UC Irvine Residents Get Up and Go!

Integrating Geriatric Specialty Care into Continuity Panels

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Background

As the patient population ages, primary care is faced with a looming shortage of geriatricians. In Orange County alone, in 2016, 13.5% of the county's population is 65 and older. This population is projected to nearly double by 2040, when almost one in four residents will be 65 or older.[1] The estimated number of geriatricians necessary to meet the health needs of the current older adult population is 177.[2] There are approximately 41 physicians Board-Certified in Geriatrics practicing in Orange County.[4]

Purpose

- Empowering Primary Care Physicians to provide Geriatric Specialty Care will help address the lack of access to Geriatrician Providers.
- Introduction of the FHC Santa Ana Geriatric Specialty Clinic will train Residents and Faculty together to care for this vulnerable population.
- Exposure to the Geriatric Clinic allows Residents to bring Geriatric Care to their own patients, with an in-house clinic available at any time if higher needs arise.

Project Overview

- Clinic implemented May 2016
- Weekly half-day (Wednesday AM session), with patient care appointments scheduled for 40 minutes to allow for detailed care discussions.
- Initial availability of 4 slots, with eventual expansion to 8 slots. Resident to see patients in parallel with Geriatric Nurse Practitioner.
- Clinical evaluation and decision-making aided by Geriatric Physician, Geriatric Fellow-in-Training, or Geriatric Nurse Practitioner. Final assessment and plan staffed with Attending Physician Preceptor of General Resident Continuity Clinic.
- After visit, recommendations made to Resident PCP. Care recommendations evaluated by Resident PCP and implemented as appropriate.

Key Services

Chronic Conditions and Goals of Care Assessments	Aging-Related Conditions and Memory Screening	Mental Health and Elder Abuse Screening
• Diabetes and HTN management • Income and poverty level affecting ability to afford medications, housing, or food • Hospitalization Review • Completion of POLST forms	• MOCA and MMSE • ADL and IADL checklist • Alzheimer's Disease and Dementia evaluation (in conjunction with Neuropsychiatric Clinic) • Fall Incidence	• Coping with grief, loss of independent living, and depression • Suicidality screening • Elder Abuse

Method

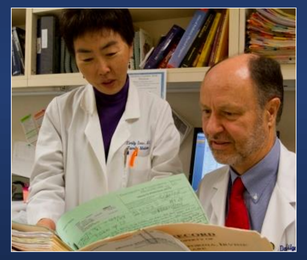
Step 1

Resident Referral to In-House Geriatric Clinic via screening their own patient panel and identifying high risk individuals likely to benefit from detailed specialist evaluation. Resident sets tone prior to clinic visit by highlighting focus of visit (Memory evaluation, Goals of Care discussion, ADL/iADL screening).

Step 2

Patient seen by Resident and Geriatric Provider. 40 min appointment allows for Geriatric ROS in accordance with the Annual Medicare Wellness Visit and performance of basic memory testing and Depression screening. Completion of POLST forms and polypharmacy management are also performed as appropriate.

Step 3



Patient care staffed with general teaching faculty. Geriatrician assists Clinic Attending in facilitating care decisions with resident, providing edification for both resident and general faculty. Pharmacists, Behavioral Health social workers, and ancillary staff are all available to participate in care if needed for an interdisciplinary, patient-centered approach to care in the patient's home clinic.

Step 4

Patient returns to Resident Clinic after being screened for common geriatric complaints to receive ongoing care. Resident maintains their continuity, now augmented with a heightened awareness of the patient's specific risk factors. Resident provider is able to carry out recommendations of Geriatric Clinic, with re-referral if necessary.

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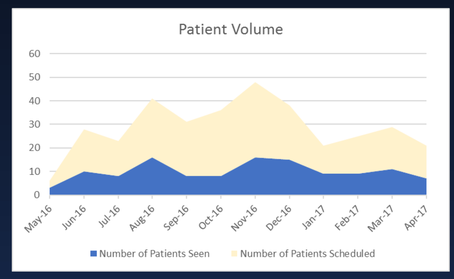
Results



- Improved access to memory testing
- Completion of POLST forms and Advance Directive discussions
- Pharmacological regimen simplification
- Age-appropriate health maintenance screening reinforced
- Increased provider comfort and confidence in geriatric treatments

Conclusion

- Family Medicine residents will be facing a booming geriatric population as they leave training and enter independent practice
- Programs need to seamlessly incorporate a solid foundation of geriatric training into the resident competencies
- A weekly Geriatric Specialty Clinic at the resident's home base clinic allows for consistent high-quality exposure to elderly health practices
- Internal referral results in resident provider maintaining continuity and actively implementing the specialist recommendations, allowing the trainee to become well-versed in geriatric clinical concepts and comfortable providing complex care
- As the growing needs of the geriatric population come to the forefront of primary care, our model serves as an effective template to create proficiency in caring for our aging

Works Cited

1. Orange County Healthy Aging Initiative. (2016). Orange County Older Adult Profile, 2016.
2. American Board of Internal medicine and American Board of Family Medicine. (December 2015).
3. Board-certified Geriatric Medicine physicians. 17 American Geriatric Society's Workforce Policy Studies Center. (April 2015). Estimate of percent of adults 65+ in need of geriatrician services.
4. Nielsen Claritas. (2015). Current older adult population estimate.