

Age-Friendly Health Systems: Creating Meaningful Change in Outpatient Primary Care

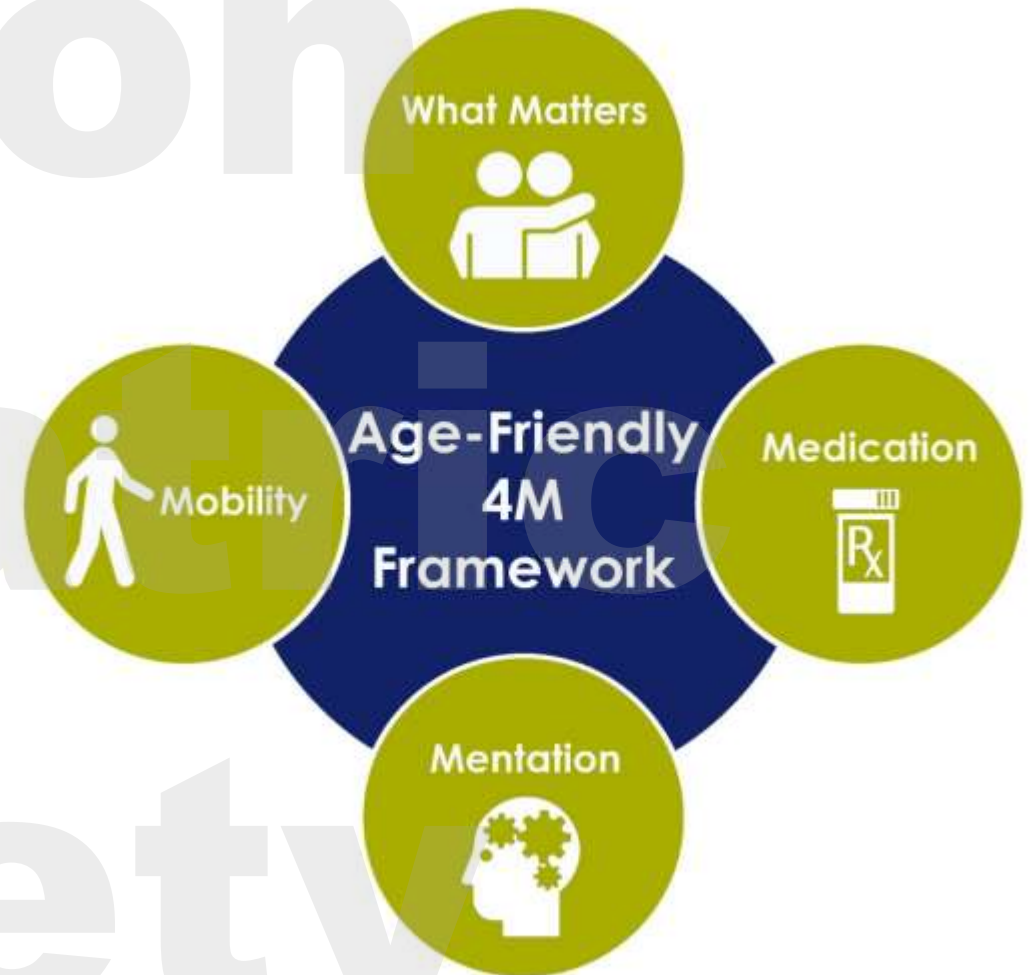
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Providence Health & Services – Oregon

2021 Oregon Geriatrics Society

October 1, 2021



Oregon

Geriatric

We have nothing to disclose

Society

Oregon

Objectives

1. To describe the introduction of the Age-Friendly Health System to Providence using the 4M Framework
2. Describe examples of clinical application and innovation of Age-Friendly 4M work in the primary care setting

Society

Age-Friendly Health Systems

Pioneer Participants 2016-2020



The John A. Hartford Foundation



Institute for
Healthcare
Improvement



Anne Arundel
Medical Center



ASCENSION



Trinity Health



What Matters

Steps to a “What Matters Discussion Guide”

- Identified staff with a **passion for this work**
- Developed a set of questions to **frame a discussion**
- **Tested** the discussion guide with real patient/family discussions across settings
- **Provided education to key staff** groups – Care Managers, Social Workers, Palliative Care team members
- Integrated the What Matters discussion guide **into our Epic EMR**
- Incorporated metrics into broader **Palliative Care dashboard**

Advance Care Planning Summary In Epic

OCPLY - PROV HC VALVE - DESITTEL - LINDA D. - Training

Epic Dragon Login Schedule In Basket Patient Station Phone Book Patient Lists My Reports Chart Telephone Call User SmartSets The Dial Print Secure Log Out

Testbuild, Alice TRAINING LINDA D. Search

Testbuild, Alice Address: 1815 NE Halse... MRN: 20... CSN: 50... MEDICARE PART... MyChart: In... Pref Lan... Allergies... HM Due?... Anti... POLST:... Last Ht: None Last BMI: None
 Sex: Female, 76 y.o., 02/08/1944 Hm: 503-555-1111 Cell... SSN: xxx... Race: W... PCP: ABE... Researc... Infection... BPA: (3) Last Wt: None

Summary Cardiology Snapshot Meds History Labs Pain ACP

Advance Care Plan

None No Unknown None
 POLST Advance Directive Code Status Notes

POLST Create/Update POLST

Advance Directive Documents (Scanned) Go to ACP Conversation Summary / Go to ACP Navigator

Document Type	Status	Received On	Received By	Description
Power of Attorney	Not Received			
Advance Directive	Yes-At other location	02/09/19	Hannah Aberdeen	

Current Code Status

Date Active	Code Status	Order ID	Comments	User	Context
Not on file					

Current as of: Mon 2/17 5:21 AM. Click to refresh.

Vitals from encounters over the past 1095 days Growth Chart
 No data recorded

OB/Gyn Status LMP: Unknown

Allergies Not on File
 Open Allergies Activity Never Reviewed

Medications Prior Authorizations
 None
 Mark as Reviewed Never Reviewed

Problem List



Oregon
Geriatrics

Sensory
Mentation

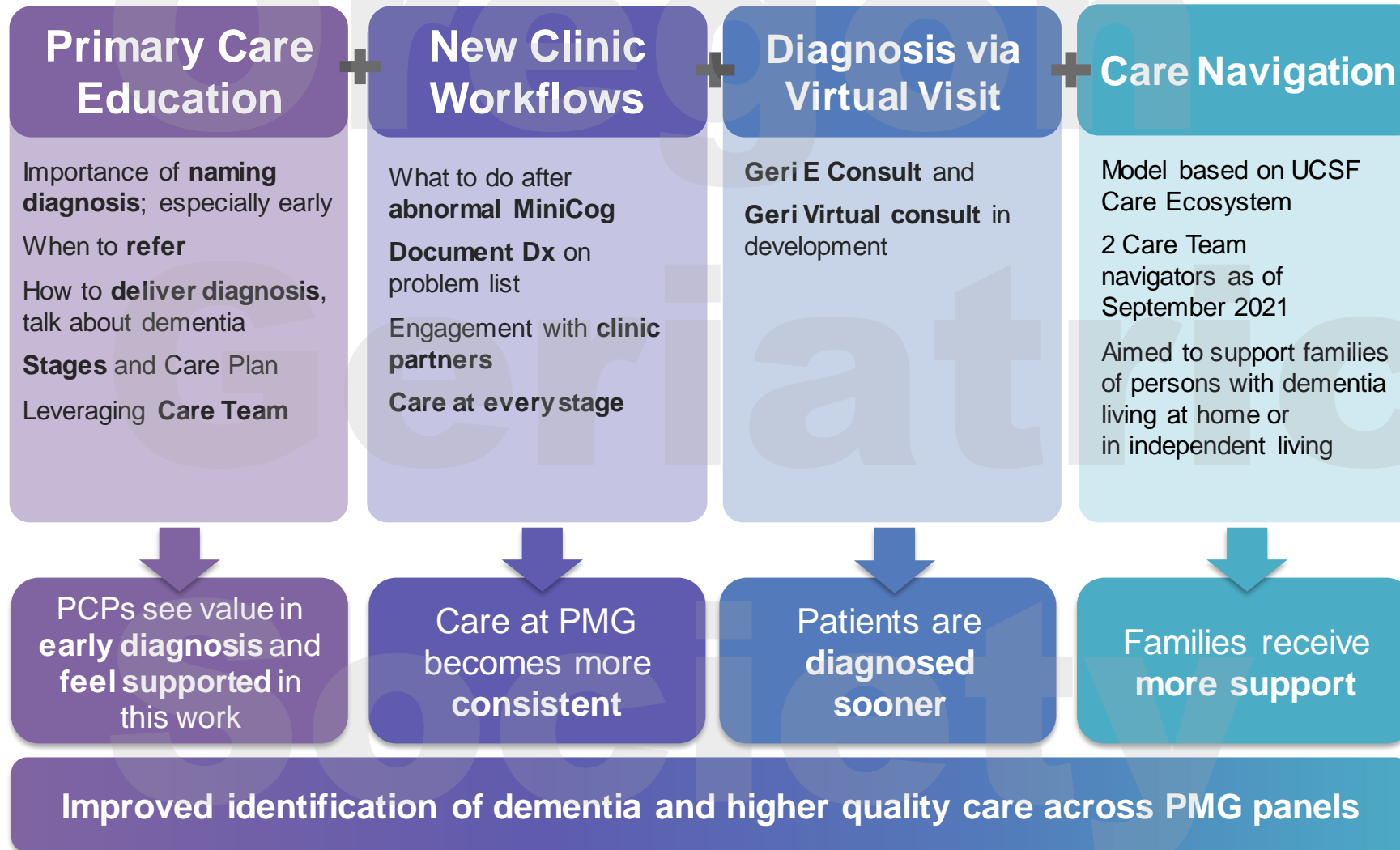
Dementia Care Pathway Project

Problems we're trying to solve

- **Under-diagnosis of dementia** in primary care
 - bad for patients/families
 - lost revenue opportunities – not getting paid for care we are providing (HCC)
 - results in inappropriate/excessive/harmful hospitalizations and medical therapies/meds
- **Lack of consistent dementia care**
 - No standard workflows (after failed Mini Cog, Initial diagnosis, Stages, etc)
 - Variation in care for patients across PMG
- **PCPs do not have the support they need** to do this well
 - PCPs have little training, especially around early diagnosis
 - Limited experience; for some panel includes only a small number of geriatric patients
 - Varied levels of support from clinic partners (care manager, PharmD, BH)
- **Inadequate support for families** who feel ill equipped to handle many of the symptoms, and are suffering

Dementia Care Pathway Project

Proposed Interventions to break down barriers





Medication

Medication: Age Friendly Solutions

Education

New pharmacist orientation now includes learning geriatric principles of prescribing + deprescribing

Increasing Spread

Started 1-year geriatric pharmacy residency program (PGY2) in 2021

Workflow Changes

New Best Practice alerts in Epic EMR to alert and assist prescribers of high-risk medications and doses for seniors



Mobility

Fall Risk Management

Building a Providence Fall Risk Management Program

The 4Ms through the lens of Mobility

Community-Based Education

1,500 community members served across 14 counties * Taught by PT/OT and Pharmacist *

Clinic-Based Fall Risk Management Models

PMG/Rehab-Fall Risk Screening
Fall Risk Visits
Training and Retraining on clinical approach

Serving Those at Highest Risk to Fall

Seniors at risk to Fall After Emergency Room visits (SAFER)
Home Safety Assessments

High Risk

Rising Risk

Lower Risk

A landscape photograph of rolling hills with a single tree on the right. A large, semi-transparent watermark of the word "Oregon" is overlaid across the top half of the image.

Oregon

80,000:3

Older Adult Patients seen annually : Geriatric PCPs in
Providence Medical Group-OR

The Geriatric Mini-Fellowship



- 6-7 fellows per year
- 4 weeks (non-contiguous)
- April, May, Sept, Oct
- Lectures, case studies, reflective writing, interactive exercises
- Practice improvement projects between weeks

Geriatric Mini Fellowship Curriculum Overview

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 Intro + Medication	Geriatric Assessment, Multi-morbidity & The Care Team		De-prescribing & Prescribing Pearls for the Older Adult		Driving
	Sensitivity Exercises	Case Review	Role Play/ Practice Skills	Clinic Planning	Case Review
<i>Wednesday-Thursday: Joined by clinic staff (Pharm D)</i>					
Week 2 Mobility	Fall-focused History, Physical Exam & Interventions		Frailty and Falls	Integrate Fall Risk Management	Anxiety and Depression
	Case Review		Fall Risk Clinic Practice Skills	Clinic Planning	Meet Alumni
<i>Thursday: Joined by clinic staff (NQS)</i>					
Week 3 Mentation	Cognitive Evaluation	Disclosing the Dementia Diagnosis	Family Support & Challenging Behaviors	Build Dementia Care Team	Hospice & End of Life
	Case Review/Practice Skills			Clinic Planning	Case Review
<i>Thursday: Joined by clinic staff (Care Manager)</i>					
Week 4 What Matters	Prognosis, Advance Care Planning & Symptom Management			Advance Care Planning Strategies	Decision Making Capacity & Frailty
	Vital Talk Practice skills: Honor Emotions, Deliver Serious News, Reframe Goals			Clinic Planning	Case Review
<i>Thursday: Joined by clinic staff (Care Manager)</i>					

Outcomes

After the Providence Senior Health Geriatric Mini-Fellowship:

Patients are receiving better care and are highly satisfied

- 26%-point increase in fall-risk follow-up care
- 1.3%-point increase in documented dementia
- 2%-point increase in goals of care conversations
- 97% patient satisfaction

Providers are 59% more confident and more knowledgeable in geriatric care

Healthcare spend was reduced by ~\$563,000

“This connected me
back to the
heart of
medicine”

Stephanie Cha, MD

Impact on the Fellows

**Fellows were feeling
burned-out and got re-
energized**

**100% fellows still
practicing** despite feeling at a
“low point in my attitude about
medicine” and “feeling emotionally
burnt out” prior to training. All report
feeling more confident & satisfied a
year after the program ended.

**100% of participants led
new geriatric initiatives
at Providence** within the year
following the program

"Kotters Eight Steps of Change"



■ Kotter, John P. and Cohen, Dan S. The Heart of Change. Boston: Harvard Business School Press

The background of the image consists of a light blue surface with several concentric ripples from water droplets. The ripples are centered around three main points: one in the upper right, one in the center, and one in the lower left. The text is overlaid on this background.

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Conclusions

- The **4Ms** are a **great framework** that resonates broadly
- System-change is hard, especially now
- **Interdisciplinary approaches** work best
- AFHS work can be done in **small ripples** plus grander vision
- Use roles of influence as **change agents** and **nurturing educators**
- **Be realistic and know when to pause**
- **Celebrate wins**, small and large



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Questions?