

# geriatric medicine gerontology Report

NEWS FOR THOSE WHO CARE FOR AND ABOUT OLDER ADULTS

## REYNOLDS GRANT PROGRESS REPORT

### Community Physician Education

Now in its third year of funding, the University of Cincinnati/Health Alliance Reynolds Geriatrics Physician Training Project continues to develop a four-year geriatric education program for primary care physician members of the Alliance Primary Care (APC) physician group and two offices managed by the UC Department of Family Medicine. The program, approved for AMA Category 1 CME credit, was designed to increase physicians' clinical skills, assist their development of new office/system strategies and improve the quality of care to older adults.

UC geriatrics faculty visit 15 physician offices twice annually to present in-office lunch time programs. The training focuses on common clinical problems seen in older adults including medication management, falls, urinary incontinence, and dementia. At the start of the project, the APC physicians identified the topics by responding to a needs survey. Each year one of the four chosen topics is the theme for the presentations.

During 2005–2006, Gordon Margolin, MD, Professor, Department of Internal Medicine, led the development of the office-based curriculum on the topic of urinary incontinence. Dr. Margolin summarized his approach to this common problem: "Urinary incontinence is frequently under-reported by the patient and commonly ignored by the busy practicing physician. Understanding the basic physiology, causes, and treatments of urinary incontinence can lead to significant improvement in the well-being of many elderly patients."

To enhance the teaching interaction for the community physician participants, a computer-based polling program has been utilized. This program allows multiple choice questions to be projected on a screen. Learners are given a handheld infrared keypad that enables them to indicate their answer. The program immediately tabulates the results and presents the group response in a bar graph format for everyone to see. This technique has proven very effective in encouraging faculty-led discussions. ■

**The Office of Geriatric Medicine continues with the numerous projects supported with the Donald W. Reynolds Foundation Geriatric Medicine Physician Training grant received in 2003.**

This issue of the *Report* provides updates on various grant-related activities. See also:

- **Faculty Scholars**  
page 5
- **Student Scholars**  
page 4
- **Faculty Scholar Retreat**  
back cover

## Workshops Present Approach to Improve Older Adults' Care Transitions

During three monthly sessions, the University of Cincinnati Office of Geriatric Medicine (OGM) sponsored workshops on "Care Transitions: Providing Care for Older Adults in the Community Hospital and Nursing Home." These workshops, funded by the Ohio Valley Appalachia Regional Geriatric Education Center (OVAR/GEC), were co-sponsored by the Association of Professionals in Aging, and were held at Maple Knoll Village on Springfield Pike, in Springdale, Ohio.

The concept of care transitions is a newly emerging trend in care of older persons. It has its roots in a project led by Eric Coleman, MD, MPH, at Kaiser Permanente Colorado and University of Colorado Health Sciences Center. Dr. Coleman organized a project focused on the premise that during times when older patients with chronic illness are most vulnerable, their informal caregivers are often overwhelmed by systems of care that fail them as they transition from one care setting to another including the home.

In response to this reality, Dr. Coleman and his intervention staff developed a plan to "bridge the gap," a multidisciplinary team approach to improving transitions across

sites of geriatric care. The overriding goal of the approach is "to improve care transitions by giving patients the tools and support that provide and promote knowledge and self-management of their care."

Patients and caregivers are engaged in a collaborative relationship with their health care team ideally headed by a transition coach. Whether a coach is involved or not, the approach involves four conceptual "pillars of care":

### 1) Medication self-management

Patient is knowledgeable about his medication and has a medication management system.

### 2) Use of a patient-centered record

Patient understands and utilizes the Personal Health Record (PHR) to facilitate communication and ensure continuity of care. The PHR is managed by the patient or by an informal caregiver.

### 3) Primary care specialist follow-up

Patient schedules and completes follow-up visit with their primary or specialist physicians and is prepared to be an active participant in these interactions.

### 4) Knowledge of red flags

Patient is knowledgeable about indicators that suggest his or her condition is changing or is worsening and how to respond.

The three Care Transitions workshops offered by the OGM provided a structure whereby health providers can implement a system for building the "four pillars of care." Twenty-five different topics were presented by 15 health care experts. Topics on the first day, March 30, covered the basic elements of the "pillars of care." The second session on April 27 and the third session on May 11 focused on specific conditions and problems such as decision-making capacity, deconditioning, depression, delirium, medication management, nutrition and pain. ■

*Developing the 'four pillars of care' concept, "Care Transitions" seeks to provide patients with tools and support that promote knowledge and self-management of their care.*

# Project Key To Nation's Understanding of Workforce Issues in Geriatric Medicine

*New funding allows project to continue; findings impact policy discussions and decisions*

Recent funding from both the John A. Hartford Foundation in New York City and the Donald W. Reynolds Foundation in Las Vegas will allow the continuation of the Status of Geriatrics Workforce Study into its third phase. On February 1, 2006, Gregg A. Warshaw, MD, principal investigator, and Libbie Bragg, PhD, RN, co-investigator, were awarded funding for three years from the two foundations to continue documenting the growth and development of geriatric medicine from undergraduate medical education through faculty retention and including practicing physicians.

The Status of Geriatric Workforce Study is now in its 6th year. Since the project's inception in July 2000, the staff continues to conduct national surveys and gather secondary data related to the training and practice of geriatrics. As a longitudinal project, the researchers were able to initially gather baseline data, and now have some repeated measures to look for trends or changes. For example, from 2001 to 2005, there was a significant increase in the mean number of geriatric physician faculty in medical schools going from a mean of 7.5 full time equivalents (FTEs) to 9.7 FTEs. In both years, geriatric program staff spent a median of 40% of their time in clinical practice in geriatrics, which not surprisingly accounted for the greatest portion (27% in 2001 and 33% in 2005) of their program's revenue.

## Unique and Vital Source of Data

Since its inception, this project has continuously made important contributions to the understanding of workforce issues related to the care of older people. It is a unique and vital source of data for health professionals, policy experts, foundations, and government agencies that are committed to insuring high quality care for older adults.

The Workforce Study Project served as the primary data source on geriatric training trends for the American Geriatrics Society's

(AGS) watershed report, *Caring for Older Adults: the Future of Geriatric Medicine* (released in May 2005) and the ADGAP/AGS report, *Geriatric Medicine: A Clinical*

*Imperative for an Aging Population* (released in April 2004). Recently, the project informed the recommendations emanating from the July 2005 White House Mini-

Conference on Geriatric Health Care Workforce Issues. These recommendations, which were related to measures to address the growing shortage of geriatricians and related health care workers, were considered by the delegates attending the recent decennial White House Conference on Aging in December 2005, and were included in the top 10 priorities sent to Congress and the President. The recommendations will be used to create a national vision that will influence aging policy for the next decade. Most recently, AGS and ADGAP have used the data to support introduction of loan forgiveness legislation in the U.S. House of Representatives for geriatrics health care professionals. These data simply do not exist anywhere else and are critical to inform advocates concerned with the logical development of geriatric medicine in the United States. The report *Impact of the Aging Population on the Health Workforce in the United States* released in December 2005 and funded by the Bureau of Health Professions also references data from the workforce project.

While project staff has changed over time, Dr. Warshaw remains as the principal investigator and Dr. Bragg as the co-investigator. Other current project staff includes Dave Brewer, BS, data manager, Greg Roth, BS, web developer, Tony Leonard, PhD, biostatistician, and Rob Witzke, AS, information technology support. ■

**Since its inception, this project has continuously made important contributions to the understanding of workforce issues related to the care of older people.**

## REYNOLDS GRANT PROGRESS REPORT

## Geriatric Medicine Student Scholars

The first group of Geriatric Medicine Student Scholars (GMSS) graduated in May 2006. These students, who joined the GMSS program in the fall of 2003, are Libby Beiter, Shawna Klinesteker, Angel Lin, Greg Maeder and Scott Shie. The GMSS program is funded by a grant to UC from the Donald W. Reynolds Foundation.

In addition to the five graduating GMSS, 18 other students in years one, two and three are involved in the program. Up to eight incoming students will be admitted to the program in the fall of 2006. Each student is assigned to an experienced practicing geriatrician or other specialist who meets regularly with the students and invites them to precept in one or more of the settings where the geriatrician cares for patients. These settings include an adult day

care center, geriatric evaluation center, specialized inpatient hospital unit, outpatient clinic or long-term care facility. Fourth-year students complete a one-month rotation in geriatric medicine where they have a variety of clinical experiences and spend time with agencies which provide home-based services.

GMSS are engaged in a longitudinal enrichment curriculum in aging. The curriculum is designed to introduce students to the future of medicine, which will be dominated by older adults who have age specific concerns and medical problems. No matter their choice of specialty, with the exception of obstetrics and pediatrics, these future physicians will be addressing the unique concerns and multiple medical problems commonly experienced by older people.

Four to six dinner or lunchtime meetings are held each year where particular geriatric topics are discussed. Students have the opportunity to present a case or topic related to aging. Additionally each student keeps an on-line journal chronicling their age-related

curricular and extracurricular activities, personal interests, experiences with their older family members, friends, general thoughts, and reflections about aging. Over time, more than 67 different age-related topics have been identified and written about by the GMSS.

Research opportunities are also available to GMSS. During the summer of 2005, Maxwell Hill and Joanna Rosing who were entering their second year conducted research funded by American Federation of Aging Research (AFAR). During the summer of 2006, six of the 8 UC I students are conducting AFAR funded research. Those students are Robert Altenau, Maggie Redmond, Jennifer Walker, Jonathon Spanyer, James Wang and Dustin Yontz. ■

### 2005—2006 Student Scholars and Mentors

STUDENTS.....	MENTORS
---------------	---------

#### Year One

Robert Altenau .....	Arvind Modawal, MD, MPH
Holleh Husseinzadeh .....	Jeffrey Lekson, MD
Heather Kaiser .....	Kathleen Downey, MD
Maggie Redmond.....	Mandi Sehgal, MD
Jonathon Spanyer.....	Susan Davis, DO
Jennifer Walker .....	Mandi Sehgal, MD
James Wang .....	Douglas Smucker, MD, MPH
Dustin Yontz.....	Orson Austin, MD

#### Year Two

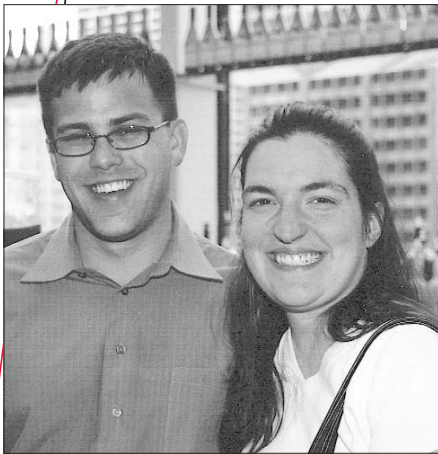
Robert Alunday.....	Gordon Margolin, MD
Calley Dailey .....	Stephen Mueller, MD
Sarah Fox .....	Gregg Warshaw, MD
Maxwell Hill.....	Stephen Mueller, MD
Abby Loftus.....	Gregg Warshaw, MD
Joanna Rosing.....	Gordon Margolin, MD

#### Year Three

Jennifer Eaton.....	Stephen Mueller, MD
Lisa Gray .....	Arvind Modawal, MD, MPH
Berkeley Limketkai .....	Stephen Mueller, MD
Amy Mansfield Sniderman ...	Timothy Lewis, MD
Chuck Pool.....	Gordon Margolin, MD

#### Year Four

Elizabeth Beiter.....	Sally Brooks, MD
Angel Lin .....	Lalitha Param, MD
Shawna Klinesteker .....	Gregg Warshaw, MD
Greg Maeder.....	Stephen Mueller, MD
Scott Shie.....	Gordon Margolin, MD



Scott Shie and Elizabeth Beiter, Geriatric Medicine Student Scholars

## REYNOLDS GRANT PROGRESS REPORT

# Geriatric Medicine Faculty Scholars

Meet two of the current Geriatric Medicine Faculty Scholars.

## Eric Warm, MD

Ambulatory Care Education, Department of Internal Medicine

*Eric Warm, MD, is working on several educational projects while participating as a Geriatric Medicine Faculty Scholar:*

“For the past year the Internal Medicine Practice at the UC Hoxworth Clinic has been active in the nationwide Academic Chronic Care Collaborative. During this collaboration we studied the elements of the Chronic Care Model (CCM) and incorporated them into our practice. We used this knowledge to redesign our ambulatory practice as part of our Educational Innovations Project (EIP) proposal, and UC was one of 17 programs accepted across the country to participate in this endeavor. The EIP program will allow the UC internal medicine residency to modernize the training program to better prepare the next generation of physicians.



“Our involvement with the Reynolds’s project dovetailed perfectly with these ongoing initiatives. Specifically, resident/staff teams will use the methodology of the CCM to study and improve falls and mobility disorders in our population. We will cross train our providers to be able

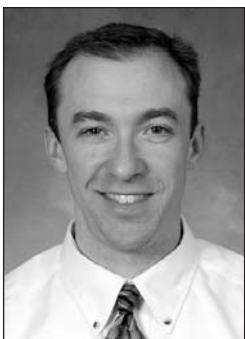
to ask about and assess fall risk, perform a falls assessment, and make the appropriate referrals if needed. Data on performance and outcome will be collected using a disease registry, and will be used to drive system improvement. We will follow outcomes such as number of injurious falls, and Falls Efficacy Scale score. We will partner with a variety of Reynolds’s Grant and other community resources for the education of our residents and staff, and the care of our patients.”

## Brian Stettler, MD

Associate Residency Program Director, Department of Emergency Medicine

*Brian Stettler, MD, recently joined the Reynolds project as a Geriatric Medicine Faculty Scholar:*

“As the population ages, the number of older patients and complaints specific to geriatrics that present to the Emergency Department (ED) increases. A savvy emergency medicine physician must be able to evaluate “altered mental status” or “weak and dizzy” in the older patient with the same expertise as they assess the multiple trauma patient or other common medical emergencies.



“The Reynolds project has offered me the opportunity to focus independently on the evaluation and management of the complex elderly patient who presents to the ED; each patient with their own unique concerns and values. I hope to bring some of my learning about older adults through conferences and reading back to the emergency medicine residency program. I plan to develop lectures and case discussions to make our already outstanding residents even better in the evaluation of the multiple complex illnesses in the geriatric population.

While geriatrics is not yet a common focus in emergency medicine training, it is a large part of what we do and some focus on this both in residency and afterward will allow us to improve patient care.”

## FROM THE DIRECTOR:

## REYNOLDS GERIATRIC MEDICINE PHYSICIAN TRAINING PROJECT PROGRESS REPORT

## More than Two Years of Expanded Geriatric Medicine Education at UC and the Health Alliance

In this issue of the *Report*, several articles will provide readers with a glimpse inside the many



GREGG WARSHAW, MD

activities occurring as part of the University of Cincinnati/Health Alliance Reynolds Geriatric Medicine Physician Training project. This four-year project, funded by a \$2 million grant from the Donald W. Reynolds Foundation and \$1 million of additional support from the UC College of Medicine, UC clinical departments, and the Health Alliance, began in September 2003.

The project has multiple components that are coordinated by a core group of faculty serving as a steering committee. The major components of the project and recent accomplishments include:

### Undergraduate Medical Students

The UC Physician Training project is building on the existing required medical student geriatrics curriculum by establishing a four-year "Geriatric Medicine Student Scholars" Program (GMSS) for eight students per class. This enrichment program includes special clinical experiences, elective courses, extracurricular seminars and other activities. The full scope of the American Geriatric Society medical student competencies guides the evolution of the GMSS program. Members of the geriatric medicine faculty are assigned to mentor one or two of the GMSS.

Seven first-year medical students were selected to become Geriatric Medicine Student Scholars (GMSS) in September 2005. These GMSS join 19 other GMSS in the second, third, and fourth-year classes. The new students have been assigned to faculty mentors. The first group of fourth-year GMSS completed their

one-month senior geriatric medicine rotations during this past year, and graduated in May 2006.

Student reflective journals are used as both a learning activity and the primary method for evaluating the effectiveness of the GMSS program. All of the GMSS are required to keep a journal about their experiences. The information kept in the journals is divided into five sections: age-related didactics; age-related extracurricular activities; aging-related interest areas; aging-related personal experiences, and general thoughts/ideas/reflections on aging.

An article describing the student journaling activity prepared by Linda Goldenhar, PhD, assistant dean, medical education and director, office of evaluation and research, College of Medicine Dean's Office, and John R. Kues, PhD, assistant dean for continuing medical education, was published in the March 2006 *Journal of the American Geriatrics Society*.

### Medical and Surgical Residents

Four primary care residency programs are participating in the grant program:

- University Hospital Internal Medicine
- Jewish Hospital (JH) Internal Medicine
- Christ Hospital Internal Medicine residency programs
- UC/Christ Hospital Family Medicine training program.

Four other specialty residency programs are also participating in the project:

- UC gynecology residency program
- UC psychiatry residency program
- UC physical medicine & rehabilitation program
- UC emergency medicine residency program.

Each of these training programs is developing new curriculum to better train young physicians in the care of older adults. In addition, these programs' residents are

participating in a new interdisciplinary training experience, Longitudinal Encounters with a Standardized Patient (LEADS).

Under the leadership of Timothy Lewis, MD (UC internal medicine), the project faculty implemented LEADS, a new curriculum addressing competency development and assessment in dementia and chronic disease management among interdisciplinary groups of residents. The curriculum's centerpiece is an unfolding 3-part standardized patient (SP) case about a patient with Alzheimer's disease and her daughter and soon-to-be caregiver. The SP encounters are videotaped to give trainees an opportunity to improve their clinical and communication skills. During three longitudinal encounters with the SP and her daughter, the learners witness 10 years of disease progression, including its impact on the caregiver.

### UC Faculty Trainees

The UC/HA Reynolds project has identified fourteen clinical-educator faculty trainees without specialized training in geriatrics from the departments of Internal Medicine, Physical Medicine, Gynecology, Family Practice, Emergency Medicine and Psychiatry, who are participating as Geriatric Medicine Faculty Scholars (GMFS). Each of these faculty is active in teaching medical student and residents. As part of their participation as GMFS they are improving their own skills in caring for and teaching about older adults.

### Practicing Physicians

The UC project team is implementing a comprehensive geriatric education program for primary care physician members of the Alliance Primary Care (APC) physician group and faculty in the Department of Family Medicine. The program is approved for AMA Category 1 CME credit. The program has been designed to increase APC physicians' clinical skills and assist them to implement new office/system strategies that can improve the quality of their care of older patients. UC geriatric medicine faculty visit

—

*The project is generating new opportunities to develop partnerships with the participating medical students, residency programs, faculty and practicing physicians.*

each physician office twice a year to present up-to-date, practical information on managing common ambulatory problems: medication management, falls and injury, urinary incontinence and Alzheimer's disease.

### Summary

As described in more detail in this issue of the *Report*, the first 2-1/2 years of the UC/Health Alliance Reynolds Geriatric Training project have been productive and exciting. Our faculty have worked hard to develop these exciting new activities, and the project is generating new opportunities to develop partnerships with the participating medical students, residency programs, faculty and practicing physicians. ■

## REYNOLDS GRANT PROGRESS REPORT

## Geriatric Medicine Faculty Scholars Retreat

Fourteen UC and Health Alliance (HA) faculty from the departments of internal medicine, gynecology, family medicine, psychiatry, physical medicine and rehabilitation, emergency medicine, the Christ Hospital, and the Jewish Hospital are participating in an innovative four-year project as Geriatric Medicine Faculty Scholars (GMFS). The multifaceted, \$2 million project, funded by a grant from the Donald W. Reynolds Foundation, includes funding to improve the geriatric medicine teaching skills of UC/HA clinician-educator faculty. These faculty are all actively involved in teaching medical students and residents.

The sixth half-day GMFS retreat was held on May 10, 2006 at the Vernon Manor Hotel. Kenneth Brummel-Smith, MD, Professor and Chair of the Department of Geriatrics, College of Medicine, Florida State University, Tallahassee, Florida presented the keynote talk, "Creating a New Medical School Curriculum for an Aging America." This new Florida medical school was created to train physicians for the rapidly growing number of older adults in Florida. Dr. Brummel-Smith described how Florida State is integrating geriatrics into the entire medical school curriculum. Also, during the retreat, the GMFS presented their ongoing faculty development accomplishments and new residency curriculum initiatives. ■

University of Cincinnati  
Office of Geriatric Medicine  
PO Box 670504  
Cincinnati, OH  
45267-0504

*The Report* is published by the Office of Geriatric Medicine  
University of Cincinnati College of Medicine  
PO Box 670504  
Cincinnati, Ohio 45267-0504  
(513) 584-0650  
[www.geriatrics.uc.edu](http://www.geriatrics.uc.edu)

**Director**  
Gregg Warshaw, MD

**Assistant Director and Editor**  
Elizabeth J. Gothelf, BSN, MA

**Geriatric Evaluation Center**  
Irene Moore, MSW

**Administrative Secretary**  
Sharon Harding



Nonprofit Org.  
US Postage  
**PAID**  
Permit No. 133  
Cincinnati, Ohio