



AAFP PARTNER SUMMIT

Thanks to you, our partners, for attending the **AAFP Geriatric Care Partner Summit** on Monday, December 4th at Academy Headquarters.

Meeting with you, hearing from members on the frontlines, and sharing some of the work we've already accomplished is key to our goal of improving geriatric care. AAFP values the dialogue with companies working to keep geriatric patients well. As leaders in your organizations, you have the vision, the knowledge and the expertise to help achieve this goal. We could not accomplish what we do without your support and voice.

At the summit, we heard from AAFP members about the challenges and opportunities in this sector. **Kevin Punswick, DO, Larry Rues, MD,** as well as **Valaree Smith, DO,** described their experience in treating geriatric patients. **Julie Wood, MD, MPH, FAAFP,** Senior Vice President, Health of the Public & Interprofessional Activities, moderated the panel.

A focus of the member panel was **continuity of care,** provided by family physicians who are ideally positioned to treat geriatric patients because they see generations of a family. When the family physician relationship is severed by facilities employing their own physicians, it's difficult, said Dr. Smith. Dr. Punswick said, "Familiar' is the root of 'family medicine.'" He explained that patients are generally more confident in their level of care if the family physician is involved. For example, subspecialists are consulted – but often the family wants the "ok" from the family physician, up to and including developing a plan for the end of life.

Dr. Rues said, "The goal of good geriatric care is to **preserve function and age in place.** Mobility is freedom. How do you help patients improve on the mobility they have?" He described very specific activities to improve quality of life, including grooming, meal preparation, making sure all the other family members are immunized and prevention of falls. He also stressed prevention of the harm of the healthcare system: "Things can get done to you that you don't need. For example, colonoscopies, mammograms, that at a certain stage, could indeed be dangerous. Evidence shows it's not that helpful. This includes stopping taking unneeded medications."

Administrative Burden is significant. "Chronic disease needs time," said Dr. Punswick. "All of sudden, you have negative three minutes to spend with the patient. Then finally when you get it done, the medication is not on formulary." The panelists stressed the need for advocacy for better systems of payment, including being rewarded for keeping patients well. "It should not be 'See one more' It should be 'See two less,'" said Dr. Punswick.

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Shawn Martin, Senior Vice President, Advocacy, Practice Advancement & Policy, underscored that thought in his presentation later in the day. He pointed out that the risk to aging patients includes transitions of care, lack of transportation, complexity of care and treatment protocols, and simply, loneliness. Access to and payment for care of this population is complex and changing.

One of the most insightful parts of the day was collaborative discussions and idea generation around **Management of Multiple Chronic Conditions, Prevention & Wellness Through the Life Stages**, and **The Roles and Needs of Caregivers**. Following are some highlights:



**Julie K. Wood, MD, MPH,
FAAFP**
Senior Vice President, Health
of the Public and
Interprofessional Activities



Management of Multiple Chronic Conditions:

- Provide easy-to-use information to family physicians such as billing and coding resources, workflow suggestions, success stories, and clinical/community resources.
- Define roles for the geriatric team beyond the traditional, for example, pharmacist, care coordinator and social worker. Improve information sharing.
- Advocate for payment reform.
- Deliver family physician and patient education on topics like progression of chronic disease, transitions of care, assisted living, polypharmacy, and palliative/hospice care.

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The Roles and Needs of Caregivers:

- Formal recognition of caregiver role is needed inside and outside the practice for optimal patient care.
- Member survey or focus group could provide additional insight to resources helpful in a practice.
- Caregiver resource development needed to support patient care. Resources could be featured on FamilyDoctor.org.



Natalia Loskutova, MD, PhD
NRN Director of Evaluation,
Health of the Public and

“We approach prevention through the lens of the lifespan and focus on the health impact.”

—Bellinda Schoof, MHA, CPHQ



Bellinda Schoof, MHA, CPHQ
Director, Health of the Public and Interprofessional

Prevention & Wellness Through the Life Stages:

- Provide information on preventive services including billing and coding resources, physician/team/patient education, and advocacy initiatives.
- Coordinate team-based care to ensure delivery of preventive services: optimization of work flow, initiating group visits and a wellness champion, and engaging with community partners for information and referrals.
- Create a dedicated “Geriatrics Webpage” on the AAFP website, including clinical, patient, and caregiver resources. Highlight best practices and emerging information.
- Create resources and education to highlight the physician’s strong recommendation for preventive services: Employ motivational interviewing, provide resources to discuss risk/benefit of services, educate on implementing AAFP/USPSTF recommendations.
- Identify potential new partners for increasing preventive services that focus on prevention across the lifespan and early intervention health conversations.

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We are requesting support of these kinds of initiatives within geriatric care. We will be following up with you soon to discuss these collaboration opportunities and the many others that were identified during the summit.

[Click here](#) for all the documents from this meeting. We look forward to continued conversation on this important topic. Again, your commitment to our work together in geriatric care is critical to our success. Thank you.

Let's Continue the Conversation:

- Our next partner meeting will be the Corporate Roundtable, taking place January 30-31, 2018, in Hollywood, Florida. Please contact [Shelley Ruhlman](#) for any questions regarding this event.
- Please send additional feedback and questions on this summit to your liaison in Strategic Partnerships:
 - Maria Arnone, 913-906-6212, marnone@aafp.org
 - Melanie Hayden, 913-906-6210, mhayden@aafp.org
 - Jodi Talia, 913-906-6621, jtalia@aafp.org

“This is such a growing and important topic, so thank you for hosting the summit. Likely a good one to hold each year.”

—Partner Feedback



Proportion of Americans 65 and older is projected to increase from 12% in 2005 to 20% by 2030.