A
dult outpatient clinics are
serving many patients
over 65 who require more
time and visit providers’
offices more frequently
than younger patients. (See Aging
by the numbers.) If you’re practic-
ing as a staff nurse or clinic man-
ger in an adult primary care clinic,
you’ve probably noticed the impact
that even one older patient can
have on the clinic schedule. Per-
haps it takes more time to bring
these patients to the exam room or
the appointments go over the aver-
age time. You’re not alone.

Older patients bring certain chal-
lenges to outpatient clinics because
they have more chronic illnesses,
use more medicines, experience
more hospital stays, and use emer-
gency departments more than young-
er patients. This article addresses
barriers to caring for older patients—
time management, workload, inade-
quate educational preparation, and
age bias—and suggests simple ap-
proaches and geriatric-specific tools
that can help you meet this popula-
tion’s needs.

Challenges
Clinic staff may perceive older, slow-
er, more complicated patients as
a “problem,” especially if most of
their patients are younger with few-
er health issues. Challenges related
to providing care to older patients
include time, communication, and
transitions. Older patients may re-
quire more time because of com-
plicated and specialized needs; they
may move slowly as a result of gait
issues, walkers, or wheelchairs. Hear-
ing and vision loss and cognitive
changes may slow down check-in
and medication reviews. And with
each transition and facility discharge,
medication lists change, which can
worsen polypharmacy and make
medication reconciliation challenging.

This population also adds to the
clinic workload because of home
health and durable medical equip-
ment documentation, discharge fol-
low-up, and the acquisition of med-
ical records. Additional demands
include completing advance direc-
tives, facility admissions, and family
leave documents.

One caution: Don’t stereotype
older patients. Although many re-
quire more services and time, you’ll
sometimes be surprised by the 90-
year-old who lives alone, takes few
medications, and still drives.

Unprepared workforce
Geriatric education in nursing and
medical schools lags behind the ag-
ing population. Though the number
of seniors is increasing, fewer health-
care professionals are prepared for
these patients. With less knowledge
about aging, ageism and bias may
lead to decreased patience and in-
correct assumptions by staff and pro-
viders, resulting in inadequate care,
including over- or under-treatment.

Lack of sufficient focus on geri-
atriic education also means that there
aren’t enough specially educated
geriatricians and adult/geriatric nurse
practitioners to manage the 65-and-
older population. Those who do re-
ceive specialized education often
work at geriatric clinics associated
with universities. These clinics offer
longer appointments, a team ap-
proach to care, and comprehensive
assessments, but they aren’t avail-
Aging by the numbers
As the U.S. population ages, primary care clinics should know the facts so they can prepare to provide the best care possible to their older patients.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>47.8 million</td>
<td>number of people 65 and older in 2015</td>
</tr>
<tr>
<td>98.2 million</td>
<td>estimated number of people 65 and older in 2060</td>
</tr>
<tr>
<td>85 and older</td>
<td>fastest-growing segment within the 65-and-older population</td>
</tr>
<tr>
<td>19.7 million</td>
<td>estimated number of people 85 and older in 2060</td>
</tr>
<tr>
<td>10%</td>
<td>percentage of 65-and-older population that has Alzheimer’s disease</td>
</tr>
</tbody>
</table>

Geriatric toolkit
These geriatric assessment tools (which can be found at consultgeri.org/tools/trythis-series) can help you identify problems relevant to your older patients so you can coordinate treatment and care plans with other providers.

<table>
<thead>
<tr>
<th>Tool</th>
<th>Indication</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini-Mental State Examination</td>
<td>Memory loss</td>
<td>Determines normal cognition, mild cognitive impairment, or dementia based on scoring guidelines for each test</td>
</tr>
<tr>
<td>Montreal Cognitive Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Louis University Mental Status Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Geriatric Depression Scale</td>
<td>Depression</td>
<td>Score greater than 4 indicates depression</td>
</tr>
<tr>
<td>Katz Index of Independence in Activities of Daily Living</td>
<td>Basic function</td>
<td>Determines if the patient can bathe, feed, dress, toilet, walk, and transfer without assistance</td>
</tr>
<tr>
<td>The Lawton Instrumental Activities of Daily Living Scale</td>
<td>Higher-level function</td>
<td>Determines if the patient can perform higher functions, such as shopping and cooking, driving, and more</td>
</tr>
<tr>
<td>Timed Up and Go</td>
<td>Gait speed</td>
<td>Slower gait may indicate an increased fall risk</td>
</tr>
</tbody>
</table>

Planning for change
Although your primary care clinic won’t be a geriatric center, you and your colleagues can make adaptations to better treat older patients.

Before you can improve care, you must first:

- determine how well your clinic is meeting the needs of older patients and how they’re impacting your clinic
- determine the level of interest in making changes to the clinic flow, schedule, physical layout, polices, and procedures to improve care for older patients
- identify clinic stakeholders and champions to support these efforts
- meet regularly to discuss priorities, needs, and progress

...Patient Safety

Putting it all together
After geriatric assessment tools are chosen for the clinic, create a toolkit for each exam room to facilitate evaluations. Store assessment tools within reach in labeled hanging file folders. The staff can become familiar with many of the assessment tools at the ConsultGeri Try This: Series (consultgeri.org/tools/trythis-series), which has videos and instructions for each tool. To save time, staff can complete some tools before the provider sees a patient. Be sure to also arrange for staff education related to older patients’ needs.

Incorporating changes into your clinic flow
If your team is ready to make changes in your clinic to better accommodate older patients, consider the following:

- Ask patients to arrive early to accommodate for slower gait and slower completion of documents, such as new or established pa-
**Clinic workflow**

Below is a suggested workflow for older patients receiving care in an outpatient clinic.

- Ask patients to bring their medications and to arrive early to complete forms.
- Provide longer appointments for older patients.
- Wait a few minutes before obtaining sitting and then standing blood pressures to assess for orthostatic hypotension.
- Check height and weight for BMI and to monitor weight loss.
- Review medications and reconcile your list.
- Ask about any events since the last visit such as falls, emergency department visits, or hospitalizations.
- Provide written instructions and referrals, along with a next-appointment card.
- Communicate changes, especially new medications, to any medical power of attorney representative who accompanies patients.
- Map out a workflow for older patients. (See Clinic workflow.)

Even after making your clinic more geriatric responsive, you’ll have patients whose medical conditions demand more than a primary care clinic can provide. If possible, identify a geriatric specialty clinic in your area for referrals.

**Team effort**

Simple changes to clinic flow and adaptations for older patients’ sensory and physical needs can make your clinic more sensitive to patients who are over 65 years old. These changes require a team approach. Adding specialized geriatric evaluation tools focusing on function and chronic disease along with longer appointment times will allow your clinic to provide more comprehensive care for this growing population. Your patients and their families will notice your efforts.

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**Selected references**

Alzheimer’s Association. 2018 Alzheimer’s disease facts and figures. alz.org/facts


American Geriatrics Society. Geriatrics workforce by the numbers. americangeriatrics.org/geriatrics-profession/about-geriatrics/geriatrics-workforce-numbers

Brodwin E, Radovanovic D. Here’s how many minutes the average doctor actually spends with each patient. Business Insider. April 6, 2016. businessinsider.com/how-long-is-average-doctors-visit-2016-4


Hartford Institute for Geriatric Nursing. ConsultGeri. Try This: Series. consultgeri.org/tools/try-this-series


