UPDATE ON HELP

Sharon K. Inouye, M.D., M.P.H.
Professor of Medicine
Beth Israel Deaconess Medical Center
Harcvard Medical School
Milton and Shirley F. Levy Family Chair
Director, Aging Brain Center
Hebrew SeniorLife

Overview of the Schedule

Thursday, April 6, 2017

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:15 am</td>
<td>Welcome – Fred Rubino, MD</td>
</tr>
<tr>
<td>8:30 am</td>
<td>Update on HELP – Sharon Inouye, MD, MPH</td>
</tr>
<tr>
<td>9:30 am</td>
<td>Update on HELP Website/Learning Modules – Sarah Dowal, LICSW, MPH</td>
</tr>
<tr>
<td>10:30 am</td>
<td>A Demonstration of How to Work with HELP Patients – Neill Ackerman, MD, Susan Wehrman, MSW, LICSW, ASW, Miriam Beattie, DMH, GNP-BC</td>
</tr>
<tr>
<td>11:50 am</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00 pm</td>
<td>Update on Frailty in the Elderly – Stephanie Studenski, MD</td>
</tr>
<tr>
<td>2:05 pm</td>
<td>Update on Dementia – Erin Rogosich, MD</td>
</tr>
<tr>
<td>2:35 pm</td>
<td>Update on Stroke – Lawrence Wechsler, MD</td>
</tr>
<tr>
<td>3:30 pm</td>
<td>Delirium and Palliative Care – Sharon Inouye, MD, MPH</td>
</tr>
<tr>
<td>4:05 pm</td>
<td>Parkinson’s Disease – Houman Homayoun, MD</td>
</tr>
<tr>
<td>4:40 pm</td>
<td>Positive Approach to Dementia – John Wright, MD, MD, MPH</td>
</tr>
<tr>
<td>6:00 pm</td>
<td>Dinner Symposium: The Future of Geriatric Medicine – William J. Applegate, MD, MPH, MACP</td>
</tr>
</tbody>
</table>

Welcome and Introduction

• We are delighted to welcome all of you to the 15th annual HELP conference
• This meeting has evolved to become an important opportunity for education, networking, and collaboration among sites
• Take advantage of the chance to meet COEs and other HELP sites for mentorship and collaboration, for rejuvenation

What is HELP?

• HELP is a ...
  – Program for delirium prevention
  – Philosophy of how to care for older persons
  – Principles and protocols for optimizing care
  – An interdisciplinary community of like-minded individuals dedicated to improvement of care for vulnerable older persons

The Hospital Elder Life Program (HELP)

A Model of Care to Prevent Delirium and Functional Decline in Hospitalized Older Patients

**Hospital Elder Life Program**

**Goals**

An innovative approach to improving hospital care for older patients, with primary goals of:

- Maintaining physical and cognitive functioning throughout hospitalization
- Maximizing independence at discharge
- Assisting with the transition from hospital to home
- Preventing unplanned readmission

**Hospital Elder Life Program**

**Interdisciplinary Model of Care**

**Interventions**

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Impairment</td>
<td>Reality orientation</td>
</tr>
<tr>
<td>Vision/Hearing Impairment</td>
<td>Vision/Hearing Aids</td>
</tr>
<tr>
<td>Immobilization</td>
<td>Early Mobilization</td>
</tr>
<tr>
<td>Psychoactive Medication Use</td>
<td>Minimizing immobilizing equipment</td>
</tr>
<tr>
<td>Dehydration</td>
<td>Early recognition</td>
</tr>
<tr>
<td>Sleep Deprivation</td>
<td>Noise reduction strategies</td>
</tr>
</tbody>
</table>

**Other Hospital Elder Life Program Interventions**

- Geriatric nursing assessment and intervention
- Interdisciplinary rounds
- Geriatrician consultation
- Interdisciplinary consultation
- Provider education program
- Community linkages and telephone follow-up

**Intervention Process**

- **Screening:** all patients ≥ 70 years are screened
- **Inclusion:** as inclusive as possible, must have at least one risk factor for cognitive/functional decline
- **Exclusion:** minimized, mainly inability to participate in interventions
- **Assignment:** after screening, patients assigned to interventions based on their risk factors by Elder Life Specialists. Individualized menu of interventions
- **Adherence:** completion of all interventions tracked daily by Elder Life Specialists

**Volunteers**

- **Unique role:** Hands-on
- **Selection criteria:** Responsibility, caring, and respect for older persons
- **Commitment:** Minimum of one 4 hour shift/week for 6 months
- **Training:** Intensive, 16 hours didactic group, followed by 16 hours one-on-one training with patients
- **Quality checks:** Quarterly competency-based checklists
- **Volunteer retention:** Daily staff communication, quarterly educational/support session, monthly newsletter, and incentive awards
HELP Impact on Outcomes

<table>
<thead>
<tr>
<th>Reference</th>
<th>No. of Patients</th>
<th>Rate in HELP</th>
<th>Rate in Controls</th>
<th>Improvement with HELP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubin 2011</td>
<td>&gt;7,000</td>
<td>18%</td>
<td>41%</td>
<td>23%</td>
</tr>
<tr>
<td>Chen 2011</td>
<td>179</td>
<td>0%</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>Caplan 2007</td>
<td>37</td>
<td>6%</td>
<td>38%</td>
<td>32%</td>
</tr>
<tr>
<td>Rubin 2006</td>
<td>704</td>
<td>26%</td>
<td>41%</td>
<td>15%</td>
</tr>
<tr>
<td>Inouye 1999</td>
<td>852</td>
<td>10%</td>
<td>15%</td>
<td>5%</td>
</tr>
</tbody>
</table>

HELP Impact on Costs

<table>
<thead>
<tr>
<th>Reference</th>
<th>No. of Patients</th>
<th>Impact on Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubin 2011</td>
<td>&gt;7,000</td>
<td>&gt;$7.3 million per year savings in hospital costs (&gt; $1000 savings per patient)</td>
</tr>
<tr>
<td>Rizzo 2001</td>
<td>852</td>
<td>$831 cost savings per person-yrs in hospital costs</td>
</tr>
<tr>
<td>Leslie 2005</td>
<td>801</td>
<td>$9,446 savings per person-yrs in long-term nursing home costs</td>
</tr>
<tr>
<td>Caplan 2007</td>
<td>111</td>
<td>$121,425 per year savings in sitter costs</td>
</tr>
</tbody>
</table>

Announcements

- Remember to visit posters!
- Welcome to Elvy Ickowicz, VP at AGS and Lynn Spragens, MBA
- Victor Wang Demonstration of HELP Avatar—before lunch today
- Dr. Jirong Yue and team from China to present poster tomorrow
- Sarah Dowal, LICSW, MPH—HELP Coordinator

HELP Updates

- Donaghu Foundation grant enabled us to upgrade our website
- Access to three sections of website for HELP, Delirium Instruments and HELP University
- Streamlined process for finding materials
- Other formatting improvements

HELP Special Interest Groups

- Held each year at AGS and GSA—active and vibrant
  - Now chaired by Jonny Macias Tejada, M.D.
  - Upcoming AGS SIG will be co-chaired by Susan Heisey
- At each Special Interest Group:
  - Introduction to HELP for new sites—ultra brief
  - Update on HELP with input from current sites and COEs
  - Presentations related to HELP/delirium studies presented at that meeting, as well as other meetings or publications
- Strong encouragement for all HELP sites at the meeting to attend the SIGs. Encourage Scholarship, innovation, and collaboration!
HELP in the News

- Multiple articles published about HELP over the past few months:
  - Forbes March 2017
  - Next Avenue March 2017
  - Wall Street Journal February 2017
  - New York1 January 2017
  - The Hospitalist December 2016

Research Publications on HELP


Abstracts on HELP

- Liu N, Tereni JA, Inouye SK, Broockvar KS. One-year outcomes of an adapted Hospital Elder Life Program to prevent delirium. In: In: American Geriatrics Society Annual Meeting 2015, 2015. Long Beach, CA. (Accepted Best Paper Award for Best Practice in Nursing homes and Hospitals)

HELP and 30-day Readmissions

- Rubin FH et al, AGS Abstract 2016
  - Aim: To compare rates of 30 day readmission in 4,794 patients on HELP units vs. 2,834 usual care units during one year period 2013-14
  - Design: Administrative data-base study (pragmatic trial using hospital data)
  - Results: Using multivariable models, controlling for age, race, Charlson, APR DRG weight, service, and length of stay, adjusted risk of readmission:
    - 0.83 (95% CI 0.73-0.94) for all HELP patients
    - 0.74 (95% CI 0.63-0.87) for HELP patients DC to home

HELP and Readmissions (cont)
### NICHE Annual Meeting 2017 [25th Anniversary]

- **NICHE Conference**: April 19-22, 2017, JW Marriott, Austin TX
- **Keynote Speaker**: Dr. Sharon Inouye
- **HELP Symposium**: Presentations from Maine Medical Center and Abington Hospital on joint initiatives between NICHE and HELP
- **Special Interest Group**: Anyone attending NICHE who is interested—please attend

### AGS 2017 Symposium: Adaptations and Outcomes of the Hospital Elder Life Program: Implementation and Spread

- **AGS 2017 Annual Scientific Meeting**: May 18-20, Henry B. Gonzalez Convention Center, San Antonio, TX
- **Moderator**: Dr. Ariba Khan (Aurora Health Care, WI)
- **Discussants**: Dr. Sharon Inouye
  - **Talk 1**: Dr. Fred Rubin (UPMC) will discuss volunteer and EMR adaptations
  - **Talk 2**: Dr. Mark Supiano (University of Utah) will discuss the impact of HELP on hospital readmission rate and mobility
  - **Talk 3**: Dr. Cheryl Chen (Taiwan University) will discuss an adapted HELP program in Taiwan that does not use volunteers
  - **Talk 4**: Dr. Kenneth Boockvar (James J Peters VA Medical Center, NY) will discuss the adaptation of HELP to the long-term care setting

### Annual Meetings 2017

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICHE</td>
<td>Symposium: HELP and NICHE; Dr. Sharon Inouye, Rhonda Babine (Maine Medical Center) and Rita Leinheiser (Abington Hospital)</td>
</tr>
<tr>
<td>NICHE</td>
<td>Keynote Address: Delirium Prevention: An Overview of What You Can Do; Dr. Sharon Inouye</td>
</tr>
<tr>
<td>AGS</td>
<td>Panel Discussion: Adaptation and Outcomes of HELP: Implementation and Spread; Dr. Fred Rubin (UPMC), Dr. Kenneth Boockvar (James J. Peters VA Medical Center), Dr. Mark Supiano (University of Utah), Dr. Cheryl Chen (Taiwan University), Dr. Arba Khan (Aurora), Dr. Sharon Inouye (HSL)</td>
</tr>
<tr>
<td>AGS</td>
<td>Symposium: Advancing Hospital Care for Older Adults: Science, Policy and Practice from Four Global Partners: Dr. Alison Mudge, Dr. Ken Wong, Dr. Ken Covinsky, and Dr. Hebert Habets</td>
</tr>
<tr>
<td>IAGG</td>
<td>HELP Special Interest Group Session</td>
</tr>
</tbody>
</table>

### Health and Aging Policy Fellowship

- Dr. Sharon Inouye is a Health Aging Policy Fellow and has been working with CMS/CMMI on a mobility initiative as part of her fellowship
  - Informational webinar conducted on March 23, 2017
  - Follow-up Action Group will be formed, with twice-monthly calls with hospitals over 4 months
  - Change Packet and Tool Kit developed for participating hospitals to help them in their local initiatives to increase patient mobility
  - Mobility initiative utilizes principles of HELP Early Mobilization protocol, and may ultimately help to increase interest in the HELP model

### Hospital Elder Life Program (HELP): Taking to Scale

- **Background**: Funded by John A. Hartford Foundation
- **Goal**:
  - Refine and implement a dissemination approach that will ultimately result in a self-sustaining model for HELP dissemination
  - Creation of HELP University!

### Taking to Scale: Proposed Approaches

- On-line multimedia educational modules: Have spent bulk of grant period developing 14 educational modules, and Sarah will preview some of them shortly
- HELP University: Online education, training, and peer-to-peer support for sites
- HELP Tier System for recognition of sites
- Mentor-trainer model to support new sites
- Collaboration with related organizations
HELP and AGS

• New collaboration with AGS
• Goals:
  – Wider dissemination, marketing of HELP
  – Gain structure and better tracking of sites
  – Provide additional resources to sites
  – Establish a mechanism for site recognition
  – Create even more COEs and opportunities for sites

Benefits of Partnership

• AGS has strong membership base
• AGS website is set up for running webinars or housing e-learning modules
• Both AGS and HELP support the improvement of care of hospitalized elders and providing resources for hospitals to provide gold standard of care
• HELP Central will continue to create content and provide mentorship and guidance to sites

HELP Progress to Date

• Exciting time and many opportunities
• New Collaboration: HELP and AGS
• Over the next year, we anticipate:
  – Finalization of educational modules this Spring
  – Beta testing of modules with your help
  – Begin working with AGS on integration
• Thanks to all for being a part of the process!