

UNC Center for Aging and Health Carolina Geriatrics Workforce Enhancement Program



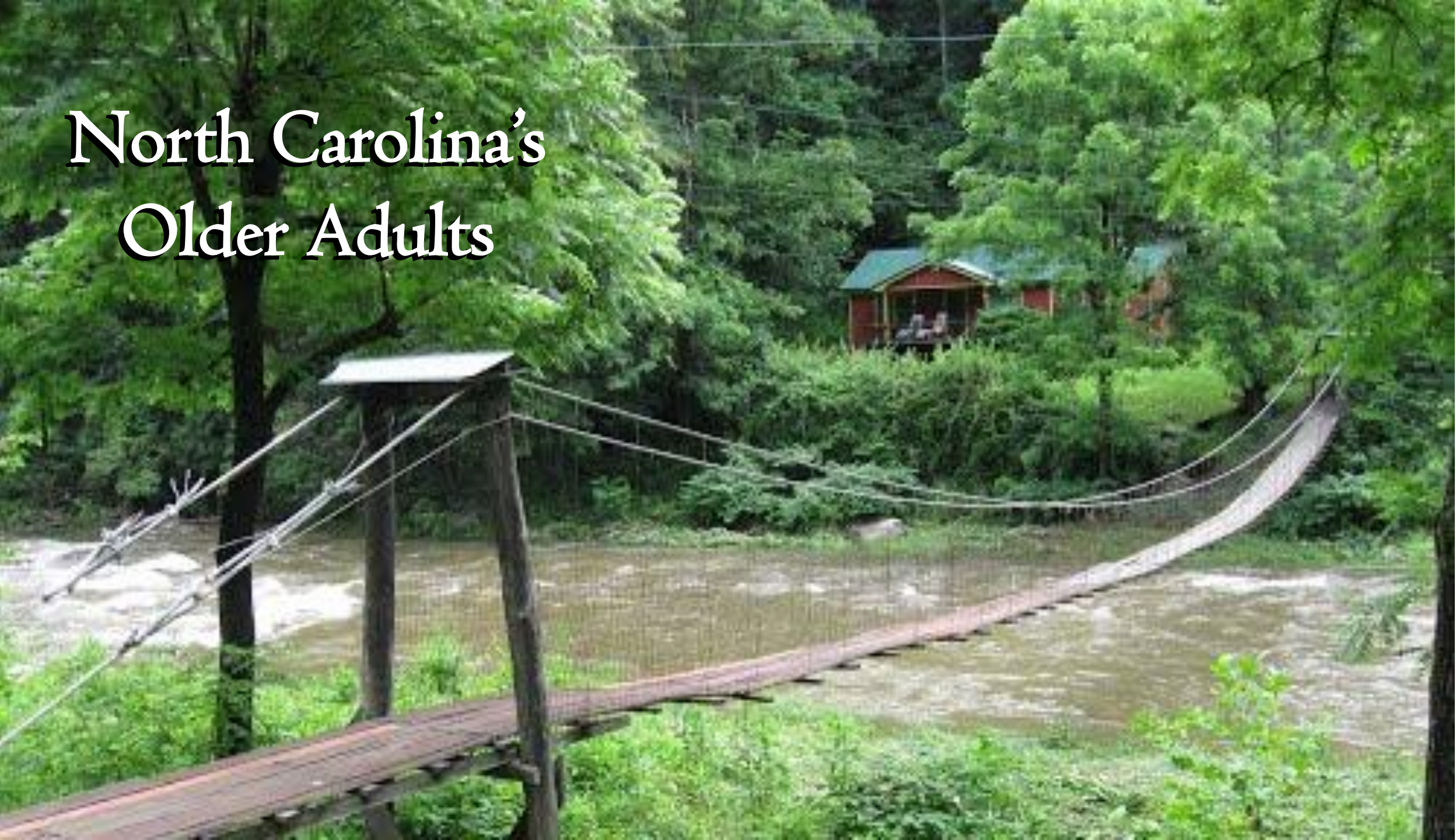
Building Bridges to Increase Age-friendly Health Systems

Presentation to the NC IOM: Serious Illness Care Taskforce

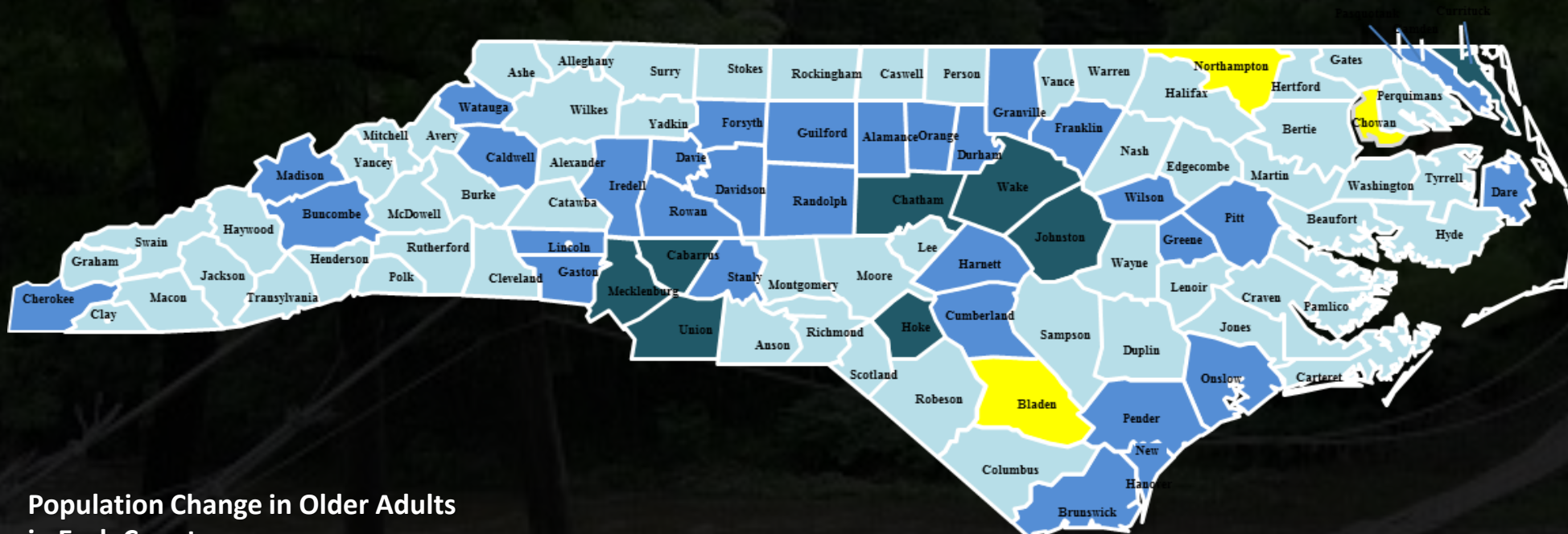
Presentation Objectives

- 1: Discuss Carolina Geriatrics Workforce Enhancement Program (CGWEP) Model
- 2: Highlight Growth & Sustainability of Partners
- 3: Understand Addressing Practice Change for Older Adults with Serious Illness

North Carolina's Older Adults



Projected Change in Population 65+, 2016-2035



Population Change in Older Adults in Each County

- 100 – 148 % (8 counties)
- 50 – 99 % (31 counties)
- 01 – 49 % (58 counties)
- 7 – - 8 % (3 counties)

Projected overall growth for NC 67%

Unmet Health Needs in Older NC Adults with Serious Illness

Ranked 9th in the U.S. in number of older adults:

- 1.6 million in 2016
- A 27% increase over six years.¹

Older adults in NC are more likely to:

- Live in rural areas
- Have low education levels
- Subsist in poverty
- Suffer disproportionately from chronic conditions
- Supportive living arrangements.²
- Less access to health care

Unmet or partially met health needs which include:

- Dementia
- Falls
- No Advance Care Plan
- Opioid Misuse
- Diabetes

Five CGWEP Goals



Five CGWEP Goals

1. Develop collaborative partnerships among academia, primary care delivery sites, and community-based organizations to train the workforce
2. Train primary care providers, health professions students and faculty to address the primary care needs of older adults
3. Transform clinical training environments into integrated geriatrics and primary care systems to become age-friendly health systems
4. Deliver community-based programs that improve health outcomes for older adults
5. Provide training to clinical as well as non-clinical providers on Alzheimer's disease and related disorders (ADRD)

CGWEP Model



2019-2024 CGWEP Model



CGWEP Partners

Continuing Partners	New Partners
Academic	
UNC health science schools: Dentistry, Medicine, Nursing, Pharmacy, Public Health, Social Work	ECU College of Nursing* UNC Advance Care Planning Task Force UNC Interprofessional Education & Practice UNC Virtual Care Center
Primary Care	
Piedmont Health Services, Inc. (FQHC)*	Senior Alliance (ACO)* Mission Health Partners (ACO)* UNC Physicians Network (CIN)* UNC Medical Center Emergency Department* Robeson Health Care Corporation (FQHC) Roanoke-Chowan Community Health Center (FQHC) Goshen Medical Center (FQHC)
Community-Based Organizations	
Alzheimer's Association: East & West NC Chapters NC Area Health Education Centers (AHECs)*: Area L, Charlotte, Eastern, Greensboro, Mountain, Northwest, Southern, South East and Wake NC Department of Health & Human Services: Div. of Aging & Adult Services (NCDAAS) NC American Indian Health Board (NCAIHB) NC Falls Prevention Coalition	Dementia Alliance of North Carolina Dementia-Capable North Carolina Coalition National Council on Aging

Building Workforce Capacity

- ❖ Education and training onsite and distance learning
- ❖ Leveraging partners to improve workflow to achieve goals
 - Conferences
 - Didactics
 - Distance Learning
 - e-Consults
 - Project Extension for Community Health Outcomes (ECHO) videoconferencing
 - Virtual Dementia Tour
 - Evaluate: Plan, do, study, act (PDSA) cycles

Trainees

- ❖ Health Professions Students
- ❖ Fellows
- ❖ Residents
- ❖ Clinical Practitioners from Multiple Disciplines through CE
- ❖ Interprofessional Education (IPE) at Primary Sites
- ❖ Patient, Family and Caregivers

A photograph of a traditional wooden plank bridge spanning a river. The bridge is constructed from numerous long, narrow wooden planks laid across a series of logs or posts. A person is walking across the bridge in the distance. The river below is a vibrant turquoise color with white rapids. The surrounding landscape is rocky and features trees with yellow autumn foliage. The text 'CGWEP Initiatives' is overlaid on the left side of the image.

CGWEP Initiatives

CGWEP Initiatives

1. Alzheimer's Dementia Related Dementias: Education Increasing Referrals
2. Opioid Misuse: Training, Screening and Deprescribing
3. Advanced Care Planning: Improve Documentation in Electronic Medical Records
4. Falls: Reduction of Fall Rates Through Increased Screening and Medication Reviews
5. Diabetes Control: Reduce patient Hemoglobin A1c levels

I: ADRD Caregiver Education and Support

- ❖ Improve referrals for ADRD caregiver education and support
 - 2 Programs of All Inclusive Care for the Elderly (PACE) sites and 2 Piedmont Health sites will provide psychiatric e-consults
 - ECU College of Nursing will deliver 150 community education events
 - North Carolina American Indian Health Board will disseminate booklets
- ❖ ECU College of Nursing will work with The NC Division of Aging and Adult Services to increase and track the referrals made to Area Agencies on Aging that house 16 Family Caregiver Support Specialists to reach 2,166 older adults
- ❖ NC AHECS will provide continuing education to 2,500 healthcare providers on ADRD

2: Opioid Screening in UNC Primary Care

An existing Centers for Disease Control grant (*UNC School of Pharmacy/UNC School of Medicine*) will be used to promote practice change to decrease the frequency of opioid prescriptions in clinics that are part of a clinically integrated network (CIN)

- ❖ Screening for opioid misuse will occur in at least three large primary care practices
 - Screening rates will improve by employing a brief validated instrument or structured interview
- ❖ Primary Care Providers will be taught:
 - How to de-prescribe opioids
 - How to incorporate non-pharmacological interventions to manage chronic pain

3: Advance Care Planning

- ❖ The CGWEP will continue to improve ACP documentation in the electronic health record (EHR)
 - At 19 primary care practices
 - In three value-based health care systems, Mission Health, Senior Alliance, and UNCPCN
 - Use of Project Extension for Community Health Outcomes (ECHO) videoconferencing
 - To increase PCP comfort with ACP conversations and a telehealth approach to facilitate non-PCP clinical staff to engage with patients on this topic
- ❖ The goal: push rates of ACO documentation from 53.8% to 67%

4: Falls Visits to the ED

- ❖ CGWEP will focus on reducing the return rates of falls visits at the UNC Medical Center ED
- ❖ Geriatrics-trained emergency medicine personnel will:
 - pharmacy technicians
 - deploy a clinical protocol focusing on medication reconciliation
 - to reduce the rate of return falls visits
 - for the 500 older adults seen in the ED each year as a result of a fall

5: Diabetes Control

- ❖ CGWEP will work with a large federally qualified health center (FQHC)
 - Piedmont Health Services, Inc.
 - Located in a rural and underserved area in the central part of the state
 - Reduce the number of diabetics with poor Hemoglobin A1c control (currently 35%) through patient education with dieticians

A photograph of a wooden covered bridge over a road, surrounded by trees with vibrant autumn foliage in shades of yellow, orange, and green. The bridge has a dark brown wooden structure with a gabled roof. The road is paved and leads through the bridge. There are yellow and black striped warning signs on either side of the bridge. The sky is clear and blue.

Applied Technologies

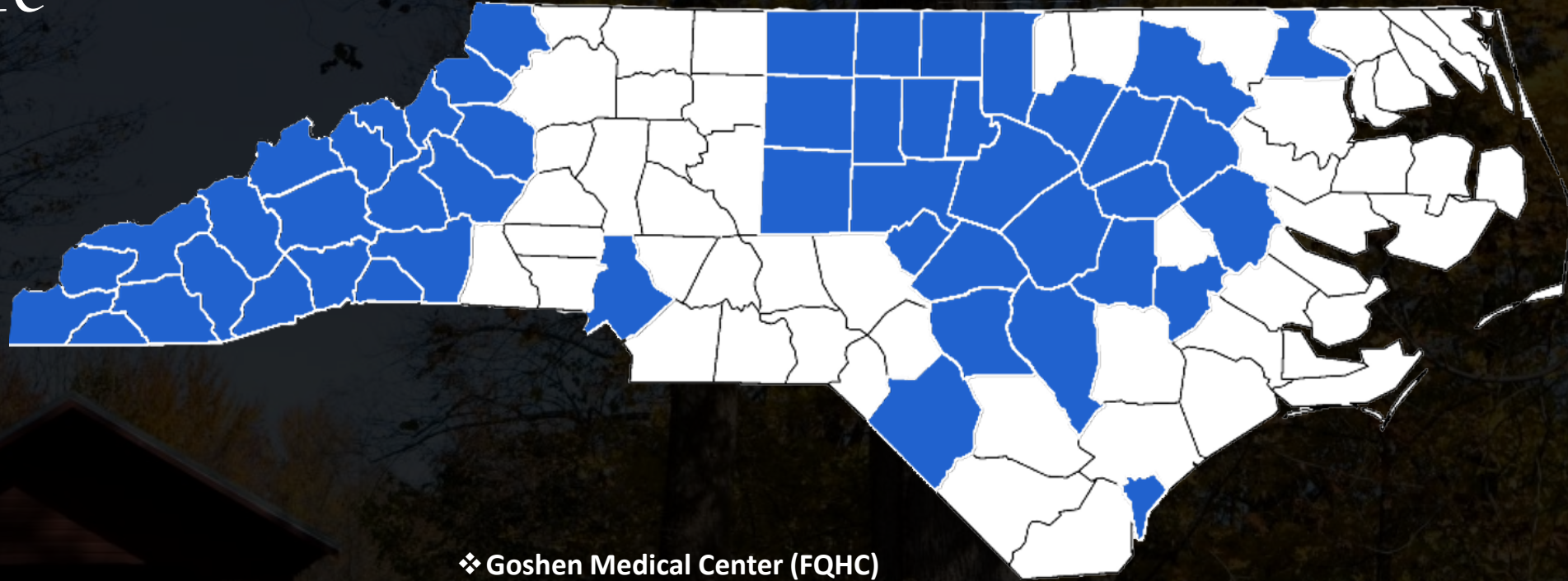
Technologies Utilized by CGWEP

- ❖ Cross Platform Electronic Medical Records
- ❖ e-Consults
- ❖ Online Learning
- ❖ Project ECHO videoconferencing for case presentations
- ❖ Virtual Visits
- ❖ Virtual Dementia Tour



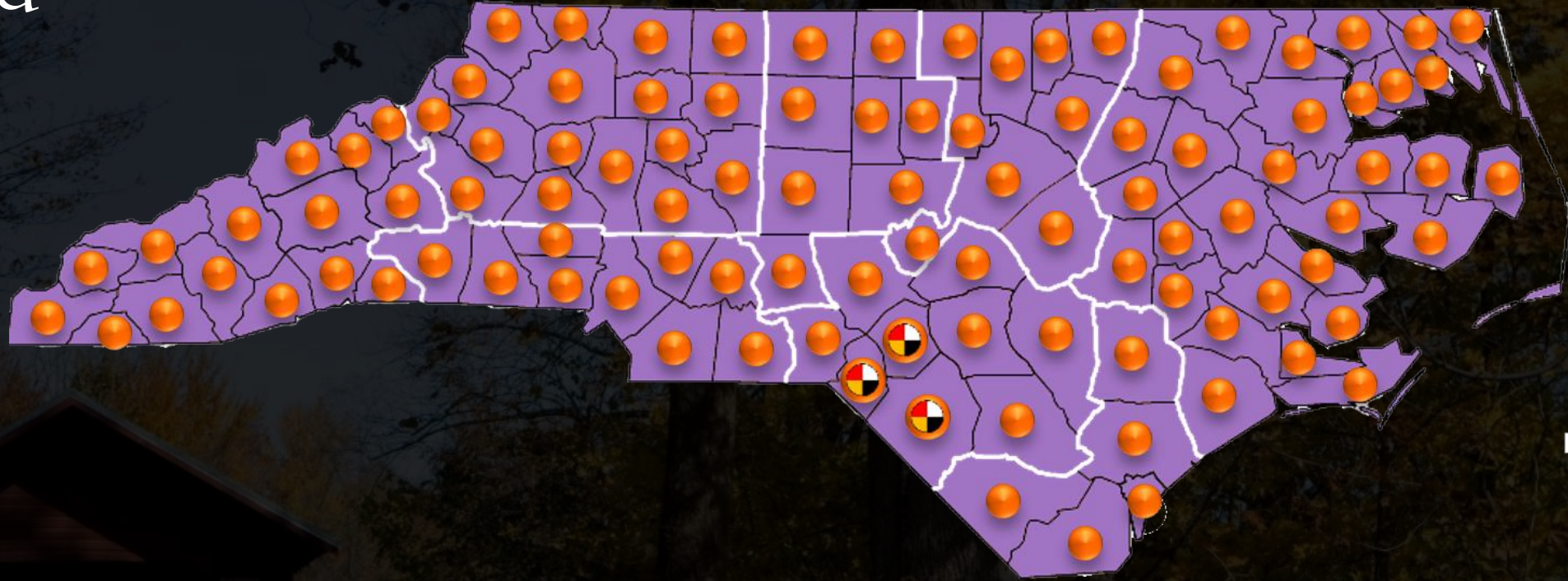
Program Reach




Primary Care Practices Reach



- ❖ Goshen Medical Center (FQHC)
- ❖ Mission Health Partners (ACO)
- ❖ Piedmont Health Services, Inc. (ACO)
- ❖ Roanoke-Chowan Community Health Center (FQHC)
- ❖ Health Care Corporation (FQHC)
- ❖ Senior Alliance (ACO)
- ❖ UNC Medical Center Emergency Department
- ❖ UNC Physicians Network

Training and Education Reach



- CGWEP Community-Based Partners 
- CGWEP Education & Training 
- Lumbee Tribe covers three counties 

Health Resources and Services Administration



Geriatrics
Education
Center

Geriatric
Workforce
Enhancement
Program (I)

Geriatric
Workforce
Enhancement
Program (II)

1999

2015

2019

Education
Initiative

Practice Change
Initiative

Systems Change
Initiative



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