

EPIC-GP (Excellence in Primary Integrated Care-Geriatric Patients)

EPIC-GP is part of a statewide HRSA Geriatric Workforce Enhancement Program (GWEP) grant and addresses the GWEP program focus of integrating best-practice geriatric principles and education in primary care. EPIC-GP leverages the Medicare Wellness Visit (MWV) for this purpose. EPIC-GP also links MWV outputs to subsequent primary care management and emphasizes patient-centered approaches to community resource linkages and advance care planning. Project development and refinement is aided by a consultant panel of representatives from regional stakeholder organizations.

EPIC-GP provides needed structure for primary care geriatric practice and training by using the Chronic Care Model (CCM) as a framework. Coordinated delivery design, decision support and information systems are realized through: 1) systematic case-finding using the electronic medical record (EMR) to identify vulnerable elders (over age 75, taking 9 or more medications, hospitalized in past year), 2) development of a program using MWVs for systematic assessment (care coordination, preventive care needs, resource needs, screening for geriatric syndromes, advance care planning), 3) guided evaluation of syndromes and other needs suggested in MWV screening through use of EMR templates created under this project, and 4) informal consultation or comprehensive geriatric assessment if needed. Community engagement is accomplished through a consultant panel of regional stakeholder organizations. Panel members will offer respective perspectives in overcoming barriers, refining project activities via PDSA methods, and facilitating opportunities to engage other community stakeholders.

Community service linkage and patient engagement/self-care is further realized via working with Virginia Senior Navigator (SN). SN is web-based and also provides in-person assistance through training volunteer “navigators” in non-clinical venues such as libraries and senior centers. EPIC-GP brings SN into the clinical domain by training clinicians and staff as SN navigators to enable resource linkage at the point of care in coordination with area agencies on aging. Patient engagement is also operationalized by using narrative medicine techniques to personalize advance care planning.

EPIC-GP relies on the MWV, which is markedly underutilized at EVMS and nationally. Patient/caregiver barriers may include limited access, limited knowledge, health beliefs that endorse refusing preventive care (“The flu shot gave me the flu”), or bad press (“death panels”). Providers may not advocate the MWV due to cumbersome documentation, lack of perceived need, perceived burden, and other knowledge limits. However, understanding of which barriers are most salient is lacking.

Accordingly, this PCL project extends EPIC-GP by conducting a broad-based needs assessment of patients, caregivers, and providers, seeking additional support from PCL for this purpose. A mixed methods approach is proposed wherein qualitative interviews and focus groups will be used to identify patient/caregiver and provider perceptions (knowledge and beliefs) regarding the MWV, its value, costs, benefits, and disincentives. This information and extant literature will be used to a quantitative needs assessment survey instrument to be administered within EVMS and community partners. Findings will inform both patient education/activation and clinician/staff education/engagement in EPIC-GP. Results can increase use of the MWV benefit in other venues to improve geriatric primary care and outcomes.