Implementing High-Quality Primary Care

Project Scope Recommendations

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Our Mission

Improve the health, independence, and quality of life of all older people

Our Vision for the Future

We are all able to contribute to our communities and maintain our health, safety, and independence as we age; and older people have access to high-quality, person-centered care informed by geriatrics principles
Who are geriatrics health care professionals?

Geriatrics health professionals are pioneers in advanced-illness care for older adults, focused on:

• championing interprofessional teams
• eliciting personal care goals
• treating older people as whole persons rather than focusing on a single organ or disease.

Geriatrics is a primary care specialty with multiple roles within systems, including consultative care.
## Geriatrics Health Care: the 5Ms

| Multi-complexity | Caring for the whole older person:  
|                 | • Managing multiple chronic conditions  
|                 | • Addressing other important factors, such as living conditions, social concerns, etc. |
| Mentation        | Care focused on the mind:  
|                 | • Maintaining mental activity  
|                 | • Managing unique mental health concerns like delirium, dementia, and depression |
| Mobility         | Care focused on physical function:  
|                 | • Supporting the ability to walk/remain mobile  
|                 | • Preventing falls and other common injuries |
| Medication       | Care focused on prescribing:  
|                 | • Reducing the need for several medications (polypharmacy) through deprescribing  
|                 | • Building awareness of medication side effects |
| What Matters Most | Care focused on incorporating personally meaningful outcomes, goals, and preferences into treatment plans |

*Adapted from Molnar, Huang, Tinetti*
Workforce and Training Concerns

• There is a workforce crisis, with a disappearing supply of primary care physicians, including geriatricians.

• By 2025, there will only be 6,230 geriatricians leaving thousands without this expertise. *

• Encouraging future healthcare professionals to train in geriatrics is challenging due to financial disincentives.

• The drive for efficiency and increased productivity is a barrier to the comprehensive approach required in care.

• Health care facilities do not require training for their professional workforce in care of older adults with complex conditions.

• Training clinicians to work in teams is often lacking.

Workforce and Training

Project Scope Recommendations

• Acknowledge that a fully integrated interprofessional team is critical to providing high quality primary care to older adults.

• Address regulatory barriers for practice by nonMD healthcare professionals thereby helping to alleviate the physician shortage and encourage team-based care.

• Mandate GME training in geriatrics competencies (the 5 M’s) for all health professionals treating older adults.

• Recommend training for clinicians to work in teams.

• Encourage states and the federal government to create loan forgiveness, scholarship and financial incentives for clinicians entering geriatrics to help offset financial obstacles.
Delivery System and Payment Reform

Concerns

• The work of geriatrics primary care is not adequately recognized in the fee-for-service payment system:
  • Payment is volume-based.
  • Payment is single practitioner-oriented (not team).
  • Payments are inadequately adjusted for complexity.
• There is a significant mismatch between provider payment and responsibility.
  • Documentation (e.g. SNFs, home care, etc)
  • Care coordination
  • Communication
  • System-based issues
Delivery System & Payment Reform

*Project Scope Recommendations*

- Incentivize providing care for complex patients
- Encourage innovative primary care models with infrastructure support, funding, and a shift in focus.
- Foster performance-based care (i.e. capitated payment models) which values and supports teams for complex high cost patients, such as CPC+.
- Advance and implement quality and risk adjustment measures which address the care of complex patients.
- Invest in studying whole person outcomes (e.g. care congruent with patient goals) rather than individualized metrics.
- Decrease regulatory induced burdens for PCPs.
Recommended AGS Resources

Person-Centered Care: A Definition and Essential Elements. American Geriatrics Society. 2015.  

AGS Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults  
https://geriatricscareonline.org/ProductAbstract/american-geriatrics-society-updated-beers-criteria/CL001/?param2=search

Guiding Principles for the Care of Older Adults with Multimorbidity  
Other Recommended Resources


http://www.medpac.gov/docs/default-source/reports/jun19_ch5_medpac_reporttocongress_sec.pdf?sfvrsn=0