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*Huntington Hospital Senior Care Network*

# Perspective

A NEWSLETTER ON AGING AND SERVICES *for* OLDER ADULTS

## Redefining Healthcare: *An Interview with Nancy Greengold, MD*



**Nancy Greengold, MD**, was named to the newly created position of vice president of clinical integration at Huntington Memorial Hospital in 2013. She earned her medical degree at George Washington University School of Medicine and holds an MBA with an emphasis on healthcare from the University of California at Irvine. Her responsibilities include developing new care models, promoting care integration, participating in chronic disease management initiatives and serving as clinical lead for the operations of the Huntington Care Network Accountable Care Organization. Huntington Hospital Senior Care Network recently transitioned to report to Dr. Greengold to leverage the department's years of expertise and experience for the hospital's larger strategy around patient care and population health.

**Perspective:** *Integration of healthcare services has been proposed as a way to reduce fragmentation and improve care. What does clinical integration mean to you?*

**Dr. Nancy Greengold:** I define it broadly to mean integration of all types of health-care professionals and key ancillary personnel to try to improve the quality and efficiency of patient care. A tremendous area of focus in clinical integration

is making sure there is continuity of care between inpatient and outpatient care, which requires close collaboration among the many professionals who provide that care. And of course we'd ideally like to prevent unnecessary hospitalizations, emergency room visits, tests and procedures. The hope is that we can develop a network of clinicians who work together, using evidence-based guidelines and performance data, to promote



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higher-quality and less costly care. We'd like to join the disparate threads into a common thread where care is intelligently delivered.

### *Why has the hospital made a commitment to support clinical integration?*

The hospital is investing in this area because of recognition that it needs to position itself for a new world in which it is increasingly accountable for delivering quality healthcare at a lower cost. It needs to evolve its thinking beyond hospital walls to encompass any environment where the patient is receiving care, whether it is the home, a skilled nursing facility, the pharmacy, a retail clinic or hospice. The participants include not only physicians, nurses, social workers and other professionals, but also home health providers and durable medical equipment suppliers. We have a very complicated healthcare system today and it's important to communicate well. Handoffs in care involve many people and patients can be easily lost in this dizzying system.

### *What are some of the barriers to creating integrated care?*

The lack of consistent coordination is a challenge because there are so many settings of care and problems with the transfer of knowledge. Also important is education of patients. They receive a lot of information and the hospital is not usually the best place to educate. They're at their most vulnerable and are hard-pressed to retain any information.

Not all physicians today follow their patients in the hospital and there is the risk that the medical care becomes managed by committee rather than having somebody in charge, somebody the patient knows. Silos of care exist. A lot of programs have been developed on their

own and not in conjunction with others, resulting in fragmentation.

### *How have you started to address these issues?*

There are a lot of people involved in these efforts. I'm taking an inventory of all the programs we have today, both in the hospital and the community. I've joined different members of teams on rounds, such as care coordinators, navigators and hospitalists. I've also been on home and nursing home visits with Senior Care Network and ridden along with a home care agency. There is the temptation to see everything through the lens of the hospital. This would be a mistake. Delivery of care is rapidly changing and it's important to get a feel for what exists and what's lacking and build bridges.

### *What do you hope care will be like for patients a few years from now?*

Ideally there is a close relationship with their primary care physician who will be aware of all aspects of the patient's care and know where to go to get ancillary care, whether it's for the home environment or psychosocial needs. Physicians will know they have to be keenly in the loop. The experience will be better for the patient, the physician and other care providers.

I hope we also will have ways to measure what we do. We will make some mistakes. We will make course corrections. But it's important that we measure the results and outcomes — to have data that we are doing better today than yesterday.

### *What is the role of Huntington Hospital Senior Care Network (HSCN) in the new vision?*

It's an excellent model for our development of community-based outpatient programs. We've been focused on patients in the hospital whereas

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HSCN focuses on those out in the community. I want our health navigators to focus on patients before they get to the hospital and HSCN is a model to emulate. I would love to involve HSCN in supporting these programs in the future. HSCN already has very experienced professionals and their skill sets are transportable to all populations in addition to the frail elderly. It's part and parcel of overall clinical integration.

*Describe the Huntington Care Network Accountable Care Organization (ACO), a network of physicians and the hospital that shares responsibility for providing coordinated care to patients as encouraged under the Affordable Care Act.*

It started January 1, 2014 initially with 30 primary care physicians. In the beginning we are focusing on the segment of the population at greatest risk for complications or admission to the emergency department or the hospital. The overall goals of the ACO are to improve the quality, safety and efficiency of care. Down the road we will look at the appropriateness and dynamics of care. We will try to use the scientific evidence to determine good outcomes and make sure patients do not get duplicate procedures or services.

Prevention and education are also goals but once a patient in the ACO has the disease, the goal will be to identify the patient, do community outreach, go to the home and determine if services are needed. It's a temptation to look at patients as disease entities and not the complex individuals they are. We need to look at the whole picture. Maybe they just need someone checking on them and talking with them or maybe they need safety bars put in the bathroom. It's about trying to figure out how to keep patients healthier, safer and educated.

*What's needed to manage the growing incidence of chronic disease in older adults?*

The frail elderly is the group that consumes the greatest resources and needs the most help. It's really the group most ACOs target and we won't be different. I can't stress enough that education is important. It means spending time with patients and bringing in other health professionals to help physicians with this — the concept of team care. But still, it's more than chronic disease management; it's also dealing with psychosocial issues as well.

*You have a strong focus on treating the whole person, what has been called "patient-centered care." Where does that come from and why is it important?*

I was raised in a medical family where it was always emphasized that medical care was about the total patient. You tune into the patient in front of you and listen to the patient. You look at people as individuals. I enjoy evidence-based medical care but truly medical care is a blend of the art and the science.

In the ACO we are developing a structure of protocols to follow, but we must not lose sight that we are dealing with people, recognize their individuality and relate to them in an unscripted manner. Patients know when someone is listening to them or it is coming out of a textbook. Sometimes all that's needed is awareness or a comment, something that reinforces the connection. Patient-centered care is a given. It means the patient is at the center of the universe. It's how we ourselves would like to be treated. ‡

"It's a temptation to look at patients as disease entities and not the complex individuals they are. We need to look at the whole picture."

## “Keeping It Sharp” Engages the Community in Better Health

*Participants take to the floor to learn first-hand about the benefits of exercise.*



**H**elping people gain a better understanding of their health so they can take a more active role in their healthcare has become a priority for hospitals nationwide. Last fall Huntington Hospital Senior Care Network (HSCN) teamed with the Southern California Healthy Aging Rehabilitation Program (SHARP) and the hospital’s outpatient rehabilitation department to educate older adults in the community about the brain and overall wellness.

Called “Keeping It Sharp,” the half-day interactive program aimed to raise awareness of prevention and showcase services that can help people maintain brain health, a popular topic among older

adults. “Patient education on brain fitness has not been offered in our area and it’s important to make people aware of steps they can take to keep their brain healthy,” says Ilin Ohanessians, administrator, outpatient rehabilitation.

Participants listened to a neurologist and two neuropsychologists describe how the brain works, how to recognize the signs of cognitive decline and how to keep the brain healthy and alert. They then got down on the floor with a yoga and fitness instructor to experience how exercise can be a mental stimulant and a stress reliever.

Following a discussion by a dietitian on how nutrition affects brain health, the group enjoyed a “brain boosting” lunch featuring plenty of whole grains, vegetables and fruit. Participants



concluded the day by visiting information stations to learn more about resources ranging from brain stimulation programs and the Memory Club (see article, below) to healthy eating programs and rehabilitation services.

The enthusiastic audience gave the event high marks, supporting the idea that bringing hospital-related services together to educate community members can be a viable way to involve them in

their own healthcare. Actively engaging individuals in their care is increasingly considered essential for keeping people independent as they age.

“Programs like this help give people a chance to interface with the hospital and learn about important services,” agrees Eileen Koons, MSW, director, HSCN. “It addresses their needs and helps them to know where to go to find high quality information and trusted resources.” †

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## Memory Club Helps Families Face *the Challenges of Early Stage Dementia*

*Individuals with memory impairment and their care partners meet for discussion following a presentation by experts.*



**W**hat is it like to receive a diagnosis of early stage dementia or Alzheimer’s disease? “I was sad, frightened and very confused,” one woman vividly recalled. “I couldn’t believe it.”

“We were devastated,” a wife said when her husband’s doctor delivered the news. “We knew our lives would change forever.”

Shock, fear and disbelief are just the beginning of powerful emotions people experience as they and their loved ones come to realize that their cognitive problems are here to stay and will likely worsen. “When someone gets dementia, they enter >

“The group provided many opportunities to put into practice what I’m learning. I am more decisive on what needs to be done or said.”

~ A care partner

a different realm,” says Chris Garcia, LCSW, clinical supervisor at Huntington Hospital Senior Care Network (HSCN).

“Dementia, especially Alzheimer’s disease, is an isolating diagnosis. It can be unsettling to go out in groups. Even family members may pull away when someone says the same thing over and over. A spouse loses the ability to have the emotional exchanges they’ve had over the years. Providing care becomes increasingly time-consuming and demanding.”

To meet a growing community need and support these families in a safe environment, HSCN offers the Alzheimer’s Association’s Memory Club at Huntington Hospital. The free program emphasizes education, exploration, support and friendship for persons diagnosed with early stage dementia and their care partners as they struggle to understand and deal with the impact of the dementia. During the eight weekly sessions, knowledgeable speakers address medical, legal and mental health concerns and report on the latest research. The individuals with dementia and the care partners also break into separate groups to discuss common concerns in a supportive environment.

Memory Club has helped families overcome the often-felt stigma of the diagnosis and find encouragement through satisfying connections with peers. “Individuals gain support and acceptance and a sense of normalization through hearing other peoples’ experiences and stories,” says Kristen Tachiki, MSW, Memory Club co-facilitator and HSCN care coordinator. “In the small group the person with dementia has an opportunity to talk without someone completing their sentences and it’s empowering for them. The care partners also become empowered as they learn from what others are going through and discover ways to take care of themselves.”

The acceptance and eagerness to share, frequently accompanied by a generous dose of humor, have been palpable. In the small group the care partners quickly open up. “They’re like something very ripe that bursts when you touch it,” remarks Garcia of their pent-up need for expression. A woman with dementia welcomed the chance to connect in her group, commenting, “They make me feel I’m okay and they won’t laugh at me.”

Participants say it’s a relief to find a community of people going through similar experiences. “Sharing this journey with others in the same situation helps tremendously,” a care partner emphasized. Another declared, “We came into a group that was so warm and welcoming. There was such empathetic concern and understanding. We are more grateful for this experience than we can say.”

The bonds participants form often lead them to meet on their own once the program ends. After a recent series, members spontaneously organized a potluck featuring tasty dishes from the diverse cultures represented in the group. A care partner concluded, “We’ve found companionship and new friends, which is so very important. We plan to stay connected.” †

## A Gift That's Like a Hug

*Maria Romero, a client in HSCN's Multipurpose Senior Services Program, enjoys wearing her paw-printed shruggle as she relaxes with her dog Nicky.*



When her mother spoke of the homebound seniors she contacted for a senior center as “the forgotten ones,” Carol Prasifka took notice. Deciding she wanted “to make a difference for our older adults,” Prasifka had an inspiration — why not offer the easy-to-wear shoulder wrap she makes, which she calls a shruggle, to needy seniors?

“I love to sew and I’ve been making these shruggles for friends and family for many years,” she says. “I thought this would be nice to give to a senior who gets chilled easily and needs a hug. I want them to know someone was thinking about them, that they are not forgotten and that they matter.”

The cozy fleece garment has since become a holiday hit for frail elderly Huntington Hospital Senior Care Net-

work (HSCN) clients, providing welcome warmth and cheer for many who have so little. “They’re light, practical and easy to put on,” a care coordinator points out. “Many of our clients are often cold due to medical problems and some live in older houses that are drafty, so the shruggle makes a real difference.” And their versatility (there’s no wrong way to wear them) makes them “the perfect thing” for wheelchair and bedbound clients and those with limited range of motion, the care coordinators say.

Prasifka’s hope that her shruggles would “brighten someone’s day and help them be more comfortable” has been more than realized. From a woman on hospice to an 83-year-old widow fighting depression, clients have received the gift with appreciation and pleasure. One client with no family and no holiday gifts excitedly put it on immediately and declared she “loved it.” A client who spends the day with her dogs was “delighted” with her shruggle patterned with paw prints. Another client who had been a seamstress pronounced it “a good job” and said she was so happy and grateful.

“Carol has partnered with us in a very personal way,” says HSCN director Eileen Koons, MSW. “She is one of those people who puts their beliefs into action. We and our clients are so fortunate to have been adopted by this kind person with a vision for how to make a difference for those around her. Her shruggles have gone to good homes, hugging and comforting older adults in need. Her story of why she does this is an inspiration for us all.” †

 **Huntington Hospital**

**Huntington Hospital Senior Care Network** provides access to a complete range of medical, social and personal services for adults and older adults with disabilities and their families. Support comes from public and private funding and proceeds from The Huntington Collection. For more information, call (626) 397-3110 or (800) 664-4664 or visit our website at <http://www.HuntingtonHospital.com/SCN>.

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