

**2005 White House Conference on Aging
Final Report and Recommendations by the
Mini-Conference on Geriatric Health Care Workforce Issues**
held on
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Bethesda, MD

Executive Summary

The public and private sectors should take specific and directed action to address the increasing need for a well-trained geriatric health care workforce. Through Federal leadership and public and private partnerships, this effort should ensure the highest quality of life for America's aging population. The following three recommendations are proposed to address these policy goals.

Recommendation 1: Educate and train all health care professionals, health professions students, and direct care workers in the requisite knowledge, skills, and attitudes to provide patient/person-centered, evidence-based, and coordinated interdisciplinary geriatric care and aging services. This care must be available across the continuum in ambulatory, acute, home and community-based services, assisted living, and long-term care settings.

Recommendation 2: Support the recruitment and retention of an adequate number of health care professionals and direct care workers, and faculty to train the health care workforce to provide patient/person-centered, evidence-based, and interdisciplinary geriatric care and aging services.

Recommendation 3: Provide reimbursement support through the Centers for Medicare and Medicaid Services for interdisciplinary geriatric teams to provide patient/person centered, evidence-based care in ambulatory, acute, home and community-based services, assisted living, and long-term care settings.

Priority #1: Educating the Health Care Workforce

Background: Despite older Americans' huge demand for health services and resources, most health care professionals and direct care workers are unprepared to provide health care for the aging population either as a specialist in geriatrics or as a generalist with basic geriatric education and training. The current shortage of geriatricians is expected to worsen. Today there are approximately 6,600 certified geriatricians when it is projected that 36,000 geriatricians are needed by 2030. Less than 1% of nurses are certified in geriatrics and only 3% of advanced practice nurses specialize in care of the older adult. Less than one-third of one percent of physical therapists are certified in geriatrics and of the more than 200,000 pharmacists, only 720 have a geriatric certification. Social workers have no national certification for geriatric social work and registered dietitians and dietetic technicians have no formal program in geriatric nutrition. Furthermore, similar evidence of the dearth of basic geriatric education and training appears across health care professions of all disciplines. Less than 3% of current medical students take any elective courses in geriatrics. Only 23% of nursing programs had any required courses in geriatrics and only 14% had any elective courses. The majority of direct care workers have no formal training specific to geriatrics.

Recommendation: Educate and train all health care professionals, health professions students, and direct care workers in the requisite knowledge, skills, and attitudes to provide patient/person-centered, evidence-based, and coordinated interdisciplinary geriatric care and aging services. This care must be available across the continuum in ambulatory, acute, home and community-based services, assisted living, and long-term care settings.

Implementation Strategy:

- Congress and the Administration should redirect funding for Graduate Medical Education beyond reimbursement to hospitals, to support interdisciplinary geriatric training and education in other settings across the continuum to include hospitals, ambulatory, institutional, assisted living, and home and community-based settings.
- Authorizing legislation for geriatric education and training programs in the US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions should be expanded to include direct care workers and family caregivers, in support of building an infrastructure that is prepared to respond to the growth of the aging population and expansion of home and community-based services.
- Accrediting bodies, educational institutions, licensing boards, professional associations, and other health care provider organizations must establish competencies in aging, geriatrics, and interdisciplinary models of care and include geriatric-related content in licensing and certifying examinations.
- The Institute of Medicine or a similar body should produce a comprehensive report and provide recommendations on education, training, and service methods the health care

workforce can employ to produce optimal, quality geriatric care that incorporates coordinated and properly trained interdisciplinary teams.

Priority #2: Recruitment and Retention of Health Care Providers and Faculty into Geriatrics

Background: The projected growth in the numbers of the older adult population has created an unparalleled urgency for qualified geriatric health care providers. The United States has a limited number of health care providers that have been recruited and retained to provide geriatric health care. The lack of educational opportunities and career mobility, and inadequate employment policies, has created a high annual turnover rate of nurse's aides in nursing homes, which range from 40 percent to more than 100 percent. The United States is also faced with a severe nursing shortage. The number of new nurses entering the profession is insufficient to replace those nurses who are retiring or leaving the field for other reasons and this is particularly evident in the area of geriatric nursing. Limited reimbursement has hampered board certification in geriatrics by many physicians and psychiatrists. Many board certified geriatricians and geropsychiatrists are retiring and there is a paucity of fellows who are entering the field to replace them. Educational debt has also negatively influenced physicians from entering the geriatric workforce. In addition, the educational system's ability to address the need for geriatric health care practitioners is compromised by a severe shortage of health care faculty trained in geriatrics who are capable of teaching health care providers to care for the elderly. There are currently only 600 physician faculty teaching geriatrics, but estimates are that more than 1,450 will be needed to prepare physicians to care for older individuals. Other health care fields such as nursing have similar deficits. For instance, of the approximately 670 baccalaureate nursing programs in existence, 58% had no full-time and 80% had no part-time faculty certified in geriatric nursing. Of the 88 accredited schools of pharmacy, less than one-half include any full-time faculty who specialize in geriatrics; most have practice-based or adjunct faculty who teach experiential courses with some geriatrics content.

Recommendation: Support the recruitment and retention of an adequate number of health care professionals and direct care workers, and faculty to train the health care workforce to provide patient/person-centered, evidence-based, and interdisciplinary geriatric care and aging services.

Implementation Strategy:

- Congress and the Administration must provide financial incentives in the form of educational loan forgiveness, student stipends, training grants, and fellowships to attract health professions students from diverse backgrounds to provide patient/person-centered, evidence-based, and interdisciplinary geriatric care and aging services.
- States must provide financial incentives in the form of continuing education and career ladders to attract and retain direct care workers to provide patient/person-centered, evidence-based, and interdisciplinary geriatric care and aging services.

- Congress, the Administration, States and the long-term care industry must work together to develop mechanisms to improve recruitment and retention of direct care workers through improved wage, salary, pension, and health care benefit packages, and improve work place policies.
- Congress and the Administration must provide funding mechanisms to recruit and retain faculty in geriatrics through career development programs in clinical teaching or research for academic geriatricians and doctorally-prepared non-physician academic health care professionals in their early, middle, and senior careers.

Priority #3: Interdisciplinary Team Reimbursement

Background: Currently, 82% of the Medicare population has at least one chronic condition and more than two-thirds have more than one chronic condition. Two-thirds of all Medicare spending is attributed to 20% of beneficiaries with 5 or more chronic conditions. Evaluation and management of multiple chronic health problems in older individuals require significantly longer office or home visits and coordination of additional medical or supportive services. However, health care providers are not adequately compensated for the extra time needed to properly assess and coordinate care for older adult patients, making their care financially unattractive. Furthermore, the current Medicare program does not adequately reimburse health care professionals for providing interdisciplinary, integrated, and coordinated health care across the continuum of care settings. Alternatives to institutional care, such as home and community-based services, provide health care to older adults who want to stay in familiar surroundings, retain autonomy, and maintain a maximum level of physical, social, and cognitive function.

Recommendation: Provide reimbursement support through the Centers for Medicare and Medicaid Services for interdisciplinary geriatric teams to provide patient/person centered, evidence-based care in ambulatory, acute, home and community-based services, assisted living, and long-term care settings.

Implementation Strategy:

- Congress should mandate that the Centers for Medicare and Medicaid Services conduct demonstration projects to evaluate reimbursement structure for interdisciplinary geriatric team care.
- Congress should mandate that the Centers for Medicare and Medicaid provide reimbursement for best practices in interdisciplinary geriatric team care across the care continuum.
- Congress and the Administration should increase Older Americans Act funding for the State Units on Aging to develop replicable model(s) of coordinated interdisciplinary care in partnership with academic institutions.