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Filling the Gap

By

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It's becoming better known that there's a critical shortage of primary health care providers in general and of geriatric practitioners in particular. The Health Care Reform legislation is putting some \$130 Million into new workforce grants for the training of nurses, nurse practitioners, physicians, mental health technicians, and other providers in order to "populate the pipeline," according to USDHHS Secretary Kathleen Sebelius in a September 22nd interview. There are also new programs to help pay off medical school loans in exchange for a couple of years of primary care in underserved areas. But, paraphrasing Senator Everett Dirksen's famous comment about a Billion here and a Billion there, as good as it is, the Reform initiatives hardly constitute "real money." Still the needs remain enormous and the nature of health care training translates to substantial delays in the appearance of practitioners in the community. Speaking of which, a new survey by the Medical Group Management Association found that about half of all physicians finishing medical training in 2009 were hired by hospitals, thus drawing them away from community practice. This may help insure a continuing stream of patients for the hospitals and may, long term, transform the locus or setting of geriatric care but does nothing to ameliorate the present shortages.

Clearly, there is need for multiple initiatives focusing on the "pipeline" from professional undergraduate education through the continuing education of current practitioners, in order to make some dent in the looming shortfall of geriatric health care providers. Some actions promise to help. The growing use of electronic medical records enables better coordination of care among practitioners, for older adults often see a number of providers because of concurrent conditions. Also, the application of the "medical home" concept offers the potential for effective preventive care, given its orientation to patient-centered care and partnerships among patients, their families, and providers. The medical home in action also speaks to the evolving nature of geriatric health care, one built upon inter-professional, coordinated delivery.

And so, it is particularly gratifying to announce that Virginia has successfully competed for federal funding of a Geriatric Education Center, one of only four newly funded initiatives in the country. The Health Resources Services Administration (HRSA) in the USDHHS notified us in July that our Virginia Geriatric Education Center consortium passed intense national competition and extensive rounds of reviews to receive a five-year \$2.1 Million award. Our consortium team of EVMS, UVA, and VCU had worked since July 2009 to build a strong inter-professional partnership that engaged colleagues in nursing, medicine, pharmacy, social work, and physical therapy in the grant planning process. We had held 13 lengthy meetings before HRSA issued its Request for Proposals, during which time this team identified issues, internal resources, and, among other things, willing partners elsewhere in Virginia for implementing inter-professional clinical

training of students at community sites and venues for the continuing education in geriatrics of practicing professionals.

The VGEC will feature a focus, within a larger training curriculum, on preventing the recurrence of falls among older adults, using an evidence-based practice (EBP) approach. The approach enables us to bring together the various health care professions to learn what works in preventing falls and how each profession can contribute to success, such as improved monitoring of medications or focused health screenings. The larger curriculum will include content about the contributing roles of core inter-professional team members, aging physiology, common geriatric syndromes, and cultural competence.

In all activities we will address the challenge of managing advanced chronic illness care for older persons across care settings and over time, with a focus on two main themes: care transitions and medication management. These, in turn, connect directly to the focus on falls in the Evidence-Based Practice component.

The overall goal of the VGEC is to improve the training of health professionals in geriatrics. This includes the involvement of health professionals in residencies, traineeships, and fellowships. The project has four fundamental Objectives. These and some representative action steps within them include:

Objective One: Support the training/retraining of faculty to provide instruction in geriatrics

- 1.1 Plan and develop a 160-hour case-based, inter-professional faculty development program in geriatrics, including an Evidence-Based Practice (EBP) component on Falls Prevention/Control.
- 1.2 Develop and/or incorporate at least 10 complex geriatric cases into the faculty development program curriculum
- 1.3 Incorporate Geriatrics Grand Rounds and the Virginia Geriatric Society Conference on Geriatrics into the faculty development program
- 1.4 Implement and evaluate the faculty development program with eight faculty participants (including geriatrics fellows and Geriatric Academic Career Awardees) from across the state each year

Objective Two: Develop, evaluate, and disseminate curricula relating to the treatment of health problems of older adults

- 2.1 Evaluate and disseminate the curriculum in geriatrics developed for the faculty development program
- 2.2 Evaluate and disseminate the practice improvement outcomes of the specific component of the faculty development program on Falls Prevention/Control
- 2.3 Incorporate into the faculty development program plans for developing curricula in geriatrics and integrating them into the appropriate health science departments/programs at the participating educational programs/institutions
- 2.4 Implement and evaluate both curriculum development and integration into the health science disciplines of faculty participating in the faculty development program

2.5 Develop, disseminate, and evaluate the curriculum for interdisciplinary clinical training of health professions students

Objective Three: Support continuing education of health professionals who provide geriatric care

3.1 Plan, develop, implement, and evaluate a 24-hour inter-professional, EBP continuing education program on Falls/Prevention Control with 10 participants each year

3.2 Plan, develop, implement, and evaluate a 40-hour inter-professional continuing education program in geriatrics, using a Train-the-Trainer model with 10 participants each year (beginning in year 2)

3.3 In collaboration with the Virginia Geriatric Society, plan, develop, implement, and evaluate an inter-professional continuing education conference in geriatrics in east-central Virginia with 200 participants each year

3.4 In collaboration with the Virginia Geriatric Society and Carilion Health System, plan, develop, implement, and evaluate an inter-professional continuing education conference in western Virginia with 100 participants each year

Objective Four: Provide students with clinical training in geriatrics in nursing homes, chronic and acute disease hospitals, ambulatory care centers, senior centers, and other long-term care settings

4.1 Plan, develop, implement, and evaluate a model interdisciplinary clinical training program in geriatrics for 10 health professions students each year at the Riverside PACE site in Richmond

4.2 Plan, develop, implement, and evaluate eight interdisciplinary clinical training programs in geriatrics for 20 health professions students, 10 per site per year, at two other sites in Virginia.

As one can see, despite the jargon of grant proposal writing, the VGEC will aim to address the whole pipeline of health care professional practice, from student training to continuing education. Moreover, our focus will be on the community, with numerous sites from Tidewater to Big Stone Gap for learning and applying our inter-professional geriatrics content. We know that we could not have succeeded in our grant application and would not succeed in our project without our many partners within the three consortium institutions, various partnering institutions of higher education and of health care provision across the Commonwealth, and community-based providers of older adult health care and senior services. While VCU's Virginia Center on Aging in the School of Allied Health Professions will administer the new Virginia Geriatric Education Center (VGEC) consortium, this team will make it work. We all hope to make a difference.