

Systems-Based Care for Frail Elders at a Federally Qualified Health Center

This project will adapt best practices in managing the needs of frail elderly patients to the context of an urban Federally Qualified Health Center.

The project will be based at Williamsbridge Family Practice Center, a Bronx, NY community health center that is part of Montefiore Medical Group and staffed by physicians from Montefiore's Department of Family & Social Medicine. Of 9,599 primary care patients at Williamsbridge, 1,370 (14%) are 65 years old or older.

Montefiore's primary care system has evolved over the course of years towards an advanced primary care model that promotes team-based care, care coordination, use of data to support population health management, integrated disease management, and engagement of community resources. This project will build on this foundation to develop and implement a structured approach to identify and address the needs of frail elderly patients. The approach will be informed by available evidence for best practices, will utilize quality improvement methodology, and will be shaped by the input of primary care team members at the pilot site.

During a one-year period, this project will (1) implement a rapid-cycle quality improvement project to apply evidence-based practices to frail elderly patients receiving care from the primary care team; (2) identify existing and needed data elements to support identification of frail elderly patients, assess patients' needs and goals, assess caregiver needs, and monitor key processes and outcomes; and pilot actionable data reports; (3) strengthen partnerships and resources that can improve care for frail elderly patients; and (4) define a setting-appropriate care model, based on evidence and adapted to local organizational structure and culture, that defines how the primary care team can consistently provide best-practice care coordination for frail elders. As part of this process, ongoing gaps in education, resources, or key partner types will be identified and addressed.

As is typical in the primary care setting – especially in a low-income urban area – Williamsbridge primary care teams have great ongoing demands on their energy, focus, and time. Barriers to this project will be mitigated by actively engaging physicians and staff in the development and implementation of the care model for frail elders. We believe that a care model that is highly informed by the primary care team is more likely to be feasible and sustainable, and is more likely to be successfully adopted at additional sites.