

VERMONT MEDICAL SOCIETY THIRD THURSDAY WEBINAR SERIES



Date: May 21, 2020

Title of Talk: Optimal Care for Elders in the Time of COVID-19

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VMS Third Thursday Webinar Series: “Optimal Care for Elders in the Time of COVID-19”

Speakers:

Zail Berry, M.D, MPH, FACP

Planning Committee Members:

Jessa Barnard, ESQ, Stephen Leffler, M.D.& Stephanie Winters

Purpose Statement/Goal of This Activity:

To better understand how medical professionals should consider caring and treating elders during the COVID-19 pandemic.

Learning Objectives:

- Review (current) epidemiology of COVID19 in elders in Vermont, including age-related outcome.
- Discuss approaching the topic of advanced directives/advance care planning with patients & families in a COVID19 context
- Present a framework for “getting the data” to be able to make a patient-centered recommendation for patients considering the possibility of serious illness with COVID-19.

Disclosures:

Is there anything to Disclose? Yes No

Did this activity receive any commercial support? Yes No



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Optimal Care for Elders in the time of COVID19

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No conflicts of interest to disclose

Objectives

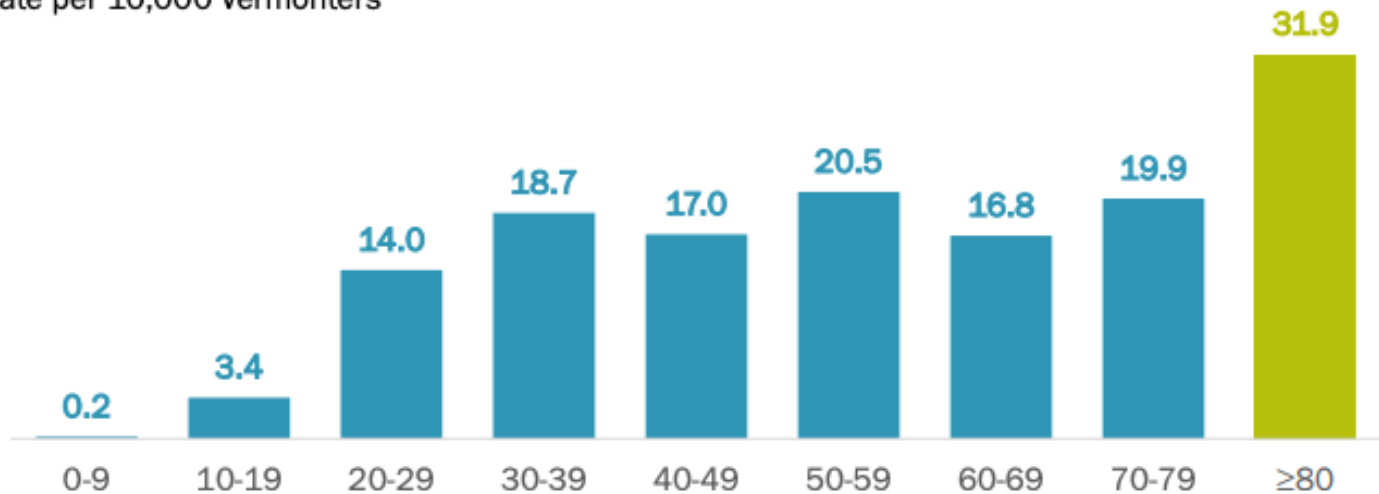
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The background features three thick, wavy green lines in varying shades of green, creating a dynamic, abstract design that flows across the slide.

Epidemiology of COVID19 infection and outcomes in Vermont elders

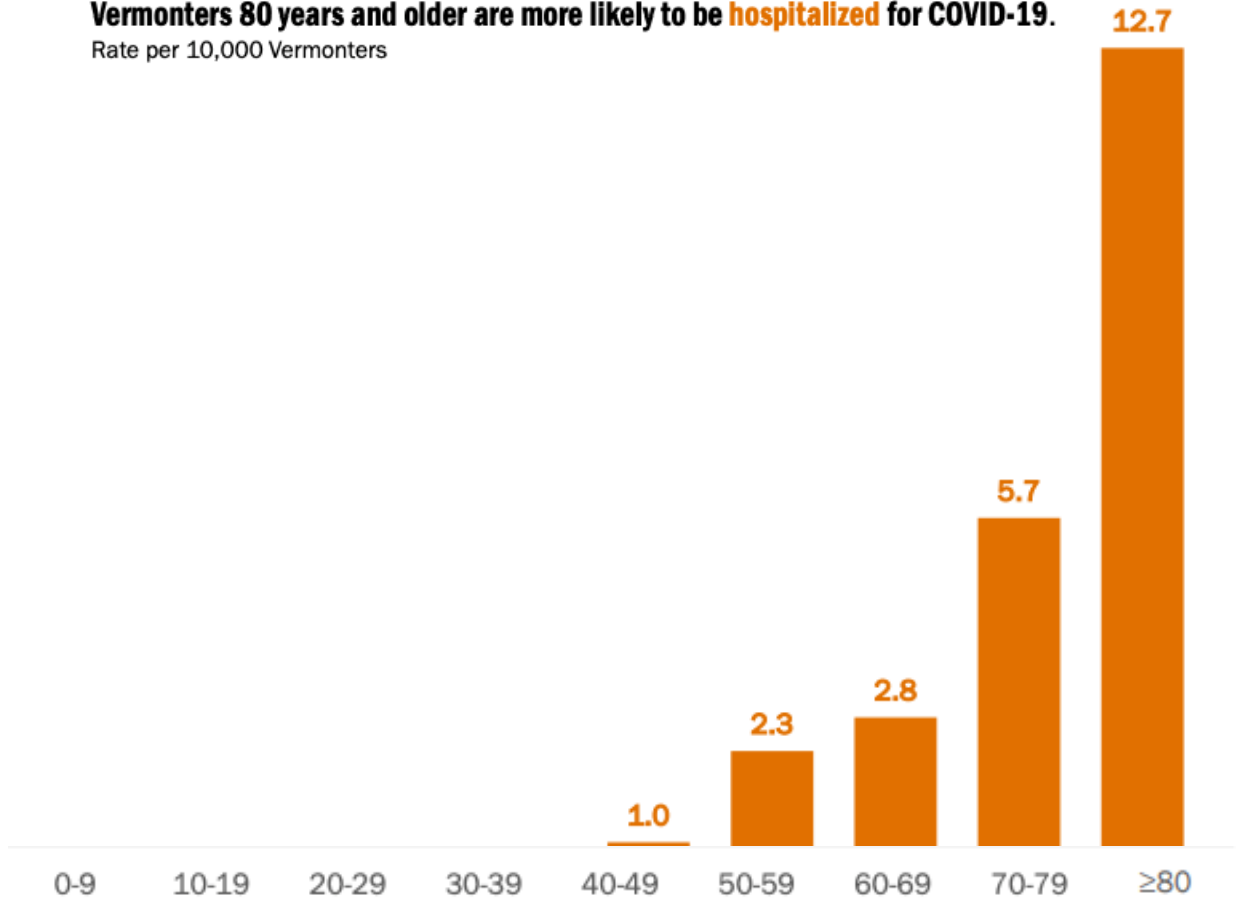
Rates of COVID-19 are disproportionately high among Vermonters 80 years and older.

Rate per 10,000 Vermonters



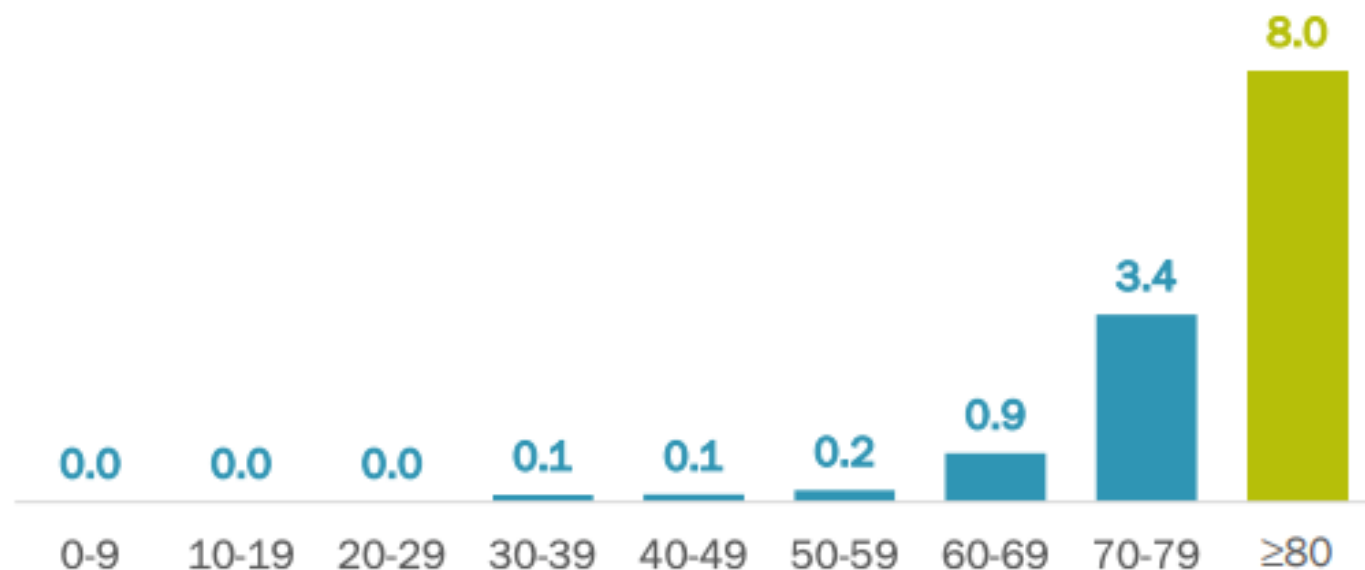
Vermonters 80 years and older are more likely to be hospitalized for COVID-19.

Rate per 10,000 Vermonters



Vermonters 80 years and older have higher rates of COVID-19 death than other age groups.

Rate per 10,000 Vermonters



UVMHC ICU experience to date 23 patients

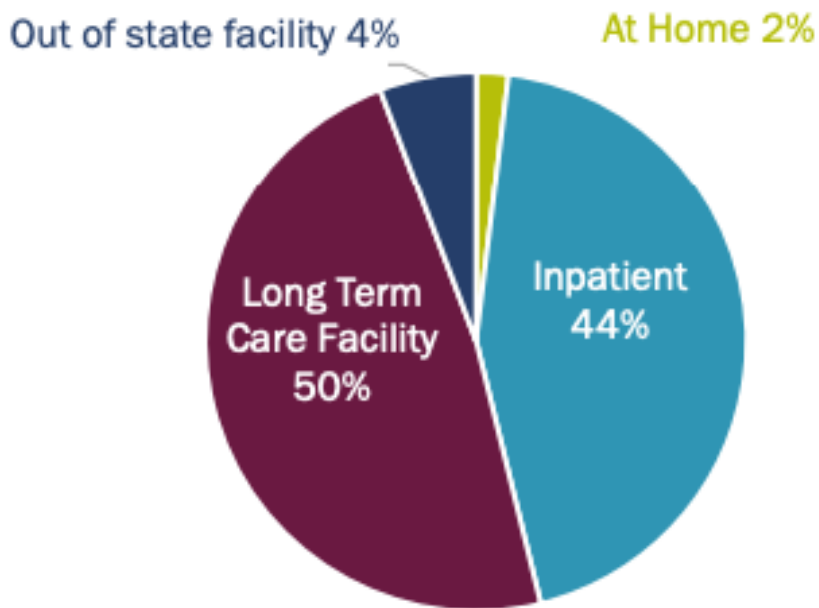
- Overall, 61% of patients have been 70 yrs or older
(14 of 23)
- Among intubated patients, 50% have been 70 yrs or older
(9 of 18)

UVMMC ICU experience to date

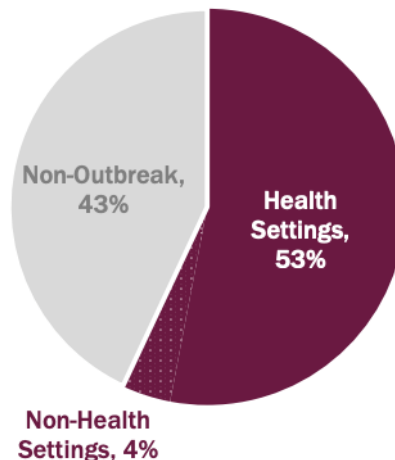
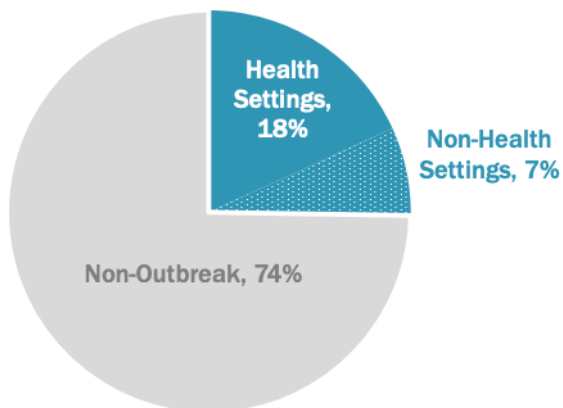
Mortality

- All patient mortality: 48% overall
 - 57% among patients 70 and over (8 of 14)
- Intubated patient mortality: 50% overall
 - 67% of patients 70 and above (6 of 9)

Most COVID-19 deaths occurred in an **inpatient hospital setting or a **long-term care facility**.**



While only 25% of all COVID-19 cases are associated with outbreaks, more than half of COVID-19-related deaths occur in outbreak settings.



Values in these charts are rounded to the nearest whole number and therefore may not always add to 100% due to error introduced in rounding.

Source: Vermont Department of Health
Reflects confirmed data as of 5/14/2020.

Two nursing home outbreaks

NH #1:

- Two COVID19 patients hospitalized:
 - One discharged to home after recovery (no ICU)
 - One returned to NH to receive comfort care, and died.
- Remaining cases remained at NH, either due to low severity of illness, or care plan with DNH/comfort as goal
 - Many recovered

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NH #2:

- No COVID19 patients hospitalized due to severity of illness
- Upon diagnosis of index case, ACPs reviewed;
 - Most with DNH/comfort care for severe illness
 - 2 with “full support” asked to change to DNH to be cared for “at home”

Approaching Advance Care Planning

How does COVID make this different?

“proximity of possibility”

“Proximity of possibility”

- “As you’ve probably heard, people infected with COVID19 in your age group are at higher risk for severe illness....”
- “With COVID19 news all around us, I want to be sure that you receive the kind of treatment you want should you become seriously ill...”
- “When a person becomes seriously ill and is unable to state their wishes, it is agonizing for families to be making decisions without knowing what that person would want... could we talk about what your wishes might be?”

Elements in “bringing it up”

- Align with the patient; make it clear you want to serve their wishes, desires:
 - “I’m concerned....”
 - “I worry that”
 - “I want to make sure.... “
 - “I don’t want your family to....”
- Ask permission:
 - “Could we talk about...?”
 - “Would it be OK if I/we....?”
- Don’t open with a “what do you want?” question

“Get the data” in order to make a recommendation:

Look into what the patient
VALUES

VALUES

- V
- A
- L
- U
- E
- S

VALUES

- V : What is most important to the patient?
 - “If you were to become seriously ill, what would be most important to you?”

VALUES

- V
- Activities:
 - what are the things you want to continue to do?
- L
- U
- E
- S

VALUES

- V
- A
- Living (well):
 - “What would you consider an unacceptable way of living for you, or a fate worse than death?”
- U
- E
- S

VALUES

- V
- A
- L
- Uncertainties, fears, worries
 - “What are your biggest worries about (your health, your future)?”
- E
- S

VALUES

- V
- A
- L
- U
- Experiences with serious illness
 - “What experiences have you had in dealing with friends or family who have died or been seriously ill?”
 - “What did you learn from that experience?”
- S

VALUES

- V
- A
- L
- U
- E
- Sources of strength and personality
 - What gives you strength through difficult times?
 - What kind of person are you when it comes to...?

Responding to VALUES

- Express understanding
 - “I can see how you would...” (NOT, “I know how you feel”)
- Express respect
 - “I see how committed you are to...”
- Express support, alignment
 - “I will do my best to support you/your family...”
- Explore (*always good if unsure what to say!*)
 - “ when you say, “X”, tell me more about what you mean by that.”
- Reflect back; be sure you’ve “got it”:
 - “it sounds like you...”
 - “I hear you saying...”

(if you missed it, express thanks for the clarification)

Keep asking VALUES questions until you know enough to make a recommendation

- Listen for statements that might relate to serious illness choices:
 - Overall primary goal of treatment:
 - Continued life, regardless
 - Aggressive treatment for reversible process
 - Comfort alone
 - Acceptable (& unacceptable) trade-offs to achieve goal
 - Strong desires about location and location-dependent activities

examples

“I hear you saying that if you were to come down with a serious illness, you would want everything done to try to keep you alive, but if it is your ‘time’, to let you go.

Given that, I would recommend that we change your COLST to restrict only a resuscitation attempt (which is done after the heart and lungs stop), but not limit any other medical treatment.”

examples

“Given that your priority is to stay alive as long as possible regardless of the trade-offs, we will pursue all medical measures available for serious illness to try to achieve that.”

examples

“Given that staying out of the hospital is important to you in case of serious illness,

for facility dweller where care for serious illness can be managed:

“I recommend that we change your COLST to add a
“Do Not Hospitalize” order .”

for community dweller without resources for serious illness care:

“If you become seriously ill we will do everything we can to treat and keep you comfortable outside the hospital.”

examples

“I hear you saying that you would like everything done to try to keep you alive, but you do not want to be put on a breathing machine for any length of time.

Given that, I recommend that we change your COLST to add “Do Not Resuscitate” and “Do Not Intubate” orders”, but not limit your care for serious illness in any other way.”

(you may need to explain that resuscitation includes intubation)

Summary

- Older patients with COVID19 are at greater risk of serious illness and death
- Patients with serious illness often cannot make choices regarding their treatment, yet their care should be what they would want it to be.
- COVID19 provides both an opportunity, and a mandate, to explore our patients' values relating to serious illness.
- Getting to know our patient through exploring VALUES can usually guide us to a patient-centered recommendation.



Comments and Questions?