



Geriatrics Workforce Enhancement Program Coordinating Center

Grantee Project Profiles

**GWEP Preconference Session
May 2, 2018**

**Walt Disney Swan and Dolphin Resort
Room: Southern Hemisphere I/II**

Orlando, FL



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**Geriatrics Workforce Enhancement Program Preconference Session
 Wednesday, May 2, 2018 at 11:30am - 5:30pm
 Orlando, Florida**

MARKETPLACE AND POSTER SESSION ASSIGNMENTS

Please arrive early to set up for the marketplace. Marketplace A presenters place items/materials on top of the tables; Marketplace B and C place items under the tables. Each GWEP has been assigned a table number below.

All poster presenters: set up your posters in the foyer when you arrive. All posters will remain available throughout the preconference, but dedicated presentation times and poster numbers are listed below.

SESSION A (11:50am-12:50pm)	
Marketplace A Presenters and Table Numbers	Poster Session A Presenters and Poster Numbers
Dartmouth College (1)	Rush University (1)
Florida State University (2)	University of California, Irvine (2)
Hartford Institute for Geriatric Nursing at NYU (3)	University of North Carolina, Chapel (3)
Indiana University School of Medicine (4)	University of North Texas (4)
Wisconsin GWEP (5)	
Memorial Sloan Kettering Cancer Center (6)	
University of Arkansas for Medical Sciences (7)	
University of California, San Diego (8)	
University of Montana, Missoula (9)	
University of Pittsburgh School of Nursing (10)	
University of Rhode Island College of Nursing (11)	
University of Rochester (12)	
University of Utah (13)	
University of Wyoming School of Pharmacy (14)	

SESSION B (1:00-2:00pm)

<i>Marketplace B Presenters & Table Numbers</i>	<i>Poster Session B Presenters & Poster Numbers</i>
East Carolina University (1) Rush University College of Nursing (2) San Diego State University (3) Southcentral Foundation (4) The Healthcare Institute LLC (THI) (5) University of Arizona (6) University of California, Irvine (7) University of Louisville (8) University of California San Francisco (9) University of Chicago Medicine (10) University of Illinois at Chicago (11) University of North Carolina at Chapel Hill (12) University of North Texas (13) University of Pennsylvania (14) University of Washington School of Medicine (15)	Dartmouth presenting for GITT-PC (5) Johns Hopkins University (6) Memorial Sloan Kettering Cancer Center (7) University of Utah (8)

SESSION C (3:15-4:15pm)

<i>Marketplace C Presenters and Table Numbers</i>	
Baystate Medical Center (1) Duke University (2) St. Louis University (3) Johns Hopkins University (4) Lake Erie Osteopathic College of Medicine (5) Lehigh Valley Hospital (6) Rowan University (7) Summa Health System (8) University of California, Los Angeles (9) University of Hawaii (10) University of Iowa (11) University of South Florida (12) University of Southern California (13) Virginia Commonwealth University (14) Yale University (15)	

**Baystate Medical Center
Springfield, MA**

GWEP Title: The Baystate Regional Geriatrics and Palliative Care Initiative-The Geri-Pal TLC Project (Transformation through Learning and Collaboration)

Target Audience: patients, families, medical, SW, pharmacy, RN, PCA and AP trainees and practicing clinicians

GWEP Director: Maura Brennan, MD

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Website: N/A

What you are doing?

- Interprofessional Teams at 3 community Health Centers caring for high risk elders in the clinics and at home
- ACE (Acute Care for Elders) program: with End of Life Beds on the unit, volunteer advocates, newly designed space, etc. Outcomes are excellent: improved LOS, cost, falls, delirium rates, prescribing and discharges home. Automatically triggered PA led goals of care conversations are occurring with a subset of high risk patients.
- Habilitation training (behavioral team-based analysis and interventions for distressed patients with cognitive challenges) for the ACE, health centers, Hospice team, community partners
- Immersion Training Course incorporating QI/training initiatives and core geriatrics and pall care
- New Geri-palli Immersion course for interprofessional trainees, practicing clinicians and leaders). This is modelled on the CRIT format. Emphasis on quality improvement and team care.
- NICHE (Nurses Improving Care for Health System Elders) certification for the Baystate system
- End of Life Nursing Education Curriculum (ELNEC) for ACE and hospice nurses
- Gero Prep Course to enhance geriatrics certification for nurses
- Multiple community outreach projects and teaching sessions at collaborating colleges

Educational Materials:

Many new lectures and an Immersion Course

Partners:

Partners for a Healthier Community (PHC); Alzheimer’s Association, Commonwealth Care Alliance (CCA); Mason Wright Assisted and Independent Living; New North Citizens’ Council; Springfield College School of Social Work; UMass School of Nursing; Elms College Nurse Practitioner programs; Bay Path University physician assistant program; American International College School of Nursing; Western Massachusetts Nursing Collaborative, Greater Springfield Senior Services, Martin Luther King Jr. Family Services

Challenges:

- Securing consistent personnel and logistic support in the challenging and volatile environment of community health centers; Delineating processes for clinical and data collection outcomes to effectively make the case for “value”; keeping abreast of project management needs; securing consistent budgeting from system beyond HRSA funds

Opportunities:

- 1) Capitalize on the success of our ACE program
- 2) Leverage the database and needs of the NGACO and 3) maximize the coalition of internal and external partners to support program expansion and clinical training resulting in a shift to team-based interprofessional care for frail elders in this large and expanding system.

**Dartmouth College/Dartmouth-Hitchcock Health
Lebanon, NH**

GWEP Title: Northern New England Geriatric Workforce Enhancement Program

Target Audience: Providers, nurses, allied health professionals, social workers, emergency services, direct care workers, family caregivers, and patients

GWEP Director: Stephen Bartels, MD, MS

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Key Contact: Lora Gerard, MPA

GWEP Co-Director: Ellen Flaherty, PhD, APRN, AGSF

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Email: ellen.flaherty@hitchcock.org

Website: www.nnegec.org

What are you are doing?

- Providing training and technical assistance to Primary Care Practices to transform geriatric care through the implementation of Medicare reimbursable codes including: 1) Annual Wellness Visit (AWV), 2) Chronic Care Management (CCM), 3) Advance Care Planning (ACP) and 4) Dementia Care. This training includes Geriatric Interprofessional Team Transformation (GITT-PC), Quality Improvement, and best practices around working with patient or family representatives, social service providers and community based resources. We have worked with 30 individual practices in New England to implement this program to date.
- Providing training to health professionals, social service workers, and direct care workers on a wide range of geriatric-focused content. This includes workshops, case conferences, train-the-trainer programs, site-based training, distance-learning, and large live educational programs.
- Providing education to patients, families, and caregivers on topics pertaining to healthy aging, managing chronic conditions, caregiving, hoarding disorder, falls prevention, becoming an informed health care consumer, dementia, mental health, and other issues. These programs are delivered at our Aging Resource Center as well as in other accessible community-based locations.

Educational Materials:

GITT-PC self-paced learning modules with videos focusing on teamwork and Quality Improvement, and a video demo of an effective AWV. *Implementation Guides (including Toolkits)* for AWV, CCM, ACP and Dementia. Supplemental online learning modules will be created in the future.. *Curricula for live 'Bootcamp' trainings* on the AWV, CCM, ACP, and Dementia Care. Development of a *Learning Collaborative* model for implementation support and progress reporting.

Partners:

Primary care practices participating in the primary care implementation project (some connected to medical systems that are also partners, others are independent community practices); ADRCs serving the geographic areas for the primary care implementation project, and other social service providers; National Alliance for Mental Illness, NH Chapter; NH Falls Risk Reduction Task Force; Vermont Services and Supports at Home (SASH); Dartmouth Aging Resource Center; Dartmouth Primary Care Research Network (CO-OP Practices); Senior centers; Assisted living facilities and other facilities where we deliver patient and caregiver education; Dartmouth Hitchcock Palliative Care program.

Challenges:

Primary Care practices tend to have multiple competing priorities; it can be challenging to recruit practices for Quality Improvement initiatives when they already have projects in progress or are working in a resource-limited environment. Collecting timely and accurate data to monitor progress on implementation projects is challenging. Data collection and reporting must compete with other institutional or practice priorities.

Opportunities:

Our initial practice transformation process included intensive on-site 'elbow-to-elbow' support and coaching. This was very valuable to learn more about what helps practices succeed, but was very time and staff intensive. The Learning Collaborative model of training and implementation support allows us to build on this foundation in a way that is scalable nationally and reach many more practices. We have been steadily increasing the amount of programming we are offering at our Center and in communities and healthcare facilities, for patients/caregivers and for health professionals, but there is still significant unmet need. We are working towards applying the Learning Collaborative model to other areas of high need, such as delivering the Hoarding Disorder intervention, to increase access to these programs.

**Duke University
Durham, NC**

GWEP title: Duke Geriatric Workforce Enhancement Program: Communities Caring for Seniors

Target Audience (list types of learners):

- Interprofessional teams in primary care practices
- Community based organizations providing care for seniors
- Advanced trainees (fellows) in geriatric medicine, geriatric psychiatry, and advanced practice nursing
- Seniors and caregivers residing in the community

GWEP Director Name: Mitchell T. Heflin, MD, MHS; Co-director: Eleanor McConnell, PhD, RN, GCNS-BC

Key Contact (if different) Name: Loretta Matters, RN, MSN

GWEP Director Email: mitchell.heflin@duke.edu; eleanor.mcconnell@duke.edu

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Website: <https://geriatrichub.nursing.duke.edu/>

What you are doing (Bulleted List)?

- **Geriatric Resource Team (GRT) Engagement Program.** The GWEP provides training for IP clinical teams in primary care practices that focuses on best practices for care of older adults and their caregivers. These Geriatric Resource Teams (GRTs) are developing geriatric expertise while embedded in their practice sites.
- **Interagency Care Team (ICT) Consultations.** This team aims to help practices and community agencies connect to care for older adults with complex care needs. The team, composed of GWEP members with expertise in Geriatrics and community-based services, thoroughly reviews information on referred seniors and provides specific recommendations to practices, partner agencies, and directly to seniors and caregivers.
- **Gero Practice Compendium (GPC) and Agency Referrals.** The GPC is a web-based resource that hosts a collection of both clinical and community resources that primary care clinicians can use to improve care. Website: <http://gerocompendium.nursing.duke.edu/> Two of our fellows have worked to obtain a grant to develop an online tool, called **Our Care Direct**, to make referrals to community agencies.
- **Advanced Traineeships.** We have enrolled fellows in Geriatric Medicine and Geriatric Psychiatry and, this year, hosted our first class of **Adult Gero-NP fellows**. The three professions train together and collaborate on GWEP related projects. The curriculum includes a Core Curriculum, Clinical Teaching Workshop, Advanced Course in LTC and a **short course on social determinants of health and health equity**.
- **GWEP Webinars.** GRTs, advanced trainees and community partners tune into monthly webinars aimed at improving knowledge and skills in geriatric care at the practice and community level. Webinars are broadcast live via Webex and recorded for viewing later. Continuing education credits are available.
- **Dementia Education and Senior Learning Communities.** The Duke Family Support Program offers a series on living with dementia for people and their caregivers. “Dementia Inclusive Durham” is a coalition of seniors and providers who serve as a catalyst for the well-being of persons living with dementia in Durham.

Have you developed educational materials?

Program materials are available at web locations listed above.

Who are your partners?

- Senior PharmAssist—Director, Gina Upchurch, RPh, MPH
- Triangle J Area Agency on Aging---Director, Mary Warren, MS
- Durham County Community Resource Connections---Coordinator, Melissa Black, MPH
- Duke Connected Care—Medicare Shared Savings Program at Duke University

What are your challenges?

- Recruitment and enrollment of faculty and advanced trainees.
- Engaging with teams in busy primary care practices.

What are your opportunities?

- Creating a sustainable model for engagement of primary care practices and community based organizations in care of vulnerable older adults.
- Meeting the care needs of seniors through online referrals and shared access to the EMR

Anything else you would like to share with other GWEPs?

- If you do not have one, convene a **Senior Advisory Panel**. Our panel has been instrumental in the design and deployment of many of our programs and helped us to take a person-centered approach to working with primary care practices and community agencies.

**East Carolina University
Greenville, NC**

GWEP title: Eastern North Carolina: A Comprehensive Approach to Our 41 County Region

Target Audience (list types of learners):

Primary Care Providers (PA, NP, MD, DO), Learners (residents, fellows, PA, NP and MD students)
Caregivers, Older adults in NC

GWEP Director Name: Sonya R. Hardin PhD NP-C FAAN

Key Contact (if different) Name: Karen Wagner

GWEP Director Email: hardins@ecu.edu

Key Contact Email: wagnerk@ecu.edu

Website: <http://www.ecu.edu/cs-dhs/nursing/geriatric/index.cfm>

What you are doing (Bulleted List)?

***Training learners**

IPE Events

Dyad clinical training

Training Providers

Lunch and Learn Webinars

Dementia and ALZ training

Geriatric Symposium

***Training Caregivers**

CDP® certification through the National Council of Certified Dementia Practitioners

Agromedicine Certification

***Educating Older Adults**

Health Screening with Fishing Community

TradeWinds

Have you developed educational materials?

Webinars

Screening tool

Who are your partners?

Cypress Glen

Roanoke Chowan Community Healthcare Clinic (FQHC) and Goshen Medical (FQHC)

AAA

AlzNC and Alz Assoc.

Agromedicine Institute

What are your challenges?

Scheduling various learners

What are your opportunities?

Expand to allied health learners

- Materials at the 2018 Marketplace

North and Central Florida Geriatrics Workforce Enhancement Partnership

Florida State College of Medicine (FSU COM) Department of Geriatrics

PI: Paul Katz, MD; Co-PI: Lisa Granville, MD; Coordinator: Nicolette Castagna, MPH

<p>Project 1- Primary Care Consortium</p> <p><u>Goals:</u></p> <ul style="list-style-type: none"> • Develop primary care providers who can assess and address the health needs of older adults • Strengthen geriatric components of clinical training environments <p><u>Summary</u></p> <p>Geriatric training needs are identified across four primary care residency programs (IM & FM) for creation and implementation of geriatric educational modules and geriatrics focused Quality Improvement (QI) projects. Programs are utilizing an online resource library to share developed educational resources, QI projects, and patient education materials. In addition, residents across the programs are completing formative Objective Structured Clinical Examinations.</p> <p>FSU COM Project Lead: Alice Pomidor, MD</p>	<p>Project 2- Powerful Tools for Caregivers</p> <p><u>Goals:</u></p> <ul style="list-style-type: none"> • Instill caregivers with the knowledge and skill to be engaged partners in health care teams, advocate for personal and care recipient needs, and improve health outcomes and quality of life • Create a pool of certified trainers to provide curriculum for caregivers <p><u>Summary</u></p> <p>Partnering with a local CCRC, the Alzheimer’s Project of Tallahassee and the Area Agency on Aging of Southwest Florida to deliver the evidence-based program <i>Powerful Tools for Caregivers</i> to family caregivers of persons with chronic conditions in Florida. Class leader trainings and caregiver workshops are being conducted statewide.</p> <p>FSU COM Project Lead: Lisa Granville, MD</p>	<p>Project 3- Senior Learning Project</p> <p><u>Goals:</u></p> <ul style="list-style-type: none"> • Develop students who are capable of addressing health information needs of older adults • Create and deliver programs that provide older adults with the knowledge and skill to be engaged partners in health care teams improving health outcomes and quality of life <p><u>Summary</u></p> <p>Older adults choose specific health related topics they want to learn more about. Interprofessional health profession student groups develop the presentations which are delivered by 4th year medical students to community senior living sites. Topics include Brain Health, Falls Prevention, Heart Health, and Advance Care Planning.</p> <p>FSU COM Project Lead: Lisa Granville, MD FSU COM Co-Lead: John Agens, MD</p>
<p>Project 4- Transforming Rural and Underserved Care Environments</p> <p><u>Goal:</u></p> <p>Transform the Healthcare Network of Southwest Florida (HCN) into a high-quality geriatric care provider and educator</p> <p><u>Summary</u></p> <p>Improved prescribing practices for high risk medications and medication reconciliation for older adult patients and tracking of geriatric-sensitive quality data are occurring. Medical students, behavioral health providers, physicians, nurses, FQHC staff, and pharmacists at HCN’s clinics are being trained to deliver higher quality care to older adult patients and their caregivers. Recently began senior care practice days at FQHC clinic locations.</p> <p>FSU COM Project Lead: Michael Gloth, MD</p>	<p>Project 5- Interprofessional Education</p> <p><u>Goal:</u></p> <p>Develop providers from nursing, social work, medicine, and pharmacy who can assess and address the health needs of older adults and work effectively in interprofessional teams</p> <p><u>Summary</u></p> <p>Overlapping geriatric educational competencies were identified by medicine, nursing and social work faculty. Interprofessional on-line educational modules were developed around the competencies and are completed by students in the 4 disciplines. As a capstone experience, the students participate in an interprofessional simulated clinical skills training session.</p> <p>FSU COM Project Lead: Niharika Suchak, MBBS</p>	<p>Project 6- Nurse Workforce Enhancement</p> <p><u>Goal:</u></p> <p>Develop nurses who can assess and address the health needs of older adults</p> <p><u>Summary</u></p> <p>Assessed the geriatric care practice needs of nurses in a statewide senior care organization. Developing and delivering on-line educational modules to the nurses to address identified gaps. Modules are created and have been completed by hundreds of trainees on the topics of Pain Management and Assessment, Influenza, and Determining Cause and Effective Treatment for Responsive Behaviors in Persons with Dementia Part I and II. Skin Integrity content is under development.</p> <p>FSU COM Project Lead: Lisa Granville, MD</p>

**Indiana University
Indianapolis, IN**

GWEP title: Indiana Geriatrics Education and Training Center (Indiana GETC)

Target Audience:

Primary care providers and staff at FQHCs; family medicine, internal medicine, med/peds residents; medical, advanced practice nursing (APN) and master of social work (MSW) students; older adults, their families, and caregivers.

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Website: <http://www.indianagetc.org/>

What you are doing?

- Geriatrics Learning Enhancement Exercise (GLEE) Training series for FQHC providers and staff on the following topics: Geriatrics syndromes; high-risk medications; healthy aging; goal setting, Alzheimer’s Disease and related dementias, and community-based organization services
- Quality Improvement activities: screening geriatric syndromes & risky medications; older adult focused case conferences; Medicare annual wellness visits, patient-centered goal setting, and referrals to health-system based and community-based organizations
- Outreach and Education Teams within each of primary care sites providing education to patients and caregivers
- Basic geriatrics shadow experience for medicine, APN, and MSW students
- Advanced geriatrics experience for family medicine, internal medicine, and med/peds residents
- Advanced one-year clinical, geriatrics experience with stipend for 5 APN and 5 MSW students

Educational Materials:

- Six geriatric topic online modules
- Geriatrics Learning Enhancement Exercise (GLEE) Training Series
- Quality Improvement Training Series
- Outreach and Education Training
- Case reviews for students and practicing health professionals
- Community Services Menu
- Patient & caregiver educational material
- Epic tip sheets & tools

Partners:

- IU Schools of Medicine, Nursing, and Social Work
- IU Center for Interprofessional Health Education & Practice
- Eskenazi Health (FQHC)
- IU Health
- Richard L. Roudebush VA Medical Center
- CICOA Aging & In-Home Solutions
- Alzheimer’s Association

Challenges:

- Change in electronic medical record to Epic
- Consumer Engagement
- Connecting with medicine students for basic geriatric experience

Opportunities:

- Teaching Electronic Medical Record- virtual teaching opportunities
- Interprofessional geriatric resource and QI teams (GLEE Clubs) within each of the primary care practice sites
- Basic interprofessional, geriatric experience for medicine, social work, and nursing students
- Older adult focused case conferences at each of the primary care practice sites
- Epic portal to community-based organizations

**Johns Hopkins University, School of Medicine, Division of Geriatric Medicine and Gerontology
Baltimore, MD**

GWEP Title: Johns Hopkins Geriatric Workforce Enhancement Program (JH-GWEP)

Target Audience: Health Care Professionals (Physicians, Nurse Practitioners, PA'C's, Nurses, Social Workers, Pharmacists, CNA's, and CMA's), Office Support Staff, Health Professional Students (Medicine, Nursing, PA's, Social Work, and pharmacy), and Community Dwelling (Patients, Caregivers and Seniors)

GWEP Director: Jessica Colburn MD

Email: jcolbur1@jhmi.edu

Key Contact: Jane Marks RN, MS

Email: jmarks@jhmi.edu

Website: N/A

What you are doing?

- We have 2 Geriatric Medicine Fellows and 1 Geriatric Psychiatry Fellow that are mentored by JH-GWEP team, experience various clinical opportunities, participate in educational program development and delivery and involved in research.
- Partner with **5 community primary care practices** to identify a quality improvement project specific to their site.
- These projects include:
 - Implementation of the Medicare Annual Wellness Visits at 2 sites (evaluating the workflow and numbers of AWV completed pre and post implementation)
 - The impact of CMA education regarding medication review for primary care visits
 - Advance Directive discussion and the impact on completion of forms (incorporating use of 5 wishes), the appropriate documentation and scanning to EMR
 - Evaluating treatment of diabetic patients 80 years of age and older (including age, treatment regimen, recent A1C and adverse events)
 - Educate staff of the 5 primary care sites regarding aging, geriatric syndromes and resources
- Partner with the Area Agency on Aging on lower Eastern Shore in their efforts to train leaders for the state in Stanford's (CDSMP) Chronic Disease Self-Management Programs (Hypertension, General CDSMP, Diabetes CDSMP), through GWEP funding they now offer the CDSMP in Spanish and the PEARLS evidence based program for depression.
- Partner with University of Maryland (UMB) School of Pharmacy and the VA in their Dementia Clinic in providing health professional students an IPE experience
- Partner with the Alzheimer's Association to provide educational programs for caregivers and health care professionals across the state of Maryland.
- Provide educational programs for health care professionals: Annual Current Topics in Geriatrics (2.5 day) program, Pre-conference focused on Alzheimer's disease and related disorder and with UMB School of pharmacy and AHEC's we provide educational programs to Eastern shore and Western MD

Educational Materials: Caregiver videos for our Geriatric Psychiatry and Alzheimer's Update Series.

Partners:

- Johns Hopkins Community Physician Community Practices (4 Primary Care sites)
- Atlantic General Physicians (1 Primary Care site)
- Maintaining Active Citizens (MAC-Area Agency on Aging-Lower Eastern Shore)
- University of Maryland, School of Pharmacy
- Alzheimer's Association of Central Maryland
- Mental Health Association of Maryland

Challenges:

Finding information in the EMR for information related to our primary care projects.

Opportunities:

We have established strong partnerships and have networked across the state, this has opened opportunities with the state regarding their work on CDSMP, caregiving initiative, and fall prevention task force.

Anything else you would like to share with other GWEPs?

Through our work with the Area Agency on Aging, they secured 2 ACL grants related to CDSMP and fall prevention. This grant has reached out to the entire state of Maryland for leader training and programs for the community.

LECOM Health

Erie, PA

GWEP Title: Lake Erie Integrated Geriatric Health Training (LIGHT)

Target Audience: Community

GWEP Director: James Lin, DO

Email: [jlin@lecomslc.org](mailto:jlين@lecomslc.org)

Website: <https://light.lecomhealth.com/>

What are you doing?

- Chronic Disease Self-Management Program
- Diabetes Self-Management Program
- Matter of Balance Falls Prevention
- Health Steps for Older Adults Falls Prevention
- Powerful Tools for Caregivers
- Flu and pneumonia vaccinations to homebound individuals
- Health Screenings: Enhanced with Rapid Geriatric Assessment
- Geriatric Medicine and Osteopathic Manipulative Medicine clerkship for third year Medicine students

Educational Materials:

LIGHT developed a Health Screening Report Card that gives the results of the Health Screen, with educational information and action items, to each patient. This can be shared with the physician by the patient at subsequent appointments or by the health screening provider when values are outside of the normal range.

Partners:

- For the workshops we partner with the Area Agencies on Aging in Crawford, Erie, and Warren Counties, the Alzheimer's Association, community locations such as the YMCA and Municipal Buildings, and senior housing locations including independent living and personal care facilities.
- For the homebound vaccination program, our primary partners are Meals on Wheels Erie, the Erie County Area Agency on Aging Meals on Wheels and Waiver program, and Visiting Nurse Association of Erie County.
- For the Health Screenings, we partner with the Area Agencies on Aging as well as independent living and personal care facilities.
- Partnered with John Hopkins University, Lehigh Valley, Virginia Geriatric Education Center, and University of Pennsylvania to create best practices for implementation and integration of the Medicare Annual Wellness Visit (AWV) as a tool for improving geriatric primary care delivery.

Challenges:

- Our main challenges are in getting individuals to commit to attending the 6 and 8-week workshops as well as consistent attendance once they have registered for the program.
- Another challenge is selecting and training lay leaders who are consistently willing to lead the workshops throughout the service area. We have had numerous lay leaders who have been interested in being trained to lead the program but after training are not committed to leading the workshops on a reliable basis.
- Another challenge has been related to funding from partners. When writing the grant, the budget was crafted with funding from partner organizations included to cover the cost of delivering home and community based services. In the first year of the grant, the Pennsylvania budget impasse limited the amount of funding received. In the third year of the grant we have recently been informed there is a redirecting of funds from the state of Pennsylvania that will result in a decrease in funding for the health screenings.

Opportunities:

- The main opportunity for the vaccination program is the potential for expansion as more people learn about the program and the possibility for expanding into Crawford and Warren counties through partnerships with similar organizations.
- The main opportunity for health workshops is increasing reach through partnerships with physician offices, insurance companies, and new community partners.
- The opportunity for health screenings is to continue to expand to reach more people through additional partnerships and to increase communication with physicians regarding screening findings which will also result in an increase in referrals to other home and community based services.

**Lehigh Valley Hospital, Inc.
Allentown, PA**

GWEP Title: Establishment of the LVHN-GWEP to Meet the Health Care Needs of Older Adults in the Lehigh Valley Region of Pennsylvania

Target Audience: Nurses, MS 3 & MS 4, FM residents and clinicians, IM residents and clinicians, primary care practice staff, patients, caregivers, and geriatric certificate students

GWEP Director: Julie Dostal, MD

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GWEP Director: Lynn Wilson, DO,

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What you are doing?

Community Based Programs

Memory Café

Conversation Game

Increase enrollment in established partner community education programs

Community Forums focused on Fall Prevention, Healthy Aging, Advanced Care Planning, and Dementia and Caregivers

Care of the elderly

Guided Care Nursing within 6 residency practices which includes home visits by RN, CHW, and Pharmacists

Interdisciplinary Team including CHW and Pharmacist

Avatar based program for reminders

Geriatric patient registry for screenings and prevention

In-home assessment by Alzheimer Association

Education

Including Geriatrician in all FM residency education development and educational sessions

Home visits with FM residents and Guided Care Team

Additional Geriatric education for IM residents and Faculty by geriatrician

Elder abuse and care of Elderly in MS3, 4 including patient simulations

Introduction of EOL care in MS 3 & 4 primary care clerkships

Quarterly Learning Collaborative for all residency practices

Clinician education based on self-identified gaps

Educational sessions for primary care clinical and clerical staff around identified gaps including Medicare Annual

Wellness visits, Advanced Care planning, Dementia and other topics

Geriatric Education in Primary Care – CME

Educational Materials: Yes

Partners:

Alzheimer's Association of the Delaware Valley; Allentown Health Bureau; Area Agency on Aging; United Way

Challenges:

Currently working within 3 different EMRs and different workflows.

Implementation of the guided care model within the practices including shared care plans.

Opportunities:

Interdisciplinary Team to help patients.

**Memorial Sloan Kettering Cancer Center
New York, NY**

GWEP title: Geriatric Education Across the Cancer Continuum

Project Director: Beatriz Korc-Grodzicki, MD, PhD

Project Manager: Ruth Manna, MPH

Email: Korcgro@mskcc.org

Email: Mannar@mskcc.org

Website: Not (yet) applicable—geriatric oncology curriculum will become available via mskcc.org

Target Audiences 1. **Providers:** PCPs, Oncologists, Advanced Practice Providers, Nurses, Allied Health Professionals, and Trainees 2. **Community Members:** South Asian immigrant and other underserved groups in Queens, NY

What we are doing:

1. **Community:** Programs focusing on managing common geriatric syndromes in populations with or without cancer to minimize barriers to care, including cancer prevention and screening workshops.
2. **Provider:** workshops addressing screening, diagnosis and interventions for common geriatric syndromes in older adults with cancer.
3. **ADRD:** Communication Skills Training (providers) with older adult cancer patients with dementia or at risk of cognitive decline.

Educational Materials:

For Community Members: Culturally appropriate slide decks, translated (Hindi, Bengali, Spanish) pre- and post-surveys, take home messages (flyers), location-specific resource lists and videos.

For Providers: 1) Slide decks for clinical presentations, pre-post evaluations. 2) Three online modules on: “Comprehensive Geriatric Assessment in the Older Cancer Patient”, “Nutrition for the Older Cancer Patient” and “Communicating with Diverse Older Adults with Cancer” are being developed. They will provide unique clinical content that addresses care considerations for older adults with active cancer, cancer survivors or geriatric patients suffering from long term side effects of cancer treatment.

ADRD: Three course booklets, 3 exemplary videos and sample patient cases about communication skills are finalized. The booklets and videos review communication challenges in the care of the older adult given ageism, cognitive decline, complex treatment decisions and shared decision making. Also included is the recommended communication “blueprint” that outlines the strategies needed to accomplish the desired communication goals in the clinical setting.

Partners:

- | | |
|--|---|
| 1. South Asian Council for Social Services (SACSS) | 5. MSK’s Immigrant Cancer and Health Disparities Service |
| 2. India Home | |
| 3. Queens Library | 6. MSK’s Geriatric Psychiatry and Communication Skills Research & Training Laboratory |
| 4. Queens Hospital and Queens Cancer Center | |

Opportunities:

1. Educating providers who will care for older cancer patients to provide enhanced patient-centered care and refer to appropriate resources, improving quality of life. Online geri onc modules to learn common geriatric syndromes in the older cancer patient that influence cancer treatment decisions and outcomes.
2. Imparting effective, cross-cultural communication skills in the medical encounter with the older cancer patient and his/her caregiver.

Challenges:

1. Health literacy among community members (not just language barriers) influences understandability of content and assessments in behavior or knowledge change.
2. Promoting provider interest in subjects related to the care of the geriatric population.
3. Online module development (time and budget)

**Hartford Institute for Geriatric Nursing at NYU Rory Meyers College of Nursing
New York, NY**

GWEP Title: A Clinical/Community Partnership to Expand Primary Care of Older Adults (CC-PCOA)

Target Audience: Physicians, Nurse Practitioners, Physician Assistants, Nurses, Social Workers, Pharmacists, Physical Therapists, Occupational Therapists, Home Health Aides, Inter-generational Community Volunteers, Community Dwelling Older Adults, and Caregivers

GWEP Director: Tara Cortes, PhD, RN, FAAN

GWEP Program Director: Christy Jared, MS, RN, PMHNP-BC; **Email:** jaredm01@nyu.edu

Email: tc13@nyu.edu

Websites: www.hign.org and www.consultgeri.org

What you are doing?

- Providing evidence-based, up-to-date, in-person education for health care professionals on the unique care needs of older adults
- Operating a care coordination program that connects patients in primary clinical care settings to community-based organizations. Creates a continuum of care for seniors to obtain needed services.
- Creating, implementing and directing the Bronx Health Corps peer-to-peer training program for community dwelling older adults. Designed to provide accessible education for older adults (in places that they frequent) on chronic disease management and health and wellness.
- Educating health professionals, home health aides and the community about dementia and providing support groups to alleviate caregiver burden.

Have you developed educational materials?

- **Primary Care of Older Adults (PCOA) Online (and didactic) Education Series**
 - PCOA – Provider – 11 modules
 - PCOA – RN – 16 modules
 - PCOA – IP – 12 modules
- **Caring for Clients with Alzheimer’s Disease and Related Dementias** – 4-hour in-person education (developed in partnership with PHI International)
- **Bronx Health Corps Community Education on Disease Management and Health and Wellness** – 16 didactic trainings on Asthma (4), Heart Health (4), Alzheimer’s Disease and Related Dementias (4), Healthy Living – Nutrition (1), Exercise (1), Stress Management (1) and Older Adult Sexuality (1)

Partners:

- | | |
|--|---|
| <ul style="list-style-type: none">• Montefiore Health System:<ul style="list-style-type: none">○ Montefiore Medical Group○ Montefiore Home Care○ Montefiore Care Management Organization• Regional Aid for Interim Needs (R.A.I.N.)<ul style="list-style-type: none">○ R.A.I.N., Inc.○ R.A.I.N. Home Care• New York University School of Medicine | <ul style="list-style-type: none">• New York University Silver School of Social Work• PHI International• Health, Education, and Research Occupations (HERO) High School• The Bronx Times• Parkchester Enhancement Program (PEP)• Region II GWEP Collaborative• Community Catalyst |
|--|---|

Challenges: Volunteer recruitment and attrition for the Bronx Health Corps. Website revamp that includes all of our online education materials in one, easy-to-access place. Addressing the social determinants of health in a consistent, meaningful, and transformational way.

Opportunities: Expand and sustain the models developed with our GWEP grant to improve the quality of care of older adults and enhance population health outcomes through health literacy and community activation.

Anything else that you would like to share with other GWEPs? Our Region II collaboration has invigorated our grant activities and offered us a unique partnership in which to share best-practices and develop quality and excellence care guidelines with our Northeast partners.

**Rowan University School of Osteopathic Medicine
Stratford, NJ**

GWEP title: New Jersey Geriatrics Workforce Enhancement Program (NJGWEP)

Target Audience: Primary care/other health care providers, health professions students (medicine, nursing, social work, pharmacy), direct care workers, community health workers (CHWs), patients, families, caregivers

GWEP Director Name: Anita Chopra, MD

Key Contact (if different) Name: Elyse Perweiler, MPP, RN, NJGWEP Co-Director

GWEP Director Email: chopraan@rowan.edu

Key Contact Email: perweiea@rowan.edu

Website: www.rowan.edu/som/njisa/

What you are doing (Bulleted List)?

- Integrating geriatrics into primary care practices in 2 ACOs using the Medicare Annual Wellness Visit and RCQI process
- Providing interprofessional training on Dementia, Delirium and Depression at multiple assisted living facilities statewide, to CHWs from selected community-based sites, and to diverse care providers, families/caregivers
- Offering education and case-based consultation on dementia, delirium, depression and non-pharmacological interventions for managing behaviors using the GWEP ECHO model in assisted living facilities and community-based facilities for the intellectually/developmentally disabled
- Providing training, mini-clinics, and on-site mentoring in early detection of dementia and assessing/managing behavioral problems for the intellectually and developmentally disabled (I/DD) for health care professionals, direct care workers, caregivers, families in provider agencies and community-based programs
- Developing/delivering a training curriculum for Information & Assistance workers in the aging services network
- Training Master Trainers to deliver the evidence-based Stress-Busting Program for Family Caregivers of Patients with Dementia
- Fostering communication/networking between primary care providers, patients, families, caregivers to increase patient/caregiver engagement and link to DoAS/Long Term Services and Supports (LTSS)
- Providing experiential learning opportunities, medication reconciliation, and ECHO-based case-based review for health professions students and interprofessional teams in senior citizen subsidized housing

Have you developed educational materials? Yes

- Annual Wellness Visit Patient Letter, Annual Wellness Visit Pre-Assessment Questionnaire, Screenings and Immunizations Form, and Personalized Prevention Plan Booklet with NJ-specific referral sources and references (for patient)
- Slide presentation on Annual Wellness Visit, CMS requirements and Billing Codes, Provider Reference Guide
- Competency checklist for staff orientation/training on the Annual Wellness Visit, with script for patient recruitment/scheduling
- Dementia, Delirium, Depression Training materials, GWEP ECHO Case Presentation template for Assisted Living and I/DD care providers and families/caregivers
- NJ-specific I & A curriculum, workbook, and supporting training materials for the aging services network

Who are your partners?

- Lourdes Health System/ACO (LHS/ACO)
- Camden Coalition of Health Providers (CCHP)/Medicaid ACO
- Rutgers School of Nursing-Camden
- Statewide Clinical Outreach Program for the Elderly (S-COPE)
- BAYADA Home Health Care
- NJ Division of Aging Services (DoAS)
- Camden Area Health Education Center (AHEC)
- Fair Share Housing/Northgate II

What are your challenges? Practitioners are overburdened, lack infrastructure/staffing support; some were not doing baseline mental status or functional evaluation. Attaining stakeholder buy-in and mobilizing systems change are slow, requiring tools/material development and ongoing mentoring. Collecting outcomes data in practices without an ACO infrastructure or EHR is time-consuming. GWEPs may not be able to access patient records due to HIPPA issues and therefore need the assistance of their stakeholders to access data.

What are your opportunities? Opportunities for geriatrics infusion have arisen through “being present and available” to provide suggestions/guidance to practices, work with new stakeholders, and introduce new, flexible approaches to complex geriatric care across settings.

Anything else you would like to share with other GWEPs? The process is slow, complex, incremental, and requires continuous feedback, re-evaluation (RCQI), flexibility, and frequent follow-up with stakeholders. Practice and organizational needs change continually and impact project plans. Stipends for participating practices help support data collection.

**Rush University Medical Center
Chicago, IL**



GWEP title: CATCH-ON (Collaborative Action Team training for Community Health – Older adult Network)

Target Audience: All health care providers, health care students, older adults and families

GWEP Director Name: Robyn Golden, LCSW

Key Contact Name: Erin Emery-Tiburcio, PhD (Co-Director); Michelle Newman, MPH (Project Manager)

GWEP Director Email: Robyn_L_Golden@rush.edu

Key Contact Email: Erin_EmeryTiburcio@rush.edu, Michelle_H_Newman@rush.edu

Website: www.catch-on.org

What you are doing?

- **Interactive Online Training:** Brief interactive online education for health professionals as well as older adults and families about normal aging, management of multiple chronic conditions, Alzheimer's Disease and Related Dementias, healthcare teams, and communication. Basics modules are also available in Spanish.
- **Faculty Development and Curriculum Infusion Material:** Classroom-ready materials supporting the addition of geriatric content in existing curricula of health professions programs at all levels. Faculty development sessions are provided in person and via webinar for faculty not familiar with content.
- **Learning Communities:** Statewide and regional monthly via video conference for professionals. Sessions provide an opportunity to discuss challenging cases, provide didactic education depending on the topic for that month and consultation with an expert interdisciplinary team.
- **Health Ambassadors:** Developed a grassroots CBO of community members who engage in education about health and aging and share what they learned with their communities.
- **Ongoing Evidence-Based Programs:** Ongoing provision and enhancement of existing in person training programs including Chronic Disease Self-Management and HEALE, as well as in-person training in Healthy IDEAS and PEARLS across Illinois.
- **Readiness Assessment:** Developed and implemented a readiness assessment for new programs with five partner clinics for practice transformation.
- **CATCH-ON Community Health in FQHCs:** Based on the Readiness Assessment, provided recommendations to transform primary care systems to meet the needs of older adults by implementing evidence-based programs that utilize provider, patient and community resources.
- All CATCH-ON programs focus on MCC and ADRD.

Educational materials: Online modules; curriculum infusion packages including case videos, lecture slide sets for classroom use, Jeopardy game, "CATCH-ON Minutes" and evolving cases with accompanying discussion questions, test banks; ADRD in Primary Care Guide.

Core partners: Southern Illinois University, Lawndale Christian Health, Howard Brown Health, Illinois Aging Services (Illinois AAAs). Additional partners: 34 state-wide community based organizations.

Challenges: (1) Release time for primary care staff to complete trainings; (2) Clinic staff and leadership turnover created barriers to implementation.

Opportunities: (1) Partnering with out of state FQHC systems to assess impact of learning communities on provider behavior; (2) Partnering with HUD to provide our training to housing staff (3) Partnering with Rush Center for Excellence in Aging to work toward Age Friendly Healthy System development.

GWEP-CC Networking Meeting Grant Recipient – Poster Presentation:

Perspectives on Engaging Community-Based Organizations and Older Adults with Electronic Health Records: Results of a GWEP Regional Meeting

**Saint Louis University
St. Louis, MO**

GWEP title: Gateway Geriatric Workforce Enhancement Program
Target Audience (list types of learners): Health and social service students and community professionals
GWEP Director Name: John E. Morley, M.B., B.Ch.; john.morley@health.slu.edu
Key Contact (if different) Name: Marla Berg-Weger, Ph.D., LCSW; marla.bergweger@slu.edu
Website: aging.slu.edu

Geriatric Assessment, Intervention, and Patient and Caregiver Information Initiative Outcomes:

- **Rapid Geriatric Assessment (RGA)** *Health records integration: 3,160 students/practitioners trained and integrated into five health systems*
- **Geriatric Assessment Screenings:** *8,485 patients assessed by students/GWEP team*
- **(Free) Interprofessional Geriatric Assessment Clinic (GAC):** *3-hour assessment/care plan with six professions, patient, and caregiver; 2-3 patients/clinic since 2/2017; 94 students; 31 patients/families served*
- **Medicare Annual Wellness Visit (AWV):** *Using algorithm and training for primary care providers to conduct the AWV, 571 patients assessed*
- **Cognitive Stimulation Therapy (CST):** *1,059 students/practitioners trained in non-pharmacologic group/individual intervention for persons with dementia; 328 patients served; improvements in physical/cognitive function, and quality-of-life.*
- **Exercise and Strengthening:** *On-line training curriculum developed; 102 patients served through programs*
- **Caregiver Well-Being Support:** *On-line curriculum developed; 118 caregivers assessed*

Interprofessional Geriatric Case Competition: Annual case competition for 219 students and 67 faculty from multiple disciplines and institutions to develop care plan presented to faculty judges

Geriatric Leadership Scholars: Interprofessional faculty development to 3 faculty/year (total of 9) with clinical/didactic geriatric training and mentoring

Educational materials available at aging.slu.edu:

RGA (copy on reverse), slides, training manual, and video; Medicare Annual Wellness Visit slides and video; CST learning modules and video; Exercise slides and video; and Caregiver Support training manual, slides, and video

Partners:

- Saint Louis University Schools of Medicine, Nursing, and Social Work and College of Allied Health
- A.T. Still University, Kirksville, MO/Missouri Area Health Education Centers
- Perry County Memorial Hospital, Perryville, MO
- St. Louis, MO: Myrtle Hilliard Davis Health Center, St. Louis County Health Department, Northside Youth and Senior Services Center, St. Louis Alzheimer's Association, Washington University, and SSM Health Systems (St. Louis and Mexico, Missouri)

Challenges: Impacting system-wide change in public/non-profit health/aging service organizations in rural and urban settings.

Opportunities: Diverse public/non-profit/educational partners enables team to introduce new interventions and resources to students and the practice community



**Saint Louis University
Rapid Geriatric Assessment***



*There is no copyright on these screening tools and they may be incorporated into the Electronic Health Record without permission and at no cost.

ID#: _____ Sex: _____ Age: _____ Primary Care Provider Y / N
Ethnicity (circle): African/Am Asian Caucasian Hispanic Non-Hispanic

**The Simple "FRAIL" Questionnaire
Screening Tool**

- F**atigue: Are you fatigued?
- R**esistance: Cannot walk up one flight of stairs?
- A**erobic: Cannot walk one block?
- I**llnesses: Do you have more than 5 illnesses?
- L**oss of weight: Have you lost more than 5% of your weight in the last 6 months?

Scoring: 3 or greater = frailty; 1 or 2 = prefrail

From Morley JE, Vellas B, Abellan van Kan G, et al. J Am Med Dir Assoc 2013;14:392-397.

**SARC-F Screen for Sarcopenia
(Loss of Muscle)**

Component	Question
Strength	How much difficulty do you have in lifting and carrying 10 pounds? Scoring: None = 0 Some = 1 A lot or unable = 2
Assistance in Walking	How much difficulty do you have walking across a room? Scoring: None = 0 Some = 1 A lot, use aids or unable = 2
Rise from a Chair	How much difficulty do you have transferring from a chair or bed? Scoring: None = 0 Some = 1 A lot or unable without help = 2
Climb stairs	How much difficulty do you have climbing a flight of ten stairs? Scoring: None = 0 Some = 1 A lot or unable = 2
Falls	How many times have you fallen in the last year? Scoring: None = 0 1-3 Falls = 1 4 or more falls = 2

Total score of 4 or more indicates Sarcopenia
From Malmstrom TK, Morley JE. J Frailty and Aging 2013;2:55-6.

**SNAQ (Simplified Nutritional Assessment
Questionnaire)**

My appetite is	Food tastes
a. very poor	a. very bad
b. poor	b. bad
c. average	c. average
d. good	d. good
e. very good	e. very good
When I eat	Normally I eat
a. I feel full after eating only a few mouthfuls	a. Less than one meal a day
b. I feel full after eating about a third of a meal	b. One meal a day
c. I feel full after eating over half a meal	c. Two meals a day
d. I feel full after eating most of the meal	d. Three meals a day
e. I hardly ever feel full	e. More than three meals a day

Scoring: a=1, b=2, c=3, d=4, e=5.
A score ≤ 14 indicates significant risk of at least 5% weight loss within 6 months.

From Wilson et al. Am J Clin Nutr 2005;82:1074-81.

Rapid Cognitive Screen (RCS)

- Please remember these five objects. I will ask you what they are later.**
[Read each object to patient using approx. 1 second intervals.]
Apple Pen Tie House Car
- [Give patient pencil and the blank sheet with clock face.] **This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.**
[2 pts/hr markers ok; 2 pts/time correct]
- What were the five objects I asked you to remember?**
[1 pt/ea]
- I'm going to tell you a story. Please listen carefully because afterwards, I'm going to ask you about it.**

Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then topped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

What state did she live in? [1 pt]

SCORING
8-10..... Normal
6-7..... Mild Cognitive Impairment
0-5..... Dementia

From Malmstrom TK, Voss VB, Cruz-Oliver DM et al J Nutr Health Aging 2015;19:741-744.

Advance Directive
Do you have an advance directive? Y/N

**San Diego State University
San Diego, CA**

GWEP Title: San Diego Imperial Geriatric Education Center: A County-Wide Geriatric Workforce Enhancement Project

Target Audience:

Adult/Geriatric Nurse Practitioners, Medical Social Workers, Medical Students, Residents, Fellows

GWEP Director: Philip A. Greiner, DNSc, RN

Email: pgreiner@mail.sdsu.edu

Website: N/A

What you are doing?

- Focusing on ADRD and memory loss disorders
- Enhancing the educational content and practicum experiences of A/GNPs, MSW's, and medical students, residents, and fellows.
- Working with five community agencies to enhance education on ADRD and memory loss for primary care providers, paid caregivers, family caregivers, patients and their families, and the general public.
- Implementing recommendations from The Alzheimer's Project, a county-wide initiative to explore the impact and future needs of ADRD and memory loss in San Diego County.
- Networking existing services to better serve providers and those affected by ADRD and memory loss.
- Exploring the success of our initiatives for possible expansion of the project into Imperial County. (San Diego and Imperial Counties are about the size of Massachusetts and Connecticut combined and include urban and very rural communities.)

Educational Materials:

We have enhanced existing materials and provided partner organizations with the ability to expand services to ADRD service providers and families affected by ADRD and memory loss. The most important item developed to date is a standardized primary care assessment protocol that is being disseminated to all primary care providers in San Diego County for their use. This was a perceived need within the medical community as primary care physicians felt that they were ill-prepared to do an initial assessment for memory loss.

Partners:

- San Diego State University (SDSU) and the University of California, San Diego (UCSD)
- The County of San Diego Aging and Independence Services (AIS)
- Champions for Health (San Diego Medical Society Foundation)
- Alzheimer's San Diego
- Glenner Memory Centers
- Southern Caregivers Resource Center

Challenges:

As a county-wide public health model GWEP, we find that much of the GWEP infrastructure is targeted for primary care model programs rather than a public health model.

Opportunities:

Because of our unique structure and focus on partnerships, we could serve as an excellent example for partnership development and growth. While developing additional primary care providers is one goal, much of our work involves reaching multiple audiences with information about ADRD and memory loss services in San Diego. We have the opportunity to take this model into another county. I believe that our model could be replicated in other states and counties across the country.

**Southcentral Foundation
Anchorage, AK**

GWEP Title: Alaska Geriatric Interdisciplinary Leadership Development (AK GILD) Program

Target Audience: University of Alaska Anchorage (UAA) faculty; health and related professionals, direct service professionals, and advocates.

GWEP Director: David Fenn
Email: dcfenn@scf.cc

Key Contacts:
Rosellen M. Rosich, Ph.D., CDP® (Co PI)
Email: rmrosich@alaskachd.org
Sheila J. Shinn, M.Ed, MPH, CDP®, CADDCT (Co PI)
Email: sheila@alaskachd.org

Website: www.southcentralfoundation.com

What you are doing?

- AK GILD Faculty Track - The goal for the University of Alaska health and behavioral health term and tenure track faculty is to change curriculums to incorporate the relationship-based, patient-centered model (called the Nuka System of Care) developed by Southcentral Foundation.
- AK GILD Leadership Track - Designed for health professionals, direct service professionals, family/caregivers, and advocates. Applicants must have a long-term professional or personal goal to focus on an aspect of leadership in geriatrics.
- Alzheimer's Disease and Dementia Training - Utilizes Certified Dementia Practitioner training through the National Council of Certified Dementia Practitioners and awards CDP® certification to those who qualify through this Council. Content covered in this training is as follows: Diagnosis, Prognosis, Treatment, Communication, Feelings, Depression, Repetitive Behavior, Paranoia, Hallucinations, Wandering, Hoarding, Aggressive Behaviors, Catastrophic Reactions, Intimacy and Sexuality, Personal Care, Pain, Nutrition, Activities, Environment, Staff and Family Support, Diversity and Cultural Competence, Spiritual Care and End of Life.
- Home Visit Team - The Home Visit Team is an extension of the Primary Care Integrated Care Team within Southcentral Foundations Nuka System of Care and consists of a Nurse Practitioner, Registered Nurse, and Case Management Support, who advocate and connect with the elder Customer-Owner (*patient*) to ensure their needs and goals receive the appropriate care across the continuum of care.

Educational Materials:

Program related educational materials have been developed.

Partners:

- UAA: Faculty will learn about SCF's Nuka System of Care, and incorporate it into their curriculum
- Transitional Care Model, University of Pennsylvania School of Nursing, will provide insight in developing the Home Visit Team to reduce hospital readmissions of our Elders
- National Resource Center for AK Native Elders (NRC)

Challenges:

State level fiscal environment effecting UAA; Funding/Billing; Elder care system alignment across SCF

Opportunities:

Collaborate with other GWEP's that work with Alaska Native and American Indian populations

**Summa Health System
Akron, Ohio**

GWEP Title: Geriatric Workforce Enhancement Program: Expanding Geriatric knowledge and skills in interprofessional team models

Target Audience:

Undergraduate and Graduate students as well as practicing providers in medicine, pharmacy, nursing, physical therapy, occupational therapy, speech therapy, social work, behavioral health and counseling, EMS, and chaplaincy.

GWEP Director: Steven Radwany, MD

Email: radwanys@summahealth.org

Website: N/A

What you are doing?

- Implementing geriatric and interprofessional (IP) team simulations for students and professions across partnering institutions and within the community. IP team simulations include use of standardized patients and caregivers that participate in the team process. TeamSTEPPs concepts are embedded within the simulation to encourage communication and practice.
- Providing geriatric content, IP practice and debriefing training for facilitators across the partnering institutions who participate as educators during the simulation events.
- Providing complex primary care through IP practice embedded within the accountable care organization.
- Provide clinical experiences for IP practice for students from partnering institutions.
- Conducting independent community based health education/fairs and partnering with area faith and community based organizations to conduct health education activities.
- Building community outreach by creating a geriatric specific website that contains health information.

Educational Materials:

We have developed two complete simulation based learning experiences that run over 3-4 hours and include online didactics, hands-on assessment, and simulation based case discussion.

Partners:

- Northeast Ohio Medical University
- University of Akron
- Cleveland State University
- Direction Home, Akron Canton Area Agency on Aging

Challenges:

- Maneuvering the complexities of healthcare, legal, financial and federal regulations
- Engaging with community based providers for educational activities
- Developing educational activities that fit within the workflow of the hospital and community based medical offices

Opportunities:

- Partnering institutions have demonstrated rapid adoption of the programming and have included it in curriculum activities.
- Increased awareness of IP practice by providers

Anything else you would like to share with other GWEPs?

- Would like to learn more about development of web-based tools and resources

**The Healthcare Institute LLC
Memphis, TN**

GWEP Title: Educate to Empower Program

Target Audience: Certified Nursing Assistants, Patient Care Technicians, Licensed Practical Nurses

GWEP Director: Katrina Robinson Lee

Email: krobinson@thi-tn.com

Website: www.thi-tn.com

What you are doing?

- Our programs focus on geriatric workforce development to bolster long term care workforce in response to long-standing trends of staffing shortage issues and quality of care.
- Certified Nursing Assistant training with an intensive, accelerated curriculum model. Designed to get students through program, certified and working within 1 month.
- Patient Care Technician program was developed in response to overwhelming feedback from graduates looking for advancement in their training and ability to use education in any state.
- Licensed practical nursing program is now in Board of Nursing initial approval phase. This too was created as a progression in geriatric nursing care education.
- Community Patient Education for home caregivers and chronic disease patients.
- Continued education for Long Term care and Home Health workers. (CNA, LPN, RN)

Educational Materials:

We have developed home caregiver educational materials for our community education program in which our students/graduates train home caregivers on proper care, including ADLs, vitals, and chronic disease management. Engaging students in community training has proven to mold them into knowledgeable and more conscious care providers. This has been evidenced by the feedback provided by our extensive network of employment partners who seek out our students.

Partners:

- Religious Organizations
- Interdisciplinary experts (Pharmacists, Psychologist, Dietician) for caregiver workshops
- Local Workforce Initiatives (i.e. WIA agency)
- Healthcare Clinical Facilities (Primary Care, Long Term Care, Alzheimers Care)
- Employers (i.e. LTC facilities, Hospitals, Home Health)
- Shelby County School System

Challenges:

- Our challenges have been keeping up with the demand for the program while maintaining great staff to facilitate classes. We have educated over 300 CNAs since start of project.

Opportunities:

- We have an opportunity to expand educational program offerings to include licensed programs that will continue to build the geriatric workforce.
- There is a continued upward trend of certified nursing assistant opportunity in Long Term Care. CNAs provide 70-90% of the direct care in nursing homes, followed by licensed practical nurses. (Source: National Citizens Coalition for Nursing Home reform). The Healthcare Institute can continue to build our capacity to train more workers to meet this need.
- A large majority of certified nursing assistants seek to progress in their education. Licensed Practical Nurses are a critical element of staffing for geriatric care, due to their scope and responsibilities. The Healthcare Institute has recently developed a curriculum for an LPN certificate program.
 - LPN program to launch January 2018. (pending approval by TN Board of Nursing an Higher Education Commission)

Anything else you would like to share with other GWEPs?

Graduate and employer testimonials are available on our website.

**University of Arizona
Tucson, AZ**

GWEP Title: Arizona Geriatrics Workforce Enhancement Program (AZ-GWEP)

Target Audience:

- **IP Health Providers and trainees** (medicine, nursing, social work, public health, pharmacy)
- **Care Partners** (community health workers/representatives, direct care workers, certified nursing assistants, family caregivers and patients)

Project Director: Mindy Fain, MD

Email: mfain@aging.arizona.edu

Key Contact (Project Manager): Lisa O'Neill, DBH

Email: loneill@aging.arizona.edu

Website: www.aging.arizona.edu

AZ-GWEP Activities

- **Aging Empathic Exercise:** a highly interactive and structured activity that provides trainees with the personal experience to better understand changes that can occur with aging
- **Advances in Aging Grand Rounds:** a monthly lecture on diverse aging topics for an audience of health professionals and community members; can be attended live or watched via video stream
- **Training in Home-based Primary Care:** includes ongoing training for providers and care partners to promote high value aging-related medical and social care for home-limited patients and families
- **Partnership with regional Area Agency on Aging:** includes co-facilitation of a 10-week community-based workshop for people struggling with hoarding behaviors, and collaboration in statewide Fall Prevention Coalition
- **Partnership with statewide FQHCs, including border and rural sites:** trainings for providers and care partners include strategies for advance care planning, annual wellness visit, falls, and patient communication
- **Dementia education for community and academic partners:** includes (1) a 2-hour training for community health workers (CHWs) in collaboration with the AZ Alzheimer's Association, to improve communication skills about dementia and increase community-resource referrals for dementia care; (2) Dementia Friend Training to increase community awareness and understanding of dementia; and (3) ongoing education integrated into primary care internal medicine resident clinics
- **Partnership with the VA:** includes collaboration with the Geriatric Scholars Program and Rural Interdisciplinary Team Training (RITT) Program, and on-site geriatric training for Patient Aligned Care Teams (PACT) providers
- **Collaboration with Indian Health Service/Tribal communities:** includes the GWEP AI/AN Collaborative formed during a GWEP-CC-funded collaborative meeting, and geriatric/ADRD training for Hopi, Pascua Yaqui and Tohono O'odham providers and care partners

Educational Materials

Our most popular geriatric/ADRD educational products are the single page, practical, evidence-based **Elder Care Provider Sheets** (targeted to interprofessional providers and trainees) and **Care Partner Pages** (similar topics at appropriate literacy level, and available in English and Spanish). We have developed an optimized website to improve access via mobile devices (Spring 2018).

Our Statewide Partners and Collaborators

University of Arizona; Banner Health; Arizona State University; Area Agencies on Aging; Area Health Education Centers; Alzheimer's Task Force; Alzheimer's Association – Desert Southwest Chapter; Governor's Advisory Council on Aging; Southern Arizona Veterans Administration; Alliance of Community Health Centers; Community Health Workers Association; Department of Health Services; Tribal Communities; Caregiver Coalition; Fall Prevention Coalition

Our Challenges

Arizona's vast size, rural/urban population centers, and diverse cultures continue to pose challenges in addressing the complex needs of older adults and their families.

Our Opportunities

Our statewide partnerships help us to meet the above challenges. Our unique geography, diversity and needs demand that we utilize an interprofessional approach to system and population-level education and training.

**University of Arkansas for Medical Sciences
Little Rock, AR**

GWEP Title: Arkansas Geriatric Education Collaborative

Target Audience: Health care professionals, students of the health care disciplines, paraprofessionals, direct care workers, families, patients, community members, older adults, first responders, health care professional faculty , academic junior faculty

GWEP Director: Robin E. McAtee, PhD, RN

Email: mcateerobine@uams.edu

Website: www.AGEC.org

What you are doing?

- Training health care professionals and students of the health care disciplines all across the state (formal, interdisciplinary, clinical and community experiences and classes)
- Training trainers in rural areas to facilitate/teach chronic disease self-management classes & Tai Chi
- Working with rural clinics and the Reynolds Geriatric Clinic to integrate geriatric specific education and training
- Providing Mentoring to Geriatric Junior Faculty Members (GWEP Fellows)
- Providing workshops to train family caregivers in physical skills and dementia care
- Creating & disseminating continuing education modules for direct care workers
- Training in certified classes for direct care workers and other paraprofessionals
- Providing “Alzheimer’s/Dementia Experience: Take a Walk in their Shoes” (for community members & health care and other professionals)
- Training hundreds of first responders & disaster relief volunteers in dementia & providing them with a “tip” card
- Providing *Certified AD & and Dementia Care Training* to LTC personnel and first responders
- Producing quarterly on-line newsletters
- Providing community educational and activity-based programs with our partners

Educational Materials:

- AGEC staffed online, self-study specialized geriatric course (ARGEMS)
- Dementia Tip Card for first responders to keep with them (car visor cards)
- DVDs from our VTCs and an on-line archive for continuing education opportunities
- Modules for direct care worker continuing education (PowerPoint, text, post-tests)

Partners:

- | | |
|--|--|
| <ul style="list-style-type: none">• University of Central Arkansas• Arkansas State University• UAMS Centers on Aging & Regional Programs• AAAs• AR-AARP• Alzheimer’s Association• AR Nursing Homes | <ul style="list-style-type: none">• Mainline Primary Health Clinic (CHC)• Arkansas Medical Foundation (and TMF)• Alzheimer’s Arkansas• AR Adult Protective Services• Walgreens• Arkansas Cooperative Extension• Arkansas Red Cross |
|--|--|

Challenges:

- Getting and keeping a rural clinic as a partner; Marketing our programs to rural health care providers, keeping up with the demand for dementia training with first responders and nursing home workers
- Obtaining patient-centered data and clinical outcomes from projects

Opportunities:

- To train more first responders and rural health care providers
- Marketing our programs more widely, Developing a meaningful relationship with more community health clinics
- Finding more ways to utilize our website with Blackboard® and Blackboard Collaborate®

Anything else you would like to share with other GWEPs?

- The reception of our programs with the AGEC has been overwhelming throughout the state
- We are expanding our partnerships and finding more and more who want to work with us

**University of California San Francisco, Division of Geriatrics
San Francisco, CA**

GWEP Title: UCSF GWEP

Target Audience: Primary care providers, nurses, social workers, volunteer and family caregivers, medical residents, geriatrics fellows, and advanced nursing students.

GWEP Director: Louise C. Walter, MD
Email: louise.walter@ucsf.edu

Key Contact: Anna Chodos, MD
Email: anna.chodos@ucsf.edu

Website: <https://geriatrics.ucsf.edu/innovations/oac.html>

What you are doing?

Our GWEP includes the following work:

- Teach five key topics citywide that are essential to optimizing older adults' health with curriculum that has been improved by and adapted for each of our collaborators, trainees, and populations' needs and roles. These “**5 Keys**” are cognition, safety, independence, goal setting, decision making, and mental health.
- With models of education and systems interventions, we target three high-risk underserved populations: individuals who have dementia, live alone, or are LGBTQ (lesbian, gay, bisexual, transgender, and queer or questioning) to secure the safety net for these populations and improve their wellbeing.
- Integrate geriatrics into primary care in three health systems. These include our safety net, the San Francisco Health Network (SFHN), the San Francisco Veterans Affairs Medical Center (VA), and the University of California, San Francisco (UCSF). Example projects are (1) an interprofessional, trainee-led Medicare Annual Wellness group visit (UCSF); (2) core curriculum for advanced nurse practitioner scholars and geriatrics fellows (UCSF, VA); and (3) didactic case-based continuing medical education events structured around our **5 Keys** curriculum (SFHN).
- Develop and conduct trainings on a cognitive screening program for In-Home Supportive Services clients (community long-term care services enrollees’).
- Develop and pilot an “elder navigator” for individuals with dementia who live alone.

Educational Materials:

Curricular learning objectives, slides, videos, workflows, and screening guides

Partners: Our partners span the public, non-profit and academic sectors.

Our public partners are the **San Francisco Department of Aging and Adult Services (DAAS)**, the **San Francisco Health Network and Department of Public Health**, and the **San Francisco Veterans Affairs Medical Center**.

Our community non-profit partners are the **Alzheimer's Association, Northern California & Northern Nevada Chapter**, **Homebridge** (caregiver training organization), **Little Brothers-Friends of the Elderly-San Francisco** (serving diverse socially isolated elders), and **Openhouse** (serving LGBTQ elders).

Our academic partners are the **UC Hastings College of Law** and **UCSF**.

Challenges:

Centralized training of primary care providers, standardized data collection for different trainees in multiple settings, and outreach to family caregivers.

Opportunities:

Clinic-based training of primary care providers, development of cognitive screening process for community organizations, and on-going participation in a city and county taskforce to create an Age and Disability Friendly San Francisco.

**University of California, Irvine
Irvine, CA**

GWEP title: Cultivating a Culture of Caring for Older Adults

Target Audience (list types of learners):

- Primary Care Providers and their Support Staff
 - Specifically those who work with the underserved older adult populations (Latino, Vietnamese, Korean and LGBT)
- Medical and Nursing Students
- Residents and NP students
- IHSS Workers and CNAs

GWEP Director Name: Lisa Gibbs

Key Contact (if different) Name: Amy Di Sano

GWEP Director Email: lgibbs@uci.edu

Key Contact Email: adisano@uci.edu

Website: <http://dev.familymed.uci.edu/GWEP/>

What you are doing (Bulleted List)?

- We aim to build a more responsive, agile workforce educated in individual and population-based care and to drive innovations in care coordination through engagement with our collaborators and communities. To do so, we have the following four focus areas:
 - Transforming clinical training environments to integrate geriatrics and primary care delivery systems and train workforces that are competent in geriatric medical care.
 - Training providers who can assess and address the needs of older adults and their families/caregivers at the individual, community, and population levels.
 - Creating and delivering community-based programs that will provide patients, families and caregivers with the knowledge and skills to improve health outcomes and the quality of care for the older adult(s).
 - Providing ADRD education and training to multiple groups of learners including families, caregivers, direct care workers, and health professions providers.

Have you developed educational materials?

- Through the course of the grant we have developed the following educational materials: 1) Education Seminars for primary care providers and support staff that cover a multitude of geriatric-related healthcare topics; 2) Website/Application for primary care providers to use with their patients and families who have a diagnosis of dementia; 3) Podcasts to support the educational seminars for attending primary care providers and staff; 4) Resource guide for primary care providers and support staff to use a supplement in supporting their patients

Who are your partners?

- Our partners are AltaMed, Alzheimer's Orange County and Vietnamese Community of Orange County, Inc. (VNCOC) - Southland.

What are your challenges?

- Some challenges we have faced thus far have been: 1) Integrating geriatric processes into other health systems not present in one's own system; 2) Overcoming potential bias from primary care providers since care for older patients is often considered to be very complex and difficult.

What are your opportunities?

- Two opportunities that we have experienced through GWEP was 1) the integration of interdisciplinary learning between our School of Medicine and School of Nursing; 2) the further understanding of cultural sensitivities of specific cohort groups within the healthcare system

Anything else you would like to share with other GWEPs? N/A

**University of California, Los Angeles
Los Angeles, CA**

GWEP Title: UCLA Geriatric Workforce Enhancement Program (GWEP)

Target Audience (list types of learners): Health professions providers (doctors, nurses, mental health professionals, etc.), nursing students, medical residents, nursing and social work faculty, Geriatric clinic patients and families/caregivers of individuals with Alzheimer's and/or dementia, direct care workers (IHSS workers)

GWEP Director Name: Zaldy S. Tan, MD, MPH

Key Contact (if different) Name: Maribel Garcia

GWEP Director Email: ztan@mednet.ucla.edu

Key Contact Email: maribelgarcia@mednet.ucla.edu

Website: <https://gwep.med.ucla.edu/>

What you are doing (Bulleted List)?

- Cognition and Mobility Care Management (CMCM) Program (falls preventions and dementia care coordination)
- Pre-clinic Interprofessional Huddles
- Interprofessional Trainee Home Visits
- Monthly Interprofessional Case Conferences (available in person and remotely via WebEx)
- Geriatric Interprofessional Trainings (for physicians, nurses, social workers and pharmacists)
- Caregiver Trainings (in-person and online for IHSS workers)
- VA/Indian Health Service Rural Interprofessional Team Training (RITT)
- Partnership evaluation – in collaboration with other CA GWEPs
- Research/abstract submissions to national geriatric/gerontology conferences (AGS, AGHE, IAGG, GSA, NASW)
- Telemedicine Consultations
- Collaborate with four other GWEPs on issues of care for Native American/Alaska Native elders

Have you developed educational materials?

- For health care professionals:
 - Cognition and Mobility Care Management (CMCM) Screening and Management Protocol
 - Compilation of assessment tools for older adults
 - Home Visit checklist
 - “Outpatient Interprofessional Team” instructional video
- For caregivers:
 - AGEducate online training modules (<https://ageducate.net/login>)
 - Health and Safety caregiver pocket guides on “Preventing Falls”, “Watch and Report”, and “Managing Stress” (English/Spanish)

Who are your partners?

- Riverside University Health System (RUHS); Riverside County Department of Public Social Services (DPSS); UC Riverside School of Medicine; California Baptist University School of Nursing; Riverside City College School of Nursing; Inland Empire Health Plan; Keck Graduate Institute School of Pharmacy; Riverside County Office on Aging; In-Home Supportive Services (IHSS) Public Authority; Veterans Administration Rural Scholars Program

What are your challenges?

- Personnel vacancies/program staff turn-over
- Development of a comprehensive and user-friendly online training for adult learners

What are your opportunities?

- Interprofessional and caregiver training enduring materials for training sessions
- Protocols and assessments

Anything else you would like to share with other GWEPs?

- We are seeking potential collaborations with other GWEPs in the areas of caregiver training and falls/dementia care management.

**University of California San Diego
San Diego, CA**

GWEP Title: San Diego GWEP Collaborative

Target Audience: Physicians, nurses, pharmacists, social workers, and students

GWEP Director: Diane L. Chau, MD

Email: dlchau@ucsd.edu

Key Contact: Vera Sverdlovsky, PhD

Email: vsverdlovsky@ucsd.edu

Website: <http://gwep.cloud.ucsd.edu/>

What you are doing? The San Diego GWEP Collaborative responds to workforce needs outlined in the Institute of Medicine's (2008) report, "Retooling for an Aging America: Building the Healthcare Workforce" by creating an inter-professional "Geriatrics Scholars" training program designed to increase the number of physicians, nurses, pharmacists, and dentists in geriatrics through an interdisciplinary, geriatrics clinical training experience. The program is one year in length with a 9-month longitudinal component and the requirement to complete a project by the end of the Scholar year. Twelve trainees are selected per year, including 3 physicians, 1 health professions student, 3 nurses, 2 social workers (Geriatrics Scholars,) and 3 geriatrics fellows (medicine and/or psychiatric.)

- A new inter-professional geriatrics fellowship position, based at the participating Program for All-Inclusive Care for the Elderly (PACE) sites, was created. Continuing education programs have been made available to hundreds of inter-professional providers regionally (San Diego, Las Vegas, Phoenix, Riverside County) through on-site symposia and televised conferences. Additional clinicians trained by the faculty and scholars of GWEP included residents and students from multiple disciplines from UCSD School of Medicine and Scripps Family Medicine programs.
- Geriatrics Scholars have provided evidence-based geriatrics care to the elderly, underserved vulnerable **homeless** veteran populations and **rural health** areas using telemedicine. They completed 120 hours of training through a curriculum including a combination of lectures, workshops, site visits, and train-the-trainer formats. To maximize cultural competency, a focus on Latinos and vulnerable underserved geriatric populations has been included within their training, including substantial clinical experience with medically underserved populations.
- Continuing education was offered to health professionals providing geriatrics care, with a specific focus on teaching learners how to create and deliver community-based programs to improve health outcomes and quality of care for older adults.
- An Alzheimer's disease and Related Disorders (ADRD) education and training component was incorporated into the San Diego GWEP Collaborative, the PACE program serving the South Region of San Diego, through the use of Promotoras/Health Educators.

Educational Materials:

In conjunction with existing educational forums, we have developed an evidence-based geriatrics curriculum focused on the treatment of important health problems in the elderly, with areas of excellence including homeless mental health care, dementia care, wound care, Latino geriatrics cultural competency, and falls-based community prevention programs. New distance learning technologies are used to support the training/re-training of faculty to provide geriatrics education into rural areas including Southern Nevada and Western Arizona.

Partners:

Program for All-Inclusive Care for the Elderly (PACE) sites; VASDHS, UCR SOM Family & Preventive Medicine Interest Group; VASDHS Aspire Center and Father Joe's Villages Staff.

Challenges: To date from year 1, we have had 10 Geriatrics Scholars complete the recommended core CE programs receive the Geriatrics Scholar recognition. 10 Geriatrics Scholars are currently enrolled in year 2. We are looking into increasing the number of Scholars and the number of fellows who are working to obtain a certification in geriatrics to improve availability of community resources.

**University of California San Diego
San Diego, CA**

Opportunities: To inspire students early in their medical careers to consider seriously committing to having a career in geriatrics, particularly in underserved and homeless persons, by providing direct exposure and education on the principles of getting medical care to the affected groups.

- The chance for the GWEP Geriatrics Scholars to work with homeless populations, some of which are elderly, who are outside their usual work venue, with a view toward understanding the larger picture including housing policy and the economics and politics and other homeless issues in San Diego. Having GWEP Fellows interview and question administrators of the Aspire Center and Father Joe's Villages is a way for the Scholars to understand the difficulties in mounting and sustaining such projects.

Anything else you would like to share with other GWEPs?

We can talk about the field trips program to Aspire Center (a long-term, residential care center for Veterans with PTSD and substance abuse) and Father Joe's Villages (a 30-year, multifaceted residential center for homeless persons in San Diego).

**University of Chicago
Chicago, IL**

GWEP Title: South Side Healthy Aging Resource Experts (SHARE) Network

Target Audience:

Community PCPs (ECHO), SNF Nurses & CNAs (ECHO & direct training), Older Adults (direct training), Health Professions Students (classroom & clinical education), Communities of Faith (direct training)

GWEP Director Name: Katherine Thompson, MD
Email: katherine.thompson@uchospitals.edu

Key Contact: Jason Molony, Project Manager
Email: jmolony@medicine.bsd.uchicago.edu

Website: <http://sharenetworkchicago.org/>

What you are doing?

Our goal is to improve the health of older adults on the South Side of Chicago through outreach and workforce education in a variety of formats & settings through the SHARE Network, comprised of academic & community hospitals, SNFs & community-based organizations.

- ECHO training: videoconferencing case-based CME on geriatrics topics (community PCP series, SNF series)
- SNF training: direct education on best practices with nurses & CNAs in the SNF setting
- Community Healthy Aging: weekly health education workshops for older adults across the region in partnership with CBOs
- Production of a resource guide for older adults focused on the South Side of Chicago
- Dementia training and caregiver support in faith-based organizations
- Health professions students training: medical, PA, NP, SW, PT, pharmacy students learn geriatrics care through a variety of programs including:
 - Older Adults as Teachers
 - Preceptorship/internship/mentorship
 - Classroom education
 - Clinical training experiences
 - Interprofessional team training experiences

Educational Materials:

We have multiple ECHO curricula (outpatient PCP and skilled nursing facility), community health education materials on a variety of topics, health professions student modules on a variety of topics (frailty, interprofessional medication management, functional assessment, advanced directives and goals of care, etc.), older adults as teachers module (training older adults to educate health professions students about themselves)

Partners:

University of Chicago Medicine
St. Bernard Hospital & Health Care Center
(Community Hospital)
FQHCs across Chicago & IL

Symphony Post-Acute Network
Chicago Hyde Park Village (CBO)
Mather Lifeways (CBO)
TRC Senior Village (CBO)

Challenges:

Project evaluation (especially patient-level outcomes), aligning educational goals with financial drivers in the SNF setting, reaching homebound patients without access to technology

Opportunities:

Strong relationships with non-profit community based organizations with vocal older adult leaders, institutional support for community outreach, depth and breadth of local interprofessional geriatrics expertise, highly functioning ECHO program and logistics in place to foster successful programs, access to a wide variety of health professions trainees, relationship with skilled nursing facilities as part of a preferred provider network

Anything else you would like to share with other GWEPs?

We would be interested in sharing/collaborating with other projects that are primarily serving underserved urban populations or other projects that are using or are interested in using the ECHO model

THE GERIATRIC WORKFORCE ENHANCEMENT PROGRAM

GWEP Director: Aida Wen, MD

Email: aidawen@hawaiiantel.net

OVERALL GOAL: Develop a health care workforce that maximizes patient, family and caregiver engagement and improves health outcomes for older adults by integrating interdisciplinary team geriatrics into primary care.

PARTNERS:

- University of Hawaii System (Schools of Nursing, Social Work, Pharmacy, Public Health, Center on Aging, Kapiolani Community College)
- John A Burns School of Medicine (Dept of Family Medicine, Native Hawaiian Health, Area Health Education Center)
- Community Organizations (AARP, Alzheimer’s Association, DOH, QIO, Hawaii Primary Care Association, Pacific Island Health Officers Association)

HIGHLIGHTS:

Transforming clinical training environments to integrated geriatrics and primary care delivery systems to ensure trainees are well prepared to practice in and lead these kinds of systems.

- **Physician Center at Mililani:** Monthly integrated geriatrics and primary care Annual Wellness Visit clinics run by interprofessional teams.
- **Kokua Kalihi Valley (KKV):** Incorporates Elder Risk Screening into primary care workflow.
- **Hawaii Primary Care Association (HPCA):** We are working with HPCA (which serves all FQHCs in Hawaii) to identify other primary care training sites to spread this model during Year Three.

Developing providers who can assess and address the needs of older adults and their families/caregivers at the individual, community, and population levels.

- **Provider Training:** We continue to reach a variety of disciplines through conferences, seminars and grand rounds, and Project ECHO. We also train medical students, residents and fellows.
- **Allied Health Schools:** We have been collaborating with the faculty at the Schools of Nursing, Pharmacy, Social Work, Medicine and Public Health in creating and refining the Interprofessional Educational (IPE) training curricula at the School of Nursing Simulation Center.
- **Development of a Community Health Worker (CHW) and Licensed Practical Nurse (LPN) pipeline:** We are collaborating with Kapiolani Community College (KCC) in creating a 2-year Community Health Worker Curriculum. The KCC LPN pipeline is also enhanced.

Creating and delivering community-based programs that will provide patients, families and caregivers with the knowledge and skills to improve health outcomes and the quality of care for the older adult.

- **Video Series:** Our goal is to create a Hawaii Caregiver Training and Empowerment Video Series,
- **Family/Caregiver Training:** We provide direct teaching to patients, families and caregivers through a variety of venues
- **Pacific Islands:** We provide Family Caregiver Certificate Training and disseminate other geriatric and dementia materials to several USA Pacific Island Nations.
- **Cultural Sensitivity:** All dementia and caregiver resources/training materials are developed to be culturally sensitive, particularly for Native Hawaiian and Pacific Islander populations.

GWEP Title: ENGAGE-Illinois

Target Audience: Multidisciplinary healthcare professionals, older adults, families, caregivers, and interprofessional health science students

GWEP Director: Valerie Gruss, PhD, APN, CNP-BC
Email: vgruss@uic.edu

GWEP Co-Director: Memoona Hasnain, MD, MHPE, PhD
Email: memoona@uic.edu

What you are doing? Engaging and educating

Programs	Educational Training and Materials
<i>Online Accredited Learning in Interprofessional Geriatrics</i>	<ul style="list-style-type: none"> • 25 online geriatric learning modules (30 min. each) with free continuing education credits for medicine, nursing, pharmacy, social work, occupational therapy Website engageil.com is portal to our online program • One-hour documentary/education film on “Dementia” in collaboration with Alzheimer’s Association (free CEUs)
<i>Digital Tools to Empower Clinicians and Communities</i>	<ul style="list-style-type: none"> • Mobile app, “<i>Dementia Guide Expert for families</i>”, download for free for iOS at Apple App Store and Android at Google Play
<i>Community Campus Connections in Interprofessional Geriatrics</i>	<ul style="list-style-type: none"> • Educating older adults, families/caregivers on health and well-being and screenings • Educating primary care providers on geriatrics at urban healthcare clinics • House Calls program for homebound older adults • Interdisciplinary Healthcare Screening and Prevention at Senior Centers including Falls Prevention, Dementia screening, Immunization updates
<i>Scholars and Leaders in Interprofessional Geriatrics</i>	<ul style="list-style-type: none"> • 8-week Advanced geriatric team learning experience with stipend for health science students from medicine, nursing, pharmacy, social work, occupational therapy and public health. Students work in Interprofessional teams and engage with older adults in a variety of settings (post-acute, palliative care, hospice, and house calls)

Partners:

- Access Community Health Network, Chicago, Illinois (caring for community dwelling older adults)
- Alzheimer’s Association, Chicago (serving persons with dementia, families and caregiver)
- Chicago Department of Family Support Services, Senior Services (serving Chicago older adults)
- Housing Opportunities & Maintenance for the Elderly (H.O.M.E.), Chicago, Illinois (providing housing and caring for underserved community dwelling older adults)
- Rainbow Hospice and Palliative Care, Mt. Prospect, Illinois (providing palliative care and hospice to older adults)
- Schwab Rehabilitation Hospital, Sinai Health Systems, Chicago, Illinois (caring for underserved disabled older adults)
- UIC Home Visits, Chicago, Illinois (caring for homebound underserved older adults)
- White Crane Wellness Center, Chicago, Illinois (serving urban older adults)

Challenges:

Our key challenges include meeting the demand for our education materials while developing new modules. Translating our app, *Dementia Guide Expert for families*, into other languages. Spanish version will be available Summer 2018.

Opportunities:

Creating and offering innovative educational programs for multiple audiences, capitalizing on technology, and making educational materials available to audiences in a variety of settings.

Anything else you would like to share with other GWEPs? We have over twenty geriatric training modules (30 min. each) available online with free continuing education credits, access at: engageil.com

**University of Iowa
Iowa City, IA**

GWEP Title: Interprofessional Strategic Healthcare Alliance for Rural Education (iSHARE)

Target Audience: Health professions (medicine, nursing, pharmacy, public health, dentistry, social work, allied health professions) students, residents, community-based providers including direct care workers and family caregivers

GWEP Director: Marianne Smith, PhD, RN, FAAN
Email: Marianne-smith@uiowa.edu

Key Contact: Linda Seydel, MS, LNHA, Program Director
Email: Linda-seydel@uiowa.edu

Website: <https://igec.uiowa.edu/>

What you are doing?

iSHARE has 4 main goals that each involve many activities. Highlights include:

- Providing interprofessional training using nursing home rounds, functional assessment workshops, an interprofessional interest group on aging, and eHealth technology in rural practicums.
- Integrating geriatric education into practice, including an annual geriatric conference; adaptation of Screening, Brief Intervention and Referral to Treatment (SBIRT) for older adults in community/home settings; improving antipsychotic appropriateness in dementia patients (IA-ADAPT); frailty detection and management; delirium detection/treatment quality improvement, and dementia care for veterans and their families.
- Providing innovative distance training and interactive e-learning such as E-News and Info-Connect Information at Your Finger Tips; GeriaSims; and older adult substance use training.
- Providing family focused dementia education to advance family-staff partnerships in care using the Family Involvement in Dementia Care model as a foundation.
- Providing a geriatric lecture series that offers monthly e-lectures focusing on dementia-related topics: chronic disease management (Yr1), person-centered care/decision-making (Yr2) and mobility/disability (Yr3).

Educational Materials:

- | | |
|---|---|
| ✓ Geriatric Lecture Series | ✓ Family Involvement in Dementia Care series |
| ✓ Delirium Screening and Treatment | ✓ SBIRT Plus for Older Adults (Substance use) |
| ✓ IA-ADAPT: Improving Antipsychotic Effectiveness | ✓ Joint surveyor/nursing home staff education |

Partners:

- Aging Resources of Central Iowa, Des Moines, IA (community-based organization)
- Des Moines University, Des Moines, IA (primary care clinical site)
- Telligon, Des Moines, IA (community-based organization)
- VA Eastern Kansas Health System, Topeka, KS (primary care clinical site)

Challenges:

- Documenting clinical outcomes associated with geriatric training/practice enhancements
- Meeting diverse rural needs (online anywhere/time is great but many still prefer in-person training)
- Understanding, responding to, accommodating fluctuation and changes in GWEP expectations
- Better understanding who we do not reach in order to promote/advance access to resources

Opportunities:

- Iowa is a very “old” state so there are endless opportunities to improve care/advance practice
- Many health systems statewide have identified shared concerns related to older adult risks/needs

**University of Louisville Kent School of Social Work
Louisville, KY**

GWEP title: Kentucky Rural Kentucky Rural & Underserved Geriatric Interprofessional Education Program (KRUGIEP)

Target Audience (list types of learners): Health Care Professionals (Physicians, Nurse Practitioners, Nurses, Social Workers, Pharmacists, Dentists and Dental Hygienists), Professional Students (Medicine, Nursing, Nurse Practitioner, Social Work, Pharmacy, and Dental), and Community workers

GWEP Director Name: Anna C. Faul, PhD

Key Contact (if different) Name: Samantha Cotton, MSSW (Program Manager)

GWEP Director Email: acfaul01@louisville.edu

Key Contact Email: sam.cotton@louisville.edu

Website: <http://www.optimalaginginstitute.org/gwep-flourish>

What you are doing?



-In year 3, we continued to expand our health navigation program, known as Flourish, which provides serves to clients aged 65 years and older with 2 or more chronic conditions. We have expanded our reach to include: Barren, Bullitt, Hart, Henry, Metcalfe, Oldham, Shelby, Spencer, Trimble, and underserved parts of Jefferson county.

-We have 11 social work students that serve as community health navigators for our 80 patients that have been served by the program.

-As Flourish has expanded we found that we needed to evaluate patient flourishing or life functioning not merely health outcomes data. We used the six determinants of health to develop a set of evidence-based, quality of care indicators relevant to older adults with multiple chronic conditions, using systematic literature reviews, and the guidance of our interdisciplinary team of professionals. The Flourish Index focuses on the following determinants of health: Psychological, Biological, Individual Health behaviors, Environmental determinants, Health Services determinants, and Social determinants.

-The preliminary analysis of the Flourish Index shows promise for the usability of the Index to provide insight into the fundamental challenges of aging. It brings greater clarity in caring for older adults and supports quality evaluation of integrated care coordination models.

-We have continued to expand our Kentucky Coalition for Healthy Communities (KCHC) which consists of community members and stakeholders across 10 counties.

- As of March 2018, we have trained 1,135 students and professionals in our Interdisciplinary Curriculum for the Care of Older Adults (iCCOA), which consists of 5 online didactic modules and in-person case-based learning sessions.

-Expanded our training program for educating community members and key stakeholders on Alzheimer's disease and related dementias. Since 2017, we have hosted 10 training programs in our communities.

Have you developed educational materials? 5 online modules, an interprofessional case management experience, Alzheimer's disease simulation train-the-trainer program. We have also developed a training using ADRD content for CNA's.

Who are your partners?

-Schools of Nursing, Law, Medicine, Dentistry at the University of Louisville and the School of Pharmacy at Sullivan University

- Expanded to include 8 Community Practices in Bullitt, Shelby, Henry, Barren, Hart, Jefferson and Metcalfe counties.

-2 Area Agencies on Aging (Kentuckiana Regional Planning & Development Agency "KIPDA" and Barren River Area Development District "BRAAD")

-Alzheimer's Association (Kentucky)

What are your challenges? Coordinating with remote locations in rural communities including technology challenges.

**University of Louisville Kent School of Social Work
Louisville, KY**

What are your opportunities? Our partnerships with our Area agencies on agency and the development of the Kentucky Coalition for Healthy Communities (KCHC). Our capacity to continue to further utilize the Flourish Index to effectively show comprehensive change in the clients we serve.

**University of Montana
Missoula, MT**

GWEP Title: Montana Geriatric Workforce Enhancement Program (MGWEP)

Target Audience:

- Healthcare professionals including: nurses, nursing home administrators, occupational therapists, pharmacists, physicians, physician assistants, psychologists, physical therapists, social workers, tribal health administrators and practitioners, and other health care providers.
- Direct care workers, patients, and family caregivers

GWEP Director: Keith Anderson, PhD, MSW **Email:** Keith.Anderson@umontana.edu

Website: <http://health.umt.edu/mtgec/>

What you are doing?

Initiative 1: Interprofessional Collaboration, Education and Training in Geriatrics

Implementing geriatric didactics and activities for family medicine residents and health professions students in two community health centers.

Initiative 2: Interdisciplinary Geriatric Health Screening Initiative

Providing a variety of health screenings throughout the state of Montana with interdisciplinary teams of health professions students.

Initiative 3: Development of the Geriatric Nursing Workforce

Provided training for Certified Alzheimer's Disease and Dementia Care Trainers® for individuals. Providing the review course for nurses interested in ANCC Gerontological Nursing Certification.

Initiative 4: Continuing Education in Geriatrics for Health Professionals

Providing an annual conference with national speakers for both live and videoconferenced audiences. Support speakers for meetings of a wide variety of partner organizations. Collaborate with the NW Geriatric Workforce Enhancement Center on their geriatric health series webinars.

Initiative 5: Geriatric Curriculum Expansion

Adding three new modules to the MGWEP online curriculum with revision of existing modules. Revised and distributed six interdisciplinary geriatric case studies.

Initiative 6: Geriatric Training for Direct Care Workers

Collaborating with the Montana QIO to train peer educators who work with older diabetics to improve diabetes control. Training DCW as Certified Dementia Care Practitioners® and working with the Montana AHEC to infuse geriatrics in a new Community Health Workers curriculum.

Initiative 7: Geriatric Education for Patients, Families and Caregivers

Supporting MSU Extension and Area Agencies on Aging in providing Powerful Tools for Caregivers. Working to implement educational activities in the new Montana ADRD State Plan.

Educational Materials: 29 Geriatric Health Online Curriculum Modules and 6 Geriatric Case Studies

Partners:

- | | |
|--|---|
| • RiverStone Health (CHC) | • Montana AHEC |
| • Mountain Pacific Quality Health (QIO) | • Western MT AHEC |
| • St. Vincent Healthcare | • Eastern MT AHEC |
| • Partnership Health Center (CHC) | • Montana Tech School of Nursing |
| • University of Montana Western MT Family
Medical Residency Program | • Montana State University College of Nursing |

Challenges: The main challenge is providing education over a large geographical area, much of which is rural/frontier. Identifying methods and implementing the most effective educational interventions continue to be challenging.

Opportunities: Health care professionals, caregivers and patients in rural areas are interested in geriatric education delivered by a variety of means. There is growing interest in the early diagnosis of dementia and services available for patients and families.

Anything else you would like to share with other GWEPs?

The Montana Geriatric Education Center and its MGWEP have become recognized as an important educational resource, resulting in its inclusion in most geriatric activities and planning in the state.

**University of North Carolina at Chapel Hill School of Medicine
Chapel Hill, NC**

GWEP title: Carolina Geriatrics Workforce Enhancement Program (CGWEP)

Target Audience (list types of learners): faculty, health professions students, practitioners, care givers, primary care providers

GWEP Director Name: Jan Busby-Whitehead, MD

Key Contact (if different) Name: Cristine (Clarke) Henage, EdD

GWEP Director Email: jan_busby-whitehead@med.unc.edu

Key Contact Email: cristine_clarke@med.unc.edu

Website: <http://www.med.unc.edu/aging/cgec/> online courses available at www.uncgeriatrics.com

What you are doing (Bulleted List)?

- Integrating Geriatrics into primary care
- Interprofessional pre-professional Geriatrics training
- Interprofessional Geriatrics Fellowship training
- Creating community-based programs and courses to train patients, families, and caregivers
- Alzheimer's disease and Related Dementias (ADRD) programming across the state, including the North Carolina Native Americans

Have you developed educational materials? Yes. We have developed 142 face-to-face courses plus 13 online courses. Course topics include: Advanced Care Planning, Dementia, Falls Prevention/Awareness, Depression Screening and Intervention, Elder Mistreatment/Financial Abuse, Unintentional Weight Loss and specialty topics in geriatric medicine.

Who are your partners? Nine North Carolina (NC) Area Health Education Centers (AHECs), Orange County Caregiver Awareness Respite Education and Support (OC CARES), North Carolina American Indian Health Board (NCAIHB), The North Carolina Division of Aging and Adult Services (NCDAAS) and Area Agencies on aging (Triple As), two Federally Qualified Health Centers (FQHCs), Piedmont Health Inc. and Rural Health Group, Camp Lejeune Naval Hospital, six University of North Carolina at Chapel Hill (UNC-CH) Health Sciences schools, and Alliant Quality (the Quality Improvement Organization for NC).

What are your challenges? Our biggest challenge by far has been timely data collection for practice change projects. Staff turnover and delays in electronic health records modifications added to the delays. Partnering with practice support groups through AHEC improved data collection. Recruiting physicians and dentists for the IPE Geriatrics Fellowship Program was also a challenge. In the area of community work, it has been difficult to spread large-scale educational projects to the various senior centers and meal sites across North Carolina. .

What are your opportunities? The biggest opportunity we have is to integrate our work into a local Accountable Care Organization. This would allow us to continue to connect community-based organizations with the formal healthcare system. We also have an opportunity to sustain Interprofessional (IPE) Geriatrics Fellowship programs and pre-professional training across the 6 UNC Health Sciences Schools as UNC has a new Vice Chancellor of IPE.

Through a productive collaboration with AK, AZ, UCLA-CA, and WY we have an opportunity to address the special population needs for Native Americans in the area of ADRD.

Finally, we have an opportunity to disseminate our 13 online courses including the Otago Exercise Program which is offered free of cost to 25 universities across 18 states.

**University of North Texas Health Science Center
Fort Worth, TX**

GWEP title: Workforce Enhancement in Healthy Aging and Independent Living (WE HAIL)

Target Audience (list types of learners):

- Undergraduate and graduate students
- Healthcare professionals
- Family medicine residents
- Older adults and Caregivers

GWEP Director Name: Janice A Knebl, DO, MBA, Chair, Center for Geriatrics

Key Contact (if different) Name: Jennifer Severance, PhD

GWEP Director Email: Janice.Knebl@unthsc.edu

Key Contact Email: Jennifer.Severance@unthsc.edu

Website: www.unthsc.edu/wehail

What you are doing (Bulleted List)?

- **Interprofessional healthcare student training** to increase knowledge, competence, skills, and attitudes for the provision of geriatric care.
- **Geriatrics Certificate Program** to provide Family Medicine Residents with exceptional comprehensive geriatric training for complex interprofessional settings and additional competitive advantage.
- **Clinical Decision Support tools, online continuing education modules, and quality improvement projects** for healthcare professionals to integrate evidence-based, patient-focused geriatrics and primary care delivery systems and improve patient transitions of care.
- **Community services and evidence based programs** in a variety of settings to improve patients, families, and caregivers' health and quality of life.
- **Geriatrics Practice Leadership Institute** for healthcare trainees and primary care practitioners and create "Geriatric Transformational Champions" to lead in the emerging integrated delivery systems for geriatrics in patient-centered primary care.
- **GWEP-CC Networking Meeting grant, Session A Poster** Title "A Learning Collaborative on Improving Quality and Access to Care for Rural Older Adults"

Have you developed educational materials?

- | | |
|---|--|
| <ul style="list-style-type: none">• Caregiver Resource Guide• Free geriatric continuing education modules for a variety of disciplines• Geriatric Certificate for Family Medicine Residents | <ul style="list-style-type: none">• Health Literacy curriculum for interprofessional student teams• Caregiver and healthy professional podcast series• Geriatric Practice Leadership Institute |
|---|--|

Who are your partners?

UNT Health Science Center, Texas Christian University, JPS Health Network, United Way of Tarrant County's Area Agency on Aging, and community partners at Meals on Wheels, Senior Citizen Services, James L. West Alzheimer's Center, and Alzheimer's Association of North Central Texas

What are your challenges?

Partner agencies' staff turnover and leadership and organizational changes affects project continuity.

What are your opportunities?

- Strong partnerships with leaders in education, health care and aging services
- Leadership in community and statewide initiatives for the growing aging population
- Recognized achievements in interprofessional student education, Family Medicine Residency training and evidence based programs for older adults.

Anything else you would like to share with other GWEPs?

- WE HAIL training enhancements focus on five areas identified by the United Way's Area Agency on Aging community needs assessment: health literacy, chronic disease patient self-management, falls prevention, medication management, and dementia care.
- WE HAIL's Community Advisory Board provides feedback and insight to continue RCQI efforts, engage new partners, and disseminate products.

**University of Pennsylvania
Philadelphia, PA**

GWEP title: Keystone Center for Enhancing Geriatrics Primary Care and Education

Target Audiences:

- Health professionals: physicians in training (internal medicine and family medicine residents, geriatric medicine and psychiatry fellows), medical students; advanced practice nurses, physical therapists, occupational therapists, pharmacists, masters level social work students
- Faculty and practicing health professionals of all disciplines above
- Direct care providers (CNAs in home care and nursing home settings)
- Administrators of community organizations who serve seniors
- Community based organizations: faith based, non-profits, Alz Associations, foundations, and continuing care communities
- Lay individuals of diverse ethnicities and social economic strata

GWEP Director Name: Jerry Johnson, MD

Key Contact (if different): N/A

GWEP Director Email: jjohnso@penmedicine.upenn.edu

Key Contact Email: Dr. Johnson and Tara Hayden (thayden@penmedicine.upenn.edu)

Activities:

- Selected activities in each of the four broad GWEP categories (with attention to health equity):
- Clinical care: home based primary care programs, lay companions in the African American Church Community targeting persons in need of palliative care, paramedics program. **Outcome example-% lay companions (n=40) who understand the difference between goals of care and processes of care increased (10-50%).**
- Training: enhanced nursing home experiences for medical residents, preparation of advanced practice nurse scholars and geriatric fellow educators, innovative model of community based service learning (CBSL) for medical residents, interactive interprofessional workshops targeting students and faculty of 8 health professions disciplines, and PT and OT nursing home based training. **Outcome example: most medical residents (n=71) strongly agreed that the CBSL experience contributed to their capacity to evaluate and care for seniors (mean 3.84, SD 0.67) on 5 point scale.**
- Community and caregiver education: Direct care provider education in nursing homes, home care programs; lay education on key topics (medications, dementia, palliative care, gait and mobility) through partnerships with community organizations. **Outcome example: % of church leaders (n=100) who say palliative care is consistent with my faith increased from 60 to 93%.**
- Dementia: dispersed throughout the other 3 broad categories plus targeted dementia training in caregiver education and support, quality improvement in behavioral health problems in primary care settings. **Outcome example: 37% increase in plans to monitor psy medications in recorded NH care plans.**

Have you developed educational materials?

- Yes (curricula models, training materials, aides to clinical care settings, and lay education materials)

Partners:

- Our primary partners are the University of the Sciences, the Corporal Michael J. Crescenz VA Medical Center, the Health Promotion Council of SE PA (non-profit organization), and Lancaster General Health (a regional health system) and the Univ. of PA Schools of Medicine, Nursing and Social Work. Under the auspices of these entities, we established secondary partnerships with multiple schools and departments, and with the Philadelphia Corporation on Aging, multiple primary care practices, nursing homes, faith-based organizations, national and regional professional organizations, and other non-profits.

Challenges:

- Clinical: workflow issues limit training activities in practice settings
- Training: logistics constrain discipline specific and interprofessional exercises
- Community: community partnerships are labor intensive

Opportunities:

- Health system membership in the CMS Comprehensive Primary Care Plus Program
- New partnership with a local PACE program and regional health care provider

**University of Pittsburgh
Pittsburgh, PA**

GWEP Title: University of Pittsburgh Geriatrics Workforce Enhancement Program

Target Audience: Health care professionals, students, residents, and fellows; older adults and family caregivers

GWEP Director: Richard Schulz, PhD

Email: schulz@pitt.edu

Website: <http://www.upmc.com/Services/AgingInstitute/resources-for-professionals/Pages/geriatrics-workforce-enhancement-program.aspx>

What you are doing?

Project 1:

Improving the care of elderly veterans through education of primary care providers and family members via webinars available at VA community-based outpatient clinics, curriculum and webinar development focused on geriatric home care nursing, and tele-dementia caregiver support

Project 2: Transforming clinical training for Alzheimer's disease and related disorders (ADRD) with MD, NP, and SW students and residents and providing clinical updates via webinars and face-to-face training on dementia topics to health and social services professionals in rural and underserved urban areas

Project 3: Advancing dementia care competency among students, residents, and fellows in multiple health care disciplines by implementing a curriculum focused on providing care to individuals with dementia who lose the ability to communicate verbally

Project 4: Improving mental health care for older adults in primary care practice settings through on-site expert presentation, discussion, and consultation

Project 5: Improving healthy lifestyles of older adults by training health and social service providers to implement preventive interventions focused on reducing sedentary behavior and increasing social participation among older adults in community settings

Project 6: Expanding the family caregiving education and support provided by a regional, community-based outreach and resource center that offers resource and referral services through a telephone-based call line and a website available to all members of the community

Educational Materials:

Our GWEP has developed and archived several webinars as CE offerings, developed a series of geriatric mental health presentations, and is in the process of developing brief videos focused on safety measures for persons with dementia living at home.

Partners: Our partners are the VA Pittsburgh Health System, Pennsylvania State University Center for Healthy Aging, and the Aging Institute of UPMC Senior Services.

Challenges: We face two main challenges: (1) obtaining release time for clinical and support staff in busy primary care practices to attend our on-site trainings; (2) meshing student/resident/fellows' clinical schedules to enable engagement in interprofessional training.

Opportunities: The number and variety of our projects has prompted us to develop a portal that effectively serves as a repository for all teams' project-specific information (e.g., presentations, handouts, calendar of events, event registration, and abstracts) and common measures for cross-project use and aggregation of findings.

University of Rhode Island Kingston, RI

GWEP Title: Rhode Island Geriatric Education Center (RI-GWEP) GWEP Director
Director Dr. Phillip G. Clark
Email: aging@uri.edu
Website: <https://web.uri.edu/rigec/>

Target Audiences:

- Health professions students (medicine, nursing, pharmacy, social work, rehabilitation)
- Primary care providers (physicians, advanced practice nurses, physician assistants, nurse care managers)
- Patients and families

What we are doing:

- Developing interprofessional clinical education programs for health professions students and medical residents
- Developing modules, courses, and resources (including online) for primary care providers
- Offering patient education workshops in managing multiple chronic diseases, healthy eating and advanced care planning
- Offering Alzheimer's disease and related dementia educational programs for providers and patients

Educational materials/programs:

- Interprofessional teamwork and geriatric assessment for Primary Care
- Geriatrics, palliative and end-of-life care for interprofessional primary care teams
- Multi-modal continuing education and professional development programs in topics such as:
 - *Palliative and End-of-life Care*
 - *Fall Risk Prevention*
 - *Cognitive Dysfunction/Impairment*
 - *Behavioral and Mental Health*
 - *Medication Management*
- Advanced Care Planning Workshops for Community Seniors

Partners:

- University of Rhode Island (nursing, pharmacy, and allied health)
- Rhode Island College (nursing and social work)
- Brown University (medicine)
- Care New England Healthcare System
- Healthcentric Advisors (QIO)
- Care Transformation Collaborative of Rhode Island
- Rhode Island Primary Care Physicians Corporation
- Rhode Island Chapter of the Alzheimer's Association

Challenges:

- Developing educational programs for a healthcare system that is constantly changing
- Coordinating the schedules of different health professions programs for interprofessional experiences
- Recruiting patients from primary care settings

**University of Rochester
Rochester, NY**

GWEP Title: Finger Lakes Geriatric Education Center (FLGEC)

Target Audience: Physicians, Physician Assistants, Nurse Practitioners, Nurses, Home Health Aides, Certified Nursing Assistants, Allied Health (PT/OT/Speech, Recreation, Music Therapy, Art Therapy), Social Work, Psychiatry, Dentistry, Pharmacy, Family Caregivers, Care Managers

GWEP Director: Thomas V. Caprio, MD, MS, MPH, AGSF

Email: Thomas_Caprio@urmc.rochester.edu

Website: <https://www.urmc.rochester.edu/medicine/geriatrics/flgec.aspx>

What you are doing?

- Support interprofessional, team-based, patient-centered health care for older adults
- Integrate geriatrics into evolving primary care delivery systems to provide coordinated and comprehensive healthcare
- Conduct outreach and education for patients, families, and caregivers to improve the health of older adults
- Develop distance-learning (online and teleconference) education and support for clinicians
- Target outreach to health care providers practicing in rural areas of Upstate New York
- Special area of emphasis on education and training for health care professionals and caregivers related to Alzheimer’s Disease and other dementias

Educational Materials: <https://collabornation.net/login/geriatriceducation>

The Education Center Collaborative Learning Environment® is an online forum (distance learning) focused on the care of Older Adults which is offered free of charge for health care professionals through CollaborNation®.

Partners:

University of Rochester (UR)	Alzheimer’s Association	JJ Peters VA Geriatric Research
School of Medicine and Dentistry	Rochester/Finger Lakes Chapter	Education and Clinical Center
UR School of Nursing	Finger Lakes Center for Excellence	(GRECC)
UR Division of Geriatrics & Aging	in Alzheimer’s Disease (FLCEAD)	New York State Office for the
UR Medicine Project ECHO®	Ithaca College Gerontology	Aging
UR Office for Aging Research and	Institute	Westchester Aging & Health
Health Services	St. John Fisher College Wegmans	Workforce Development Institute
Finger Lakes Performing Provider	School of Pharmacy	Memorial Sloan Kettering Cancer
System	Nazareth College York Wellness	Center GWEP
Accountable Health Partners	and Rehabilitation Institute	Pittsburgh VA Medical Center
(Accountable Care Network)	Health Foundation of Western and	Pittsburgh GWEP
Lifespan (Aging Services Network	Central New York	
Provider)	Canandaigua VA Medical Center	

Challenges:

Obtaining patient-centered data and clinical outcomes from projects

Opportunities:

Continued expansion in rural areas and collaboration with statewide projects

Anything else you would like to share with other GWEPs?

We are offering Project ECHO® Teleconsultation Clinics in Geriatric Mental Health and Palliative Care and have a robust online training learning library that is free for access.

**University of South Florida, Health
Tampa, FL**

GWEP Title: The University of South Florida Geriatric Workforce Enhancement Program (USF GWEP)

Target Audience:

Medical Residents, Medical Students, ARNP Students, DNP Students, PharmD Students, DPT Students and Undergraduate Nursing Students	Suncoast Community Health Center (FQHC): providers, case managers, other staff	Senior Connection Center (ADRC): staff (as both teachers and learners), PCP, community providers, caregivers, professional care managers
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GWEP Director: Kathryn Hyer, PhD, MPP
Email: khyer@usf.edu

Key Contact: Anne Wenders, MPH
Email: amaynard@health.usf.edu

Website: <http://health.usf.edu/gwep/>

What you are doing?

- Providing interprofessional geriatric primary care rotations involving IM residents, nurse practitioner students and undergraduate nursing students at an FQHC.
- Exposing IM residents and other learners to ADRC resources through a shadowing experience.
- Fostering excellence in the primary care of older adults at an FQHC through development, implementation, and evaluation of PDSA QI projects targeting key geriatric indicators.
- Providing faculty development in geriatrics & gerontology for FQHC providers through inter-professional, coordinated training programs and educational opportunities.
- Creating a bi-directional referral system between an FQHC and ADRC and monitoring outcomes.
- Infusing medical, nursing, pharmacy and physical therapy curricula with geriatric competencies to prepare future healthcare providers to care for Florida's aging population.
- Creating new gerontology/geriatric cases for the Transitions of Care IPE modules. All 2nd year medical, pharmacy & physical therapy students along with select DNP, ARNP and undergraduate nursing students participate in these team-oriented structured clinical experiences.
- Administering and analyzing evaluation measures regarding geriatric content and delivery.

Educational Materials:

- New gerontology/geriatric cases involving a standardized geriatric patient have been created for the Transitions of Care IPE modules. All 2nd year medical, pharmacy & physical therapy students along with select DNP, ARNP and undergraduate nursing students participate in these team-oriented structured clinical experiences.
- Through an institutional license, GRNS Teaching Slides have been incorporated in multiple courses.
- The *Geriatrics at Your Fingertips* app is used by residents, ARNPs, and providers at the FQHC.

Partners:

Suncoast Community Health Centers, Inc. (an FQHC) and Senior Connection Center, Inc. (an ADRC).

Challenges:

An unanticipated transition which occurred in our FQHC clinical partnership.
Using PDSAs in clinical settings to effect true systems change (rather than tracking outcomes)

Opportunities:

Working with underserved populations with our ADRC and our new FQHC partner.

Anything else you would like to share with other GWEPs?

Discussion of use of apps and other educational resources by residents and other providers.

**University of Southern California
Los Angeles, CA**

GWEP title: USC-LAC Training a Workforce in Interprofessional Geriatrics

Target Audience (list types of learners): Patients, family, caregivers, medical residents, geriatrician fellows, and students in medicine, physician assistant, pharmacy, occupational therapy, physical therapy, dental, social work, and psychology.

GWEP Director and Key Contact: Bonnie Olsen, PhD

Email: bonnie.olsen@med.usc.edu

Website: http://keck.usc.edu/Education/Academic_Department_and_Divisions/Department_of_Family_Medicine.aspx

What you are doing?

- Imbed multidisciplinary assessment into an existing geriatric assessment clinic at Eisner Health and develop a new geriatric primary care assessment clinic at the USC FM clinic.
- Integrate into these clinics educational components provided by our community partners, Alzheimer's Greater Los Angeles (ALZGLA) and the Center for Health Care Rights (CHCR), for consumers (patient, family, and caregivers) and providers.
- Develop longitudinal community-based training programs for health professional students (listed above): The Interprofessional Geriatric Curriculum program (IPGC) and the Student Senior Partnership Program (SSPP).

Educational Materials:

- Curriculum for each of the professional programs related to geriatric competencies and interprofessional clinical practice that is specific to SSPP and IPGC.
- Expanding the content in the GeriTeam App.
- We supported development and piloting of a Spanish caregiver training, Cuidando con Respeto, by ALZGLA.

Partners:

- Eisner Health
- Alzheimer's Greater Los Angeles
- Center for Health Care Rights

Challenges:

- Eisner Health, a large FQHC in downtown Los Angeles, will partner with us to establish four interprofessional clinical/training programs at their site. Each program utilizes the specific skills of two or more different professional areas (such as OT and pharmacy, medicine and dentistry) to improve health outcomes for their patients and to improve geriatric care needs in their providers.
- Integration of students into clinic due to scheduling conflicts.
- The IPGC and SSPP program faculty development and retention.

Opportunities:

- New community partnership with the Eisner may expand to other FQHC's
- Improved student engagement in clinical sites.
- Community based geriatricians and a new faculty geriatrician to support our programs.

**University of Utah
Salt Lake City, UT**

GWEP Title: Utah Geriatric Education Consortium (UGEC): Developing the Geriatric Primary Care Workforce to Improve Outcomes in Long-Term Care

Target Audience:

- Health profession students at the University of Utah
- Current providers of long-term care

GWEP Director: Linda Edelman, PhD, RN

Email: linda.edelman@nurs.utah.edu

Key Contact: Nancy Nelson, MBA-HCM, CCRC

Email: nancy.nelson@nurs.utah.edu

Website: <http://nursing.utah.edu/geriatric-education/>

What are you doing?

The Utah Geriatric Education Consortium was established to improve post-acute healthcare and health-related long-term services and support through education of the workforce providing these services. UGEC delivers content to nursing homes via distance education modalities, including live video conferencing and online modules. Educational programming uses the INTERACT model as a framework, and curriculum threads include communication and health literacy, care transitions, advanced care planning, dementia and related diseases (ADRD), and caregiver support. UGEC works with University of Utah faculty and community partners to provide health profession students with exposure to the unique regulatory challenges and health care needs of older adults within the long-term care (LTC) environment.

Educational Materials:

- Tuition support for Medical Directors to take the AMDA certification course.
- Distance-based interprofessional Learning Communities using case-based.
- Faculty fellowships for 1 year involving individualized learning plan, dedicated effort, and implementing the educational project (project may involve nursing home staff).
- Online 9-month LTC Nurse Residency program with mentoring, peer support, online modules and quality improvement projects.
- Interprofessional health-profession student LTC immersion experience.
- Pre-licensure nursing student rotations in the LTC setting.
- Graduate Post-Acute and Long-term Care certificate for nurse practitioners and other health professionals.
- ADRD online modules for students, LTC workforce, and family caregivers.
- ADRD and Caregiver Conferences in rural Utah

Partners:

Long-term Care Partners: Avalon Healthcare, Mission Health Systems

Community Partners: HealthInsight, Utah Alzheimer's Association

Challenges: Uptake in nursing homes due to staff/organizational personnel changes.

Opportunities: Outreach to rural populations through distance education. Regulatory changes in LTC that support a need for UGEC programs.

Anything else you would like to share with other GWEPs? We are anxious to collaborate and happy to share our distance program models.

**University of Washington
Seattle, WA**

GWEP Title: Northwest Geriatrics Workforce Enhancement Center

Target Audience: Primary Care Workforce

GWEP Director: Elizabeth Phelan, MD, MS

GWEP Director Email: phelane@uw.edu

Key Contact: Aimee Verrall, MPH

Key Contact Email: verrall@uw.edu

Website: www.nwgewec.org

What you are doing?

- Geriatric Healthcare Series
- ADRD Geriatric Healthcare Series
- Geriatric Grand Rounds
- Project ECHO – Geriatrics
- Practice-Based Quality Improvement Projects
- Quality Improvement 101 Webinars
- Area-Agency-on-Aging Practicum
- Area-Agency-on-Aging based Primary Care Liaison
- Advanced Nursing Practice (DNP) Traineeships
- Archived website resources

Educational Materials:

- Geriatric Healthcare Series Lectures and Handouts
- ADRD Geriatric Healthcare Series Lectures and Handouts
- Geriatric Grand Rounds Presentations
- Project ECHO – Geriatrics Didactics
- Quality Improvement 101 Webinars
- Area-Agency-on-Aging Practicum Curriculum and associated presentations
- Self-Management Plans or ‘Flags’

Partners:

- Veteran’s Administration of Puget Sound
- University of Washington’s Family Medicine Residency Network
- University of Washington’s Telehealth Project ECHO team
- Aging and Disability Services of Seattle-King County (ADS)
- Area Agency on Aging and Disabilities of Southwest Washington (AAADSW)
- Qualis Health (QIO for Washington State and Idaho)

Challenges:

- We’ve run into some road blocks trying to record and archive our Geriatric Grand Round lectures. Mostly, this is due to working with internal University of Washington audio / visual groups.
- We’ve encountered some issues with our website design and support and we’re actively working to transition groups in order to have more robust infrastructure around our website.
- We’ve struggled to motivate our activities’ attendees to complete evaluation surveys.
- Groups (such as MEDEX Physician Assistant Training Program) are positive and excited about our geriatric educational activities, but we’ve noticed it’s difficult to integrate our new activities into already demanding trainee schedules as well as substantial hurdles to overcome within each organization’s structure (coordination, approvals, logistics, etc.). Succinctly, adding new curriculum to an existing program takes some time.
- We have ongoing enthusiastic contacts from other potential partners, and it is a challenge to focus on our objectives and think about these partnerships for the future instead.

Opportunities:

- We’ve developed strong relationships with our two Area-Agency-on-Aging partners.
- We’ve noticed serendipitous synergies around our partners, activities, and audiences.
- The Primary Care Liaison model has been more successful than anticipated, and we are doing some strategic planning about expanding this model in a way that utilizes the experience and resources already established.
- Our Project ECHO – Geriatrics is very popular and we’ve fielded a number of requests from others who are interested in the ECHO model and using it for geriatrics training and education.

**University of Wyoming School of Pharmacy
Laramie, WY**

GWEP title: Wyoming Geriatric Workforce Enhancement Program (WyGWEP)

Target Audience (list types of learners): Administrators, Health Care Professionals (Physicians, Nurse Practitioners, Nurses, Social Workers, Pharmacists, Other allied health professionals, CNA's), Support Staff, Faculty, Health Professions Students (Medicine, Nursing, PA's, Social Work, and Pharmacy), and Community Dwelling Adults (Patients, Caregivers, and Seniors).

GWEP Director Name: Christine McKibbin, PhD

Key Contact (if different) Name: Catherine Carrico, PhD

GWEP Director Email: cmckibbi@uwyo.edu

Key Contact Email: ccarrico@uwyo.edu

Website: www.uwyo.edu/wycoa

What you are doing?

- Integrate geriatrics and care-transitions education within a network of primary care practices transitioning to patient-centered medical homes.
- Train FQHCs in the Medicare Annual Wellness Visit and create marketing campaign to increase AWV visits.
- Implement home-visiting model within an existing Geriatric Assessment Team.
- Partner with the State Unit on Aging and community-based partners to implement and disseminate evidence-based programs for older adults and caregivers including Stanford's (CDSMP) Chronic Disease Self-Management Program, SHARE and Our Family Journey for Dementia Caregivers.
- UW ECHO in Geriatrics and the UW ECHO in Rural and Frontier Care Transitions
- IPE Clinical geriatrics and primary care training opportunities at affiliate and partner sites.
- IPE Faculty development retreat
- Partner with UW Family Medical Residency Program to provide Community Partner Immersion Training for medical and pharmacy residents.
- Work with senior centers throughout Wyoming to deliver a Dementia Caregiver Webinar Series
- Deliver a semi-annual On-the-Road Alzheimer's Disease Workshop in rural Wyoming communities.
- Partner with NWGWEC to deliver a semi-annual geriatrics and Alzheimer's online education series
- Work with multiple affiliates to deliver a face-to-face regional, 2 day Alzheimer's conference and 1 day pre-conference.
- Create and disseminate culturally-relevant dementia education materials for Native American people on the Wind River Reservation

Have you developed educational materials? Two Online Dementia Care Certificate Programs; Online Assistive Technology and Aging Certificate Program. Dementia Recognition in Wyoming's Native Communities materials; Transition Across the Communities Team curriculum.

Who are your partners?

- Cheyenne Regional Medical Center (network of 28 Primary Care sites)
- Wyoming Area Agency on Aging/Aging Division, Wyoming Department of Health
- Wyoming Primary Care Association

What are your challenges? Change of a partner; filling a rural geriatric fellowship position.

What are your opportunities? Conversion of a rural geriatric fellowship position to ½ time 2-year fellowship to meet the needs of local applicants. Increased collaboration with Dept. of Health. We have an established network of affiliates and partnerships across Wyoming. We have provided efficient access to state-wide resources when other state-level funds were eliminated, we have established an evidence-based intervention dissemination center and network to deliver programs throughout Wyoming.

Anything else you would like to share with other GWEPs? Through our work with our Department of Health, we are applying for additional grants related to CDSMP. Through our partnership with organizations representing or supporting Wyoming's native communities, we are developing culturally-relevant dementia recognition materials.

**Virginia Geriatric Education Center GWEP
Richmond, VA**

GWEP Title: Virginia Geriatric Education Center (VGEC) GWEP

Target Audience: health care practitioners, pre-clinical students, health care academic faculty, residents, family caregivers, direct care/service providers

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What you are doing?

Transforming Clinical Care a) Excellence in Primary Integrated Care-Geriatric Patients (EPIC-GP) at Eastern Virginia Medical School (EVMS), with the Medicare Wellness Visits as a training vehicle, using input from a community consultant group and SeniorNavigator to train health care providers on community resources; b) Richmond Health and Wellness Program (RHWP) at Section 8 rental assistance HUD facilities as a site for internship/rotation/practicum for Faculty Development Program (FDP) scholars and interprofessional healthcare students; c) Capstone Interprofessional Web-Based Case System for pre-clinical students; d) Senior Mentoring Program and Neurocognitive and Functional Assessment Experience for pre-clinical Medical Students in various years.

Developing Providers to Assess and Address Needs of Older Patients and Families a) 200-hour FDP, with 40-hours at RHWP; b) 24-hour Evidence Based Practice program on Falls Prevention; c) 40-hour Train-the-Trainer program for home health agencies, assisted living, and community; d) hospital-based CME program on geriatrics issues.

Community-Based Programs for Patients, Families, and Caregivers a) training events for home care workers and nursing assistants, unpaid family caregivers in rural region; b) bi-monthly teleconsults for staff on needs-based topics requested by Mountain Empire PACE; c) on-site community trainings across the state for older adults, families, caregivers, and direct care workers, using SeniorNavigator's High Touch-High Tech platform informed by VGEC training.

Alzheimer's and Related Diseases (ADRD) Education a) refined previous ADRD training content to include aging with lifelong disabilities and health care disparities by race through collaboration with community partners; b) updated existing evidence-based curricula on ADRD; c) conduct 12-18 conferences and workshops annually for professionals and family caregivers; d) Video-record sessions in ADRD track at Virginia Geriatrics Society annual conference and establish broad accessibility to ADRD training content; e) conduct and evaluate workshops at Memory Disorders Clinic at University of Virginia for health professionals, pre-clinical students, direct care workers, and family caregivers.

Educational Materials: Training materials for 200-hour Faculty Development Program, 24-hour EBP Falls Prevention, EPIC-GP and 40-hour Train-the-Trainer, all including PowerPoints, online resources, references, etc.

Partners: Eastern Virginia Medical School, University of Virginia, and Virginia Commonwealth University as VGEC Consortium; VirginiaNavigator; Mountain Empire Older Citizens, Inc.; Community Memorial Hospital; Riverside Health Systems; VCU Health; Maryland-Virginia QIO; George Mason University; Norfolk State University; Hampton University; all four Alzheimer's chapters in Virginia; seven Area Agencies on Aging; numerous community-based agencies; and others.

Challenges: Buy-in from community partners who have had HIPA breaches and are limiting EHR access.

Opportunities: Our all-in interprofessional Plenary that oversees all programs and activities in continuous PDSA presents opportunities for replication; we are in the midst of on-going self-assessment with quantitative and qualitative tools.

Anything else you would like to share with other GWEPs? Our Plenary, which consists of over 20 interprofessional core faculty and staff, meet in-person bi-monthly to refine curriculum and conduct ongoing PDSA.

Wisconsin Geriatric Education Center

Target Audiences: Providers, faculty, students, residents, and fellows in the health professions; older adults, families, and caregivers in Wisconsin

Director: Stacy Barnes, PhD, Marquette University stacy.barnes@marquette.edu (414)288-3709

Website: www.WGEC.org

Who are your partners? (listed alphabetically)

- Alzheimer’s Association – Southeastern Wisconsin Chapter
- Aurora Health Care
- Marquette University
- Medical College of Wisconsin
- University of Wisconsin – School of Medicine and Public Health
- Wisconsin Alzheimer’s Institute
- Wisconsin Alzheimer’s Disease Research Center

What you are doing?

- Developed a new Gero Scholars program; graduated the first cohort of providers in Nov 2017
- Developed the GEAR-UP program for health profession students
- Trained first responders (i.e., police, fire, rescue, paramedics) about ADRD; successfully advocated for permanent change in the paramedic curriculum
- Continue to expand the Geriatric Fast Facts online database of clinically actionable reports for fast, free, point-of-care reference by all health providers. www.GeriatricFastFacts.com
- Developed & delivered interprofessional team-based curricula for health profession students
- Hosted community events for ADRD education targeted to under-represented populations
- Developed new assessment tools for competency-based geriatric education
- Trained providers working in primary care clinics and hospitals about ADRD
- Trained providers working in Wisconsin’s network of Dementia Diagnostic Clinics
- Provided culturally-specific training about ADRD for communities of color
- Provided evidence-based training to persons with MCI and family caregivers
- Provided MOC-PI & CME to primary care providers through newly developed online modules covering advance directives and sedative hypnotic medication reduction
- Provided regular CE/CME to faculty and providers about geriatrics, gerontology, interprofessional teams & ADRD
- Provided regular geriatric oral health training to non-dental health profession students

What are your challenges?

- Primary care providers have been resistant to geriatric trainings; overcoming real and perceived barriers has been challenging.
- Our consortium has experienced an unprecedented number of deaths, serious illnesses, and job departures during this short grant cycle. Faculty/staff turnover is difficult because it creates workflow gaps, stretches remaining personnel, slows progress & changes group dynamics.

What are your opportunities?

- New partners in our consortium, expanding our reach and capacity
- New connections with provider groups (e.g., first responders, primary care)
- GWEP consortium is contributing to a statewide plan to make Wisconsin “Dementia Capable”

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COACH PROJECTS AND TARGET AUDIENCE:

- Clinical co-precepting by Geriatric Advanced Practice Nurses and didactic sessions for nursing students
- Clinical co-precepting with Primary Care Attendings in the continuity clinic for Primary Care Residents
- Geriatric Curriculum (Didactics, Small Groups & Commitment to Change) for Traditional Internal Medicine Residents
- Interprofessional educational program for post-graduate primary care trainees to address polypharmacy
- Geriatric Educational Series for Federally Qualified Health Center (FQHC) providers
- FQHC Geriatrics Consultation Clinic with Spanish interpreter
- Shared Medical Appointments for persons with Dementia with a concurrent support group for their caregivers

PARTNERSHIPS:

- **Stakeholder Group:** Yale School of Medicine, Yale School of Nursing, Gateway Community College, Yale New Haven Health System, VA Connecticut & 2 FQHCs (Cornell Scott-Hill Health Center & Fair Haven Community Health Center)
- **Advisory Council:** Departments of Health (New Haven & Bridgeport), Alzheimer's Association, Agency on Aging (South Central & Southwestern CT), The Northeast Medical Group (community based practitioners), The Mary Wade Home (skilled nursing center), VNA Community Healthcare and Yale New Haven Hospital Patient & Family Advisory Council.

COACH ACTIVITIES FOCUS ON FIVE CORE TOPICS:

Mobility/Fall Risk

Cognitive Assessment

Medication Management

Goals of Care

Alzheimer's and Related Dementias

EDUCATIONAL MATERIALS:

- **Mini-clinical evaluation exercises (Mini-CEXs)** for medical residents on Patient Preferences/Goals of Care and Polypharmacy/Deprescribing
- **Videos** demonstrating EPrognosis/Goals of Care, Polypharmacy, Community Resources & Alzheimer's disease for clinicians.
- **Geriatric assessment tool for non-geriatricians and nurses** in English and Spanish
- **Dementia and Principles of Geriatric Care Healthstream presentation** for direct healthcare workers
- **Facilitator's Guide** for Cognitive Function & Affective Disorders in the Older Adult for Internal Medicine Residents
- **Yale COACH Directory of Geriatric Resources for Older Adults & Caregivers**
- **Initiative to Minimize Pharmaceutical Risk in Older Veterans (IMPROVE) curriculum:** improvecpolypharmacy.yale.edu

OPPORTUNITIES:

- **Enhance the Geriatric training** provided in all 6 Connecticut Community College nursing programs (Gateway, Norwalk, Capital, Northwestern, Three Rivers and Naugatuck Valley)
- **Information Guide for Conservators:** materials on what conservators should know about caring for older adults
- **Expand institutional support** of mini-geriatric fellowship to advanced practice providers at additional sites

CHALLENGES:

- **Integrate COACH activities** into the usual care practice of our Stakeholders to ensure sustainability