

Meeting of the Geriatrics and Gerontology Advisory Committee
May 2, 2005
Hotel Washington, Washington DC

Participants:

Chair:

Itamar B. Abrass, MD

Members:

Norman Abeles, MA, PhD
Adrian Atizado
Robert P. Carbonneau
Joann Damron-Rodriguez, LCSW, PhD
John Derr, RPh
Terry Fulmer, PhD, RN, FAAN
Jade Gong, RN, MPPM
Mary Jane Koren, MD, PPH
Michael J. O'Rourke
Richard C. Veith, MD
Thomas Yoshikawa, MD

Ex-Officio Members:

Judith A. Salerno, MD, MS

Staff:

James F. Burris, MD
Susan G. Cooley, PhD (via telephone)
Kenneth Shay, DDS, MS

Guests:

Jon Fuller, MD
Theresa Gleason, PhD
Mary Lou Guihan, PhD (via telephone)
Susan Hedrick, PhD (via telephone)
Anne Hendricks, PhD (via telephone)
Elaine Hickey, PhD (via telephone)
Frances Murphy, MD, Deputy Under Secretary for Health
The Honorable Gordon Mansfield, Deputy Secretary for Veterans Affairs
Brian Schuster, Ph
Neil Thakur, PhD
Fran Weaver, PhD (via telephone)

Roll call, review of agenda, and approval of minutes

Dr. Abrass convened the meeting and requested that each participant introduce him- or herself to the group. He then noted that the inability of the Under Secretary and the Deputy Under

Secretary would necessitate some agenda rearrangement. Dr. Shay agreed to provide his presentation.

Dr. Abrass affirmed with the Committee's assent that the minutes of the two prior meetings were acceptable as written.

Announcements

Dr. Abrass noted that Dr. Perlin has been confirmed and will be soon sworn in as Under Secretary for Health.

Comments of the Deputy Secretary, The Honorable Gordon Mansfield

Dr. Abrass introduced Mr. Mansfield, who transmitted the Secretary's gratitude and greetings to GGAC. He noted the importance of partnerships for successful government and policy, and cited GGAC as one example, and GRECCs as another. Dr. Salerno asked for clarification of the President's proposed budget that reduces support for nursing home care in VHA. The Deputy Secretary responded that the Administration was exercising fiscal responsibility and was focusing its resources on those who need them the most: the service-connected, special needs, and post-acute care veterans. He then concluded his time with GGAC by presenting certificates of appointment to the two newest members, Dr. Veith and Mr. Derr.

GRECC Site Visits

The Chair reviewed for the group the site visits of the prior year. Salt Lake City is close to making an offer to a Director. Minneapolis shows promising signs of receiving enhanced support from its VISN but will need to continue to be watched closely. Cleveland, which has been under closer scrutiny for a year or more, continues to under perform largely due to the continuing absence of a Director. A promising recruitment possibility recently fell through and renewed efforts are under way—a site visit is warranted before too long unless their performance dramatically turns around. Birmingham was found to be acceptable as was Bronx; both of those site visits will result in decision memos to the Secretary for official GRECC designation.

The Chair reminded the group that the decision had been made at the September meeting that a review of the two Los Angeles-Area GRECCs (West Los Angeles and Sepulveda) was due, as much to check the status of the proposed integration as to learn more about the relatively unremarkable grant procurement performance of the West LA program. Gainesville has a new Director after several years of suboptimal performance and merits a visit. St. Louis has been a consistently low performer in grant awards and is due as well. Pittsburgh had provided a relatively unsatisfactory progress report after its approval as a GRECC—but the departure of its Director suggested to the Committee that a subsequent site visit should be delayed until a new Director was in place. Dr. Steven Graham has assumed that position and an early-FY2006 site visit is in order.

GRECC Performance (Dr. Shay, Dr. Cooley)

Drs. Shay and Cooley provided information to the group on what VACO-GEC had been doing with the GRECCs in the aftermath of Marsha Goodwin's death. Dr. Shay characterized the efforts as three-fold: first, to enhance VACO-GRECC linkages; second, to foster GRECC-

GRECC linkages; and lastly, to bolster the knowledge and stature of GRECCs within VHA and to the National Leadership Board.

VACO-GRECC efforts have been at the heart of the recently-initiated series of calls between individual GRECCs' leadership teams and Drs. Cooley and Shay. The calls have involved page-by-page reviews of the annual report narratives, directed at making sure the GRECCs understand the purpose of the different parts of the report and the expectations of staff. To that end, Dr. Cooley spoke of the improvements to the annual reporting process that accompany electronic submission and the ongoing efforts to refine that. Reports offer keyword search, downloadable data, and direct calculation of Performance Measures. The GRECCs' annual identification of problem areas will be rolled up for presentation at the next GGAC meeting.

GRECC-GRECC linkages have been fostered through several efforts. One is the monthly calls among GRECC Directors, which have led to the development of the GRECC Directors Association, chaired by Robert Dittus of the Tennessee Valley GRECC. There are three committees that do most of the work of the group: the GRECC Advocacy Committee (chaired by Dennis Sullivan of Little Rock); the GRECC Management Committee (Chaired by John Breitner of Puget Sound GRECC) and the Geriatrics and Gerontology Advocacy Committee (Chaired by Mark Supiano of the Ann Arbor GRECC). Sullivan's group is focusing on addressing concerns that GRECCs are apparently not perceived in a sufficiently positive light. They are looking into the origins of the perception and developing recommendations to rectify misperceptions—a "marketing strategy" to ensure that the positive attributes of GRECCs are brought to the attention of policy-makers. A major concern within this group is how best to elicit the Under Secretary's statement of support for GRECCs. Breitner's group is looking at several matters that are of shared concern with GGAC: the validity of performance measures; the potential benefits that may be derived from a suitable relationship with a GRECC Advisory Committee; the "drift" of GRECC foci from unifying themes to a variety of investigations into topics in aging; and the accurate tracking of the fiscal and workload indices ascribed to GRECCs. Supiano's group is focusing on two areas: the expertise in Aging that GRECCs can offer to Merit Review groups and what the GRECCS need to do to support VA's drive to foster the growth of a cadre of expertise in clinical aging research.

Dr. Damron-Rodriguez cautioned that a "marketing approach" with respect to the GRECCs must not minimize the importance of the data that suggest that there is concerning under performance on the part of an unsettling number of GRECCs. Dr. Abrass noted that input regarding the management issues of the GRECCs—particularly the Performance Measures—was very welcome although not automatically decisive. Dr. Veith noted that a source of tension in VA derives from administrators with clinical expectations viewing the GRECCs as unfulfilled promises for clinical support—and as financial pressures mount, that disconnect becomes more and more ominous.

Dr. Cooley expanded on the work of Dr. Supiano's group. Enhanced interactions with the Office of Research and Development have finally resulted in the addition of a "GRECC Identifier" to the RDIS database, so that the GRECC-derived research support from each site can be readily identified. She and Dr. Supiano are working on an update of the list of aging research priorities,

and on pulling together an AGS VA Research Symposium for 2006. There are 13 “aging” research proposals for review this year—while short of the 24 targeted, is up substantially from prior years.

Dr. Shay expanded on the Education aspect of GRECC-GRECC linkages. For over a year he has convened monthly GRECC Associate Director for Education/Evaluation calls. A list of exportable products is being developed and the group is providing their input to VHA’s list of educational priorities for EES annually. A concern is that EES’s support of GRECCs is in peril due to EES budget cuts and uncertainty on EES’s part why they have been supporting the GRECCs since the decentralization of GRECC funding in 1997. He noted that the memorandum from then-Under Secretary Kizer decentralizing support of GRECCs did not specify how the education mission of GRECCs was to be supported, leaving it up to interpretation that the parent VISN was responsible.

VHA awareness of appreciation for GRECCs is caught up with multidimensional factors. Dr. Koren noted that the Performance Measures do not seem to be key to VISN or VAMC Directors’ own performance—as such, on what basis would they care how the GRECCs perform? Drs. Fulmer and Veith pointed out the unreasonableness of holding the GRECCs to performance in educational contexts when little to no support was provided to further that mission.

Dr. Abrass discussed the importance of securing a restatement for GRECC support by the Under Secretary. The main concern has been filling vacant positions. He cited Pittsburgh, Salt Lake City, Minneapolis, and Cleveland as recent examples; Dr. Shay noted the multi-year vacancies in Madison (AD/EE) and San Antonio (AD/C) as well. Administrative Officer vacancies are of particular concern: Minneapolis, Salt Lake, Nashville, Birmingham, Cleveland, and St. Louis.

Aging Research and the VHA Office of Research and Development (Drs. Schuster and Gleason)

Dr. Abrass then introduced guests from the Office of Research and Development (ORD), Dr. Brian Schuster and Dr. Theresa Gleason. Dr. Schuster stated that he wanted to share the philosophy of ORD with respect to aging. He presented data that illustrated how robust ORD’s research portfolio was with respect to aging. He noted that many of the foci of ORD, such as vascular disease, diabetes, and osteoarthritis, are dominantly issues of older persons and defended the review of proposals submitted under “aging” by, instead, various specialty-specific study sections. He believes it is preferable for each study section to have aging expertise among its members, rather than to have a specific “aging” section which then has to have a large and less-frequently drawn upon panel of specialty expertise from the other areas. He also spoke of the efforts of ORD to build greater expertise in clinical research through the Research Career Development Awards program. GGAC members took issue with the contention that a research portfolio heavy with diseases prevalent in the elderly was the same as a portfolio rich in aging research, but agreed it was important to build geriatrics expertise within the other specialty study sections. Drs. Yoshikawa and Cooley offered to provide Dr. Schuster with some broadly-accepted definitions of “aging research” and encouraged him to urge ORD to adopt one of those when determining what proportion of the portfolio is “aging research”. Dr. Veith inquired whether ORD had a stand on the efforts by some VAs to bring in funding through their

“Research Corporations” instead of their university affiliate so that a larger proportion of their indirect costs could remain with the VA—Dr. Schuster was unaware of the mechanism but agreed it held promise.

Interagency Coordination: Deputy Under Secretary for Health Policy Integration Dr. Murphy
Dr. Abrass introduced Dr. Frances Murphy, who spoke of emerging partnerships between VHA and other entities: primarily DHHS but other federal and non-profit groups as well. Initiatives of late have addressed health policy, health technology, mental health, healthcare quality and safety, innovations, health program rehabilitation in Afghanistan and Iraq. She gave several specific examples, including

- a Memorandum of Understanding with CMS regarding nursing home quality;
- surgical quality-improvement initiatives focusing on site infections, peri-operative cardiovascular events, pulmonary embolism, and post-op pneumonia;
- resources exchanges with the Bureau of Indian Affairs and their Task Force on Older Indians (census issues; diabetes; cultural competency; seamless records coordination for users of both health systems; home care approaches; cross-training between PHS and VA that both address staffing shortages and ensure continued competencies);
- Involvement by VA with the goals of the New Freedom Commission to revise the existing paradigms of mental illness.

Millennium Act Pilot Programs: Drs. Thakur, Guihan, Hedrick, Hendricks, Hickey, and Weaver
Susan Hedrick briefly reviewed the key points of the Assisted Living Pilot Program (ALPP) for the group:

- 789 veterans placed at 142 sites in 4 states;
- Three types of facilities were involved: apartment, residential care facility, and adult foster home;
- Typical participant was male, aged 70, unmarried, NSC, 1.8 ADL dependencies;
- Little change in health status occurred over the study, although health services utilization increased;
- Implementation is feasible although the administrative complexities attending the contracting process suggest that there needs to be a minimum size for a program to be viable.

Then Fran Weaver briefly reviewed the All-Inclusive Care (AIC) pilots for the group:

- Three models were piloted: VA as Sole Provider (VA Dayton), VA as Community Partner (VA Denver) and VA as Care Coordinator (VA Columbia SC);
- Most participants were NSC, raising questions on the applicability of these findings to a veteran population entitled to nursing home care;
- Costs were difficult to analyze;
- Delayed institutionalization was also difficult to demonstrate although fewer than 20% at each site were placed into nursing homes by the end of the pilots; and
- Patient, caregiver, and provider satisfaction with the program were high.

Dr. Salerno observed that almost 2/3 of the cost for AIC is incurred in case management activities; could the investigators speculate on whether there would be an economy of scale realized for larger programs? They agreed that this was an interesting question but not one that

could be addressed with these data. Dr. Koren noted that differences in the study populations made it impossible to effectively compare the different models. Dr. Hickey concurred and stressed that the original charge had been to assess whether such programs could be implemented in a VA setting, and if so, whether the programs could reduce nursing home placement and days of hospitalization. Ms. Gong inquired whether the investigators felt the data supported the use of one approach over another for a veteran population. Dr. Guihan noted that each model had advantages and disadvantages but, by nature of its hybrid character, VA as Community Partner likely was the most broadly applicable. Dr. Abeles asked for examples of how contracting had posed difficulties and was given two: first, that many contractors were non-English-speaking homes furnishing adult foster care services and were therefore unfamiliar with the complex federal contracting process; and second, that Department of Labor requirements applied to some services by virtue of federal contracting in ways that would not occur under a non-federal payer.

2006 White House Conference on Aging: Dr. Jon Fuller

Dr. Abrass introduced VA physician Jon Fuller of the Palo Alto VAMC who is currently on detail to VA Central Office to assist in VA's input into the 2006 WHCOA. Dr. Fuller provided an overview of the WHCOA, its historic precedents, some prominent results of prior Conferences, the mix of participants, and the different pre-conference activities that furnish the resolutions constituting the business of the WHCOA. He noted that approximately 400 delegates to the conference are not automatically so entitled by virtue of existing governmental involvement (state and Congressional) and described the process by which GGAC members could receive consideration to be selected as delegates. The major themes of the 2006 WHCOA will be planning along the lifespan, the workplace of the future, community health and long-term living, social engagement, and the marketplace. He stressed that the discussions and sub-conferences attendant to the WHCOA were more the sources for future policy advances than the conference itself—which is a rather pro-forma event.

GGAC Consideration for White Papers, Congressional Testimony, and Input to Under Secretary

Dr. Abrass reviewed the charge to the GGAC. Dr. Yoshikawa noted that GGAC input on the directions VHA is taking in long term care would be appropriate. In the ten years since the "Crossroads" report, VHA has undertaken changes but still has a long way to go. Dr. Fulmer had drafted a statement to this effect a few years ago but the effort was never completed. Concerns were raised that the strong focus in VHA on telehealth, while a promising set of interventions for assisting in the management of chronic disease, was not a replacement for long term care—yet some of the impetus for building non-institutional alternatives for long term care is being diluted by efforts directed at disseminating telehealth. Dr. Salerno stressed that the emphasis on non-institutional models is also diluting awareness of the need for retaining and optimizing institutional environments. Dr. Koren, Mr. Derr, Mr. Atizado, and Ms. Gong volunteered to work with Dr. Shay to draft a white paper bringing these concepts together for communication to VHA and the Congressional oversight committees. Dr. Yoshikawa suggested that review of the paper should be undertaken by field-based VA health providers because of the particular range of expertise and perspectives they would bring to the table. Members also requested hearing again from Dr. Darkins on VA's progress in telehealth.

Dr. Abrass then raised the prospect of requesting the Under Secretary to issue a statement to the VISNs reminding them of their obligation to support the GRECCs. He had received verbal

confirmation from Dr. Kussman last fall that the Deputy and the Under Secretary favored doing this, but because both were at that time in an “acting” capacity GGAC had held off. Dr. Damron-Rodriguez emphasized the importance of GRECC performance measures to the memorandum; Dr. Veith stressed that it seemed unreasonable to hold the GRECCs accountable for activities, such as education, for which support was dwindling. Dr. Damron-Rodriguez stressed the particular impact funding shortages have on geriatrics training for non-physicians, with recruitment performance falling far short of goals. Dr. Abrass agreed but felt this issue should be kept separate from the unfilled vacancies. Dr. Yoshikawa suggested that the development of a memo for the Under Secretary be developed with the language of the original enabling legislation kept in mind. Dr. Shay noted that the GRECC leadership was fairly united in objecting to some of the performance measures and would be discussing suggested revisions at their meeting in August. He also noted the concern voiced by some directors, that their facility leadership was under no pressure to support the GRECC’s achievement of GRECC Performance Measures, although they feel significant pressure—and therefore target resources—to meeting the latter. Mr. Carbonneau noted that, although we have heard anecdotally that there was inadequate support for new GRECCs, he knew of no VISN or VA directors actively seeking to eliminate their GRECCs.

Next meeting

Members consulted calendars and agreed on September 14-15 as the timing for the next face to face meeting. Dr. Shay will provide copies of both HSR&D analyses of the pilots to members, to review at that time; he will also strive as much as possible to provide materials in advance.