The American Geriatrics Society

COMPREHENSIVE CARE FOR OLDER ADULTS WITH CHRONIC CONDITIONS

Since the Institute of Medicine released its ground-breaking report, Crossing the Quality Chasm: A New Health System for the 21st Century, a great deal of energy has been focused on quality improvement and patient safety. However, older persons with chronic illnesses and geriatric conditions frequently do not receive the recommended standard of care, and account for a disproportionate share of health care expenditures. Thus, as recognized in a number of provisions in the Patient Protection and Affordable Care Act (ACA), there is a critical need for redesigning care to improve quality. As health reform is implemented, such a redesign should include attention to ensuring that the entire workforce is trained to care for older adults and also optimize the roles of primary care, in particular health professionals trained in geriatrics. Improved care for patients with multiple chronic conditions has been identified as one approach that has high potential for cost savings by reducing preventable hospitalizations as well as helping older adults with multiple chronic conditions to have a higher quality of life and age in place.

OPTIMAL ELEMENTS OF DESIGN FOR CMS DEMONSTRATION PROJECTS:

- Comprehensive geriatric assessment
- Comprehensive care plan
- Coordination of care amongst providers and across settings
- Input and preferences of the patient, caregivers and loved ones

The Center for Medicare and Medicaid Innovation (CMMI), established under Section 3021 of the ACA, will be instrumental in the broader testing and dissemination of patient models with these core elements. Studies have shown that such models can make a critical difference by providing the coordinated and interdisciplinary geriatrics team-based care, especially for persons with multiple chronic conditions that prevents complications and enhances the quality and efficiency of care provided across the health care continuum. Several provisions related to testing of models by the CMMI incorporate the optimal elements listed above: Opportunities (models to be considered, Section 3021(b)(2)(B)); Additional Factors for Consideration (Section 3012(b)(2)(C)); the Independence at Home demonstration project (Section 3024). In addition, several of the core elements form the basis of the Community-Based Care Transitions Program (Section 3026), notably improved coordination of care across settings and providers and the enhanced involvement of caregivers.

In recent years, a variety of new models aimed at improving the quality and outcomes of care for older persons have been studied.¹ Two of these models – the Program of All Inclusive Care for Elders (PACE) and Geriatrics Resources for Assessment and Care of Older Adults (GRACE) – have shown particular success with dual eligibles. A third model – Guided Care – utilizes innovations in primary care to improve patient access and quality. In addition to having a common set of core elements, these models have demonstrated the value of an interdisciplinary team that is guided by geriatrics principles in reducing hospital utilization. Such teams provide ongoing care management that is integrated across social and medical settings.

AT THE HEART OF EFFECTIVE CARE IS:

- **A TRAINED and WELL PREPARED HEALTHCARE WORKFORCE and**
- **A STRONG CROSS DISCIPLINARY TEAM**

The success of models tested by CMMI will not only depend on the design, including the core elements, but also the skills and training of health care providers delivering the care to older patients with complex conditions. AGS is supportive of the CMMI statutory language that ensures the flexibility to change the design of a demo if, as the demo progresses, it becomes clear that the initial design needs modifications in order to be more effective.
Geriatrics training emphasizes an interdisciplinary approach to medicine to care for the most complex and frail of the elderly population. A number of disciplines have established training programs for health professionals who wish to pursue careers dedicated to care of older adults and a number of others have begun to work with the American Geriatrics Society to develop core competencies that will guide them in training the next generation of providers. These efforts include:

- **Multidisciplinary Competencies in the Care of Older Adults at the Completion of the Entry Level Health Professional Degree**: The Partnership for Health in Aging, a broad-based coalition of organizations led by AGS, has released competencies related to the care of older adults for entry-level professionals in a multitude of disciplines. Developed through a consensus process, the competencies have been endorsed by a number of organizations and groups are working individually and together to integrate them into training programs.

- **Geriatrics Competencies for Medical Students**: Led by the Association of American Medical Colleges (AAMC) and supported by the John A. Hartford Foundation (JAHF), AAMC has released a minimum set of geriatrics competencies for graduating medical students. The process included identification of measurable performance subtasks, associated with evidence-based geriatrics care and patient safety for Post-Graduate Year-1 or PGY1s (denotes first year resident). The minimum medical student competencies in geriatric medicine have been endorsed by the American Geriatrics Society and the Association of Directors of Geriatric Academic Programs, and are under review by several other organizations.

- **Geriatrics Competencies for Residents**: There are a number of efforts underway to develop geriatrics competencies for surgical and medical residents. These include development of geriatrics competencies for internal and family medicine residents ([Journal of Graduate Medical Education](http://www.americangeriatrics.org/files/documents/health_care_pros/PHA_Multidisc_Competencies.pdf)) and an ongoing project being led by the American Board of Surgery to develop geriatrics competencies that all surgical residents should possess upon completing the first year of residency training. Additionally, the AGS Geriatrics-for-Specialists Initiative, has presented to the Chairs of all Residency Review Committees and our understanding is that each Committee has discussed the need for inclusion of principles of geriatrics in care of older adults.

### Importance of Workforce to CMS Demonstrations and Pilots

The CMMI, under the Center for Medicare and Medicaid Services (CMS), will be charged with implementing much of the systems redesign that is the promise of health care reform. The ACA appropriates over $10 billion over ten years for system re-design; to truly bend the cost curve, we must work together to ensure that every element of implementation includes attention to workforce capacity and preparedness.

Questions that AGS believes CMS should consider as it designs and implements delivery and payment reforms, as well as quality-related provisions, of the ACA include:

- Is there a commitment to a team-based approach, with all team members practicing “at the top of their license” and working together to provide well-coordinated care?
- Who is on “the team?” Is the patient, his/her family, and his/her informal caregivers at the center of the care team?
- Is workforce compensation seen as integral to bending the cost curve as a means to increase the stability and efficiency of the eldercare workforce?
- Is there training for all members of the team so that they are fully competent to deliver eldercare within a redesigned healthcare system? Are private sector and state partners (e.g., credentialing and licensing boards, universities and community colleges) fully engaged and working to ensure that the workforce is competent to care for frail elders?

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• Are there built-in system incentives for social and medical systems service providers to work together to deliver well-coordinated care?
• Is CMS collaborating with other agencies, including HRSA, to ensure that health care providers will have the skills and training to care for older adults, under a redesigned delivery system likely to include a stronger emphasis on care coordination and transitions of care?
• Do quality metrics for practitioners and providers recognize the complexity of caring for frail elders with multiple chronic conditions?

About the American Geriatrics Society
The American Geriatrics Society, with over 6,000 members, is working to improve the health and well-being of older adults. Our vision for the future is that every older American will receive high quality, patient-centered care. AGS works to achieve this vision by focusing on:

• Workforce Preparedness: The Society is working to address the shortage of geriatricians and other health professionals with training in the care of older adults. We have joined together with 28 other national organizations to form the Eldercare Workforce Alliance in order to advance the recommendations of the Institute of Medicine in its ground-breaking 2008 report: Retooling for an Aging America: Building the Healthcare Workforce.

• Ensuring Quality and Safety of Care for Older Adults: The AGS is working on multiple levels to ensure the quality and safety of care provided to older adults. Our leaders are serving on multiple workgroups that are developing quality measures for consideration by the National Quality Forum. In particular, they are leading efforts to develop a dementia measure (Dr. Jerry Johnson) and will be leading the new NQF project focused on quality and multiple chronic conditions (Dr. Caroline Blaum).

• Leadership Development Across Specialties: Through a long-standing partnership with the John A. Hartford Foundation, the AGS has been working to develop leaders in the surgical and related medical specialties who understand the unique healthcare needs of older adults. These leaders are championing research and education within their disciplines that is focused on ensuring that older persons receive high quality care.

• Educational Programs and Products: AGS has developed a number of programs and products for training health professionals in the care of older adults. These include AGS professional education products (e.g., the Geriatrics Nursing Review Syllabus) and clinical decision-support tools (e.g., Geriatrics at Your Fingertips). AGS leaders and others have developed a portfolio of tools that could be immediately implemented across training programs to ensure preparation of a competent workforce. Among these is the Chief Resident Immersion Training Program (CRIT) which is a low-cost way for institutions to invest in trainees who have an important formal and informal educational role in post-graduate training.

1Models of Care
- Geriatric Resources for Assessment and Care of Elders (GRACE) http://medicine.iupui.edu/IUCAR/research/grace.asp
- Program of All-Inclusive Care for the Elderly (PACE) http://www.npaonline.org/website/article.asp?id=12
- The Guided Care Model http://guidedcare.org/