

ARCHETYPE 1: James and Molly

James, a 70-year-old with a history of multiple chronic diseases, has been forgetful with bills and other household chores.

He and his wife Molly are becoming very concerned about his behavior.

James is often sleepless and paces around the house late into the night.

They visit his primary care doctor to share their observations, but their concerns are dismissed.

"FORGETFULNESS DUE TO NORMAL AGING. CONTINUE CURRENT MEDS. NO FOLLOW-UP REQUIRED."

THREE MONTHS LATER...

James falls and hurts his leg and arm getting out of his car. Molly rushes him to the emergency room.

WHERE IS MOLLY? I'VE BEEN HERE FOR 5 HOURS.

WHAT IS THIS THING IN MY ARM?!

WHY IS IT SO NOISY? WHEN CAN I GO HOME?

DON'T WORRY, JAMES, THIS MEDICATION WILL HELP YOU REST.

While in the emergency room, James becomes disoriented and agitated. He is given sedatives and admitted for a few days.

MOLLY, HOW LONG DO I HAVE TO STAY HERE?

I DON'T KNOW, DEAR.

Molly reduces her work hours to be with him.

CURRENT PATHWAY...

IDEAL PATHWAY...

James and Molly visit his primary care doctor to share their concerns. Validating their concerns, the team assesses James using the 4Ms framework. They document their findings and develop a care plan.

ADJUSTING MY MEDICATION HAS MADE ME FEEL SO MUCH BETTER. I'VE BEEN ABLE TO KEEP UP WITH MY GARDENING, WHICH I ENJOY SO MUCH!

THAT'S GREAT TO HEAR, JAMES! WE'LL RE-ASSESS HOW YOU ARE FEELING AT OUR NEXT VISIT AND MAKE ADJUSTMENTS TO YOUR CARE PLAN, AS NEEDED.

FOUR MONTHS LATER...

James enrolls in a balance class at the local gym and receives home-based physical therapy.

Molly and James learn tips about brain health and receive referrals to caregiver support and respite services.

James' trajectory shifts from crisis-driven care to stability and dignity at home.