

Rural Promising Practice Issue Brief: Geriatric Scholars Training Program

Executive Summary

There are too few clinicians trained in geriatrics and gerontology who practice in rural areas to care for needs of older Veterans. The Geriatric Scholars Program addresses the shortage of geriatrics skills and knowledge in U.S. Department of Veterans Affairs (VA) clinical settings by offering participants an intensive, tailored educational experience over several years. The training builds competency on how to best serve aging Veterans, particularly those vulnerable older Veterans with multiple comorbidities and functional decline. This national Program targets providers who work in rural Community Based Outpatient Clinics (CBOC) or focus on rural home-based primary care. By training clinicians already in place, this strategy increases older Veterans' access to and quality of care in the communities where they live in timely and cohesive ways.

Who Can Use This Rural Promising Practice?

Each fall, VA administrators in every Veterans Integrated Service Network (VISN) are invited to nominate participants for the Geriatric Scholars Program (at no cost to participants), including:

- Primary care providers (e.g., physicians, nurse practitioners, physician assistants)
- Clinical pharmacists
- Social workers
- Psychologists (e.g., Ph.D., Psy.D., registered M.A. level)

The Program does not currently accommodate self-nominations. Nominations are accepted from VISN offices only. For more information on the nomination process, please contact Luis Melendez at Luis.Melendez2@va.gov.

Need Addressed

Although nearly half of Veterans who seek health care annually at VA are over the age of 65, VA has a lower ratio of geriatricians in comparison to the overall U.S. average. This is even more problematic in rural areas where there are fewer specialists and the patient population is older than in urban areas. Surveys of past Geriatric Scholar Program participants indicate that 66 percent of rural CBOC patients are older Veterans, yet few primary care providers, including those in residency rotations, were trained in geriatric medicine. In 2008, the Institute of Medicine reviewed the health needs of older Americans and the health care workforce in its report, "Retooling for an Aging America: Building the Health Care Workforce." Currently, there is insufficient training in geriatrics across health care professions, too few geriatricians and poor incentives to recruit and retain professionals with developed competency skills in geriatrics. The report suggested actions to improve care for aging Americans, including education to current professionals.

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Implementation

The underlying philosophy of the Geriatric Scholars Program is continuous professional development with educational experiences tailored to each learner's knowledge and skill level, providing additional relevant learning activities over several years to build competency. This multi-modal program adheres to principles of adult learning and was designed with funding from the VA Office of Rural Health (ORH). Today, the Program also reaches non-rural clinics with support from the VA Office of Geriatrics and Extended Care. The longitudinal Geriatric Scholars Program is designed to integrate state-of-the-art geriatrics into primary care practices in rural CBOCs, as well as into clinical practices of key disciplines that support the primary care team, such as clinical pharmacists and social workers. The basic program involves intensive didactic education and implementation of a quality improvement (QI) project to demonstrate application of knowledge to meet the needs of older Veterans in the rural CBOC. In addition, the education program, which involves distance education, clinical practicum experiences, mentorship, coaching, and interdisciplinary team training, is tailored to each learner. After completion of the QI project, alumni are eligible to continue developing geriatric competencies and leadership roles in geriatrics through additional educational courses, clinical practica, mentorship, and other educational opportunities that are developed at the request of Geriatric Scholars.

Program participants earn the designation of Geriatric Scholar upon completion of four days of intensive geriatric-centric training, an intensive workshop in quality improvement, and a six-month QI project. Participants identify a need to improve care for older Veterans in their clinic(s), and structure their QI projects to address that need.

“This was one of the best decisions of my life educationally and personally, and opened my eyes to what is out there in geriatric care.”

-Geriatric Scholar, 2010

The Program is managed as a collaboration of the VA Office of Geriatrics and Extended Care and 11 Geriatric Research Education and Clinical Centers (GRECC) in partnership with the VA Employee Education System, affiliated universities, and the VA National Quality Scholars Program. Participating GRECC Associate Directors for Education provide expertise on an in-kind basis and the Program funds the cost of support personnel, development of new materials and resources, external educational event tuition, and travel.



Promising Results

The Geriatric Scholars Program is well recognized within the Veterans Health Administration (VHA) and as a result, is expanding its educational programs to all rural CBOCs in the VHA network through a geriatric skills “toolkit” and webinar series. This model of service meets the following requirements for being selected as an ORH Rural Promising Practice:

Increased Access: As of September 2016, more than 300 VA staff who work in CBOCs that serve a majority of rural Veterans participated in the Geriatric Scholars Program, in addition to 300 others who work in urban or suburban areas. In addition, one of the Program components, Rural Interdisciplinary Team Training (RITT), was disseminated to more than 900 VA clinicians and staff at 80 rural CBOCs and 80 Indian Health Service (IHS) clinicians and staff at six rural IHS clinics. To date, the Program increased access to care in rural CBOCs in all VISNs as a result of 165 local and VISN-wide QI projects that Geriatric Scholars initiate as a requirement of the course. Examples of the impact of these QI projects include:

- Utilization of cardiac rehabilitation services increased 75 percent from baseline by geriatric Veterans with coronary artery disease at the State College VA Outpatient Clinic.
- Prioritized admissions to rural, home-based primary care for “optimal home-based primary care acuity” reduced health care utilization compared to patient baseline and control group in Montana.
- Systematic dental referral program in collaboration with community partners at the Grand Island CBOC: within six months of implementation, more than 150 Veterans with low-income who were ineligible for VA dental care were referred to community partners and 56 percent received dental care.

Evidence of Clinical Impact: Evidence of clinical impact was demonstrated through a survey conducted by an external evaluator. After participating in the Geriatric Scholars Program, clinicians reported significant changes in their clinical practices. Pre/post clinical improvement in geriatrics ($p < .001$, *Journal of the American Geriatrics Society*, 2016: PMID 2769431). Another example of grass-roots diffusion of clinical practices through the VA health care system comes from the Geriatric Scholars Program’s RITT, which is offered on-site at rural CBOCs for the entire clinic. The training includes the use of geriatric “red flags” to identify geriatric clinical issues. Finally, more than 40 Geriatric Scholars spread findings of their QI projects to a national audience at the annual VA geriatric leads conference. These QI projects indicate clinical benefits for patients across a wide range of fields, including:

- More than 60 percent increase in patients meeting VA’s performance measure for lipid management in the Sussex County CBOC.
- Flu vaccinations increased to above 90 percent from 8 percent for eligible patients at the Hancock CBOC.
- Shingles vaccinations increased to more than 71 percent from 0 percent among at-risk, home-based primary care patients at the Gene Taylor CBOC.

Office of Rural Health Rural Promising Practice Criteria

Increased Access: Measurable improvements in access to care and/or services. Examples include reduction in distance traveled to care, reduction in wait times, improved care coordination and reduction in missed appointments.

Evidence of Clinical Impact: Positive results on outcomes of importance to rural Veterans based on evaluations conducted during the implementation of the program and at the end of the pilot period.

Customer Satisfaction: Increased patient, provider, partner and/or caregiver satisfaction.

Return on Investment: Improvement in health system performance by 1) reducing the per capita costs of health care, and 2) improving or at least maintaining health outcomes, and/ or 3) positively impacting the health care delivery system.

Operational Feasibility: Implementation is feasible and known barriers and facilitators of success could easily be shared across implementation sites.

Strong Partnerships and/or Working Relationships: Inclusion of VA and/or non-VA partners to maximize the efficacy of the intervention.

Additionally, an external evaluator surveyed recipients of the VA Geriatric Scholars Toolkits (respondents included non-scholars) and found that:

- 78 percent reported that the toolkits positively impacted their care of older Veterans.
- 52 percent reported changing one or more clinical practices based on the kits.
- 68 percent reported sharing toolkit information with colleagues.
- 41 percent reported sharing toolkit information with patients

Customer Satisfaction: An external survey found that 78 percent of Geriatric Scholars reported greater job satisfaction after participating in the Geriatric Scholars Program and that rural scholars were more likely ($p < .001$) than those working at urban clinics to report increased recognition in annual performance reviews. JAGS, 2016: PMID 2769341. Regular internal assessments suggest that Geriatric Scholars’ local QI projects increased patient and caregiver satisfaction. In fact, participants often receive personal letters of appreciation from Veterans and caregivers for the projects they implement.

Additionally, an external reviewer found that more than three-quarters of Geriatric Scholars self-reported that learning about geriatrics resulted in increased job satisfaction. Anecdotal evidence also suggests that participation in the Program becomes a point of professional pride for clinicians, who often introduce themselves as Geriatric Scholars during professional interactions.

Return on Investment: The Program offers significant return on investment by strengthening ambulatory and home-based primary care. Training these clinicians helps reduce preventable emergency room visits and hospitalizations—and contributes to a reduction in VA expenses accordingly. Representative examples of scholar-led QI projects with potential ROI include:

- A project that increased lipid performance measure by 63 percent with Pharmacist-led team (Sussex County CBOC).
- A project increased the flu vaccination rate from 8 to 92 percent (Hancock CBOC).
- A project that increased the shingles vaccination rate for high risk HBPC patients from 0 to 71 percent (Gene Taylor CBOC).

Additionally, the Program is cost-effective as it leverages resources from affiliated universities' external educational events and saves allocated funds by paying only the cost of tuition (approximately \$1,000 per person), instead of bearing the cost of the full Program (approximately \$1.2 million per year).

Operational Feasibility: The growth of the Program to nearly 200 rural CBOCs and more than 150 additional CBOCs in urban and suburban areas across every VISN is the greatest testament of its operational feasibility. Since 2009, more than 600 VA providers completed the Program and Geriatric Scholars served more than 283,000 Veterans. The Program's flexibility allows for annual additions and adjustments in response to learners' requests and gaps that are identified. Also, the Program expanded into other disciplines beyond primary care (nearly 240 physicians and 170 nurse practitioners, and more than 20 physician assistants trained to date) to include nearly 100 pharmacists, 60 social workers and 55 psychologists. Efforts are also underway to adapt the Program to meet the needs of VA rehabilitation therapists (OT/PT).

Within VA, the Program is used as the model for a palliative care scholars program. Additionally, in line with VA and ORH's commitment to develop partnerships beyond the VA system, the Program's model of continuing professional education was adapted by community practitioners in western and central New York. RITT is now offered to practitioners within IHS.

Strong Partnerships and/or Working Relationships: The Program fosters strong relationships and ongoing partnerships within and beyond VA. Geriatric Scholars become local geriatric champions, disseminating education in peer-to-peer teachings and demonstrating competency skills in care for older, rural Veterans. Peer-to-peer education (i.e., teach-back) is an outcome of participation in the Geriatric Scholars

Program for more than three-quarters of Geriatric Scholars and more than two-thirds of Geriatric Scholars Program Toolkit users. The popularity and lasting impact of the Geriatric Scholars Program prompted the spin-off virtual learning community at www.GeriScholars.org that is managed by the VA GRECC in Bronx, New York.

Additionally, GRECCs become a hub for collaborative educational projects that harness extensive expertise developed within the VA and during the Program. Ten of the 20 GRECCs collaborate in nationwide Geriatric Scholars Program activities and additional GRECCs also offer clinical practicum or web-based educational and consultations activities. The VA Employee Education System is also an important partner in accrediting the Program's numerous educational activities each year. Each Geriatric Scholars Learning activity is accredited for one to 42 hours of CME depending on the length of the program.

The Geriatric Scholars Program has participants in every VISN. VISN-level administrators are key partners in the annual nominations effort for the Program, and encourage QI project completion at specific sites. They also promote Geriatric Scholars Program trainings and products across their facilities. To strengthen the Program's relationship with each VISN and make VISN leaders aware of the Program's potential, VISN-level staff have been invited to recent courses—with seven attending since 2014. Likewise, the VA Employee Education System accredits, promotes and ensures the quality of workshops and discipline-specific intensive courses, QI courses, clinical practica, and RITT programs. The VA Office of Geriatrics and Extended Care and ORH provide expertise and support in the implementation of the Program.

Outside of VA, the Program's academic affiliates offer high-quality educational programs with VA-paid tuition costs for Geriatric Scholars at a fraction of the cost for VA to independently develop an intensive educational program. Partners include Harvard Medical School; Icahn School of Medicine at Mount Sinai; David Geffen School of Medicine at the University of California, Los Angeles; the University of Wisconsin Medical School; and the Medical College of Wisconsin. In fact, every GRECC is affiliated with a university school of medicine and many VA clinicians have affiliations with that university, often as faculty. These ties create direct lines to course conveners for the Geriatric Scholars.

Community partners from local rural Area Agencies on Aging and local health and human services programs often partner with Geriatric Scholars to implement their QI projects.

The Indian Health Service, an agency of the U.S. Department of Health and Human Services, also partners with the national Program for joint education collaborations to serve the rural Native Veteran population. Geriatric Scholars Program webinars are also announced to other federal partners through HHS' Health Resources Services Administration (HRSA) and accreditation for community participants is available. The Program also partnered with a HRSA-funded Geriatric Workforce Enhancement Program.



Adoption Considerations

There are several considerations that applicants or those interested in the Geriatric Scholars Program should keep in mind:

- The year-to-year funding basis under which the Program currently operates creates challenges, impedes recruitment of high-quality personnel and prevents development of many new and complex multi-year education programs. Travel expenses for Geriatric Scholars also depend on consistent funding streams.
- The Program operates with approximately 30 full-time employee equivalents nationwide, many of whom donate time to the Program. As a result, expansion may be limited to ensure staffing is maintained.
- Coordination of the Program's many facets and collaborative activities is essential and requires strong leadership and vision, as well as excellent management skills.

Conclusion and Next Steps

Findings suggest that this educational model for continuous professional development may be applied VHA system-wide to other areas of specialized knowledge. The Program was disseminated to the Western Medical Foundation and considered by other VA personnel for specialized training, such as palliative care. That said, expansion of the full Program or its components beyond the VA health system requires additional considerations on a case-by-case basis due to differences between VA's managed care system and the community care approach. Of course, wider community implementation also requires tailoring of materials according to the needs of each situation.

Each year, the Program expanded its educational activities in response to learners' needs. For instance, an advanced learner track was created to focus on clinical leadership and management and on specialized areas of care. Program components were also expanded. For example, RITT is now offered to IHS. Future new components may include enhancing educational programs with clinical consultation to improve the immediate practical aspect of the training.

Benefits of the Program include statements by VA clinicians that express improvements in care, access to care and job satisfaction.

Available Resources

The project leads of this Rural Promising Practice created several resources for potential Geriatric Scholars Program applicants, as well as those who are interested in expanding geriatric care. The resources are:

- Geriatric Scholars Program Learning Community at <http://vaww.portal.gla.med.va.gov/sites/GRECCNew/scholars/default.aspx> (NOTE: This is an internal VA site; the link will not work for those outside of the VA firewall)
- Geriatric Scholars online community at <http://www.gerischolars.org/>

Access more information from the ORH Rural Promising Practices website at http://www.ruralhealth.va.gov/providers/promising_practices.asp, or from the GRECC Geriatric Scholars Program website at http://www.va.gov/GRECC/GRECC_Educational_Events_and_Products.asp.

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To Learn More

The U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH) implements a targeted, solution-driven approach to increase access to care for the 3 million Veterans living in rural communities who rely on VA for health care. As VA's lead advocate for rural Veterans, ORH works to see that America's Veterans thrive in rural communities. To accomplish this, ORH leverages its resources to study, innovate and spread enterprise-wide initiatives through partnerships. To discuss implementing a Rural Promising Practice at your facility or to learn more, visit www.ruralhealth.va.gov or email rural.health.inquiry@va.gov.

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