Geriatrics Implementation Strategy Overview

Five Case Profiles of Geriatrics Programme Development

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Introduction

Global population ageing is an important challenge facing today’s health care systems. By 2050, 19 million people in the United Kingdom (U.K.) will be 65 years of age or older, representing a dramatic shift of patient mix toward high acuity, multi-morbid patients.\(^1\) As the number of elderly individuals in the U.K. continues to grow, health systems must develop strategies to improve patient care and their finances for treating this burgeoning population.

Over the past few decades, health system executives have launched or expanded their geriatric programs, typically in response to increasing activity of elderly patients. Despite this trend, geriatric services are generally not profitable. However, many health systems believe that geriatric services remain a wise investment due to increased downstream patient activity and revenue. Furthermore, health systems report that upon implementation of geriatric programmes, the enhanced knowledge and skills regarding treatment of geriatric syndromes can increase elderly patients’ satisfaction rates, decrease length of stay, reduce readmission rates, increase the length of time between admissions, and reduce costs associated with hospital care for the elderly.

A geriatric programme may take a number of forms, from a comprehensive geriatric service line to a small outpatient geriatric assessment facility. As health systems continue to expand their geriatric offerings, they must determine what services to provide and where to locate these services. This brief describes the experiences of five United States (U.S.) health systems that launched geriatric programmes and how they have prioritised their geriatrics offerings.

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## Executive Summary

<table>
<thead>
<tr>
<th>Institution</th>
<th>Health System Size, Type &amp; Location</th>
<th>Geriatric Services of Note&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Considerations for Launch</th>
</tr>
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| **Health System A** | • 5-hospital health system  
• Non-profit community health system  
• Northeast | • Acute care for elders (ACE) unit (2)  
• Geriatric inpatient consultation/ mobile ACE services  
• Geriatric fracture programme  
• Geriatric home care  
• Geriatric care provided in extended care facilities | • Geriatrician and geriatric nurse supply  
• Community need  
• NICHE programme implementation |
| **Hospital B** | • 383-bed hospital  
• Non-profit community teaching health system  
• Northeast | • Geriatric assessment  
• Geriatric inpatient consultation/ mobile ACE services  
• Geriatric emergency medicine service (GEMS)  
• Geriatric psychiatric inpatient services  
• Geriatric psychiatric outpatient services  
• Geriatric home visits (primary care provided at home)  
• Geriatric care provided in extended care facilities  
• Palliative care  
• Geriatric care management programme | • Geriatrician and geriatric nurse supply  
• Community need  
• Competitive landscape |
| **Health System C** | • 3-hospital health system  
• Non-profit community health system  
• Mid-Atlantic | • Geriatric assessment  
• Geriatric psychiatric inpatient unit  
• Geriatric care provided in extended care facilities | • Geriatrician and geriatric nurse supply  
• Community need  
• Competitors’ incumbency advantage |
| **Health System D** | • 4-hospital health system  
• Non-profit academic medical centre  
• Northeast | • Geriatrics inpatient consultation/ mobile ACE services  
• Ambulatory care (osteoporosis clinic, falls clinic, dementia clinic)  
• Geriatric home care | • Geriatrician and geriatric nurse supply  
• Community need  
• Graduate medical education training |
| **Health System E** | • 20+ hospital health system  
• Non-profit, academic medical centre  
• Mid-Atlantic | • Geriatric assessment  
• Geriatric inpatient consultation/ mobile ACE services  
• Ambulatory care  
• Geriatric care in extended care facilities  
• Home and community-based care  
• Palliative care  
• Rehabilitation care | • Geriatrician and geriatric nurse supply  
• Community need  
• Graduate medical education training  
• Capacity assessment  
• Risk assessment |

<sup>2</sup> While Health Systems A-E offer a wide variety of geriatric services in their hospitals, listed geriatric services were specifically highlighted by the institution during interviews and on their websites.
1. **Downstream Benefits of Geriatric Programmes Include Increased Overall Hospital Patient Activity**

While most geriatric programmes are not profitable, they remain a wise investment because of the many downstream benefits they bring to health systems. These benefits include:

- **Increased patient activity** in various service lines (e.g. orthopaedics, cardiology, neurology, and general surgery) throughout the health system.
- **Downstream revenue** when patients require further screenings and hospital services.
- **Opportunity for hospitals to align with post-acute providers**—such as home health—and other community care providers, enhancing service offerings.
- **Reduced readmission** of elderly patients and increased length of time between admissions.

2. **Geriatric Assessment Services Are An Effective Way to Introduce Geriatric Programmes to the Community**

Of the five health systems and hospitals profiled, three offer outpatient geriatric assessment services. Geriatric assessments are comprehensive examinations performed by geriatricians to identify new and existing problems associated with ageing. While the scope of geriatric assessment services vary, most include a full physical exam, testing to evaluate emotional and mental status, and a review of all drugs and supplements being taken. Geriatric assessments allow providers to make diagnoses and create on-going treatment plans for elderly patients. Hospital B believes a geriatric assessment service is the best way to introduce geriatric care to the community. Providing outpatient geriatric assessment services is a logical first step to building a geriatric service line.

3. **Mobile ACE Programme More Practical Than Dedicated Unit**

The majority of health systems and hospitals profiled preferred mobile acute care for elders (MACE) programmes to ACE units. An ACE unit offers dedicated space for inpatient geriatric treatment, while a MACE team is comprised of medical staff trained specifically to handle geriatric care that visit elderly patients across all hospital units. Clinicians believe a MACE approach allows doctors and nurses greater flexibility and increased opportunity to coordinate care with doctors across departments. In addition, a geographically based geriatric unit is often impractical because there are rarely enough beds in an ACE unit to meet patient demand.

4. **Needs Assessments Guide Selected Geriatric Service Offerings and Placement**

Of the five health systems and hospitals profiled, three conducted extensive community need assessments to inform their geriatric services implementation strategy. These health systems included geriatric services with the highest demand in their programmes. Health system A analysed the number of elderly patients within each of its hospitals while creating its geriatric implementation strategy. Geriatric services were placed at hospitals with the highest percentage of elderly patients.
I. **Profile: NICHE Ensures Quality Elder Care & Reduces Hospital Costs**

Health System A is a non-profit community health system in the Northeast comprised of 5 hospitals. Health System A’s partner companies include home health services, skilled nursing and rehabilitation centres, ambulatory care centres, ambulance services, and outpatient centres. All five of Health System A’s hospitals have geriatric providers on staff as a result of its participation in the NICHE (Nurses Improving Care for Healthsystem Elders) programme, a nurse driven programme that is designed to help hospitals improve their care of older adults. The geriatric services at each of Health System A’s hospitals vary, but each facility has certified geriatric providers.

<table>
<thead>
<tr>
<th>Facility:</th>
<th>• 5 hospital system (geriatric services located at each hospital) • 5 long-term care facilities • 1 assisted living facility</th>
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<tbody>
<tr>
<td>Source:</td>
<td>• Programme Manager Geriatrics/ NICHE Programme Coordinator</td>
</tr>
<tr>
<td>Geriatric Services of Note:</td>
<td>• Acute care for elders (ACE) units • Geriatric inpatient consultation/ mobile ACE services • Geriatric fracture programme • Geriatric home care • Geriatric care provided in extended care facilities</td>
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**Market Analysis Reveals Large Need for Geriatric Services in Community**

In 2000, Health System A began efforts to launch a geriatric programme after it performed a market analysis. The analysis revealed that a significant number of its patients were over the age of 65. Currently, approximately 60 percent of patients at three of Health System A’s hospitals are over the age of 65. The elderly population in its other two hospitals is 40 percent and 43 percent, respectively. Health System A concluded that it needed to place certified geriatric providers throughout its entire system, due to the high activity of elderly patients in all five of its hospitals. A market analysis of potential geriatric activity can reveal where there is the greatest need for services, helping health systems determine where to place geriatric programmes.

**NICHE Programme Enhances Quality Elder Care and Increases Geriatric Programme’s Visibility Among Hospital Staff and Patients**

Educating hospital nurses is a significant focus of Health System A’s geriatric programme. To ensure that Health System A had the capacity to meet the demand for geriatric services, the system received a grant to implement and joined the NICHE programme. The NICHE programme is designed to improve the quality of care for hospitalised elderly patients by increasing awareness of geriatric issues, improving staff competence in geriatric care, and supporting the implementation of hospital geriatric protocols. The programme offers courses that provide nurses with a comprehensive geriatric knowledge base.

Over 500 hospitals and health care facilities participate in the NICHE programme. Upon implementation of the NICHE programme, enhanced nursing knowledge and skills caused decreased LOS, reduced readmission rates, increased the length of time between admissions, and reduced overall costs associated with hospital care for the elderly.
As a result of NICHE, Health System A has 160 certified geriatric nurses. Once nurses are certified in geriatrics they are assigned to units throughout the system, where they perform rounds with an interdisciplinary team across an entire hospital.

**ACE Units Placed At Hospitals with High Activity of Elderly Patients**

Health System A is one of the few systems in the country that has an acute care for elders (ACE) unit. ACE is a model of inpatient care geared to avoid complications and return elderly patients to their level of baseline function prior to hospitalisation through attention to staffing, care protocols, and the unit’s physical design.

Health System A has a total of two ACE units, located in two of its five hospitals. Health System A used demographic data to determine where it would place its ACE units by selecting hospitals that had the highest activity of elderly patients. Health System A’s Hospital A has a 40-bed ACE unit and its Hospital B has a 24-bed unit. These ACE units are for patients who are 65 or older with an acute illness, and are not in need of cardiology or oncology care. Patients from nursing homes, assisted living facilities, and patients with Parkinson’s or Alzheimer’s disease are also eligible for admission into the ACE unit. The gerofriendly amenities in Health System A’s ACE units include:

- Recliners and low beds for disabled patients
- Geriatric chairs (geriatric chairs are pressure reducing reclining chairs designed to meet the needs of older users.)
- Use of up-lighting to reduce glare
- Wheelchair and walker accessible lavatories to reduce falls
- Patient beds equipped to signal to the nursing station if a patient attempts to move from their beds without nurse support

**Geriatric ED Is the Next Step in Efforts to Build a Geriatric Service Line**

Looking forward, Health System A hopes to build a comprehensive geriatric service line that will include: ACE units, geriatric EDs, geriatric assessment centres, and medication review programmes. At the top of its wish list is a geriatric ED. A geriatric ED would ensure that Health System A has identified beds and educated staff to care for elderly patients with complex needs in an emergency setting. Health System A recently applied for a grant to implement a geriatric ED in 2014; it is currently waiting on funding to begin construction.
II. Profile: Co-management Model Reduces PCP-Geriatrician Turf War

Hospital B is a 383-bed private, non-profit community teaching hospital located in the Northeast. In 2000, Hospital B’s Chairman of Medicine formed a geriatric programme after he saw the need to streamline and elevate Hospital B’s services for its frail and elderly patients. As a result, the system hired a board-certified geriatrician to create a geriatric programme and eventually to grow it into a robust service line. Today, Hospital B’s geriatric programme is ranked as one of the best in its region by U.S. News and World Report.

Hospital B’s Centre for Geriatrics is staffed by a Geriatric Specialty Services Team that works together to provide care and support for elderly patients and their families. The collaborative team includes board-certified geriatricians, board-certified geriatric psychiatrists, certified geriatric nurse practitioners and staff experienced in geriatric care. Initially nurse practitioners ran the geriatric programme at Hospital B, but now five full-time geriatricians and two part-time geriatricians run the programme. Hospital B’s inpatient and emergency department geriatric services are housed in the main hospital facility, while its outpatient services are located in another facility approximately fifteen minutes away from Hospital B by car. In addition to providing geriatric services in the hospital, Hospital B serves approximately thirteen skilled nursing facilities (SNFs) and assisted living facilities in the community.

Geriatric Assessment Centre Introduces Elder Care to Community

The first geriatric service Hospital B included in its geriatric programme was a specialised geriatric outpatient assessment service. Hospital B believes that the first step to identifying the correct care for elderly patients is through a geriatric assessment. The major components of a geriatric assessment include a full physical exam, tests to evaluate physical, emotional, and mental status, and a review of all drugs and supplements being taken. Hospital B found that its geriatric assessment programme was a great way to introduce the community to its geriatric programme. Furthermore, Hospital B believes that a geriatric assessment programme is easy to build upon, and feeds patients into many other geriatric service offerings within a health system.
**GEMS Programme Differentiates Hospital from Competitors**

While other area hospitals offer geriatric services, none have the same scope of offerings as Hospital B. In order to remain competitive with area programmes, executives continually add new geriatric services. One of the most unique services is Hospital B’s Geriatric Emergency Medicine Service (GEMS). Hospital B believes that most Emergency Departments (EDs) are not equipped to effectively care for the needs of the elderly. The GEMS programme allows Hospital B to care for geriatric patients in an ED without designating facility space specifically for a geriatric ED. The Geriatric Emergency Medicine Service (GEMS) was developed by Hospital B as a collaborative approach to address the special needs of older patients in the ED. The GEMS approach ensures coordination with existing emergency department resources and staffing, is budget neutral, and improves quality, throughput and patient experience. At Hospital B, a dedicated GEMS nurse practitioner oversees ED care for elderly patients. Currently, the programme is staffed by two full time GEMS NPs. GEMS is available from 9:00 AM to 7:00 PM seven days a week.

**Inpatient Consultation Rounds Programme Increases Patient Access to Geriatric Services**

While Hospital B does not have an acute care for elders (ACE) unit within its facility, its sister hospital, Hospital C, created an ACE unit in 2006. This unit is a dedicated facility space that focuses on the function of older individuals and reviews daily the “geriatric vital signs” of mobility, mental status, continence, nutrition and integrity of the skin. The nurses who work on this unit receive specialised training to reduce falls and decrease the incidence of pressure ulcers.

Hospital B created a “virtual ACE unit” also known as a geriatric inpatient consultation or MACE programme. Because of the high activity of consultations at Hospital B, executives felt that it would be impossible to contain its geriatric patients in one ACE unit. At any given time, there are approximately forty to fifty consultations being performed at Hospital B. Therefore, it opted to create a geriatric inpatient consultation programme. Medical staffed trained specifically to handle geriatric care, otherwise known as an ACE team run the inpatient consultation programme. This ACE team visits geriatric patients across all hospital units. Hospital B found that a “virtual” inpatient consultation programme serves a greater number of patients.

**Co-management Geriatric Care Model Reduces Pushback from PCPs**

Hospital B’s leadership team made a strategic decision early in the inception of its geriatric programme to create a collaborative geriatric care model. Under this co-management model, Hospital B is responsible for treating elderly patients’ specific geriatric issues, while PCPs continue to be responsible for the overall needs of the patient. In this model, the role of the geriatrician is to aid PCPs in caring for elderly patients, rather than assuming their role as primary care provider. This co-management model allows Hospital B to foster relationships with local PCPs.
III. Profile: Geriatric Assessment Generates Downstream Hospital Revenue

Health System C is a non-profit integrated health care system located in the Mid-Atlantic. The health system is comprised of three hospitals and 35 outpatient care sites. It also partners with a number of assisted living and skilled nursing facilities (SNFs) within the two counties that it serves.

The geriatric programme at Health System C encompasses a geriatric assessment centre and inpatient geriatric psychiatric unit. The geriatric programme at Health System C is led by three employed geriatricians and two contracted geriatricians. NPs, psychiatrists, and social workers staff the geriatric programme as well. Providers at the geriatric assessment centre conduct evaluations, assess daily living skills, provide diagnosis, treatment, and referrals, and work with families to improve quality of life for elderly patients. Health System C’s geriatricians assess everything from changes in eyesight and hearing loss to Alzheimer’s disease and arthritis. In addition to the geriatric assessment and consultation services the programme provides, one of the system’s hospitals houses a small, 17-bed inpatient geriatric psychiatric unit.

White Paper Identifies Community Need and Determines Geriatric Programme Offerings

A white paper developed by Health System C promoted the formation of its geriatric programme. The paper investigated established geriatric programmes in the community, and identified opportunities for Health System C to supplement these programmes. The system interviewed key stakeholders at assisted living facilities and nursing homes, as well as primary care providers to better understand the needs of the geriatric population in its community. After investigating the market, Health System C identified a community need for a geriatric assessment centre and geriatric psychiatric unit. With the closest geriatric assessment centre located in a different county, Health System C had an opportunity to be the first system to provide this service in its catchment area. Analysing the geriatric market in its community helped Health System C identify what services were most in demand.

Geographic Challenges and Competitors Limit Services Offered

Competitors’ incumbency advantage limited the number of geriatric services Health System C selected to provide. Currently, the system does not offer adult day care or geriatric psychiatric consultations in SNFs because competitors had already captured the majority of the market for these services.

Geographic challenges also acted as barriers to entry in the geriatric home health care space. Long travel requirements for providers made geriatric home health care an unattractive market for Health System C to enter. In addition, there were several other
competitors in this market. Health System C’s geriatric implementation strategy was to focus on what geriatric services were missing in its community, rather than trying to launch a comprehensive geriatric programme.

**Geriatric Assessment Generates Downstream Revenue When Additional Screenings and Services Are Needed**

The assessment programme has brought downstream benefit to Health System C. At the first geriatric assessment visit, the health care team conducts a comprehensive evaluation that includes a complete medical and social history, mental status testing, physical examination and nutritional review. Often the team will suggest other diagnostic tests that may reveal the cause of an elderly patient’s symptoms including blood work, X-rays and brain imaging (MRI or CT scan). The geriatricians may also suggest consultation with other medical specialists, such as physical therapists. After the assessment is completed, a geriatrician discusses the findings with the patient and caregivers; often these patients require further hospital services.

**Geriatric Assessment Facility’s Central Location Increases Patient Access**

The geriatric assessment centre is located at a single standalone facility in the centre of the city, making it easily accessible to patients throughout Health System C’s catchment area. The centre is approximately one mile from one of Health System C’s hospitals, allowing the centre to transfer patients easily if necessary. The geriatric assessment programme began in one of the system’s internal medicine practices, but moved to a standalone centre only after the system recruited dedicated geriatricians to run the programme.

**Discharge Consultations Aids Bottom Line by Reducing Patient Readmissions**

Looking forward, the strategic planning team envisions a geriatric discharge consultation programme that it hopes will meet the demands of Medicare’s Readmission Reduction Programme. Geriatricians are armed with the knowledge of the institutional needs and services an elderly patient needs after leaving the hospital. Often many elderly patients are considered potentially unsafe to discharge, and thus it is imperative to communicate to patients and caregivers pertinent information for quality follow-up care in the community, especially if patients require long-term care at an institution. As readmission reduction becomes an increasingly important area of focus for hospitals, Health System C believes that it must leverage the knowledge of its geriatricians in order to reduce hospital readmissions, and ensure patients are being transferred to a facility with an appropriate level of care after they are discharged.

**Most Powerful Marketing Tool is “Caring for the Caregiver” In-Person Educational Series**

Recognising that elderly patients are unlikely to self-select for a geriatric assessment appointment, Health System C pursued an aggressive marketing campaign targeting elderly caregivers and family members.

Health System C found that marketing to caregivers and family members is by far the most powerful tool to capture patients. Health System C partnered with the Area Agencies on
Aging to promote a “Caring for the Caregiver” in-person educational series. This series served as a means to educate caregivers on the morbidities associated with old age and to help them recognise signs of decreased cognition in the elderly. The presenters in this series included geriatricians who shared clinical knowledge and provided insight on various treatment paths.
Health System D is a non-profit academic medical centre comprised of four hospitals located within three main campuses and more than 100 ambulatory care offices within its catchment area in the Northeast.

The geriatric programme at Health System D began as both a clinical and training programme. The programme was not designed to meet all the needs of the frail elderly in the community as a clinical service line; rather, it includes a select number of programmes that serve some, and provide training and expertise to graduate medical students.

The Division of Geriatrics at Health System D offers primary and consultative care for older adults. Currently, the Division of Geriatrics at Health System D has dedicated geriatric teams at three of its hospital sites. These multidisciplinary geriatric teams include board-certified geriatricians and geriatric psychiatrists, as well as nurse practitioners, social workers, and allied pharmacists. These teams work with specialists to address the complex needs of elderly patients.

**Ambulatory and Post-Acute Care Services Reflect Community Need and Strategic Response to ACO Implementation**

The ambulatory and post-acute services at Health System D exist to meet community needs and help achieve savings in the new ACO payment model. The outpatient programme at Health System D includes two interdisciplinary ambulatory practices that offer primary care and consultations to elderly patients. Specifically, these ambulatory practices provide:

- Dementia care
- Falls assessments
- Osteoporosis evaluations (housed in the Comprehensive Bone Centre)

Health System D is currently building a new dementia programme which will house both a neurology geriatric team and a geriatric rehab team. In addition to these services, Health System D has an elder abuse programme that is easily accessible to all patients within the health system. Currently, there is an unending demand for ambulatory geriatric services, which Health System D struggles to meet. The ambulatory services Health System D selected to offer are those that they found were the highest in demand.

In addition to its ambulatory practices, Health System D offers primary care to homebound patients. This programme is important because Health System D is part of an Accountable Care Organisation (ACO). As a result, it will only realise savings if its discharged, homebound patients receive appropriate post-acute and home care. Thus, launching a home care programme ensures that once elderly patients leave the hospital they receive the correct level of care, preventing hospital readmissions and other avoidable complications. It is in the best interest of health systems to ensure that their patients receive appropriate post-acute care.
care, as they are collectively responsible for the total cost and quality of care provided to a patient over time.

**Academic Mission Drives Inpatient Programmatic Decisions**

While Health System D’s geriatric services span the continuum of care, the programme has clinical and programmatic gaps as a result of its academic mission. Health System D’s mission drove it to disband its geriatric inpatient facility approximately five years ago because Health System D wanted medical trainees to provide care in multiple settings rather than in one dedicated inpatient space. As a result, Health System D offers acute and psychiatric consultations to elderly patients admitted to its system without a dedicated space for these services.

**Geriatrics is a Loss Leader in FFS Environment, But Feeds Other Specialty Services**

Health System D acknowledges that geriatrics is a loss leader in a fee-for-service (FFS) environment. It notes that while geriatric services are a net loss for the system, a geriatric programme remains a wise investment due to the many downstream benefits they bring health systems. Patients who seek out geriatric services are more likely to use the programme’s affiliated hospitals for future health needs. In addition they also feel a greater sense of loyalty to the health system, thus increasing the probability that they may recommend its services to friends and family.

Of the many benefits Health System D has seen from its geriatric programme, increasing patient activity is one of the most significant. Attracting geriatric patients to Health System D increased patient activity in various service lines throughout the hospital, especially for orthopaedics, cardiology, neurology, and general surgery. A geriatric programme generates downstream activity or revenue by fostering loyalty to the hospital and capturing patients that require further hospital services.

**Success of Geriatric Programme Attributed to Health System D’s Collaborative Culture**

Dedicated geriatric teams and gerofriendly specialists work together seamlessly to address the complex needs of elderly patients. Health System D did not find integrating numerous service lines to be a challenge. The Vice Chairman of Medicine found that geriatric teams reacted positively to working with other service lines, as long as they collaborated with specialists that had some understanding of the complex needs of elderly patients. The success of a geriatric service line is significantly dependent on the collaboration of multiple disciplines. Furthermore, many geriatric consultation requests come from specialists. Thus, a collegial relationship among geriatricians and specialists is essential.

**Limited Supply of Geriatricians Hinders Growth of Geriatric Division**

The lack of geriatricians in the area poses a challenge to the expansion of a geriatric programme at Health System D. The low reimbursement that geriatricians receive makes doctor recruitment and expansion of geriatric services at Health System D almost impossible. Health System D cited a lack of trained geriatricians as the most significant factor limiting
geriatric programme growth. As the elderly population continues to grow, Health System D struggles to meet the demand for geriatric services due to capacity challenges.

Looking forward, Health System D does not think nurse practitioners (NPs) and doctor assistants (PAs) are the answer to its capacity problem. While these providers can alleviate some problems associated with the geriatrician staffing shortage, they cannot solve the geriatrician supply problem. The Vice Chairman of Medicine believes that NPs and PAs simply do not have the training or capacity to care for geriatric patients without the supervision of geriatricians. Furthermore, hiring additional NPs is not a cost-effective alternative for Health System D since nurse practitioners in its region receive compensation that is similar to junior geriatric faculty members.
V. Profile: Mobile ACE Teams More Practical Than Dedicated Unit

Health System E is a progressive, academic medical centre in the Mid-Atlantic comprised of over 20 hospitals, and over 400 clinical locations.

The Division of Geriatric Medicine at Health System E offers a significant number of geriatric services. Throughout the system the Division of Geriatric Medicine provides primary care to older adults with complex health care needs, and consultations to patients with specific geriatric conditions. In addition to providing primary care, Health System E partners with PCPs in the community to co-manage patients. Health System E’s clinical practice focuses on assessing the medical, physical, cognitive, psychological, and social aspects of an older person’s life to optimise their quality of life. Currently, the Division of Geriatric Medicine has geriatric teams at a number of its hospitals. These multidisciplinary geriatric teams include board-certified geriatricians and geriatric psychiatrists, as well as nurse practitioners, physical therapists, social workers, and allied pharmacists. These teams work with specialists to address the complex needs of elderly patients. In addition, if Health System E’s geriatricians do not normally practice at the hospital where an elderly patient has been admitted, the geriatric programme will make every attempt to co-manage care with a doctor at that hospital. The success of the geriatric programme at Health System E is evident; Health System E’s geriatric programme is ranked as one of the best in the country by U.S. News and World Report.

Wide Scope of Services Differentiates Geriatric Programme from Competition

Health System E has one of the largest, and most robust geriatric programmes in the United States. The system provides a wide range of outpatient, inpatient, long-term, and home geriatric care.

Services provided by the Aging Institute at Health System E include but are not limited to the following:

- Adult day care
- Alzheimer’s care
- Assisted living
- Depression for the elderly
- Elder abuse
- Falls and mobility assessments
- Hospital care
- Home Care
- Incontinence
- Long-term acute care
- Medication management
- Memory
- Mental Health
- Nutrition
- Occupational therapy
- Outpatient programmes
- Physical therapy
- Psychiatric services
- Rehabilitation
- Respiratory Therapy
- Speech therapy
- Transitional care
- Vision
- Wellness centres
MACE Team Model Reduces Turf Wars Among Specialists

Inpatient geriatric care at Health System E is run by a mobile acute care for elders (MACE) team. The MACE team is comprised of a geriatrician, geriatric nurse, doctor’s assistant, social worker, and pharmacy staff members that perform consults throughout an entire hospital. A MACE team model does not have designated facility space for elderly patients.

The Chief of Geriatrics at Health System E believes a MACE approach is superior to an inpatient ACE unit for a number of reasons, including:

- **Facility capacity limits:** There are more elderly patients in a hospital than there are beds in an ACE unit. With limited space these units require providers to ration geriatric care.

- **Turf wars:** Due to the overlap in clinical services that are needed to care for geriatric patients, executives risk creating increased competition among various specialties (e.g. cardiology, orthopaedics, neurology, and general surgery) if they designate inpatient facility space to geriatrics. Due to the numerous morbidities elderly patients suffer from, specialists may compete for admitting privileges.

- **Provider shortage:** ACE units require a geriatrician to lead them, and there are simply not enough geriatricians in the country to dedicate time to leading ACE units.

Health System E believes MACE teams allow doctors and nurses greater flexibility and increased opportunity to coordinate care with doctors across departments.

Community Needs & Capacity Assessment is Essential to the Success of a Geriatric Programme

Health System E’s Chief of Geriatrics believes that health systems must evaluate the risks associated with geriatric programmes prior to launch. The magnitude of potential loss and probability of this loss vary from region to region. In addition, he advises health systems to conduct a needs assessment prior to launching a geriatric programme to ensure that health systems are offering in-demand services while also taking into account its capacity to meet the needs of the community. Often health systems launch geriatric programmes without considering many of the hidden costs associated with treating elderly patients.

Extensive Experience with Care Transitions Make Geriatricians Valuable Strategic Advisors during Payment Reform

As payment reforms continue, health systems participating in ACOs have much to learn from geriatric programmes. Geriatricians are trained to effectively manage the most complex patients throughout an entire episode of care. Looking forward, Health System E hopes to engage geriatricians as strategic advisors. Their input is essential to creating policies and procedures that will lead to savings realised by the system in an era of payment reform. For example, in an ACO model, hospitals will achieve saving only if patient care is coordinated across settings. Geriatricians understand how a patient moves through the entire continuum of care, and thus can advise hospital planners on how to streamline acute care and create comprehensive ambulatory networks. With their vast knowledge of the care continuum geriatricians are key to ensuring that patients receive quality care across a number of care settings.