Do MCCs Matter in the ED?

October 1, 2025

THE AGING INITIATIVE

Advancing Geriatrics Infrastructure and Network Growth

GEAR 2.0 ADC

Geriatric Emergency Care Applied Research Network 2.0 – Advancing Dementia Care

AQ

Today's Speakers

Justine Seidenfeld, MD, MHS

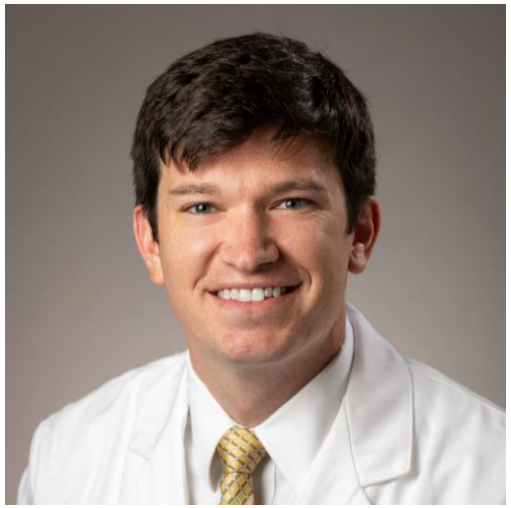
Durham VA Health Care System
Duke University School of Medicine

Jane Jih, MD, MPH, MAS

University of California San Francisco

AQ

Today's Discussants



Cameron Gettel, MD, MHS
Yale University

David Lynch, MD
University of North Carolina

Rosie Bartel
AGING patient/care partner advisor

AQ

Do Multiple Chronic Conditions Matter in the Emergency Room?

- JUSTINE SEIDENFELD, MD, MSH
- JANE JIH, MD, MPH, MAS

- OCTOBER 1, 2025
- AGING INITIATIVE WEBINAR

Disclosures

- We have no disclosures

Overview

- What are Multiple Chronic Conditions?
- Case Studies
- Take Home Points
- Discussion and Q&A

Multiple Chronic Conditions (MCC)

- Living with 2+ concurrent chronic medical conditions
- 2 in 4 midlife adults (52.7%) and 3 in 4 older adults (78.8%) report MCC
- MCC is the most common chronic condition
- Increasingly recognized and incorporated in clinical and health systems research
- High healthcare utilization in multiple clinical settings (ED/acute care, ambulatory care)
- MCC contribute to complex decision-making in acute ED care

Watson KB et al. Prev Chronic Dis 2025; DOI: https://doi.org/10.5888/pcd22.240539.

Case Study 1

Rm 6 - “WEAKNESS AND FALL”

78 y/o M
PMH: CHF, COPD, HTN, CKD stage III
Lives at home with a care partner

Unwitnessed fall; no head injury

Family helped him up, shoulder pain

Currently: weak, fatigued, “not himself”

Non-specific symptoms

Stabilize, treat pain

The fall is a symptom (not the diagnosis)

(CHF, COPD, HTN, CKD stage III)

My ED MCC Questions

- **Was this really a “mechanical” fall?**

(CHF, COPD, HTN, CKD stage III)

My ED MCC Questions

- **Was this really a “mechanical” fall?**
  - **Arrythmia/syncope?**
  - **Low blood pressure?**
  - **Hypoxia?**
- **Or something else entirely?**

(CHF, COPD, HTN, CKD stage III)

My ED MCC Questions

- **What is the change from baseline?**

(CHF, COPD, HTN, CKD stage III)

My ED MCC Questions

- **What is the change from baseline?**
  - **Not just physical; also cognition, home environment**

(CHF, COPD, HTN, CKD stage III)

My ED MCC Questions

- **Acceptable treatment tradeoffs?**

(CHF, COPD, HTN, CKD stage III)

My ED MCC Questions

- **Acceptable treatment tradeoffs?**
  - **Pain medication**
  - **Fluids**
  - **Antibiotics**
  - **Polypharmacy**

My ED MCC Questions

- **Are they safe to go home?**

My ED MCC Questions

- **Are they safe to go home?**
  - **Limited reserve → quick changes**
  - **Care partner burden at home**
  - **Timely follow up**
  - **Hospital admission has risks**

(CHF, COPD, HTN, CKD stage III)

My ED MCC Questions

- Was this really a “mechanical” fall?
- What is the change from baseline?
- Acceptable treatment tradeoffs?
- Are they safe to go home?

What else for person-centered care?

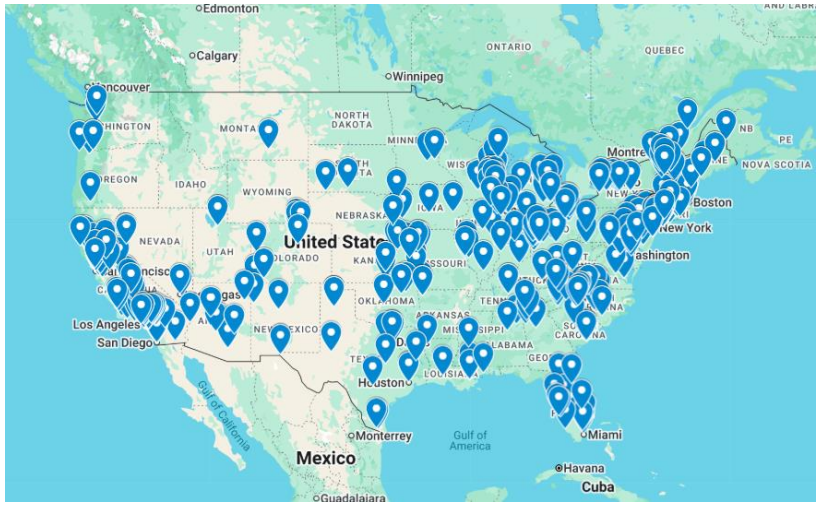
Age Friendly Health Systems

MULTICOMPLEXITY

...describes the whole person, typically an older adult, living with multiple chronic conditions, advanced illness, and/or with complicated biopsychosocial needs

MIND	■ Mentation ■ Dementia ■ Delirium ■ Depression
MOBILITY	■ Amount of mobility; function ■ Impaired gait and balance ■ Fall injury prevention
MEDICATIONS	■ Polypharmacy, deprescribing ■ Optimal prescribing ■ Adverse medication effects and medication burden
WHAT MATTERS MOST	■ Each individual's own meaningful health outcome goals and care preferences

Tinetti M, Huang A, Molnar F. The Geriatrics 5M's: a new way of communicating what we do. J Am Geriatr Soc. 2017;65(9):2115.



ACEP Geriatric Emergency Department Accreditation

HealthAffairs TOPICS JOURNAL

ENTRYPOINT AGING & HEALTH

Age-Friendly Care At The Emergency Department

Michele Cohen Marill

SECTIONS VIEW PDF PERMISSIONS SHARE TOOLS

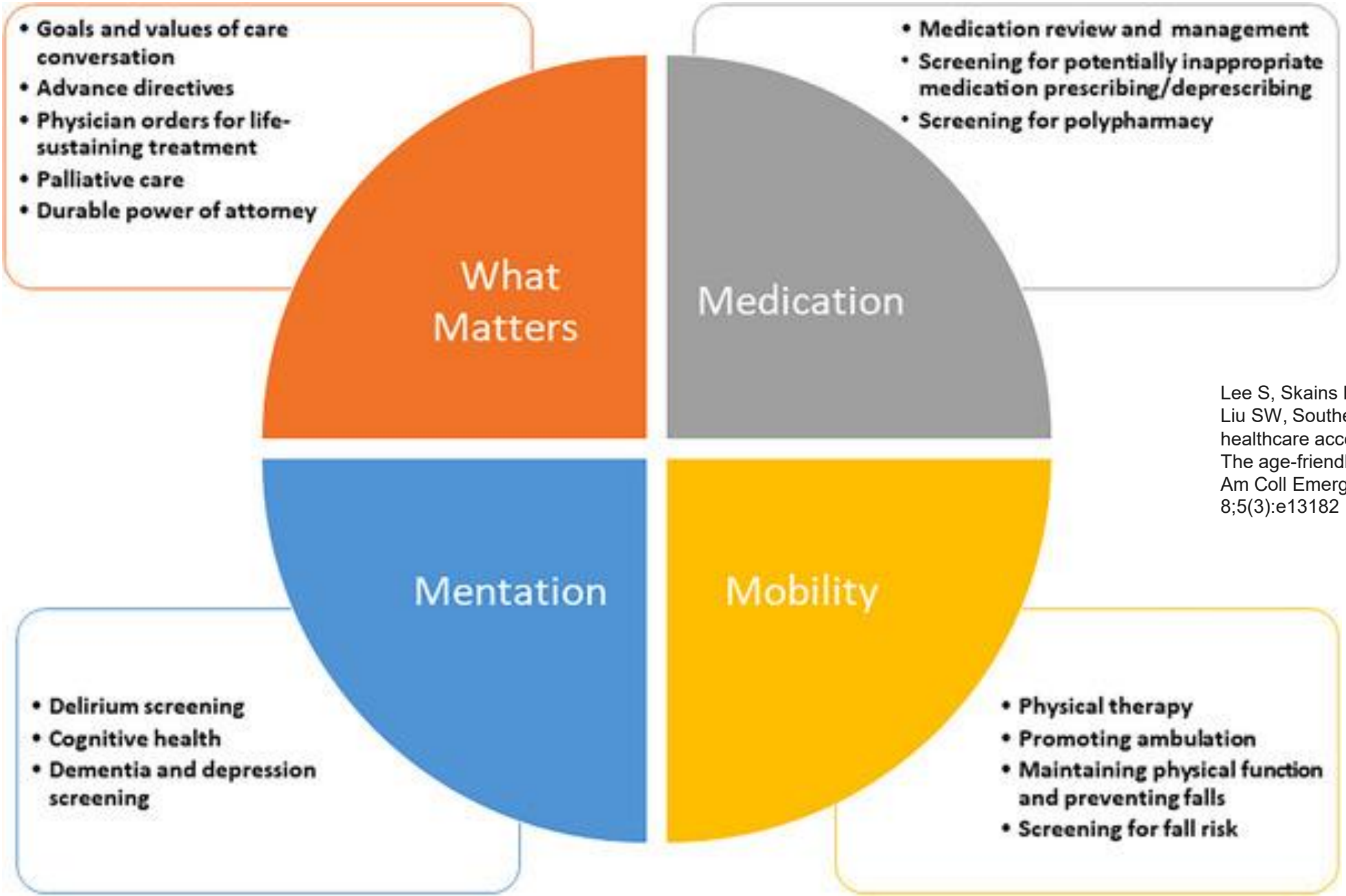
Abstract

Mount Sinai Hospital in New York City is at the forefront of an innovative approach to geriatric emergency care.

TOPICS

EMERGENCY DEPARTMENTS | OLDER ADULTS | NURSES | ELDER PATIENTS | PHARMACEUTICALS | PATIENT CARE | SYSTEMS OF CARE | EMERGENCY MEDICINE | HOSPITALS | HOSPITAL CARE

Care huddle: Every morning clinicians and other care providers participate in a huddle where they discuss the status and care plans of patients in the Geriatric Emergency Department at Mount Sinai Hospital in New York City. Pictured from left to right: social worker Megan Cambridge, care coordinator Brian Alvarez, attending doctor Angela Chen, and resident physician Elana Cohn.



Lee S, Skains RM, Magidson PD, Qadoura N, Liu SW, Southerland LT. Enhancing healthcare access for an older population: The age-friendly emergency department. J Am Coll Emerg Physicians Open. 2024 May 8;5(3):e13182

Transition of Care

- Safe and clear discharge plan
- Clear communication – verbal, written, electronic
- Follow up plan with primary care clinician

ED & Primary Care - Complimentary Team Members

Emergency Department	Primary Care
Time: Minutes to hours	Time: Months to years
Primary focus: stabilize, diagnosis	Primary focus: prevention, diagnosis, treatment
Patient Relationship: first encounter	Patient Relationship: longitudinal
Approach to MCCs: filter	Approach to MCCs: holistic

58 y/o F
PMH: DM2, HTN, dyslipidemia
CC: ran out of medications

Triage:
Blood glucose 378
BP 164/89

Initial ED Perspectives

Immediate priorities

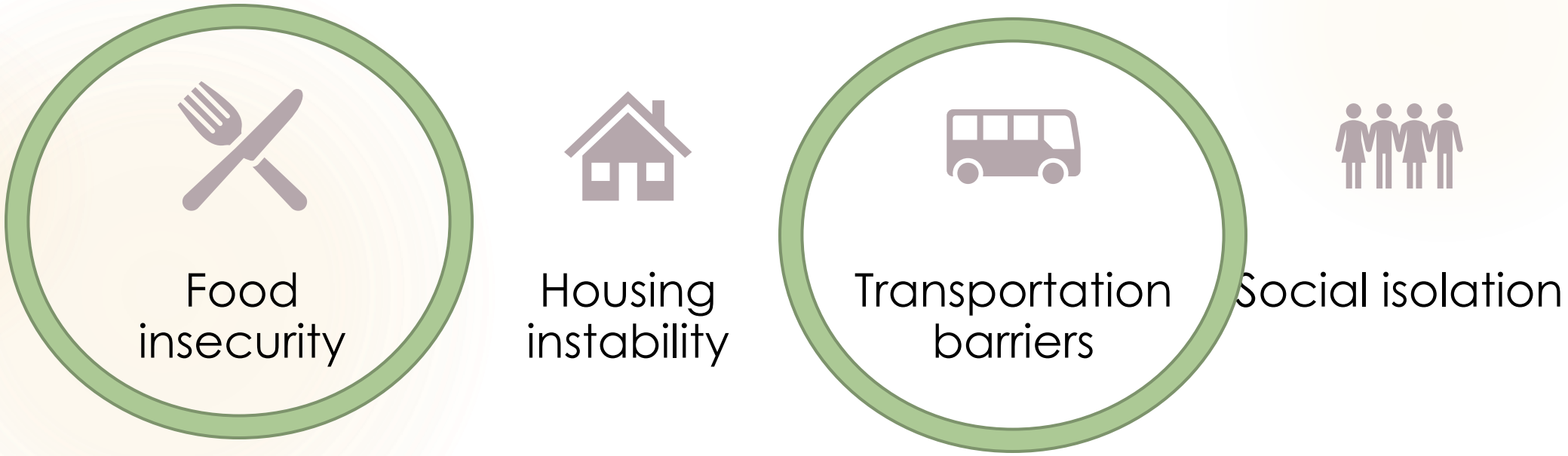
Medication refills

Safe disposition

(What else can I do to prevent the next ED visit like this?)

Upon further discussion:
Can only get to primary care clinic taking 2 buses
Making budget stretch at the end of the month to eat

Social Needs = unmet social needs affecting health for an individual patient



Chronic disease burden & food insecurity among older adults

	No Food Insecurity (n=2563)	Food Insecurity (n=989)
Age, mean ± SD (range), years	69.4 ± 10.2 (52-100)	61.9 ± 8.5 (52-97)
Race/Ethnicity		
White	76.5%	49.3%
African American	11.6%	20.9%
Latino	9.0%	22.9%
Other/Unknown	2.9%	6.9%
Number of Chronic Conditions		
0-1	19.4%	9.3%
2-4	49.1%	41.5%
5+	31.5%	49.2%
Cost-related medication non-adherence	9.2%	28.7%

Jih et al. Public Health Nutrition 2018.

MCC predicts food insecurity among older adults

	Adjusted Odds Ratio* (95% CI)
MCC 0-1	ref
MCC 2-4	2.12 (1.45, 3.09)
MCC 5+	3.64 (2.47, 5.37)

*Adjusted for age, sex, race and ethnicity, marital status, education, household size, employment, wealth, health insurance, housing type, self-rated health, tobacco use, body mass index and cost-related medication non-adherence.

Jih et al. Public Health Nutrition 2018.

Food insecurity

"That's what I got from Super Save. **That was what I can be able to carry on the bus and my money was low so I tried to get something that would stretch.** You know cause you can make a soup and have some crackers and honey buns like for dessert. The sugar was maybe for my tea. Does that have some popcorn there? I think it's some**. Stuff that kind of swells in our stomach to fill you up.**

[This photo] **was** [taken] **around the end of the month. It was like, well I think it was like 2 weeks. And I had to take what I had to make it stretch so we ate less**."

Jih et al. in preparation
NIA GEMSSTAR R03AG050880

Learn how the 5As of social care can improve overall health.

nationalacademies.org/SocialCare

- Awareness
- Adjustment
- Assistance
- Alignment
- Advocacy

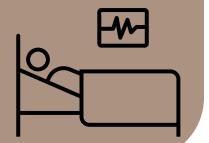
Awareness of social risk and needs…..

is becoming part of clinical practice

Ambulatory care

Emergency room

Inpatient care



Hunger Vital Sign™

A validated tool to screen for food insecurity

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

A patient or family **screens positive** for food insecurity if the response is "often true" or "sometimes true" to either or both of these statements.

FRAC
Food Research & Action Center

Learn more about screening for and addressing food insecurity in health care settings at FRAC.org

- Validated in multiple languages
- Used in EPIC electronic health record for food insecurity screening

Transportation Barriers

- Impacts an individual's ability to access health care (primary care, ED, pharmacy, labs)
  - Delayed care
  - Missed appointments
  - Inconsistent medication use
- Factors contributing to transportation barriers include low income, from a racial/ethnic minority group, functional limitations
- Multiple available screening questions
  - In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? *Yes/ No*

Original Investigation | Equity, Diversity, and Inclusion

Screening and Response for Adverse Social Determinants of Health in US Emergency Departments

Melanie F. Molina, MD, MAS[1,2]; Rebecca E. Cash, PhD, MPH[3]; Stephanie S. Loo, PhD, MSc[3] ; et al

Cite Permissions Metrics

JAMA Netw Open
Published Online: April 23, 2025
2025;8;(4):e257951.
doi:10.1001/jamanetworkopen.2025.7951

Table 2. Prevalence of Adverse Social Determinants of Health Screening in US Emergency Departments

Screening domains	Unweighted No. (n = 232)	Weighted % (95% CI)
Individual		
Housing instability	64	22.7 (16.3-30.6)
Food insecurity	45	14.9 (9.6-22.5)
Transportation difficulties	41	13.1 (8.2-20.2)
Trouble paying utilities	14	4.0 (2.1-7.6)
Intimate partner violence	179	80.0 (72.4-86.0)
Other exposure to violence	146	71.8 (63.6-78.7)
Substance use	170	81.2 (74.4-86.6)
Mental health	204	90.3 (84.9-94.0)
Composite		
Any adverse social determinant of health[a]	77	28.4 (21.0-37.2)
Other requirement-driven screening[b]	212	93.1 (89.2-95.7)

[a] Refers to housing instability, food insecurity, transportation difficulties, and trouble paying for utilities.

[b] Refers to intimate partner violence, other exposure to violence, substance use, or mental health conditions.

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Boarding Patients in Emergency Departments Nearly Doubles Daily Cost of Care, Study Finds

October 21, 2024

WASHINGTON, D.C. –Extreme delays associated with boarding in the emergency department have become a national public health crisis. A **study in the October issue of** *Annals of Emergency Medicine* is the first of its kind to detail the daily costs of boarding for a hospital.

Barriers to Person-Centered MCC Care in the ED

Take Home Points

- We are on the same team
- Should consider both medical and social complexity -> not able to address all at the same time in all clinical settings
- Resource limitations create real challenges
- Center patient and caregiver experiences and voices
- External system level barriers can not always be addressed

Thank you!

JANE.JIH@UCSF.EDU
JUSTINE.SEIDENFELD@DUKE.EDU

Comments from Discussants

CB,DL,RB

Q&A

Thank you!