

Advancing Geriatric Education through Quality Improvement (AGE QI): A Novel Approach to Improve the Care of Older Adults

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Mission Statement

To enhance primary care physicians and their staff to successfully manage the complicated health care issues in the older adult by providing education, methods and tools.

Need for Change

- U.S. 65+ population – predicted to double 2030
- IOM 2008 Report: “Healthcare provider competency to care for older adults needs to be improved through significant enhancements in educational curricula and training programs”
- Most 65+ year-old patients receive care from primary care providers; many of whom lack specialized geriatric training

Learning Objectives

- Recognize the importance of comprehensive geriatric assessment that encompasses the aspects of cognitive, physical and psychosocial/spiritual functions
- Proficiently assess the older adult’s functional ability, and cognitive, mental health and socio-environmental status
- Develop and implement a QI project targeting a specific clinic need (e.g., polypharmacy, fall-risk assessment, advance directive) identified for geriatric patients in his/her practice

Four-Step Intervention

1. Presentation of a geriatric assessment didactic session to all clinic staff (Session I)
2. Conduct a planning meeting to identify a QI geriatric project and create a plan for implementation (Session II)
3. Provide six months of individualized clinic support, including computerized tools, work process re-engineering, performance feedback, educational materials and training for frontline staff
4. Award up to 20 AMA PRA Category 1 Credits™ to participants and discuss project results (Session III)



Session I



Session II



Session III

CME Credit Criteria

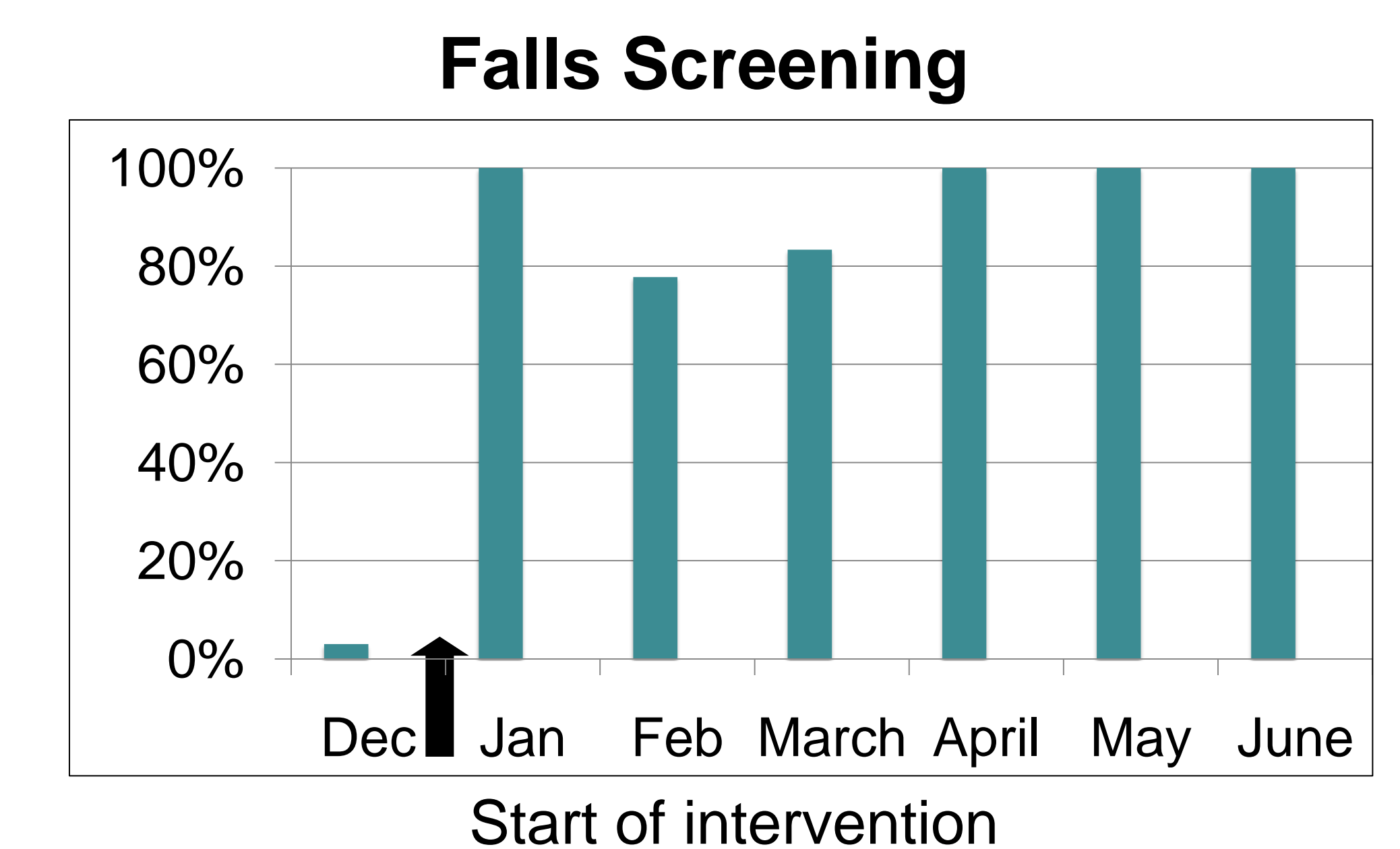
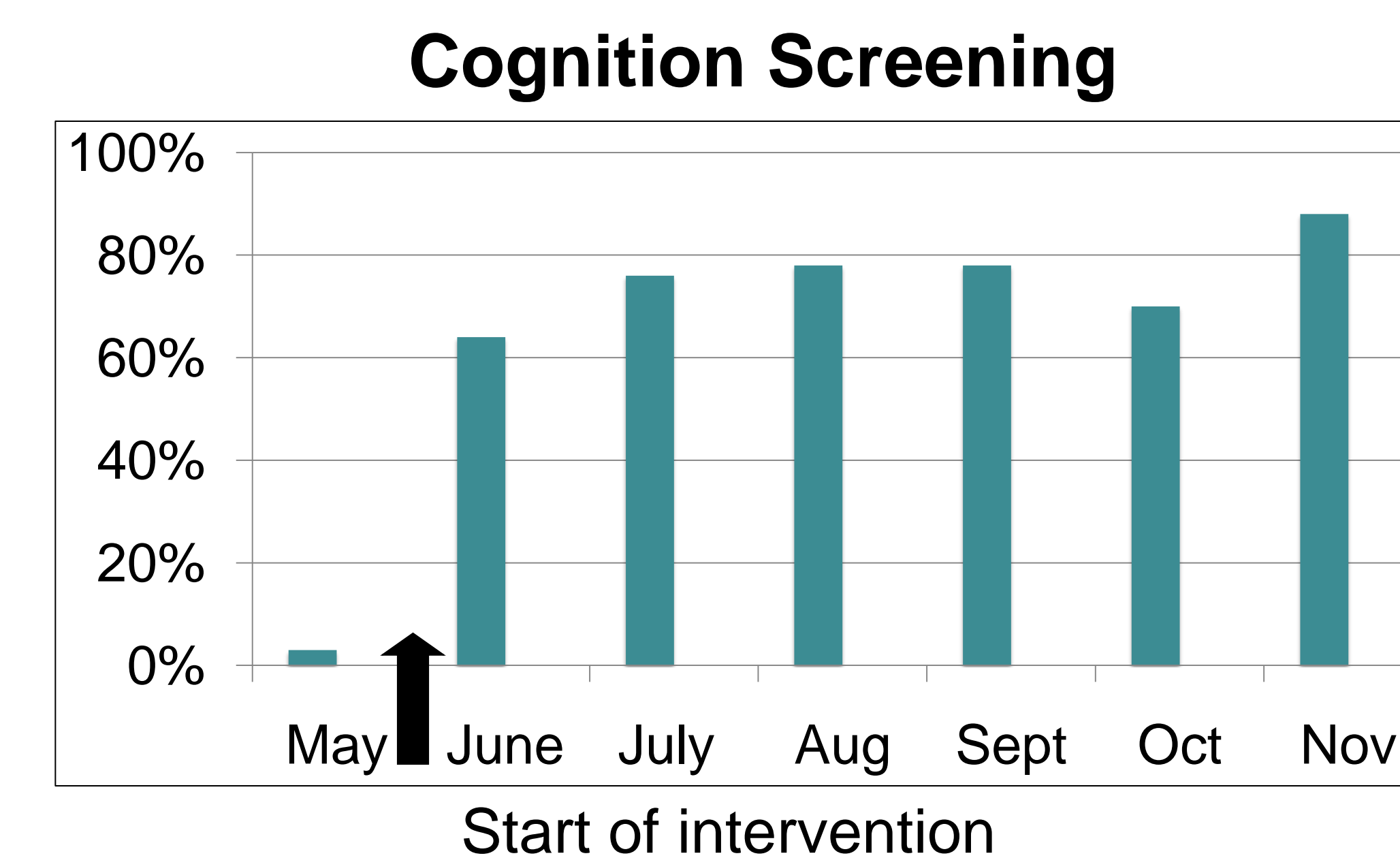
Physicians were awarded incremental AMA PRA Category 1 Credits™ for participation in AGE QI

Stage A – Learning current QI assessment	<ul style="list-style-type: none"> • Read AGE-QI syllabus prior to attending Session I • Complete surveys, questionnaire and session evaluation
Stage B – Learning from the application of QI for patient care	<ul style="list-style-type: none"> • Assess clinic-specific older adult needs (prior to Session II) • Identify geriatric QI topic and barriers • Monitor staff compliance and track outcomes
Stage C – Learning the application and evaluation of QI	<ul style="list-style-type: none"> • Implement, track outcomes, overcome barriers and evaluate effectiveness • Complete surveys and evaluation

Physicians completing all three stages (A-C) in sequence, received an additional five credits = maximum 20

Outcomes

- Partnered with 33 clinics, 252 clinic staff members and 128 providers in Utah and Idaho
- One of the first programs in U.S. to implement new AMA CME credits for QI
- Awarded 1295 AMA PRA Category 1 Credits™ to providers, based on their program participation
- Providers expressed interest in continuing QI projects and undertaking new geriatric projects
- Improved geriatric care by increasing screening for common geriatric conditions



Conclusions

Factors leading to AGE QI effectiveness include:

- Tailored to provider practice and performance level
- Related to specific, achievable and measurable goals
- Interactive learning (audience response system)
- Sequenced, ongoing QI activities resulting in demonstrable change in patient outcomes
- Sessions held onsite and flexible with clinics’ schedule
- Clinic staff trained to utilize simple, time-efficient geriatric assessment tools
- Utilized institutions’ EMR systems to track patient outcome data