Background

- Americans are living longer and account for a disproportionate share of healthcare services, but the supply of trained geriatric health professionals falls short of the need.

- In 2015, HRSA established the Geriatric Workforce Enhancement Program, “GWEP” for educating the primary care workforce on how to care for older adults.

- HRSA awarded 44 organizations in 29 states more than $35 million to train and educate health professionals, direct care workers, and family caregivers.
Texas College of Osteopathic Medicine

- Institute for Healthy Aging
- Center for Geriatrics
- Reynolds IGET-IT Program
  - Interprofessional geriatric team training for 7 health professional disciplines
  - E-learning modules
  - Mandatory 4th year geriatric rotation
- Rural primary care education
- New grantees and only GWEP in Texas

GWEP: Workforce Enhancements in Healthy Aging and Independent Living

PURPOSE:
Increase the number of healthcare workers in Tarrant County and surrounding rural counties to address and meet the needs of older adults at individual, community and population levels

FOCUS:
- Transforming clinical training environments for undergraduate, graduate, resident & practicing physicians, physician assistants, nurses, pharmacists, physical therapists and other healthcare professionals in integrated geriatrics and primary care delivery systems
- Practicing in and taking leadership roles in geriatric care ("Geriatric Transformational Champions")
- Training in health literacy, chronic disease patient self-management, falls prevention, medication management, and dementia care
Partners

**Institutional Partners**
- UNT Health Science Center
- Texas Christian University
- JPS Health Network
- United Way of Tarrant County’s Area Agency on Aging

**Community Partners**
- Meals on Wheels, Inc. of Tarrant County
- Senior Citizen Services of Greater Tarrant County
- James L. West Alzheimer’s Center
- Alzheimer’s Association of North Central Texas

**Program Partners**
- Evidence based or informed community programs for older adults
- Health professional schools
- Residency training programs
- Professional and Continuing Education
- Practice-based research network

Aligning objectives and activities with community needs of an aging population
Rapid Cycle Quality Improvement

Implement enhancements
Trainee feedback
Curriculum workgroup
GWEP Partners at UNTHSC, JPS, TCU and AAA

Clinical training for interprofessional students

- Goal to increase knowledge, competence, skills and attitudes in geriatric care to provide home and community-based supports to geriatric patients.
- Service-learning models
- Interprofessional – medical, nursing, social work, physician assistant, pharmacy, physical therapy and dietetics students
- Integrated enhancements in health literacy and patient self-management education
Clinical training for interprofessional students

Seniors Assisting in Geriatric Education (SAGE) Program
- Home visits with senior mentors, including Meals on Wheels clients
- Enhancements
  - Health literacy project
  - Geriatric skills training
    - falls prevention
    - medication management
    - cognitive assessment
  - Sharing community resources
- Over 1,000 students 2016-17

SAGE Program at a Glance
- Over 3,400 Students
- Over 1,000 Senior Mentors
- 22,000 Hours of Service
- 7,500 Home Visits
(From 2009-2016)

Clinical training for interprofessional students

A Matter of Balance Coach Training
- Certified Leader training
- Practical fall prevention strategies and address fears of falling
- Expand access to fall prevention education in the community
- Classes at senior centers, residential, and faith based settings
- 85+ students trained, leading over 20 classes for older adults in 2016 - 2017

Senior Health Education Literacy Program (SrHELP)
- 4th year medical students
- Senior centers
- Online learning module on health literacy
- Educate and counsel patients
- Emphasis on preventive medicine and health promotion based on medical evidence
- 5 additional senior centers in 2016-17
Trainee Feedback: How does collaborative care benefit the geriatric patient? (Geriatric Skills Training; n=442; themes from trainee comments and example quotes)

**Theme 1: Multiple perspectives focused on patient health**
- “It benefits the patient greatly by having multiple people from different areas of practice to put their knowledge together to gain different perspectives and actions for caring for the them.”
- “In each of our professions there is only so much we can actually know. It helps that health care professionals can rely on one another for their area of expertise to benefit the overall health outcome of the patient.”

**Theme 2: Positively impact care for elderly**
- “Because every profession knows different things, so everyone bringing what they know and adding it all together makes for a more complete assessment.”
- “It improves the care of the patient because there are different skills and ideas that a team can bring together, where as an individual practitioner will be doing everything on their own.”
- “More eyes and ears to evaluate the patient and their situation.”

**Theme 3: Reduce risk**
- “By working as a team we can assess more and catch more stuff one person might not be able to catch on their own. There is more room for team collaboration to make sure the patient is receiving the optimal care he or she needs.”
- “Reduces risk of polypharmacy, encourages adherence of home health regimens, increases understanding of health goals by patient, ensures best care practices.”

Trainee feedback: What barriers do you see to interprofessional care? (Geriatric Skills Training; n=502; themes from trainee comments and example quotes)

**Theme 1: Roles/approaches of each profession**
- “Different professions have different knowledge bases, schedules, and ways of doing things. Collaboration requires more effort than for one to just go about his business.”
- “I see that there are differences in perspective on scope of practice and lack of communication between each profession.”

**Theme 2: Hierarchy**
- “I can see how assumptions about what another profession should and should not be doing could hinder the team.”
- “I definitely see that there is a hierarchy in the healthcare system.”

**Theme 3: Individual/personality differences**
- “I can see individuals being scared to speak up due to fear of being wrong or appear to be disrespectful.”
- “If team members aren’t willing to cooperate or have a lack of respect for different disciplines.”

**Theme 4: Logistics**
- “Issues with time and different schedules as well as a lack of resources in different environments.”
- “Some barriers would be overlapping roles and disorganization.”
- “Time constraints, issues with billing from insurance.”
"The most helpful part of this was remembering the number of comorbidities that the elderly can have, and how much care you need to take in providing the elderly the proper information to help them manage their conditions."

"It informed me on the impact that fear of falling can have on the life of an older adult and helped teach me ways to help older adults reduce this fear and not let it keep them from participating in things that they want or need to do."
Senior Health Education Literacy Program (SrHELP)

“I like geriatrics more than I expected. I like working with this population.”

Clinical training for Family Medicine Residents

Goal to create Family Physicians who provide exceptional comprehensive geriatrics care within a complex interprofessional team setting.

- Family Medicine Residency Programs
  - JPS Health Network
  - UNTHSC -Plaza Medical Center
  - Geriatric Certificate
Educational Strategies

- **Didactics and online resources** designed to cover important topics in geriatrics
- **Grand Rounds** presentations and discussion by faculty and invited speakers in geriatrics
- Continuity visits in long term care settings
- The American Academy of Family Physician (AAFP) Self-Assessment Module (SAM) for Maintenance of Certification on the Care of the Vulnerable Elderly
- **Geriatric Faculty Mentorship** by faculty champions of geriatrics

### Align with ACGME Core Competencies

- Knowledge
- Patient Care
- Practice Improvement
- System Based Medical Practice
- Professionalism
- Communication

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**Educational Strategies**

Community-based learning experiences in partnership with the Area Agency on Aging and United Way agencies.

- Virtual Dementia Tour
- A Matter of Balance Fall Prevention Mini-session
- Meals on Wheels home visits
- Alzheimer’s Association home visits
Quality Improvement Project

- Quality Improvement Project in a geriatric patient setting, such as a clinic or skilled nursing home.
  - Residents are oriented to use nationally-recognized tools, such as the Institute of Healthcare Improvement (IHI), for their six to nine month project.
  - Residents are encouraged to present a poster on their project, which may require Institutional Review Board.
- Examples of project topics:
  - Advanced care planning: Implement physician billing process for advanced care planning conversation; define components of advance care planning at JPS; and design, implement and refine proactive patient screening process for patients in need of advanced care planning.
  - Fall Risk and Assessment: Formalize automatic process for A Matter of Balance class referral; population segmentation; review and outline current process; and design, implement and refine optimal process.

Summary of Eligibility and Requirements for Geriatric Certificate

| Eligibility Requirements               | Current Family Medicine Resident
|                                      | Completes required clinical experiences in geriatrics
|                                      | Evaluates the effectiveness of care for elderly patients by completing a Continuous Quality Improvement Project

| Training | Minimum of 6 months of clinical experience in caring for the elderly over 3 years of training
|          | Minimum of 135 hours of didactics (135-150 hours of instruction is number to receive Graduate Certificate from a University)
|          | Instructional:
|          | ✓ Scheduled afternoon presentations and workshops: 18 hours
|          | ✓ Geriatrics Grand Rounds: 36 hours
|          | ✓ SAM Module Care of the Vulnerable Elderly: 12 hours
|          | Clinical:
|          | ✓ 2nd year Geriatrics Rotation: 48 hours
|          | ✓ 3rd year Geriatrics Rotation: 24 hours
|          | ✓ 2 years of Continuity of Care of Patients in the Long Term Care Setting
Evaluation

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<th>Formative Evaluation</th>
<th>Individual</th>
<th>Program</th>
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<td>Written evaluations</td>
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<td>Informal verbal feedback</td>
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<td>Inservice exam</td>
<td>Annual review of Curriculum by Program Director</td>
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<td>Board Score</td>
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<th>Summative Evaluation</th>
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<td>Chart review</td>
<td>Board Score</td>
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<tr>
<td>Geriatrics Certificate</td>
<td>Number of Residents who chose Geriatrics fellowship</td>
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<td>Number of Residents who chose to care for patients &gt;65 as a component of their practice</td>
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<td>Number of Residents who viewed Geriatric modules</td>
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<td>Number of Presentations by Residents and Faculty related to Curriculum</td>
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Trainee Feedback (Virtual Dementia Tour, n=13)

Feedback on Training

- The training content was useful
- The training materials were helpful
- The training activities were helpful

Impact of Training on Knowledge/Attitudes/Behavior

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<tr>
<td>The training content was useful</td>
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<td>The training activities were helpful</td>
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<td>I am more confident about my knowledge of healthcare needs of older adults</td>
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<td>I am more confident about my knowledge of services for older adults</td>
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<td>I am more confident about talking with an older adult about healthcare needs and services</td>
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<tr>
<td>I am more confident about talking with family members or caregivers of an older adult</td>
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<tr>
<td>I am more confident about answering questions about healthcare needs and services</td>
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In what ways will you use any of the training currently or in the future?

- **Theme 1: More aware of considerations for geriatric patients**
  - “Become more thorough when screen for dementia.”
  - “Make sure instructions are clear. Possibly write out instructions, print out updated medication lists with instructions...something to help the patient remember what they need to do.”

- **Theme 2: Include family members in patient care**
  - “I will refer my patients’ families over here (Alzheimer’s Association) to get a little bit more of an insight on their family member’s disease.”
  - “Will try to spend more time with helping families understand what the patient is going through.”

In what ways did the training change your attitudes toward working with older adults?

- **Theme 1: Better appreciation for working with older adults**
  - More respect for the way many elderly are able to manage despite having so many difficulties with vision, hearing and mobility.”
  - “Experiencing dementia via the stimulated environment has allowed me to feel more sympathy in patients afflicted by dementia.”
  - “It gave me a greater appreciation for things that they have to deal with on a daily basis.”
  - “Much, much more empathetic.”

Lean Six Sigma Training
White belt training by Senior Improvement Consultant at JPS Performance Excellence Department.
James L. West Alzheimer’s Center

“The tours were worthwhile. They hadn’t seen anything like these facilities, discussed quality improvement processes with the Director, and learned things they can use in other facilities.”

Residency Faculty and Geriatric Fellowship Director

Virtual Dementia Tour

“Very helpful to develop empathy with patients and family members of patients with dementia and aging in general.”

Plaza Medical Center Resident
Collaboration and ‘Coopetition’ Strategies

• Focus on community needs
• Develop relationship with the community
• Align activities, goals and assets
• Rapid Cycle Quality Improvement
• Engage as a fiscal partner and intermediary
• Leverage opportunities
• Deliver “patient centered” care and evidence based programs

Contact

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