

# Health Policy

## NEWSLETTER

### The Future Health Care Workforce for Older Americans

The American healthcare workforce “will be woefully inadequate in its capacity to meet the large demand for health services for older adults if current patterns of care and of the training of providers continue,” according to the Institute of Medicine’s report, *Retooling for an Aging America; Building the Health Care Workforce*.<sup>1</sup> The report goes on to say that as the population of seniors grows, the US health care workforce will be too small and critically unprepared to meet their health needs. The committee concluded that if our aging family members and friends continue to live robustly and in the best possible health, we need bold initiatives designed to:

- Explore ways to broaden the duties and responsibilities of workers at various levels of training;
- Better prepare informal caregivers to tend to the needs of aging family members and friends; and
- Develop new and more effective models of health care delivery and payment.

The starting point for all of these efforts is a foundation of leaders with geriatric expertise to take charge in improving systems of care for our older adults.

#### Jefferson’s Geriatric Efforts

Thomas Jefferson University has been addressing the need for geriatric-trained physicians in several ways. Jefferson exposes medical students, as well as all residents, to geriatric principles. Core principles of geriatric care are woven throughout the medical school curriculum. Perhaps even more importantly, Jefferson’s Health Mentor Program<sup>2</sup> has incorporated longitudinal, interprofessional team-based training which provides an opportunity for Jefferson students from the Medical College, School of Nursing, School of Pharmacy, School of Health Professions (occupational therapy, physical therapy, and couples and family therapy), the College of Graduate Studies, and School of Population Health (public health) to learn firsthand from a patient about things that really matter to those living with chronic conditions. Community-based outpatients serve as volunteer Health Mentors and help teach students how the roles of various health

professionals complement one another in relation to patient-centered care.

The program embodies the principles embraced by the Institute of Medicine and summarized in their statement that “All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics.”<sup>3</sup> By understanding the roles of their professional team-mates and the needs of their patients, students should be better prepared to facilitate each member of the team performing the full scope of their practice, as emphasized in the *Retooling for an Aging America* report.<sup>1</sup>

#### Health Care Reform Efforts

Several health care reform proposals have recognized the need for more geriatrics healthcare professionals and primary care providers to meet the unique care needs of older adults, and better prepare direct-care workers and family caregivers to do the same.<sup>4</sup> In addition to improving reimbursement for providers, growth in the geriatrics workforce can be accomplished through the following specific actions:

- Provide grants to Geriatric Education Centers (GECs) to offer courses in geriatric care, chronic care management and long-term care, and provide family caregiver training.
- Increase the number of Graduate Medical Education (GME) training positions in primary care, establish federal traineeships for nurses pursuing advanced training in geriatrics, and funding Geriatric Career Incentive Awards to foster greater interest in eldercare among health professionals.
- Establish either a Workforce Advisory Committee to develop a national plan addressing the need for eldercare providers, or a national center charged with ensuring an adequate healthcare workforce.
- Establish loan forgiveness programs for physicians, physician assistants,

pharmacists, advanced practice nurses, psychologists, and social workers who complete training in geriatrics or gerontology, and make geriatricians eligible for a proposed primary care incentive payment of 5-10% by adding “specialization in geriatrics” to a list of qualifications for designation as a primary care practitioner.

There are also initiatives afoot aimed at expanding the adoption of promising new models of care coordination and delivery. These opportunities intend to be promoted through the following actions:

- Establish a Medicare “Innovation Center” to test new provider payment models—including models providing care coordination for older adults at risk of functional decline—to identify models that improve quality and reduce costs.
- Fill a gap in traditional Medicare by covering comprehensive geriatric assessment and care coordination services for high-risk and high-cost beneficiaries with multiple chronic health conditions.
- Create a new plan option under which beneficiaries with chronic conditions could designate a healthcare provider as their “medical home.” This model is set to provide targeted, accessible, continuous and coordinated care to Medicare beneficiaries with chronic or prolonged illnesses requiring regular medical monitoring, advising or treatment.
- Track and reduce hospital readmission rates for high-cost conditions associated with a high incidence of avoidable readmissions.
- Fund eligible hospital and community-based healthcare organizations that provide patient-centered, evidence-based transitional care services to Medicare beneficiaries at highest risk of rehospitalization.

- Establish a voluntary pilot program to both encourage hospitals, doctors, and post-acute care providers to achieve savings through increased collaboration and improved care coordination, and allow these providers to share in any resulting savings.
- Create a chronic care coordination pilot project to provide at-home primary care services to the highest-cost Medicare beneficiaries with multiple chronic conditions. Interdisciplinary teams of healthcare professionals caring for these patients would be eligible for a share of savings if they meet quality and patient satisfaction standards.

All of these initiatives are being tracked and encouraged by geriatricians through organizations like the American Geriatric Society through a focus on increasing awareness of geriatrics and growing the geriatrics workforce.

### Short-Term Solutions

Even with these initiatives to expand our geriatric workforce, short-term solutions are needed now. Given the severe shortage of primary healthcare providers, the US House of Representatives recently passed a bill to extend the visa waiver program for international medical school graduates. Much of the US workforce caring for older Americans comes from outside the US, which places additional hardships on those countries seeing their best and brightest exit their healthcare systems.

Fortunately, efforts such as those underway at Jefferson to increase the geriatric expertise available to older Americans should provide some needed assistance to this problem while we wait for policymakers to complete the needed work in the efforts to reform health care for our older adults. ■

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**For more information on the Jefferson Health Mentor program visit: <http://jeffline.jefferson.edu/jcipe/hmp/>.**

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