

# Primary Care in Older Adults in RI



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# Challenges in Primary Care for Older Adults

- Multiple chronic conditions
- Increased complexity compared to younger adults
- Require increased provider time per visit
- Low provider reimbursement
- Memory impairment adds to the complexity of care
  - Socioeconomic status
  - Psychosocial issues
- Require coordination of care
- Medication management is more complex with higher number of medications
  - Missing medicines/ wrong dosages are common
  - Affordability of medications
  - Drug-Drug and Drug-Disease interactions

# Why Prioritize Primary Care

- Foundation of equitable, affordable and high performing health care system
- Critical for:
  - Ongoing health maintenance
  - Care coordination
  - Maintaining healthy population
- Leads to better health outcomes
- High PCP supply is associated:
  - Improved mortality and life expectancy
  - Health equity
  - Decreased utilization of ED visits and Hospitalization
  - Decreased overall cost utilization
- Overall, central to:
  - Wellbeing of RI
  - Sustainability of state health system and economic development

# Older Population

- US Census **2025** >61 million > 65 (nearly 25% of US population)
  - Projected 80+ million (2030)
- Rhode Island Healthy Aging Report **2025**:
  - 25% of RI is 60 years or older (273,831)
  - 18% over 65 years (195,376) up from 16.5% since 2020
  - Age structure shifted to younger- baby boomers
    - 58% (65-74), 29% (75-84), 13% (Age 85+)
  - More diverse
    - 5.9% (Hispanic), 3.1% (Black), 4.3% (LGBT), 6.5% (Other)
- Chronic conditions:
  - Among New England states: RI has the highest rates of:
    - High cholesterol
    - Hypertension
    - Multiple (4+) chronic conditions

# Physician Workforce in RI

- Decrease in numbers of PCP:
  - PCP workforce aging and many contemplating retirement
  - Recent closure of a large primary care practice (> 20K)
- Difficulty in recruiting PCP in out-patient practice & nursing homes:
  - Low reimbursement compared to neighboring states
  - Clinician burnout
  - Fewer medical students/residents opt for primary care
  - Medical students trained in RI who opt for primary care- many move out of state
  - Increase cost of malpractice insurance, especially for NH care
  - Complexity of care especially patients with dementia
- National shortage of geriatricians:
  - 400+ fellowship slots- many unfilled each year
  - 30+ Geriatricians in RI

# Dementia-Rhode Island Facts

- In 2020, 23% of RI population is over age 60
- 24,000+ Rhode Islanders are living with dementia diagnosis (2020)
  - This number is expected to increase by at least 12.5% by 2025.
- People of color are disproportionately affected > White
  - African American twice as likely
  - Hispanic 1.5 times more
- 36,000 + unpaid caregivers
  - 51 million hours of unpaid caregiving
- > 50% caregivers have chronic health conditions

# Caregiver Burden

- Lack of information/ resources including:
  - social support
  - financial support
  - education to care for a person with dementia
- Navigating the healthcare system is difficult
- Long distance challenges for out of state caregivers
- Stress of caring for kids and elderly family members

# Guiding an Improved Dementia Experience (GUIDE Model)

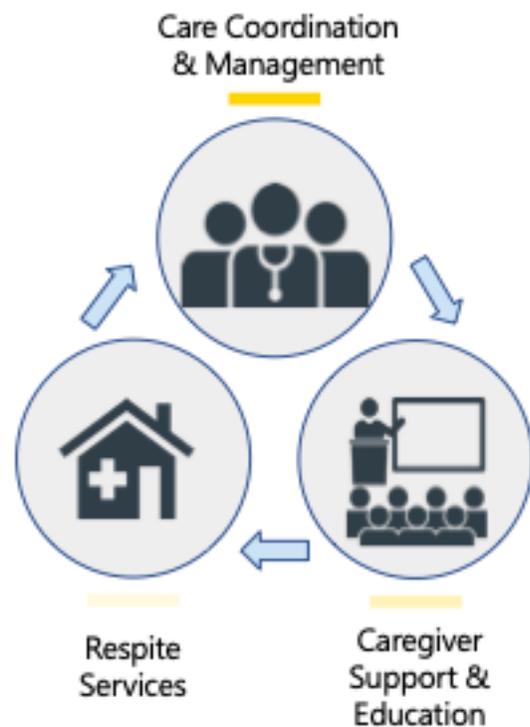
- CMS Innovation program for 8 years- National / July 2024
- 390 participants nationwide – Established 90+ and New 300 (7/25)
- Brown Geriatrics practice – Established participant
- Referrals:
  - PCP/ Specialist / Self-Referred / Community partners
- Brown Geriatrics does NOT assume the role of PCP
- Tailored for persons with Dementia and their Caregivers
  - Interdisciplinary team including community partners
  - Care navigator
  - Geriatrician and Geriatric Psychiatrist expertise - assist community PCP
  - Respite service (\$2500 annual)
  - No additional co-pay

# Goals of GUIDE Model

- Enhance services for dementia care and caregiver support
  - Improve quality of life of persons with dementia
  - Increase support for the caregivers
  - Help persons with dementia stay longer at home/community
  - Advance health equity to reduce disparities in dementia care
  - Lessen financial burden-
    - Respite services
    - Out of pocket cost for long term care by delaying it
    - Help in community resources

# Model Purpose and Overview

The GUIDE Model will test whether a comprehensive package of care coordination and management, caregiver support and education, and respite services can **improve quality of life for people with dementia and their caregivers** while **delaying avoidable long-term nursing home care** and **enabling more people to remain at home** through end of life.



## Care Coordination & Management

Beneficiaries will receive care from an **interdisciplinary team** that will develop and implement a comprehensive, person-centered care plan for **managing the beneficiary's dementia and co-occurring conditions** and provide **ongoing monitoring and support**.

## Caregiver Support & Education

GUIDE participants will provide a **caregiver support program**, which must include caregiver skills training, dementia diagnosis education, support groups, and access to a personal care navigator who can help problem solve and connect the caregiver to services and supports.

## Respite Services

A subset of beneficiaries in the model will be eligible to receive payment for respite services with no cost sharing, up to a cap of **\$2,500 per year**. These services may be provided to beneficiaries in a variety of settings, including **their personal home, an adult day center, and facilities that can provide 24-hour care** to give the caregiver a break from caring for the beneficiary.

# Suggestions

- Increase recruitment and retention of primary care providers
- Increase reimbursement for primary care providers – Parity with neighboring states
- Programs to decrease care giver burden

# Questions?

[Geriatrics & Palliative Medicine at Brown Medicine | Brown Medicine](#)

[GUIDE – Guiding an Improved Dementia Experience | Brown Medicine](#)