



# IU GERIATRICS MODELS OF CARE

## GRACE • Geriatric Resources for Assessment and Care of Elders



- Low-income seniors frequently have multiple chronic medical conditions for which they often fail to receive the recommended standard of care.
- Tests the effectiveness of a geriatric care management model on improving the quality of care for low-income seniors in primary care.

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- GRACE patients compared to usual care had better quality of care, improvements in health-related quality of life, and a reduction in ED visits over 2 years; hospital admission rates were decreased in a high risk group.
- In the high risk group, GRACE is cost neutral since increases in chronic and preventive care costs are offset by reductions in acute care costs.

Counsell SR, Callahan CM, Clark DO, Tu W, Buttar AB, Stump TE, Ricketts GD. Geriatric care management for low-income seniors: a randomized controlled trial. *JAMA*. 2007 Dec 12;298(22):2623-33.

Counsell SR, Callahan CM, Tu W, Stump TE, Arling GW. Cost analysis of the Geriatric Resources for Assessment and Care of Elders care management intervention. *J Am Geriatr Soc*. 2009 Aug;57(8):1420-6.

## IMPACT • Improving Mood - Promoting Access to Collaborative Treatment



- Few depressed older adults receive effective treatment in primary care settings.
- Determines the effectiveness of the Improving Mood-Promoting Access to Collaborative Treatment collaborative care management program for late-life depression.
- The IMPACT collaborative care model appears to be feasible and significantly more

effective than usual care for depression in a wide range of primary care practices.

Unützer J, Katon W, Callahan CM, Williams JW Jr, Hunkeler E, Harpole L, et al; IMPACT Investigators. Improving Mood-Promoting Access to Collaborative Treatment. Collaborative care management of late-life depression in the primary care setting: a randomized controlled trial. *JAMA*. 2002 Dec 11;288(22):2836-45.

## PREVENT • Providing Resources Early to Vulnerable Elders Needing Treatment for dementia

- Most older adults with dementia will be cared for by primary care physicians, but the primary care practice environment presents important challenges to providing quality care.



- Tests the effectiveness of a collaborative care

model to improve the quality of care for patients with Alzheimer disease.

- Collaborative care for the treatment of Alzheimer disease resulted in significant improvement in the quality of care and in behavioral and psychological symptoms of dementia among primary care patients and their caregivers. These improvements were achieved without significantly increasing the use of antipsychotics or sedative-hypnotics.

Callahan CM, Boustani MA, Unverzagt FW, Austrom MG, Damush TM, Perkins AJ, Fultz BA, Hui SL, Counsell SR, Hendrie HC. Effectiveness of collaborative care for older adults with Alzheimer disease in primary care: a randomized controlled trial. *JAMA*. 2006 May 10;295(18):2148-57.



# IU GERIATRICS MODELS OF CARE

## House Calls for Seniors

- Homebound seniors suffer from high levels of functional impairment and are high-cost users of acute medical services.
- Describes a 7-year experience in building and sustaining a physician home visit program.
- Consistent with the program goals, primary care, specialty care, and emergency department visits declined in the year after enrollment, whereas access and quality-of-care targets improved. An academic physician house calls program in partnership with a healthcare system can improve access to care for homebound frail older adults,



improve quality of care and patient satisfaction, and provide a positive learning experience for trainees.

Beck RA, Arizmendi A, Purnell C, Fultz BA, Callahan CM. House calls for seniors: building and sustaining a model of care for homebound seniors. *J Am Geriatr Soc.* 2009 Jun;57(6):1103-9.

## Defining the Domain of Geriatric Medicine

- Healthcare systems use a variety of strategies to maximize their geriatric expertise. In general, these health systems tend to focus geriatric medicine resources on a group of older adults that are locally defined as the most in need.
- Describes a model of care within an academic urban public health system and describes how local characteristics interact to define the domain of geriatric medicine.
- The local geriatric medicine program includes sites of care in inpatient, ambulatory, nursing home, and home-based settings. By design, this geriatric medicine clinical practice complements the care provided to older adults by the primary care practice. Primary care physicians tend to cede care to geriatric medicine for older adults with advanced disability or geriatric syndromes. This is most

## ACE Consults in Collaboration with Hospitalists

- Acutely ill hospitalized older adults often experience a decline in function that may be preventable using a proactive, interdisciplinary, patient-centered approach. Hospitalists are treating an increasing number of these patients.

- A proactive geriatrics consultation model to prevent functional decline and improve care for older patients with geriatrics syndromes was developed and implemented in partnership with a large hospitalist group in a community teaching hospital. A team of a geriatrician and a geriatrics nurse practitioner led the new consultation service.



- Analysis of hospital administrative data revealed a lower length of stay index and lower hospital costs in patients receiving a geriatrics consultation. The ACE Consult Service represents a promising model of collaboration between hospitalists and geriatricians for improving care of hospitalized older adults.

Sennour Y, Counsell SR, Jones J, Weiner M. Development and implementation of a proactive geriatrics consultation model in collaboration with hospitalists. *J Am Geriatr Soc.* 2009 Nov; 57(11):2139-45.



apparent for older adults in nursing facilities or those requiring home-based care. There is a dynamic interplay between design

features, reputation, and capacity that modulates volume, location, and type of patients seen by geriatrics.

Callahan CM, Weiner M, Counsell SR. Defining the domain of geriatric medicine in an urban public health system affiliated with an academic medical center. *J Am Geriatr Soc.* 2008 Oct;56(10):1802-6.

# IU GERIATRICS FACULTY



**Gregory W. Arling, PhD**  
Associate Professor of Medicine  
Scientist, IU Center for Aging Research  
Investigator, Regenstrief Institute

*Interest focuses on applied research that will improve the effectiveness of health and long-term care for older people*



**Teresa M. Damush, PhD**  
Associate Research Professor of Medicine  
Scientist, IU Center for Aging Research  
Investigator, Regenstrief Institute  
Research Scientist, Indianapolis VAMC, HSR&D

*Research interest is translation of guidelines into practice and evaluation of implementation strategies to change primary and specialty care practice; develop patient interventions designed to improve health-related quality of life*



**Robin A. Beck, MD**  
Assistant Professor of Clinical Medicine  
Medical Director, House Calls for Seniors  
Medical Director, Senior Care at Wishard  
Section Chief, Geriatrics, Wishard Memorial Hospital

*Interests are developing & improving clinical programs to provide excellent health care to frail older adults across continuum, focusing on homebound*



**Hugh C. Hendrie, MB, ChB, DSc**  
Professor, Department of Psychiatry  
Scientist, IU Center for Aging Research  
Investigator, Regenstrief Institute

*Research interests relate to preserving cognitive and emotional health in the elderly and intervention trials for dementia and depressive disorders in primary care*



**Malaz Boustani, MD, MPH**  
Associate Professor of Medicine  
Director, Aging Brain Program, IU Center for Aging Research  
Investigator, Regenstrief Institute  
Founder & Chief Research Officer, Indianapolis Discovery Network for Dementia

*Research focuses on rapid translation of aging brain research discovery into health care delivery*



**Siu L. Hui, PhD**  
Professor, Department of Medicine  
Biostatistics Director, IU Center for Aging Research  
Director Biostatistics Section, Regenstrief Institute

*Research interest is in development of statistical methods and their application to biomedical and health services research*



**Ella Bowman, MD, PhD**  
Assistant Professor of Clinical Medicine  
Medical Director, Acute Care for Elders (ACE) Unit & Consult Service, Wishard Health Services

*Interests include care of frail hospitalized patients with multiple co-morbidities, health hazards of hospitalization, and palliative care and end of life issues*



**Todd James, MD**  
Assistant Professor of Clinical Medicine  
Medical Director, GRACE/Bridge Care Management, Wishard Health Services

*Interests include innovative methods for teaching geriatric medicine and inter-professional team care*



**Daniel O. Clark, PhD**  
Associate Professor of Medicine  
Scientist, IU Center for Aging Research  
Investigator, Regenstrief Institute

*Research focuses on better understanding health behaviors; designing and evaluating programs to meet the health promotion and self-management needs of adults*



**J. Eugene Lammers, MD, MPH**  
Adjunct Clinical Professor of Medicine  
Medical Director, Senior Patient Safety and Quality  
Medical Director, Clarian Senior Health Center  
Medical Director, Palliative Care at Methodist Hospital

*Interests include care of the frail and hospitalized elderly, hospital system approaches to improving care, and medical ethics*



**Christopher M. Callahan, MD**  
Cornelius and Yvonne Pettinga Professor in Aging Research  
Director, IU Center for Aging Research  
Investigator, Regenstrief Institute

*Research focuses on health systems interventions to improve the care of older adults in primary care settings*



**Douglas K. Miller, MD**  
Richard M. Fairbanks Professor in Aging Research  
Associate Director, IU Center for Aging Research  
Investigator, Regenstrief Institute

*Research focuses on investigation of the causes and remediation of frailty and related health disparities in older African-Americans living in urban areas*

# IU GERIATRICS FACULTY



**Arif Nazir, MD, CMD**  
 Assistant Professor of Clinical Medicine  
 Medical Director, Extended Care  
 Medical Director, Westpark Rehabilitation  
 and Healthcare Center  
 Vice President for Medical Education,  
 The Waters of Indiana

*Interests are to improve the care of frail,  
 nursing home residents via collaborative  
 models of care and interdisciplinary educa-  
 tion*



**Monica Tegeler, MD**  
 Assistant Professor of Clinical Medicine  
 Medical Director, American Village  
 Medical Director, Briarwood Health and  
 Rehabilitation Center

*Interests include long term care and  
 palliative care*



**Felipe Perez, MD**  
 Associate Professor of Clinical Medicine  
 Director, Geriatric Medicine Fellowship  
 Medical Director, Acute Care for Elders  
 (ACE) Consult Service at Methodist Hospital

*Interest includes development of new treat-  
 ment strategies for age-related diseases,  
 focusing on longevity pathways controlled by  
 transcriptional factors HSF1 and FOXO*



**Kevin M. Terrell, DO, MS**  
 Assistant Professor of Emergency Medicine  
 Scientist, IU Center for Aging Research  
 Investigator, Regenstrief Institute

*Research focuses on improving the health-  
 care delivery to older adults who seek care  
 in emergency departments*



**Greg Sachs, MD**  
 Professor of Medicine  
 Chief, Division of General Internal Medicine  
 and Geriatrics  
 Scientist, IU Center for Aging Research  
 Investigator, Regenstrief Institute

*Research focuses on ethical issues surround-  
 ing research and clinical care involving people  
 with dementia, including palliative care*



**Alexia M. Torke, MD, MS**  
 Assistant Professor of Medicine  
 Scientist, IU Center for Aging Research  
 Investigator, Regenstrief Institute  
 Director, Fairbanks Fellowship in Clinical Ethics

*Research focuses on the ethical and  
 communication aspects of medical decision  
 making*



**Cathy Schubert, MD**  
 Assistant Professor of Clinical Medicine  
 Medical Director, IU Center for Senior Health  
 Medical Director, Geriatrics Consult Clinic and  
 Acute Care for Elders (ACE) Consult Service  
 at Indianapolis VAMC

*Interests include dementia, delirium  
 and geriatric consultative care*



**Wanzhu Tu, PhD**  
 Associate Professor, Department of Medicine  
 Scientist, IU Center for Aging Research  
 Investigator, Regenstrief Institute

*Primary research interest is to develop new  
 statistical methods for clinical and epidemiol-  
 ogical studies*



**Michael Sha, MD**  
 Assistant Professor of Clinical Medicine  
 Medical Director, Primary Care Geriatrics  
 Teaching Clinic, Indianapolis VAMC

*Interests are geriatric care in the primary  
 care setting and health care advocacy*



**Michael Weiner, MD, MPH**  
 Associate Professor of Medicine  
 Scientist, IU Center for Aging Research  
 Director, Indiana University Center for Health  
 Services and Outcomes Research; VA HSR&D  
 Center of Excellence on Implementing Evidence-  
 Based Practice; Health Services Research  
 Program, Regenstrief Institute, Inc.

*Research concerns measuring and improving  
 quality and delivery of health services for elders  
 and the impact of health information in health-  
 care*



**Usha Subramanian, MD, MS**  
 Associate Professor of Clinical Medicine  
 Medical Director, GRACE Program at  
 Indianapolis VAMC

*Interests are developing and testing new  
 healthcare models for frail older adults with  
 chronic illnesses to improve health while  
 lowering costs*



**Glenda Westmoreland, MD, MPH**  
 Associate Professor of Clinical Medicine  
 Director of Geriatrics Education  
 Scientist, IU Center for Aging Research  
 Statewide Competency Director  
 for Effective Communication, IUSM

*Interests are developing and implementing  
 innovative ways to teach geriatric medicine  
 and assessing impact of curricular innovations  
 on delivery of patient care*

**“We wanted to express our sincere gratitude to you and your staff for developing the GRACE program. Last week we had the privilege of a home visit from your very competent staff...”**

IU Geriatrics has experienced tremendous growth over the last few years. The program now includes a strong educational component for medical students, residents and geriatric fellows, exceptional research in the IU Center for Aging Research, and an excellent clinical program of care for older adults.

Our program has a vital role in our community, and we are privileged to help older adults face the challenges that come their way. Although we spend time in education, research, and patient care, it is individual interactions with patients and families that fuel our desire to discover new and better ways to care for seniors in Indiana.

As we continue to grow, we would be pleased if you would consider supporting our endeavors. The generosity of alumni, friends, and grateful patients



can assist IU Geriatrics in maintaining and advancing our program. Every individual contribution and every single dollar helps. Your financial support is well placed and deeply appreciated.

### **SUPPORTING IU GERIATRICS**

If you would like to learn more about supporting Indiana University's geriatrics and aging research, education, or clinical activities, please contact George Schenetzke at [gschenet@iupui.edu](mailto:gschenet@iupui.edu) or at:

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