



MANAGEMENT BRIEF

Created by the Management Decision & Research Center, HSR&D, Office of Research & Development

Number 2, February 1996

Caring for the Aging Veteran: A Commitment to Quality

“VA, with its longstanding tradition of quality care, provides a coordinated continuum of care complemented by the highest quality aging research and education for older veterans. As we expand the primary care model throughout VHA this tradition guides our continued leadership in the organization, delivery, and financing of care for the aging veteran.”

Judy Salerno, MD., M.S., Acting ACMD for Geriatrics and Extended Care

VA's senior veteran population is growing at a faster rate than the overall senior population. This means that by the year 2000, three of every five American men age 65 or older will be veterans, accounting for over half of the VA's patient population. In VA, aging veterans benefit from the strength of their numbers and VA's clearly demonstrated commitment to quality health care for the elderly veteran. Given these significant numbers, VA is uniquely positioned to increase its contribution to senior health care practice and geriatric research. The VHA's transition to a patient centered, managed care model, will likely impact the aging veteran more than any other group. The research findings highlighted below exemplify VHA's commitment to quality care for our aging veterans.

RESEARCH FINDINGS:

- Conversations, not medications, dramatically improve Alzheimer's patients' behaviors. The pilot work of this HSR&D study at the West Roxbury VAMC, found that replaying tape-recorded conversations of Alzheimer's patients and family members significantly reduced disruptive behaviors. Hearing the taped memories on a portable tape player promotes well being in these elders without the use of drugs or restraints. This relatively simple technique has the potential for highly positive impact on patients, family members, care-givers, and administrators for cost reduction in drugs and other expenditures. Data formalizing these findings will be available from this clinical trial by Summer 1996. Contact Lois Camberg, Ph.D. (FTS 700-885-5725) the principal investigator for this project. Woods P, Ashley J. Simulated presence therapy: using selected memories to manage problem behaviors in Alzheimer's Disease patients. *Geriatric Nursing* 16: 9-14, 1995.

Veterans' health status assessments reveal higher expected health care use among aging veterans. The Veteran's Health Study at the Bedford VAMC developed, tested, and validated a patient-centered assessment form for use by administrators, policy makers and clinicians in the routine care of veterans. Use of the form thus far indicates that VA patients in this study are generally less healthy than comparable civilian outpatients. Findings like these are contained in a dynamic clinical and administrative database created from the assessment forms. The Veterans Health Study database, the first to merge patient and administrative information, moves VHA's Vision for Change closer to reality by providing critical information for policy planning and patient management. Kazis LE, Miller D, Skinner K, et al. Health related quality of life in veterans: the Veterans Health Study. Abstract presented at the Association for Health Services Research Meeting, June 1994. San Diego, California. Article in press.

- VA's hospital-managed home care services provide a wider range of skilled care than non-VA programs. Hospital-based Home Care (HBHC), provided by VA, enables aging chronically ill disabled veterans to remain in the comfort of their own home while receiving a greater array of skilled care services (nursing, physical therapy and social work) than non-VA nursing homes provide. An HSR&D survey of all 74 HBHC programs found that VA patients were on the whole, frailer, with most patients having at least two impairments of daily living. When compared with non-VA home care agencies, who provide only skilled nursing care, the VA provided substantially more services, albeit at a higher cost. The impacts of these findings are the knowledge that VA is uniquely geared to provide this type of care, and the ability for VA care managers to accurately plan for appropriate VA HBHC care to this group. Weaver FM, Hughes SL, Kubal JD, et al. A profile of Veterans Affairs hospital based home care programs. Home Health Care Services Quarterly 15 (4), 1996. In Press.
- Frail hospitalized veterans benefit from a new, non-invasive, physical exam tool. The Physical Performance and Mobility Examination (PPME) developed by the Palo Alto HSR&D program, measures mobility in frail hospitalized older veterans. The PPME assesses six areas of physical functioning, including bed mobility, walking, standing from a chair, and standing balance. Reliable physical functioning measurements enable VA Physicians and health care providers to develop customized treatment and appropriate discharge plans for these special patients. Winograd CH, Lemsky CM, Neitt, et al. Development of a physical performance and mobility examination. Journal of the American Geriatrics Society, 42: 743-749, 1994.

RESEARCH IN PROGRESS:

Exercise training motivates even the frailest patients. This HSR&D study, underway at the Gainesville VAMC, for the first time involves very frail elderly hospitalized patients in exercise training along with their usual physical therapy program. While no statistical results are yet available, the patients unanimously report they feel better about themselves, and are better able to do the training tasks one month into the program. The investigators report that the patients are highly motivated and very enthusiastic about their progress in this unique program. Contact Dr. John Malemn, VAMC, Gainesville, FL. FTS 700-947-6411.

FOR MORE INFORMATION, CONTACT:

Gerry McGlynn, M.Ed, Management Decision & Research Center, Manager, Information Dissemination Program, Boston, MA. FTS 700-839-4433 or 617-278-4433.

The MANAGEMENT BRIEF is a new publication for VA senior managers. We want to know how you like it. For quick feedback just circle Gerry McGlynn in the box below and fax your response back to 617-278-4438:

What topics would you like to see in future Briefs? _____

What additional information regarding the VA projects listed will be helpful? ___ Article citations, ___ investigator names & contact info, Other? _____

Your comments on the Management Brief: _____

Name: _____ Title: _____ Phone: _____

Address: _____ FAX: _____

E-mail: _____ Please send me the Mgmt Brief by E-mail ___ or FAX ___

The Management Brief is produced by the Management Decision & Research Center, a program within the VA's Health Services Research & Development Service, Office of Research & Development. The purpose of the Management Brief is to provide VA senior managers with a concise and timely overview of a specific health care topic that includes topic definition, benefits, VA activities and resources for further information. Please send comments to Gerry McGlynn, MDRC 152-M, 150 S. Huntington Ave, Boston, MA, 02130. Or, by phone at FTS 700-839-4433 or 617-278-4433, FAX 617-278-4438.