Innovation Report

Washington Association for Community Health

ICHS International Community HEALTH SERVICES

Redefining Primary Care: A Geriatric-Centered Approach

Established geriatric focused primary care to meet the needs of their large elderly patient population.

Program Overview

Located in Seattle's Chinatown-International District, International Community Health Services (ICHS) established geriatric focused primary care to meet the needs of their large elderly patient population. Many of these patients experience multiple chronic physical conditions with co-occurring behavioral or mental health challenges (multicomplexities), frequent emergency room (ER) visits, hospital admissions, and require case management.

ICHS believes geriatric care is necessary as people age and should be tailored around the 5 M's framework - mind, mobility, medication, multicomplexity and what matters most to the patient. Because access to specialists is often limited for resource poor or non-English speaking patients, these services need to be integrated into primary care. ICHS's goal is to come up with a care plan, minimize care utilization rates, help primary care providers feel more confident, and get support for the patients with the most complex needs.

Geriatric assessments at ICHS emerged in December 2021 as a result of shared professional interests and a response to patient need. Upon completing her fellowship in geriatrics at the Geriatric Medicine Fellowship program at Swedish Medical Center, Dr. Eunice Furies wanted to work at a community health center and sought to apply both her specialized training and her expertise in primary care in her work. ICHS's International District clinic serves a patient population older than most community health care clinics and was identified by the Chief Medical Officer as an ideal setting for a geriatric clinician.

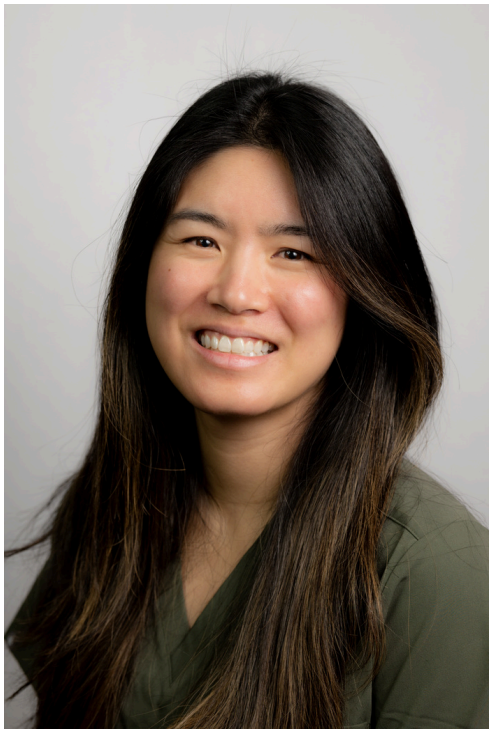


International Community Health Services

- **Founded in 1973 by a group of dedicated community advocates**
- **13 full clinic/service sites across King County**
- **Over 32,000 patients served annually**
- **Provides care in over 90 languages**
- **Over 136,000 visits annually**
- **Over 600 employees**

Development of a Geriatric Assessment Model

Dr. Furies wanted to replicate Swedish First Hill Family Medicine Clinic's geriatric assessment clinic model in which fellows oversee the care of referred geriatric patients, both from within the clinic and from external organizations. This model is designed to serve individuals with multiple comorbidities and complex care coordination needs. Each patient is evaluated by a multidisciplinary team consisting of a fellow, social worker, behavioral health specialist, and pharmacist. The objective of this approach is to develop a comprehensive care plan that includes recommendations aimed at diagnosing geriatric syndromes, enhancing quality of life, and supporting future planning. The assessment process typically lasts between 90 minutes and two hours, during which all relevant questions and concerns are addressed.



Dr. Eunice Furies

This model takes into account that non-English-speaking patients experience significantly lower diagnosis rates for dementia, are often referred at later stages of dementia, and face wait times of eight to ten months before gaining access to neurological care. A focus on dementia diagnosis within primary care relieves the burden on neurology providers and allows them to concentrate on more complex cases.

In addition to Swedish First Hill Family Medicine Clinic, Dr. Furies looked to geriatricians with other successful models at community health centers in the Seattle area, including Dr. Phyllis Ying at HealthPoint and Dr. Kristin Anderson at Seattle Roots Carolyn Downs Family Medical Center. They met during fellowship and periodically reach out to each other to touch base about their very different clinics.

With a referral from a primary care provider, one hour geriatric assessment visits are offered at ICHS International District and Bellevue Clinics with a geriatrician. They evaluate and manage common geriatric syndromes such as changes in memory and cognition, falls, lengthy medication list, recurrent hospitalizations, bone health, chronic pain, weight loss, poor quality of life and advanced care planning. Patients are encouraged to bring their medications along with someone who is involved in their care, such as a family member or caregiver, to help provide supportive information.

Comprehensive assessments are conducted to understand each patient's health status, values, and priorities, with evaluations of memory, balance, and mood depending on issues they are experiencing. For patients unable to come into the clinic for assessment, home visits are offered.

Following evaluation, the geriatrician develops a patient-centered treatment plan for the primary care physician that reflects the individual's goals and may include referrals to behavioral health services and pharmacy support. The geriatrician also assists in periodic follow up care for dementia. This service line is sustained through typical primary care billing practices and using Current Procedural Technology code 99483 to provide reimbursement for cognitive assessment and care planning.

The geriatric clinic incorporates an educational component. Each month, Family Medicine residents from Swedish Cherry Hill rotate with Dr. Furies. Beginning in 2027, she will also collaborate with ICHS Family Advanced Registered Nurse Practitioner residents. In addition, ICHS designates time once a month for Dr. Furies to participate in an Extension for Community Healthcare Outcomes (ECHO) session focused on geriatrics and dementia run by University of Washington's Memory & Brain Wellness Center. These sessions provide opportunities to receive feedback on complex cases and engage in regular didactic learning to maintain and expand her clinical knowledge.



Patient-Centered Solutions to Meet the Needs of Geriatric Care

ICHS's geriatric clinic leverages available resources to meet the specific needs of their patients. ICHS focuses on dementia care and cognitive care, has a team lead, offers extra training for providers, and creates sufficient time during visits to do assessments instead of people waiting for specialist care.

For geriatric care, ICHS offers 8 hrs/week for approximately 336 hrs/year. The consult is available to all 4 clinics, totaling about 33,000 patients.

For the year 2024, ICHS had approximately 60 referrals with 30 of them being seen (50% completion rate).

For the year 2025, ICHS saw small growth in total referrals of 65 with 57 of them being seen (87% completion rate).

Most cancellations or no-shows occurred due to transportation or family issues, and these were typically communicated through text message reminders. ICHS wants to better understand why text messages are the most common method for cancelling appointments.

Challenges and Lessons Learned

The primary challenge in geriatric care is that it's interdisciplinary. Effective care requires integration across pharmacy, social work, and behavioral health to provide a comprehensive picture of patient needs. Initially, patients were scheduled to see Dr. Furies first, followed by additional services as required. However, this approach resulted in lengthy visits that were difficult for older adults to tolerate and created scheduling challenges for staff. Multiple appointments also proved burdensome, with some patients unable to attend all sessions.



Over time, the geriatric clinic has continued to evolve. Dr. Furies and Hannah Gordon, the ICHS International Clinic Site Medical Director, have discussed ways to improve the clinic and resources needed. A persistent challenge has been the lack of dedicated time to focus on clinic development, which has limited data collection efforts and collaboration with other departments.

Key lessons learned highlight the importance of tailoring services to what is currently available. Currently, Dr. Furies is able to focus on only a limited number of geriatric syndromes during assessments. The long-term goal is to expand the clinic's capacity to provide more comprehensive geriatric assessments, offering patients a full set of recommendations and ensuring stronger support for successful primary care follow-up.

Another valuable lesson has been the creation of a patient brochure. This tool helps patients prepare for visits and encourages family involvement. This added participation provides important insights into patient's cognitive status. The brochure has improved the productivity of visits, and staff are working to implement its use more consistently.

In terms of outcomes, ICHS tracks internal and external referrals to the geriatric clinic, number of patients seen, and the frequency of visits. Educational efforts are being used to ensure providers make appropriate internal referrals. Future goals include tracking dementia diagnoses and hospitalizations annually. A separate research initiative may explore quality measures which would include patients using tools to assess quality of life.

Success Rooted in Care, Looking Towards the Future

ICHS geriatric clinic has collected qualitative feedback but has limited quantitative data so far. Patient and family members report feeling more confident in improving quality of life, planning for the future, and understanding what to expect. Primary care providers also report making progress in patients' care as a result of clearer diagnoses, improved medication management, and support during complex conversations about goals of care. They find that patients are more willing to accept their recommendations as a result.

Looking forward, ICHS geriatric clinic aims to expand education for primary care providers, recognizing the shortage of geriatricians and the need to build confidence in conducting home visits. To support this goal, they plan to host a series of group visits for new patients with dementia, providing counseling/education, care planning, family education, and discussions about common behavior issues. In addition, ICHS plans to connect more with local senior centers -which assist people in applying for caregiver services and care placement - to expand education to the community around healthy cognition and fall prevention.

Dr. Furies also hopes to continue clinic development and to expand interdisciplinary collaboration and coordination across departments.

Offering geriatric-focused primary care has proven to be a significant success for ICHS. Primary care providers are receiving the support and training needed to feel more confident and get advice on serving patients with complex needs.

Resource limited or non-English speaking elderly patients can receive geriatric assessments in primary care, obtain referrals as needed, and receive a care plan with recommendations that support quality of life and future planning, and minimize care utilization – all without the long wait for a specialist. Integrating geriatric care into primary care has improved the experience of both providers and patients.

Two patient successes that stand out :

- **Dr. Furies completed a fall assessment with a patient with generalized weakness. They were diagnosed with Lewy Body Dementia and referred to neurology for assistance with treating their parkinsonism.**
- **A patient couldn’t come into the clinic and only interacted with staff over the phone. After performing a home visit, Dr. Furies was able to diagnose psychosis and schizophrenia and provide medications.**

Washington Association for Community Health

The Association's innovation reports aim to support community health centers in leading innovation by identifying successful promising practices and communicating them to the statewide network.

Does your CHC have an innovation to share? Let us know!

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