YOUNGER ADULTS IN LONG-TERM CARE

Joint Provider Surveyor Training

Grand Rapids, MI
September 20, 2016

MARY MULLIGAN, RN, BSN, MA, CDONA/LTC, CLNC
ACTING DIRECTOR - CLINICAL AFFAIRS
AMDA – THE SOCIETY FOR POST-ACUTE & LONG-TERM CARE MEDICINE
AMDA – The Society for Post-Acute and Long-Term Care Medicine was awarded a 3 year 1.624M CMP grant in 2014.

CMS Region IV Partners:
Alabama, Florida, Georgia, Kentucky, Mississippi and South Carolina
Three Pillar Approach to Training

- Face-to-Face
- Online
- CoP
Objectives

1. To understand the demographic trend and the needs of the younger adult (YA) in LTC
2. To relate behavioral problems to cognitive issues
3. To understand resident rights and facility responsibilities
4. To learn how facilities can satisfy regulatory requirements while meeting the needs of the YA
Individual Perspectives

Who am I?
Scope of the Problem
Commitment for the Long-term
Who is the Younger Adult?

For purposes of the YA training, AMDA defines younger adults as those aged 18 – 64 years.

The fastest growing population in LTC facilities are adults ages 31- 64 years

Who I am...

...may depend on how I got “sick”
Did you know that…

- Younger adults ages 31-64 years of age are the fastest growing population in long-term care settings.
- Long-term care is no longer synonymous with “geriatric care”.
- Almost 15% of long-term care residents are < 65 years of age.
Younger Adults in Long-term Care

- Sexuality
- Technology
- Homelessness
- Mental illness
- Birth control
- Social media
- School attendance
- Residents as parents
- Night Owls
It’s not just when you were born…

It’s where you are in life…
Erikson’s Developmental Stages

Stages of Psychosocial Development

- Trust vs Mistrust
- Autonomy vs Shame & Doubt
- Initiative vs Guilt
- Industry vs Inferiority
- Identity vs Role Confusion
- Intimacy vs Isolation
- Generativity vs Stagnation
- Integrity vs Despair

Proposed by Erik Erikson
Who am I?

In addition to different cohorts and different stages in overall development, younger residents may have less mature psychological coping skills.

This presents both a challenge and an opportunity for growth.
Stages of Development

- **Intimacy vs Isolation**
  Young Adulthood (19-40 years)

- **Generativity vs Stagnation**
  Middle Adulthood (40-65 years)
Meeting the Needs of Younger Adults

- Clinical, Psychosocial & Behavioral Concerns
- Financial Concerns
Clinical, Psychosocial & Behavioral Concerns

- Geriatricians lack experience with younger adults
- Staff lack experience and often interest in caring for younger adults
- Palliative care/end-of-life care
- Sexually inappropriate behavior
- Children or parents as decision-makers
- Different life stages, expectations and hopes
Financial Concerns

- Head in the bed for a long time with low reimbursement
- Possible litigation issues due to risky behaviors
- Resource-intensive and expensive care
More Barriers to Care

- Practical Issues
- Staffing Concerns
- Reputation of the Facility
Anticipate Cognitive Problems
Conditions That Affect Cognition

- AIDS
- Drugs/ETOH
- Psychiatric illness
- Diabetes
- Dementia
- Developmental Delay
- Head Injury/Trauma
- Neurologic Illnesses
Why Assess Cognitive Ability?

Cognitive Ability

- Impacts behavioral management
- Impacts facility actions to determine which decisions a person can safely make
- Impacts ability to provide excellent care
In long-term care, almost all patients have some cognitive decline and many have moderate to severe dementia. Patients who are “in-between” pose the greatest challenges.
Development of Facility Policies and Individual Plans of Care

- Resident Rights
- Facility, Regulatory & Liability Concerns
- Resident Preferences
- Staff Concerns

Facility Policy & Individual Plan of Care
How does the facility comply with regulations while preserving resident rights?

F 155 Right to Refuse Treatment
F 248 Activities Program
F 329 Unnecessary Drugs
Resident rights vs facility responsibility

Does the patient with competence and capacity have the right to refuse treatment knowing the outcome will be a negative one, possibly shortening their life?
...you want me to go to a wound care specialist because you think they might help me.

I don’t want to go.

I have had this wound a long time and I don’t care if I die with this wound! It isn’t getting better with no specialist and I will never have surgery.

You guys keep asking me and I keep telling you the same thing— I am fine like it is.

Just cover it up and put my pants on.

I have to go sometime and I want to focus on living the way I want to.

I know you said I could get an infection and die - well, I am not sure you are right as I have had it a long time and I am not dead yet - but if I die, well, that’s the way it is.
Activities Programs

• Current activities not geared for young adults
• Young adults requesting iPads and computers
• Wish to engage with other younger adults whereas older adults may be content to be on their own at given times
Leaving unaccompanied – Can we stop them?
Desired Activity of a Young Adult

YA with capacity confined to motorized wheelchair wants to go out with his friends to the bar on the weekend.
Is This True?

The YA exhibits capacity and competence, executive function, judgment, motivation, reasoning, memory, physical skills upper body and social skills per psychological and medical assessment.
Facility Role and Responsibility

*Do we have the authority to stop them?*
Antipsychotics

A high percentage of younger adults are on anti-psychotics for schizophrenia, schizo-affective disorder and other mental health diagnoses.

How does this affect antipsychotic reduction in a facility where these medications are necessary due to the increased rate of mental illness in this population?
Necessary Antipsychotics for the Younger Adult

Does the use of antipsychotics in this population need to be explored by CMS on a more granular level?
### Use of Psychoactive Medication and Mental Status 2014

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Extra Needs

- Due to the reality of having longer stays in LTC, the YA may have a more difficult adjustment to illness, and may need extra psychological support.

- They may require access to support groups or organizations for their particular illness.
There but for fortune go you and I

Phil Ochs – American Folk singer
Thank You

Questions?