MLCRA Board Meets With Elissa Sherman of LeadingAge

by Lauren Hale

Elissa Sherman, the President of LeadingAge Massachusetts, met this summer with the MLCRA Board of Directors for a discussion that highlighted emerging health-care issues for seniors. One concern is the increased need for workers to care for an aging population. Another important issue is how patients, families and health-care personnel make decisions about serious illness.

Ms. Sherman began by explaining that LeadingAge is a national organization and that LeadingAge Massachusetts is our state's affiliate. LeadingAge is a trade association, all of whose member are non-profit providers of healthcare, housing and other services for seniors. LeadingAge Massachusetts has about 200 provider members. They include continuing care retirement communities, skilled nursing facilities, assisted living, rest homes, affordable housing and other services.

MLCRA board members asked what issues and challenges might be facing retirement communities in the coming years

Workforce Issues

Ms. Sherman said that workforce issues are becoming a concern. The number of older Americans is increasing and we need workers to support them as they age. We need staff to work in nursing homes, assisted living, and home health care. Certified Nursing Assistants (CNAs) are the backbone of the senior health care system. However, there is increasing competition for these workers. Other service industry jobs offer similar pay for easier work than what CNAs do. We must find a way to make work as CNAs or Personal Care Assistants (PCAs) more attractive to young people.

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Ms. Sherman said that staff shortages are exacerbated by limits on immigration. Board members agreed that we need a voice in the immigration debate. MLCRA may also have to help residents understand that the necessity for an increase in workers' wages could result in some of our fees going up.

Massachusetts Coalition for Serious Illness Care

Ms. Sherman also told the MLCRA board about LeadingAge's participation in the Massachusetts Coalition for Serious Illness Care (*www.maseriouscare.org*). The Coalition's mission is to ensure that everyone in Massachusetts receives health care that is "in accordance with their goals, values and preferences at all stages of life and in all steps of their care". This involves not just having a health care proxy but also participating in ongoing talks with health care providers and family members. The coalition works to ensure appropriate training to help clinicians communicate with patients.

Board members wondered why the organization is called the Coalition for Serious Illness Care rather than the Coalition for ***(cont'd on p. 8)***

Assessment ***(cont'd from p. 2)***

Physicians can then take steps to address these vulnerabilities such as prescribing physical therapy for someone suffering from muscle weakness or a nutritional consultation for someone who is malnourished. They can also alter chemotherapy regimens to minimize the potential for harm.

Right now, most oncologists use the "eyeball test", a quick glance at the patient that relies mainly on their experience and judgment. That used to be all they had, but now a quick geriatric assessment will give information that was never available before. The Kaiser article references the situation of an 83-year-old woman with lung cancer metastasized to the brain. The family requested a consultation because she had become withdrawn and forgetful, perhaps a sign of accelerating cognitive impairment.

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One result stood out in the geriatric assessment: this older woman was not cognitively impaired, she was psychologically distressed. She wasn't eating, she wasn't interacting with other people, she appeared not to want treatment, but it all seemed to be due to depression. With counseling, the patient decided to undergo chemotherapy and radiation treatment which were remarkably successful.

The article also speaks of a 78-year-old patient with invasive bladder cancer who came in for a geriatric assessment prior to undergoing chemotherapy. The patient had hypertension, diabetes and depression, all fairly well controlled. He lived alone, had cognitive impairment, relied on his daughter to deliver meals, and was at high risk of falling. His goal was to stay independent, at home, and not be hospitalized or go to rehab. Both he and his daughter worried about his safety at home, his cognition getting worse, and how fatigue from chemotherapy might affect his ability to function.

After considering all the factors in his case, the oncology team decided to disregard the standard three-to-four month course of chemotherapy and have surgery immediately. For him, this seemed the best course of treatment. Had he not been given a geriatric assessment, he probably would have undergone a different and more rigorous course of treatment that might have had negative effects on his ability to function.

Every older patient considering chemotherapy should consider getting an evaluation of this kind, even if your physician doesn't offer it. It might help you deal with your cancer in ways that allow you to continue doing the things you love ●

Sherman ***(cont'd from p. 5)***

End-of-Life Care. At the same time, however, board members applauded the work the Coalition is doing to encourage families and medical personnel to help patients have the kind of care they want at this important stage of their lives. The board may decide to pursue membership for MLCRA in the Coalition.

Ms. Sherman said that a goal of LeadingAge is to "expand the world of possibilities for aging." LeadingAge does this through advocacy, education, conferences, round tables, and other activities. MLCRA and Leading Age have worked on projects together in the past. We agreed that there should be more frequent communication between our two organizations in the future.●