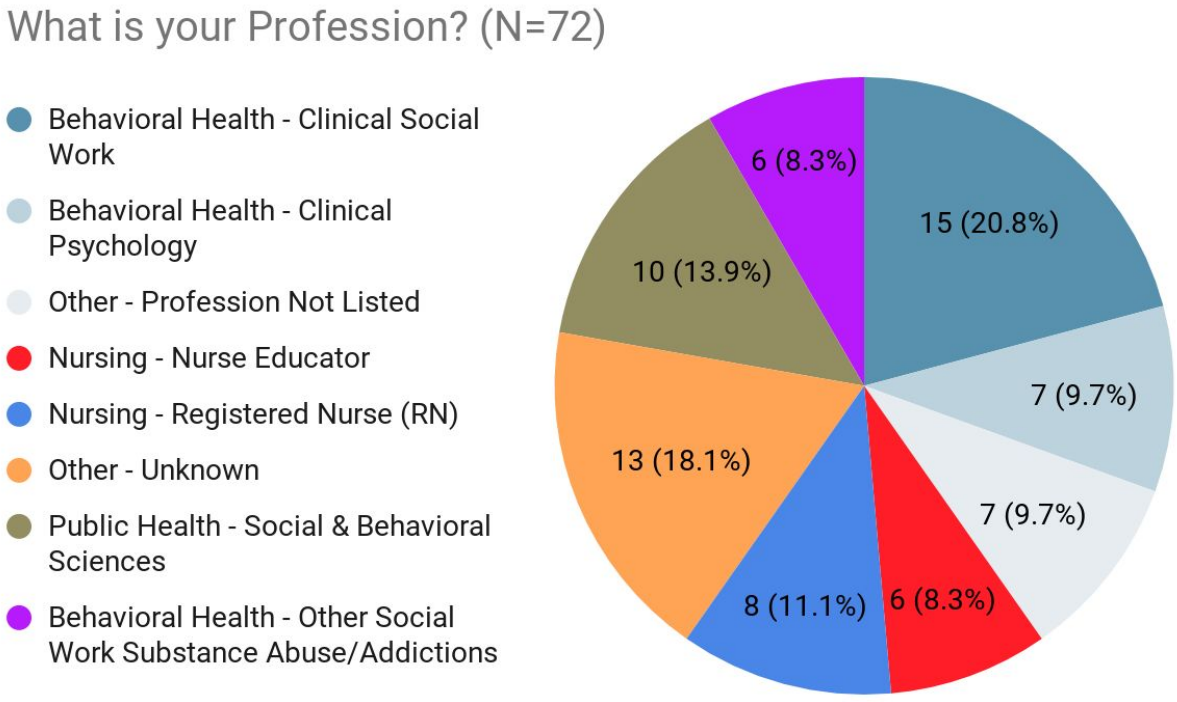
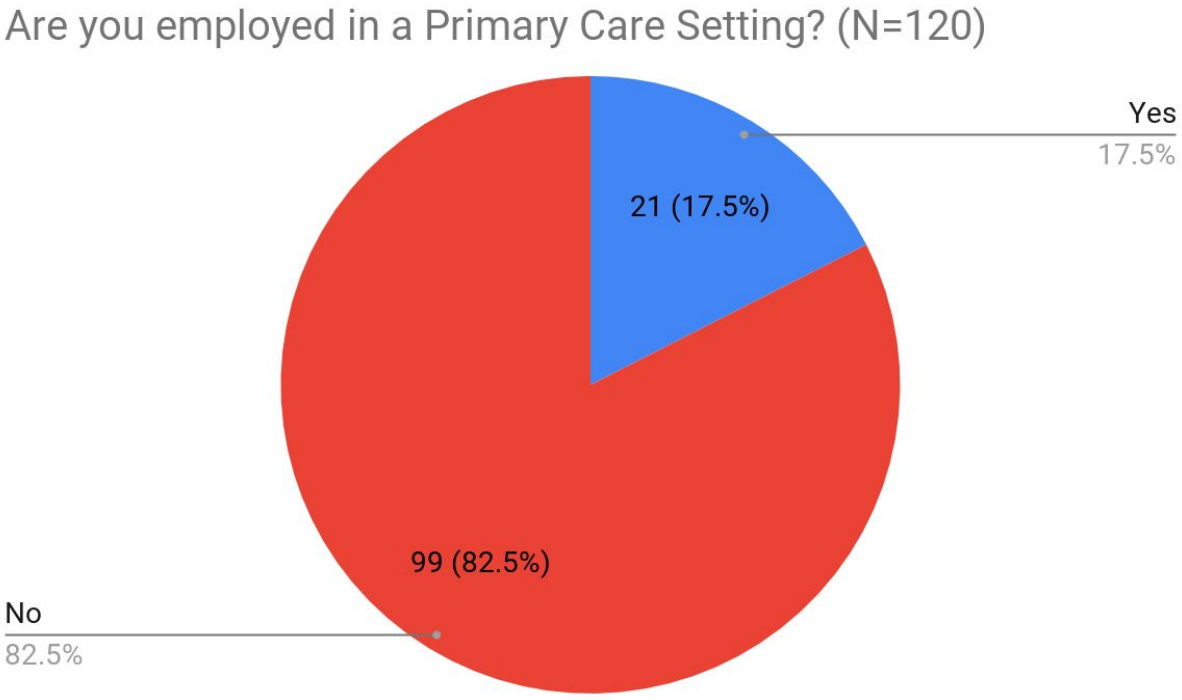
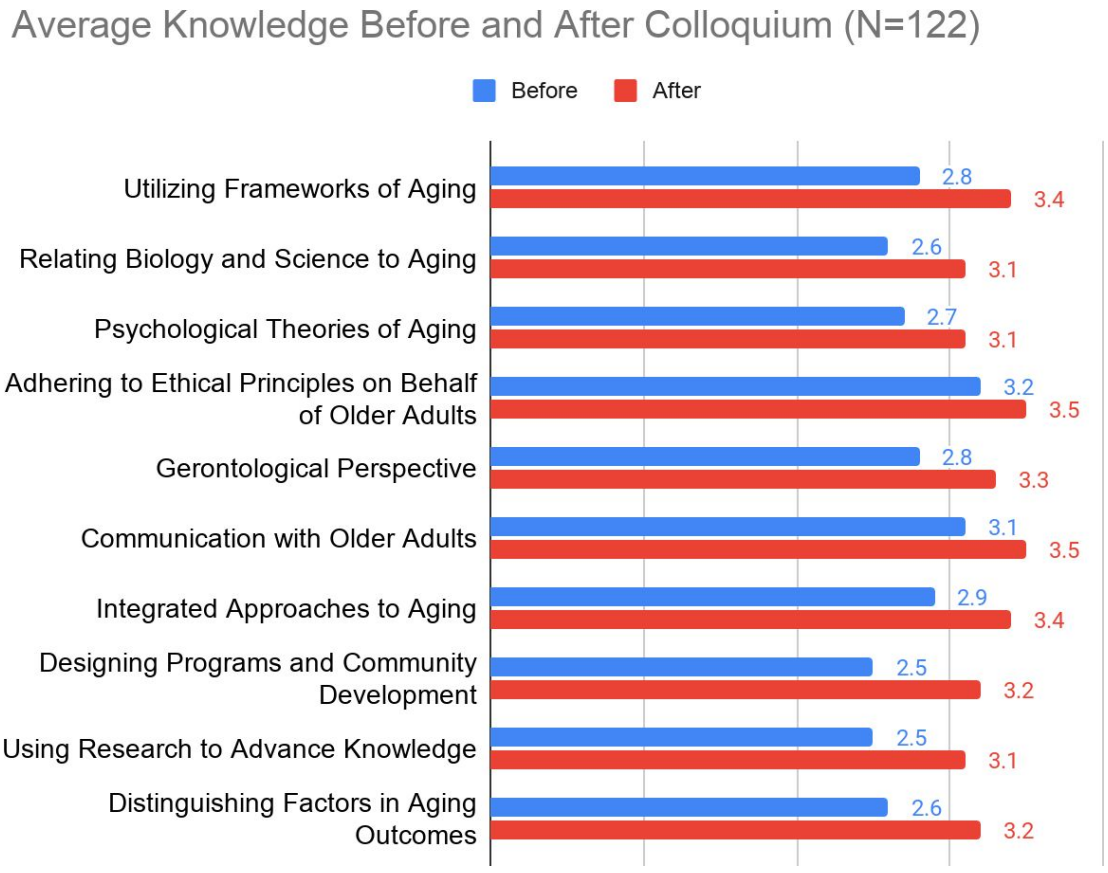
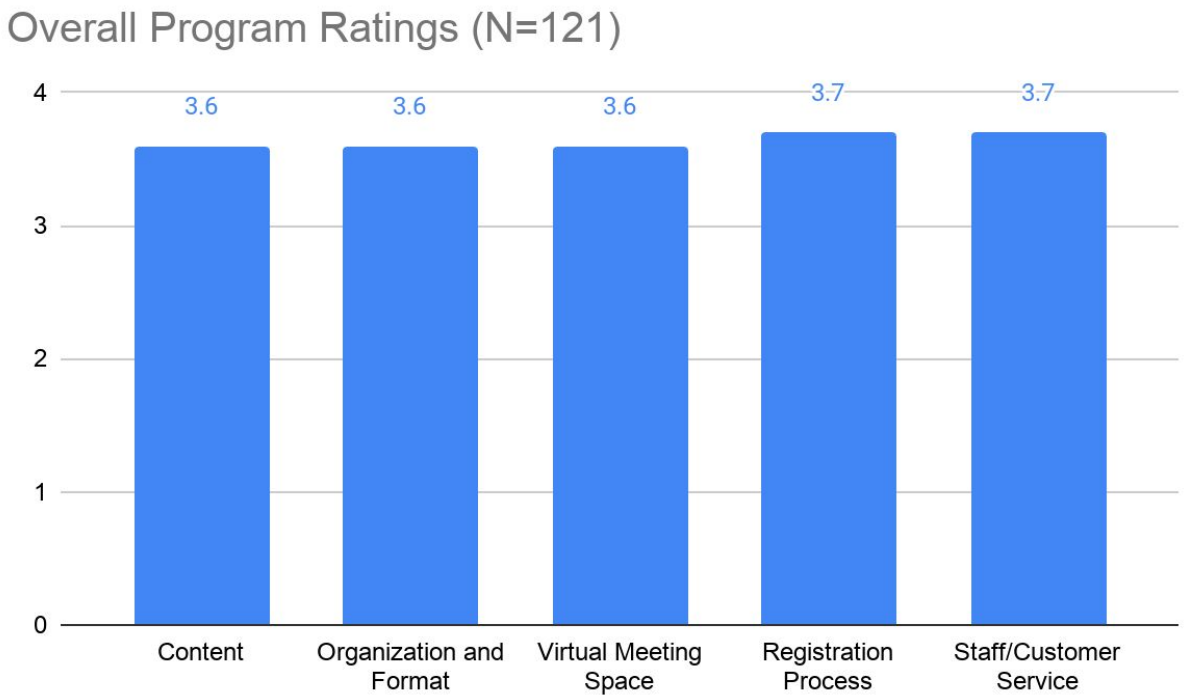
October 2020 Geriatrics Colloquium Evaluation Summary

- Over 122 health professionals, older adults, caregivers, students, and faculty participated in a survey rating their experience attending the October 2020 GWEP Geriatrics Colloquium: Creating Age-Friendly Health Systems
- 20% of respondents selected that they work in Clinical Social Work, while 18% worked in Other, and 13% in Public Health - Social and Behavioral Sciences
- Average knowledge increased across all AGHE competencies, from an average Moderate rating (2.8) to High (3.5)
- Comments on ratings included that the virtual format was easy to navigate, that speakers were engaging, and breakout sessions were informative
- Attendees were asked to rate the program overall from Poor (1) to Excellent (4); average scores were Very Good at 3.6-3.7
- Attendees identified mentation and medications as two major areas within the four Ms in which they would like to see more training
- Open-ended responses indicated favorable ratings of the speakers and Zoom format
- Suggestions for improvement including more hands-on interaction and audience participation, as well as potentially moving back to in-person meeting when safe to do so




Are you employed in a Primary Care Setting? (N=120)
Yes
17.5%
21 (17.5%)
99 (82.5%)
No
82.5%


Average Knowledge Before and After Colloquium (N=122)
Before
After
Utilizing Frameworks of Aging
2.8
3.4
Relating Biology and Science to Aging
2.6
3.1
Psychological Theories of Aging
2.7
3.1
Adhering to Ethical Principles on Behalf of Older Adults
3.2
3.5
Gerontological Perspective
2.8
3.3
Communication with Older Adults
3.1
3.5
Integrated Approaches to Aging
2.9
3.4
Designing Programs and Community Development
2.5
3.2
Using Research to Advance Knowledge
2.5
3.1
Distinguishing Factors in Aging Outcomes
2.6
3.2



Q5 - If you would like to provide any comments on your ratings, please do so here:

Presenter used a lot of statistics, no real hands on knowledge/information that could help in working with/advocating for gerontological clients
I am not sure what you mean by many of the questions above. It was a great conference and I learned a lot. I am not sure the speakers necessarily aligned with the above goals.
I attended as a gerontology student and missed the workshop that I registered for but attended the main stage afterward. The information presented on the mainstage in the afternoon was good; however, the presenters presented their information at such a rapid pace - I guess due to time constraints.
Attending the particular break out group, I found to be very dry and felt talked at. It felt like a school lecture and not training.
Great material; thanks
My experience on all of this is quite novice, I'm an art educator working to implement creative arts programming with older adults in an intergenerational arts program through my University.

Great speakers and lots of great information, I'm glad there is also a place I can go to watch the session in the afternoon that I couldn't attend because I was in the Falls session.

This was my first time attending this conference. I was not aware of it previously, being from Minnesota, but I was really glad to be able to attend virtually. This was also my first virtual conference, & it was a positive experience. I have just one small suggestion: since it was virtual & included people across time zones, it would be nice to clearly state anywhere you list times (in promo materials, on the agenda, etc.) that times are listed in EST. I just never even thought of it, because time zones are a non-issue for in-person conferences -- but they are a critical issue for virtual conferences. So I missed the first hour because it never dawned on me to consider the different time zones. Glad I can listen to the recording though.

Re: Use of High-Risk Medicines, slides were so small at times, and not helpful if not visible to the reading eye.

Excellent speakers! Although we miss out on networking at a virtual event, the whole event went really well! Very easy to navigate.

Loved the Falls workshop. Dr Galucci is obviously an educator; her pace and tone was excellent. The material was useful and loaded with content.

I came in with relatively little knowledge on these subjects. While I did gain some improvement in some of these areas, others weren't really covered at all.

Dr Singer and Dr Fulmer were the best

Outstanding speakers and content. Thank you.

The speakers were amazing!

I have not designed programmatic & comm. development I have not engaged in research since graduate school I have not engaged in empirical research

Great information!

Excellent

I really enjoyed Judy's conference. She was easy to follow and had some good advice on how to relax etc.. during this Covid time.

Honestly, several of the items above were not specifically addressed today. I did learn a great deal about operationalizing the 4 Ms in various clinical settings.

Highest recommendations with applicable info from Jeremy Nobel, the 11:10 panel and Judith Josiah-Martin

I have attended UMaine Geriatrics Colloquium for the last 3 years; however, this year it was very difficult to follow along and keep my engagement over Zoom. I usually feel more engaged and involved/included during the presentations and discussions with presenters; however, this year it felt like more research, data, and history rather than a learning experience. I did enjoy the workshop on Stress with the presenter and although I felt this could have been more inclusive, the presenter did very well and kept me and other attendees engaged in her discussion. I will attend again next year; however, if it is going to be over Zoom again, I feel it should be more attendee directed, i.e. breakout rooms for smaller discussion groups, inclusion activities that keep attendees engaged and not just listening along and less data and more direct work/presenter experiences, etc. This would be very helpful and inclusive if it remains online or over Zoom next year.

Great speakers! Good information that could be used right away.

Q6 - Training Needs:
Today's colloquium event was developed and delivered in partnership with the AgingME Geriatrics Workforce Enhancement Program (GWEP). The AgingME GWEP is focused on building knowledge and skill in geriatrics topics, particularly the 4M's of age-friendly healthcare: Medication Mentation (brain health/cognition) Mobility (falls) What Matters to older adults in healthcare Please keep these 4Ms in mind for the next two questions on this evaluation form. What training gaps do you see with regard to the 4Ms in Maine for older adults and caregivers? Please list needed training topics here related to the 4Ms:

<u>What Matters</u>
I think older adults and caregivers would benefit from knowing about the 4M concept, particularly related to "What Matters." Some of the older adults & caregivers that I encounter don't necessarily think that their own values should be an integral part of their healthcare. I think it would be great to present this idea in older adults in community settings, such as housing for older adults and congregate meal facilities. It could be done remotely during the time being.

We have underpaid caregivers therefore we get untrained people who apply. This is not a good investment for our patients.

What Matters - getting beyond advanced directives and into what people really care about as an ongoing conversation.

Finding and using community resources creating networks for caregivers to support one another

We have a large aging population, but few resources in our communities and organizations to attend to issues with memory, caregiving, home supports, balance, and funding for appropriate care for people in need and to help families care for their family members at home

Lack of caregiver support groups; difficulty with social connectedness, particularly in remote areas of the state.

Understanding how to access supports/tools in the home to assist with aging in place and increased guidance with identifying safe caregivers/supports/decision makers ahead of time.

I am not in Maine. Ageism is still a major factor. Patients may not realize internalized ageism. Caregivers may not realize that geriatric care could be much better.

Quality of life for residents of LTC.

I think that Savvy Caregivers training courses are not readily available enough- these are specific to dementia care but could be a valuable offering to bring to the state in conjunction with aging friendly communities.

Navigating LTC systems, advanced care planning, basic resources available for caregivers

Access to care and support with multiple chronic conditions

Limited availability of psychiatrists in the outpatient setting many programs stopped or limited with covid restrictions worsening depression and isolation caregivers attempting to care for patients with advanced dementia do not have the tools and no time to take savvy caregivers etc. huge waiting list for PCA's and in-home caregivers. Getting approval from maximus does not equate to getting help

How to help individuals and families who want to age in place at home but have limited financial means, do not qualify for Medicaid and do not have ample social supports.

Generational Trauma and the NEED for Advocates to work alongside APS to coordinate services to help the Vulnerable Older Person and their Caregiver(s).

Resources for a) specialized areas that have very long waits (e.g., neurology, psychologists, mental health therapists in evidence based treatments), b) more care assistance programs, c) More art based interventions, d) programs that are suitable for independent but still lower functioning adults - most programs are geared towards high functioning

I'd like to hear more from the mental health field. UnLonley Project was an amazing thing to learn about, other programs like the UnLonley Project, and practical universal basics.

Awareness of fraud (perpetrated by family members or strangers/scammers).

Not all providers have this approach to medicine. It would be great if every practice did a Min Cog Assessment and/or MOCA (if necessary) and referred Caregivers to the appropriate Area Agency on Aging for more info and resources. Medications everywhere, not just in Maine have always been a concern with the Seniors and their Caregivers. It would be great if practices adopted best practices around contacting their patients or Caregivers (if they have Dementia) to discuss medications, any questions or side effects on a regular basis and/or especially after prescribing a new medication. The dosage and time of day to administer has been an ongoing question from the Seniors and/or the Caregivers I have contact with. The second most common concern I hear from CG's is that the Care Receiver(CR) is falling a lot. This may call for a review of medications and they may benefit from a Physical Therapy

You give an overview of the 4M's, but there is little mention of where to refer if they have an identified issue. Specifically, if there are deficits in mobility/fall risk, I don't recall anyone mentioning a referral to PT. If they have deficits with cognition or mentation, there was no mention of Speech or OT services. I felt the program overall was very one dimensional with nursing bridging all of the gaps. Clearly it takes a team.

Older adults need more training and education on what matters most & end of life planning

What matter most to older adults in home care. Medication--deprescribing

General consumer education, strategies for creating increased awareness,

Preparing the workforce to enable a tipping point of implementation of the 4Ms

Mainly transportation for some of our older clients that are having difficulty getting to and from appointments or even grocery stores. Also finding someone that is able to help the

individual with technologies regarding phone and computers in order to do doctor appointments over the phone.

More about engaging caregivers in the 4Ms More about Interprofessional Professional Collaboration (IPEC)

Mentation
Mentation - specifically around early screening for cognitive decline and also mental health issues

Mentation -- LTC planning and follow up and follow through.

Dementia care for caregivers; communication strategies, engaging resources, planning for the future with limited facilities and workforce shortages to provide direct care in the community. Older adults need more training about high risk meds and should be included in appropriate prescribing models (EMPOWER trial). Education about the value of a HCPOA and financial POA. It was great that Shirley Frederick's practice offered a forum pertaining to the medical and legal aspects. Education about seriousness of falls and impact on morbidity, mortality, and primary/secondary prevention strategies.

We just started to use the CARES training and I think working with clients with Dementia and Alzheimer's is very important, and how we interact and view them

Mentation (MENTAL HEALTH AND STRESSES OF AGING)

Mentation- re: diet, exercise, mood

I'd love to see even more emphasis on the creative arts as a tool in mentation.

Mentation==BOLD Act work may provide some help there. What Matters to older adults in healthcare==I would expand this to include care planning, home care, palliative care/hospice; training must also include that the public has literacy and specifically health literacy barriers to understanding.

Mentation: creative community solutions to assisting caregivers for people with dementia

Well-designed diagnostics for Alzheimer's disease.

I think we still have a long way to go on mentation and what matters. The data is harder to capture but the topics are so important and drive the other 2 "m"s

I am not a Maine provider. We are participating in monthly learning communities with Rush GWEP and these have been wonderful for my primary care providers. I have found that repetition and constant refreshing of information for those on the front lines is very important to make the 4Ms part of the natural care process.

Mobility
Mobility beyond preventing falls -adaptive/assistive technologies Recognizing (clinical) depression De-prescribing medication: how to ask and what to ask for Crossing the digital divide to access service and supports AND use their own health data monitoring systems to self-manage chronic conditions

This was the first time I'd ever heard about these! I'm not an expert, but I think some possible training tops for older adults could be related to fall prevention, medication management, encouragement for self-advocacy, and how to talk with a caregiver about what matters to you.

How nursing homes and hospitals can provide enough time for mobility. Should there be a different nurse/ tech/ PT to patient ratio?

Medications
Medication piece in my experience. Either they are not willing to try, or they are not willing to give them up.

How medications affect so mentation and mobility

Medications- obtaining them, reminding clients to take them , cost of , resources Mobility- accessible housing needs for older populations with limited mobility

HCPs need to have more tools in which to help them better educate their patients and clients about their medications and encourage them to question their medications routinely and to report any side effects/concerns.

Q7 - What training gaps do you see in the 4Ms for practitioners and healthcare providers? Please list needed training topics here related to the 4Ms:

What Matters

Strategies for assessing dementia, quality of life, interventions, home resources, finding community connections

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I think emphasizing the "What Matters" section could be very important, as well as ways to incorporate evaluations on these topics.

Improved communication with pts on ACP

Working with healthcare providers to have conversations around what matters most & end of life planning.

What Matters to older adults in Healthcare

What Matters - getting beyond advanced directives and into what people really care about as an ongoing conversation.

We need to get providers more comfortable having the difficult conversations with patients about what matters- advance care planning and serious illness conversations need to be normalized.

Would love to hear more about how to get Medicare funding for "social prescriptions" and what this would look like

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What Matters to older adults in Healthcare

What Matters - getting beyond advanced directives and into what people really care about as an ongoing conversation.

We need to get providers more comfortable having the difficult conversations with patients about what matters- advance care planning and serious illness conversations need to be normalized.

We need to address both the practicing providers as well as educational programs for the providers to embed the 4M framework. Then ensure data collection is happening or being addressed to identify the areas of need across the state and nation.

We have heard a lot about the paperwork, and some of the research, but I was hoping for a bit more information on managing self-care when working with older adults. We always have clients who hit close to home no matter what age they are, learning and talking about techniques would be helpful. Maybe some resources on support groups for those who are healthcare providers to the older adult population. I know there has to be some out there, but a comprehensive list, and hearing from some of the group may help. Healthcare providers as

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several of the presenters today talked about need to take care of ourselves, but having a larger discussion about it would be a good thing. COVID certainly put a lot of strain on the healthcare system, and it's providers, and those who receive services; burnout of frontline providers is going to be a problem for the next few years.

We have a long way to go in some areas to have age-friendly healthcare. We have made gains and continue to make them, but we often do not consider what matters most …

We have a lack of caregivers due to the low pay. Patients are not getting the care needed to keep them safe. Falls occur more often which can lead to early death.

Very few practitioners and providers understand geriatrics. The small number of new primary care physicians tend to choose pediatrics over geriatrics probably because older adults have so many meds to try to manage. Yet the patient cohort will continue to get older in the coming decade. We need to encourage more practitioners and providers to get some training in geriatrics and improve their listening to older adults since in the stories older adults like to tell lessons can be learned about what's really their health problem. Often, it may be loneliness.

They don't always realize how they can be involved in personally considering all of the 4 M's when some of them are outside their specialty area.

Burnout aspect of the job

Better understanding of human development past age 21. Most hands-on helpers have a high school education.

Being comfortable discussing "what matters" with patients, especially when this might not align with medical care needs. Clearly defining mentation decline to patients and family members.

Team-based care which is a component of workforce shortages. Interprofessional collaborative practice such as engaging pharmacy to deprescribe and appropriately prescribe. Competency Development for screening and intervention pathways in primary care (i.e., unrealistic to defer all dementia evals to geriatricians or Neurologists).

An algorithm that directs care providers to referral sources to identify the 4M area that is a deficit. As above, it felt very one dimensional.

Ageism is a factor, especially in rushed outpatient visits. Practicing clinicians may not understand geriatric syndromes.

Some of the research about rural and urban "aging" bothered me. I feel there were assumptions made, and yet I would imagine there is a need to come up with some "idea" of a standard or common understanding of "who" is rural, compared to urban elders. The resiliency I have experienced and appreciate in some of these older homesteaders, presents to me almost a whole different person with much more style and whose needs are not met in an urban institutionalized setting. So I suppose the "what matters" question would consider what it must be like to move an older person from such a natural setting (not always romantic, either!) to the sterility of AL/Nursing home. I apologize this is not more clear ~ Putting into words under time-frame . . . but maybe you might see what I am saying? (Thank you!!)

I believe adding staff who are able to go into homes, assess and make recommendations to the PCPs is wonderful (i.e. nurse and social worker care managers). It would be great to see continued work on having these in-home providers assist individuals through the referral process for supports/services, Stay involved until services are in place and be able to follow up to see how and if the supports/services are helpful for the individual.

I am very happy to hear that MA's develop a rapport with their patients and communicate the necessary information to their Medical Practitioner during their appointment. I know that many Caregivers feel that it is difficult to provide care to their parents/family members and not be able to ask questions in front of them when they accompany them to their Doctor's appointment. They are concerned because they don't want to upset the patient (that may or may not have Dementia) or have the patient tell them they cannot go to future appointments anymore. It would be very helpful to Caregiver if they got a clipboard that inquired about their concerns regarding the patient. This would help the Caregiver to avoid confrontation with the patient (parent/family member) or embarrass the patient. If the patient asks why they have to complete information the Office Staff or Caregiver could say they need to know basic info on the Caregiver for the Doctors office.

I am not sure if this is used as often as it should be as I do not work in a primary care setting. With so many different providers, uniformity is an issue that needs to be addressed.

I am not a practitioner, but I think that getting the 4M concept out to as many practitioners as possible is a good goal. My mother lives in a rural area and it's evident that her practitioners are not aware of the 4Ms.

Material that addresses gaps in health literacy and how to better communicate with older adults

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Interdisciplinary opportunities. Teaching methods to practice assessing and accessing resources in the 4M framework.

I find many practitioners to be overloaded and it impacts patient care.

How to ask "What Matters Most" re health goals not just EOL care planning De-prescribing How to deliver a diagnosis of dementia Mobility beyond falls risk assessment (maximizing function) Treatment for depression other than medications How to encourage healthy brain activities How to address social determinants of health and access supports for patients

How the use of the 4Ms will improve their practice and the care they provide their patients. The use of the 4Ms enables them to discuss topics that the patient may not be willing or comfortable to discuss.

How extensively are the 4Ms used as a framework of practice for health professionals? Is this a knowledge gap in the practice setting?

Mentation
Need for more training of assessment, diagnosis, and treatment planning for older adults with cognitive disorders

More time needs to be spent on Mentation and Medicine. One of the speakers stated that patients under report what they are taking when it comes to over the counter supplements etc. Education for families and their loved ones is crucial.

Mentation, early identification of cognitive changes

Mentation -- failure to "dig deeper" to uncover cognitive issues that may not be obvious; following through or providing resources early on for LTC planning, including financial and legal needs.

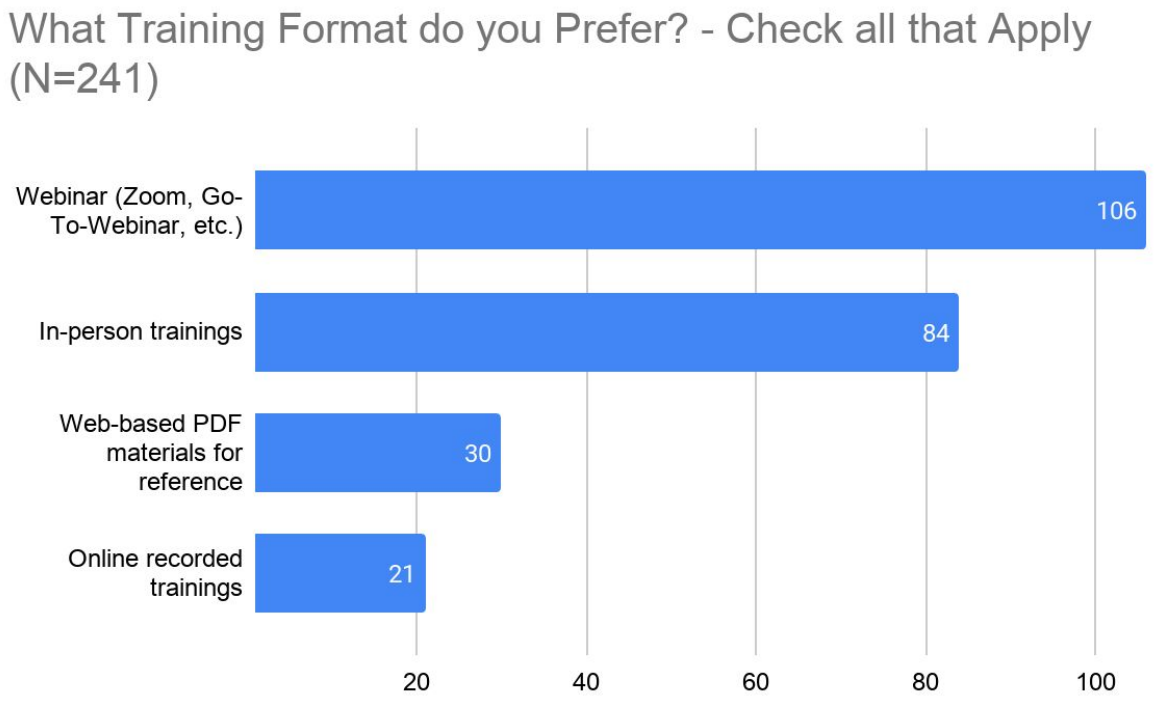
I'd love to see even more sessions on the creative arts as a tool in mentation.

I think there are gaps related to the specific care and needs of the patient with major neurocognitive disorders as well as the pharmacological care of the geriatric psychiatric patient. I have seen more of this given the relative shortage of geriatric psychiatrists and the challenges experienced by adult/child practitioners with respect to med management of patients experiencing an acute psychiatric event. Another area is palliative medicine in the care of patients with major neurocognitive disorders.

Dementia education Social prescribing

Delirium vs Dementia. So often we are called to help because patient is “psychotic” or “manic” when really it is delirium!

Appropriate procedures for referring out for cognitive decline and other mental health issues



Q9 - Additional Comments:

Overall, the conference went well on Zoom and was pleased with the information provided in the large sessions.
I would like to have a pdf of the presenters' PowerPoints beforehand, because I think it makes it easier to follow along & take notes on the pdf. A note format (with 3 slides on each page, with lines next to it) would work great for me.
Outstanding program! This was my first experience with the University of Maine, and I was deeply satisfied by the content and presentation.
The Zoom was great given COVID but in-person is the best for networking and catching up with others .
Thanks so much. It was a good day!!!
Great conference

Thank you for the opportunity

Thank you

This was an excellent experience! I was impressed at how organized it was and how little interference with technology we experienced. I gained a lot out of the experience, and while I prefer in person for networking, it was a benefit to have some many people from out of state involved. Bravo!

Loved having the opportunity to attend! Typically Orono is a bit too far to be able to attend due to child care needs and it was great to participate virtually!

I thought you did a great job with the online content in the setting of COVID. I would wonder about continuing to have an online option for keynote sessions but having breakouts/workshops in person, though I suppose there could become online offering for those from away.

Webinar is great because even when there is no COVID, it is very difficult for those of us in Northern Maine to get down south where the in-person meetings are always located. Even Augusta is 4-5 hours away. It means missing at least a day and a half of work, usually two days. So keep up the Webinar format, please!! If you go back to in-person meetings, find some way for those of us who cannot travel to still participate by webinar.

Overall, a bounty of good information that produced ideas for my future in social work

I LOVED the Art and Healing portion of this day!!!!! I am an artist with an MFA in Intermedia, from the UMaine at Orono. The Director of this Graduate Program is now working with the Medical Community on Campus and offers a PhD in Intermedia-Medical Studies. Owen Smith is his name. I wonder if he might more deeply explore with some density of what is learned in this first year, should he have his hand (and student's hands) in this new interdisciplinary field.

It really depends on the conference/training experience as to which format is best. E.g., if it's not interactive or a network opportunity than a recorded at own pace/time is better. Whereas, in person, can be a pleasurable opportunity to meet with colleagues at events and exchanging ideas with individuals you may have never met and get more hands on experience.

Great conference!

I was introduced to the Social Prescription concept. I love that and how it interfaces with community social opportunities (that will differ with the pandemic). This is so valuable. I'd like to hear more on this topic and am interested in how these can be traced on referral platforms that track SDOH, too. Thank you! CMS has designed the Annual Wellness Visit to involve primary care physicians; therefore, even though clinical staff (nurses, MAs) play an important role, the physician or NP, PA, etc. must be part of the visit. It is an opportunity for them to get to know their patient, assign all ICD-10 diagnosis codes, and create a care plan. I am opposed to RN only AWV, and I feel that CMS may agree that these are not okay to bill to Medicare (even incident-to). By the way, there is no incident-to in provider-based settings. Thank you.

Looking forward to being able to be in-person again.

These difficult times are very hard on elders, suggestions to "go to the museum" are meaningless. A lot of technology even using the phone unless it is a land line with a "desk phone" is well beyond the scope of use for many elders.

I learned a lot from the program. Hope to attend, if virtual, next year.

Webinar/Zoom trainings are okay if there is time to interact. Yesterday was informative, but it was hard to stay focused when there was no way to interact beyond the chat box. I wish in the breakout sessions we could have unmuted and participated at least. A full day on zoom was too long, I wish it had been broken up into two half days. I did appreciate the breaks and lunch to get up and move.

The presentations were all very interesting and provided information on services and approaches for services that I was not aware of happening in Maine. Thank you

Other formats: podcasts On-line recorded trainings ONLY if high quality

Thank you for hosting this! I think a large part of what makes a conference worthwhile is the ability to interact with other attendees. I know we're all still figuring out virtual platforms, but I would have loved some breakout room interactions for networking or a list of attendees and where they work, etc.

I really enjoyed the day! It went faster than expected considering I was sitting at my kitchen table!

The speakers were enthusiastic and inspirational

Miss Judy was the highlight of my day! She was a joy to listen to, and I hope I have the chance to speak with her again. She was AMAZING!!!

Thank you for the opportunity to offer feedback. This conference was awesome and I didn't feel I like I was missing out by not having the training in person. It was as great as they have always been!! Thank you to all of the folks that made this training possible!! Much appreciated!!

It wasn't very clear on how to get back to the panel discussion at the end. Lost some content trying to find it.

Fabulous, well done, well organized! Thank You

The morning was very good, so enjoyed Dr. Terry.

Excellent program and resources.

I enjoyed the workshop in the comfort of my home. Some if it was more medically based but I found it informative.

Excellent program that kept me coming back.

Thank you, much appreciated seminar..

Zoom was fine -- smooth work behind the scenes! I appreciated the stretch breaks today -- and glad that the conference ended at 3:30 rather than 4:00 or 5 as many conferences do

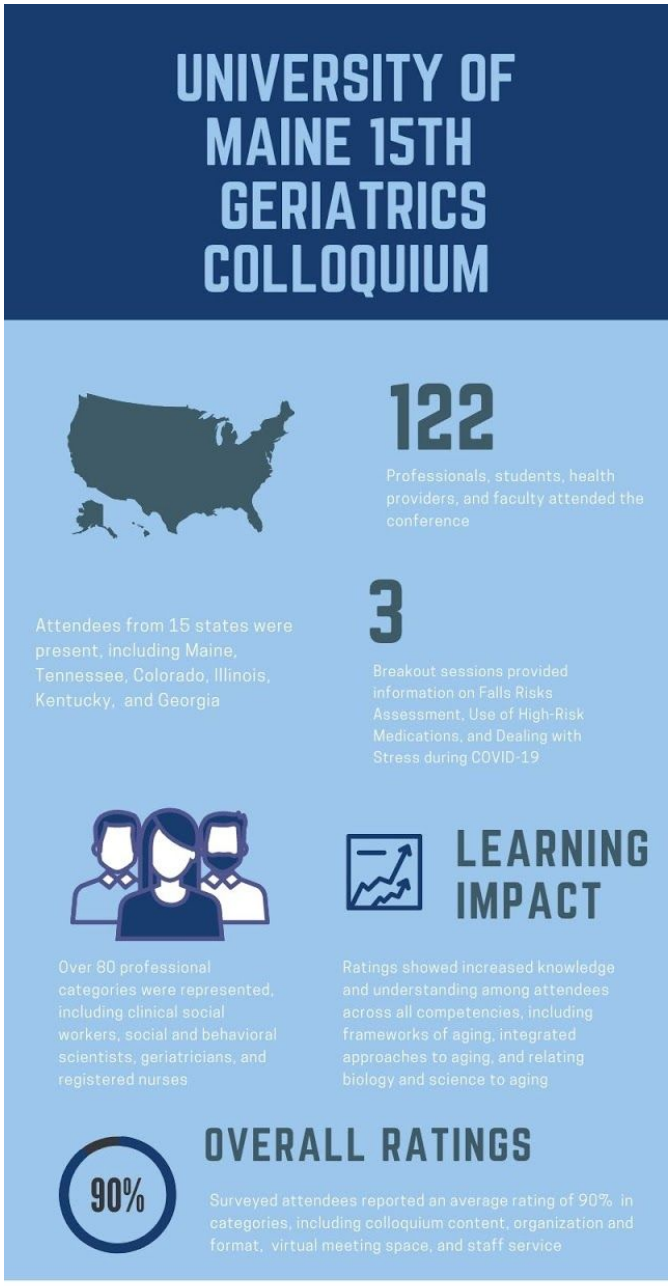
Thank you

Judy was wonderful!

I kept losing audio and having to log out and back in. I hope the recordings are intact, because I lost 10 minutes of the break out session.

Very impressed by Dr. Golden's presentation. Would like to see more applications of 4Ms and involvement of community-based organizations from other states as well.

Appendix A- Clinical Geriatrics Colloquium Infographic



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GERIATRICS WORKFORCE ENHANCEMENT PROGRAM
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