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**CONTACT:**  
Denise Steele, Project Coordinator  
Family Medicine Education Consortium  
[denise.steele@fmec.net](mailto:denise.steele@fmec.net)

### **FMEC Launches Online Geropalliative Care Series**

DAYTON, OHIO – Today, the Family Medicine Education Consortium (FMEC) launched an online CME series on Geropalliative Care. The series is approved for up to 6.0 AAFP Prescribed Credits.

“Geropalliative care” refers to geriatrics, or applying to the elderly, and palliative, in which the care is defined by patient-centered goals which minimize pain and suffering. Developed by Dr. Daniel Hoefler, the course features six modules:

1. Why Geropalliative medicine must become mainstream for all specialties
2. Geriatric frailty: No one dies of old age
3. “What happened to Grandma?”: Understanding geriatric cognitive and functional decline in delirium
4. Delirium prevention: Keep Grandma the way she was!
5. Evidence-based medical prognostication: Prognostication made easy (sometimes)
6. “If only someone had warned us”: How to recognize pre-terminal patients and the potential harms caused by continuing traditional care

The course will help family physicians and others improve care to the elderly by using traditional metrics and patient-centered outcomes, such as avoiding functional decline, cognitive decline, and institutionalization. The content is increasingly important for our aging society. In less than ten years, for the first time in history, it is expected that persons aged 65 and older will outnumber persons aged 18 and younger. The fastest growing segments of the US population are over the age of 75. Yet, the advanced elderly has historically been excluded from research, and many current guidelines lack sufficient evidence-based recommendations for diagnosis and treatment of older adults, typical of those encountered in routine clinical practice.

“Three basic syndromes should be known by all providers to qualify and quantify risk: Delirium, Frailty, and Sarcopenia,” says Dr. Hoefler, the Chief Medical Officer for Sharp HealthCare’s outpatient palliative care program Transitions, and Associate Medical Director for Sharp HospiceCare. “The physiology of these syndromes suggests that outcomes in persons at risk for or with these diagnoses are defined by the principle of double effect. You cannot fix the organ system problem without making the geriatric syndrome and its associated features worse. The knowledge creates a new balance of risk and benefit, prognostic data-base, and potential medical treatments.”

The course is approved for 6.0 AAFP Prescribed Credits through January 2023. Discounted registration for FMEC members starts at \$50 for resident physicians and \$120 for others. Visit [Geropalliative Care Series](#) to learn more and register.

#### **About Dr. Hoefler**

Dr. Daniel Hoefler is the Chief Medical Officer for Sharp HealthCare’s outpatient palliative care program Transitions, and Associate Medical Director for Sharp HospiceCare. He is a board-certified family practice physician, certified in Palliative Medicine and is part of Sharp Rees Stealy Medical Group in San Diego. Dr. Hoefler has been the visionary for the development of an evidence-based disease management care model for late stage illness. He presents educational conferences to physicians and healthcare providers on issues surrounding



the timely provision of end-of-life care and innovative care models. He received his medical degree from Eastern Virginia Medical School. He completed his residency at Northridge Family Practice.

**About the Family Medicine Education Consortium**

The Family Medicine Education Consortium, Inc. (FMEC) is a catalyst, convener, and incubator that connects family physicians and other stakeholders to improve the health communities by strengthening family medicine, primary care and medical education. The FMEC serves 14 states and the District of Columbia in the northeast region of the U.S., working with 60 medical school departments of family medicine, 195 family medicine residency programs, and thousands of family physicians and other health care providers in community settings. Through an Annual Meeting for nearly 1,000 health professionals, annual awards, learning communities, and quality improvement projects, the FMEC inspires medical students to seek careers in family medicine, strengthens academic family medicine through faculty development and leadership experiences, and stimulates innovative approaches to primary care service delivery.

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