Body System: Patient-Based Care		
Session Topic: Geriatric Assessment		
Educational Format		**Faculty Expertise Required**
REQUIRED	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
OPTIONAL	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. Please describe your interest and plan for teaching a PBL on your proposal form.

Professional Practice Gap	**Learning Objective(s) that will close the gap and meet the need**	**Outcome Being Measured**
• Geriatric patients often receive inadequate assessments, leading to unrecognized or inadequately addresses functional impairment and dementia. • Physicians have knowledge gaps with regard to providing a thorough and comprehensive geriatric assessment. • Cancer screening, such as mammography and Pap tests are underutilized among women aged 65 and 66. • Physicians often do not fully adhere to evidence-based recommendations and guidelines with regard to providing effective geriatric assessments.	1. Develop a comprehensive plan for integrating current evidence-based geriatric assessment recommendations and guidelines into practice. 2. Integrate routine screening for risk factors for elder abuse into standard geriatric assessment protocols. 3. Establish a coordinated care plan with a multidisciplinary team to manage a comprehensive geriatric assessment (CGA) for elderly patients.	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.

ACGME Core Competencies Addressed (select all that apply)			
X	Medical Knowledge		Patient Care
	Interpersonal and Communication Skills		Practice-Based Learning and Improvement
	Professionalism		Systems-Based Practice

Faculty Instructional Goals

Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.

- Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations
- Facilitate learner engagement during the session
- Address related practice barriers to foster optimal patient management
- Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the References section below are a good place to start
    - Visit http://www.aafp.org/journals for additional resources
    - Visit http://familydoctor.org for patient education and resources
- Provide evidence-based strategies for developing a comprehensive plan for integrating current evidence-based geriatric assessment recommendations and guidelines into practice.
- Provide evidence-based strategies for integrating routine screening for risk factors for elder abuse into standard geriatric assessment protocols.
- Provide evidence-based strategies for establishing a coordinated care plan with a multidisciplinary team to manage a comprehensive geriatric assessment (CGA) for elderly patients, especially for patients after an emergency hospital admission.
- Provide recommendations regarding guidelines for Medicare reimbursement.
- Provide recommendations to maximize office efficiency and guideline adherence to evidence-based geriatric assessment guidelines and recommendations.
- Provide an overview of newly available treatments, including efficacy, safety, contraindications, and cost/benefit relative to existing treatments.
- Provide instructions regarding the incorporation and use of the PCMH/ACO/Primary Care Core Measure Set into practice.

Needs Assessment:

Approximately one-half of the ambulatory primary care for adults older than 65 years is provided by family physicians, and approximately 22 percent of visits to family physicians are from older adults.[1] The percentage and number of older adults in our society is steadily increasing. Elderly persons occupy a large number of acute-care hospital beds, comprise the largest percentage of nursing home residents, and make more visits to physicians' offices than any other segment of the population. The acquisition of age-appropriate skills and knowledge in taking a patient's history, performing a physical examination, making clinical and psychosocial diagnoses, and managing a patient's condition must be an integral part of residency training.[2]

Geriatric conditions such as functional impairment and dementia are common and frequently unrecognized or inadequately addressed in older adults. Some studies suggest that elderly patients may not be receiving adequate geriatric assessments, thus leading to suboptimal care and

patient outcomes in both the ambulatory and long term care facility; and assessing cognition in older patients in the emergency department.[3-5]

Additionally, a Cochrane review found that there is clear and significant improvement in the chances of a patient being alive and in their own home at up to a year after an emergency hospital admission if they receive coordinated specialist services. Family physicians should be prepared to coordinate the care of elderly patients in these circumstances. These findings are validated by a recent American Academy of Family Physicians (AAFP) CME Needs Assessment survey which indicates that family physicians have knowledge gaps with regard to providing a thorough and comprehensive geriatric assessment.[6] More specifically, CME outcomes data from 2015 AAFP FMX (formerly Assembly) *Geriatric Assessment* and *Welcome to Medicare Visit* sessions, suggest that physicians have knowledge and practice gaps with regard to effectively using EHR templates for clinical decision making; establishing a team-based approach to geriatric assessment; being aware of evidence-based recommendations regarding various screenings that should be performed with geriatric patients during wellness visits; & understanding how to be appropriately reimbursed for Medicare Wellness Visits.[7]

Physicians may improve their care of elderly patients by engaging in continuing medical education that provides practical integration of current evidence-based guidelines and recommendations into their standards of care, including, but not limited to the following:[1,8]

- The U.S. Preventive Services Task Force found insufficient evidence to recommend for or against screening with ophthalmoscopy in asymptomatic older patients.
- Patients with chronic otitis media or sudden hearing loss, or who fail any hearing screening tests should be referred to an otolaryngologist.
- Hearing aids are the treatment of choice for older patients with hearing impairment, because they minimize hearing loss and improve daily functioning.
- The U.S. Preventive Services Task Force has advised routinely screening women 65 years and older for osteoporosis with dual-energy x-ray absorptiometry of the femoral neck.
- The Centers for Medicare and Medicaid Services encourages the use of the Beers criteria as part of an older patient's medication assessment to reduce adverse effects.
- Physicians should routinely inquire about risk factors for elder abuse.
- The Elder Abuse Suspicion Index can be used to assess for risk of and suspected elder abuse.
- Screening for cognitive impairment should be performed before screening for abuse in older persons.
- Physicians should be aware of medical conditions and medication effects that can mimic abuse in older persons.
- Patients and caregivers should be interviewed separately when screening for elder abuse.
- Specific patterns of injury are more suspicious for intentional injury in older persons.

Physicians should follow evidence-based recommendations and guidelines to establish a comprehensive approach to geriatric assessment that includes a review of functional ability, physical health, screening for disease, nutrition evaluation, vision and hearing testing, urinary continence, balance and fall prevention, osteoporosis, polypharmacy, depression, dementia, and

an evaluation of socioenvironmental circumstances.[1,8] Physicians can improve care, keep visits patient-centered, and save time by utilizing standardized geriatric assessment documentation; and keep a problem list to share with an interdisciplinary team that is effectively assessing and actively managing care of the elderly patient.[1,9,10]

Physicians can also improve care by being familiar with AAFP Clinical Recommendations and Choosing Wisely® recommendations for geriatric care that include abdominal aortic aneurysm, DEXA for osteoporosis, current pharmacologic treatment of dementia, Clinical Preventive Service Recommendation for dementia, erectile dysfunction, fall prevention in older adults, hearing , Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults, Clinical Preventive Service Recommendation for osteoporosis, Clinical Preventive Service Recommendation for prostate cancer, and Screening for Cervical Cancer in Women Older Than 65 Years of Age recommendations.[11]

Physicians can improve the care they provide to patients with regard to Medicare preventive care visits by taking a systematic team-based approach to these services, while being appropriately compensated.[9,12-17] Physicians may want to consider the Adult Clinical Preventive Care guidelines from the University of Michigan Health System to help them establish standards of care in their practice.[18]

Physicians may also want to consider relevant evidence-based geriatric nursing protocols for best practice, from the Hartford Institute for Geriatric Nursing, including:

- Age-related changes in health[19]
- Assessing cognitive functioning[20]
- Assessment of physical function[21]
- Delirium[22]
- Depression in older adults[23]
- Detection of elder mistreatment[24]
- Fall prevention[25]
- Family caregiving[26]
- Recognition and management of dementia[27]

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented. As such, physicians require continuing medical education to assist them with making decisions about specific clinical considerations.

The American Academy of Family Physicians Academy has participated in the Core Measures Collaborative (the Collaborative) convened by America's Health Insurance Plans (AHIP) since August 2014. The Collaborative is a multi-stakeholder effort working to define core measure sets

of various specialties promoting alignment and harmonization of measure use and collection across both public and private payers.

Participants in the Collaborative included Centers for Medicare and Medicaid Services (CMS), the National Quality Forum (NQF), private payers, provider organizations, employers, and patient and consumer groups. This effort exists to decrease physician burden by reducing variability in measure selection, specifications and implementation– making quality measurement more useful and meaningful for consumers, employers, as well as public and private clinicians.

With significant AAFP input, a PCMH/ACO/Primary Care Core Measure Set has been developed for primary care. The goal of this set is to decrease burden and allow for more congruence between payer reporting programs.[28]

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- The geriatric assessment[1]
- Detecting elder abuse and neglect: assessment and intervention[8]
- (AAFP). Geriatric Care. Clinical Recommendations[11]
- Medicare annual wellness visits made easier[10]
- A nursing home documentation tool for more efficient visits[9]
- FamilyDoctor.org: Seniors (patient education)[29]

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