

by Sara Wykes

Stanford Health Care addresses needs of an aging population

The Aging Adult Services program at Stanford Health Care helps patients and families make decisions and navigate care.

As director of Stanford Health Care's Adult Aging Services program for more than a decade, Rita Ghatak, PhD, has guided thousands of older patients and their families through the health maze that starts, at least on paper, at age 65.



Terese McManis, a registered nurse and the manager of Aging Adult Services, visits Cherie Helm at her home in Santa Clara.

Norbert von der Groeben

Traditionally, dementia support has been one of the program's most sought services. But today, a ballooning population of older patients is asking for broader guidance on healthy aging. "People are telling us they want to plan before a crisis develops," Ghatak said. "We are expanding our programs to help them avoid last-minute scrambles — and building out our services that support the prevention of age-related problems, either for the older person or an adult child."

The need is clear: Worldwide and nationwide, the aging population is growing faster than any other cohort. California's 65-and-older population already tops 5 million. Four in 10 patients at Stanford Hospital are from that age group. It's a patient population whose care will be complex: Being 65 typically means having at least one chronic health condition that cannot be cured, but only managed. Age also greatly raises the risk of heart disease and cancer, and decreases vision, hearing, bone strength and joint mobility.

Expanding care

Stanford Health Care, in collaboration with the School of Medicine, is expanding its system wide health care for patients 65 and older. "We have made senior care one of our priorities," said Marina Martin, MD, clinical assistant professor of medicine and section head for geriatric medicine. "We've done programs here and there to address gaps. Now we are going to look at how we can adapt the whole SHC system to care for this increasingly large group of patients."

Care for older adults has traditionally been one-size-fits-all, Martin said, but it needs to be tailored, particularly for the oldest and frailest age group, whose health is the most precarious. The goal of SHC's new geriatrics-care effort, she said, will be to provide effective care for everyone 65 and older, no matter their health status, and to focus on preserving their quality of life. "We are designing a road map for change so that no matter where in the system an older patient lands, we will be able to deliver the best possible care," she said.

Aging Adult Services "has filled a major gap," Martin added, providing resources, special programs and training. Many of Aging Adult Services' programs are now known as national models. Its strategies include building a strong continuum of care among a patient's doctors, nurses, social workers and case managers so everyone understands what that patient wants from health care.

'They are vulnerable'

"We have a lot of older medical patients who need advice on healthy living and managing their chronic disease," said Candace Mindigo, a registered nurse and longtime Aging Adult Services care coordinator. "They are vulnerable." After a recent talk at a Palo Alto senior center, Mindigo was bombarded with questions. Some of them illustrated just how unfamiliar the health-care system can be for people with little experience navigating it. "They wanted to know," Mindigo said, "who, if you are hospitalized, do you talk to if you have questions?"

"Every person ages differently no matter what the diagnosis."

Aging Adult Services personalizes its care plans for patients and their caregivers because they have health conditions and circumstances that can vary widely. "Every person ages differently no matter what the diagnosis," said Jennie Clark, a gerontologist and manager of the service's Memory Support Program. "We focus on person-centered care. Even if a patient is functionally or physically

impaired, they still have capabilities. We focus on who the person is now and how they want to live their life."

That care also includes attention to the challenges of aging beyond physical ailments, said Dolores Gallagher-Thompson, PhD, professor emerita of psychiatry and behavioral sciences. Gallagher-Thompson directs Stanford Medicine's Older Adult and Family Center, which works to improve the well-being of family caregivers of dementia patients, and collaborates with Aging Adult Services. Fear and loss, she said, can affect an older patient's emotions and behavior.

"The fear of dementia is very common," she said. "There are also lots of losses during this time — of a spouse, of friends, of function. We regularly talk with our aging patients about

counting blessings and letting go of past hurts and resentments. When we work with caregivers, we try to build their resilience and to help them revitalize from the emotional exhaustion that comes with that role.”

The gift of listening

The center has developed a number of innovative resources for aging adults and their families, she said, including a manual to guide therapists treating late-life depression. It is also developing a fotonovela focused on teaching Latino family caregivers how to effectively manage difficult everyday behaviors in their family members with dementia.

Terese McManis, a registered nurse and the manager of Aging Adult Services, is an expert at the delicate conversations that may be needed at this stage in life. She and her team help families talk about decisions that affect a patient’s independence and self-respect: when to stop driving, when extra help at home is needed or when home health care is not enough.

“I try to get everyone on the same page,” McManis said, “and remind them that they, too, are going to be in the same position one day, so remember to be patient.” Sometimes, staff members will make a home visit to learn more about a patient and family’s circumstances. Home visits allow them to perform clinical evaluations of how well patients are following doctors’ orders and to help patients accomplish health goals.

Always, Mindigo said, Aging Adult Services acts as a sounding board. “The biggest part of what we do is to be a support, to navigate, to refer and to provide resources,” she said, “but we begin by listening. That is a gift we can give to them so they can sort things out. And if any of this eases their burden of care and helps them feel connected to an advocate, it improves their overall quality of life. It starts with someone listening with respect, whether or not an illness has been diagnosed.”

“You have to be a good listener,” McManis said. “Everybody has a story to tell.”

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