

AGS extends hip fracture co-management program with geriatrics mending more than bones

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With \$1.4 million in renewed support from The John A. Hartford Foundation, the American Geriatrics Society (AGS) will launch a new national program that positions geriatricians and geriatrics-trained clinicians as co-managers with orthopedic surgeons to improve care and health outcomes, while lowering costs, for older adults with hip fractures.

Geriatrics-orthopedics co-management incorporates a geriatrics approach to care as soon as possible after an [older person](#) enters the hospital for a [hip fracture](#), helping to identify and reduce the risk for harmful events ranging from falls and delirium to infections. The model has been shown to reduce length of stay, re-admissions, and most complications, and to increase an older person's chances of going home directly from the hospital, often resulting in improved function and independence.

Hip fractures hospitalize more than 260,000 older adults annually (1), and could hospitalize 500,000 older adults each year by 2040 (2). They are the third most costly diagnosis in the U.S., totaling more than \$18 billion in 2012 (3, 4, 5).

"Addressing risk factors for [older people](#) hospitalized with hip fractures reduces complications and enhances independence and quality of life—goals at the heart of geriatrics care," explains Terry R. Fulmer,

PhD, RN, FAAN, AGSF, President of The John A. Hartford Foundation. Added Nancy E. Lundeberg, MPA, AGS CEO: "Our joint investment and partnership with The John A. Hartford Foundation will lead to a new [health](#) enterprise to improve care quality and safety for older adults. We're confident the geriatrics-orthopedics model also will accelerate co-managed care in other areas, bringing geriatrics and other medical specialties even closer together."

An earlier planning grant from The John A. Hartford Foundation allowed the AGS to develop a viable business strategy and implementation plan to disseminate the geriatrics-orthopedics co-management model to hospitals and [health systems](#) nationwide. Now, the AGS team will move forward with a three-year implementation plan for its first specialty-specific co-management program.

Beginning in January 2017, project leads—Richard W. Besdine, MD, AGSF, Professor of Medicine and of Health Care Policy and Practice, Director of the Division of Geriatrics and Palliative Medicine, and Director of the Center for Gerontology and Health Care Research, Alpert Medical School and the School of Public Health of Brown University; Nancy E. Lundeberg, MPA, AGS CEO; Lynn McNicoll, MD, AGSF, Director of Education, Division of Geriatrics and Palliative Medicine, Alpert Medical School of Brown University; and Daniel Ari Mendelson, MS, MD, FACP, CMD, AGSF, Konar Professor of Medicine, Division of Geriatrics, University of Rochester School of Medicine & Dentistry, and Associate Chief of Medicine, Highland Hospital—will work with early-adopter sites to:

- Create and test training, evaluation, and implementation tools for the co-management program;
- Assist participating hospitals with measuring success and sharing lessons learned; and
- Provide ongoing consultation, networking opportunities, and

additional co-management resources as the program is expanded to a network of hospitals and health systems around the country.

National dissemination of the geriatrics-orthopedics model, coupled with AGS plans for additional specialty-specific co-managed programs, will change how geriatrics principles move from theory to practice across care settings. This transition is central to the AGS's goal of ensuring that all health professionals, regardless of discipline or specialty, are aware of and employ approaches to care that are unique to at-risk [older adults](#) with multiple, complex medical conditions. Geriatrics-orthopedics co-management is also central to The John A. Hartford Foundation's goal of implementing scalable, evidence-based models that can accelerate care improvement for older people and create age-friendly health systems nationwide.

More information: [1] U.S. Centers for Disease Control & Prevention. (2016). Hip fractures among older adults. Retrieved on January 20, 2017, from [www.cdc.gov/homeandrecreationa ...
alls/adulthipfx.html](http://www.cdc.gov/homeandrecreationa.../adulthipfx.html)

[2] Cummings, S.R., Rubin, S.M., & Black, D. (1990). The future of hip fractures in the United States: Number, costs, and potential effects of postmenopausal estrogen. *Clinical Orthopaedics and Related Research*, 252, 163-166.

[3] Anderson, M, & Wolfe, B. (2013). How should patients with acute hip fractures be managed perioperatively? *The Hospitalist*, 2013(11).

[4] Bateman, L, Vuppala, S., Porada, P., Carter, W., Baijnath, C., Burman, K., Lee, R., & Hargus, J. (2012). Medical management in the acute hip fracture patient: A comprehensive review for the internist. *The Ochsner Journal*, 12(2), 101-110.

[5] Cutler, D.M., & Ghosh, K. (2012). The potential cost savings through bundled episode payments. *The New England Journal of Medicine*, 366(12), 1075-1077. [DOI: 10.1056/NEJMp1113361](https://doi.org/10.1056/NEJMp1113361)

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