

Geriatric Medicine: Treatises on Assessment of Function

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*Every man desires to live long, but no man wishes to be old.*¹
—Jonathan Swift

Some 80-year-olds run marathons, some are bedbound with advanced dementia, and half the cohort has already died. From the dawn of time, age has been reported as a chronologic, continuous number. This focus on chronology becomes problematic with advancing age because people become more heterogeneous. As clinicians in a modern medical world, we should expand our definition of aging beyond chronology. In this issue of the *Rhode Island Medical Journal* (RIMJ), we present a series of protocols from across the spectrum of healthcare settings – each paper highlights that assessment of function is critical. Taken together, these articles represent the broader accord (treatises) within the geriatric literature: that function should be used as the measure of aging to accurately identify risk and engage in shared decision-making with patients and caregivers.

RECONCEPTUALIZING FUNCTION

Function is broadly defined as the ability to engage and thrive in the world. While function is often focused on specific tasks, such as working, driving, preparing a meal, or eating, the term can be better conceptualized as performance on a spectrum of physical, cognitive, and social abilities. For example, the spectrum of physical function spans transferring from bed-to-chair to running a race. Cognitive function might include being able to add a new medication to a current regimen or taking pills which have been placed in a pillbox. The social-function spectrum might include employment or attending social events. The field of geriatrics has long used function as a metric for risk assessment, measurement of decline, engagement of supportive services, placement in nursing facilities, and enrollment in hospice.

The interplay of physical, psychological, and social function complicates a single, standardized scale for function. For example, the degree of recovery from a hip fracture is dependent on pre-fracture function, avoidance of delirium, early engagement in therapy, and the social/financial structure to support ongoing therapy beyond the hospital. Poorly functioning individuals can recover from a hip fracture if there is early therapy and the social structure to support continual rehabilitation. Conversely, a highly functioning

person who develops delirium is less likely to engage in therapy and may struggle to recover without social supports. Geriatric co-management services support those who are undergoing major, short-term stressors (i.e., oncology, neurosurgery, orthopedic trauma, etc.) to improve long-term functional recovery.

RI GERIATRIC SERVICES, RESEARCH CENTERS

This issue of RIMJ highlights the importance of function, and Rhode Island's eminence in research and clinical care related to function. Each of the health systems in Rhode Island (See **Box 1**) has a robust geriatrics service, with tailored co-management programs for high-risk patients at high-risk times. The Rhode Island Geriatric Workforce Enhancement Program, based at the University of Rhode Island, has partnered with organizations to build a workforce that meets the needs of Rhode Island elders. At the Brown University School of Public Health's Center for Gerontology and Health Services Research and Center for Long Term Care Quality and Innovation, international leaders of nursing home quality measurement and improvement have been driving innovative pragmatic trials through the IMPACT Collaboratory. The Care New England Memory and Aging Center, Brown's Carney Institute for Brain Science, and the Providence VA's Center of Innovation in Long Term Services and Supports are conducting cutting-edge research.

CARING FOR AN AGING POPULATION

Since its founding in 1776, Rhode Island has witnessed the ebbs and flows of age. Rhode Island ranks 14th in population age,² 3rd in long-term care beds per capita (787 per 100,000),^{2,3} and 10th in geriatricians per capita (2.9 per 100,000).⁴ It is poised to accept the challenge of caring for an aging population. Although clinical care, education, and research infrastructures are in place, a focus on building connectivity across the existing infrastructures to the physical, cognitive, and social functional needs of elders is critical – for example, connecting individuals receiving Meals on Wheels with social services for transportation to clinical visits and volunteer visitors. Broader infrastructure investments in transportation, housing, and home-based services can pay dividends to maintain functioning in home environments.

Rhode Island has an opportunity to implement the physical and social infrastructure to promote the home-based focus that would allow RI to become an Age-Friendly State.

While time will continue its march, our thinking about aging need not stagnate – abundant evidence, both pragmatic and scientific, documents that assessment and management

Box 1. Rhode Island Programs Focused on Aging Care, Education, and Research

Clinical
Brown Division of Geriatrics and Palliative Medicine Care New England Division of Geriatrics Lifespan Geriatrics Hope Hospice Program for all inclusive care of the elderly (PACE-RI) Rhode Island Health Center Association (Federally Qualified Health Centers of RI)
Education
University of Rhode Island Geriatric Education Center
Research Centers
Brown University School of Public Health Center for Gerontology and Health Services Research Center for Long-Term Care Quality and Improvement Carney Institute for Brain Science Center for Alzheimer's Disease Research Providence VAMC Center of Innovation in Long Term Services and Supports Lifespan Center for Stem Cells and Aging
Home & Community-based Services
State of Rhode Island RI Office of Healthy Aging Access (POINT offices) Connect (Caregiving, nutrition, housing, legal, home care and transportation supports) Protect (Protective Services, guardianship, ombudsman) RI Executive Office of Health and Human Services Older Adults
Rhode Island Community Resources
Age-Friendly RI Alzheimer's Association LeadingAge RI Rhode Island Partnership for Home Care
Regional Non-Profit Programs for Aging in Place
Child & Family Elder Services RI East Bay Community Action Programs Senior Services Independent Aging Services Jewish Alliance RI Senior Services Saint Elizabeth Community Services & Care Senior Services RI

of function during high-stress events (e.g., acute illness, surgery, social instability, etc.) can improve the short- and long-term outcomes for the people of Rhode Island.

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