



Cultivating a Culture of Caring for Older Adults Within a Large Health System in O.C.

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Background

By 2040, almost 1 in 4 people in Orange County (O.C.), CA will be 65 years of age or older. The estimated number of Geriatricians needed to care for this current older adult population is 177. With the lack of Geriatricians needed to serve this rapidly growing population, the burden of their care falls on primary care providers.

As the only university in Orange County with strong medical and nursing geriatric education and clinical programs, the University of California, Irvine (UCI) through funding from the **HRSA Geriatric Workforce Enhancement Program** responded by developing a comprehensive intervention to build a more responsive, agile workforce by integrating geriatric skills, knowledge and health delivery process into major primary care sites.

Methods

UCI exported models of care from its **SeniorHealth Center**, a premier primary care and consultative clinic for older adults to AltaMed- the nation's largest Federally Qualified Health Center.

Methods

At AltaMed's 43 clinic sites, elder care represents at least one-third of services.

UCI developed and presented four 2-day symposiums (16 hours) followed by a 6-month mentorship program which strengthened the integration of geriatric-focused clinical care to busy primary care patient visits. In total, 39 providers were trained, representing 30 clinics.



UCI developed and presented 16 hours of Geriatric focused content:

- Cognitive and Mood Disorders
- Blood Pressure Management
- Polypharmacy
- Annual Wellness Visits
- Gait Impairment

Results

Overall, 39 providers and 44 support staff participated in the program. The impact of the training program was evaluated through ICD-10 code prevalence of geriatric conditions. At 6-month intervals ICD-10 codes were evaluated. Quality of care delivered by providers who went through the training program was superior in the following domains compared to their untrained counterparts: **advanced directive care** (92.7% vs 90.1%), **dementia care** (3.5% vs 2.4%), **fall history** (2.3 vs 1.5%), **immunizations** (49.3% vs 45.7%), and **mammograms** (12.6% vs 10.1%), all statistically significant with $p < 0.05$. At the AltaMed Clinic with the most senior patients, the trained providers were 18% more likely to code geriatric syndromes; and at the clinic which had the most support staff attend training, the trained providers had an increase of geriatric coding of over 11%.

Conclusions

The quality of care and documentation of patient complexity improved for those providers who participated in the training intervention as evaluated by ICD-10 coding.

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