – thinking and cognition – often contribute to medical complexity in older patients. “The amount of cognitive impairment is quite remarkable,” said Dr. Walter. Mobility is also a challenge. “So many older adults fall, particularly in San Francisco with all our hills and stairs,”

she said. Medications can be challenging. “Medications can make people dizzy, and neuropathy can prevent them from feeling their feet.” “Sometimes patients get stuck on medications that hurt more than help, and safely de-prescribing is a whole art unto itself. We always try to reduce the medical footprint in people’s lives.”



ZSFG DOM's interdisciplinary team of geriatric providers (L to R): Louise Walter, MD; Edgar Pierluzzi, MD; Anna Chodos, MD; Meredith Greene, MD

Building an Age-Friendly Health System

The final and most important M is what Matters. “It crystalizes what geriatrics can contribute – distilling patient complexity and tailoring care to support each patient’s goals,” said Anna Chodos, MD, MPH, Assistant Professor of Medicine in the ZSFG Division of General Internal Medicine. “I start every visit by asking patients, ‘What’s most important to you? How can we, as your health care providers, help make your life better?’”

In addition to seeing her own patients in the Richard Fine People’s Clinic, she is Medical Director of the ZSFG Geriatrics Consult Service, providing comprehensive assessment of geriatric conditions and direct care planning. She also helps co-manage older patients in partnership with their primary care physicians.

“Dementia is a big issue for many of our older patients, and really shifts the paradigm,” said Dr. Chodos. “We’re here to help providers think through how to provide the best care for these patients. And while the caregiver isn’t our patient, we can help prevent them from experiencing burnout

by enhancing their skill sets, supporting their well-being, and connecting them with resources.”

Cognitive decline risk factors include low education, head injury from falls, and hearing impairment. “Colleagues have done groundbreaking work showing that functional decline is really high in people who have experienced homelessness or have had involvement with the criminal justice system, which are populations central to our mission at the General,” said Dr. Chodos. To help care for some of the most complex patients, she directs the weekly Geriatrics-Neurology Cognitive Clinic, which includes a neuropsychologist, behavioral neurologist, and geriatric pharmacist. Together they develop care plans to improve the life of patients.



Anna Chodos, MD

Because care for complex elders requires an effective team, Dr. Chodos is leading efforts to “geriatricize” other service lines. “One in five San

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Francisco residents is age 60 or older,” she said. “This is the time to get ready to serve older adults with excellence.” She is Associate Director of the federally funded Geriatrics Workforce Enhancement Program, which builds geriatric competency among primary care, behavioral health, and social service providers in nine counties.

Dr. Chodos also directs Whole Person Geriatrics for the San Francisco Health Network’s ambulatory care, helping primary and specialty care, Jail Health Services, and Whole Person Integrative Care programs develop age-friendly plans. “We want to empower everyone to incorporate geriatrics care into their workflow, and to build an age-friendly health system,” she said.

Working to Address Personal Goals and Improve Independence

Older hospitalized adults benefit from the outstanding care they receive at the ZSFG Acute Care for Elders (ACE) Unit. “Our goal is to maintain patients’ physical and cognitive capacity to provide them with the best chance of returning home to their community and family, instead of being sent to a nursing home,” said Edgar Pierluissi, MD,



Edgar Pierluissi, MD

Professor of Medicine in the ZSFG Division of Hospital Medicine and Medical Director of the ACE Unit. Established in 2007, it was the first of its kind in California. Housed on the 7th floor of the hospital, the unit has 32 beds and provides interdisciplinary care for most patients age 65 and older. The ACE unit provides individualized care that includes careful review to eliminate unnecessary medications, deployment of non-medication interventions such as exercise, socialization, and focus on sleep hygiene and discharge planning to home.

The specialized team conducts a careful medication review to evaluate which prescriptions are truly necessary, make adjustments to address issues like urinary incontinence, and develop workarounds when memory deficits might prevent patients from taking medications after discharge. They also promote patients’ mobility during hospitalization. “If a patient doesn’t really need an oxygen line, intravenous line, or catheter, we get

rid of them so they’re not tethered to their bed,” said Dr. Pierluissi. Staff help patients get up and walk multiple times a day down the long hallways and in the rooftop garden.

“In addition to our focus on function, each hospitalization is an opportunity to evaluate whether patients need support to thrive at home,” said Dr. Pierluissi. “If someone has had a fall, we investigate contributing factors, such as medications, home safety, foot problems, cardiac or neurological problems, and substance use. If we can intervene, that person may be able to stay healthy in the community for years.” The ACE Unit’s social workers assess eligibility for resources including Medi-Cal insurance, In-Home Support Services, Meals on Wheels, paratransit, and adult day health programs. Next year, Dr. Pierluissi and his colleagues seek to move this proactive, wraparound approach even further upstream by helping develop trainings, care plans, and community linkages to bring Geriatrics to the Emergency Department.

“Instead of seeing patients as a set of dependencies, we conduct a strengths-based assessment,” said Dr. Pierluissi. “We learn how patients spend their days and help them to achieve their goals, whether it’s maintaining the ability to walk their dog or see their family. When you see them taking steps towards recovery right in front of you, it’s fantastic.”

Navigating Aging and HIV with Resilience

Yet another older adult care innovation at ZSFG is the Golden Compass Program, which provides comprehensive primary care to HIV+ elders in Ward 86, ZSFG’s outpatient hub for HIV care “People with HIV are living longer because of antiretroviral therapy, and in San Francisco, 70 percent of all people with HIV are over 50,” said Meredith Greene, MD, Assistant Professor of Medicine in the UCSF Division of Geriatrics and Associate Director of Golden Compass.

While these patients’ long-term survival is a medical triumph, it brings new challenges. HIV and the medications used to treat it may accelerate aging, including earlier onset of cardiovascular disease, kidney disease, and osteoporosis. “Many patients survived the 1980s and 90s, but felt completely unprepared to grow old and need help navigating the health care system,” said Dr. Greene.

Ward 86 established Golden Compass in 2017, one of the first such programs in the country.

The program addresses four main areas of health.

“North” includes heart and mind, including an HIV Cardiology Clinic and classes on brain health.

“East” focuses on supporting bone health and classes to promote exercise and prevent falls. With radiology colleagues, the program is also bringing bone density scanning to ZSFG. “West” links patients with screenings and services for dental, hearing, and vision care.



Meredith Greene, MD

“South” focuses on social support. “Social isolation and loneliness are more common in people with HIV,” said Dr. Greene. “Some have survivor’s guilt or PTSD, and lost many people in their social networks. Patients may deal with multiple stigmas, including homophobia, racism, and ageism, or struggle with food and housing insecurity.” Golden Compass offers a holistic approach, providing social support groups and community program connection. “It takes a team approach to comprehensively meet someone’s needs,” she said. “It can’t all fall on the primary care physician. We need to address all these factors.”

“I’ve learned a lot from the resilience of people who have survived HIV, particularly now that we’re living in another time of huge uncertainty with COVID,” she said. “Often my patients will say, ‘Trust the science – and know that it will change. We’ve been through hard times before, and we can get through them again.’”

“Anna, Edgar, and Meredith are stellar, leading the charge to enhance geriatrics” said Dr. Walter. “Their efforts are Herculean. There’s a lot of great geriatric work happening at the General, and it’s laying the foundation to really make it an age-friendly health system.”

Elizabeth Chur

Editors: Neil Powe, Laurae Pearson, Brooks Bigart

SPOTLIGHT
 ZSFG flu vaccines are available in the Cafeteria, Building 5, 2nd Floor, Mon.- Sat., 7:30 AM - 4:00 PM.
 October is UCSF Diversity Month! For events and details: <https://diversity.ucsf.edu/ucsf-diversity-month-2021>

