

THE Value Initiative

Members in Action: Redesigning the Delivery System

Cedars-Sinai Medical Center – Los Angeles, Calif.

Age-friendly Health Care Improves Value for Older Adults with Fractures

The AHA's Members in Action series highlights how hospitals and health systems are implementing new value-based strategies to improve health care affordability. This includes work to redesign the delivery system, manage risk and new payment models, improve quality and outcomes, and implement operational solutions.

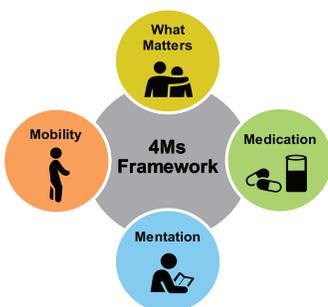
Overview

Cedars-Sinai Medical Center (CSMC) serves more than 1 million people each year, many of whom are older adults. Nearly 47% of all CSMC's discharges are adults over the age of 65, and the medical system cares for more patients over the age of 80 than any other academic tertiary health care system in the country.

CSMC is focusing on improving mobility for inpatient geriatric fracture patients to help them regain the quality of life important to them by minimizing potential complications and optimizing patient care outcomes. In July 2018, CSMC launched the Geriatric Fracture Program (GFP) to prioritize the care needs of patients age 65 and over who are admitted to the hospital with a bone fracture. The program was developed following well-known and accepted protocols by a multidisciplinary team, including physicians and nurses from orthopedics and geriatrics, pharmacists, case managers, and physical and occupational therapists that work with the department of geriatrics to provide wraparound care for these patients.

CSMC started with a quality improvement pilot program for the first year to provide standardized treatment for geriatric fracture patients. Developing the GFP involved recruiting an interprofessional care team; providing geriatric training to non-geriatricians; defining goals, scope and communication; and implementing a process for collecting project data daily and regular reporting. CSMC also standardized geriatric-centered preoperative assessments and inpatient interventions for the GFP. Following a process-improvement period, the blueprint for the GFP was shared with additional medical practice groups to expand the program.

To improve care for this population, CSMC is implementing age-friendly health care, which integrates the [Age-Friendly Health Systems Initiative's](#) 4Ms Framework into the care assessments and interventions:



What Matters: Align the patients' goals with safe, quality care.

Medications: Ensure geriatric-centered oversight of a patient's medications and work closely with pharmacists and attending physicians to assess appropriateness of the medications.

Mentation: Train providers on dementia and delirium, enabling them to assess patients for cognitive impairment and educate family members.

Mobility: Prioritize mobility assessments and physical therapy to bring patients back to a level of functioning that meets their goals.

The adoption of the 4Ms Framework has allowed the health system to continue caring for older people during the COVID-19 crisis. According to Sonja Rosen, M.D., chief of geriatrics at CSMC, virtual health lends itself well to age-friendly care. Patients can connect with their providers by phone, tablet or computer and more easily include several

family members in the conversations. Virtual visits included discussing “what matters” most to patients, reviewing their medications, assessing mentation, and involving patients and families in informed decision-making. With virtual visits, patients reported feeling connected to their care; the only drawback was not being able to do in-person physical exams.

Lessons Learned

The biggest challenge for CSMC was developing the GFP in such a complex environment. Starting with a pilot program for the first year and then expanding to other similar practice groups proved to be very effective. “What’s been interesting for us is developing a program within an environment that is very complex,” said Kathleen Breda, lead nurse practitioner in the department of orthopedics at CSMC and the program lead. “There are many different groups [hospitalists, other types of physicians] that take care of patients, and they’re independent, although they do somewhat overlap as we care for our patients through the day.”

In addition, leaders cited clear communication as essential to success. Breda added, “We over communicate probably, and that’s part of the reason why we’ve been successful, because people know what is going on. And they know what the expectations are.”

Patients’ access and comfort with virtual health visits is key to providing age-friendly care during the COVID-19 pandemic. Rosen observed that while most patients have a telephone, “a much smaller percentage of patients have the technology to have a video visit, so learning what patients were able to do was a big challenge.” Once patients realized a virtual visit with a physician was similar to a FaceTime conversation with their family, patients become more comfortable, and more phone visits were scheduled at their request, she explained.

Future Goals

The next phase in age-friendly planning at CSMC is to expand collaboration on the GFP across the health system and integrate value-based strategies across care disciplines to improve outcomes and experiences for older adults.

“We’re looking very closely at how we can continue to expand the program to other groups within CSMC who would benefit from the focus of geriatric care that’s provided,” said Breda.

Impact

Since implementing the GFP in 2018, Cedars-Sinai has seen improvement in patient outcomes and experience, and a reduction in cost. Within the program’s first year, CSMC tracked greater than 40% improvement in time to surgery, which meant that patients were not waiting for surgery and also had fewer complications. Patients’ length of stay in the hospital was reduced by more than 10%, and the direct cost of patient care decreased by more than 12%. In addition, patients were less likely to be readmitted or return to the hospital with similar injuries.

The team measured productivity and patient satisfaction of telehealth visits, both with very good results and feedback. “We haven’t just maintained [productivity] through telehealth, we actually exceeded our prior performance, and there are certainly a lot of reasons for that in terms of patient demand, and again, improved access,” said Rosen. There continues to be high demand for age-friendly telehealth services.



Cedars-Sinai Geriatrics Program in 2018

For its work implementing the 4Ms to meet the needs of older adult patients, CSMC earned the highest level of recognition as an Age-Friendly Health System — Committed to Care Excellence. Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement in partnership with the American Hospital Association and the Catholic Health Association of the United States.

Contact: Sonja Rosen, M.D., Chief, Section of Geriatric Medicine, Department of Medicine, CSMC

Email: sonja.rosen@esmns.org

Contact: Kathleen Breda, Lead Nurse Practitioner, Department of Orthopedics, CSMC

Email: kathleen.breda@cshs.org