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OPTIMAL STAFFING MODELS TO CARE FOR FRAIL ELDERLY ADULTS IN PRIMARY CARE AND GERIATRIC PRACTICES

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### Authors

Auerbach, David I  
Michael, Carie  
Levy, Douglas  
et al.

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## SESSION 755 (SYMPOSIUM)

### OPTIMAL HEALTH PROFESSIONAL STAFFING OF PRIMARY CARE AND GERIATRIC PRACTICES SERVING FRAIL OLDER ADULTS

Chair: Karen Donelan, *Massachusetts General Hospital, Boston, Massachusetts, United States*

Discussant: Joanne Spetz, *University of California, San Francisco, San Francisco, California, United States*

This symposium will include 3 papers that provide critical interprofessional and interdisciplinary perspectives on our work to understand and measure staffing in health care teams caring for older adults, and frail older adults. The Health Teams for Frail Elders project was funded by the Gordon and Betty Moore Foundation from August 2016 to October 2018. Dr. Karen Donelan, project Principal Investigator, will chair the session, providing a brief project overview of project aims and activities. A survey and health services researcher, Dr. Donelan will set the context for this large scale project. Dr. Barbara Roberge, a geriatric nurse practitioner who established one of the first senior health programs in the nation along with Dr. Kenneth Minaker at Mass General Hospital, was our primary care and nursing lead on our site visits. She will talk about the care settings we visited, her development of a site assessment tool that covered a range of frail elder needs, and will summarize professional roles and staffing observed within different site types. Dr. Julie Berrett-Abebe, a junior investigator on our team (PhD 2017), will present a paper on the competencies and roles of social workers and community health workers in primary and geriatric practices, as well as the roles of community health workers. Dr. David Auerbach, a national expert in health policy and workforce analysis, will present 4 models of staffing of practices, demonstrating efficiencies in optimizing services for frail elders while minimizing costs. Dr. Joanne Spetz will be the discussant of cross-cutting themes.

### OPTIMAL STAFFING MODELS TO CARE FOR FRAIL ELDERLY ADULTS IN PRIMARY CARE AND GERIATRIC PRACTICES

David I. Auerbach,<sup>1</sup> Carie Michael,<sup>2</sup> Douglas Levy,<sup>2</sup> Peter Maramaldi,<sup>3</sup> Robert Dittus,<sup>4</sup> Joann Spetz,<sup>5</sup> Peter Buerhaus,<sup>6</sup> and Karen Donelan<sup>7</sup>, 1. *Montana State University, Bozeman, Montana, United States*, 2. *Massachusetts General Hospital, Boston, Massachusetts, United States*, 3. *Simmons College School of Social Work, Boston, Massachusetts, United States*, 4. *Institute for Medicine and Public Health at Vanderbilt University, Nashville, Tennessee, United States*, 5. *Institute for Health Policy Studies at the University of California, San Francisco, San Francisco, Massachusetts, United States*, 6. *Center for Interdisciplinary Health Workforce Studies at the College of Nursing, Montana State University, Bozeman, Montana, United States*, 7. *The Mongan Institute, Health Policy Research Center, Boston, Massachusetts, United States*

As the US population ages, primary care is expected to be the health care “home” for older adults, and several initiatives are aimed at helping to transform primary care practice to care for this population. Wide variation in staffing has been observed. Meyers et al proposed ideal models of primary care staffing for a general population and for a frail elderly population (2018). We developed the 2018 Survey of Primary Care and Geriatric Clinicians to measure optimal team configuration in clinical practices caring for older adults. A majority employed NPs, MDs and PAs, with [ $r = -.53$ ] between % of clinician labor of NPs and physicians). High-NP practices are more likely located in states with full scope of practice, perform well for frail elders and are less expensive. Meyers' models, with fewer physicians, more SW and CHWs, more RNs, perform better for frail elders, and are less expensive.

### CLINICIAN PERCEPTIONS OF SOCIAL WORKERS AND COMMUNITY HEALTH WORKERS IN PRACTICES CARING FOR FRAIL ELDERLS

Julie Berrett-Abebe,<sup>1</sup> Karen Donelan,<sup>1</sup> David I. Auerbach,<sup>2</sup> Peter Maramaldi,<sup>3</sup> and Barbara Berkman<sup>4</sup>, 1. *Massachusetts General Hospital, Boston, Massachusetts, United States*, 2. *Montana State University, Newton, Massachusetts, United States*, 3. *Simmons University, Boston, Massachusetts, United States*, 4. *Columbia University, Boston, Massachusetts, United States*

Social workers (SW) and community health workers (CHW) have emerged as key workforce personnel in efforts to care for elders in the U.S. However, little is known about the presence and roles of these professionals in outpatient practices. This paper presents findings from a nationally representative survey of geriatrics and primary care practices. Key findings include: reported challenges in meeting the social service needs of elders, underutilization of SW, and fuller utilization of social work competencies in practices in which both SW and CHW were present. These findings offer a unique perspective of SW on interprofessional teams and have implications for the future of the profession.

### PROFESSIONAL STAFFING AND ROLES IN CARE TEAMS SERVING FRAIL ELDERLS LIVING IN THE COMMUNITY: 22 SITE VISITS

Barbara Roberge,<sup>1</sup> Carie Michael,<sup>2</sup> David I. Auerbach,<sup>3</sup> Peter Maramaldi,<sup>4</sup> and Karen Donelan<sup>2</sup>, 1. *Massachusetts General Hospital, Boston, Massachusetts, United States*, 2. *The Mongan Institute, Health Policy Research Center, Boston, Massachusetts, United States*, 3. *Massachusetts Health Policy Commission, Boston, Massachusetts, United States*, 4. *Simmons College School of Social Work, Boston, Massachusetts, United States*

In 2017, as part of a study to understand the evolving roles of nurses, physicians and social workers in leading and working in teams, our interprofessional team explored 22 sites of care for frail elderly adults in five US regions (Chicago IL, Denver CO, Tampa/Orlando FL, San Diego