

# Integration of Academic Geriatrics into Community Post-Acute Care

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## Background/Significance

- 20-30% older adults will need care at a community facility after hospitalization
- Post-acute care ignored by academics but continuing to ignore it is at our peril
- Chose project to bring together 2 cultures to improve area of importance to UCSF/world
- Aligns with UCSF building community partnerships + foster academic missions
- SFCJL cares for greatest number of UCSF discharges + wants improved quality of care
- SFCJL expansion prompted partnership

## Purpose/Objectives

Develop step-wise approach for sustainable integration of UCSF academic geriatricians into SFCJL, creating a center of excellence for optimizing post-acute care that fosters education, research and care in this area

## Methods/Approach

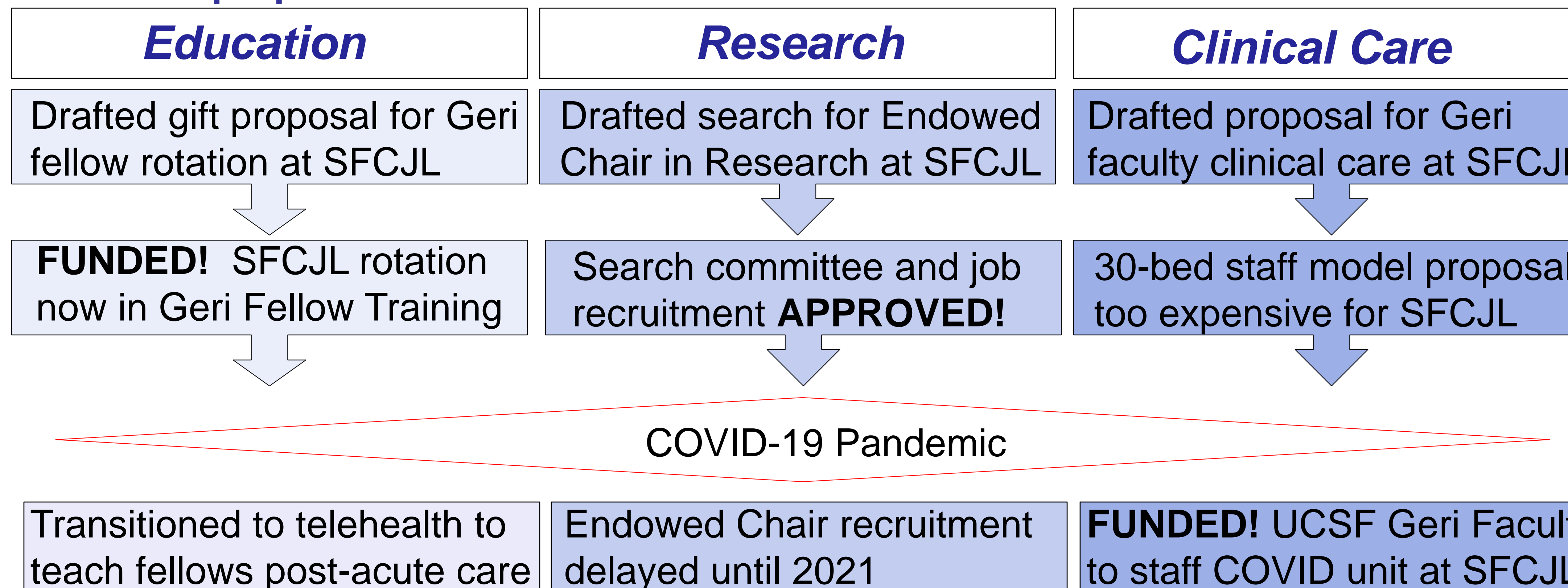
- Semi-structured interviews with 10 leaders:
  - 2 model integrated programs (Harvard—Hebrew Senior Life and University of Toronto—Baycrest)
- Hold regular stakeholder meetings that engage key UCSF and SFCJL leaders about opportunities for collaboration
- Draft proposals to support a collaboration between UCSF+SFCJL in each mission area: education, research and clinical care

## Outcomes/Results

Developed list of benefits/barriers from interviews with leaders of model programs.

Mission	Benefits to Integration	Barriers to Integration
<b>Education</b>	<ul style="list-style-type: none"> <li>• New interprofessional care setting to teach UCSF trainees</li> <li>• SFCJL residents and staff enjoy trainees/improved satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of geriatricians at SFCJL to precept UCSF trainees</li> </ul>
<b>Research</b>	<ul style="list-style-type: none"> <li>• Researchers access to unique patient cohorts at SFCJL</li> <li>• Research is foundation for improving care quality + policies</li> </ul>	<ul style="list-style-type: none"> <li>• Differences in approach to research between UCSF and SFCJL (e.g., need for academic rigor)</li> </ul>
<b>Clinical Care</b>	<ul style="list-style-type: none"> <li>• Improve SFCJL quality + marketing</li> <li>• Cost savings to UCSF from reduced hospital readmissions and access to post-acute care beds</li> </ul>	<ul style="list-style-type: none"> <li>• Medicare reimbursement is insufficient to fund post-acute care</li> </ul>

Created a proposal for UCSF-SFCJL collaboration in each mission area.



Letter to UCSF Health Leaders from SFCJL President & CEO, Daniel Ruth

On behalf of SFCJL, I want to thank the UCSF physician team. We greatly appreciate all of their tremendous work and clinical oversight and support that they provided to the patients admitted to our COVID-19 Positive Unit. The SFCJL nursing and administrative staff have been highly complimentary of not only the care provided by UCSF doctors, but also their spirit of true partnership. Please extend to the physician team our sincere thanks. We are continuing to look forward to identifying other opportunities to partner with UCSF.

## Discussion

- Many advantages to integration of academic geriatrics into community post-acute care
- Important to itemize benefits to both UCSF and SFCJL
- Best practices to overcome barriers to integration for all mission areas:
  - Alignment Task Force
  - Resident Councils as stakeholders
  - Showcase joint activities to Board
  - UCSF leadership roles at SFCJL
  - Develop foci of interest to SFCJL
  - Buddy/mentor system for UCSF faculty based at SFCJL
  - Decide on metrics of success + track

## Summary/Conclusion

- Successes of initial collaborations have created momentum and goodwill for future larger collaborations
- I learned important leadership lessons:
  - Bringing together different cultures:
    - Ask what problems are UCSF and SFCJL trying to solve?
  - Financing post-acute clinical care
  - Messaging tips to talk about:
    - “post-acute care continuum”
    - “research & education are care”
- Continuing to build partnership