

IHI Age-Friendly Certified Primary Care Clinic - Embedded Physical Therapy Quality Improvement Project

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INTRO

- Maintaining mobility with age is essential for independence and community living.
- 20-25% of primary care visits are related to musculoskeletal complaints.
- Untreated pain can lead to decreased mobility, frailty, and falls.
- Physical Therapy (PT) is a first-line treatment for musculoskeletal issues, balance, weakness, vertigo, and osteoporosis.

To address the Geriatric "4M" of Mobility, we piloted an embedded PT program in a community teaching medical center, facilitating direct PCP-to-PT handoffs for musculoskeletal complaints and postural instability

METHODS

- Patients assessed by PCP (Geriatrician, Internist, Family Medicine, NP) and referred to PT via Epic EMR secure chat.
- On-call PT evaluates the patient on the same day and provides recommendations.
- Retrospective chart review conducted to analyze referral patterns and uptake.

RESULTS

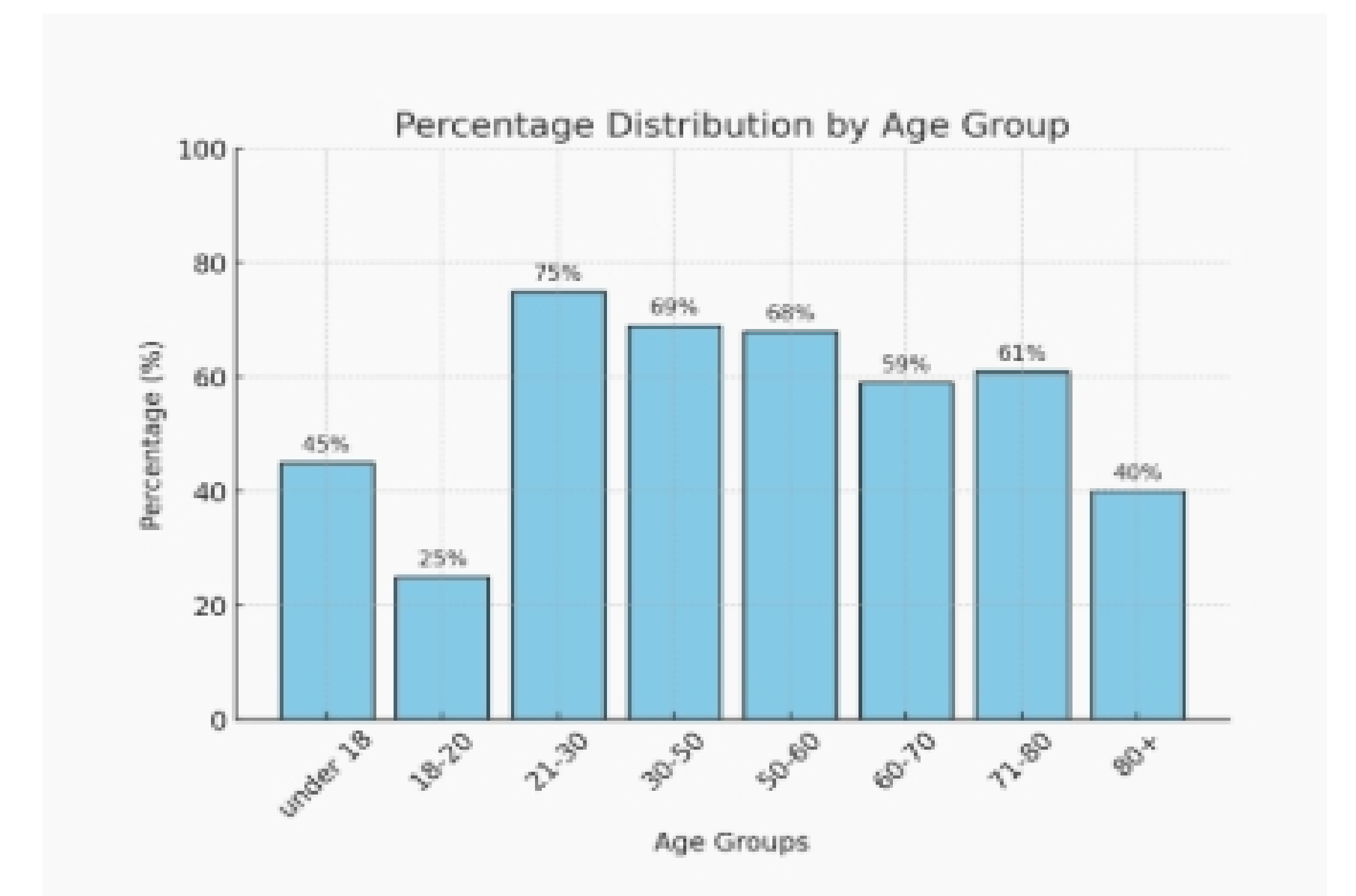
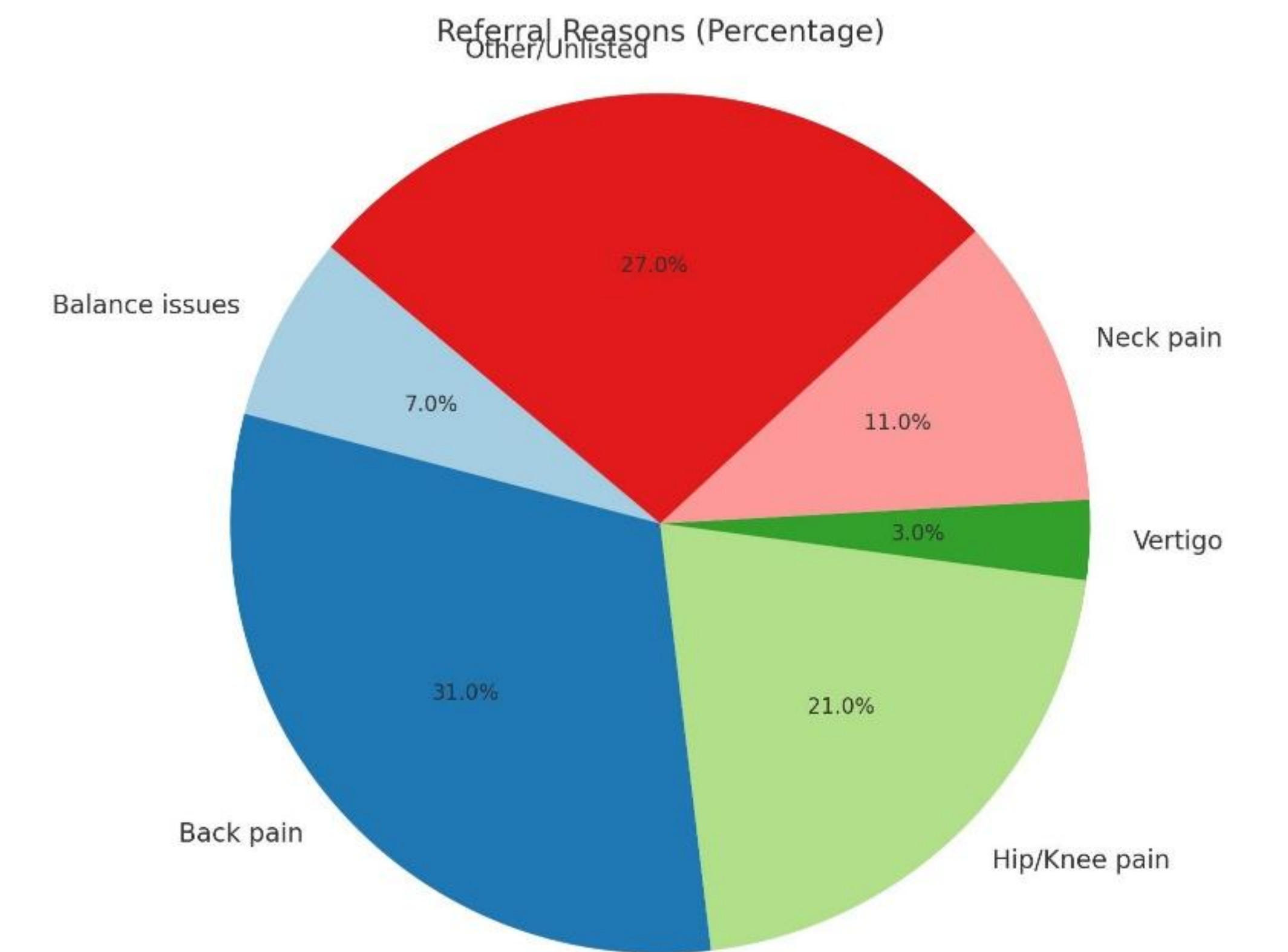
- 218 patients referred over 24 months
- 42% of referrals were for patients >65 years old
- Referral reasons:
 - 7% balance issues, 31% back pain, 21% hip/knee pain, 3% vertigo, 11% neck pain, 21% other/unlisted
- Referral Breakdown:
 - 59% from family medicine 31% from Geriatrics
- Age Group Percentage Distribution:
 - Under 18: 45%, 18-20: 25%, 21-30: 75%, 30-50: 69%, 50-60: 68%, 60-70: 59%, 71-80: 61%, 80+: 40%
- Stats show only 40% of patients aged 80+ engaged when referral was sent. PT availability expanded from 2 half-days to 5 full days per week with 6 PT's with goal of engaging in more Geriatric age group in PT the same day to have better outcome pain, fall, balance and stability.

✓ Embedded PT model improves access and timely intervention for musculoskeletal issues.

✓ Interdisciplinary collaboration enhances geriatric care in primary care settings.

✓ Need for increased screening for fall risk patients in primary care.

✓ Future analysis will assess impact on falls, pain, and mobility outcomes.



DISCUSSION & CONCLUSION

- The program successfully increased interdisciplinary collaboration around mobility in older adults.
- Gait/stability referrals (7%) suggest an opportunity to better identify fall-risk patients in primary care.
- Scaling up the program (5 full days of PCP-PT collaboration) allows for better access and timely interventions.
- Future evaluation will compare program impact versus usual care on fall reduction, pain management, and mobility improvements.

Acknowledgments

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