

# Interprofessional Care for Elderly in Japan



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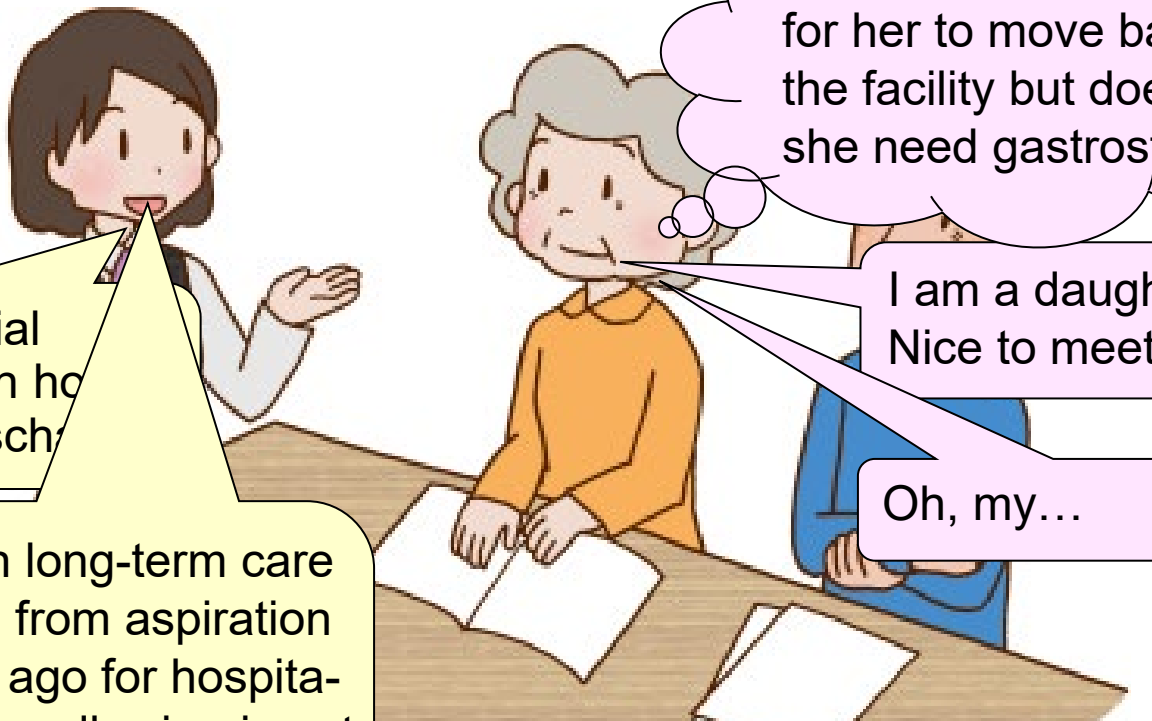


# The Story of My Aunt (1)

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- 94yo, in Tokyo
- #1 Alzheimer's disease, #2 Sjögren syn.  
#3 Generalized anxiety disorder
- Divorced, one daughter
- Until late 80s living with the daughter but moved to Geriatric Health Services facility (Roken) and lived there for 2 years

# The Story of My Aunt (2)



I am a medical social worker. I will explain how your mother will discharge.

Your mother was in long-term care facility but suffered from aspiration pneumonia 3 days ago for hospitalization. Since her swallowing is not good, so the Dr suggested gastrostomy for her future nutrition.

I think it will be difficult for her to move back to the facility but does she need gastrostomy?

I am a daughter. Nice to meet you.

Oh, my...

# The Story of My Aunt (3)

Hospital beds are full... She should get out of the ward!

I cannot take care of her at home due to my work... What should I do?!

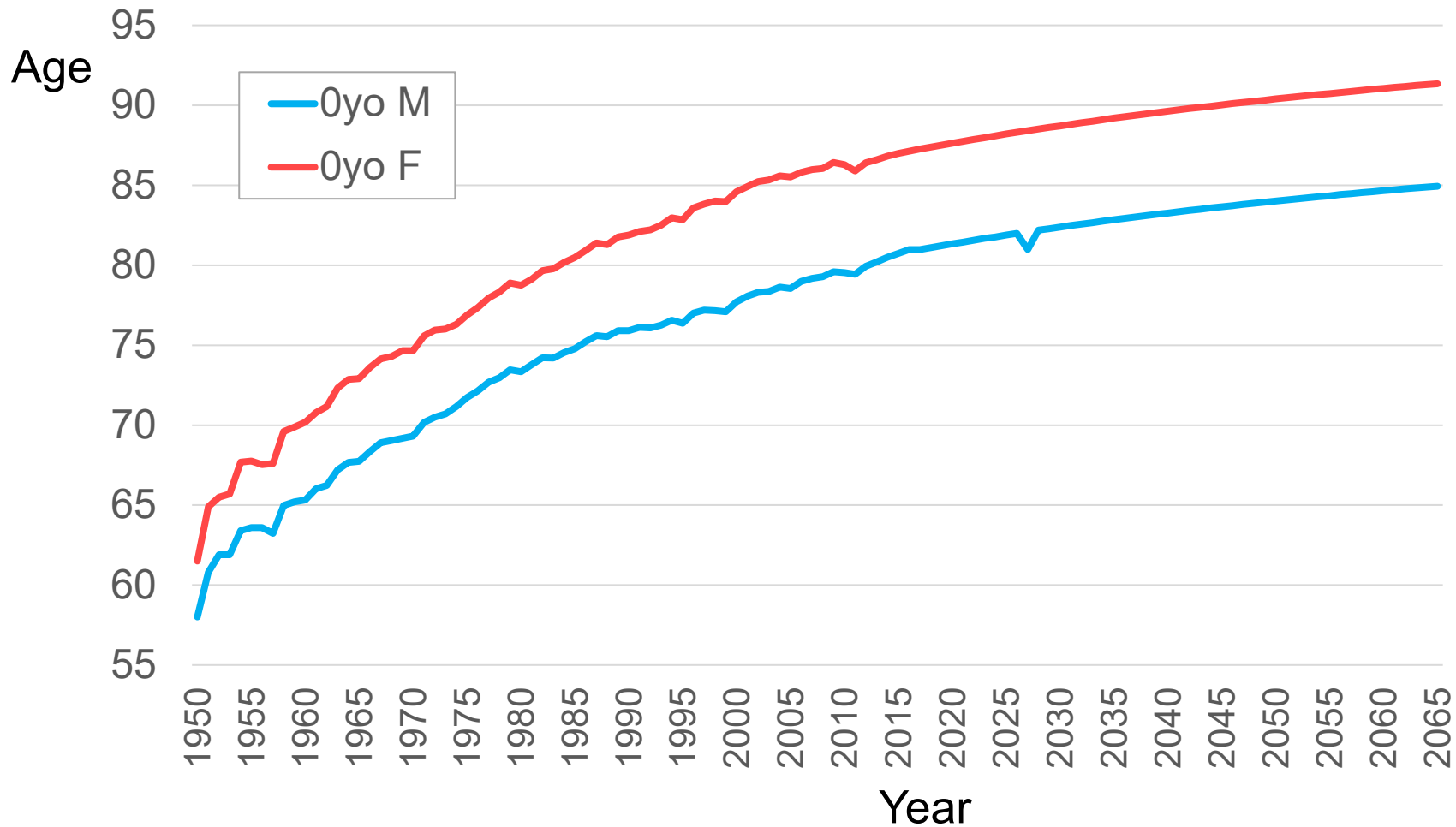
Nurses' information is that the amount of oral intake was not enough yesterday. If you don't like gastrostomy, she can go to a long-term type hospital with intravenous hyperalimentation.

The only pleasure for my mom was eating. I helped her eat supper last night, and she mostly ate it. I don't think she needs gastrostomy right now!

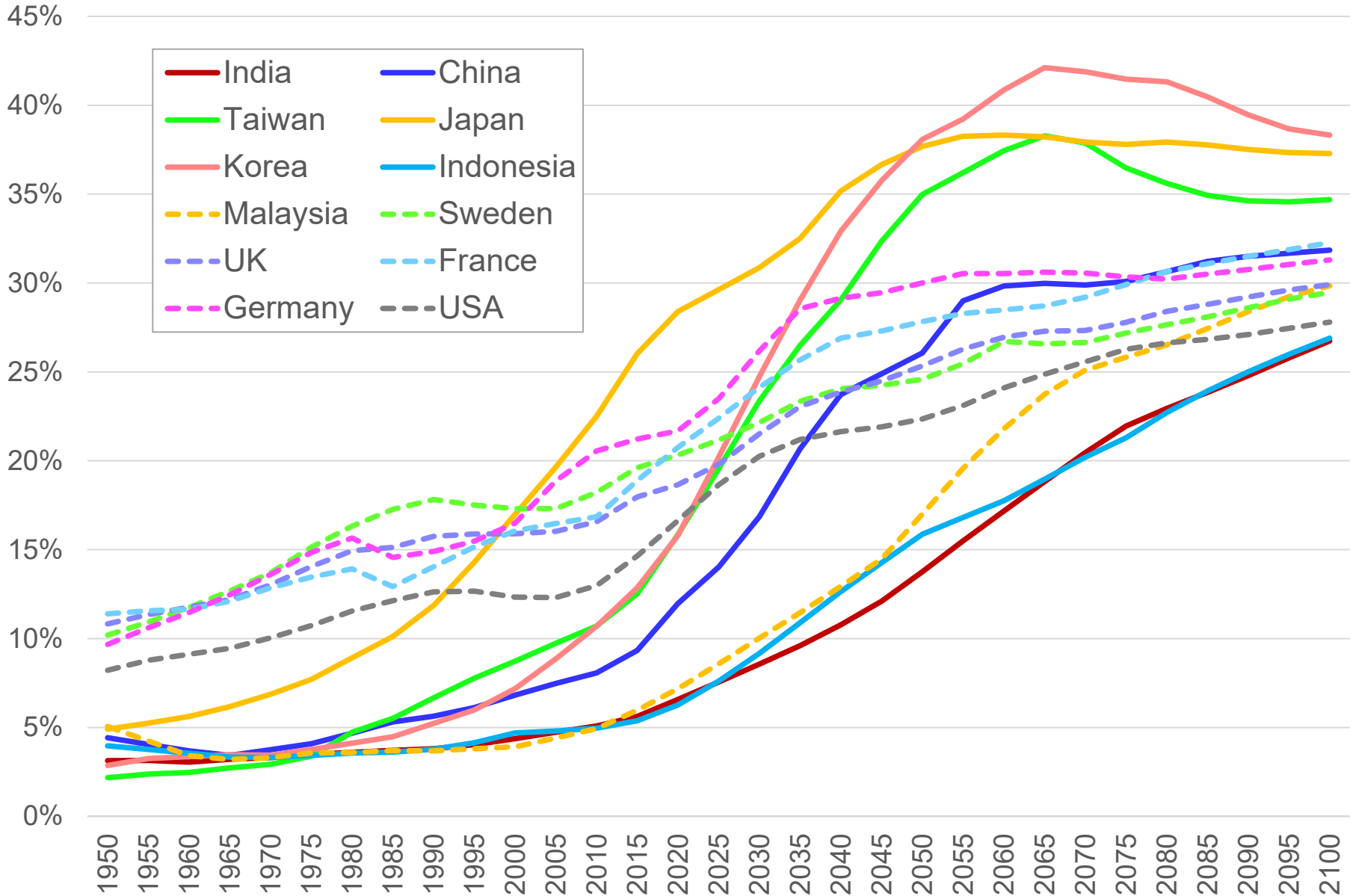
If you intend to take care of her at home with oral intake, she can discharge next week!

I don't think she can go back to the previous long-term care facility but could you try oral intake one more time?

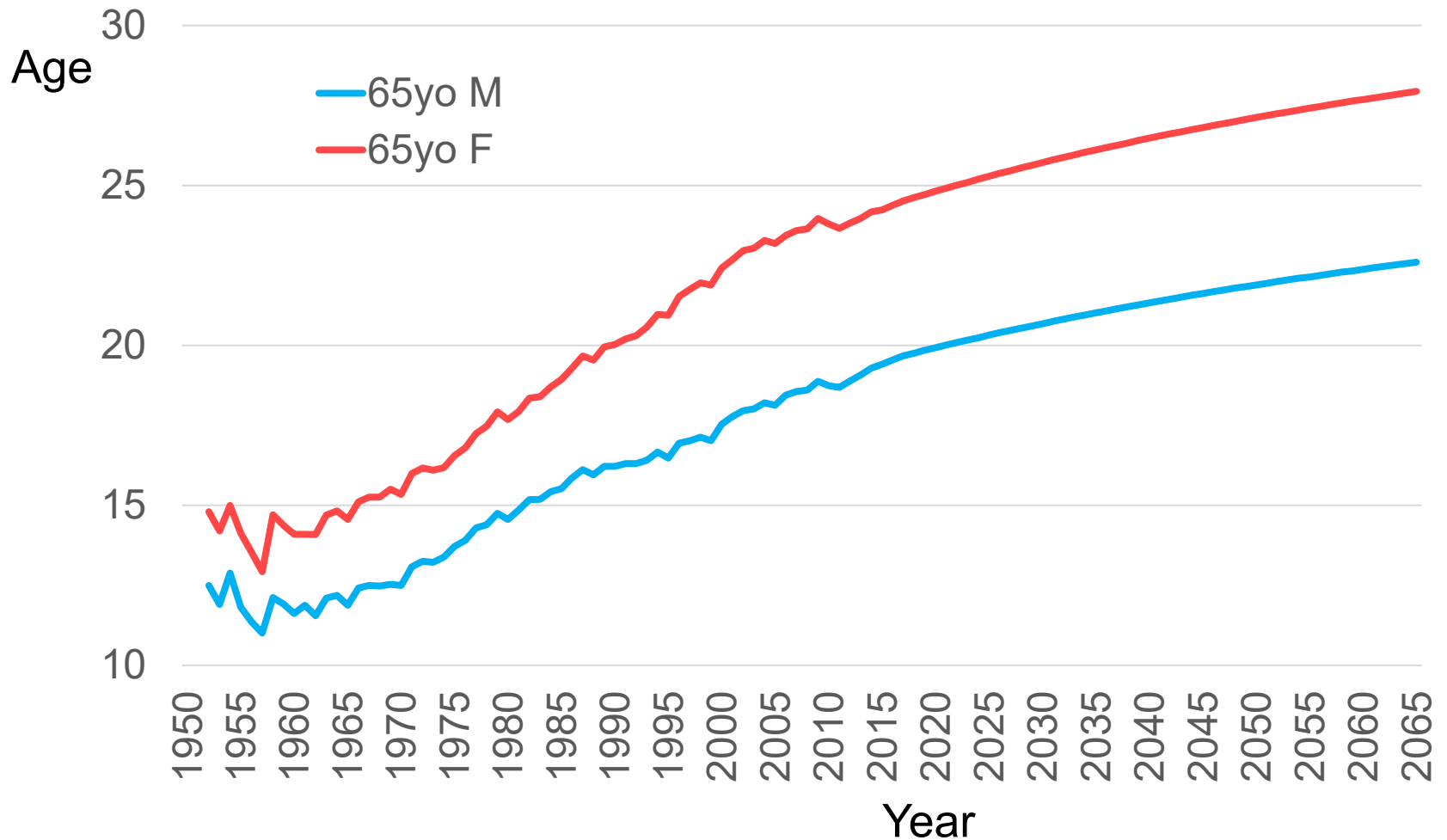
# Trend and Estimate of Life Expectancy in Japan



# Changes in the % Population Over Age 65



# Trend and Estimate of Life Expectancy at 65yo





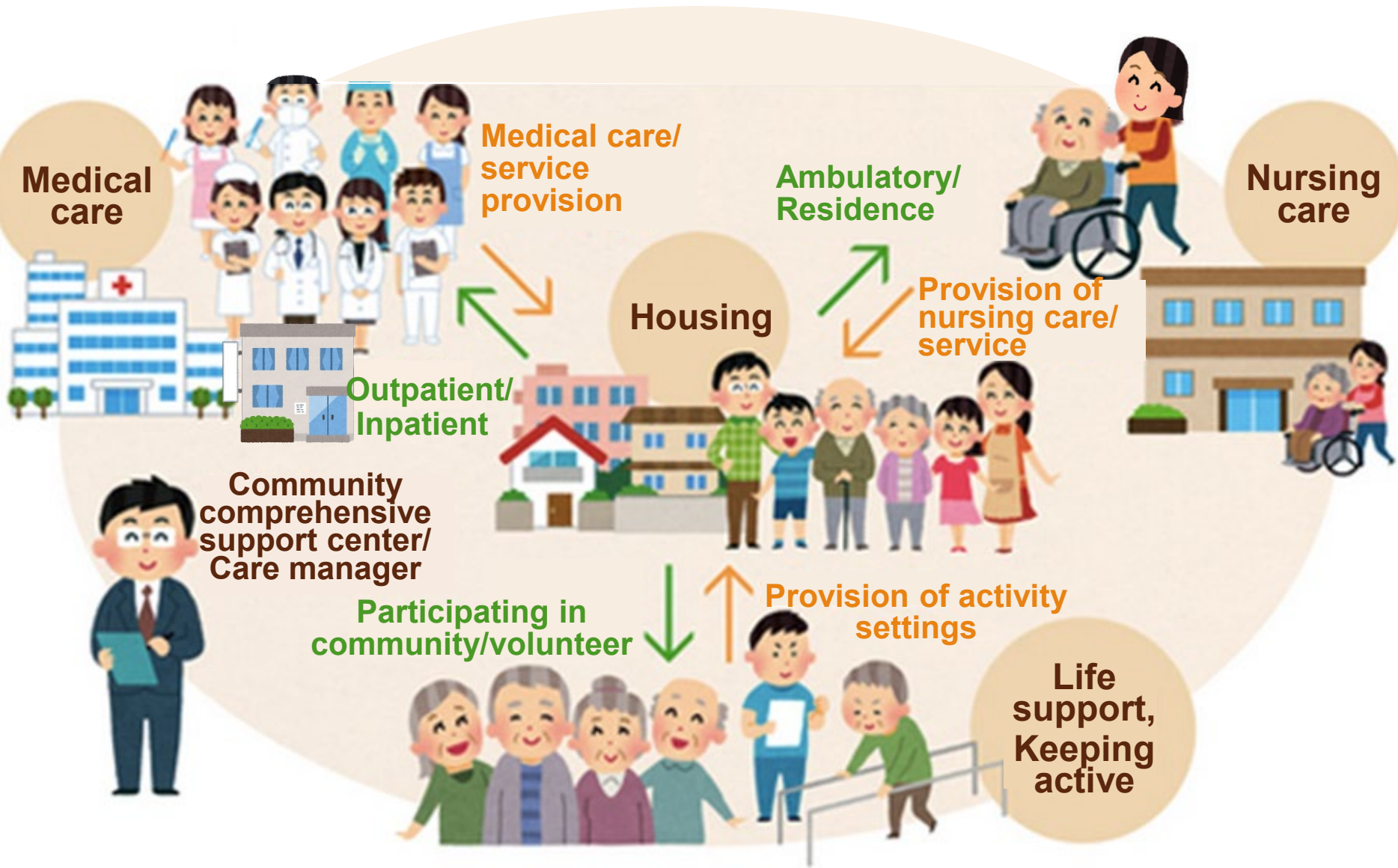
# Characteristics of Super Aging Society of Japan

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- Life expectancy is one of the highest countries.
- % of senior people is highest globally.
- In 2040s % of senior people will be plateau.
- Life expectancy at 65yo is also elevating (risk of too long life...).



# Whole Picture of Community-based Integrated Care System (CBICS) Model



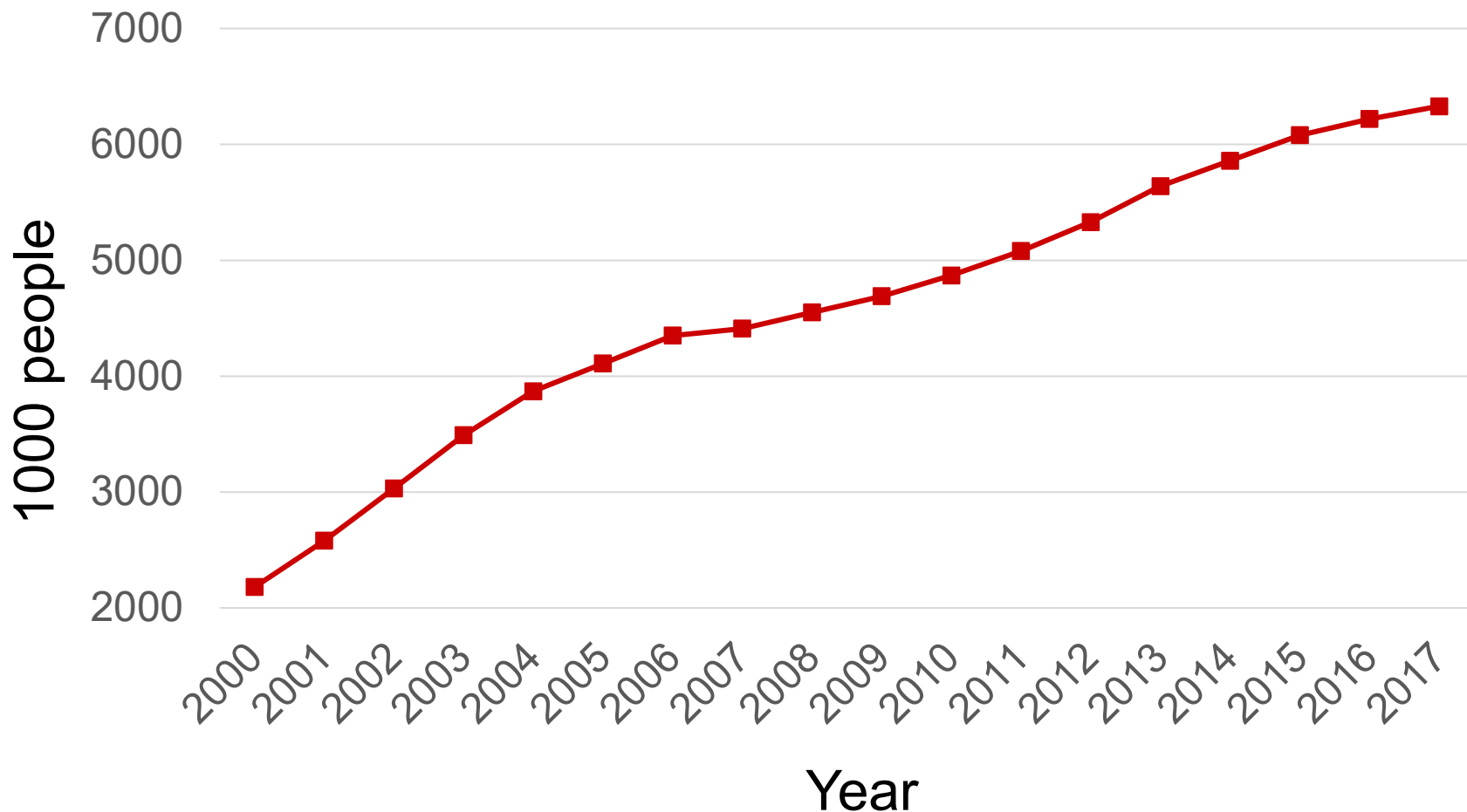


# Community-based Integrated Care System (CBICS) Model

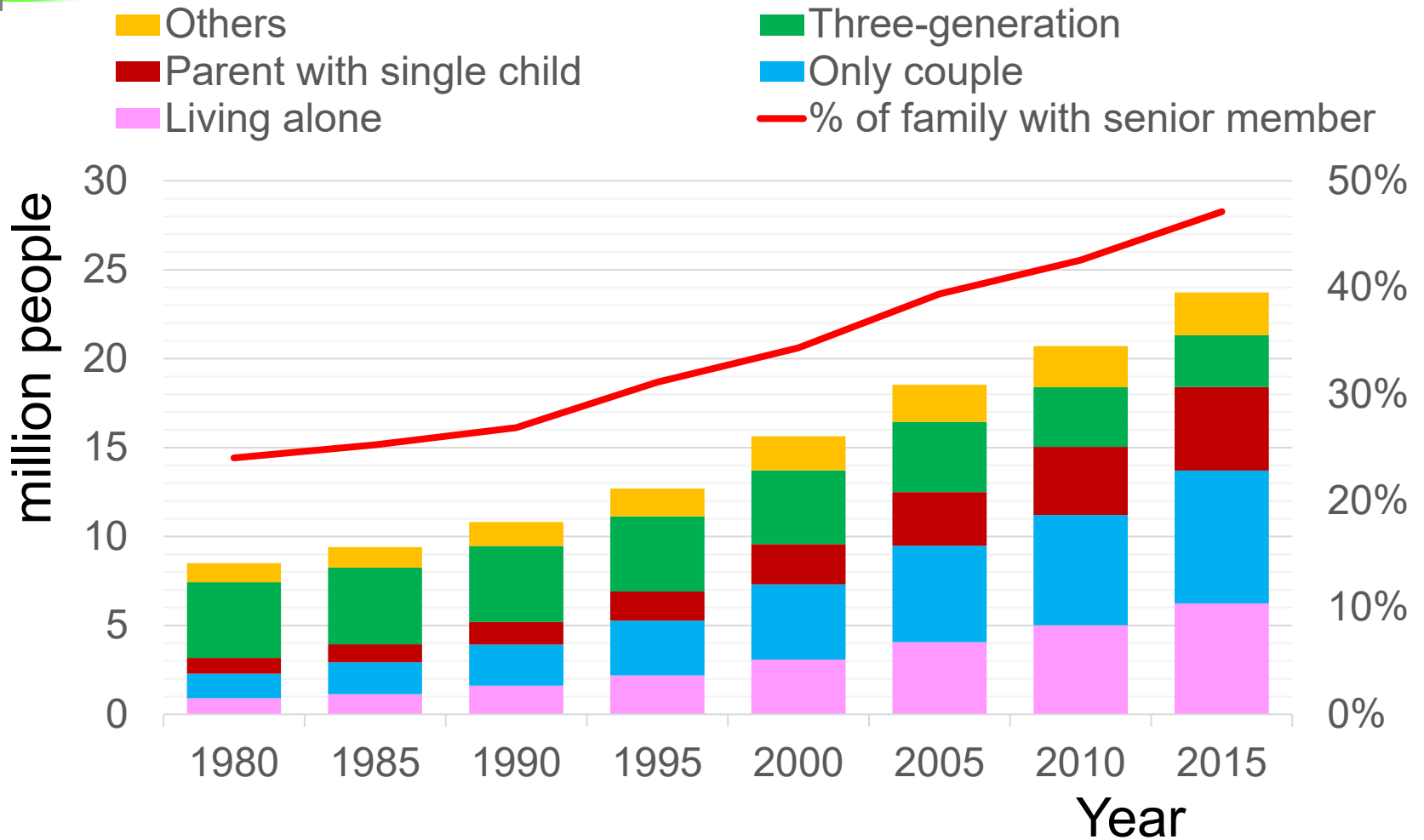
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- Senior people can continuously live in their house in the community.
- Medical/nursing care will be the support when they become ill/frail/dementia.
- They can have active life in the community with the support by friends/neighbors.
- Community comprehensive support centers are portal for any issues.

# Number of Senior People Certified for Long-term Care Insurance



# Family with Senior Person





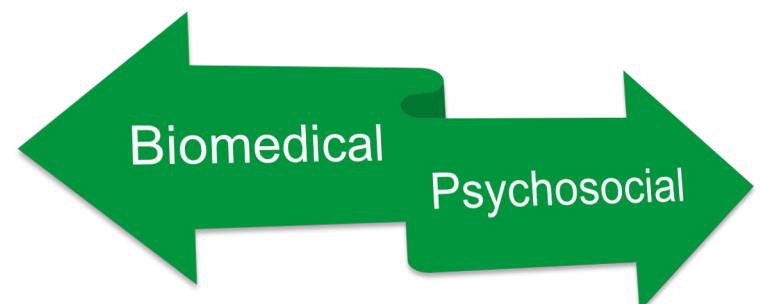
# How Should We Support Senior People?

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- Long-term care insurance is the key to provide supportive care. 65yo< people (also 40yo< with specific diseases) are eligible to apply for the certificate of long-term care insurance.
- City/town/village office will decide the care need level after the client applies. The higher care need level, the more clients can use the care services but the unit price of care will be more expensive.
- Clients must tell which service they like to use to a care manager. He/she will contact service providers to decide which service they use.

# Keys to Better Clinical Decision Making

Several points of clinical conflict

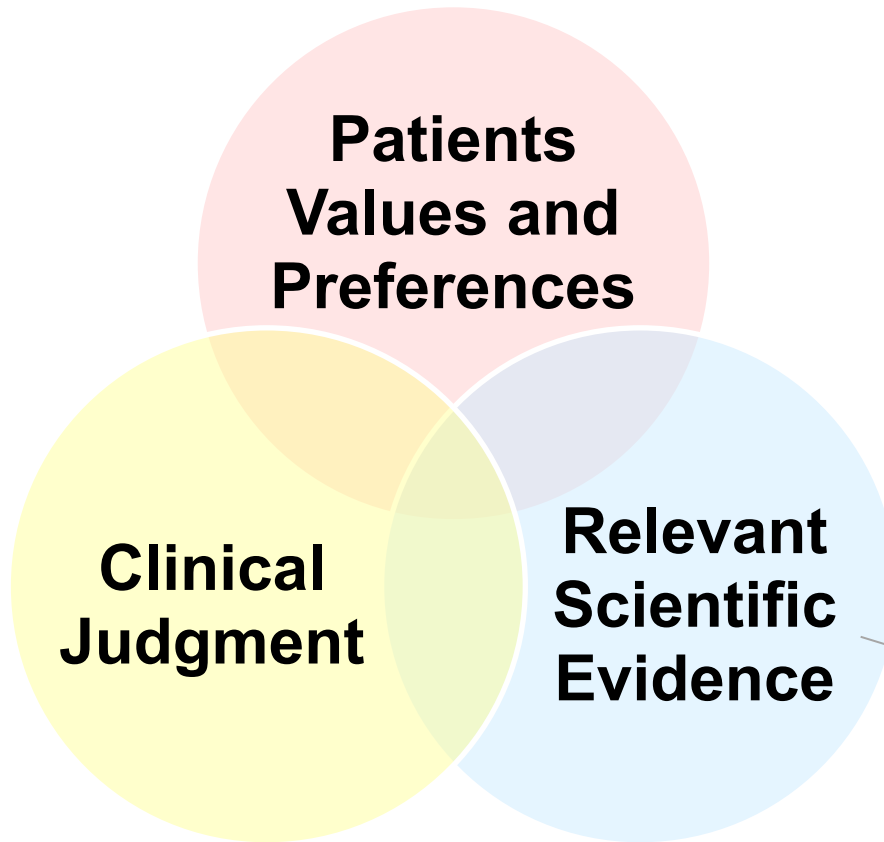




# Framework of EBM

Sackett DL, et al. BMJ 1996;312(7023):71-72

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Long-term survival rates are not improved in pts with advanced dementia who underwent percutaneous endoscopic gastrostomy (PEG) for dysphagia (Goldberg. Clin Interv Aging. 2014;14;9:1733-9)



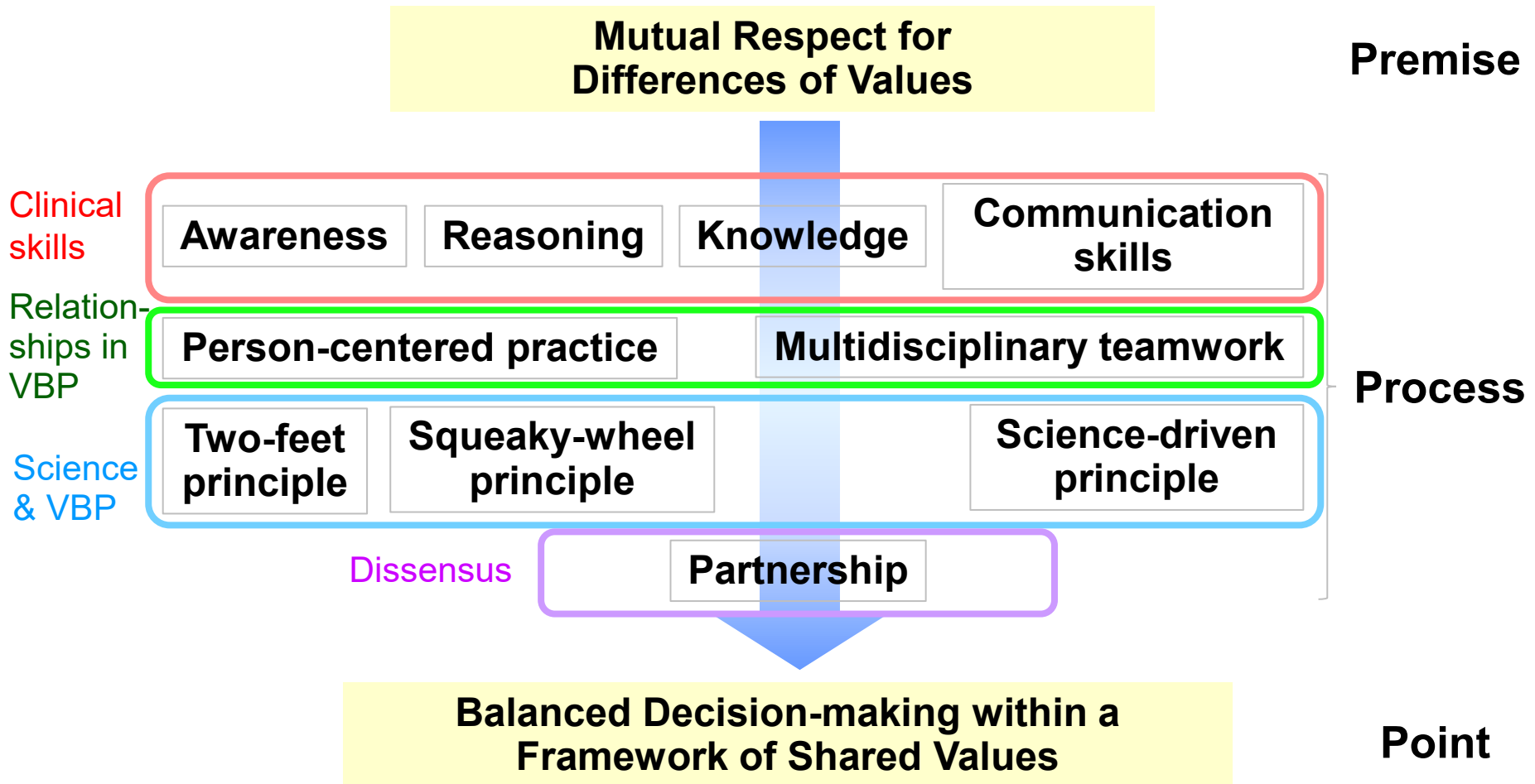
# How Do We Make Clinical Decisions?

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- Information from History + Physical + Testing  
→ Diagnosis → Plan for therapy/Management
- EBM: Optimizing clinical decision making by best available evidence from clinical studies
- Conference: Gather knowledge/experiences from different members, professionals, etc.
- Shared decision making (SDM): Lead to optimal decision making by sharing logic/values between patient and healthcare sides.



# VBP Mapping





# Clinical Skills

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1. Awareness to the values of self and others
2. Reasoning: case-based reasoning with reflection on values of self and others
3. Knowledge: search for information about values
4. Communication skills: ICE-StAR
  - Negative values: idea, concern, expectations
  - Positive values: strengths, aspirations, resources



# Relationships in VBP

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## 5. Person-values-centered practice

- Including not only patient but healthy person, client, etc.

## 6. Multidisciplinary teamwork

- Each professional has its own role for information gathering and decision making



# Science and VBP

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7. Two-feet principle: When you think about evidence, think of values too.
8. Squeaky-wheel principle: When you think about values, do not forget evidences.
9. Science-driven principle: In high-edge area of medicine, integration of evidences and values is important.



# Dissensus

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## 10. Partnership

- Formulate partnership through “agreeing to disagree”
- Dissensus: Do not pursue 100% agreement for all the parties. Getting to “consensus” might be a power game.



# Geriatric Swiss Cheese Model

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- A tool for case information gathering to overview wide area of geriatrics
- Developed in Florida Univ. and utilized in practicum in Geriatric Dept, Univ Hawaii
- Participants seek for the information for each domain, analyze it, and list which information they need further.

SOCIAL

ECONOMICAL

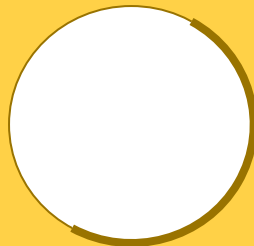
ENVIRONMENTAL

MEDICAL

NUTRITIONAL

ACTIVE

PSYCHI/PSYCHO





# Seven Domains: Details

Social	Family, relative, key person, family role/task, family, care taker, welfare services
Economy	Balance, property, family support, medical/nursing care payment with insurance
Environmental	Public transportation, shopping sites, clinic, hospital, care facility, house environment
Medical	Diagnosis, hearing/visual acuity, pain, decubitus ulcer, airway clearance, use of devices/catheters...
Nutritional	Dental, swallowing, appetite, cooking, bowel movement
Active	ADL, IADL, social participation
Psychi/psycho	Calculation, reading, talking, sleep, anxiety, depression, motivation, memory, dementia, BPSD

ADL: activities of daily living, IADL: instrumental ADL

BPSD: behavioral and psychological symptoms of dementia





# Points for the Case of My Aunt

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- Whether she should be hospitalized or not was not an important issue.
- Hospitalization may cause delirium and physical restraint. There was a risk to hurt the dignity/QOL of the patient.
- What should be the goal of her care?
  - Longer life? Better QOL? Better death for herself? Better death her daughter or family?

# Physical Restraint





## If VBP Is Used...

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- Values are more important than evidences.
- The hospital had a value to limit the number of hospitalization periods. The main doctor just asked MSW to make hard decision with the daughter.
- The daughter was sometimes difficult to make decision, but it was her first experience to do. It cannot be helped.
- As a strength, the daughter was diligent and independent to do her best.



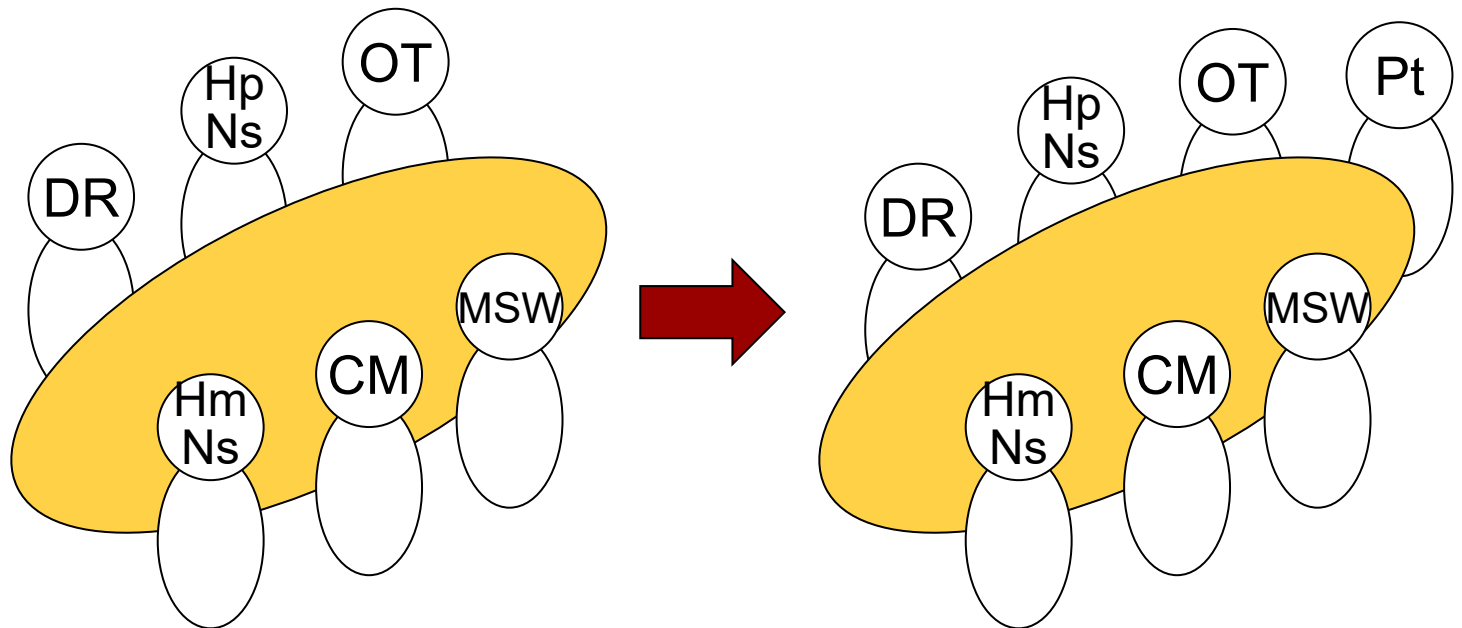
# Simulated Interprofessional Conference (Tamai, et al, 2018)

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- This educational strategy was used in home-care physician development project in U Tokyo.
- Each professional is provided common and specific scenarios. Discussion starts from information sharing from each professional role. One who plays a role different from daily work can behave like its professional role sharing his/her own information.

# VBP Workshop (Nomura, et al, 2018)

- Simulated interprofessional conference.
- 1<sup>st</sup> Half: Planning → 2<sup>nd</sup> Half: Decision making





# Points for Discussion

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1. Concept of complexity
2. Strengths model/positive approach
3. Clinical reasoning model for diagnosis, therapy/management, and monitoring
4. Values of each professional and power imbalance
5. Relationship with normative ethics

# 1. Cynefin Framework (Snowden, 1999)

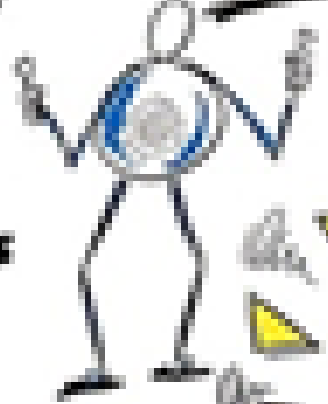
- Cynefin is Wales language of habitat
- Snowden used system theory to connect people with their tribe/religion/geology, etc, to tackle with complicate problems



**SIMPLE**

1 + 1 = 2

VICE



**ACTION MODE**

I. **SENSE**  
THE SITUATION



II. **CATEGORIZE**  
THE SITUATION INTO  
A KNOWN BUCKET



III. **RESPOND**  
WITH A WELL-KNOWN  
SOLUTION





**ANALYZE**  
THE PROBLEM &  
ROADMAPS

**SENSE**  
THE PROBLEM

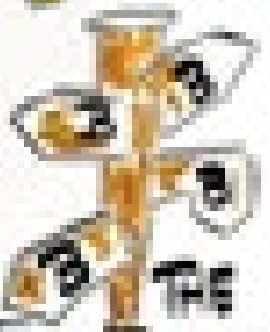


WASTE LOOKING FOR AN EXPERT...?

GOOD PRACTICE

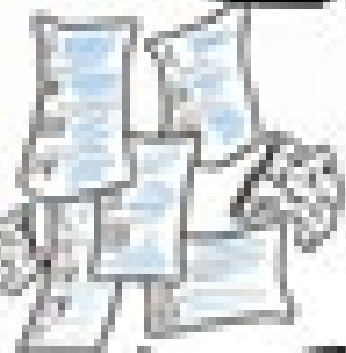
**RESPOND**  
WITH A PLAN

BEFORE SAY THE PLAN...



THE EXPERT  
WILL YOU THE  
BEST WAY

ACTION  
MODE



COMPLICATED

$$1 + 1 = 2$$

RAID

THE TRUTH IS OUT THERE SOMEWHERE

**III. RESPOND**  
TAKE ACTION MOVING THE PROBLEM INTO THE COMPLICATED DOMAIN

**II. SENSE**  
THINK INTO THE NEW AND DETERMINE NEXT STEPS

**PROBE**  
EXPERIMENT - EVALUATE  
EXPERIMENT - EVALUATE  
- REPEAT - REPEAT -

**K**  
EMERGING PRACTICE



THERE ARE NO GOOD ANSWERS  
THE PATH WILL BE CREATED WITH EVERY STEP  
THE ART OF LEARNING HOW TO PLAY

THINKING ABOUT IT AGAIN

**ACTION MODE**

**COMPLEX**  
**DISO**

FLAT

# SENSE



ONCE OUT OF THE IMMEDIATE DANGER ZONE, ASSESS THE SITUATION AND DETERMINE NEXT STEPS

HOW TO ACT WHEN ALL HELL BREAKS LOOSE

# ACT

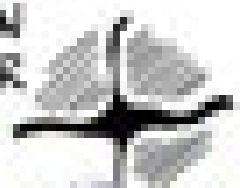


QUALITY - TRUST YOUR INSTINCTS. GET OUT OF THE IMMEDIATE DANGER ZONE

# RESPOND



TAKE ACTION TO MOVE YOUR PROBLEM TO ANOTHER DOMAIN



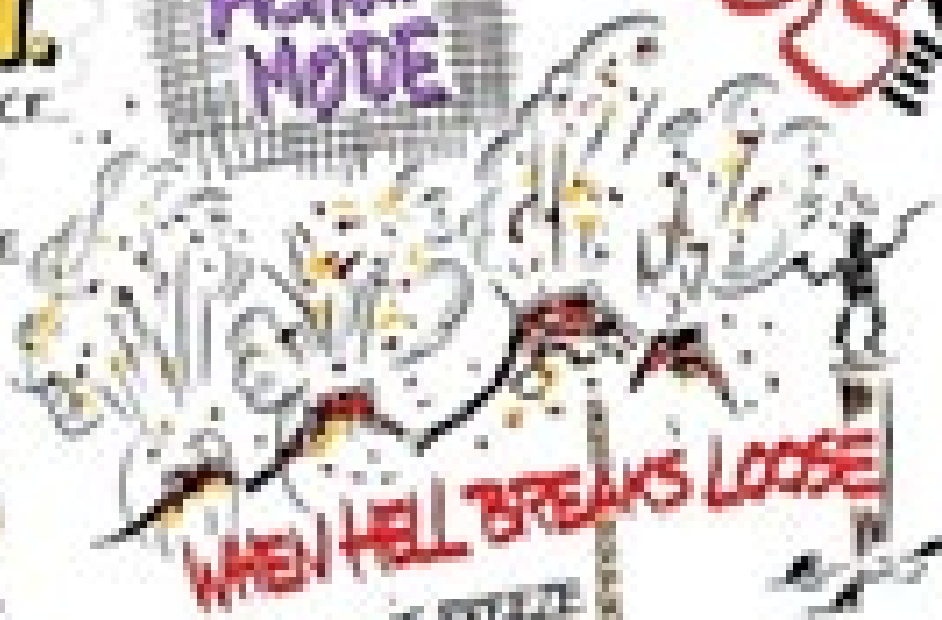
KNOWLEDGE GATHERED THROUGHOUT LIFETIME IS ONLY PARTIAL USEFUL

# NOVEL PRACTICE



# ACTION MODE

# CHAOS



# WHEN HELL BREAKS LOOSE

# GET OUT

DO NOT FREEZE OR GET HURT OR WORSE



# Cynefin Framework

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- Simple: sense–categorize–respond
  - Rule-based problem solving is easy.
- Complicated: sense–analyze–respond
  - Experts’ experience/analysis is needed to solve problems.
- Complex: probe–sense–respond
  - Difficult to analyze. Overview, make some actions to find the clue
- Chaotic: act–sense–respond
  - “Act and see” approach is necessary. Find/feel the stable part and move it back to “Complex” level.

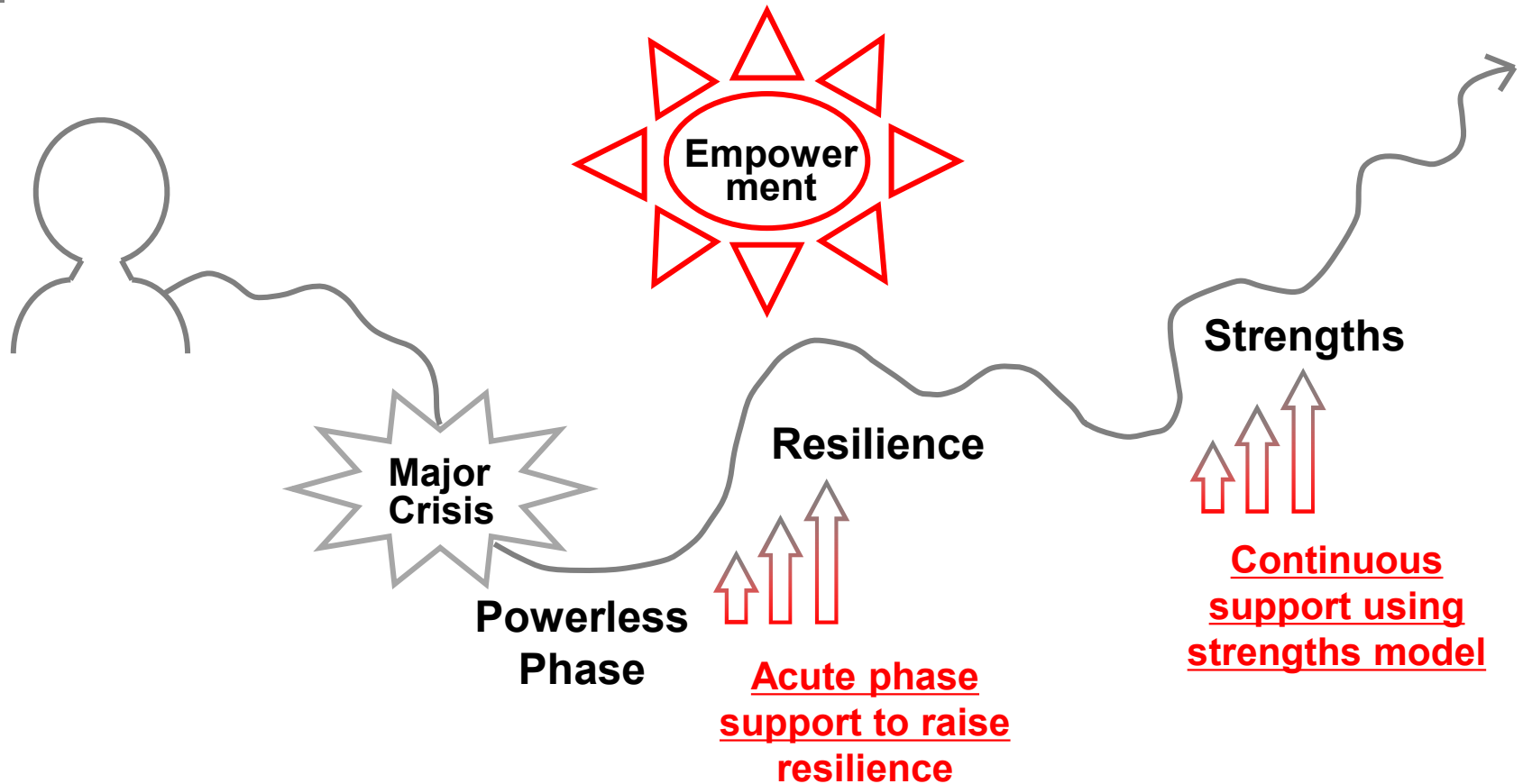


## 2. Strengths Model

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- Charles A Rapp, Professor of Social Welfare at Kansas University, proposed this in 1997 (The Strengths Model. 1st Ed. Oxford Univ. Press).
- Until then, healthcare support was using analytic and problem-solving approach. However, if some problems are persist, such an approach will not work very well.
- Strengths model focuses on the strengths of the patient/client/person to construct supportive care.

# Recovery Phase of a Person in the Life and Support Process by Nurses





# ICE-StAR

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- One of the goals of communication in VBP is to make clear ICE-StAR values.
  - ICE: Negative values
    - Ideas
    - Concerns
    - Expectations
  - StAR: Positive values
    - Strengths
    - Aspirations
    - Resources
- Leading to Strengths model!**



# Related Concepts 1

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- Salutogenesis
  - Antonovsky's theories rejected traditional medical-model dichotomy separating health and illness.
  - His studies were pursuing how people manage stress and stay well, so he made the term from “salus” = health and “genesis” = origin.
  - People feel stress, some people is able to manage it. Those people can predict and understand the situations, get away with them, and feel the meaning of life in hard situations and days. They are called as “sense of coherence.”



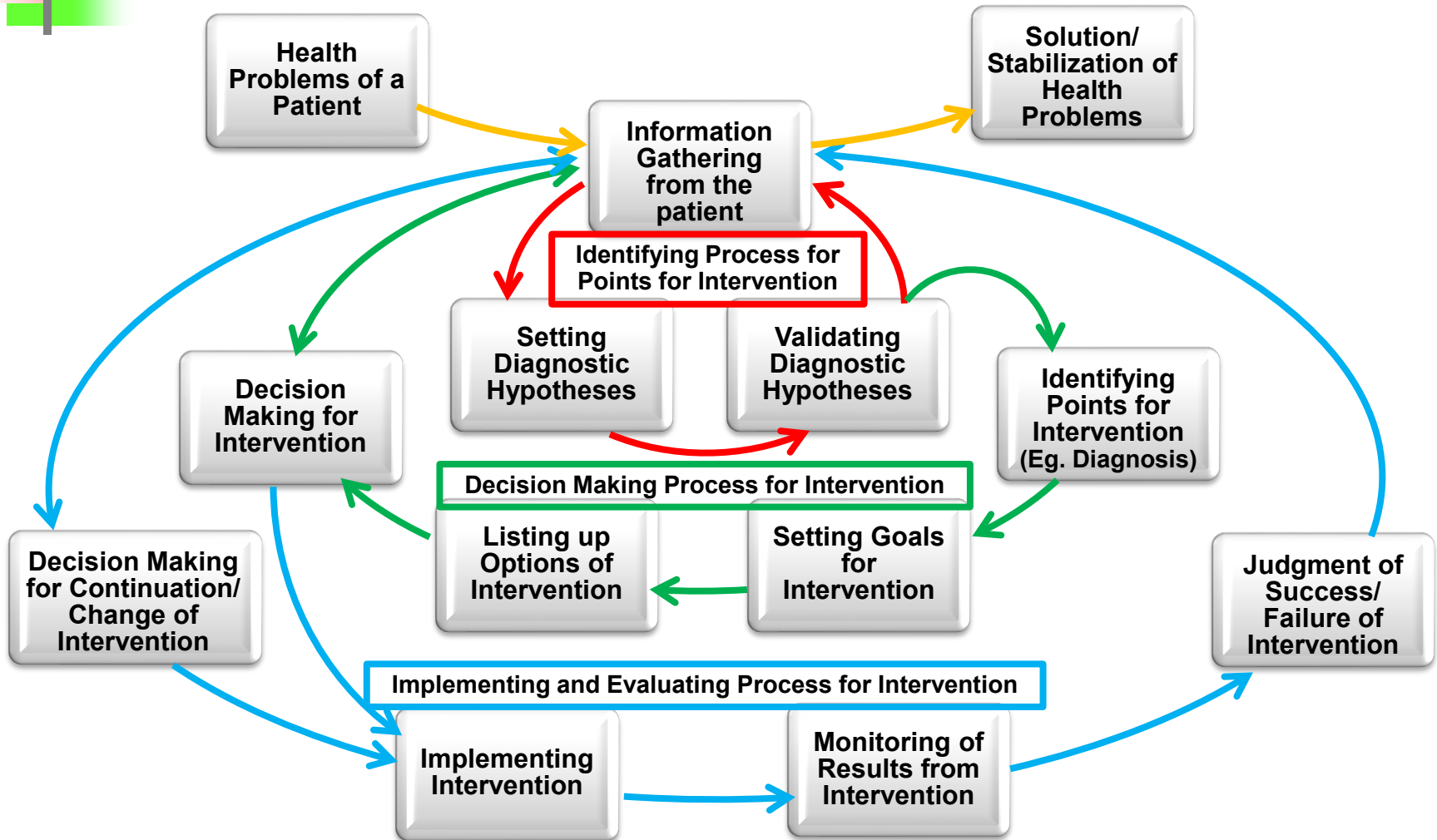


# Related Concepts 2

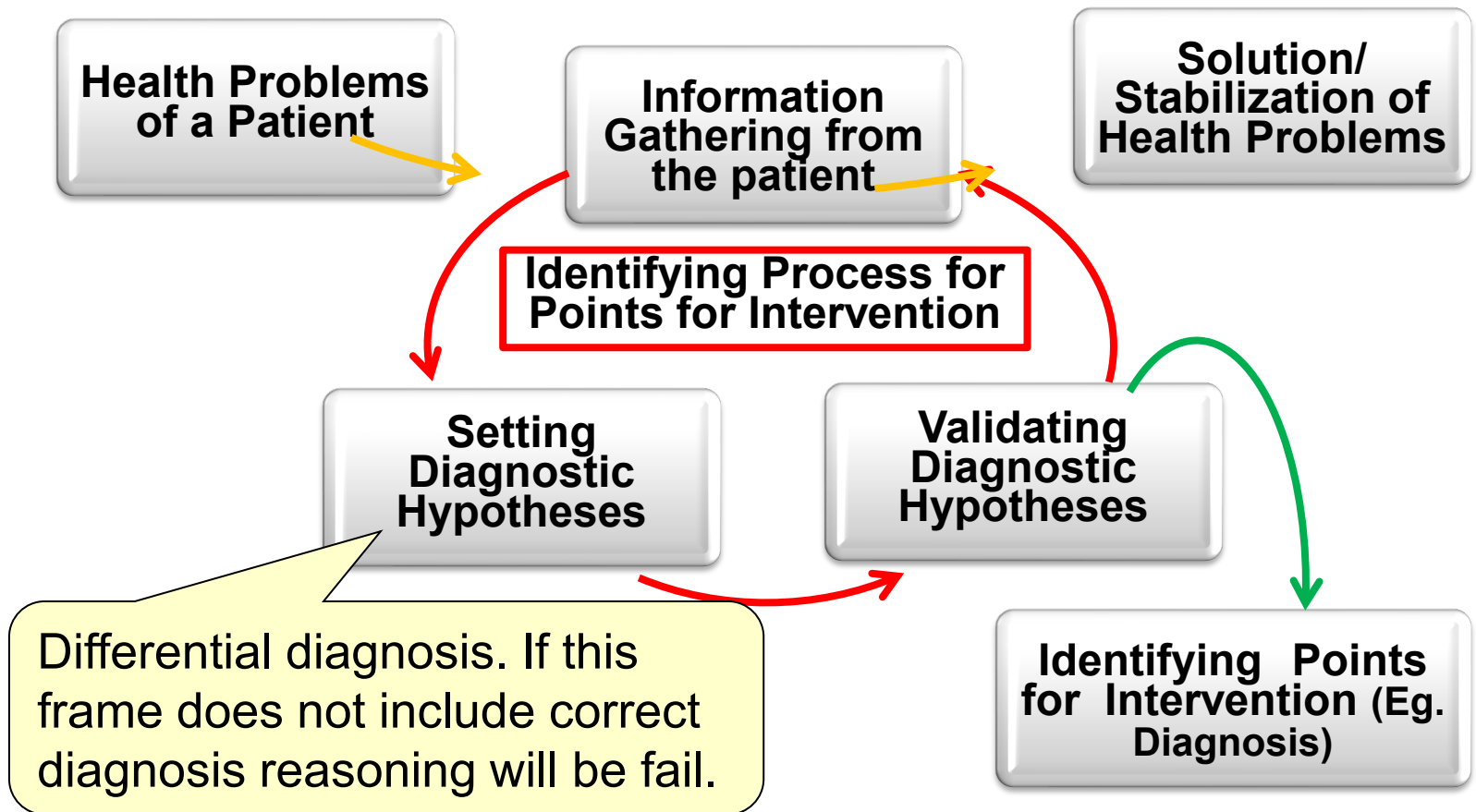
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- Positive psychology
  - Martin Seligman, who is famous for learned helplessness, thought that positive thinking is the key for happiness. He proposed positive psychology in American Psychology Association.
  - The same terminology was used by Abraham Maslow in 1954, and so on.
  - Seligman suggests five factors for well-being as (1) positive emotion, (2) engagement, (3) positive relationship, (4) meaning, and (5) achievement.

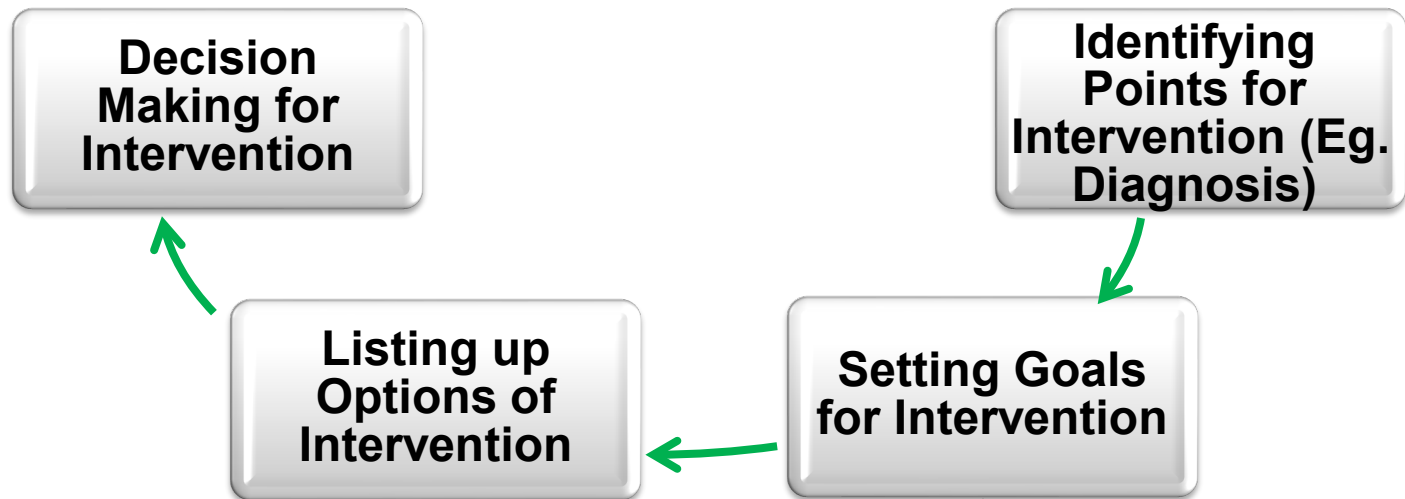
# 3. Clinical reasoning model for diagnosis, therapy/management, and monitoring



# Diagnostic Reasoning



# Therapeutic Reasoning



If goal setting is not stable, option list and decision making is heavily affected.



# Advance Care Planning (ACP)

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- In palliative care stage, the goal of intervention can be longer life, better life, or better death (for whom?). If the goal is not stable, decision making might not go well.
- In my aunt case, the cousin did not have ACP discussion with the mother. However, this is quite difficult discussion for values.



# 4. Values of Each Professional and Power Imbalance

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General tendency...

- Hospital physician: diagnosis, therapy, evidence
- Nurses: patients' life, comfortable care
- MSW: better welfare, management of hospital bed
- PT/OT: functional recover for activity/participation
- Care manager: needs of patient/family
- Patient: avoiding fear/pain/death or annoyance to his/her family
- Family: the patient's interest/preference/QOL, his/her own life, household budget

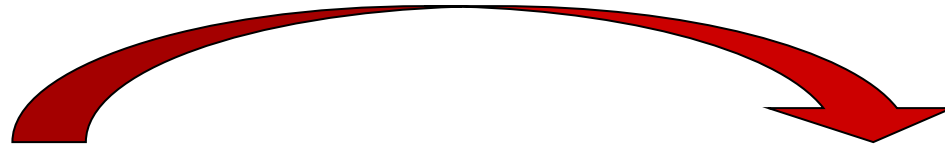


# Power Imbalance

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- For flight, if a captain and a copilot have too much up/down relationship, the copilot will be too intimidated to make advise and such situation will be the cause of the accident.
- Such relationship might be happening between physician and other health professionals because physicians normally make orders to other professionals.

# How to Decrease Such Imbalance



## Why

- Imbalance of knowledge, understanding, information
- Age, gender, physical features
- Social status

## Decreasing

- Skills
  - Greetings, equal way of speech to everybody
  - Active listening, respect for other professionals
- Attitude
  - Non-judgmental
  - Interest in the differences in situational and historical viewpoints





# 5. Relationship with Normative Ethics

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- Utilitarianism
  - Sum of whole utilities among all the concerned people should be maximized.
- Deontology
  - How should we act? What are duties/rules?
- Virtue ethics
  - How should I become a person with virtue?



# Ethics, Evidence and Values

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- In clinical ethics, information is list up but sometimes no one knows the exit.
- In EBM, health professionals sometimes do not have any clear suggestion for the patient if there is no evidence.
- In VBP, different health professionals may have different opinion but it is positively accepted for the discussion (similar to open dialogue).
- When such fundamental discussion was held, normative ethics might be useful to find the exit.



# Summary

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- In Japan CBICS becomes the fundamental system for health/medical/welfare care.
- We disseminated VBP and developed its workshop to upgrade Japanese care system.
- There are several related concepts with VBP to improve CBICS.