



# **Geriatrics Workforce Enhancement Program**

**Advisory Committee on Interdisciplinary, Community-Based Linkages** 

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Vision: Healthy Communities, Healthy People



# **Agenda**

- Geriatrics Workforce Enhancement Program
- Questions and Answers
- Discussions





# **Bureau of Health Workforce (BHW)**

MISSION: Improve the health of underserved and vulnerable populations by

- strengthening the health workforce and
- connecting skilled professionals to communities in need.







### **HRSA Workforce Programs Aim to Address:**

Access

Increase access to health care for underserved and vulnerable populations

Supply

Promote equilibrium in the supply and address shortages of health professionals

Distribution

Improve workforce distribution so all parts of the U.S. have an adequate number of providers to meet the demand for care

Quality

Develop a quality health workforce that is trained in and employs evidence-based techniques that reflect better patient care





### **BHW Strategies for Success**







#### The Future Health Workforce

BHW will continue to strengthen the health workforce and support clinicians working in rural and underserved areas by making strategic investments in our programs.

#### Education

Building a diverse and well-trained workforce committed to improving the health of the underserved

#### Training

Incorporating education and training as an essential component of quality improvement and workforce retention

#### Service

Connecting a quality health workforce to our underserved and rural communities







### **Geriatrics Workforce Enhancement Program (GWEP)**

#### **Purpose**

- Develop a healthcare workforce to provide **value-based care** that improves health outcomes for older adults by maximizing patient and family engagement and integrating geriatrics and primary care.
- Age-Friendly Health Systems Framework
- 48 grant recipients
- FY2023 Geriatrics Appropriation: \$47,245,000





### **GWEP Education and Training**







#### **Value-Based Care**

#### **Definition**

• A form of reimbursement that ties payments for care delivery to quality of care provided. It supports better care for individuals, better health for populations, and lower costs.





### **Objectives of GWEP**

- 1. Develop partnerships to educate and train a workforce to provide value-based care that improves health outcomes for older adults.
  - a. Academia
  - b. Primary Care Delivery Sites/Systems
  - c. Community-Based Oganizations





# **Objectives of GWEP (con't)**

- 2. Train geriatrics specialists, primary care providers, and health professions students, residents, fellows, faculty, and direct care workers to assess and address the primary care needs of older adults, including:
  - The continuum of care for older adults,
  - Mental health issues,
  - Social determinants of health,
  - Individual, community and population level approaches,
  - Telehealth technology, as appropriate.





# **Objectives of GWEP (con't)**

- 3. Transform clinical training environments into integrated geriatrics and primary care systems
- a. Age-friendly health systems
  - a. What Matters to the older adult;
  - b. Medication;
  - c. Mentation; and
  - d. Mobility.
- b. Value-based care and alternative-payment models
  - a. ACOs,
  - b. Advanced Alternative Payment Models,
  - c. Bundled payment,
  - d. Comprehensive Primary Care Plus





# **Objectives of GWEP (con't)**

- 4. Deliver community-based programs that provide individuals, patients, families, and caregivers with the knowledge and skills to improve health outcomes for older adults.
- 5. Provide dementia training to direct care workers, healthcare providers, health professions students, residents, fellows and faculty, and individuals, patients, families, caregivers
  - a. Impact of cognitive and behavioral impairments on medical care throughout the course of illness,
  - b. Value of supporting dementia-friendly communities,
  - c. Recruit older adults into research, when appropriate.



### **Program Requirements**

- Interprofessional collaboration is a required component of all project objectives.
- Medicine must be one of the professions included in all interprofessional activities.
- Applicants must have at least one primary care site that is a community based primary care site.
- The ADRD budget must be \$100,000 or more annually.





# 4 Required CMS Merit-Based Incentive Payment Systems (MIPS) Measures

- **Dementia Caregiver Education and Support:** Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional resources for support within a 12 month period.
- Evaluation or Interview for Risk of Opioid Misuse: All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g., Opioid Risk Tool, Screener and Opioid Assessment for Patients with Pain-Revised [SOAPP-R]) or patient interview documented at least once during Opioid Therapy in the medical record.
- Care Plan: Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.
- Screening for Future Fall Risk: Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.





## **Examples of Additional Measures**

- Medication Management
- 30-Day Readmission
- Colorectal Cancer Screening
- Diabetes
- High Blood Pressure





### **2019 Geographic Distribution**

- 35 states and 2 territories
- 7 states have 35% of the awards
- One state with 4 GWEPs: CA
- One city in a state with three GWEPs: Chicago, IL
- Five states with two GWEPs each:
  - IN, NV, NY, PA, and TX
- 30 states/territories with one GWEP each:
  - AR, CO, CT, FL, GA, GU, HI, IA, KY, LA, MA, MD, ME, MN, MO, MT, NC, ND, NE, NH, NJ, OH, OK, PR, RI, TN, UT, VA, WA, and WY

(See map on next page)



### **GWEP Cohort 2019**



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#### **Discussion**

- 1. How would you recommend that we could improve geographic distribution of the GWEPs?
- 2. How can we increase the pool of applicants to include programs that address AND represent underserved communities?
- 3. How would you recommend we improve the measurement of patient outcomes?
- 4. How can we better address social determinants of health in a manner that encourages applicants to take it seriously?
- 5. Given the increasing numbers of individuals with dementia, what percentage of GWEP funding do you recommend for dementia training?





### **Questions**







#### **Contact Us**

[Name]

[Title]

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