

2019

# Interprofessional Geriatrics: Improving the Health of Older Adults

Edward F. Ansello

*Virginia Commonwealth University*, eansello@vcu.edu

Follow this and additional works at: [https://scholarscompass.vcu.edu/vcoa\\_editorial](https://scholarscompass.vcu.edu/vcoa_editorial)



Part of the [Geriatrics Commons](#)

Copyright managed by Virginia Center on Aging.

---

Downloaded from

[https://scholarscompass.vcu.edu/vcoa\\_editorial/50](https://scholarscompass.vcu.edu/vcoa_editorial/50)

This Editorial is brought to you for free and open access by the Virginia Center on Aging at VCU Scholars Compass. It has been accepted for inclusion in Director's Editorials from Age in Action by an authorized administrator of VCU Scholars Compass. For more information, please contact [libcompass@vcu.edu](mailto:libcompass@vcu.edu).

# **Interprofessional Geriatrics: Improving the Health of Older Adults**

By Edward F. Ansello, PhD

We have received a five-year award (2019-2024) from the federal Health Resources and Services Administration (HRSA) to grow our work to improve the well-being of older adults.

“Grow” is an apt choice in this case, for we will build on nine years of partnering with others that have produced much fruit. We have trained pre-clinical students, practicing healthcare professionals, academic faculty, family caregivers, direct care providers, older adults, and others across Virginia to adopt an interprofessional approach in geriatrics care, whether it’s care of others or self-care.

The benefit of an interprofessional approach is that many players contribute a perspective on the older person, so that collectively we have a fuller appreciation of the whole older adult. As adults, we grow less alike with age, so those who are older and those who care for older adults are really experiencing or encountering individuality, true individuals.

The purpose of this Virginia Geriatric Education Center (VGEC) project is to improve health outcomes across Virginia for older adults by developing a healthcare workforce that maximizes patient and family engagement, integrating geriatrics and primary care, and demonstrating measurable impact.

The goals of this project are to educate and train the primary care and geriatrics workforce to care for older adults in integrated geriatrics and primary care models, and to partner with community-based organizations (CBOs) to address gaps in healthcare for older adults, promote age-friendly health systems and dementia-friendly communities, and address social determinants of health (SDH).

This new award brings in colleagues at George Mason University to join our VGEC consortium, heretofore comprised of Virginia Commonwealth University, Eastern Virginia Medical School, and the University of Virginia. We welcome our GMU colleagues. They will be joining our VGEC Plenary, the all-in interprofessional group that oversees every one of our many program initiatives in a constant quality improvement process called PDSA (Plan, Do, Study, Act). Representatives from dentistry, medicine, nursing, OT, pharmacy, patient counseling, PT, social work, and speech pathology not only meet in person at the Plenary to administer but also model interprofessional practice in our various training programs.

Funding comes from HRSA’s Geriatrics Workforce Enhancement Program (GWEP). Our GWEP project aims to improve geriatrics in primary care through a comprehensive process that addresses pre-clinical training, teaching of faculty, community practice, continuing education, and fuller engagement of older adults in their own care. Here are examples:

Our VGEC Consortium will undertake various initiatives to enhance the pre-clinical training of students in several healthcare professions through: a Senior Mentoring program that pairs these students early in their curricula with healthy community-living older adults before they subsequently assess cognitive processes of older persons later in their curricula; a one-semester course with an unfolding virtual case study that interprofessional teams of five or six healthcare students must address collaboratively, being graded on the scope and degree of their interactions as much as on their diagnostic acumen; and participation in the Richmond Health and Wellness Program, a care coordination clinic set in several HUD-rental assistance residences for low income older adults where small interprofessional teams of students (undergraduate through doctoral) and faculty meet with the older adult residents to help monitor their health, introduce them to wellness resources, and partner to raise the elder’s health literacy.

We are establishing a 100-hour, September through June, Faculty and Clinicians Development Program (FCDP) on geriatrics knowledge, skills, and capacity to measure impact on patient outcomes; it will emphasize what HRSA calls the 4Ms: what Matters to the patient; Mobility; Mentation (cognitive function), and Medications. Also, we will partner with VCU Health primary care family medicine residency practice sites, where these medical residents see about 70 Medicare patients each day, to deliver compressed “micro-learning” training on dementia, advance care planning, and care transitions, and will develop new educational modules for patients on these same topics to be placed on their patient portals.

The VGEC’s Eastern Virginia Medical School is establishing a SeniorStrong Program focused on the social determinants of health; these are conditions in the environments into which people are born or in which they now live that are, effectively, risks that can shape their health, such as safe housing, access to health care services, public safety, language or literacy, and poverty. Healthcare providers need to be aware of these conditions that affect their diagnoses and treatment plans. EVMS will build the Senior-Strong Program into its successful Medicare Wellness Visit program which has been engaging healthcare providers, older persons, and family caregivers as partners in improving the older adults’ well-being.

Opioids abuse is an unwelcome presence in the lives of too many older adults. Our project will address opioid use and misuse across Virginia, especially in poor, rural, and medically underserved areas, through related training of healthcare professionals, older adults, and family caregivers. Health Quality Innovators, the Quality Improvement Organization for Virginia and Maryland, will offer community-based educational events on proper use of opioids and their disposal. At the various facilities of the Richmond Health and Wellness Program, we are instituting opioid risk reduction training for faculty and staff that includes peer recovery support specialists who can share an inside perspective on opioid addiction.

Partnering is a key component of this new award.

We’re partnering with a number of community based organizations to augment our training capacities and to reach more audiences. Virginia Navigator (parent of SeniorNavigator, DisabilityNavigator, and VeteransNavigator) is providing community-based training on medication management, prevention of falls, transitions in care, oral health, advance care planning, Medicare Wellness Visits, and chronic pain management, including nonpharmacological options, and is building out corresponding landing pages on its website that provide key resources for older adults, family caregivers, and direct care workers who want to follow-up after their training. Virginia Navigator will also work with EVMS in the SeniorStrong initiative and in our outreach with the family practice residencies.

We are also partnering with V4A, the Virginia Association of Area Agencies on Aging, which is the hub of Virginia’s 25 AAAs. V4A will be surveying the training needs of AAA staffs and we’ll be conducting three training events each year on opioids proper use, misuse and abuse; behavioral health; dementia care; and/or abuse in later life at sites and times identified by various AAA members of the V4A, according to their needs analyses.

There is so much more in this multi-faceted, five year project, more than space allows us to describe. We’ll host two two-day training programs for direct service providers on dementia among older adults with lifelong disabilities such as Down syndrome and other intellectual and developmental disabilities (I/DD). Older adults with I/DD are an under-recognized population whose existence, let alone their needs, too often isn’t addressed in healthcare.

Dental and dental hygiene students from VCU will be educating low-income older adults referred by Senior Connections on fundamental oral health principles, being well aware of important oral-systemic

health relationships. And EMS responders will participate in an experimental project to train them to look for signs of dementia and the presence of advanced care directives.

Our VGEC project will, of course, continue its robust array of dementia-related conferences, workshops, and staff training events, all co-sponsored with a variety of community-based organizations and other institutions of higher education. For the past few years these have averaged about 14-16 annually. The Memory and Aging Care Clinic at the University of Virginia will conduct dementia care training at 30 primary care clinics over the five years, with data tracking to assess the practice impact of the training. Notably, some of these practices are in critical Medically Underserved Areas.