WHAT IS GRECC CONNECT?
GRECC Connect provides primary care providers direct consultation with a VA Geriatrician and multidisciplinary team using the GRECC Connect Rural e-Consult.

- Provides collaboration with VA Geriatricians using e-Consultation and Teleconferencing/Video Conferencing.
- Focuses on Common geriatric syndromes
- Reviews screening instruments (fall risk assessment, cognitive screening, depression screening and caregiver burden)
- Offers recommendations for:
  - Interventions
  - Referrals to VA programs/benefits
  - Caregiver support
  - Medication Review

To Order a consultation in CPRS:
- Go to the main Consult Menu
- Select e-Consult
- Select GRECC Connect Rural e-Consult
- Follow template instructions; remember to click to expand the template.

Benefits of a Geriatric e-Consult

How can we help?

WHAT IS A GERIATRICIAN?
A geriatrician is an Internal Medicine or Family Medicine physician with an extra 1-2 years of fellowship training and board certification in Geriatric Medicine. Just as pediatricians are experts in the specific developmental needs of children, geriatricians are experts in the developmental need on the upper end of the age spectrum.

The primary goal of a geriatrician is to maintain function and independence in older adults. Geriatricians use their expertise in biological, functional, psychological, and social changes of aging to help patients achieve this goal. There is no set age for when a patient comes under the care of a geriatrician; however, patients who benefit most from geriatricians are those experiencing health problems that put their independence at risk such as: multimorbidity; common diseases of aging; and geriatric syndromes such as dementia, delirium, mobility impairment, falls, incontinence, weight loss, pressure sores, frailty, and polypharmacy. We see these problems most often in patients age 65+, and the average age of our patient panels are around 80+ years.

In time-limited clinical settings, it is difficult to sort through the myriad of problems an older adult can present with. Add to this, guidelines that developed from research that leaves out participants age 65+ and that can conflict or cause harm in this age group, and you can have a recipe for provider frustration and patient harm.

The GRECC Connect interdisciplinary team consists of geriatricians, a nurse, a social worker and a pharmacist who are here to help you – the busy PCP – with these difficult patients. The next time you see a patient who is having cognitive or functional decline, falling, or on multiple medications, please think about consulting our team for additional assistance.
Meet Your GRECC Connect Team

Meet three of the geriatric professionals on your GRECC Connect consultation team.

Sara E. Espinoza, M.D., M.Sc., AGSF
With more than 10 years experience in geriatrics, Dr. Espinoza currently serves as staff physician, researcher, and Associate Director for Clinical Programs at the San Antonio GRECC. Through her clinical activities at the South Texas Veterans Health Care System and her role as Section Chief for Research with the Division of Geriatrics, Gerontology and Palliative Medicine at UT Health San Antonio, she is actively engaged in research mentoring & clinical teaching to trainees at multiple levels. She is the Director of the GRECC Connect program in San Antonio.

Becky Powers, M.D.
Dr. Powers is a dual board-certified internist and geriatrician who has additional training in clinical research. She currently serves as a staff geriatrician at the San Antonio GRECC. She is a clinician/educator currently serving as UT Health San Antonio’s Director of Geriatrics & Palliative Care Resident Rotation, Associate Program Director for the Geriatric Medicine Fellowship, and Director of Geriatrics CME Programs including Geriatrics Grand Rounds and the SAGE Symposium. Her primary passion is geriatrics education and advocacy for older adults in healthcare settings and beyond.

Che Kelly, RN, MA Ed, CCRA
Ms. Kelly functions as a Clinical Research Nurse for UT Health San Antonio’s Barshop Institute for Longevity & Aging Studies. Her nursing career started in 1977 and in recent years has focused on clinical and research projects aimed at the prevention of age related diseases, such as diabetes and frailty. In addition, she serves the San Antonio GRECC Connect program by conducting pre assessment interviews with patients and family members referred for geriatric e Consults, providing invaluable background information for providers. On a personal level, she cares for an elder parent that lives in her home.

CME/CNE Opportunities >>>

GRECC Connect Case Conference Series

VA employees may receive CEU credit through TMS by preregistering for the GRECC Connect Case Conference Series. Take one or take them all! Geriatric professionals from all over the US present these timely topics.

April
4/6/18 - Overview of Dementia
4/20/18 - Geriatric Emergencies

May
5/11/18 - Pain Assessment & Management with Dementia
5/25/18 - Ethics in Dementia

June
6/1/18 - Skills Building: Conducting Family Meetings
6/8/18 - Modifiable Risk Factors

For more information on the GRECC Connect Case Conference Series visit: https://www.gerischolars.org/mod/page/view.php?id=1066

Join our monthly Grand Rounds for more CME opportunities.

April 19, 2018
Depression in the Elderly, Presented by Jose Mendoza, MD

May 31, 2018
Sepsis in the Elderly, Presented by Rex Paulino, MD

June 28, 2018
Chronic Wound Management, presented by Sandra Sanchez-Reilly, MD.

For more information go to https://www.facebook.com/Geriatric.Palliative.Fellows/
Caregiver Corner: Don’t let stress take control

Everyone feels stressed from time to time. There are different types of stress—a stressor may be a one time or short-term event, or it can be a problem that keeps happening over a long period of time. Examples of stress range from minor, daily hassles such as getting caught in traffic jams, sudden negative changes such as losing a job; traumatic stress due to life-threatening events, or long term challenges that can occur with providing care for a loved one with a chronic illness like Alzheimer’s Disease or other dementias.

Health problems can occur when stress is constant or ongoing. Chronic stress can directly affect a person’s health by suppressing immune, digestive, sleep, and reproductive systems, which may cause them to stop working normally. Chronic stress can also have indirect effects on health due to self-care neglect. Caregivers tend to report lower levels of physical activity, poorer nutrition, and sleep disturbances than non-caregivers. Caregivers may also be less likely to keep up with their medications and medical appointments. Caregivers may isolate themselves from friends or forgo enjoyable activities.

Over time, chronic stress may contribute to serious health problems, such as heart disease, high blood pressure, diabetes, and other illnesses, as well as mental disorders like depression or anxiety. Many caregivers find it hard to ask for help when they need it, which can add to stress. Caregivers may feel they should be able to do everything themselves or feel guilty about leaving their loved one in someone else’s care. As a Caregiver, the very best thing you can do for those who depend on you is to take care of yourself. Important self-care strategies for caregivers include taking breaks each day, spending time with friends, keeping up with hobbies and interests, staying physical active, eating healthy foods, and seeing your doctor regularly.

Activities that promote relaxation such as meditation, yoga, and tai chi are especially helpful for managing stress. Caregivers can also help manage stress by joining support groups and reminding themselves that it’s okay to ask for help from family, friends, and others. For more information about resources for caregivers, see the VA’s Caregiver Support website (https://www.caregiver.va.gov/) or contact the VA’s Caregiver Support Line at 1-855-260-3274.

Dementia Caregivers Support & Education Program

Classes are held from 11-12:00 PM in the GRECC Conference Room A323 at the Audie L. Murphy Memorial Veterans Hospital.

APRIL 13, 2018: The power of Positive Thinking in Dementia Caregiving

MAY 11, 2018: Making Memories

JUNE 8, 2018: Avoiding Burnout is Not Loving Less

A monthly “Orientation to Dementia” class is offered to Veterans and their caregivers. The content of the presentation is the same each month and caregivers are welcome to attend as many times as they wish and invite people in their caregiving support network.

Key topics are: What is dementia?, Key Resources for the Dementia Caregiver, First Steps to Take in the Caregiving Journey.

This class is held at 11:00 AM right before the above classes. For any questions or to RSVP, please call 210-617-5190.

**Please be aware that schedule is subject to change, we recommend you call Alicia Conde at 210-617-5190 a week in advance to confirm.**
The Audie L. Murphy Memorial Veterans Hospital joined the growing list of Veterans Affairs Medical Center sites that implemented a quality improvement initiative to decrease the use of potentially inappropriate medications (PIMs) prescribed to older adults during visits to the emergency room. The San Antonio GRECC’s Associate Director of Clinical Programs, Dr. Sara E. Espinoza, launched Enhancing the Quality of Prescribing Practices for Older Veterans Discharged from the Emergency Department (EQUiPPED) during FY 17. The program, developed by the Atlanta GRECC and led by Dr. Camille Vaughan, has successfully reduced the percentage of PIMs prescribed at other VA medical facilities. The promising results motivated Dr. Espinoza to bring the program to San Antonio. “Some of the most common kinds of offending drugs that we see given to older patients are muscle relaxants, antihistamines, and nonsteroidal anti-inflammatory drugs,” she explained, “and these medications, for various reasons, shouldn’t be used in older patients because they can cause adverse effects.”

In collaboration with pharmacists Heather Blacksmith and Mark Wong, Dr. Espinoza provided education sessions in which emergency room providers learned about pharmacokinetics in older adults and the importance of avoiding certain medications. In addition, the EQUiPPED team developed electronic order sets to help providers make better decisions when giving a prescription. The team monitors these decisions and Dr. Espinoza gives providers monthly feedback on how they are doing. “Their goal is to prescribe less than 5% of potentially inappropriate medications,” said Dr. Espinoza. “Our message is not to never prescribe these medications, but to do so sparingly after considering safer alternatives.”