



April 11, 2008

**John A. Hartford Foundation Talking Points
for “Retooling for an Aging America: Building the Health Care Work Force”**

Message #1: There are unprecedented opportunities in an older America, but our health care system must change if we want to benefit from them.

The United States is about to reap the benefits of years of medical and public health advances. The largest-ever generation of older adults includes the husbands and wives, parents, grandparents, and even great-grandparents who are increasingly part of every American family. This group will define a new approach to aging, as it continues to contribute to our country’s economic, social, and cultural vitality.

In an older America, our nation’s health care needs will grow. If we want to benefit from older adults’ continuing commitment to their families, communities, and the country, we need to transform how we care for an expanding group of people who will live—and contribute—for years with multiple chronic health conditions.

Message #2: A new report describes the challenges and offers solutions.

A new report from the Institute of Medicine called “Retooling for an Aging America: Building the Health Care Workforce” documents the challenges facing our current health care system as well as three critical strategies for improving the care of older adults.

The Challenges

The report argues that the health care workforce lacks both the size and the skill to care for the growing older population and its unique needs. There are not enough geriatric specialists, and generalists do not have enough training and experience to properly treat older patients. Further, today’s care models and reimbursement systems are not well matched to the needs of patients with chronic illnesses.

The Solutions

The report, therefore, lays out a three-pronged strategy with associated recommendations that focuses on:

- Improving all health professionals’ ability to deliver geriatric care;
- Increasing the recruitment and retention of geriatric specialists and caregivers; and
- Redesigning models of care and broadening provider and patient roles to achieve greater flexibility.

For a full description of the report and its recommendations, please see:
<http://www.iom.edu/CMS/3809/40113/53452.aspx>

Message #3: We all have a role.

These kinds of changes will require all of us—health professionals, schools of medicine, nursing and social work, policymakers, even older adults and their families—to re-consider our roles in the health care of older adults. To these ends, we support many of the recommendations in the report including:

- Expanding the Geriatric Academic Career Awards that have been successful in developing new academic geriatricians to include geriatric faculty in nursing, social work and other health professions. (Recommendation 4.3a, page s-7)
- Promoting the dissemination of effective and efficient models of care for older adults by re-orienting reimbursements and streamlining administrative regulatory barriers so that these approaches are broadly available. (Recommendation 3.1, page s-8)

Message #4: The Hartford Foundation’s role

During the last two decades, John A. Hartford Foundation has been a committed champion of the three strategies outlined in the IOM report.

The Foundation looks forward to collaborating with public policy leaders, health professional schools, nonprofit organizations, and other private funders to support efforts to take these efforts and recommendations to scale.

Some examples of innovations and programs supported by the Foundation include:

Improving all health professionals’ ability to delivery geriatric care

Though not directly responding to a particular recommendation, all of these programs reflect the report’s interest in enhancing the geriatric competence of all health care professionals—see pages s-5 and all of Chapter 4 (4-5 to 4-12 for docs; 4-13 to 4-16 for nurses; and 4-19 to 4-21 for social workers)

- **Association of Specialty Professor’s Integrating Geriatrics into Subspecialties of Internal Medicine**, which is working with subspecialty societies to improve their members’ geriatrics training and care.
- **American Geriatric Society’s Specialties Program**, which has developed curriculum materials for teaching future surgeons and related specialists to better care for older patients. This will be launched in 75 medical schools nationwide (Noted page 4.8)
- **Association of American Medical College’s Curriculum Project**, which provides an online clearinghouse for medical faculty to access ideas and activities created at more than 40 medical schools. Includes case studies, aging simulations, and senior mentor programs.

- | |
|--|
| <ul style="list-style-type: none">• Association of Directors of Geriatric Academic Programs’ Chief Resident Immersion Training in the Care of Older Adults, a program that is training up to 400 chief residents, who will in turn transfer geriatric medicine skills to more than 18,000 residents/medical students. (Recommendation 4.1- page 4-11) |
| <ul style="list-style-type: none">• NICHE, a geriatric nursing program, administered by the Institute for Geriatric Nursing at NYU, in place in more than 200 hospitals nationwide, which seeks to improve hospital care for older patients using patient-centered care. |

- **Specialty Nurses Impacting Aging**, which encourages specialty nurses to also get geriatrics certification. It includes www.ConsultGerRN.org, an evidence-based online geriatrics resource for nurses in clinical and educational settings.
- **The Paraprofessional Healthcare Institute's** program, which is testing and then disseminating a model program in 42 agencies where nurses who oversee paraprofessional staff are trained to be better supervisors to reduce home health aide turnover. (In partnership with Atlantic Philanthropies) (Related to Recommendation 5.1 proposing states and the federal government should increase training standards for direct care workers. See page 5-15)

Increasing the recruitment and retention of geriatric specialists and caregivers

(All of the below are related to recommendation 4.3 (page 4-36), suggesting that public and private payers should provide financial incentives to increase the number of geriatric specialists in all health professions)

- | |
|--|
| <ul style="list-style-type: none"> • Centers of Excellence in Geriatric Medicine supports geriatric fellows and promotes innovations in geriatric teaching at 27 schools of medicine around the country. |
|--|
- **Beeson Scholars Program**, a partnership with the National Institute on Aging, which provides \$600-800,000 awards to 12 physician-faculty scholars each year who are conducting groundbreaking, clinically-relevant studies in geriatrics and aging research and will train the next generation of medical students in the care of older adults.
 - **Jahningen Scholars Program**, which offers two-year career development awards to support geriatric research by junior faculty in various medical specialties. (Noted page 4-23)
 - **T. Franklin Williams Scholars Program**, which provides career development support for promising junior faculty physicians in the subspecialties of internal medicine interested in geriatrics (Noted page 4-23)
 - **American Federation for Aging Research's Medical Student Training in Aging Research (MSTAR)**, a program for first and second year medical residents to introduce them to careers in academic geriatrics
- | |
|---|
| <ul style="list-style-type: none"> • Centers of Geriatric Nursing Excellence (CGNE) program, which supports nine nursing schools across the country that have demonstrated the highest level of commitment to the field and have both current experience and future potential to build the next generation of gerontological nurses (Noted page 4-14) |
|---|
- **American Association of Colleges of Nursing (AACN) Creating Careers Program**, which awards scholarships to encourage nursing students to pursue degrees in geriatric advance practice nursing
 - **Building Academic Geriatric Nursing Capacity Fellows and Scholars programs**, which support the research and professional development of nurse faculty and management leaders of the future. 145 scholarship and fellowships have been awarded to date (Noted page 4-15)
 - **Geriatric Social Work Initiative (GSWI) Faculty Scholars/Doctoral Fellows/Pre-Doc Fellows Programs**, which are training academic leaders and doctoral students to teach, mentor, do cutting-edge research, and prepare the next generation of social workers to serve older adults (Noted p. 4-23)

- **GSWI Practicum Partnership program**, which is developing high-quality models of, and disseminating new knowledge about, aging-rich field education at schools of social work and community agencies across the country (Featured page 4-21).

- **The National Center for Gerontological Social Work Education** program, which will expand the geriatric content in the curriculum of 130 schools of social work (Noted page 4-21).

Redesigning models of care and broadening provider and patient roles to achieve greater flexibility

(All of these are relevant responses to **Recommendation 3.1**, related to rewarding the dissemination of models of care that have been shown to be effective and efficient. See page 3-26)

- **IMPACT**, a team-based model for improving depression care in older adults (<http://impact-uw.org/>) (Featured page 3-23)

- **Care Transitions**, a solution that coordinates care for patients who are moving among healthcare settings (from hospital to rehab to home, for example) (<http://www.caretransitions.org/>)
- **Guided Care**, which uses a specially trained nurse based in a primary care practice to coordinate all aspects of care for older, chronically ill patients—like having a nurse in the family (www.guidedcare.org)
- **Care Management Plus**, which combines the “high touch” of a trained care manager in primary care with a “high tech” electronic health record (<http://www.caremanagementplus.org>)
- **Senior Health and Wellness Clinic**, a hospital-based clinic that teaches and reinforces team care among practitioners (<http://www.peacehealth.org/Oregon/Seniorhealth/Clinicoutcomestudy/>)
- **Hospital at Home**, which offers acute level care in a patient's home (www.hospitalathome.org)
- **Virtual Integrated Practice**, where interdisciplinary teams of practitioners working in different settings come together through e-technology to manage a patient's care