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AGS Section

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New geriatrics research offers roadmap to “revolutionary change” for person-centered care

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Our work at the American Geriatrics Society (AGS) has always been grounded in promoting high-quality, affordable, and person-centered care for older people. Importantly, it also has been rooted in defining what we actually mean when we use those descriptors—and it is always encouraging to see that mantle taken up by individual colleagues who have a passion for pushing our work forward.

Two new research articles and a corresponding commentary published in the *Journal of the American Geriatrics Society (JAGS)*, for example, describe ways to make person-centered care—a novel approach to health that puts personal values and preferences at the forefront of decision-making—more actionable for older people.^{1–4} With our national health system at a tipping point favoring care focused on personal priorities, these new studies are among the first to celebrate “thoughtful, systematic, and incremental” approaches to ending care long fragmented and fraught with the potential for poor communication between patients, caregivers, and health professionals.^{2–4}

Making person-centered care a reality for older adults with complex care needs will take time and effort, including significant research to move promising approaches from the lab bench to the clinic.² This work is helping test innovative strategies, which will move us toward a broader and more balanced approach to care while also providing an impetus to reengineer our care systems.²

Though critically important to the quality of care, eliciting and documenting personal values remains uncommon in routine older

adult care, particularly for people with multiple health concerns that complicate pinpointing broader health priorities.^{1,5} In “Development of a Clinically Feasible Process for Identifying Patient Health Priorities,” a research team led by Aanand Naik, MD, describes Patient Priorities Care, a novel process to identify health goals and care preferences for older people with multiple health conditions.³ For a patient population accustomed to lengthy visits with multiple providers, the process introduced by Dr. Naik and his colleagues used expertly trained facilitators to help older adults and caregivers work through health priorities sensitively, but in a process that could be completed across just two sessions totaling 45 min or less.³ According to the research team: “Results of this study demonstrate that health-care professionals can be trained to perform the patient priorities identification process as part of their clinical encounters... [through a process that is] rewarding and enjoyable but requires training and formal feedback.”³

Separately, a team led by Caroline Blaum, MD, MS, put the processes described by Dr. Naik and his colleagues into practice, reporting their findings in “Feasibility of Implementing Patient Priorities Care for Patients with Multiple Chronic Conditions.”⁴ Their feasibility study involved using Patient Priorities Care among more than 100 patients working with nine primary care providers and five cardiologists based in Connecticut.⁴ While researchers still hope for improvements in the time needed to complete the process and in avenues for embedding it within practice workflows, they noted that the vast majority of patients returned to their physician with clear goals and care preferences.⁴ Follow-up discussions between patients and providers suggest that moving from

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disease-based to priorities-aligned decisions is “challenging but feasible,” which represents an important and now researched shift for the whole of our health system.⁴

This work represents several of the latest steps forward for high-quality, person-centered care for older people, and also builds on an even lengthier legacy at JAGS and the AGS. In 2016, for example, JAGS published findings from an expert panel convened by the AGS with support from The SCAN Foundation to define person-centered care and its essential elements.^{1,5} According to the panel, person-centered care “means that individuals’ values and preferences are elicited and, once expressed, guide all aspects of their care, supporting their realistic health and life goals. Person-centered care is achieved through a dynamic relationship among individuals, others who are important to them, and all relevant providers. This collaboration informs decision-making to the extent that the individual desires.”¹ Many of these attributes are already on display in the work of Dr. Naik, Dr. Blaum, and their colleagues, pointing to the high value but also the high

priority placed on accelerating person-centered care in geriatrics and beyond.

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