

The opportunities of change: Establishing geriatric care across a health system

Change AGENTS Initiative

The John A. Hartford Foundation's Change AGENTS Initiative was a three-year effort dedicated to improving the health of older Americans, their families, and their communities through practice change. The initiative harnessed the collective strengths, resources, and expertise of the foundation's interprofessional community of scholars, clinicians, and health system leaders. The Change AGENTS Initiative was managed by The Gerontological Society of America.

The 34 projects funded through the Action Awards grants program showcased the improvements that interprofessional teams can bring to light by implementing evidence-based programs into targeted care settings in local environments.

These one-year grants for up to \$10,000 were available to interprofessional teams led by Change AGENTS for the purpose of achieving meaningful change to practice or policy that will improve the health and wellbeing of older adults and/or their families.



In his book *The Tipping Point*, Malcolm Gladwell made the case for large effects from a strategically timed, visionary push. Using a Hartford Change AGENTS Action Awards grant, Nancy Roberts, MSN, RN, and Ana Tuya Fulton, MD, FACP, proved this point by making remarkable progress toward comprehensive geriatric care in a large health system despite limited resources, staffing, and time.

“Sometimes the most unexpected things provide opportunities,” said VNA President Roberts, who also serves as executive vice president of care management at Care New England (CNE) health system. Recalling discussions when CNE had sought to move toward population health, value-based purchasing, and an accountable care organization (ACO) focus in 2012 and 2013, she said, “It’s the issue of being resilient and persistent in terms of having a vision and being able to hold onto that vision but, at the same time, respond to a changing environment. That’s really where many of us are at this point in time.”

Like other northeastern states, Rhode Island has a large population of people age 65 years or older. CNE is the second largest health system in the state. “Even though it’s only been two and half years, I’m really stunned at where we are right now,” said Fulton, who was chief of internal medicine at Butler Hospital when the project began and is now chief of geriatric medicine for CNE and medical director for the Integra Community Care Network, LLC. “With a small grant that gave us some data, which got us the buy-in from upper management, now we have the start of a strong geriatric medicine program across Care New England.”

Administered by The Gerontological Society of America, the Hartford Change AGENTS Initiative accelerated sustained practice change to improve the health of older Americans, their families, and communities. The initiative harnessed the collective strengths, resources, and expertise of the John A. Hartford Foundation’s interprofessional community of scholars, clinicians, and health system leaders so they could learn from

and support one another while they adopted, evaluated, and sustained changes in practice and

service delivery. The Change AGENTS Action Awards grants program was designed to support Change AGENTS in implementing promising ideas in practice change.

The situation

CNE was increasing integration of its multiple facilities in the years leading up the grant period. Fulton had been a practicing geriatrician at Butler Hospital in Providence for many years but with limited connection to other CNE hospitals. Kent Hospital, south of Butler in Warwick, had a particularly large population of older adults. The mean patient age on some Kent units was routinely in the 80s and occasionally reached into the 90s. Other units in the system include a women's and children's hospital, a behavioral health organization, and the VNA providing home care. Partners of the organization include Rhode Island-based insurers and a large group of independent primary care physicians.

"We had always been a health system, but the different hospitals and different organizations had been more siloed in what they did," Fulton said. "We had a real change in focus and the health system really wanted to go toward population health management. They really wanted to form a strong ACO and, in that process, there was a lot of integration across the hospitals and integration across different service lines."

Recognizing the need for wider application of the principles and practices of geriatric care, Fulton and Roberts sought the Hartford Change AGENTS Action Awards grant as seed money for a systemwide needs assessment. Fulton recalls, "As we looked at population health as our future, we realized that we had a huge number of older adults in the system who did not have specialized care. Primary care doctors—the foundation of our ACO—were expressing needs for support to take care of some of their most complicated older adults."

Given the movement toward integration and the difficult-to-manage population of older adults occupying beds in CNE hospitals, Roberts said they "began recognizing this as a new opportunity to leverage someone with Fulton's skill and expertise in caring for older adults. The external environment combined with the internal environment were significant factors that really informed our decision to move with this, and ultimately resulted in what has been an incredible success story."

The solution

Grant in hand, Roberts and Fulton spearheaded a strategic planning process during 2014. Fulton was allowed to divert half of her clinical time to this project. A consultant helped develop a timeline and compile a list of key staff members at CNE operating units. Introduction letters outlined the project, its goals, and the data needed for review. Fulton and the consultant interviewed the chief nursing officers of all hospitals, asking about the challenges of caring for older adults. They interviewed hospitalists and other physicians on the units. Line-level nursing staff added their perspectives. Primary care physicians affiliated with the system described their challenges and what they hoped for in terms of support from CNE.

During the final couple of months of the grant period, the team pulled this information into a presentation for health-system leaders. "We had a clinical integration council with the appropriate leaders of all the different parts of our system," Fulton said, "and one particular

physician who was the clinical integration officer. I was invited to present the results of our project there, and that really led to buy-in from every part of the system. The team recognized that we really needed to extend geriatric care into all parts of our system and we needed to find a way to support the projects.”

Data gathered in this process showed that systemwide, 20% to 25% of admissions were adults age 65 years or older and, of these, 30% were of patients older than 85. Two thirds of admissions of older adults were at Kent Hospital. Hospital nurses needed support for a NICHE program and increased education, whereas hospitalists wanted more support for caring for older adults with complex needs, many of whom had admission-related delirium, or those with dementia. Inpatient consults, assessments, discharge planning, and medication management were other needs on the inpatient side.

In the community, CNE staff and affiliated physicians said they could use help with geriatric assessments, case consultations, and education and training on geriatric evidence-based best practices.

The findings of the needs assessment were compelling for Fulton, even before the team completed a cohesive business plan: “I wanted to start a systemwide consultation service, but we wanted one that would be manageable with me doing this alone in half my time. Thus, any and all geriatrics consults wouldn’t have been realistic. Instead, we targeted advanced dementia as our most high-need patient population, particularly at Kent Hospital.” That service later expanded to include consults for delirium. Now, with a second geriatrician added, the program provides consults for any older patient upon request.

“Today, we’re doing consults at two of the hospitals,” Fulton said in describing events after the grant period—including the addition of a second geriatrician. “I’m going out to primary care practices to provide education and participating in the ACO’s home-based care efforts. We’ve formed a really strong collaboration with palliative care as well, and it’s really helped us do so much with so little.”

How the grant improved outcomes

The Hartford Change AGEnts Action Awards grant has pushed CNE past the tipping point. “People sometimes feel that applying for grants with small numbers isn’t worth the effort, but for us it’s really paid off in spades because it gave us a push forward and we were able to leverage opportunities as they presented themselves,” Fulton said.

“Our nursing staff, hospitalists, and attending physicians really embraced principles of geriatric care, thanks to Fulton’s presence and support,” Roberts added. “We now have best practices in place, and our older patients are receiving state-of-the-art, evidence-based care throughout the Care New England system.”