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# Advancing Senior Health... for Real!

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A few months ago a diverse group of health care providers met in Philadelphia to openly discuss issues dealing with senior health care. The Advancing Senior Health (ASH) Conference was a unique meeting for several reasons.

First, it is important to point out what it wasn't—this was not a meeting of a single specialty; rather, it was focused on the **multi-disciplinary team** working together to advance senior health care. Although we have been talking about the importance of the multidisciplinary team, we have typically done so in a room filled with just one specialty. This conference was different. ASH provided an opportunity for all disciplines to come together and discuss what is best for seniors.

The second unique feature of the conference was that talking heads were replaced by conversation between audience and experts designed to discover ways to put best practices into **action**.

Third, the sessions focused on **critical issues** for senior health care led by true experts in those fields. For example, Dr. Mark Beers and I presented an update on the Beers Criteria and the newest extension of his widely used work. In contrast to the original Beers Criteria that describes medications to *avoid* when treating seniors, the new Preferred Beers Criteria describes medications that should be *available* to seniors.

This session addressed a serious

problem in the United States—medication-related problems, which have an enormous health care impact; however, many of these problems are preventable. In seniors, inappropriate medication selection causes unnecessary hospital admissions and side effects. Appropriate medication selection is especially critical for the elderly population because of the physiologic changes associated with aging, increased use of multiple medications, and potential for drug interactions.

Suboptimal medication selection is common. Criteria for assessing the appropriateness of medications for elderly patients can successfully be applied to the medication selection process. Optimizing prescribing, especially for central nervous system drugs used in dementia, depression, Parkinson's disease, and psychosis, provides health care practitioners with an opportunity to minimize adverse events, maintain function, and improve outcomes in the elderly population.

Opportunities for advancing senior care through improvements in exchanging health care records was a topic led by Dr. Jim Mault, a cardiothoracic surgeon who heads Microsoft's health care initiatives de-

scribed in detail at Microsoft's HealthVault ([www.healthvault.com](http://www.healthvault.com)). This is a Web-based system for storing and exchanging health records from multiple sources, including electronic health records from a physician's office to home-monitoring devices such as glucose monitors. Through improved access, this data can be better used to advance senior health care.

This meeting also represented the coming together of an **interactive community**, a community that is intent on growing via gatherings at other locations, use of the Internet for communications, and enduring materials from traditional print medium to podcasts.

For those of you who were able to participate, thank you, and for those of you who were not but are interested in advancing senior health care, now is the time to get on board.

Of course, none of this would have been possible without the support of each participant and each sponsor, most notably, Wyeth and Omnicare. The 2009 ASH Conference will be held on October 12-13 in Philadelphia. Please visit [www.ash-conference.com](http://www.ash-conference.com) where you can learn more, access the 2008 session slides, and register to receive updates as we plan for 2009. **MPM**

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