ABSTRACT: 2015 ELAM Institutional Action Project Poster Symposium

Project Title: Developing a Program of Excellence in Geriatric Care and Lifespan Wellness

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Background, Challenge or Opportunity: Our aging demographic in Iowa demands that we attend to the health care needs of the rural aging population. This project promotes UI leadership in aging and integrates multiple new resources in geriatric care.

Purpose/Objectives: To organize the framework for a program of excellence in the promotion of clinical service and education, to achieve the optimum quality of life for the older patient.

Methods/Approach: Initial steps included a SWOT analysis. Strengths included a large unmet need for increased geriatric care and a strong positive response from rural and community providers. Weaknesses included a critically low mass of experts in geriatrics, a need for increasing tele-health services, but potentially poor uptake in rural areas. Opportunities included new resources at the Center on Aging which had been revitalized. Threats included challenges in interdepartmental collaboration, competing for other institutional resources and a lack of recognition that “lifespan” resources for geriatrics should parallel those in pediatrics. First, stakeholders were identified: 1) Aging Iowans and their families/caregivers, 2) Faculty in geriatrics, 3) UI VP for Medical Affairs who recognized the need for growth, 4) Regents of Iowa who also recognized need for aging leadership and 5) New initiatives at Iowa e.g., CTSA application and new center for e-health. The process included interaction with stakeholders to organize a plan for integration of aging programs, which include the Center on Aging, HRSA funded Geriatric Education Center, Provost-supported Aging Mind and Brain Initiative (AMBI).

Outcomes / Evaluation: Specific tasks were accomplished to grow the mission of healthy aging at Iowa across the area of education, clinical service and research, with attention to an overall thematic vision. First, in the area of education, the HRSA-funded Center was due for renewal and transformed to the new HRSA initiative for “Geriatric Workforce Enhancement Programs (GWEP), submitted 3/5/2015 with the theme of rural health including a focus on e-health to permit access to education and training. Philanthropy support was also achieved from the Fraternal Eagles. Second, in the area of clinical service, planning was initiated for tele-health outreach to rural nursing homes. On a larger scale, a proposal was submitted to send an Iowa team to the Dartmouth Health Care Delivery Science program so that a longer term initiative may be started in geriatric services. Finally in the area of research, a number of new programs were begun through AMBI, including a pilot grant program, a symposium on “Brain Health and Physical Mobility” and a proposal for a “Major Ideation Conference” to move research in aging forward with support from the Vice-President for Research. On the larger research scale, a “rural lifespan” approach was written into the Clinical Translational Science Award application.
Developing a Program of Excellence in Geriatric Care and Lifespan Wellness

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Background
• There is a demographic imperative in the Midwest to attend to the care needs of the rural aging population and their complex medical conditions.
• University of Iowa Healthcare should strive to remain competitive with other national centers with advanced aging programs and geriatric services.
• A need exists for statewide leadership in aging.
• Multiple new resources have recently converged.

Purpose
Organize the framework for a program of excellence in the promotion of health, clinical service, and education, to achieve the optimum quality of life for the older patient.

Methods
SWOT Analysis

STRENGTHS
Geriatric services at UI commended by US News and World Report Sept 2014
Little direct competition / fits unmet need for aging health services and research.
Expands on current e-health and tele-health emphasis in UI.
Excellent response from rural and community providers regarding education outreach.

WEAKNESSES
Critically low mass of UI experts in geriatric care and research.
Barriers in achieving technical support and coordination of geriatric care.
Need for engaging collaboration of older adults and providers in rural and LTC sites.

OPPORTUNITIES
Better coordination of care and more precise care delivery.
Improves efficiency by proactivity documenting goals of care, advanced directives.
Serves as a proactive and positive approach to older adult care.
Partnering with established pediatric networks may enhance outreach success.

THREATS
Lack of recognition of mid-life and geriatric care within “Lifespan” initiatives.
Competing for institutional resources.
Challenges in supporting the interdisciplinary care team personnel costs.

Outcomes, continued
Aging Mind and Brain Initiative (AMBI)
• Provost cluster hire support for new researchers.
• Recruited 4 new faculty for AMBI in: Neurology, Psychology, Public Health, Nursing.
• Implemented Pilot Grant program in aging research.
• Organized the “Brain in Motion” The Effects of Physical Mobility on Brain Resilience: Symposium; April 1, 2015.
• Interprofessional symposium to highlight basic through clinical science on movement/exercise and brain health.
• Guest Lecture planned: Philip Pizzo MD June 2015 – Stanford Center on Longevity, former Dean of Medicine.
• Vice President for Research Office Conference application submitted for an “Ideation Conference” in 2015/16 academic year. To integrate translational research planning for optimal aging resilience.
• Clinical and Translational Science Award (CTSA) application – Led the section on Special Populations: Rural Elderly – serving on National Center for Advancing Translational Sciences (NCATS) Lifespan group.
• Alzheimer’s Disease Cooperative Study Projects - continued serving as PI on the ADCS A4, Noble and Alzheimer’s Disease Neuroimaging Initiative (ADNI), essential for lowans access to Alzheimer’s trials.

Discussion
• Interpretation of Results: Achievements over the past year suggest a remaining need for more statewide infrastructure to reach rural older adults. The impact of this project has been to stimulate growth across the three aging centers.

Summary
• Next steps include exploring partnerships e.g., Center for Health Improvement & Innovation, statewide Child Health Specialty Clinics directed by Debra Waldron MD MPH.
• Strategic planning needed to achieve clinical translation and rural outreach. Research progress has been robust.
• Future directions depend on HRSA funding, growth of a statewide workforce, and continuing partnerships.

Goal
To advance multiple new initiatives in aging health at Iowa to achieve a coordinated mission in geriatric health.

Outcomes:
Iowa Geriatric Education Center
Renewal applied via new mechanism: Geriatric Workforce Enhancement Program Grant.
HRSA: Interprofessional Geriatric Training – Community/Primary Care
• Partnered with Des Moines Broadlawns Clinic and Des Moines University, Eastern Kansas Veterans Administration as collaborators and partners.
• Engaged the Iowa eNovation Center for e-health educational outreach.
• Emphasis on functional health, mental health, dementia and rural access.
• Supported a revival of the UI Geriatric Student Interest Group.
• Philanthropy support: 
  • Acquired a Fraternal Eagles award to do dementia education outreach.

Geriatric Clinical Services Development
• Named a Center on Aging Director of Excellence for Geriatric Care.
• Submitted for UI support to apply to the Health Care Delivery Science program at Dartmouth – for Geriatric Service Strategic Planning - to send team to receive a masters in health delivery and complete a project that will enhance our coordination of geriatric care, proposed for 2016.
• Initiated business planning for geriatric clinical services.
• Telemedicine – began implementation steps for long-term care outreach to provide geriatric psychiatry support for regional nursing homes for dementia management and LTC education.

Stakeholders:
• Aging Iowans with complex conditions, many with barriers to care in rural areas.
• Carver College of Medicine CCOM faculty engaged in Geriatric care and teaching.
• UI Hospitals and Clinics / Vice President for Medical Affairs identified area for growth.
• Regents of the State of Iowa have recognized need for leadership in aging health.
• Iowa CTSA application: Integrating Special Populations focused on rural aging health.
• Iowa eNovation Center for rural e-health and telemedicine.

Eligibility:
Research Aging Mind & Brain Initiative
Iowa Center on Aging

Iowa Geriatric Education Center

Iowa Clinical Services in Geriatrics