For example, we can track the volume of virtual visits related to distance in miles saved. In the first 5 weeks, over 1,135 travel miles have been saved, with an average of 24 miles per virtual visit. Such information will help optimization of care delivery in the future. During this extraordinary period of social isolation and loneliness, it gave us a tremendous opportunity to provide virtual care widely, even among patients whom we doubted would adapt to the change. Our clinicians have turned their skepticism over the feasibility of providing virtual visits to older adults, embracing the emerging healthcare technology. Future studies will need to assess how this change in healthcare delivery affects patient care, outcomes, patient satisfaction, and clinician’s sense of completeness in caring for the geriatric patients.

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REFERENCES

1. Centers for Medicare and Medicaid Services. Medicare Telemedicine Health Care Provider Fact Sheet. 2020. https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet. Accessed April 16, 2020.

2. Kurlander J, Kullgren J, Singer D, Solway E, Malani P, Kirch M, Saini S. Virtual Visits: Telehealth and Older Adults. University of Michigan National Poll on Healthy Aging; 2019. http://hdl.handle.net/2027.42/151376. Accessed April 16, 2020.

3. Nasreddine Z. 2020. MoCA Montreal Cognitive Assessment. https://mailchi.mp/mocatest/remote-moca-testing?e=b79013d97c. Accessed March 20, 2020.

4. Centers for Disease Control and Prevention. Timed Up & Go (TUG). STEADY. 2017. https://www.cdc.gov/steadi/pdf/TUG_Test-prPrint.pdf. Accessed April 16, 2020.

5. Pinto-Meza A, Serrano-Blanco A, Penarrubia MT, Blanco E, Haro JM. Assessing depression in primary care with the PHQ-9: can it be carried out over the telephone? J Gen Intern Med. 2005;20(8):738-742.

6. Hampton JR, Harrison MJ, Mitchell JR, Prichard JS, Seymour C. Relative contributions of history-taking, physical examination, and laboratory investigation to diagnosis and management of medical outpatients. Br Med J. 1975;2(5969):486-489.

Intergenerational Digital Engagement: A Way to Prevent Social Isolation During the COVID-19 Crisis

To the Editor: Social isolation through home quarantine is the most effective strategy to prevent the spread of the severe acute respiratory syndrome coronavirus 2 and related complications; this is especially true for adults who are older than 80 years, are older than 60 years with multiple morbidities (more than two chronic diseases, like diabetes mellitus, type II, hypertension, or coronary artery disease), or have geriatric syndromes (like falls, frailty, or dementia) that put them at the highest risk of mortality related to the coronavirus disease 2019 (COVID-19) pandemic.1,2

However, evidence shows social isolation has many implications for older adults, including depression, generalized anxiety disorders, decreased sleep, and functional impairment.3 In the long run, if the isolation continues chronically (>6 months), it may accelerate cardiovascular and brain aging and dementia.4 The government of India, following the experiences of other countries, like China, has imposed a total lockdown for 21 days (starting on the night of March 23, 2020) and it may be extended further; this has left many older adults facing social isolation and its related complications. Recently, soldiers in Spain found several older adults dead in their beds while disinfecting residential homes.5

On the other hand, students are at home due to school lockdowns. They are bored, frustrated, and irritable due to a lack of meaningful indoor activities. The prolonged stay at home is likely to prompt the habit of excessive cell phone usage and its related mental health complications.6

We would like to suggest to both India and other countries that the COVID-19 crisis can be considered as an opportunity to revive the age-old connection between the youth and older adults with a multitude of positive implications.

There is evidence suggesting that a digital learning platform for children and older adults, including adults with dementia, has a positive impact on both generations by improving social interactions through intergenerational experience sharing.7 One study showed that older adults who provided internet-based tutoring to fifth-grade students became comfortable using computers, had improvements in mood, and had an enhanced quality of life from the interactions.8

In a correspondence with R. Armitage in Lancet,4 the author suggested online technology, telephone calls with family members, and volunteer community outreach programs
as a few probable solutions to help prevent social isolation and its related complications in older people.

Therefore, we consider interaction with the youth as an excellent way to keep older adults happy and connected through telephone and videoconferencing while also informing them about the need to stay home during the COVID-19 crisis. The youth can teach older adults about using digital platforms (e.g., a smartphone or a computer), which can be a helpful way to keep them engaged.

This process would not only reinforce intergenerational solidarity, but would also promote lifelong learning for older adults, which is an sustainable development goal 4 goal; it would prevent social isolation in the older adults and the youth would be enriched through social connection and knowledge sharing with older friends.

This model of a virtual relationship could be extended to face-to-face teaching for youth once the COVID-19 crisis is over. The authors have already tried this through the Non Governmental Organization Healthy Aging India, which is implementing an intergenerational learning model in multiple states of India. Retired older adults are teaching underprivileged schoolchildren in government schools in their area, and they are showing substantial improvements in mood and cognitive ability. Additionally, the schoolchildren are showing improvements in academic and life skill performance; these findings are supported by many studies globally.8,9

Therefore, the authors suggest that, while confined at home, people of both generations should pick up their telephones and connect with each other, regardless of whether they are across the country or across the globe.

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REFERENCES

1. Cheung JT, Yu R, Wu Z, Wong SY, Woo J. Geriatric syndromes, multimorbidity, and disability overlap and increase healthcare use among older Chinese. BMC Geriatr. 2018;18(1):147.
2. Zhou F, Yu T, Du R, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. Lancet. 2020;395:1054-1062.
3. Huang Y, Zhao N. Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 epidemic in China: a web-based cross-sectional survey. medRxiv. 2020;20288:112954.
4. Armitage R, Nellums LB. COVID-19 and the consequences of isolating the elderly. Lancet Public Health. 2020;5(5):256.
5. Jones S. Spanish Minister Says Older People Found “Dead and Abandoned.” https://www.theguardian.com/world/2020/mar/23/spain-distributes-610000-testing-kits-as-coronavirus-deaths-rise-steeply. Published March 23, 2020. Accessed April 28, 2020.
6. Shoukat S. Cell phone addiction and psychological and physiological health in adolescents. EXCLI J. 2019;18:47.
7. Gualano MR, Voglino G, Bert F, Thomas R, Camussi E, Silisquini R. The impact of intergenerational programs on children and older adults: a review. Int Psychogeriatr. 2018;30(4):451-468.
8. Newman S, Hatton-Yeo A. Intergenerational learning and the contributions of older people. Ageing Horiz. 2008;8(10):31-39.
9. Ghosal A. Intergenerational Learning Centre: An AIIMS Idea Brings Young, Old Together in Capital’s Classrooms. https://indianexpress.com/article/cities/delhi/intergenerational-learning-centre-an-aaims-idea-brings-young-old-together-in-capitals-classrooms-5157825/. Published May 1, 2018. Accessed April 28, 2020.

During COVID-19, Outpatient Advance Care Planning Is Imperative: We Need All Hands on Deck

To the Editor: A woman with a history of obesity, diabetes, cardiovascular disease, and end-stage renal disease was admitted to an overburdened New York hospital with respiratory distress due to coronavirus disease 2019 (COVID-19). At the time of admission, she was unable to speak for herself, and given restrictions on visitation, it took much effort to find her daughter who did not know the patient’s medical wishes. Before COVID-19, the daughter had accompanied her wheelchair-bound mother to all of her appointments including visits with an endocrinologist, cardiologist, primary care doctor, and physical therapist in the preceding 3 months, as well as dialysis appointments three times a week. However, advance care planning (ACP) had never been discussed.

The COVID-19 pandemic has clinicians, health systems, and governments working on multiple fronts to keep people from getting sick and care for those who fall ill. Accordingly, much attention has been given to increasing hospital capacity, ramping up testing, and developing therapeutics or a vaccine. Alongside these efforts, we see an urgent need to prepare older adults and other at-risk populations for the possibility of severe illness through a massive upscaling of ACP in the outpatient and nursing home setting. To do this will require a concerted effort by all clinicians and allied health professionals.

The process of ACP, which involves selecting a surrogate decision maker, documenting wishes, and having conversations about what is important in one's life, is our best mechanism for aligning treatment with patients' goals. Although planning before possible decisional incapacity is always important, the strict visitor restrictions implemented to reduce in-hospital spread of COVID-19 compound the urgency for ACP. With nobody at the bedside to speak on their behalf, incapacitated