Summer 2020 Volume 13, Issue 1

THE GRECC FORUM ON AGING

GERIATRIC RESEARCH, EDUCATION & CLINICAL CENTER

In This Issue

VIRTUAL Geriatrics Specialty Care	2
Remembering Gib Wood, Minneapolis AD/EE	3
Geriatric Scholars Interdisciplinary Webinars	3
Enhancing medication safety in the emergency room	4
Management of distress behaviors in dementia	6
The Health and Aging Policy Fellowship Program	7
Geriatric Scholars Updates	8
Promoting hearing aid self-sufficiency	11
Improving sleep-disordered breathing among older Veterans	12

Adapting to the Pandemic

Marianne Shaughnessy, RN, PhD, Director, GRECC Programs

When the COVID-19 global pandemic hit the U.S. in early 2020, it impacted all of us and certainly the way healthcare is delivered for the foreseeable future. As hospitals in hotspots on the coasts wrestled with large numbers of very ill patients, scientists raced to learn as much about the virus, transmission and treatments as possible. While stay at home orders flattened the curve of acute illness temporarily, VHA used the time effectively to mobilize resources to continue providing care to the millions of Veterans who rely on the largest integrated health system in the country. Clinics were quickly stood up using telephone and Veteran Video Connect (VVC), personal protective equipment was provided to medical centers for use in hospitals and home care, and the GRECCs rose to the challenges of COVID-19.

The main activity of GRECCs is research and many human subjects study activities were halted due to stay at home orders, so GRECC researchers got busy figuring out ways to keep participants engaged using telehealth technology. They also put their research expertise to use to capture twenty-nine (thus far) COVID-19 related grants, developing and evaluating approaches to the management of the pandemic. Similarly with clinical innovation projects, earlier work in geriatric telehealth such as GRECC Connect, ramped up in many sites to provide support to VHA Primary Care and GeriPACT services suddenly forced to stop traditional in-person visits. The Gerofit program – a longstanding successful group exercise program switch to Zoom, allowing Veterans to continue to virtually congregate for a daily dose of exercise. Rapid development of geriatric note templates for phone and VVC visits aided staff unfamiliar with the nuances of caring for older adults with complex care needs. GRECC staff delivered provider coverage in outpatient and inpatient settings as well as Community Living Centers across the country. They also contributed to VHA's "fourth mission", to support non-VHA facilities overwhelmed by COVID patients. Finally, GRECC educators developed training and guidance documents to support the work of VHA staff and trainees forced to complete their clinical education without face to face contact with Veterans.

As a result of GRECC and GEC staff throughout VHA, we have thus far weathered the storm. CLC doors closed early to visitors and strict protocols were put in place to protect the most vulnerable Veterans. Veterans

(Continued on page 2)

ready for discharge were sent home in preparation for urgent admissions. The largest integrated system in the country largely worked just as it was supposed to, providing care to Veterans without skipping a beat.

However, there is still work to be done. We have discovered that not all older Veterans can use telehealth technology fluently and others have connectivity issues, particularly in rural areas. Other potential barriers to consider when using telehealth technology include privacy concerns, cognitive capacity, replicating elements of the "hands-on" examination and providing support for family and caregivers. GRECCs will continue to be on the forefront of innovation, testing and evaluation of new methods to address these barriers.

Telehealth technology has been used in VHA for decades and more recently in the community at large, but COVID has pushed the "fast-forward" button on uptake and implementation. It's brought the future of healthcare delivery to our doorstep.

Wear a mask in public, wash your hands often and enjoy this issue of Forum on Aging!

Supporting Rural Veterans with Geriatric Specialty Care During COVID-19

Hillary D Lum, MD, PhD, Kathryn Nearing, PhD, and William W. Hung, MD, MPH, Eastern Colorado & Bronx GRECCs, on behalf of the GRECC Connect Network

As an Office of Rural Health Promising Practice, VIRTUAL Geriatrics is the newly re-branded program to improve the health of medically complex rural Veterans by combining expertise in geriatrics and telehealth since 2014.[1] Formerly known as GRECC Connect, VIRTUAL Geriatrics is Veteran Interprofessional Rural Telehealth Linking Geriatrics Expertise for Education & Access. In FY20, the VIRTUAL Geriatrics network involves 14 GRECC-based teams in 13 VISNs to reach 120 Community-based Outpatient Clinics, serving more than 2000 veterans annually and saving over 200,000 miles.[2] Clinical and educational services include team-based geriatric specialty consultative care, provider education, and connection to rural community-based social services via telehealth.

In response to COVID-19, the VIRTUAL Geriatrics Education and Workforce Enhancement Core rapidly responded to the training needs of many geriatric providers who were attempting video visits for the first time. In March, we conducted a rapid survey of telehealth training needs. Trainees representing 12 disciplines affiliated with GRECCs were surveyed regarding prior experience conducting video-to-home visits. Two-thirds had received some telehealth training. However, the majority had never done a video-to-home visit and reported low confidence.[3]

To address identified telehealth training needs, a nuts-and-bolts guide regarding remote access, technology requirements, video conferencing platforms, and managing emergencies was disseminated: https://www.gerischolars.org/mod/page/view.php?id=1508. This resource is also available on the national VA COVID Strong Practices SharePoint site. Additionally, on May 7, 2020, an interdisciplinary team of GRECC faculty with extensive video-to-home experience delivered a national webinar: "Practical Tips for Telehealth for Older Rural Adults" that reached over 700 participants. Through brief, high-yield presentations from faculty representing geriatric medicine, occupational therapy, geropsychology, behavioral neurology and geriatric psychiatry, the webinar focused on how to: assess whether the older Veteran's needs can be served more effectively via telephone or a video visit; prepare older Veterans for successful telehealth visits; adapt telehealth visits to meet older adult functional needs; conduct medication reconciliation and brief cognitive assessments via telehealth; engage caregivers via telehealth; and, identify and address social isolation. The recorded webinar and Q&A transcript are available on the GRECC Connect website: https://www.gerischolars.org/mod/page/view.php?id=1508.

1. Hung WW, Rossi M, Thielke S, et al. A multisite geriatric education program for rural providers in the Veteran Health Care System (GRECC-Connect). *Gerontol Geriatr Educ.* 2014;35(1):23-40.

2. Lum HD, Nearing K, Pimentel C, Levy CR, Hung WW. Anywhere to Anywhere: Use of Telehealth to Increase Health Care Access for Older, Rural Veterans, Public Policy & Aging Report, Volume 30, Issue 1, 2020, Pages 12–18.

3. Nearing KA, Lum HD, Dang S, Powers B, McLaren J, Gately M, Hung W, Moo L. National Geriatric Network Rapidly Addresses Trainee Telehealth Needs in Response to COVID-19. Journ Am Ger Soc, Accepted June 13, 2020.

Remembering Gib Wood, Minneapolis AD/EE

Is it with a sad heart that we share the following obituary for one of our former GRECC colleagues: W Gibson Wood, PhD. Gib was the AD/EE for the Minneapolis GRECC for many years before he retired in 2016. The Minneapolis GRECC shares his obituary:

Wood, Wellington Gibson III December 29, 1945 - March 30, 2020. **On Monday, March 30, 2020, Wellington Gibson Wood III, loving husband and father of two children, passed away at the age of 74. Wellington, who went by Gibson, was born on December 29, 1945, in Baltimore, Maryland to Wellington Gibson Wood II and Elsie (Johnson) Wood. Gibson joined the navy in 1963, and was stationed in Washington D.C. Gibson went on to earn his Ph.D. in Physiological Psychology from Texas Tech University. He married Beverly Jean Beaver on February 8, 1969 in Lubbock, Texas. After marriage Gibson and Beverly lived in Texas, Maine, New York, and Missouri before finally settling in Minnesota and raising their son, Wellington Gibson Wood IV, and daughter, Katherine Brittingham Wood. Gibson was a wonderful, dedicated father, always there for his children, ready to offer advice and support. He was an enthusiastic hockey and soccer fan for both children. Traveling for work and with his family, all across the globe, was one of his main interests. He enjoyed going to the theatre with Beverly, and spending time with their dog, Riley.**

A passionate scientist and educator, Gibson led a lab at the VA Medical Center and was part of the Medical School at the University of Minnesota. He loved his work and never wanted to officially retire. He had a great sense of humor and loved talking late into the night with his friends and family. He will be greatly missed. Gibson was preceded in death by his father, Gibson, his mother, Elsie, and his sister, Dorothy. He is survived by his wife Beverly, his two children, Gibson and Katherine, his daughter in law, Jessica, his son in law, Matthew Ghantous, his sister Cathy, grandchildren, Wellington Gibson V and George Gibson, and several cousins, nieces, and nephews. A memorial service will be held at a later date. Condolences: whitefuneralhomes.com.

Geriatric Scholars: *Supporting Veterans and Their Families* Webinar Series Piques the Interest of Interdisciplinary Staff

Rachel L. Rodriguez, Jay Gregg, Christine Gould, & Priyanka Mehta, Palo Alto GRECC & Durham Psychology Service

The MISSION Act of 2018 sought not only to provide Veterans greater access to health care in VA facilities and the community, but also to expand benefits for Veterans' caregivers. As Veterans Health Administration (VHA) clinicians and providers, this means that our role encompasses more than just providing high quality care to our Veterans. We must also seek to support those that tend to the needs of the disabled, chronically ill, or aging Veteran: the Veteran's families and caregivers.

With this goal in mind, the Geriatric Scholars Program-Psychology Track (GSP-P) focused our FY20 webinar series on "Supporting Veterans and Their Families." This four-part series included presentations from both researchers and practitioners in Nursing, Occupational Therapy, and Psychology. The multidisciplinary series examined health issues that may complicate older Veterans' ability to engage in treatment for chronic illness, place them at greater risk for increase in mental health issues, and negatively impact the caregivers of these older Veterans. Specific topics included the impact of medical conditions on sexual function in older couples, behavioral strategies for optimizing self-care for clients living with dementia, understanding the daily risk of abusive and neglectful behaviors in dementia family caregiving, and the importance of team-ness between patients and their caregivers in managing chronic and serious illness. Presenters used case examples and provided clinically applicable information that VA staff could use in their work with caregivers.

Interest in these topics surpassed expectations with large number of attendees registering for each topic. Though final evaluation numbers are not yet available, initial estimates are that over 1000 staff attended across the webinar series. We are so pleased to see the devotion of our staff to learning more about how to support our Veteran's families and caregivers!

For interested readers who missed out on the series, recordings of each of the presentations are available for download from the GeriScholars.Org website. They will also be available to listen to on TMS, however we regret that continuing education credit is not available for utilizing the re-broadcasts. We would also like to acknowledge that Geriatric Scholars Program is funded by the Offices of Rural Health and Geriatrics/Extended Care, and thank both offices for their continued support.

EQUIPPED for Medication Safety in VA Emergency Departments

Camille P. Vaughan, MD, MS and Melissa B. Stevens, MD
Birmingham/Atlanta GRECC

EQUIPPED (*Enhancing Quality of Prescribing Practices for Older Adults in the Emergency Department*) is a quality improvement program associated with improved prescribing toward older adults who are discharged from the ED [1]. The program was initiated at the Atlanta VAHCS and has been implemented in twelve VA EDs. EQUIPPED involves education, clinical decision support, and provider audit and feedback based upon the American Geriatrics Society Beers Criteria®[2]. Provider feedback is typically delivered at least once in person by a local EQUIPPED champion, representing a clinical colleague (ED physician or advanced practice provider, geriatrician, pharmacist) with knowledge of principles of safe prescribing toward older adults.

This implementation strategy using an academic detailing approach has been successful at multiple sites, with most EQUIPPED implementation sites demonstrating significantly fewer potentially inappropriate medications prescribed each month [3]. However, incorporating academic detailing is time and personnel intensive. With the advent of clinical dashboards, which leverage VA's robust clinical informatics infrastructure, centralized mechanisms of provider feedback may be more efficient and have similar impact on provider behavior change and prescribing safety.

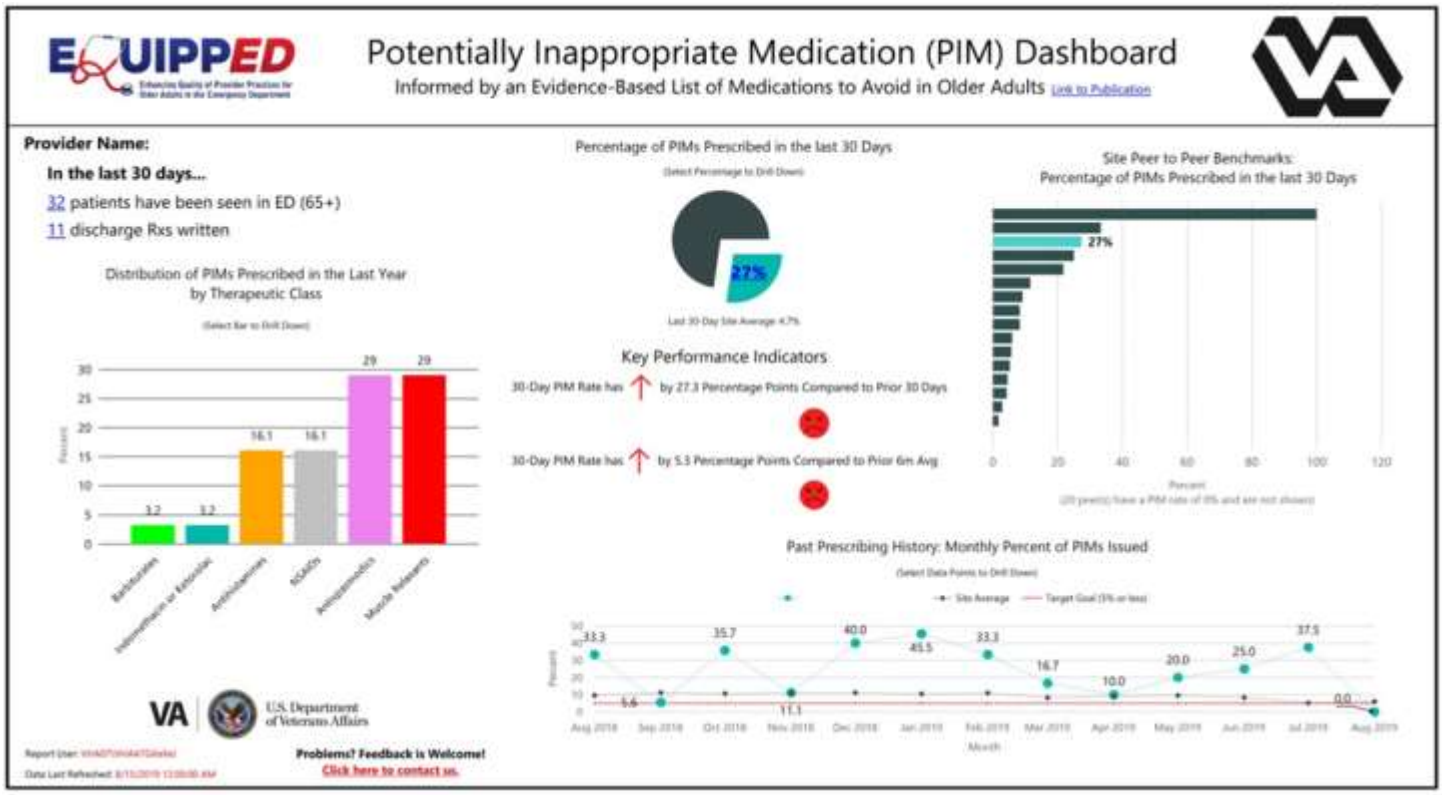
The EQUIPPED team received 2018 HSR&D funding to evaluate two implementation strategies to determine the most effective strategy for broader EQUIPPED dissemination. Eight VA medical centers have been randomized to implement either 'traditional' EQUIPPED, with in-person academic detailing, or 'dashboard' EQUIPPED, where prescribing feedback is provided using a near real-time interactive dashboard supported by VA's Corporate Data Warehouse and developed by the Salt Lake City VA IDEAS COIN center (Zach Burningham, PhD, MPH). All sites receive implementation support from EQUIPPED leads based in the Birmingham/Atlanta GRECC. Formative evaluation of EQUIPPED implementation is led by investigators at the Durham VA COIN (George L. Jackson, PhD MHA).

National Map of EQUIPPED Implementation Sites: Yellow stars indicate VA medical centers; Red stars indicate non-VA medical centers.

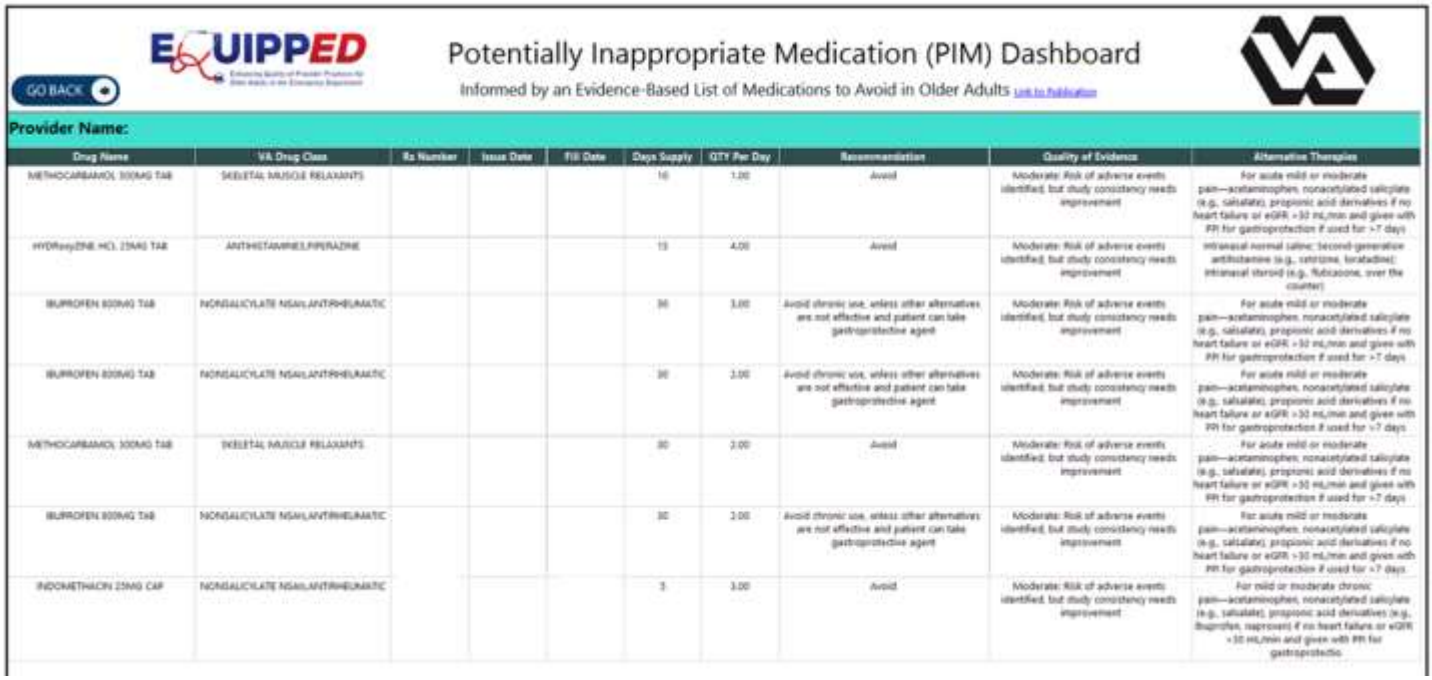
References

1. Stevens M, Hastings SN, Markland AD, et al. "Enhancing Quality of Provider Practices for Older Adults in the Emergency Department (EQUiPPED)," Journal of the American Geriatrics Society 2017; 65(7):1609-14.
2. American Geriatrics Society Beers Criteria Update Expert Panel. American Geriatrics Society 2019 Updated AGS Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. Journal of the American Geriatrics Society 2019; 67(4):674-94./li>
Stevens MB, Vandenberg A, Hwang U, et al. "Impact of Local Implementation Adaptation on Prescribing Change through the EQUIPPED Medication Safety Program" (abstract). Journal of the American Geriatrics Society 2019; 67:S13-14.

(This article is reprinted from an *Innovation Update* in the HSR&D FORUM.)



EQUIPPED Provider Dashboard Home Page: Overview of prescribing metrics over the last 30 days including key performance indicators and peer benchmarking.



EQUIPPED Provider Dashboard PIM Drill Down: Detailed view of PIMs prescribed over the last 30 days including recommendations and alternative therapies.

QUERI Evaluates STAR-VA: A Veteran-Centered Interdisciplinary Intervention for Management of Distress Behaviors in Dementia

The Staff Training in Assisted Living Residences (STAR) intervention[1] was originally developed for training direct care workers in assisted living residences to improve the care of older adults with dementia by successfully managing the challenging behaviors commonly exhibited by these residents. VA adapted this intervention (called STAR-VA) to be a Veteran-centered, interdisciplinary, behavioral approach for managing distress behaviors in dementia (DBD) among Veterans in VA Community Living Centers (CLCs). Between 2013 and 2018, STAR-VA was implemented in 92 CLCs. Veterans enrolled in STAR-VA demonstrate significant decreases in frequency and severity of targeted challenging DBD and clinical measures of depression, anxiety, and overall agitation[2-3]. CLC staff also report increased confidence in their ability to understand and manage DBD.[4]

The QUERI **Sustaining STAR-VA Partnered Evaluation** of Veteran, Implementation and Facility Factors Contributing to Positive Sustained Outcomes was created to:

Develop and validate a quality indicator for monitoring DBD;

Evaluate the effect of STAR-VA over time by comparing site and Veteran outcomes associated with DBD at trained and untrained CLCs;

Examine variations in STAR-VA sustained implementation, as well as barriers and facilitators; and

Identify best practices in sustained implementation and evaluation strategies.

A distress behavior indicator (DBI) was developed from mandatory routine CLC resident assessments to aid in this evaluation. This indicator was found to be internally consistent, significantly correlated with validated STAR-VA clinical outcome measures as predicted, and sensitive to change.

Evaluation Findings

The longitudinal effect of STAR-VA implementation was compared for site and Veteran outcomes at trained and untrained CLCs. Findings show:

Distress Behaviors in Dementia (DBD). STAR-VA implementation did not have a significant effect on the DBI in STAR-VA CLC resident cases compared with eligible resident comparisons at untrained CLCs. It also did not have a significant effect on CLC-level DBI or national disruptive behavior reporting rates. The lack of effect on the DBI may be related to missing data, under-reporting, and/or misalignment of timing of routine quarterly assessments and timing of STAR-VA intervention with particular Veterans. It also may be that STAR-VA implementation does not impact the frequency or severity of DBD and rather helps CLC teams better manage DBD to lower associated risks.

Psychotropic Medications. Antipsychotic and benzodiazepine dose equivalents used were reduced for residents and CLCs in the STAR-VA program relative to eligible comparisons. The most significant effect was a 50% reduction in as-needed doses given specifically for agitation or anxiety for STAR-VA training cases, relative to eligible comparison residents, even after adjusting for overall comorbidity, healthcare use, previous drug use, and facility-level characteristics.

Staff Injuries. Significant decreases were found in staff injury rates due to assault in CLCs the year of and following completion of STAR-VA training and consultation compared with non-completing CLCs, accounting for important site characteristics.

Facilitators and Barriers

Important *facilitators* of program sustainment included the engagement of STAR-VA champions, leaders, and the entire clinical team, routines that foster open communication, and information sharing tools. The most frequent *barriers* were staff turnover and workload, unsupportive work culture, poor collaboration between disciplines, lack of written policies/ procedures, and the lack of relevant performance evaluations.

Summary and Recommendations

STAR-VA implementation helps lower the risks related to the management of distress behaviors in dementia among Veterans living in VA Community Liv-

ing Centers by decreasing potentially inappropriate medication use and staff injuries. This evaluation supports continued STAR-VA implementation. Recommendations include promoting accurate, complete, and frequent behavior assessment and feedback, the presence of local champions, effective team interactions, routine use of communication tools, and a supportive work culture. Findings will guide the development of an outcome-driven, tailored sustainability implementation and evaluation strategy.

Revised based on a version previously printed in the QUERI newsletter. For more information about STAR-VA QUERI, contact Principal Investigator, **Kim Curyto, PhD**, at kimberly.curyto@va.gov.

References

1. Teri L, Huda P, Gibbons L, Young H, van Leynseele J. STAR: a dementia-specific training program for staff in assisted living residences. *Gerontologist.* 2005;45(5):686-693.
2. Karel MJ, Teri L, McConnell E, Visnic S, Karlin, BE. Effectiveness of expanded implementation of STAR-VA for managing dementia-related behaviors among Veterans. *Gerontologist* 2016; 56: 126-134.
3. Karlin BE, Visnic S, McGee JS, Teri L. Results from the multisite implementation of STAR-VA: A multicomponent psychosocial intervention for managing dementia-related behaviors of Veterans. *Psychological Services* 2014; 11(2): 200-208.
4. McConnell ES, Karel MJ. Improving management of behavioral and psychological symptoms of dementia in acute care: Evidence and lessons learned from across the care spectrum. Nursing Administration Quarterly 2016; 40:244-254.

The Health Aging Policy Fellowship: A Great Opportunity for VA Faculty and Fellows to Improve Geriatric Care in VA

The Health and Aging Policy Fellowship (HAPF) is one-year fellowship that helps create leaders in health and aging policy who are dedicated to improving the health care of older adults. Fellows can be residential (i.e., move to and live in DC) or non-residential (i.e., remain with the current organization and travel to DC for fellowship activities). The fellowship is led by Harold Pincus, MD, Professor of Psychiatry at Columbia University and Kathleen M. Pike, PhD, Professor of Psychology at Columbia University and funded by The John A. Hartford Foundation.

From 2018-19 Kelly O'Malley, Ph.D., Geropsychologist and Advanced Fellow in Geriatrics at the New England GRECC was a non-residential fellow in the HAPF program. The program brought Dr. O'Malley to Washington, DC to engage in current policy issues, build communication skills to engage stakeholders, and develop a professional network of professionals across a variety of aging issues. Because the fellowship falls under the umbrella of The American Political Science Association, Dr. O'Malley had opportunities to learn from political scientists, other professionals in executive branch agencies, and international fellows. As part of the year-long experience, she participated in an international exchange program hosted by the State Department. As part of this exchange, she helped host Canadian Parliamentary Interns in Washington, D.C., and spent a week in the Canadian capitol learning firsthand about the Parliamentary system.

During the fellowship year, Dr. O'Malley selected a placement at The Administration for Community Living (ACL), a division of The Department of Health and Human Services (HHS), supporting implementation of federal legislation to support family caregivers. This experience helped her learn how federal legislation is implemented by an executive branch agency and increased her understanding of the nuances of policy implementation and Congressional oversight.

Being a part of this fellowship, and the opportunities provided over the year, far exceeded Dr. O'Malley's expectations and transformed her understanding of health policy and policy implementation. The knowledge and skills she developed over the course of the year have been vital to her to her work in the VA Healthcare System. She uses the knowledge gained from HAPF to shape her work her local VA, engage colleagues at the New England GRECC, and pursue opportunities to engage stakeholders within VHA.

Applications for the fellowship year are due in April each year. VA employees and trainees who wish to participate in HAPF, must be nominated by the Office of Academic Affiliations. To learn more about the VA application process visit: https://www.va.gov/oaa/specialfellows/programs/SF_Health_and_Aging.asp?p=22

For more information about the HAPF program, please visit: https://www.healthandagingpolicy.org/

Geriatric Scholars Updates

Improving Pain Management in HBPC

An innovation to improve pain management for home-bound older Veterans was launched by VA clinical psychologist Dr. Lief Noll, who is a participant in the VA Geriatric Scholars Program, a workforce development program for VA clinicians, funded by the VA Offices of Rural Heath and Geriatrics/Extended Care.

"Chronic pain is a tough nut to crack with very old, very ill Veterans," said Dr. Noll. "Especially for our Veterans who are bed-bound or chair-bound. The more they sit in the chair, the more they're going to hurt when they stand up. But it hurts when they stand, so they stay in the chair. It's hard to find a reason to get up and move. It's difficult from a behavioral standpoint, unless someone has a clear goal." Dr. Leif is part of five interdisciplinary Home Based Primary Care (HBPC) teams that serve 600 rural and urban Veterans from the Cincinnati VA Medical Center. The quality improvement (QI) innovation is based on principles used in pain management clinics. Using a template, the HBPC team selects interventions within their scope of practice that might best achieve the Veteran's goal. In line with VA's Whole Health approach, the Veteran is engaged in developing a personalized care plan that might include a range of options, such as physical therapy, acupuncture and medication.

The Cincinnati HBPC Team

This QI improved patient satisfaction and quality of life. "There is a lot of rethinking of how to deal with chronic pain, reducing the number of opioids we prescribe to Veterans and encouraging Veterans to try alternative pain management strategies," said Dr. Noll. "Our project brought a systematic approach and more disciplines into the mix, melding our expertise to align with our patient's goals and supporting them on their journey, creating a relationship dynamic between the treatment team and Veteran."

Excerpted from a story by Maureen Jerrett in VAntage Point, the official VA blog. You can read the full story at: https://www.blogs.va.gov/VAntage/72465/coordinated-interdisciplinary-pain-care-home-bound-veterans/

The Power of Story to Improve Patient Care

Dr. Deborah Madden, a primary care physician at an inpatient acute psychiatric unit and preceptor for medical students at the Roseburg, Oregon VA Medical Center. Dr. Madden introduced the VA My Life My Story program into the training program for medical students as her Geriatric Scholars Program quality improvement project. My Life My Story gives voice to Veterans' life stories and legacies in the form of a 1,000 word narrative that is compiled by from a set of semi structured interview questions. These narratives not only honor the Veteran's military service but shed light on what is most meaningful to them—their family, friends, hobbies, or career.

My Life My Story interviews develop patient-provider trust and nurture the patient-provider relationship. Chris Shawl, a 4th year medical student at Pacific Northwest University found the experience to be meaningful for himself and for Veterans. "I think they were surprised that VA was interested in knowing their stories," said Shawl. One Veteran said afterwards, "I really appreciate this. You reached out to me. I'm glad there's an interest in getting to know me."

Dr. Madden

Dr. Madden strongly supports VA's commitment to patient-centered care. She hopes to expand her scholar project to include other learners who are receiving training at the Roseburg VA Medical Center, including pharmacy students, pharmacy residents, and family medicine residents. Implementing My Life My Story aligns with a commitment to patient-centered care. Dr. Madden and her colleagues are proving to Veterans that their stories are valued by their health care team at VA. An alumna of the 2018 VA Geriatric Scholars Program, Dr. Deborah Madden demonstrates how her primary care team is delivering on the VA Office of Patient Centered Care and Cultural Transformation's goal of honoring

the service of Veterans and empowering them to actively participate in their care.

Excerpted from a story by Maureen Jerrett in VAntage Point, the official VA blog. You can read the full story at: https://www.blogs.va.gov/VAntage/69524/va-geriatric-scholar-uses-power-story-improve-patient-care/

Improving Quality of Care for Veterans

Veteran Kenneth Tutt, age 79, starts his weekdays with an 8:00 a.m. telephone call to his Home Based Primary Care (HBPC) provider of four years, Nurse Practitioner Rhonda Weinhold who works from the Salem VA Medical Center's outpatient clinic in the rural community of Staunton, MA. Together they review his weight, blood pressure and sugar levels. "There is no doubt in my mind I would not be here if it was not for this program," said Mr. Tutt.

The HBPC team fills 30-day medication boxes for their Veteran patients. On average, these HBPC patients used 14 daily medications. As a participant in the VA Geriatric Scholars Program, Ms. Weinhold wondered if all those medications were appropriate and needed at this time. She developed a local quality improvement project to improve medication management. Working with HBPC pharmacist, Jena Willis, they consolidated the pharmacist's recommendations to de-escalate certain medications into a plain-language addendum to patients' electronic health record. The addendum reported "meds that we think could possibly be taken off this patient's medication list," explained Ms. Weinhold.

Ms. Weinhold and Mr. Tutt

Four registered nurses on the HBPC team met face-to-face with patients to review their medications and engage patients in the decision-making process, asking "How do you feel about trying to get off some medicine?" Reactions from Veterans were positive; as Mr. Tutt recalled, "It was a terrific idea." The average number of medications/day for HBPC patients was reduced and the innovation spread to all HBPC teams at the Salem VA Medical Center.

Dr. Willis summed up the experience. "VA and VA pharmacy are known for spreading best practices…. "We all want to do the best for our patients. … The most rewarding thing is providing improved quality of life for the patient, whether it's three more days, three more years, or thirty more year."

Excerpted from a story by Maureen Jerrett in VAntage Point, the official VA blog. You can read the full story at: https://www.blogs.va.gov/VAntage/66628/va-geriatric-scholar-improves-quality-of-care-for-veterans/

Individualized Telephone Outreach Reduces COPD Exacerbations

A telephone outreach intervention launched by VA Geriatric Scholar Tammy McCoy, DNP, designed to reduce acute episodes of chronic obstructive pulmonary disease (COPD) among older Veterans dramatically reduced patients' use of VA resources and helped Veterans improve their quality of life.

Dr. McCoy is an alumna of the VA Geriatric Scholars Program, a workforce development program to integrate geriatrics into primary care practices. The program is funded by the VA Offices of Rural Health and Geriatrics/Extended Care, with its Hub Site at the Greater Los Angeles Geriatric Research, Education and Clinical Center.

Dr. McCoy and her PACT team from VA's rural outpatient clinic in East Liverpool, Ohio, randomly recruited a group of 10 geriatric Veterans with a range of COPD severity. After receiving a flu vaccine that included protection from pneumonia, each Veteran received individualized, proactive health care visits by telephone each week for six weeks.

During the call they reviewed medications, positive lifestyle changes, and signs and symptoms of infection. "Key to our project is making sure that it's mindful management of the patients. They get individual time on the telephone while their medications are in front of them to really focus," said Dr. McCoy.

During the intervention, none of the Veterans required emergency care. A stark contrast from the same period a year earlier when the 10 Veterans used VA emergency care resources six times in six weeks. Clinic visits dropped by half, from eight to four. Veterans' also made fewer calls to the clinic.

"They felt their care was personalized. They felt empowered. And, of course, they were thrilled to not have to go to the hospital," said Dr. McCoy.

Extracted from a story by Maureen Jerrett that first appeared in VAntage Point. Read the full story at: https://www.blogs.va.gov/VAntage/73524/individualized-telephone-outreach-reduces-copd-exacerbations/

The Geriatric Scholars Program is a workforce development program for primary care PACT and rural HBPC practitioners. The program is designed to enhance skills in caring for older Veterans in the VA's interdisciplinary workforce. The core components of this program are intensive education in geriatrics, an intensive workshop in quality improvement and, with initiation of a local quality improvement project to improve care for older Veterans. After completing the core, alumni Scholars have the option to continue learning through clinical practicum experiences at GRECCS, on-line self-paced learning, webinars and advanced intensive courses. The program is funded by the Offices of Rural Health and Geriatrics/Extended Care.

For more information, visit www.gerischolars.org.

Metabolic Effects of Stem Cell Transplantation

Dr. Jose Garcia of the Puget Sound VA and his team recently published cutting-edge results about important changes occurring in patients undergoing stem cell transplantation. This is the first step on a research program with the goal of improving outcomes in these patients through nutrition and exercise strategies.

Stem cell transplantation is an accepted strategy to combat hematologic cancers; however, the transplant process can lead to impairment in physical function, fatigue, muscle wasting, and reduced quality of life. In other cancer types, these symptoms are associated with inflammation, altered metabolism, and decreased levels of hormones that are important for muscle health, such as testosterone. The relative significance of these factors soon after transplant in this setting is unclear. The purpose of this study was to characterize the short-term effects of this transplant on physical function, body composition, patient symptoms, metabolism, inflammation, and testosterone. Outcomes were assessed before and one month after transplant in patients with multiple myeloma (n = 15) and non-Hodgkin lymphoma (n = 6).

Dr. Garcia

Physical function, muscle mass, and fat mass decreased, and nausea and fatigue increased, 1 month after transplant. While there were no changes in inflammation, metabolism, or testosterone, having weight loss and exposure to glucocorticoids shortly before transplant predicted reduced physical function 1 month after transplant. These results suggest that targeting nutritional status and muscle health may be appropriate strategies to reduce these effects.

This research was featured in U.S. Medicine:

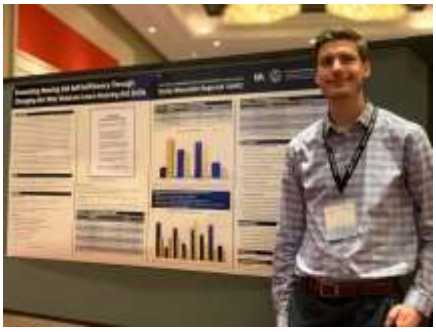
https://www.usmedicine.com/clinical-topics/hematology/study-looks-at-cachexia-after-autologous-hematopoietic-stem-cell-transplant/

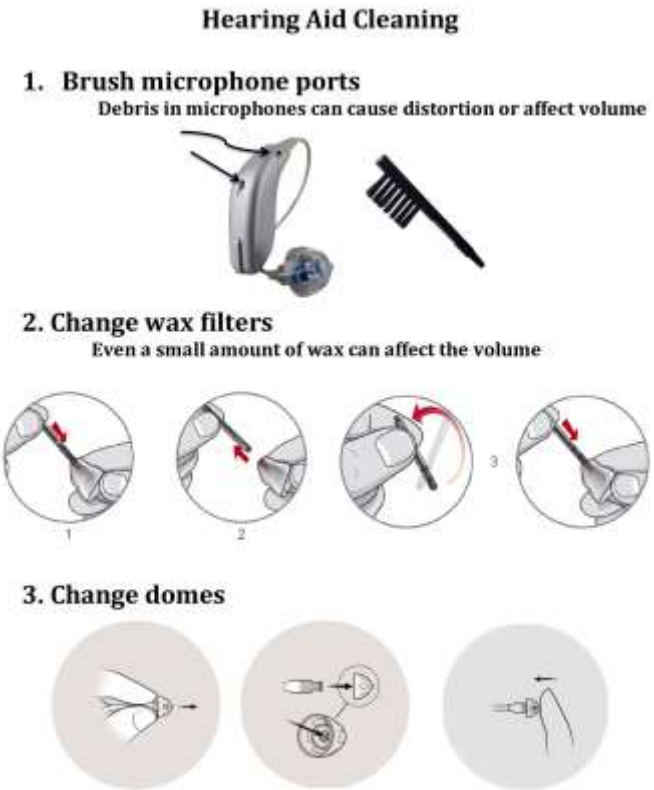
Anderson LJ, Yin C, Burciaga R. Assessing cachexia acutely after autologous stem cell transplant. *Cancers (Basel)* 2019;11(9):1300.

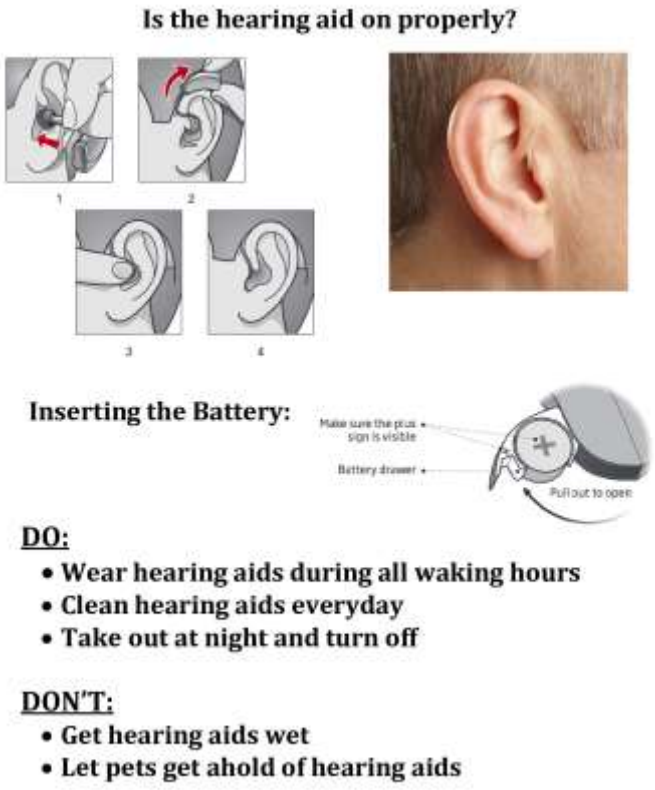
Promoting Hearing Aid Self-Sufficiency by Enhancing Skill Building, Access to Information and Caregiver Support

Eric Kinney, BA, Steven Huart, AuD, Kathryn Nearing, PhD MA, Eastern Colorado GRECC

At the RMR VAMC audiology department, we see a lot of walk-in appointments for hearing-aid related issues. In a review of 104 Veteran health records, 41% of walk-in appointments stemmed from lack of knowledge of hearing aid handing and care. Lack of knowledge and basic skills for cleaning and caring for hearing aids result in suboptimal performance and inconsistent use of these devices, which are essential to maintaining social connections and cognitive function. This project improved skill building, access to information resources and ongoing support through engagement of caregivers. To accomplish this, we provided hands-on teaching, written materials with visual references, and encouraged caregiver involvement in hearing aid fittings. With feedback from our Older Veteran Engagement Team (OVET) – Veterans who regularly provide feedback on quality improvement and clinical demonstration projects, we created a "Hearing Aid Troubleshooting Guide" – a step-by-step guide of what to do at home if a Veteran's hearing aid is not working. Two months after the initial hearing aid fitting, we conducted a phone interview, with questions also informed by OVET (e.g., What information have you used/needed to refer to? Were the materials helpful? Are you using your hearing aids consistently? Any issues, questions?). As a result of the improved training protocol and enhanced post-fitting support, within two months of implementing these changes we observed a 44% decrease in the total number of follow-up appointments due to lack of basic hearing aid skills. We also observed a significant increase in the number of Veterans who included family members at fitting appointments. Veterans are more satisfied and self-sufficient with their devices and do not have to spend time and resources visiting the clinic. This project has reduced the number of unnecessary follow-up appointments and patient wait times. Future directions: establishing regular classes for new and established hearing aid wearers.







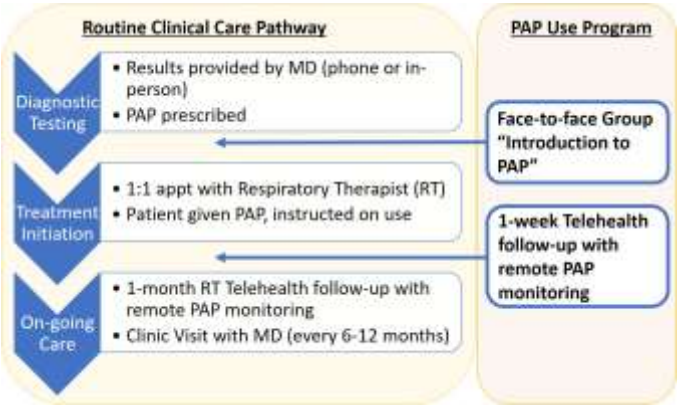
Improving Treatment of Sleep Disordered Breathing Among Older Veterans at the Greater Los Angeles GRECC

Monica Kelly, PhD; Jennifer Martin, PhD; Cathy Alessi, MD; and Michelle Zeidler, MD

Older Veterans are at elevated risk for sleep disordered breathing (SDB). This common condition is linked to numerous consequences that are especially challenging to manage in older adults, such as poor daytime functioning, metabolic and cardiac disorders, depression and suicide risk. Positive airway pressure therapy (PAP) is the recommended treatment but, unfortunately, many Veterans struggle to use PAP consistently. More PAP use during the first week of treatment predicts better long-term adherence.

VA Greater Los Angeles Healthcare System (GLA) and the GLA GRECC are collaboratively developing and evaluating a clinical program to promote PAP acceptance and adherence for Veterans newly diagnosed with SDB. Sleep is a focus area of our GLA GRECC, and an Advanced Fellowship opportunity led to this innovation in care of Veterans.

The program targets Veterans who have been recently diagnosed with SDB. Before receiving a PAP device, Veterans will be invited to attend a one-time, face-to-face group visit led by a behavioral health specialist and a respiratory therapist. The group will include education about SDB, PAP, and self-monitoring applications as well as motivational enhancement. Telehealth follow-up will occur during the first week of PAP use. Veterans who attend the PAP face-to-face group will also be invited to participate in a focus group to obtain feedback about Veteran experiences with the program. Patient characteristics (e.g. Veteran age) associated with PAP use patterns combined with focus group feedback will inform revision of program materials.



This project relates to several VA Secretary priorities including increasing telehealth access, improving customer service by enhancing the experience at the onset of treatment, and suicide prevention as sleep disruption is a known risk factor for suicidal ideation. If the program is effective, we will pursue opportunities to support further research as well as dissemination of program materials and implementation activities.

Submit to the *Forum on Aging*

We welcome submissions from GRECCs for this newsletter, including notices of awards, new staff, grants, projects, and results.

PUBLICATION DATA

Stephen Thielke, MD, Editor
Puget Sound GRECC, Associate Director for Education and Evaluation
Julie Moorer, RN, Assistant Editor
Puget Sound GRECC

Published by VA Puget Sound Health Care System, Geriatric Research, Education and Clinical Center.

For inquiries, please contact:
VAPSHCS GRECC
1660 S. Columbian Way
Seattle WA, 98108
Phone: 206-764-2308
Fax: 206-764-2569
Email: julie.moorer@va.gov

Sponsored by the Office of Geriatrics and Extended Care, VACO