AGS Geriatrics Healthcare Professionals

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Marcella Nunez-Smith, MD
Chair, COVID-19 Health Equity Task Force
Office of Minority Health
U.S. Department of Health and Human Services

Re: Follow-up from COVID-19 Health Equity Task Force Panel Presentation on July 16, 2021

Dear Chairwoman Nunez-Smith:

The American Geriatrics Society (AGS) appreciated the opportunity to present before the COVID-19 Health Equity Task Force on July 16th. We write to you on behalf of our nearly 6,000 members and the older Americans for whom they serve. The AGS is a nationwide, not-for-profit society of geriatrics healthcare professionals dedicated to improving the health, independence, and quality of life of older people. Our members are geriatricians, geriatric nurses, nurse practitioners, social workers, family physicians, physician assistants, pharmacists, internists, and specialty physicians who are pioneers in advanced-illness care for older individuals with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons.

We are appreciative of the vital efforts of the COVID-19 Health Equity Task Force members to deliberately consider and recommend strategies on preventing and mitigating inequities to better respond to future pandemics, public health emergencies (PHEs), and disasters. As we work to address the gaps in our current health care system that were underscored by the COVID-19 PHE, we must transform our healthcare workforce and public health system so that we can address care needs for the whole of our population in an inclusive and equitable manner. Accordingly, the AGS respectfully submits the following recommendations for your consideration:

Invest in the Healthcare Workforce

The AGS has long advocated for creating a healthcare workforce with the skills and competence to meet the unique healthcare needs of our nation's growing population of older Americans while also addressing the current and growing shortage of geriatricians. As of 2018, there were nearly 7,300 board-certified geriatricians.[1,2] The Health Resources and Services Administration (HRSA) forecasts that by 2025, there will only be 6,230 geriatricians by 2025, or approximately one for every 3,000 older adults that require geriatric care, leaving thousands of older adults left without access to geriatrics care due to an insufficient number of geriatricians to meet the needs of the United States population.[3] There are similar shortages of health professionals specializing in geriatrics across other disciplines. Further, the

[1] American Board of Medical Specialties. 2017-2018 ABMS Board Certification Report. Available at https://www.abms.org/wp-content/uploads/2020/10/abms-board-certification-report-2017-2018.pdf.
[2] Wieting MJ, Williams DG, Kelly KA, Morales-Egizi L. Appendix 2: American Osteopathic Association Specialty Board Certification. *J Am Osteopath Assoc*. 2018;118(4):275-279.
[3] Health Resources & Services Administration. National and Regional Projections of Supply and Demand for Geriatricians: 2013-2015. Available at https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/geriatrics-report-51817.pdf. Published April 2017.

population of people 65 and older is projected to grow by 42.4 percent and 74 percent for people 75 and older by 2034.[4] As the U.S. population rapidly ages, access to a well-trained workforce and appropriate care for medically complex older adults is imperative to maintaining the health and quality of life for this growing segment of the nation's population. We believe it is critically important to:

- ***Increase Funding for Title VII Geriatrics Training Programs:*** The Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Awards (GACAs), administered by HRSA, are the only federal mechanism for supporting geriatrics health professions education and training. GWEP awardees educate and engage the broader frontline workforce, including family caregivers, and focus on improving the quality of care delivered to older adults. Due to their partnerships with primary care and community-based organizations, GWEPs have been uniquely positioned to rapidly address the needs of older adults and their caregivers during the COVID-19 pandemic. An essential complement to the GWEP, the GACA program supports professional development for clinician-educators who are training the future workforce we need and who will become future leaders of GWEPs and other geriatrics programs. Currently, there are 48 GWEP centers and 26 GACAs in 35 states, Guam, and Puerto Rico providing education to primary care physicians, nurses, and other members of the healthcare team such as direct care workers and family caregivers. Most recently, the GWEPs and GACAs have been an asset for states as many states and localities grapple with the rollout of the COVID-19 vaccine and address vaccine hesitancy. GWEPs have been staffing call lines to assist older adults to register for the vaccine, advising local authorities on making the sign-up websites age-friendly, and working with health systems to participate in the rollout and outreach to vulnerable and hard-to-reach populations, preventing widening the health disparity gap exacerbated by the pandemic. Looking forward, these programs will be critical in providing assistance for proactive public health planning with their geriatrics expertise and knowledge of long-term care and can help ensure states and local governments have improved plans for older adults in disaster preparedness for future PHEs. Sustained and enhanced investment will ensure that these two critical resources are maximally deployed to serve older Americans across the United States.

- ***Ensure Competence of Our Workforce Caring for Older Americans:*** Funding for Graduate Medical Education (GME), while supported by the Medicare program, does not require that hospitals and other sites provide training that leads to a health professions workforce that is able to care for older adults with multiple complex and/or chronic conditions. GME reform is needed to address the gap between training requirements and our country's need for a workforce that is prepared to care for us all as we age. In a 2010 report, MedPAC stated that institutions using Medicare dollars to support GME should be providing training to enable health professionals to develop competency in the care of older adults.[5] Furthermore, the Institute of Medicine ("IOM") has said that a geriatrics competent workforce will contribute to higher quality, safer, and more cost-effective care for patients.[6] We believe that it is vital to mandate all Medicare-supported training to include geriatrics principles for all appropriate trainees in order to prepare a workforce that is competent to care for older people. The basis of the age-

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[4] Association of American Medical Colleges (AAMC). The Complexities of Physician Supply and Demand: Projections From 2019 to 2034. Available at https://www.aamc.org/media/54681/download. Published June 2021.

[5] Medicare Payment Advisory Commission (MedPAC). Report to Congress: Aligning Incentives in Medicare. Available at http://medpac.gov/docs/default-source/reports/Jun10_EntireReport.pdf (page 111). Published June 2010.

[6] Institute of Medicine (IOM). *Retooling for an Aging America: Building the Health Care Workforce.* The National Academies Press; 2008. https://doi.org/10.17226/12089.

friendly health systems movement – the 5Ms of geriatrics: Multimorbidity, What Matters, Medication, Mentation, and Mobility[7] – works to ensure that all older people have access to coordinated care, while also making sure personal needs, values, and preferences are at the heart of that care.[8] These age-friendly care principles can also benefit younger adults. Our healthcare system, across all specialties, need to keep pace as more of us grow older.

Support Direct Care Workers

The COVID-19 pandemic significantly exacerbated existing gaps in expertise and systemic weaknesses in health care service delivery for older Americans, particularly for the direct care workforce.[9] Direct care workers, including certified nursing assistants, are vital to supporting older adults and their caregivers at home and in congregate living settings (e.g., long-term care and assisted living). They provide physically and emotionally demanding hands-on care at the bedside to millions of older Americans. At present, women account for nearly 90 percent of the direct care workforce[10] and women of color account for 51 percent of this workforce in the United States.[11] Hourly rates are low (often $12 or less per hour),[12] and direct care workers often lack paid family leave, and other employment benefits.[13] Currently, the demand for direct care workers exceeds the supply – given the increasing demand for long-term care – and this gap is only expected to grow. It is projected that the workforce will need to fill an additional 7.4 million job openings by 2029,[14] which does not account for the existing job vacancies; potential shifts in caregiving and the delivery of health care and long-term services and supports; or the 40-60 percent turnover rate.[15]

Investing in building the direct care workforce should be a priority for the United States as a part of investments in the infrastructure that is needed to care for us all as we age. The AGS supports the enactment of federal and state policies that support the largely female and women of color direct care workforce by increasing compensation and benefits, strengthening training requirements and opportunities, and creating opportunities for educational and career advancements. We must also ensure that all health professionals and direct care workers have access to paid family, medical, and sick leave.

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[7] Adapted by the American Geriatrics Society (AGS) with permission from "The public launch of the Geriatric 5Ms" [on-line] by F. Molnar and available from the Canadian Geriatrics Society (CGS) at https://canadiangeriatrics.ca/2017/04/update-the-public-launch-of-the-geriatric-5ms/.

[8] Institute for Healthcare Improvement. Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults. Available at http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHIAgeFriendlyHealthSystems_GuidetoUsing4MsCare.pdf. Published July 2020.

[9] American Geriatrics Society. American Geriatrics Society (AGS) Policy Brief: COVID-19 and Assisted Living Facilities. *J Am Geriatr Soc*. 2020;68(6):1131-1135. https://doi.org/10.1111/jgs.16510.

[10] PHI National. Direct Care Workers in the United States: Key Facts. Available at https://phinational.org/wp-content/uploads/2020/09/Direct-Care-Workers-in-the-United-States-2020-PHI.pdf. Published September 8, 2020.

[11] PHI National. Caring for the Future: The Power and Potential of America's Direct Care Workforce. Available at https://phinational.org/wp-content/uploads/2021/01/Caring-for-the-Future-2021-PHI.pdf. Published January 12, 2021.

[12] Raghu, M. & Tucker, J. National Women's Law Center. Low-paid Women Workers on the Front Lines of COVID-19. Available at https://nwlc.org/blog/the-wage-gap-has-made-things-worse-for-women-on-the-front-lines-of-covid-19/. Published March 30, 2020.

[13] PHI National. Federal Policy Priorities for the Direct Care Workforce. Available at http://phinational.org/wp-content/uploads/2021/07/Federal-Policy-Priorities-for-the-Direct-Care-Workforce-2021-PHI.pdf. Published July 14, 2021.

[14] Ibid.

[15] PHI National. Caring for the Future.

Invest in Home-Based Primary Care

The Home-Based Primary Care Model is a healthcare service provided to Veterans with complex healthcare needs and for whom routine clinic-based care is not effective. Under this model, a Department of Veterans Affairs (VA) physician supervises the healthcare team that provides skilled services, case management, and help with activities of daily living (e.g., bathing, dressing, fixing meals, or taking medicines). This program is also for Veterans who are isolated, or when their caregiver is experiencing burden. Home-based primary care has been adopted outside the VA as well to deliver longitudinal primary care in the home to those without access to traditional primary care. HBPC practices adapted to challenges imposed by the COVID-19 pandemic to help patients maintain access to health-related services and prevent stays in medical and congregate settings. Some HBPC practices were recognized by health system leaders in its role in caring for older Americans who may be more vulnerable, keeping them out of the emergency department or hospital and building partnerships with the community to identify individuals at risk of food insecurity, experiencing medication shortages, and caregiver burnout.[16] The AGS believes that a strong home-based community support system is as essential a resource as the hospital or doctor's office and must be recognized as such.

Invest in Public Health and Prepare for Future Pandemics, PHEs, and Disasters

The COVID-19 PHE underscored the gaps in our planning specific to older adults which – as in natural disasters like Hurricane Katrina – resulted in the pandemic having a disproportionate impact on older Americans, particularly older Americans of color.

One critical area of focus should be to ensure we have plans for how to protect the health and safety of all Americans in the event of a future pandemic, PHE, or other natural disaster. This should include assurance that Crisis Standards of Care that dictate allocation of scarce resources do not include discriminatory policies that are based on age alone.[17] The current COVID-19 PHE underscored the gaps in our planning for a pandemic resulting in a disproportionate impact on older Americans, particularly older Americans of color. In this regard, it is critically important that the federal government review and revise PHE and disaster guidance related to health care settings to ensure that such guidance identifies all essential health care workers (e.g., certified nursing assistants, social workers, and dietary aides) and settings (e.g., nursing homes and other congregate housing) so that they also receive assistance and resources. It is important that work groups tasked with developing guidance include geriatrics health professionals, nursing home and long-term care leadership teams, and hospice and palliative care experts. Furthermore, it will be vital to invest in solutions that address the health, social, and economic disparities that contributed to people of color and older adults being among the hardest hit by the COVID-19 pandemic. For example, investments are needed in Federally Qualified Health Centers so that they are equipped to provide care via telehealth during both times of pandemic and normal times. In *Opportunities for Medicaid To Address Health Disparities*, Shilipa Patel and Tricia McGinnis have outlined a number of recommendations for how Medicaid could be changed that would reduce the health disparities that contributed to the greater impact of COVID-19 on communities of color.[18]

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[16] Ritchie CS, et al. COVID Challenges and Adaptations Among Home-Based Primary Care Practices: Lessons for an Opening Pandemic from a National Survey. *J Am Med Dir Assoc.* 2021;22(7):1338-1344. https://doi.org/ 10.1016/j.jamda.2021.05.016.

[17] Farrell TW, Ferrante LE, Brown T, et al. AGS position statement: Resource Allocation strategies in the COVID-19 era and beyond. *J Am Geriatr Soc*. 2020;68(6):1143-1149. https://doi.org/10.1111/jgs.16537.

[18] Patel S & McGinnis T. Inequities Amplified by COVID-19: Opportunities for Medicaid to Address Health Disparities. Available at https://www.healthaffairs.org/do/10.1377/hblog20200527.351311/full. Published May 29, 2020.

In this letter, we have focused on investing in the healthcare workforce and the public health system to ensure an equitable response to the current and future pandemics. Thank you for all you are doing to identify and eliminate health and social disparities underscored by the COVID-19 pandemic. We stand ready to support you and provide guidance as you formulate recommendations to the President. Should you have any questions, please contact Anna Kim at akim@americangeriatrics.org.

Sincerely,

Peter Hollmann, MD
President

Nancy E. Lundebjerg, MPA
Chief Executive Officer