

# Caring for older patients in primary care

## Wisdom and innovation from Canadian family physicians

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Most seniors are independent but many have multiple chronic conditions and meet criteria for frailty. For these people, traditional models and organization of care might not be ideal. The senior-friendly hospital (SFH) model has been promoted as a way of improving care of older patients and decreasing negative effects resulting from hospitalization.<sup>1-3</sup> Although a higher proportion of older people are seen in family physicians' offices than are admitted to hospital, the concept of senior-friendly primary care has not been well articulated or promoted in Canada. The number of visits is high; in 2009, almost twice as many seniors visited their family physicians 10 times a year or more compared with nonsenior adults (9.7% vs 5.5%).<sup>4</sup>

### Is your practice senior friendly?

The World Health Organization is leading initiatives to develop age-friendly communities. In 2008, they released the *Age-Friendly Primary Health Care Centres Toolkit*<sup>5</sup> that provided guidelines for common geriatric syndromes. The document provided information on processes of care (eg, ways to help ensure seniors attend their scheduled appointments). It also has some basic guidance on the physical environment, including accessibility and design recommendations. Although the guide was developed with an international perspective, it can be a resource for Canadian physicians wishing to review their practices. It has not been updated since 2008.

Patients Canada is a patient-led organization that fosters collaboration among patients, family caregivers, and the health care community. The organization focuses on "the patient experience," defined by the Beryl Institute as "the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care."<sup>6</sup> As part of a collaboration with Patients Canada, the College of Family Physicians of Canada Health Care of the Elderly (HCOE) community of practice program committee wondered how members of the HCOE community of practice make their practices more senior friendly and thereby improve the patient experience. Our goals were to stimulate interest in the topic and to start an inventory of ideas.

### What did we find out about senior-friendly care?

In Canada, a national consensus meeting led to the development of national standards for SFHs and subsequently to provincial initiatives to develop SFH frameworks and indicators. The goal of the SFH is to decrease

the risks of hospitalization with the aim of minimizing loss of function, maintaining physical autonomy, and being more responsive to the developmental needs of seniors. The physical environment is often considered to be the primary focus of the SFH movement but the following components are all important:

- organizational support,
- processes of care,
- the emotional and behavioural environment,
- ethics in clinical care and research, and
- the physical environment.<sup>3</sup>

In contrast, little work has been done related to the care of seniors in primary or outpatient care settings. There have been no formal Canadian initiatives to look at how to promote senior-friendly principles in primary care. A formal literature search did not find many articles about the topic. We did find articles about improving the experiences of seniors receiving dental care and visiting pharmacies, as well as about older animals in veterinary offices!

Several Canadian studies have looked at practice characteristics that relate to senior-friendly principles. Wetmore et al surveyed patients of a clinic in London, Ont, and found that older patients tended to be more satisfied with care and with access to care compared with younger people. However, patients of all ages who experienced longer wait times for appointments and did not receive care consistently from the same physician reported less satisfaction.<sup>7</sup> Researchers have sought patients' perspectives on systems and models of care; for example, Moore et al found that older patients valued the interdisciplinary component of a shared care model.<sup>8</sup> Specific models of care, including home-based care and shared care, have never been studied as part of a comprehensive senior-friendly approach.<sup>9,10</sup>

The key performance targets developed by Patients Canada (**Box 1**) reflect items of importance to patients of a range of ages but most are relevant to older patients. For example, at first glance, the use of electronic booking and e-mail contact seems out of place for our current view of seniors. However, this has changed in the past few years, as a progressively larger proportion of older patients are able to use these services and they can be considered senior friendly. It is relevant to note that patients attach importance to shared decision making and collaboration in developing treatment plans. Reviewing the key performance targets can help make practices friendlier and more positive for all patients.

To get input from Canadian family physicians, a request was sent to more than 2000 family physicians

**Box 1. Primary care practice key performance targets from Patients Canada**

The following key performance targets reflect items of importance to patients of a range of ages but most are relevant to older patients.

- **Same-day responsiveness:** The primary care practitioner communicates with the patient on the same day the patient contacts the practitioner
- **Receptionist role:** The receptionist helps provide a welcoming and helpful experience for the patient
- **Listening and caring:** The primary care practitioner takes the time to listen to the patient and to recognize his or her emotional concerns as well as medical concerns; the patient is treated as a whole person, not as a condition or set of symptoms. The clinician engages with the patient to the degree of collaboration desired by the patient
- **Connection with community services:** The patient is advised by the primary care practitioner of the relevant community services to support the patient's efforts to improve their health; any use of community services is recorded in the patient file
- **Medication reconciliation:** The primary care practitioner is aware of all medications prescribed to the patient regardless of the prescriber and works with the patient and possibly other prescribers to determine the best mix of medications for the patient's overall health
- **Current communication capabilities:** The patient can book appointments, receive or view test results, renew prescriptions, and communicate with the primary care practitioner and other health care providers electronically
- **Electronic medical record access:** The primary care practitioner keeps the patient's records in an electronic medical record and has granted the patient online access for viewing and updating biographic information and providing feedback about his or her conditions and treatment
- **Co-development of treatment plans:** The primary care practitioner creates plans to the level that the patient wishes to collaborate by
  - asking the patient and his or her family members what their health goals are and incorporating their goals into the treatment plan;
  - explaining possible options to the patient and caregivers, including the pros and cons of each possible decision, and respecting the patient's choice;
  - performing an ongoing assessment of the patient's response to treatment that includes input from the patient and his or her caregivers; and
  - allowing patients and family members to ask questions about the patient's care and the primary care practitioner's treatment plan
- **After-hours access:** The primary care practitioner offers an after-hours solution that includes direct access to another practitioner and does not solely direct patients to the local emergency department
- **Collaboration with other specialists:** The primary care practitioner seeks out the appropriate specialists—physicians, allied health professionals, and others—and promptly engages them in the care of the patient, exchanging full patient information; the primary care practitioner keeps the patient informed of all reports and communication with the specialists, and arranges for joint discussions among specialists, himself or herself, and the patient when key decisions need to be made
- **Efficient management of the patient's time:** The primary care practitioner's internal systems support the patient spending minimal time in the waiting or examination rooms; appointments are scheduled within a time frame acceptable to the patient

registered in the HCOE community of practice. Physicians were provided the senior-friendly framework developed by the Regional Geriatric Programs of Toronto (<http://seniorfriendlyhospitals.ca/about-sfh>)<sup>11</sup> and asked to send in the ways they make their offices and practices more senior friendly and ideas they have considered for use in the future. It was heartening to find that responses from HCOE members about senior-friendly practices were often enthusiastic, with respondents expressing their passion for care of older patients when describing small, as well as ambitious, ways of improving the patient experience. A summary of ideas and responses from HCOE members is available at **CFPlus**.<sup>\*</sup> Access to care is an important issue for seniors; strategies described by respondents included dedicated booking spots for frail seniors, telehealth access, and home visits. Communication and decision-making concerns were also a focus of the suggestions. Responses included a process for trying to ensure family members or care companions attend the clinic with the senior, and ways to ensure staff

are able to communicate with older patients effectively and in a nonpaternalistic way. Home-based care was cited by responding physicians and was included under all the spheres of senior-friendly care.

The physical environment of the family medicine office is an important part of care for any patient population but particularly for frail seniors. We received a variety of ideas to improve the patient experience. The virtue of examination tables that can be raised and lowered was extolled by several physicians. Having examining rooms that are large enough for family members or caregivers is important but might be overlooked when assigning patients to clinic rooms. Lighting, layout, and the design of intake procedures were cited. An example of a checklist for physical environment factors for hospitals is available from the Regional Geriatric Assessment Program of Eastern Ontario.<sup>12</sup> Many of these features are applicable to the family medicine office.


**What is needed?**

Canadian family physicians are clearly interested in improving the care of seniors in their offices and in other care settings. The input we solicited was from members of the HCOE community of practice only<sup>\*</sup>; we would

<sup>\*</sup>A summary of **ideas and comments from Health Care of the Elderly community of practice members** is available at [www.cfp.ca](http://www.cfp.ca). Go to the full text of the article online and click on the **CFPlus** tab.

love to hear the ideas of all College of Family Physicians of Canada members. If you have senior-friendly strategies in your practice, whether it is a specific office layout or using a nurse to routinely discuss advance care planning with older patients, feel free to submit them to [hcoe@cfpc.ca](mailto:hcoe@cfpc.ca). We will add them to the list of great ideas already sent to us.

The SFH movement took hold in Canada after large collaborative efforts were able to convince governments and policy makers of the benefits of senior-friendly care. Given the pressures on primary care, it will be an equally large challenge to gain support for the senior-friendly primary care concept. The HCOE community of practice program committee hopes to play a leadership role in this effort. We plan to partner with other organizations to seek funding to develop a framework and formal recommendations for family medicine care, as has been done with SFH care.

The increasing number of patients with frailty mandates that we must change the way we approach care in all settings, not just the hospital. At minimum, we hope this article will stimulate family physicians to consider how to ensure their own practices are as senior friendly as possible. Ideally, we would love to start a broader movement (#SFprimarycare?) to ensure our older patients get the best care possible. 

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#### Acknowledgment

We thank **Ms Cheri Nickel** for her assistance with the literature search.

#### Competing interests

None declared

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The opinions expressed in commentaries are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.

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