

Establishing a Center for Health Services Research in Geriatrics

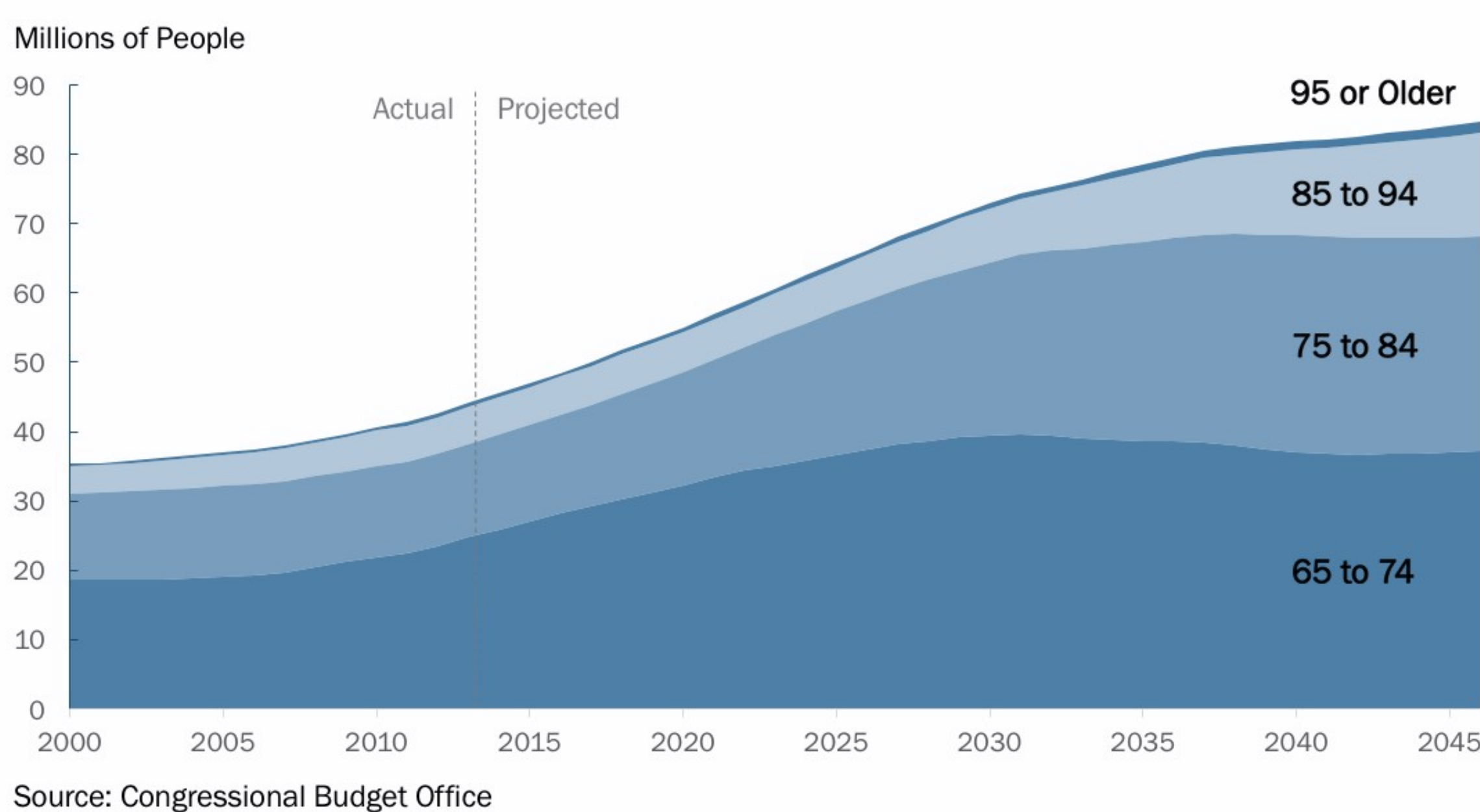
Institutional Action Project, Presented at ELAM® Leaders Forum, Class of 2021-2022



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 Collaborators: Paul Noble, MD; Nancy Sicotte, MD; Sonja Rosen, MD

Background

Number of People Age 65 or Older, by Age Group



Context at Cedars-Sinai

- Terrific opportunities for pragmatic research on healthcare delivery for older adults.
- Hybrid major academic center / large community health system
- Ranked #6 overall by U.S. News, #10 in Geriatrics
- Largest population age >80 of any academic medical center
- New Dementia Care Program (Sicotte, Neurology Chair/ELUM)
- Growing research, ranked #10 among non-University hospitals
- Health Services Research Core, Master's program
- Culture reflects a true learning healthcare system
- New Dept of Computational Biomedicine, Geriatric ED
- Department of Biomedical Sciences with PhD Programs
- **NO experienced, funded researchers in geriatrics**

Section of Geriatrics

- Est. in 2017 in the Division of General Internal Medicine, in partnership with Cedars-Sinai Medical Delivery Network
- Section leads large QI initiatives, teaches residents, conducts research



Goal

- To establish, within the Division of General Internal Medicine, a Center for Health Services Research in Geriatrics that will collaborate and synergize with existing activities in research, education, and clinical care across Cedars-Sinai.

Approach

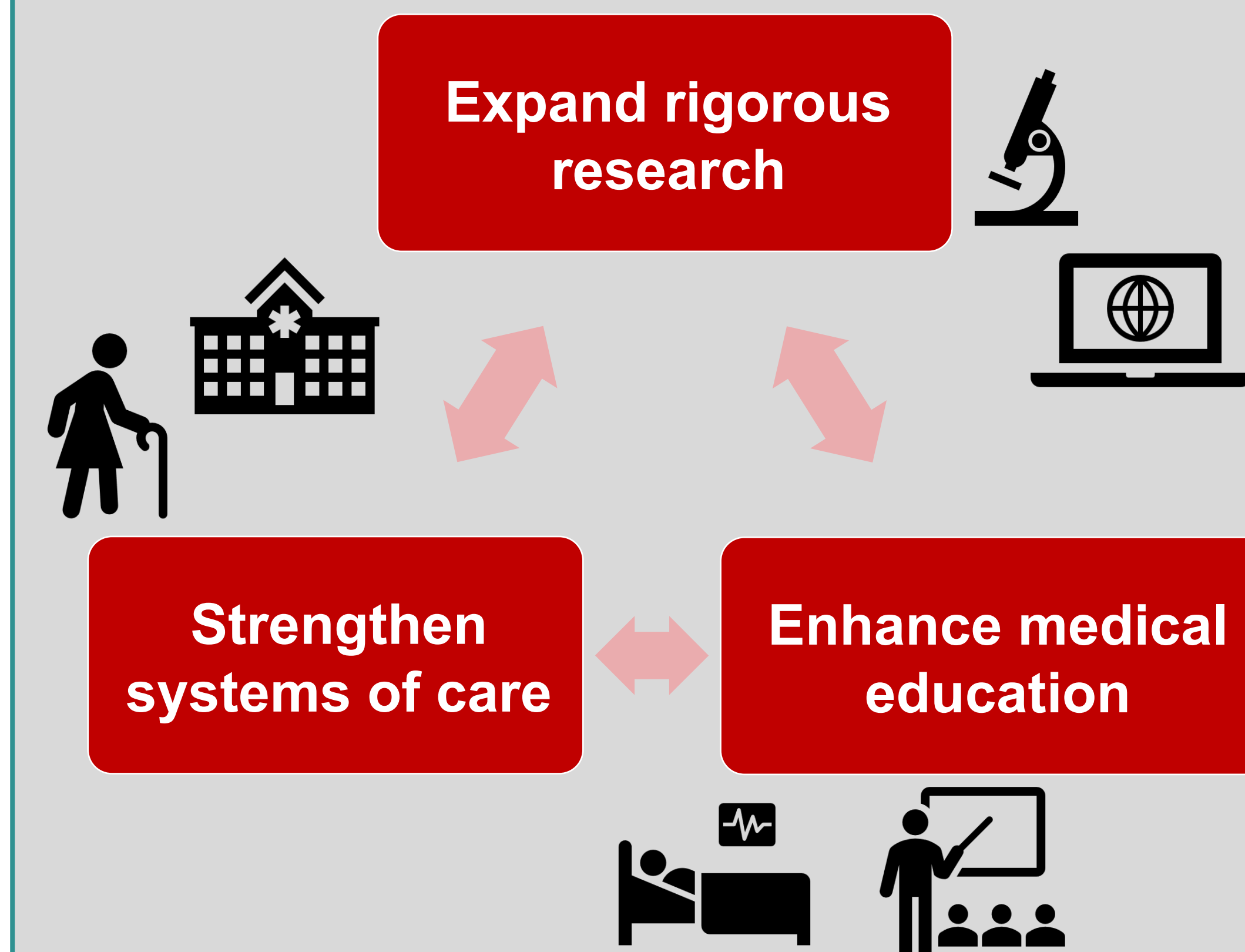
- We identified the steps involved in developing the Center and iteratively refined the concept and goals with information and input from local and national sources.

Results

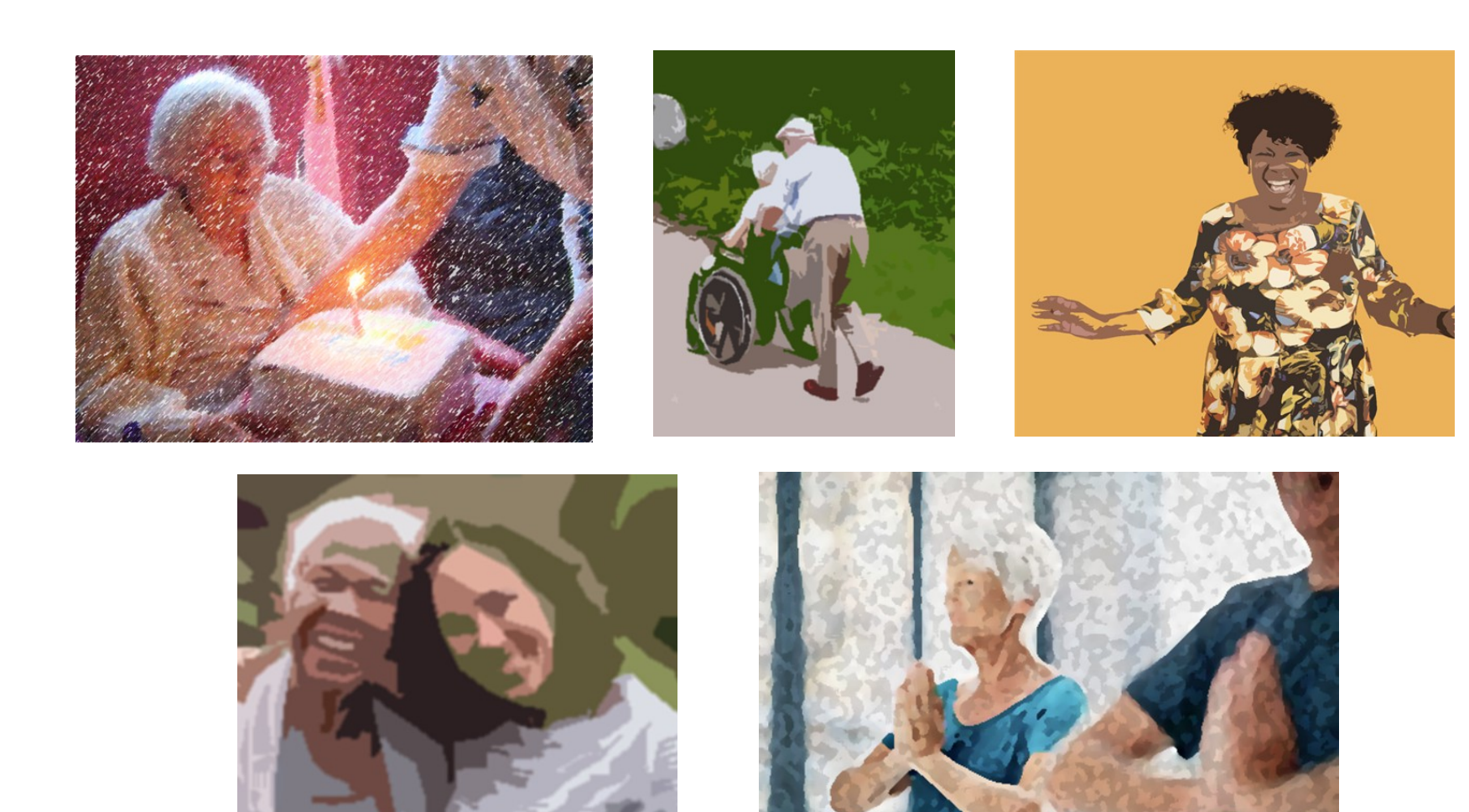
Step in Project	Status	Lessons Learned
Gather Information		
Research in aging at Cedars-Sinai currently	Complete	\$15M NIH funding for research related to aging including several basic science labs, a few junior health services researchers
National priorities for research and funding	Complete	Emphasizes strategies for improving care delivery and pragmatic research. NIA: generous paylines for dementia
Research programs in geriatrics at top institutions	Complete	Vary in size, several house geriatrics and palliative care together, some top programs have multiple research Centers
Relationship between geriatrics & palliative care	Complete	These related specialties both employ interprofessional teams to care for patients with complex illness, with an emphasis on function and quality of life. National leaders in both fields have prioritized research on strategies for improving care delivery.
Approach to establishing research center	Complete	Process is remarkably similar across sites
NIH-funded research in geriatrics	Complete	Good number of funded researchers, some at top centers and others scattered; fewer may be at a career stage suitable for this role
Engage Stakeholders		
Leaders	Complete	Dept of Medicine Division Directors, Dean's Research Advisory Committee, hospital CMO
Potential partners	Complete	Dementia Care Program/Neurology, Geriatric Emergency Dept, Palliative Medicine program with fellowship (clinical), Nursing, Orthopaedics, Computational Biomedicine, Psychiatry
Assess / Assure Feasibility		
Assess S/W/O/T	Complete	Cedars-Sinai provides exceptional care to a very large and diverse population of older adults. Biggest challenge may be cost of living in LA.
Develop financial plan	Complete	Cost of Center \$4.2M/5 yrs, estimated research revenue of >=\$1.2M/5 yrs
Philanthropic support	Ongoing	Many donors in geriatric population but will take time to cultivate donors.
Obtain approval	Ongoing	Chair of Department of Medicine gave preliminary approval
Prepare to Act		
Consider structure	Ongoing	Director and two faculty. Potential for alignment with Palliative Medicine.
Narrow goals	Mostly complete	Greatest synergies for pragmatic health services research; would consider epi, basic science; NIH/equivalent funding; highly collaborative; national reputation
Develop recruitment strategy	Ongoing	

Conclusions

An experienced geriatrics researcher will:



Milestones/Next Steps



ABSTRACT: 2022 ELAM Institutional Action Project

Project Title: Establishing the Cedars-Sinai Center for Health Services Research in Geriatrics

Name and Institution:

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Associate Professor of Medicine, Cedars-Sinai

Professor-in-Residence, David Geffen School of Medicine at UCLA

Director, Division of General Internal Medicine and

Vice Chair for Clinical Research, Department of Medicine at Cedars-Sinai Medical Center

Collaborators and Mentors: Paul Noble, MD; Nancy Sicotte, MD; Sonja Rosen, MD

Topic Category: Research

Background/Significance:

- The population age >65 years is growing rapidly. Many older adults with multiple chronic conditions, dementia, frailty, and/or functional impairment have difficulty navigating the healthcare system.
- National leaders in geriatrics have prioritized health services research to improve care delivery.
- Cedars-Sinai has many activities and assets related to health services research in older populations, including a major regional hybrid academic/community-based healthcare system, outstanding systems of care leading to a national ranking of #10 in Geriatrics, large and diverse populations of older adults, a new Dementia Care Program in Neurology, a health services research core, and a master's program in health delivery science, among others.
- Within General Internal Medicine (GIM), the Division Director (Nuckols) established a Section of Geriatrics in 2017, in partnership with Dr. Rosen (Section Chief) and the Cedars-Sinai Medical Delivery Network. GIM also houses a Palliative Medicine program and fellowship.
- Several current health services researchers in GIM have shifted their focus toward older adults and secured grant funding for research in aging populations.
- Despite these activities and assets, Cedars-Sinai has no experienced, extramurally funded researchers in geriatrics.

Purpose/Goal/Objectives: To establish, within the Division of GIM, a Center for health services research in geriatrics that will synergize with existing research, education, and clinical care activities within the Division and across Cedars-Sinai.

Methods/Approach: We identified the steps involved in developing the Center and iteratively refined the concept and goals of the Center with information and input from local and national sources.

Outcomes/Results to Date: Through the steps below, we learned many lessons and secured preliminary approval to establish the Center.

(1) Developed preliminary goals

(2) Gathered information on:

- a. Research related to aging at Cedars-Sinai

- b. Priorities for research and funding recommended by national bodies
 - c. Research programs in geriatrics nationally
 - d. Procedures for establishing a research center
 - e. Potential research, clinical, and administrative partners at Cedars-Sinai
 - f. NIH-funded research projects in geriatrics around the U.S.
- (3) Engaged stakeholders at Cedars-Sinai
 - (4) Assessed Strengths/Weaknesses/Opportunities/Threats
 - (5) Considered structure of Center
 - (6) Developed a financial plan
 - (7) Initiated a search for philanthropy
 - (8) Narrowed goals and developed selection criteria for Director

Evaluation Strategy: There are six long-term SMART goals:

2022: Nuckols (ELAM Fellow) secures final approval for Center

2023: Nuckols oversees recruitment of Director

2024: Director establishes collaborations across Cedars-Sinai

2026: Director secures new extramural research funding and hires additional researchers

2027: Center's research funding justifies expansion

Discussion/Interpretation:

Remaining steps include refining the recruitment strategy and searching for promising candidates for Center Director. We believe that an experienced, NIH-funded health services researcher in geriatrics would find Cedars-Sinai to be a terrific environment for conducting pragmatic research on healthcare delivery.

Summary/Conclusion: The proposed Center would strengthen health services research (by bringing specific expertise, mentoring junior researchers, and collaborating with other departments), education (by offering residents, clinical fellows, research fellows, and masters students more opportunities in research), and systems of care (by partnering with operational leaders to add depth and rigor to QI initiatives for older populations).