



2014 Donald P. Kent Award Lecture

# Care, Discovery, and Leadership – Connections to Practice and Policy

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Department of Veterans Affairs

Washington, DC

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**VA**  
HEALTH  
CARE | Defining  
**EXCELLENCE**  
in the 21st Century

# Funding

- Department of Veterans Affairs
- National Institute on Aging
- National Center for Advancing Translational Sciences
- John A. Hartford Foundation



## Donald P. Kent Award

The Donald P. Kent Award is given annually to a member of The Gerontological Society of America for professional ***leadership in gerontology through teaching, service, and interpretation of gerontology to the larger society.***

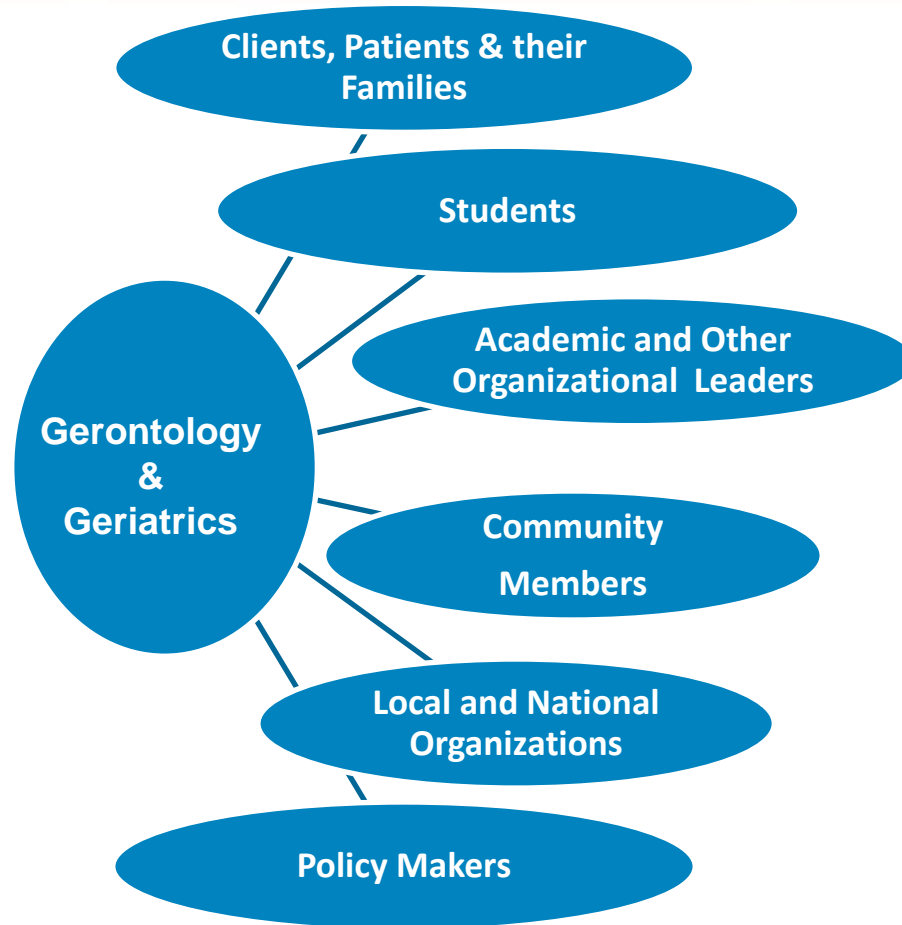
# Making Connections: From Cells to Societies

- 2014 Theme for Gerontological Society of America (GSA) 67<sup>th</sup> Annual Scientific Meeting
- My personal mission statement – Bring together people and new ideas to improve programs and people's lives
- “Be a Connector”

# Presentation Goals

- Consider together what it means to translate and interpret Gerontology to the larger society and how we do that
- Share personal experiences and observations to identify connections between care, discovery, and leadership with practice and policy
- Examine the implications for scholars, practitioners, and policy makers in Gerontology

# Target Audiences for Messages in the Language of Gerontology and Geriatrics





# Translation versus Interpretation

- A translator understands the source language and the culture of the country where the text originated and then writes down the text clearly and accurately in the target language.
- Interpreters process and memorize the words that a source-language speaker is saying, while simultaneously outputting in the target language the translation of words the speaker said 5-10 seconds earlier.

# Products of Translation and Interpretation

## Translation

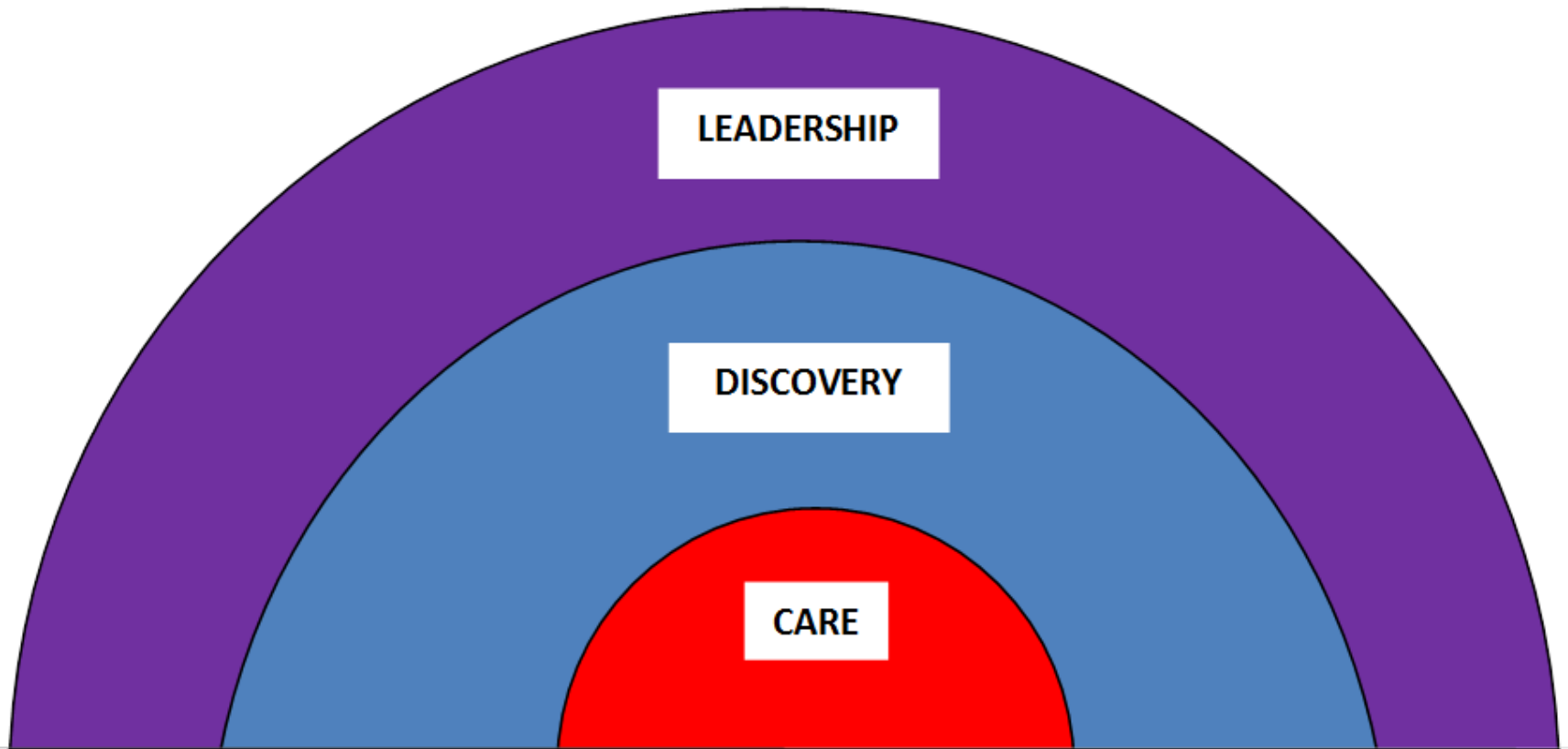
- Written reports
- Peer reviewed publications
- Chapters and books
- Grant applications
- Model curricula
- Program manuals
- Newspaper and magazine articles
- Social media posts
- Guidelines and policy
- Laws and regulations

## • Interpretation

- Discussions with patients, families, colleagues, and friends
- Lectures to students
- Team meetings
- Mentoring sessions
- Supervisor briefings
- Presentations to local, regional, and national groups and leaders
- Media interviews, videos, movies and use of the arts



# Career Opportunities for Interpreting Gerontology to Others



# Care is Foundational to Effective Leadership

## **Noun**

- The provision of what is necessary for the health, welfare, maintenance, and protection of someone or something

## **Verb**

- Feel concern or interest
- Attach importance to something
- Feel affection or liking
- Look after and provide for the needs of
- Love

# Care Leads to Commitments to Competency, Service, and Teaching

- Educational Preparation and Training – Medical School, Residency, Fellowship
- Practice and Service - Faculty Member, Practitioner, Primary and Consultative Geriatrics
- Teaching and Mentoring – Medical and Other Health Professional Students, Graduate Students, Post-Doctoral Fellows, Junior Faculty

# Improved Patient Outcomes Result from Caring Connections



“I know you.  
You saw me  
3 years ago  
and told me  
to stop  
smoking,  
and I did.”

Patient in  
Constanta,  
Romania

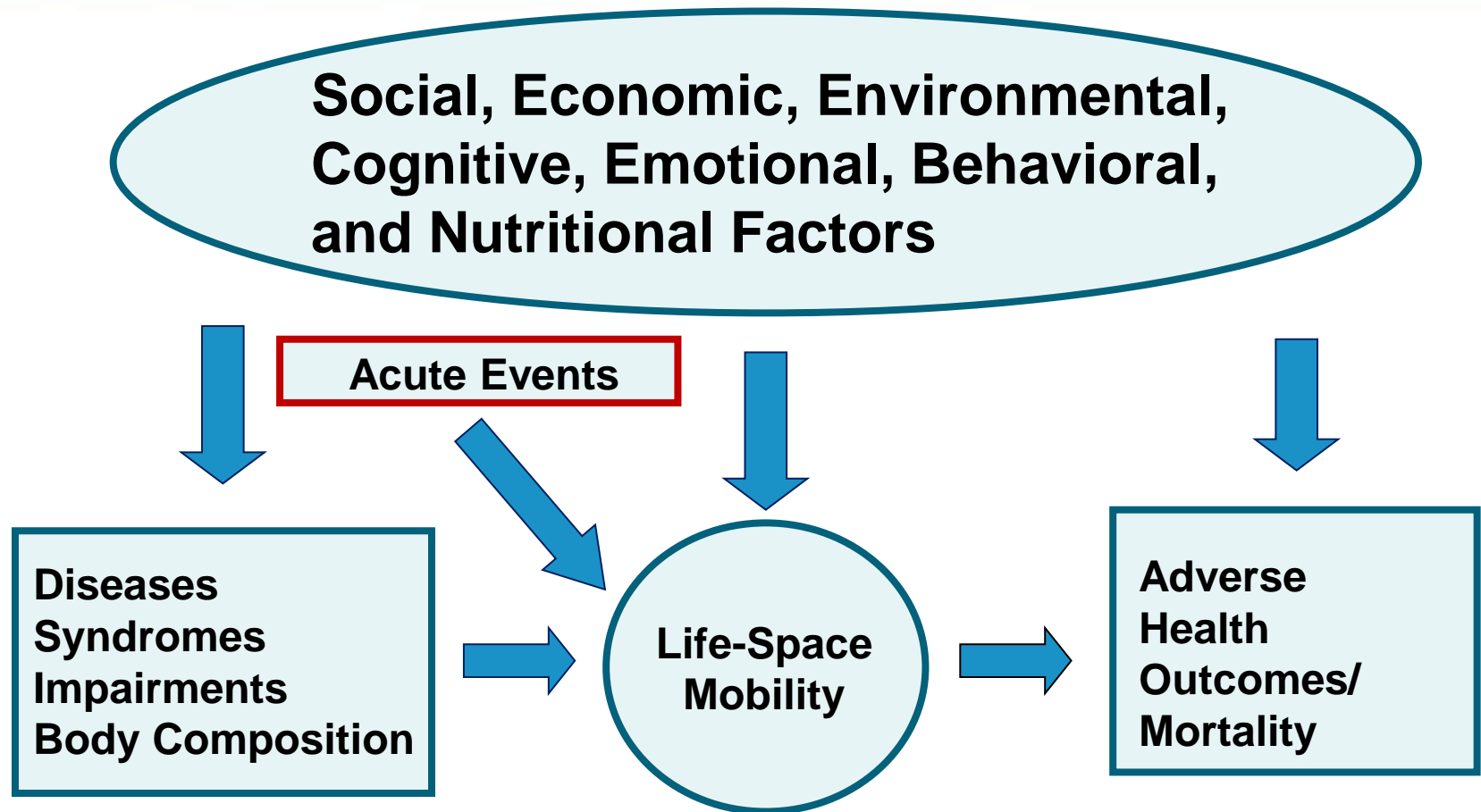
# Connection of Caring Educational Efforts to Health System Improvement Over 25 Years

- **Practicing Physician in Tuscaloosa, Alabama** – I had you as an attending physician in 1986. You were the only attending that ever taught me anything about pressure ulcers. I learned from you about how prolonged stays in emergency rooms on stretchers may be factor in the development of pressure ulcers . I have annually given lectures to the Emergency Room staff, telling them how important it is to reposition patients. I also serve as a nursing home medical director, where I regularly provide staff training on pressure ulcer prevention.

# Care Inspires Discovery

- **Cardiovascular Disease**
- **Quality Improvement**
- **Health Disparities**
- **Mobility and Complications of Mobility Loss**

# Conceptual Model for Mobility and Outcomes in Older Adults





# The Life-Space Assessment

For additional information about the UAB Study of Aging Life-Space Assessment, please contact [psawyer@uab.edu](mailto:psawyer@uab.edu).

## UAB Study of Aging Life-Space Assessment

Name: \_\_\_\_\_ Date: \_\_\_\_\_

These questions refer to your activities just within the past month.

LIFE-SPACE LEVEL	FREQUENCY						INDEPENDENCE	SCORE
During the past four weeks, have you been to . . .	How often did you get there?						Did you use aids or equipment? Did you need help from another person?	Level X Frequency X Independence
<b>Life-Space Level 1 . . . Other rooms of your home besides the room where you sleep?</b>	Yes	No	Less than 1 /week	1-3 times /week	4-6 times /week	Daily	1 = personal assistance 1.5 = equipment only 2 = no equipment or personal assistance	Level 1 Score
Score	1	0	1	2	3	4		
<b>Life-Space Level 2 . . . An area outside your home such as your porch, deck or patio, hallway (of an apartment building) or garage, in your own yard or driveway?</b>	Yes	No	Less than 1 /week	1-3 times /week	4-6 times /week	Daily	1 = Personal assistance 1.5 = Equipment only 2 = No equipment or personal assistance	Level 2 Score
Score	2	0	1	2	3	4		
<b>Life-Space Level 3 . . . Places in your neighborhood, other than your own yard or apartment building?</b>	Yes	No	Less than 1 /week	1-3 times /week	4-6 times /week	Daily	1 = Personal assistance 1.5 = Equipment only 2 = No equipment or personal assistance	Level 3 Score
Score	3	0	1	2	3	4		
<b>Life-Space Level 4 . . . Places outside your neighborhood, but within your town?</b>	Yes	No	Less than 1 /week	1-3 times /week	4-6 times /week	Daily	1 = Personal assistance 1.5 = Equipment only 2 = No equipment or personal assistance	Level 4 Score
Score	4	0	1	2	3	4		
<b>Life-Space Level 5 . . . Places outside your town?</b>	Yes	No	Less than 1 /week	1-3 times /week	4-6 times /week	Daily	1 = Personal assistance 1.5 = Equipment only 2 = No equipment or personal assistance	Level 5 Score
Score	5	0	1	2	3	4		
<b>TOTAL SCORE (ADD)</b>								Sum of Levels



Physical Therapy. 2005; 85:1008–1019.

# Life-Space Mobility – Predictor and Outcome

- Proved to be a reliable and valid measure of community mobility reflecting quality of life and function in the domain of social participation
- Administered by interview or in a self-administered form
- Predicts disability, cognitive change, nursing home admissions, hospitalizations, and mortality
- Detects clinically important changes in mobility and changes in life-space reflect the severity of the adverse event
- Post-acute care declines in life-space can be prevented
- Translated and used in at least 8 different languages

# Care Inspiring Academic Program Leadership (1990-2014)

- Division of Gerontology, Geriatrics, and Palliative Care, 1990-2013
- Comprehensive Center for Healthy Aging, 1992-2014
- Geriatric Education Center, 1993-2007
- Alabama Quality Assurance Foundation (AQAF), 1995-2005
- Southeast Center of Excellence in Geriatric Medicine, 1998-2014
- Birmingham/Atlanta VA Geriatric Research, Education, and Clinical Center (GRECC), 2001-2014
- Deep South Resource Center for Minority Aging Research, 2007-2014
- Center for Clinical and Translational Science (CCTS) Nascent Project and Pilot Grant Programs, 2010-2014

# Connection Between Academic Leadership with Practice

- Patient Care Programs
  - Acute Care for Elders (ACE) Unit (UAB)
  - Community Nursing Home Medical Directorships (UAB)
  - Community Hospice Medical Directorships (UAB)
  - Geriatric Primary Care and Consultative Clinics (UAB and VA)
  - Geriatric Hospital Consults (UAB and VA)
  - Home Based Primary Care/Geriatric Assessment Clinic (VA)
  - Specialty Clinics in Continence (UAB and VA)
  - Specialty Clinic in Mobility and Fall Prevention (VA)
  - Palliative Care Clinics (UAB and VA)
  - Palliative Care Consult Services (UAB, VA, and Children's Hospital)
  - Palliative Care Inpatient Units (UAB and VA)

# Connection Between Academic Leadership and Teaching

- **Education Programs**

- Clinical Training Academy in Palliative Care
- Geriatric Education Center
- Geriatric Fellowship Program
- Geriatric Scholars Program
- Palliative Care Fellowship Program
- Palliative Care Leadership Center
- VA Special Fellowship in Advanced Geriatrics
- Reynolds Program
- Southeast Center of Excellence in Geriatric Medicine
- NIA Center of Excellence in Pain Education

# Increasing Connections Between Academic Leadership with Practice and Policy

- Ali Ahmed, MD, MPH
- Donna Bearden, MD, MPH
- Cynthia Brown, MD, MSPH
- C. Barrett Bowling, MD
- Katrina Booth, MD
- Olivio Clay, PhD
- Martha Crowther, PhD
- Yvonne Eaves, PhD
- Kellie Flood, MD
- Cassandra Ford, PhD
- Stephanie Garrett, MD, MPH
- Marianthe Grammas, MD
- Stephen Gray, MD, MSPH
- Patricia Goode, MD
- Lonnie Hannon, PhD
- Caroline Harada, MD
- Heather Herrington, MD
- Giyeon Kim, PhD
- Anne Halli-Tierney, MD
- Richard Kennedy, MD, PhD
- Elizabeth Kvale, MD
- Alexander Lo, MD, PhD
- Victor Mark, MD
- Alayne Markland, DO, MSPH
- Ryan Nash, MD, MA
- Holly Richter, PhD, MD
- Christine Ritchie, MD, MSPH
- Patricia Sawyer, PhD
- Kendra Sheppard, MD, MSPH
- Trygve Tollefsbol, DO, PhD

# Outcomes of Translation and Interpretation of Gerontology as an Academic Leader

- Improved patient outcomes
- Enhanced student knowledge, skills and abilities
- Recruitment of others into Gerontology
- Funding and support for local and regional programs
- Minimal impact on national policy or issues



# VA Mission

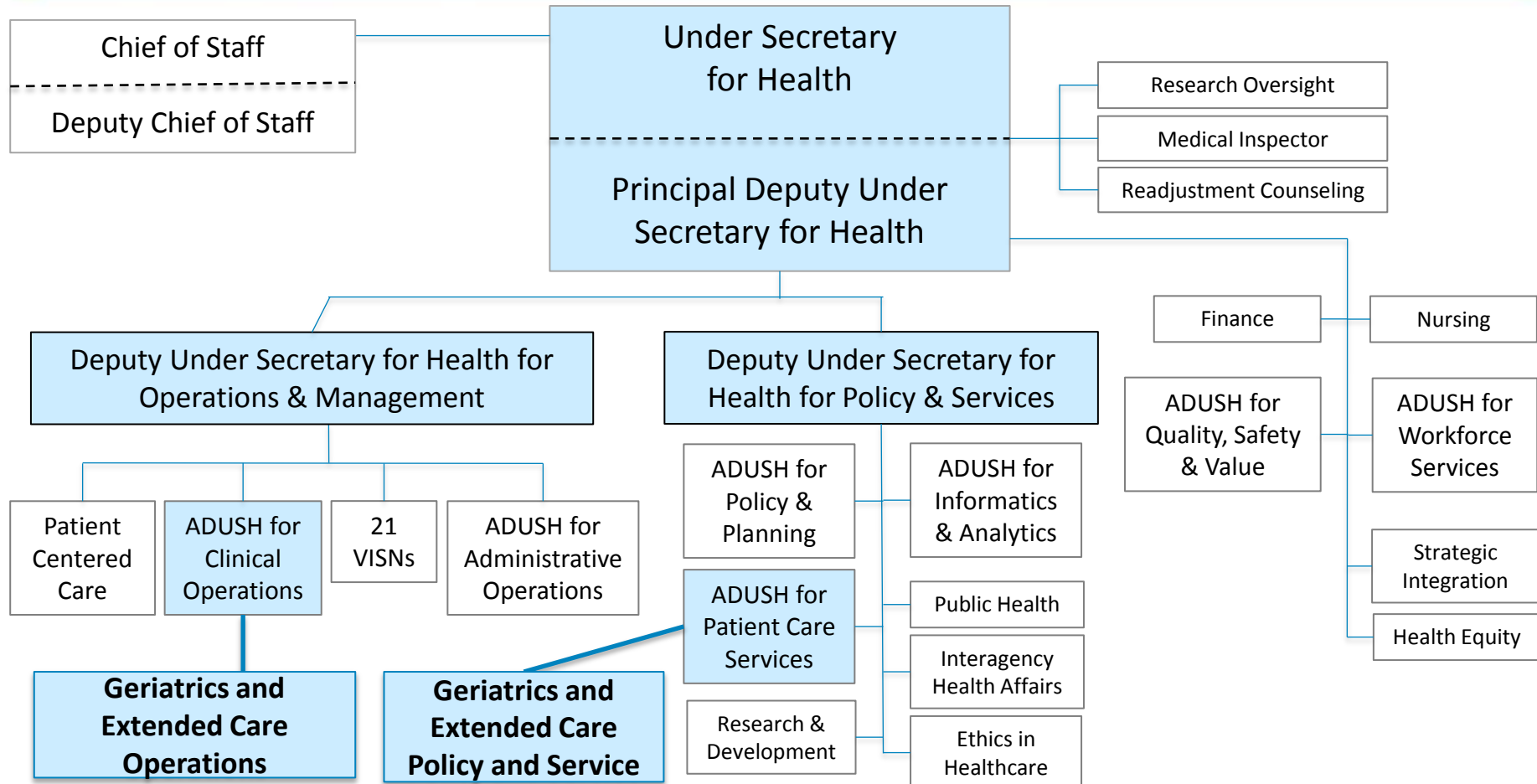
## Mission:



**Core Values:** Integrity, Commitment, Advocacy, Respect & Excellence

**Core Characteristics:** Trustworthy, Accessible, Quality, Innovative, Agile & Integrated

# Veterans Health Administration (VHA) Organizational Chart



# Geriatrics and Extended Care (GEC) Vision

**Chief Consultant,  
Policy and Services**

Richard M. Allman, MD

**Executive Director,  
Operations**

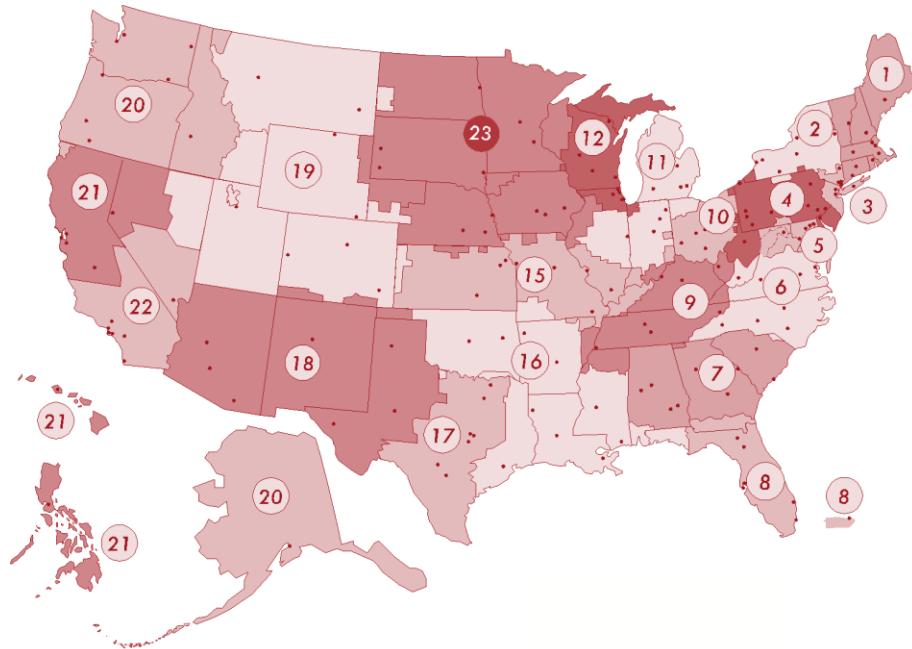
Thomas Edes, MD

## **Common Vision: One GEC –**

Empowering Veterans and the Nation to rise above the challenges of aging, disability, or serious illness

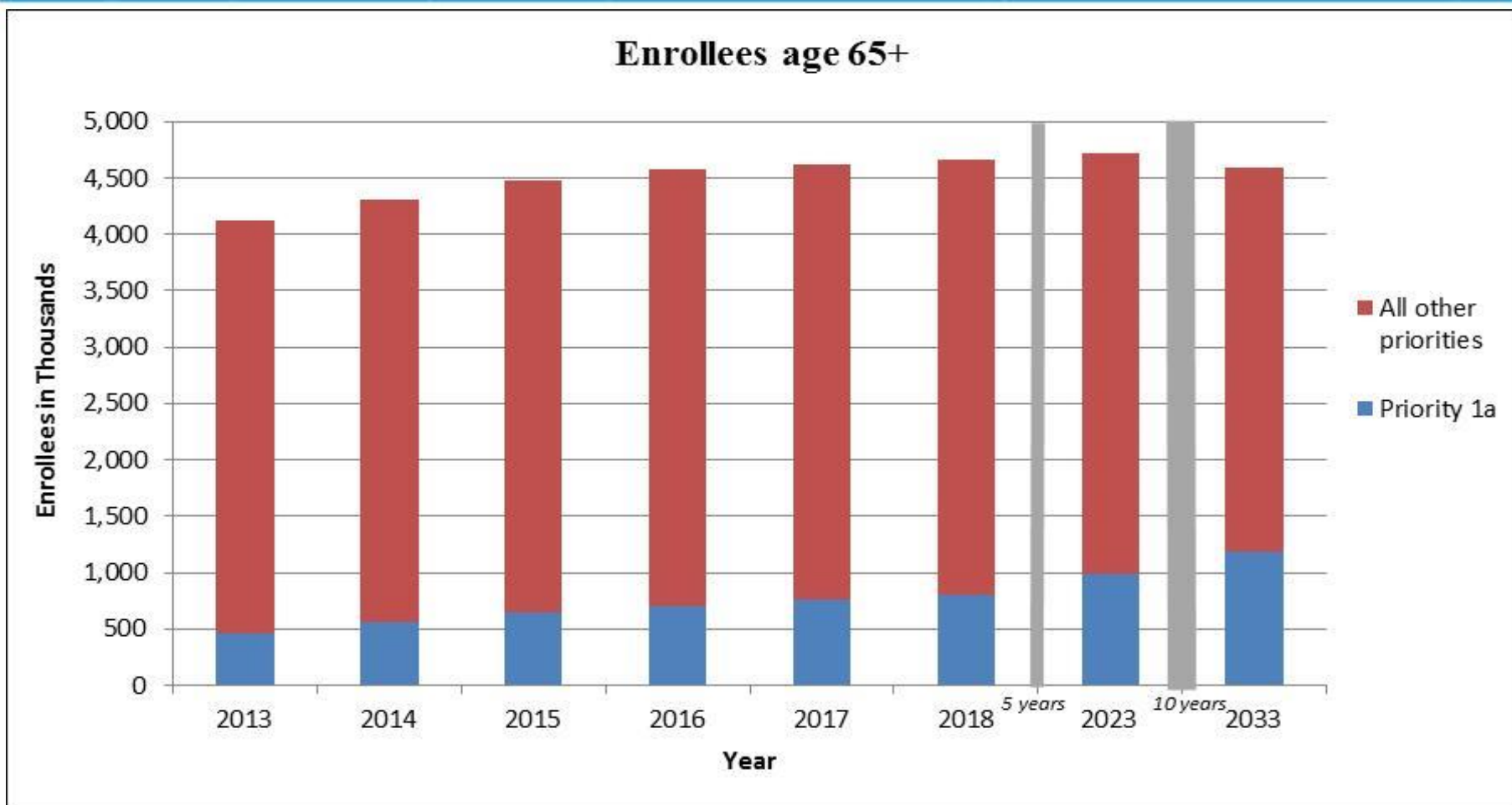
# Veterans Health Administration (VHA) Health System

In 1996, VA began the creation of Veterans Integrated Service Networks (VISNs) to transform VA Health Care from a “*Hospital System*” to a “*Health System*” with 21 VISNs.

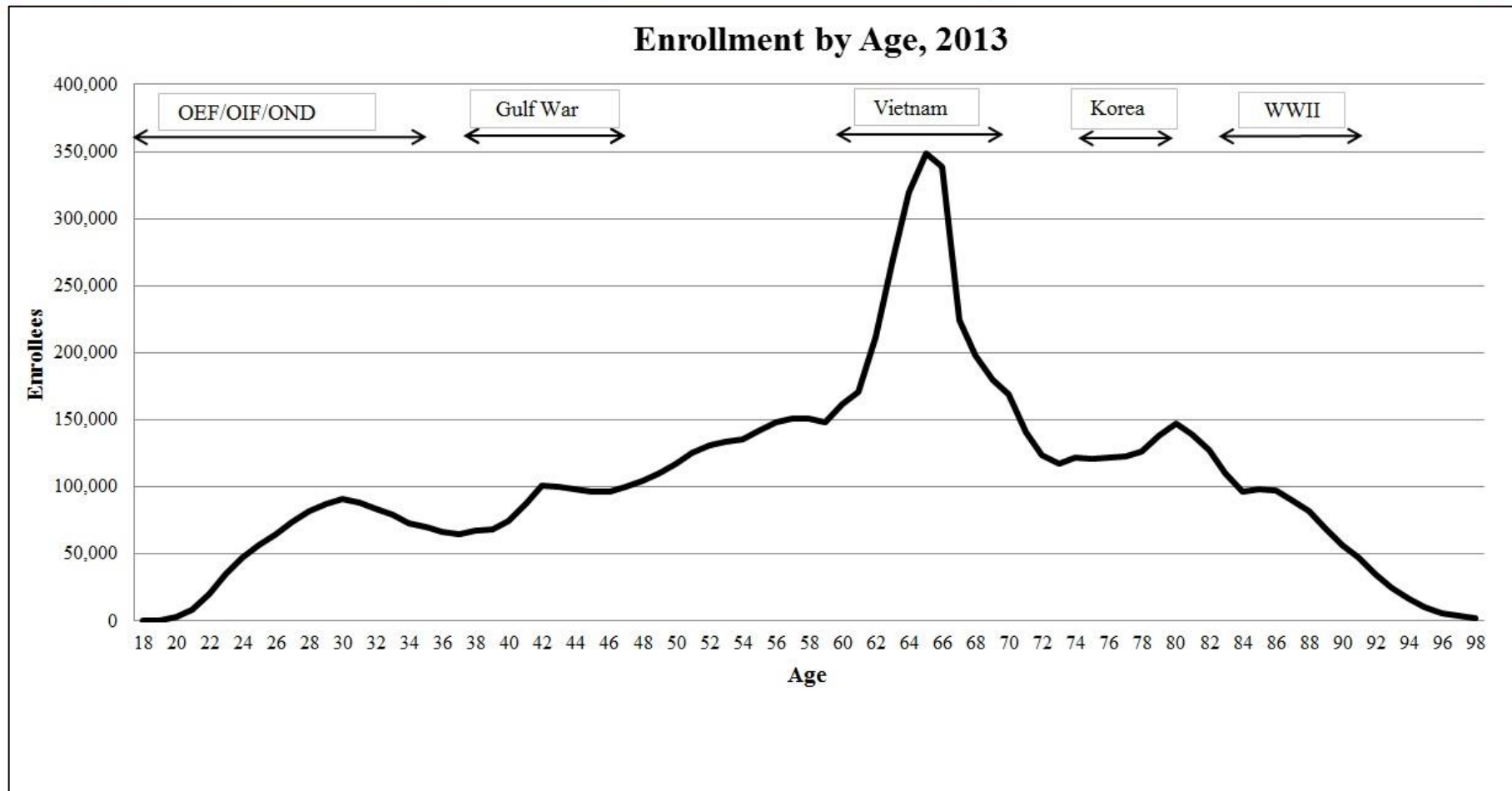


- 150 Medical Centers
- 985 Outpatient Clinics
  - 820 Community-Based
  - 150 Hospital-Based
  - 9 Mobile
  - 6 Independent
- 300 Vet Centers
- 70 Mobile Vet Centers
- 104 Domiciliary Residential Rehabilitation Programs
- 135 Community Living Centers

# Projected VHA Enrollees Over 65 Years Old



# VA Enrollees By Age, 2013





# GEC MISSION

Honor Veteran's preferences for health, independence, and well-being in the face of aging, disability, or illness by advancing expertise, programs, and partnerships.



# Geriatrics and Extended Care Programs and Long Term Support and Services (LTSS)

*Transitional Care Programs Impacting Outcomes in All Settings*

## Inpatient Acute

Geriatric Evaluation and Palliative Care Units, Geriatric and Palliative Care Consults

## Facility Based LTSS

Community Living Center (CLC) Short Stay

CLC Long Stay

Community Nursing Home (CNH) Short Stay

CNH Long Stay

State Homes

## Home and Community Based LTSS

Adult Day Health Care, Home Based Primary Care (HBPC), Hospice & Palliative Care, Homemaker/Home Health Aide, Respite, Skilled Home Care

## Ambulatory Care

Geriatric Evaluation and Management (GEM), GERI-PACT, Palliative Care

# Goals to Guide The Way Forward

- Provide **leadership and oversight** for a well-integrated, system-wide continuum of evidence-based, Veteran-centric GEC programs and services to meet the needs of Veterans, families, and their caregivers.
- Establish **infrastructure and** promote the use of **data, tools, and continuous quality improvement** approaches to ensure personalized, proactive, Veteran-centered care.
- Ensure Veterans have reliable **access to quality care** in facility, community, and home-based settings, delivered by **appropriately trained health care professionals, teams, and caregivers.**

# Goals to Guide The Way Forward

- Achieve **exceptional outcomes** including exemplary Veteran, employee, and other **stakeholder satisfaction** with our programs and services.
- Be excellent **financial stewards** in delivering high-value programs and services through **accountability, collaboration, engagement, and alignment** of GEC resources with VACO, VISN, medical centers, clinics, and external partners.

# GEC Accomplishments Since January 2014

- Developed common vision, mission and goals
- Obtained \$10 million to expand Veteran Directed-Home and Community Based Services in FY 14
- Funded first new Geriatric Research, Education, and Clinical Center (GRECC) since 2001 in Denver, Colorado
- Expanded and enhanced partnerships within VA and with external partners to pursue common goals
- Continued successful Geriatric and Palliative Care programs during a period of challenge and change

# Presentation Goals

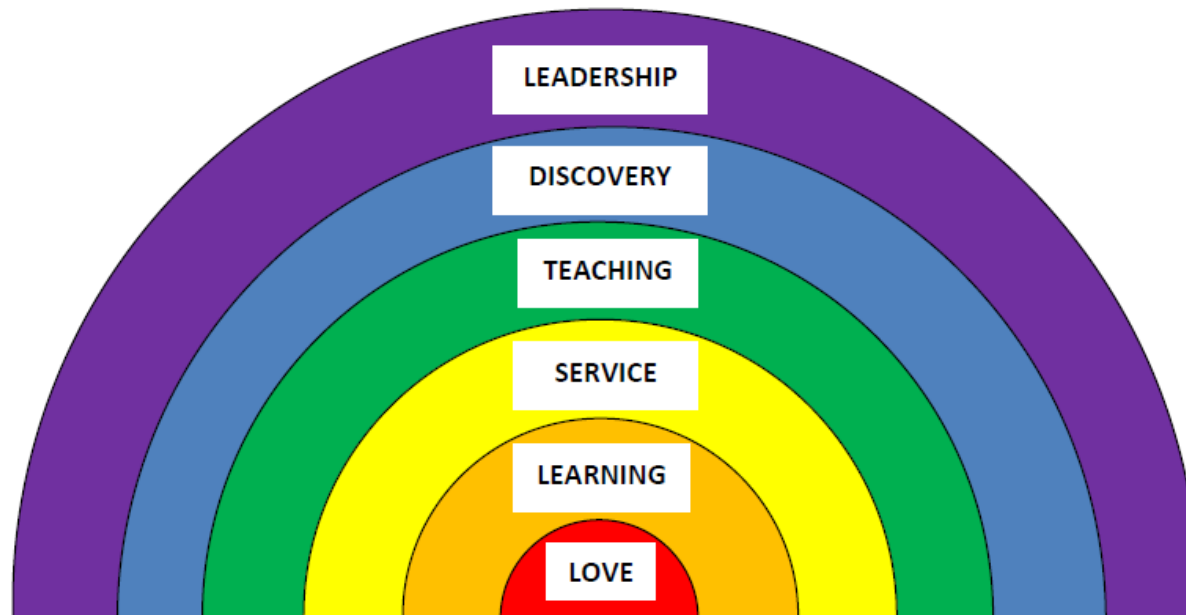
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- Examine the implications for scholars, practitioners, and policy makers in Gerontology

# Implications for Scholars, Practitioners, and Policy Makers

- Let your care for others, i.e. love , be your primary motivator for your work in Gerontology – whether it involves practice, teaching, discovery or policy
- Remember multiple audiences need to have an understanding of Gerontology
- Recognize the impact of your efforts will be tremendously multiplied over time by investing in the lives of others
- Consider how to go beyond traditional approaches to enhance the effectiveness of your interpretation of Gerontology to the larger society
- Define a personal purpose, vision, & mission and establish personal goals
- Pursue new leadership opportunities and expand your network of contacts and friends throughout your career

# Love – The Foundational Principle for Effective and Meaningful Work

***“The only thing that counts is faith expressing itself through love.”***





# Thank You!





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