

# FORUM ON AGING

Biannual Newsmagazine – Fall 2021

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## GRECC Values, Vision and Mission



Welcome to this edition of [GRECC Forum on Aging](#). This issue contains updates on GRECC activities of interest to the geriatric community throughout VHA and we hope you find them helpful in your practice.

For this issue, I'd like to bring you up to date on some of the work of GRECC leadership. As part of an effort to enhance and publicize the work that GRECCs do and the role they play in VHA, a group was convened to articulate the GRECC Values, Vision, and Mission. I share with you below the final statements that summarize the purpose of the GRECCs and their aims in enhancing the care of older Veterans.

**Values:** Discovery, education and clinical innovation are foundational to VHA achieving and sustaining excellence in Veteran-centered health care delivery and health outcomes for older and frail Veterans.

**Vision:** GRECCs propel VHA toward continuous advancement and application of evidence-based patient-centered preventive, therapeutic and restorative care to achieve best possible health outcomes, including optimal function and quality of life, for older Veterans and all older Americans.

**Mission:** GRECCs are interdisciplinary Centers of Excellence for discovery and innovation that:

- Conduct geriatrics and gerontological research.
- Educate and develop current and future geriatrics and gerontology investigators, educators, clinicians and leaders.
- Develop, implement, evaluate and disseminate models of clinical services that improve care and health outcomes for older Veterans.

Please note that the vision includes an aim that extends beyond VHA to conduct research and develop/implement clinical programs that improve health outcomes for all older Americans. GRECCs are a unique resource that investigate and build the evidence base for health-related interventions as well as innovate clinical care models, services and practices that improve outcomes for older adults. As such, they are a national resource VHA is proud to support.

Enjoy this issue, stay safe and please feel free to reach out to me at [Marianne.Shaughnessy@va.gov](mailto:Marianne.Shaughnessy@va.gov) with any questions or comments about GRECC activities.

## Age-Friendly Health Systems at the New England GRECC

As Veterans age faster than the general population, VAs, led by GRECCs and GEC services throughout the country, are looking for ways to implement the Age-Friendly Healthcare System initiative (AFHS) aligning care for older Veterans with the 4Ms of Mobility, Mentation, Medications and What Matters (and the fifth M, Multicomplexity, of the Geriatric 5Ms, Tinetti et al, JAGS 2019).



Boston VA has been implementing Age-Friendly in several domains. The Geriatrics Clinic received “Committed to Care Excellence” certification from AFHS, and the CLC receiving “AFHS Participant” certification, the beginning of a movement to make all of VA Boston and Bedford Age-Friendly. We highlight here several of many innovations around Age-Friendly education and clinical innovation in the New England GRECC.

### Age-Friendly Education

- New England GRECC runs an annual interprofessional [Age-Friendly Workshop](#) that brings together trainees from over 10 professions to learn how to apply the 4Ms of Age-Friendly health care and collaborate with an interprofessional team (Schwartz et al, JAGS 2020).
- Inpatient 4Ms bundle for internal medicine residents: Boston VA is piloting a 4Ms bundle for inpatient house staff admitting older Veterans to ensure Age-Friendly care.

- Age-Friendly Primary Care workshop: initially developed using the Geriatric 5Ms framework, this interactive workshop, available on [MedEdPORTAL](#) prepares primary care providers and house staff to deliver Age-Friendly primary care (Phillips et al, Mededportal 2019).
- The Harvard Medical School new [Aging and End of Life Theme](#) is structured around the Geriatric 5Ms (Schwartz and Schaefer, Innov in Aging 2021), and aligns with the new [AGS Medical Student competencies in Geriatrics](#).
- A [Geriatric 5Ms Quick Guide for Age-Friendly Care](#) published with the American Geriatrics Society: (Holliday et al, 2021) based on the [Geriatric 5Ms pocket card](#) (Holliday et al, JAGS 2019).

### Mobility

- The [Live Long Walk Strong](#) and [Gerofit](#) clinical innovations continue to help Veterans maintain safe mobility as they age, preventing falls and maximizing function so they can do more of what matters.

### Mentation

- The regional dementia conference held prior to COVID-19 focused on Age-Friendly dementia care, including how to adapt the 4Ms and the fifth M of multicomplexity for Veterans living with dementia.
- Funded by the Office of Rural Health, New England GRECC has produced a [video and handout series](#) to educate clinicians about recognizing PTSD at the end of life and will be releasing a podcast on the same topic in the fall of 2021.

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### Medications

- Enhancing Quality of Provider Practices for Older Adults in the Emergency Department (EQUIPPED) program: an Age-Friendly partnership with GRECC, Emergency Services and Pharmacy that has resulted in a significant and sustained decrease in the prescription of high-risk medications to older Veterans, enhancing patient safety.
- An interactive session on [Polypharmacy](#) developed for GRECC-affiliated Trainees (Hawley et al, [MedEdPORTAL](#) 2019).
- A new [AGS Quick Guide to Diabetes in Older Adults](#) was published by the GRECC team based on a published [Geriatric Diabetes curriculum](#). (Triantafylides et al, [Mededportal](#) 2019)

The WMM tool is based on more than 700 interviews with older Veterans. It provides a structured format for asking Veterans about “What Matters Most” in the areas of functioning, connection, enjoyment and managing health. The structure may not work for everyone but may be helpful for those who find open-ended questions too abstract.

- The New England GRECC is also a pilot site for the [Patient Priorities Care](#) GEC-mentored partnership and has established a new “Matters Most” clinic to engage in both current and advanced care planning for Veterans.

These many exciting initiatives allow trainees and staff affiliated with the New England GRECC to continue to improve care for older Veterans.

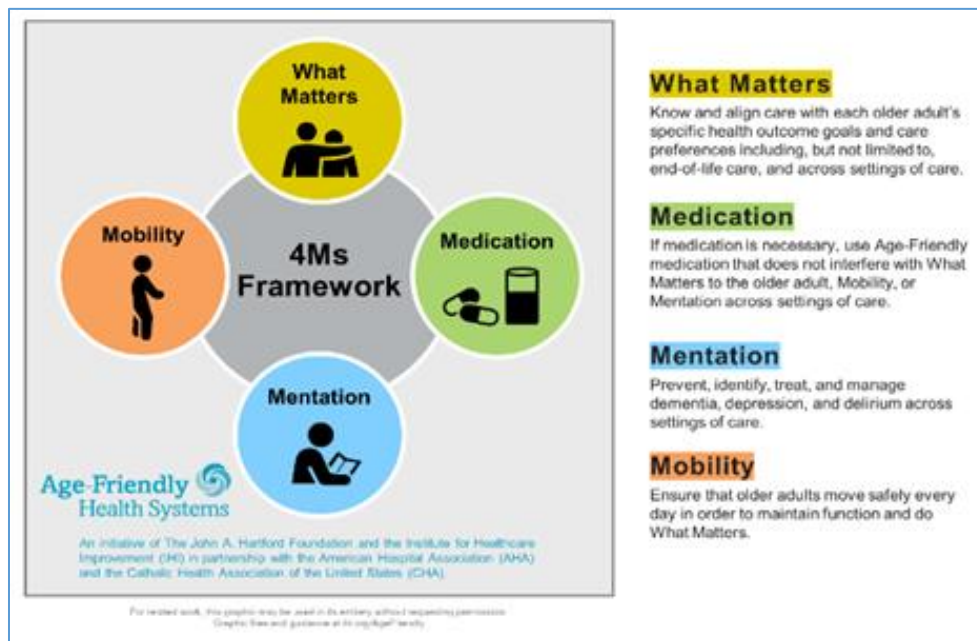
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**Authors:** Andrea Wershof Schwartz, MD, MPH, Kelly Doherty, BA and Jennifer A. Moye PhD, ABPP

**GRECC Location:** New England

### Matters Most

- What Matters Most”: A new [What Matters Most \(WMM\) tool](#) that Veterans can complete on their own time and bring to clinic visits was developed and [published](#).



Source: [Institute for Healthcare Improvement](#). (2021).



## Integrating Age-Friendly and Patient Priorities Care into Community Living Centers: Gainesville GRECC and Puget Sound GRECC

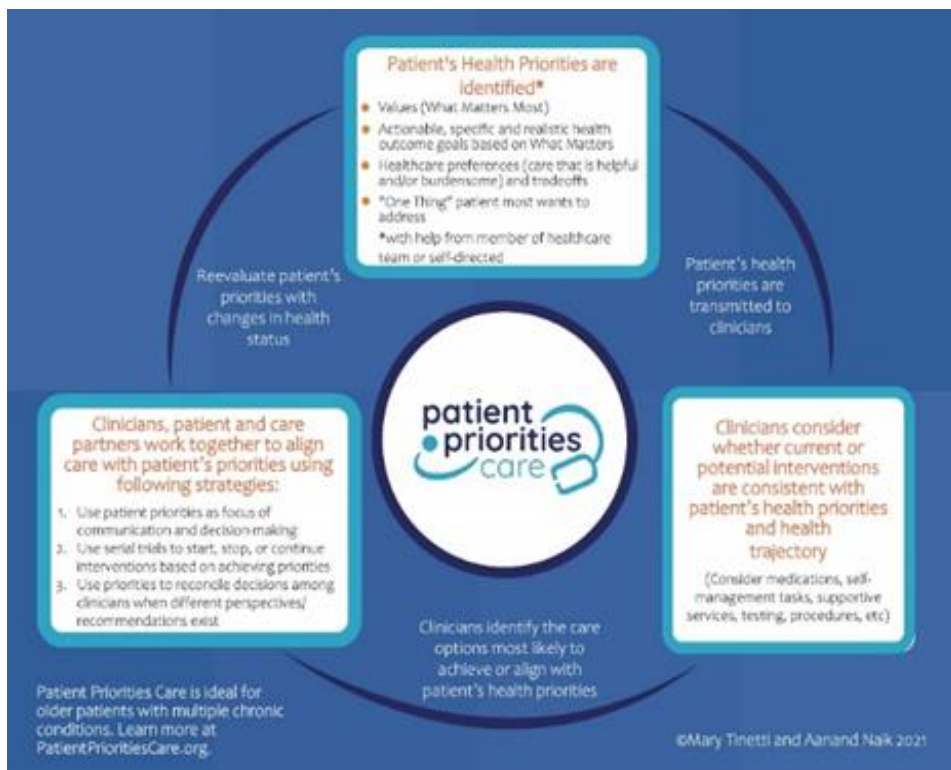
Older Veterans often have competing chronic health conditions involving multiple specialties, complex medication regimens and intricate care plans. Unfortunately, “what matters” to Veterans may not be well understood nor guide medical decision making, thus leading to burdensome care and poorer quality of life. To address this challenge, Age-Friendly Health Systems (AFHS) follow an essential set of evidence-based practices known as the 4Ms – What Matters, Medication, Mentation, and Mobility – to improve care for older adults.

[Patient Priorities Care](#) (PPC) is an Age-Friendly approach co-developed by VA partners to ask and operationalize “what matters” into health outcome goals guiding treatment. AFHS and PPC are well-tested interventions with fully developed

training materials, but implementation in Veteran Community Living Centers (CLC) has not been elucidated.

The VA Puget Sound Health Care System in Seattle, WA and the Malcom Randall VAMC in Gainesville, FL, are collaborating to adapt PPC and AFHS for use in CLC. The purpose of this project is to clarify processes for implementation of AFHS and PPC into existing CLC workflows and devise a scalable model for integrating PPC and AFHS into other CLCs nationwide. The project team has identified, engaged and trained CLC interdisciplinary team (IDT) stakeholders and champions. The team revised IDT care plan templates for IDT care plan meetings, Veteran interviews and provider assessments emphasizing AFHS and PPC concepts.

Since implementation, the IDT has used these templates and workflow with 9 Veterans in June and 10 Veterans in July. Using Plan-Do-Study-Act (PDSA) cycles, we improved the template based on stakeholder feedback. Moving forward, PPC Master Trainers will evaluate local processes and finalize a toolkit with the key steps needed to implement PPC and Age-Friendly care in CLCs.



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**Authors:** Laurence Solberg, MD, Katherine Ritchey, DO, MPH, Lea Kiefer, MPH, Caroline Madrigal, PhD, Whitney Mills, PhD, Erica Martinez, BA, Kimberly Church, MS, Beulah Penumudi, MD, Valerie Herring, MS, Noreen Haq, DNP, Leniecesa Arceneaux, MSN, Sandra Citty, PhD and Aanand Naik, MD

**GRECC Locations:** Gainesville, FL, Puget Sound, WA, Houston, TX, New England and VACO GEC, Washington, DC

## A Multi-Site Collaboration among GRECC Researchers Using a Low-Touch, Low-Cost Approach to Address Benzodiazepine Overuse

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Cognitive behavioral therapy for insomnia (CBT-I)—rather than benzodiazepine receptor agonists (BRAs) such as benzodiazepines and z-drugs—is recommended as first-line treatment for chronic insomnia disorder for all adults.

Many older patients are unaware of this treatment option and use BRAs instead, despite evidence that these medications increase risk of falls, fractures and cognitive decline.

The ***Sleep Education Information Sent Directly to Patients (SEND)*** program is a direct-to-patient mailing that provides a patient decision aid about BRAs (based on the EMPOWER<sup>1</sup> program already in use at many VAs) and information about the VA's self-directed, online CBT-I program, [“Path to Better Sleep.”](#)

Led by Constance Fung, MD, MSHS (Greater Los Angeles VA GRECC), SEND was developed in collaboration with researchers from Greater Los Angeles VA (Selene Mak, Cathy Alessi, Jennifer Martin, Karen Josephson, Michael Mitchell and Denise Abcede), Durham VA (Christi Ulmer), Eastern Colorado VA (Hillary Lum, Michaela McCarthy), VISN 19 (Jason Smith), and San Diego VA (Christopher Kaufmann).

Veterans aged 65 years or older who received care in VISN 19 and had been prescribed a BRA from a VA pharmacy within the past 18 months were invited to participate. Those who did not opt-out were randomized to receive either the SEND mailing or a non-directed program containing general information about sleep.

The RCT compared these two arms and assessed BRA prescriptions and health outcomes at 6 and 12 months following the mailings. Follow-up questionnaires about sleep and use of the mailings were also sent to participants.

The 12-month pilot has concluded, and we are examining the data for differences in BRA prescriptions, health outcomes (insomnia severity, hip fractures and mortality) and process outcomes (use of materials and usability of website) between study arms.

If successful, the SEND intervention may provide a low-touch, low-cost approach to address BRA overuse in some older adults.

**Contacts:** [Selene Mak, PHD, MPH](#)  
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**GRECC Locations:** Los Angeles, CA,  
Durham, NC, Eastern Colorado,  
San Diego, CA



**Sleep Education Information Sent Directly to Patients:  
Pilot Study (SEND Pilot Study)**

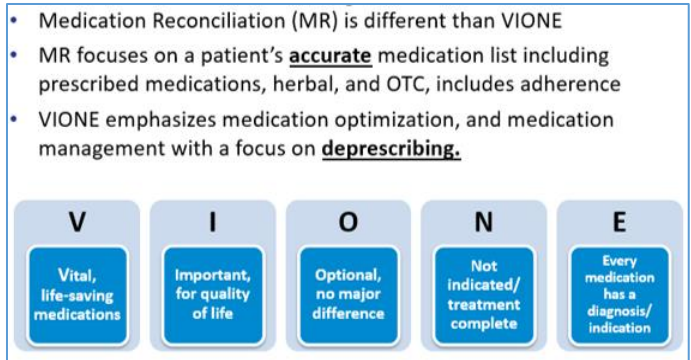
# VIONE Medication Deprescribing Methodology: A Transformative Model Incorporating HRO Concepts, Medical Informatics, Multi-Factorial Learning, Experiential Learning and Human Interactions

Polypharmacy is a widely acknowledged and escalating global concern. Adverse outcomes from polypharmacy or the use of more medications than medically necessary is a highly prevalent and serious, often preventable patient safety concern.

**VIONE** is a VHA electronic health record methodology that uses 5 filters to promote deprescribing Potentially Inappropriate Medications (PIM), improve patient safety and medication compliance, reduce clinical waste, foster continuous learning, engage leadership, minimize harm and nurture continuous learning through shared decision making across the continuum of care. The VIONE-Polypharmacy reduction initiative was implemented at the Central Arkansas Veterans Healthcare System, (CAVHS) in 2016 to improve patient safety through improved medication management and has been implemented in over 103 VA programs to date.

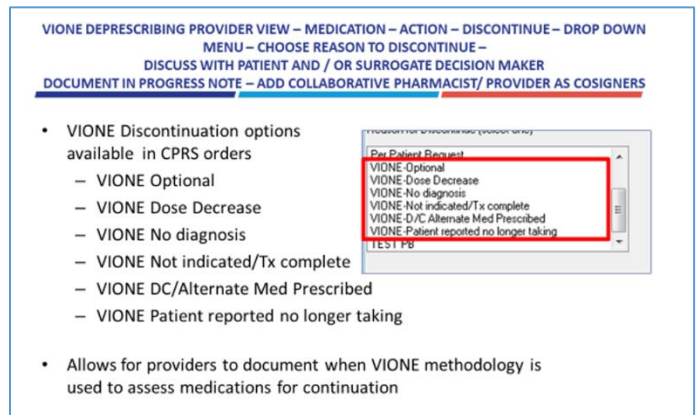
The term VIONE (Figure 1) is an easy-to-remember mnemonic of the criteria that are applied when reviewing patient medication lists. It is utilized by prescribing medical providers and clinical pharmacists at any clinical location. VIONE resources offer guidance for prescribed medicines to be categorized as: Vital (V), Important (I), Optional (O), Not indicated or Treatment Complete (N), and Every medication has a necessary indication (E).

Figure 1. VIONE and Medication Reconciliation



This article shares VIONE’s implementation strategies (Figure 2) for planned cessation of PIM, the transformational five-and-a-half-year journey from idea to action, expansion of scope and scalability, integration of High Reliability Organization (HRO) concepts and medical informatics into a clinical project. It also demonstrates effective collaborations between the VIONE core team, administrative, clinical, executive and research partners across the nation at various hierarchical levels. Broader discussions on perils of polypharmacy are excluded.

Figure 2. VIONE Implementation Strategies



The crosswalk between VIONE and HRO principles, (Figure 3) illustrates alignment of principles between a clinical project and operational concepts of HRO. Continuous refinement and application of strategic multidisciplinary national collaborations, innovative integration of medical informatics

(continued on page 7)



with automated dashboards that are end-user accessible and educational, informative and practical application of principles of High Reliability Organizations (HRO) have been instrumental in expanding the scope and scale of VIONE into a longstanding and popular national medication management project utilized by about 9,000 medical providers, impacting care of over 330,000 Veterans in various clinical care settings, contributing to over 770,000 deprescribed medication orders and a conservative cost avoidance of over 52M US dollars between April 2016 to September 2021 (Figure 4). An expanding cadre of implementing health care professionals, mostly comprised of medical providers and pharmacists, shared positive feedback and suggestions focused on VIONE’s ease of use and easy correlation to HRO concepts that are centered around improvement in patient safety, decreasing polypharmacy, continued deprescribing of inappropriate medications, reduction of clinical waste, leadership engagement, creating a culture of safety and minimizing harm.

Figure 3. Crosswalk between VIONA and HRO



The synergy between VIONE implementation and HRO further includes shared decision making between prescribers and Veterans/

caregivers to meet treatment plan goals as well as documentation of clinical decisions related to medication information.

VIONE incorporates strong practices in population health management and informatics with daily automated data capture, reporting and visualization of tracking and success metrics by end users with rich granularity.

VIONE facilitates planned cessation of non-essential medications through trackable, sustainable and easy-to-teach, learn and adopt electronic formats. VIONE offers popular and plausible solutions that provide practice guidance for deprescribing medications that could cause more harm than help to patients, along with systems-based infrastructure to enable integrated and effective assessments during opportune moments along the health care continuum. Multimodal approaches that include education, risk stratification, population health management interventions, research and resource allocation can help transform organizational culture in health care facilities toward HRO models of care, aiming at zero harm to patients.

VIONE is available to all VHA facilities across the nation. Prescribing medical providers and pharmacists may review the medication lists, choose to target a few or all medications at a time, across any clinical care setting and across the continuum of clinical care. The CPRS medication discontinuation drop down menu allows selection of reason(s) for deprescribing.

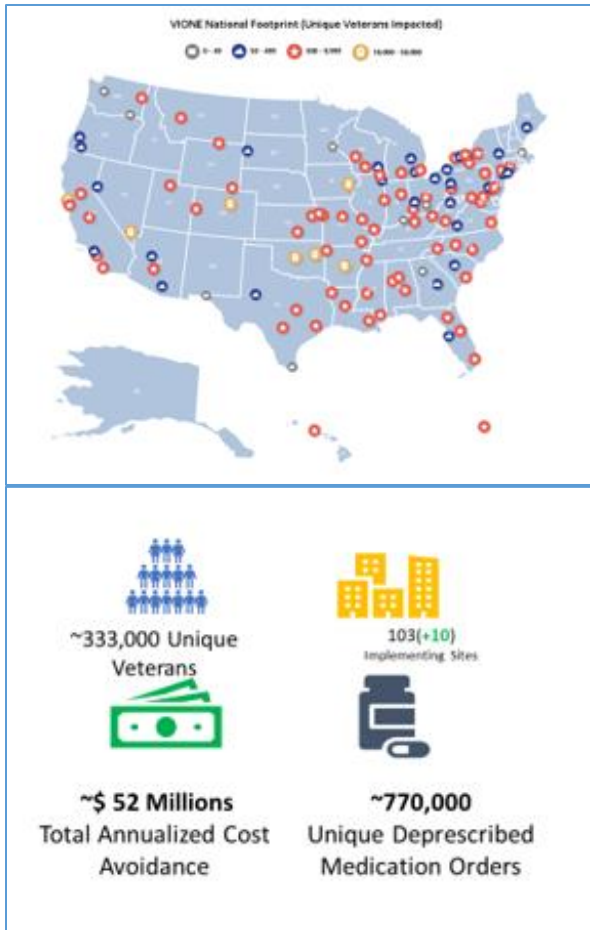
VIONE data analysis captured these top 5 deprescribed medication classes:

1. Antilipemic agents
2. Antidepressants
3. Antidiabetic agents
4. PPIs
5. Non-salicylate, Non-steroidal anti-inflammatory agents

(continued on page 8)

VIONE has proven to be an innovative concept with far reaching effects as demonstrated by the national footprint. (Figure 4)

Figure 4: VIONE National Footprint



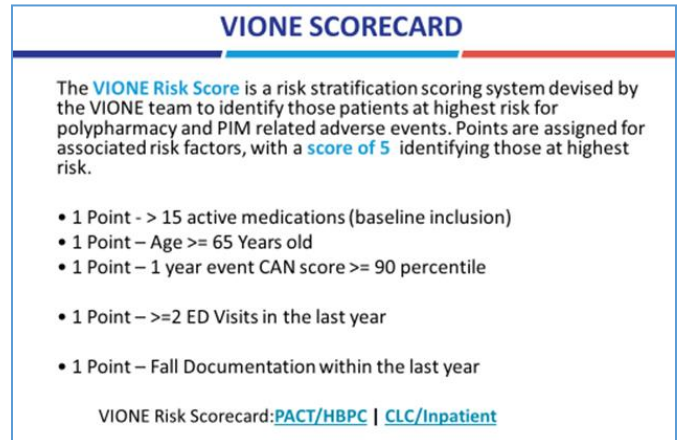
*Program Implementation Dashboard*

VIONE’s offshoots – the VIONE RISK SCORE (Figure 5) and PIM dashboards guide and serve as prospective data driven population health risk stratification tools targeting deprescribing attention to Veterans at high risk for adverse events associated with polypharmacy.

Upon completion of the review and reminder dialog template, the VIONE Risk Score tool captures these reviews through health factors.

**Scorecard:** [PACT/HBPC](#) | [CLC/Inpatient](#)

Figure 5. VIONE Risk Scorecard



VIONE use empowers clinical pharmacy specialists and medical providers to engage with patients for shared decision making and improvement of documented medication related information. Both the discontinuation orders and reminder dialog template provide a mechanism to pull related daily data to quantify site specific, patient impact, pharmacist and provider use and estimated cost avoidance as displayed in the Implementation Dashboard. Deprescribing data details and related reports are available in real time by location, providers, medication, dose, cost, date, etc. via the Discontinuation Summary.

VIONE educational resources include vignettes, patient and provider brochures, an implementation toolkit, 24-hour automated dashboards with rich granularity, [VAVIONE@va.gov](mailto:VAVIONE@va.gov) support, academy sessions, peer support and train-the-trainer capabilities, etc. Additional resources include:

- [Program Implementation Dashboard](#)
- [Discontinuation Dashboard](#)
- | [PACT/HBPC](#) | [CLC/Inpatient](#)
- [PACT/HBPC](#) | [CLC/Inpatient](#) | [Upcoming Appt](#)

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**Authors:** Saraswathy Battar, MD, Kimberly Dickerson, Pharm D, BCPS, Christopher Sedgwick, Pharm D, BCPS

**GRECC Location:** Little Rock, AR



## Raising Awareness of Physical Therapy Resources

### *Increasing Access to Physical Therapy for Older Veterans*

VA Geriatric Scholar Jane Gitlin-Nitti, PT, from the Key West VA Outpatient Clinic in Florida, is raising awareness of physical therapy resources to improve the health and wellness of older Veterans. As lead physical therapist at her clinic with a 15-year VA career, Gitlin-Nitti oversees physical medicine and rehabilitation.



Jane Gitlin-Nitti, PT, Miami VA Healthcare System

Noticing a lower rate of monthly physical therapy referrals at her clinic compared to a neighboring VA clinic, Gitlin-Nitti and her team saw an opportunity to launch an intervention to increase Veterans' access to physical therapy.

They started by interviewing providers to understand the current referral process. They learned there was a lack of knowledge of the health conditions physical therapists treat and the services they offer. As a result, providers were instead referring Veterans to other specialty clinics, such as orthopedics, podiatry or other diagnostic services. Acting on the information, the team developed an educational handout for providers to raise awareness of physical therapy and its applications and provided one-on-one outreach.

The intervention worked. A month after launch, providers from the Key West clinic had significantly increased the number of patients referred to physical therapy.

One provider referred double the number of patients after the intervention. "I never thought that this project would be so successful and that the providers were so open to instruction," said Gitlin-Nitti.

### *Physical Therapy at Home Using Telehealth*

Gitlin-Nitti and her team transitioned to virtual physical therapy when COVID-19 limited face-to-face encounters. "I've been doing video appointments since I started with VA 15 years ago. Most patients, even though they are over the age of 65, can use home telehealth equipment, whether it's their phone, tablet or computer. Surprisingly, patients in their eighties have been able to do video appointments. We make it easy for them to [connect](#)."

### *VA Geriatric Scholars Program*

Gitlin-Nitti's project was inspired by and developed as part of her engagement in the [VA Geriatric Scholars Program](#) Quality Improvement Workshop and Practicum. The Geriatric Scholars Program is a national workforce development program that trains primary care providers in geriatric medicine and teaches fundamental skills in quality improvement based on the [IHI Model for Improvement](#) and PDSA Cycle.

VA has a partnership with the [American Physical Therapy Association](#) to promote and support physical therapy for Veterans and to raise awareness of resources and practice opportunities at VA.

**Contact:** [Jane Gitlin-Nitti, PT](#)

**Author:** Jane Gitlin-Nitti, PT

**GRECC Location:** Miami, FL

## Virtual Geriatrics and Technology Expansion in COVID (Virtual Geri-TEC)

COVID-19 will continue to cause our highest risk older Veterans to miss essential medical visits. Older Veterans with complex chronic conditions are at high risk of SARS-CoV2 infection due to multiple comorbidities. High risk, high need (HR-HN) Veterans, especially those from African American, Native American and Latinx backgrounds, are disproportionately at risk for COVID-related morbidity and mortality.

The aging of rural America with its associated geographic barriers and maldistribution of geriatric experts further compounds this disparity in access to geriatric consultative services. The Madison GRECC and the Eastern Colorado GRECC collaborated with leadership of the VA Virtual Geriatrics network, Office of Connected Care and VA Office of Tribal Government Relations to address these gaps and barriers to equitable care.

Through the recently CARES-funded Virtual Geriatrics and Technology Expansion in COVID (Virtual Geri-TEC), we aim to improve technology connectivity for diverse HR-HN older Veterans, disseminate successful geriatric telehealth strategies to expand the network of VA healthcare consultation team and engage diverse Veteran communities to identify creative and contextually appropriate solutions to promote geriatric and dementia care via telemedicine services.

The Digital Divide program has been instrumental in supplying internet-capable devices to Veterans to expand [VA Video Connect](#) appointments across the country. However, our teams have recognized that limited technology literacy is an added challenge in educating, engaging and assisting older HR-HN Veterans and their caregivers to use VVC during telemedicine consultation.



Dr. Hillary Lum and Ms. Lynette Kelley have led efforts at the Eastern Colorado GRECC to adapt available VA Office of Connected Care resources to our HR-HN and under-represented Veterans' groups.

Their team explored evidence-informed guidance from the [CDC](#), U.S. Department of Health and Human Services (HHS) and the [National Assessment of Adult Literacy](#) (NAAL) to develop geriatric-friendly instructions and geriatric-tailored technology support to enhance Digital Divide materials provided to Veterans. The local Telehealth Technician team responsible for product testing and supplying devices to Veterans have reviewed the proposed materials and have verified anticipated effectiveness of the documents.

The next stage of this effort entails Veteran interviews to gain end-user perspective to ensure creation of an effective document that improves older Veteran and caregiver comfort levels of VA issued devices to increase usability of VA Video Connect consultation services.

With recognition of the strengths of uniform implementation processes, especially with nationally disseminated programs, the Eastern Colorado GRECC worked with key stakeholders in the Virtual Geriatrics Network and new expansion sites to develop the Virtual Geriatrics Implementation Toolkit.

(continued on page 11)

This resource provides direction and support to new sites on the steps necessary for smooth implementation including, but not limited to, the following: the application and approval process, identification and engagement of key stakeholders, equipment and technology requirements, care delivery modalities, visit materials, and training considerations. This toolkit is equipped with appendices, so expansion sites may utilize exemplars of recommendations to encourage successful implementation.

The Madison GRECC initiative, led by Dr. Steven Barczi, Leah Walker, and Gerhardt Johnson, has facilitated the launch of geriatric telehealth services at the following three new sites:

- Wilmington VA Medical Center
- Cincinnati VA Medical Center
- Madison VA Geriatrics Clinical Resource Hub

Additionally, there has been expansion of geriatrics and tele-rehab programming at the Central Iowa VA Medical Center.

In collaboration with the Office of Tribal Government Relations, the Madison GRECC is currently in dialogue with two Wisconsin Native American Tribes, the Ho Chunk Nation and Oneida Nation, to explore opportunities to serve Tribal Veterans and to expand geriatric telemedicine services to local Tribal Health Clinics.

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**Authors:** Steve Barczi, MD,  
Hillary Lum, MD, PhD, Lynette Kelley, FNP,  
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Gerhardt Johnson, BS

**GRECC Locations:** Madison, WI and Eastern Colorado

## Updated GRECC Tagline Added to GRECC Image

The tagline on the GRECC image was updated to align with the recently revised GRECC Values, Vision and Mission statements (see welcome message from national GRECC Director, Marianne Shaughnessy, on page 1).

*Discover, Educate and Innovate to  
Improve Health for Older Veterans*

Since the image is not regarded as a logo, do not align it or stack it with the VA logo on GRECC publications – printed or digital.





## Staff Updates



Dr. Monica Kelly is a licensed psychologist with clinical and research expertise in sleep and aging, PTSD and related topics, who came to us with excellent prior training. She graduated cum laude with a BS in Psychology, and an

MA and PhD in Clinical Psychology at the University of Arizona and completed Clinical Residency at the VA San Diego Healthcare System and the University of California, San Diego Psychology Internship Training Program. Monica joined VA GLA GRECC as an Advanced Geriatrics Fellow, where she quickly demonstrated her unique skills and dedication to the field and has become an integral member of our research activities.

Monica has been recognized nationally as a promising new investigator. She received the Sleep Research Society Abstract Award for two of her past submissions to the Associated Professional Sleep Societies conference. She received the American Academy of Sleep Medicine Foundation (AASMF) Young Investigator Research Forum Award to support and train emerging sleep researchers. She was also awarded an AASMF Focused Projects Award, which is a competitive award; her project focuses on development of a program to promote understanding and adherence to treatment of sleep apnea in Veterans.

Monica also serves on academic committees and distinguished herself as an award-winning educator for her work teaching core undergraduate psychology courses. During her current Advanced Fellowship in Geriatrics at VA GLA, she co-facilitated a research seminar series for psychology trainees and has taken on a supervisory role within the VA Sepulveda Ambulatory Care Center Insomnia Clinic.

[www.va.gov/GRECC](http://www.va.gov/GRECC)

## SUBMIT TO FORUM ON AGING

We welcome submissions from GRECCs for this newsmagazine, including:

- Updates and results about research, education and evaluation efforts and clinical innovations
- Notices of awards, grants, training opportunities
- Staff news
- Photos or images to accompany your submission

GRECC *Forum on Aging* is published by VA Puget Sound Health Care System, Geriatric Research, Education and Clinical Center.

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