

**DEPARTMENT OF VETERANS AFFAIRS (VA)
Geriatrics and Gerontology Advisory Committee
Responses to Recommendations Fiscal Year (FY) 2020**

Recommendation 1: GGAC Recommends VA address the workforce shortage and the number of older Veterans, requiring new approaches:

- a) **Use of GRECCs and geriatricians to retrain existing workforce in geriatrics with some additional certifications made available for VA employees.**

VA Response: Geriatric Research, Education and Clinical Center (GRECC) sites provide training to existing VA staff in geriatrics for multiple disciplines and their host VA medical centers (VAMC) and throughout the Veterans Integrated Service Networks (VISN) in which they are located. Efforts are underway to integrate geriatric expertise into primary care clinics in the same way that mental health began to do years ago. However, this has been challenging due the volume of workload in primary care clinics and the pivot to telehealth required by Coronavirus Disease 2019 (COVID-19). To this end, the Office of Geriatrics and Extended Care (GEC) as taken advantage of the opportunity to be involved in the setup of clinical resource hubs in each VISN to provide geriatric expertise to clinicians managing rural Veterans. While early in this process, it is the goal of GEC Transformation Workstream #4 to ensure that as the hubs are established, geriatrics expertise is available as a clinical resource.

Regarding certifications, GEC has been working closely with the Veterans Health Administration (VHA) Workforce Management and Consulting Office on this issue. VA policy does not permit direct payment for certification-related expenses. However, discussions are ongoing to provide financial incentives for physician, nurse practitioners, nurses and other staff who elect to receive certifications in geriatric care.

- b) **Adjust VA pay scale for those with certification in geriatric training.**

VA Response: GEC has been working closely with the VHA Workforce Management and Consulting Office on this issue. A proposal was made to the Physician Payment Review Committee to move geriatricians from Physician Pay Table 1 to Pay Table 2, which would result in a permanent increase in salary for geriatricians VA-wide. Response to the proposal remains pending as of October 25, 2021.

GEC has also been working with the Office of Nursing Services and VHA Workforce Management and Consulting Office on pay increases for Nurse Practitioners with specialized certification in gerontology. One of the primary issues is that the HR Smart system used throughout the Federal Government does not have a field to capture more than one professional certification. Nurse Practitioners are required to hold one national certification (Family, Adult/Gero Primary Care, Adult/ Gero Acute Care or Adult and Gero, if certified prior to 2013). Information on more than one certification is held in individual Medical Staffing Offices, at each VAMC, which are responsible for

credentialing providers. Therefore, the system can only identify those working in a geriatric setting, not those who have specialized training to do so. However, work continues with nursing on recent approval for new graduates to complete a residency program in advanced practice gerontological nursing for new graduates entering VHA working in geriatric care settings. This residency program is set to launch in Summer 2022.

- c) Offer loan forgiveness for VA staff, specifically working in geriatrics or obtaining new geriatric certification.**

VA Response: VHA Workforce Management and Consulting Office has been working with GEC on these initiatives. The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act contains a provision to extend loan forgiveness to physicians who join VA in specialties designated as hard-to-recruit, and geriatrics now has that designation.

In fiscal year (FY) 2021, a program was introduced to provide educational loan repayments for nurses working in Community Living Centers (CLC) at facilities that identified CLC nurses as hard-to-recruit and retain. The program will return in FY 2022. VHA will be including Long-Term Care (LTC)-CLC nurses for nationally-funded Education Debt Reduction Program recruitment awards so all new hires in these specialties will be eligible for loan repayments.

- d) Consider working with Congress on a bill to offer tax credits for VA staff working specifically in geriatrics.**

VA Response: GEC will consult with the Office of Congressional and Legislative Affairs on this recommendation.

- e) Expand clinical experiences, early in the curriculum (e.g., rotations or internships) with nursing schools, physician assistants, nurse practitioners, pharmacy, therapy, and medicine to get early exposure to geriatrics.**

VA Response: Relationships with academic affiliates are governed by the rules outlined in VHA Handbook 1400.03, Educational Relationships. According to the Handbook, the "affiliation relationship implies that VA and the affiliate have a shared responsibility for the educational enterprise while the training site retains full responsibility for the care of patients, including related administrative and professional functions." Discussions may begin between the Office of Academic Affiliations and academic affiliates regarding the structure of trainee experiences, but the academic affiliates retain the right to schedule trainee experiences as long as they adhere to the standards of relevant accrediting bodies.

- f) Consider working with undergraduates and high school students to get volunteer experience in the VA working with older Veterans.**

VA Response: VHA is currently developing a program to address this recommendation. The Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 includes section 3010 called the Department of Veterans Affairs Pilot Program for Clinical Observation by Undergraduate Students. This program requires VHA to establish a pilot program to provide undergraduate students referred from minority serving institutions a clinical observation experience at VAMCs.

These observational experiences will be with health care professionals for 20-40 hours during the academic semester and will be run through the local Office of Volunteer Services. One GRECC site (Atlanta) has been selected to participate in this pilot observation program. As VHA learns more about effective ways to structure these observational experiences, we can expand the program to include high school students and undergraduate students from academic affiliates.

- g) Encourage academic universities that are affiliated with VAMCs to incorporate and/or expand geriatric training.**

VA Response: Please see response to 1(e) above.

- h) Re-examine HR processes for students to decrease delays in getting their training experience.**

VA Response: This recommendation actually refers to Human Resources (HR) hiring processes for trainees, which has appeared in Geriatrics and Gerontology Advisory Committee (GGAC) recommendations in the past. In the past year, the VHA Workforce Management and Consulting Office has implemented multiple initiatives to expedite trainee hiring, including the addition of Trainee Hiring Events, and several training initiatives designed for local VHA HR personnel to educate them on how to expedite hiring. This includes the development of a flyer titled, "Recruitment of VA Trainees is our Obligation" and a YouTube video at the following link:
<https://www.youtube.com/watch?app=desktop&v=WUx4CVbCNHg>.

The start of the COVID-19 crisis led to the issuance of expedited hiring authorities for nurses that has been used as a model for recruitment of trainees. The VHA Workforce Management and Consulting Office is committed to continuing to refine their processes and educate their own workforce to retain those health care professionals trained in VA locations.

Recommendation 2: GGAC encourages VA to follow through and complete the impressive Geriatrics and Extended Care FY 2020-2024 Strategic Plan for inpatient, outpatient, and home and community-based care and recommends adding specific target metrics to measure progress on "re-balancing" Long-Term Services and Supports (LTSS) utilization system wide.

VA Response: GEC has made significant progress in the planned GEC Transformation, and all workstreams are on schedule to meet goals in modernizing home and community-based services, facility-based care and telehealth services to older Veterans and data monitoring systems. An Executive Decision Memo was signed on September 2, 2021, that will provide funding for: a) Expansion of Veteran Directed Care, Medical Foster Homes and Home-Based Primary Care (HBPC); b) Initiation of Pilot programs to test new and innovative ways to provide care to Veterans in their homes; c) Establishment of financial incentives for increased use of home and community-based options to prevent or delay institutionalization; and d) Development of metrics for Network Director performance plans to demonstrate improvement with aging in place.

Recommendation 3: GGAC recommends creating a subcommittee to focus on ethnic disparities in the VA system.

VA Response: VHA is committed to the examination and remediation of disparities in health care available to Veterans Nationwide and has stood up an Office of Health Equity (OHE) led by Ernest Moy, M.D., MPH. OHE champions the elimination of health disparities and achieving health equity for all Veterans. OHE supports VHA's vision to provide appropriate individualized health care to each Veteran in a way that eliminates disparate health outcomes and ensures health equity. It will be left to the Director of this office to request the establishment of a Federal Advisory Committee.

Recommendation 4: GGAC recommends publishing data in academic literature and other policy forums on comparison of care and outcomes of older Veterans in the VA system compared to the private sector along with any disparities.

VA Response: The GEC Data Analysis Center has been very successful in publishing findings in academic literature on comparisons of care rendered in VA and external health care systems. A list of publications for FYs 2020 and 2021 that reflect this work is provided below:

FY 2020 publications

- Xu H, Bowblis JR, Li Y, Caprio T, Intrator O. Construction and Validation of Risk-adjusted Rates of Emergency Department Visits for Long-Stay Nursing Home Residents. *Medical Care*, 58 (2): 174-182, 2020.
- Boockvar KS, Song W, Lee S, Intrator O. Comparing Outcomes Between Thiazide Diuretics and Other First-line Antihypertensive Drugs in Long-term Nursing Home Residents. *Clinical Therapeutics*. 2020 Apr;42(4):583-591. doi: 10.1016/j.clinthera.2020.02.016. Epub 2020 Mar 27. PMID: 32229030; PMCID: PMC7214198.
- Xu H, Bowblis JR, Li Y, Caprio TV, Intrator O. Medicaid Nursing Home Policies and Risk-Adjusted Rates of Emergency Department Visits: Does Rural Location Matter? *Journal of the American Medical Directors Association*. 2020 Oct;21(10):1497-1503. doi: 10.1016/j.jamda.2020.04.027. Epub 2020 Jul 10. PMID: 32654978.

- Intrator O, Li J, Gillespie SM, Levy C, Davis D, Edes T, Kinoshian B, Karuza J. Benchmarking Site of Death and Hospice Use: A Case Study of Veterans Cared by Department of Veterans Affairs Home-based Primary Care. *Medical Care*. 2020 Sep;58(9):805-814. doi: 10.1097/MLR.0000000000001361. PMID: 32826746.
- Song W, Intrator O, Twersky J, Davagnino J, Kinoshian B, Wieland D. Utilization and Cost Effects of the VHA Caring for Older Adults and Caregivers at Home (COACH) Program. *Medical Care Res Rev*. 2020 Jul 9:1077558720929592. doi: 10.1177/1077558720929592. Epub ahead of print. PMID: 32646276.
- Intrator O, Li J, Gillespie SM, Levy C, Davis D, Edes T, Kinoshian B, Karuza J. Benchmarking Site of Death and Hospice Use: A Case Study of Veterans Cared by Department of Veterans Affairs Home-based Primary Care. *Medical Care*. 2020 Sep;58(9):805-814. doi: 10.1097/MLR.0000000000001361. PMID: 32826746.
- Lei L, Cai S, Conwell Y, Fortinsky RH, Intrator O. Can Continuity of Care Reduce Hospitalization Among Community-dwelling Older Adult Veterans Living with Dementia? *Medical Care*. 2020 Nov;58(11):988-995. doi: 10.1097/MLR.0000000000001386. PMID: 32925470.
- Lei L, Intrator O, Conwell Y, Fortinsky RH, Cai S. Continuity of care and health care cost among community-dwelling older adult veterans living with dementia. *Health Services Research*. 2020 Aug 19. doi: 10.1111/1475-6773.13541. Epub ahead of print. PMID: 32812658.
- Xu H, Intrator O. Medicaid Long-term Care Policies and Rates of Nursing Home Successful Discharge to Community. *Journal of the American Medical Directors Association*. 2020 Feb;21(2):248-253.e1. doi: 10.1016/j.jamda.2019.01.153. Epub 2019 Mar 25. PMID: 30922865.

FY 2021 publications

- Song W, Wieland D, Twersky J, Davagnino J, Kinoshian B, Phibbs C, Intrator O. Evaluating the Impact of the VA Caring for Older Adults and Caregivers at Home (COACH) Program. *Medical Care Research & Review*. First published July 9, 2020. <https://doi.org/10.1177/1077558720929592>, 2020.
- Intrator O, Miller EA, Cornell P, Levy C, Halladay C, Corneau E, Barber M, Mor V, Rudolph J. Purchasing Quality Nursing Home Care in the Veterans Health Administration. *Innovation in Aging*, 4 (6), <https://doi.org/10.1093/geroni/igaa055>, 2020.
- Curyto K, Jedele J, Mohr D, Eaker A, Intrator O, Karel M. An MDS 3.0 Distressed Behavior in Dementia Indicator (DBDI): A Clinical Tool to Capture Change. *Journal of the American Geriatrics Society*, 69: 785-791, 2021.
- Chan C, Davis D, Cooper D, Edes T, Phibbs C, Intrator O, Kinoshian B. VA Home-Based Primary Care Team Structure Varies with Veterans' Needs, Aligns with PACE Regulation. *Journal of the American Geriatrics Society*, First published online, 8 April 2021, <https://doi.org/10.1111/jgs.17174> Appeared online 8 April 2021.

- Rudolph JL, Hartronft S, McConeghy K, Kennedy M, Intrator O, Minor L, Huber T, Goldstein MK. Rate of SARS-CoV-2 positive tests and Vaccination in VA Community Living Centers. *Journal of the American Geriatrics Society*, first appeared online Apr 16. doi: 10.1111/jgs.17180, 2021.
- Cai S, Intrator O, Chan C, Buxbaum L, Haggerty MA, Phibbs C, Schwab E, Kinosian B. Transfer Hospital in Home is Associated with Increased Community Days for Veterans while not being Associated with Increased Costs. *Journal of the American Medical Association Network Open*. 2021;4(6):e2114920. doi:10.1001/jamanetworkopen.2021.14920.
- Franzosa E, Hwang U, Genovesi M, Intrator O, Edes T, Malone M. "I'm not staying in the hospital tonight": How Emergency Departments can leverage home health to support medically complex older patients. To Appear in the *Journal of Geriatric Emergency Medicine*, 2021.
- Mohr DC, Curyto K, Jedele J, McConeghy KW, Intrator O, Karel M, Vance K. Impact of STAR-VA on Staff Injuries with Disruptive Behaviors in VA Nursing Homes. To Appear in *Journal of American Medical Directors Association*, 2021.
- Song W, Intrator O, Twersky J, Davagnino J, Kinosian B, Wieland D. Utilization and Cost Effects of the VHA Caring for Older Adults and Caregivers at Home (COACH) Program. *Medical Care Research and Review*. 2020 Jul 9:1077558720929592. doi: 10.1177/1077558720929592. Online ahead of print. PMID: 32646276.
- Cai S, Intrator O, Chan C, Buxbaum L, Haggerty MA, Phibbs CS, Schwab E, Kinosian B. Association of Costs and Days at Home with Transfer Hospital in Home. *Journal of the American Medical Association Network Open*. 2021 Jun 1;4(6): e2114920. doi: 10.1001/jamanetworkopen.2021.14920. PMID: 34185069 Free PMC article.
- Intrator O, Li J, Gillespie S, Levy C, Davis D, Edes T, Kinosian B, Karuza J. Benchmarking Site of Death and Hospice Use: A Case Study of Veterans Cared by VA Home-Based Primary Care. *Medical Care*. 2020 Sep;58(9):805-814. doi: 10.1097/MLR.0000000000001361, 2020.
- Gillespie S, Li J, Karuza J, Levy C, Dang S, Olsan T, Kinosian B, Intrator O. Factors Associated with Hospitalization by Veterans in Home Based Primary Care. *Journal of the American Medical Directors Association*, S1525-8610(20)31100-2. doi: 10.1016/j.jamda.2020.12.033, 29 Jan 2021.
- Intrator O, Li J, Gillespie SM, Levy C, Davis D, Edes T, Kinosian B, Karuza J. Benchmarking Site of Death and Hospice Use: A Case Study of Veterans Cared by Department of Veterans Affairs Home-based Primary Care. *Medical Care*. 2020 Sep;58(9):805-814. doi: 10.1097/MLR.0000000000001361. PMID: 32826746.
- Burke R, Kinosian B. Addressing the "Total Taxpayer" Problem to Translate Veterans Health Administration Innovations in Long-Term Supports. *Public Policy & Aging Report*. 2020.
- Winter SG, Bartel AP, de Cordova PB, Needleman J, Schmitt SK, Stone PW, Phibbs CS. The Effect of Data Aggregation on Estimations of Nurse Staffing and Patient Outcomes. In press, *Health Services Research*, 2021. DOI: 10.1111/1475-6773.13866. PMID: 34378181.

- Kononowech J, Landis-Lewis Z, Carpenter J, Ersek M, Hogikyan R, Levy C, Phibbs C, Scott W, Sales AE. Visual process maps to support implementation efforts: a case example. *Implementation Science Communications*, 2020;1(1):105. DOI: 10.1186/s43058-020-00094-6. PMID: 33292818.
- Lei L, Intrator O, Conwell Y, Fortinsky RH, Cai S. Can Continuity of Care Reduce Hospitalization Among Community-Dwelling Older Adult Veterans Living with Dementia? *Medical Care*, 58(11):988-995,2020.
- Lei L, Intrator O, Conwell Y, Fortinsky RH, Cai S. Continuity of Care and Healthcare Cost among Community-Dwelling Older Adult Veterans Living with Dementia. *Health Services Research*, First published: 19 August 2020 <https://doi.org/10.1111/1475-6773.13541>, 2020.
- Lei L, Cai S, Conwell Y, Fortinsky RH, Intrator O. Continuity of Care and Successful Hospital Discharge of Older Veterans with Dementia. To Appear: *Journal of Applied Gerontology*, 2021.
- Beatson M, Misitzis A, Landow S, Yoon J, Higgins HW, Phibbs C, Weinstock MA. Predictors of Basal Cell Carcinoma and Implications for Follow-Up in High-Risk Patients in the Veterans Affairs Keratinocyte Carcinoma Chemoprevention (VAKCC) Trial. *Journal of Cutaneous Medicine and Surgery*, 2021;25(1):102-103. DOI: 10.1177/1203475420945230. PMID: 32880186.
- Misitzis A, MD; Stratigos A, Mastorakos G, Weinstock MA, Veterans Affairs Keratinocyte Carcinoma Chemoprevention Trial Group. Antidiabetic treatment in patients at high risk for a subsequent keratinocyte carcinoma. In press, *Dermatologic Therapy*, 2021.

Recommendation 5: GGAC recommends GEC include in its monitoring metrics disparities in older Veterans, quality of care, and clinical outcomes.

VA Response: Dr. Marianne Shaughnessy, Director, GRECC Programs, represented GEC in interviews (March 2021) with OHE to complete a needs assessment designed to inform OHE regarding how it could best help program offices. This office is new and relatively small in number, yet they have taken time to advise GEC on equity aspects of the Age-Friendly Health Systems implementation. The Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 has continued to secure collaboration with GEC in Congressionally-mandated weekly reporting on COVID-19 in long-term care facilities under VHA oversight, which has prevented further work on more specific GEC equity metrics. However, work on this recommendation will be ongoing as GEC and OHE partner to establish a robust set of metrics to monitor quality of care and clinical outcomes.

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