Leveraging Resources to Meet the Needs of Older Adults in Rural Maryland

Lessons from Interprofessional Training Projects
# Aging Maryland

## Projections of the 60+ Population

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2020</th>
<th>2030</th>
<th>2040</th>
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<tbody>
<tr>
<td>Maryland</td>
<td>18.6%</td>
<td>22.8%</td>
<td>25.8%</td>
<td>24.5%</td>
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</tbody>
</table>

http://www.aging.maryland.gov/Statistics.html
2030 Projected Percent Population 60 and Older for Maryland's Jurisdictions

% Population
- Less than 23.0%
- 23.1% - 26.0%
- 26.1% - 28.0%
- 28.1% - 32.0%
- 32.1% +

Source: Projections from the Maryland Department of Planning.
Map prepared for the Maryland Department of Aging by the Maryland Department of Planning
AS RURAL MARYLANDERS LIVE LONGER, THEY WILL POSE UNIQUE CHALLENGES FOR THE HEALTHCARE SYSTEM:

Geriatric care can be complex and time intensive, and many medical, psychosocial, and functional challenges must be addressed simultaneously….to be effective, it must be carefully coordinated.

The Partnership for Health in Aging (PHA), a loose coalition of more than 30 organizations representing healthcare professionals who care for older adults supported by the American Geriatrics Society, identified

Interprofessional Training in geriatrics as a priority area in addressing the geriatrics workforce shortage

2008 Institute of Medicine report, Retooling for An Aging America: Building the Health Care Workforce
Source: Canadian Interprofessional Health Collaborative (CIHC)
“We have good evidence that health care delivered in teams is more efficient and more effective, yet we continue to educate our health professionals in silos.

To meet the public’s needs, health professions educators must teach and model collaborative practice and team-based models of care. While some health professions schools are making these changes, it’s not happening fast enough or broadly enough.

By putting forward these core competencies, we hope to accelerate efforts to transform health professions education in the United States.”

George E. Thibault, M.D. President
Josiah Macy Jr. Foundation  www.macyfoundation.org
Interprofessional Needs of USM health professions students

• Interprofessional education occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (World Health Organization, 2010)

• Interprofessional Collaboration when multiple health workers from different professional backgrounds work together with patients, families, careers, and communities to deliver the highest quality of care (WHO, 2010)

Health “is a state of complete physical mental and social wellbeing and not merely the absence of disease or infirmity” (World Health Organization, 1948, p. 49)
CHALLENGES to Interprofessional Training for University System Of Maryland Health Professions Students

- “Learning within Silos” - Knowledge and Skills still being taught WITHIN a Discipline
- Few Elective Interprofessional Opportunities
- Academic Calendars Of Different Disciplines Often Do Not Coincide
- Faculty do not have Resources or Time to organize interprofessional projects across schools/departments and campuses
- Logistics of bringing students from different disciplines together at a geriatrics care site to learn and experience interprofessional collaboration – especially RURAL sites
CHALLENGES for Rural Communities

- Recruiting a Rural Workforce from mostly urban health professional programs
- Staff Education on developments in and advantages of Interprofessional Team Care
- Sharing rural best practices with future health professionals
- Contacts with faculty and students for rural clinical rotations at geriatric care sites
AHEC Centers can diminish those barriers

Area Health Education Center – National Program

MISSION:

“To enhance access to quality health care, particularly primary and preventive care, by improving the supply, distribution, quality and diversity of health care professionals through community-academic educational partnerships.”
AHEC

- Established by Congress in 1971
- Committed to underserved populations.
- 56 AHEC programs with more than 235 centers operate in almost every state and the District of Columbia.
- Approximately 120 medical schools and 600 nursing and allied health schools work collaboratively with AHECs to improve health for underserved and under-represented populations
Connecting USM students to Geriatric Care Sites in Rural Areas

Western Maryland AHEC
Garrett, Allegany Washington, and Frederick counties

AHEC Centers
1. Western Maryland AHEC
2. Eastern Shore AHEC
3. Baltimore AHEC
4. Southern Maryland Clinical Site

Baltimore AHEC
Eastern Shore AHEC
Caroline, Cecil, Dorchester, Kent, Queen Anne’s, Talbot, Somerset, Wicomico and Worcester Counties

St. Mary’s County
Covered for community & professional health education through Other UMSOM Programs

Program Office
UMB School of Medicine
Maryland AHEC Programs

- Clinical Education
- Continuing Education
- Learning Resources
- Health Professional Caucuses
- Health Career Pipeline Programs
- Community Partnerships
- Interprofessional Education

(GAIT) GERIATRIC ASSESSMENT INTERDISCIPLINARY TEAM
GAIT - exposes University System of Maryland Health Professions students to:

- Career Opportunities in Geriatrics and Gerontology
- Value of Interprofessional Approaches to Geriatric Care
- Insight into Challenges faced by Older Adults
- Opportunities in Rural Practice
GGEAR - CRUCIAL Partner

GAIT is funded by a University System of Maryland Redeployment Grant to the Geriatrics and Gerontology Education and Research Program (GGEAR) at the University System of Maryland, Baltimore
GAIT – Geriatric Assessment Interdisciplinary Team

LEVERAGING RESOURCES and EXPERTISE of PARTNERS:

- GGEAR program at UMB
  - https://www.umaryland.edu/gerontology/
- Rural Geriatric Care host sites
- Rural AHEC Centers
- Faculty of University System of Maryland health professional schools and program
What is GAIT?

- One or Two-day programs
- Hosted by Geriatric Facilities
- Attended by USM students from different disciplines

Objectives:

- Geriatrics
- Interdisciplinary Teamwork
- Rural Healthcare
## Geriatric Sites FY15

<table>
<thead>
<tr>
<th>AHEC</th>
<th>SITE</th>
<th>CITY</th>
<th>COUNTY</th>
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<tbody>
<tr>
<td>Eastern Shore</td>
<td>Maintaining Active Citizens, Inc. (MAC)</td>
<td>Salisbury</td>
<td>Wicomico</td>
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<tr>
<td>Eastern Shore</td>
<td>Compass Regional Hospice</td>
<td>Centreville</td>
<td>Queen Anne's</td>
</tr>
<tr>
<td>Eastern Shore</td>
<td>Chesapeake Woods Center</td>
<td>Cambridge</td>
<td>Dorchester</td>
</tr>
<tr>
<td>Eastern Shore</td>
<td>UM Shore Medical Center at Easton</td>
<td>Easton</td>
<td>Talbot</td>
</tr>
<tr>
<td>Eastern Shore</td>
<td>Atlantic General Hospital</td>
<td>Berlin</td>
<td>Worcester</td>
</tr>
<tr>
<td>Eastern Shore</td>
<td>Bayleigh Chase</td>
<td>Easton</td>
<td>Talbot</td>
</tr>
<tr>
<td>Western Maryland</td>
<td>Diakon Adult Day Services at Ravenwood</td>
<td>Hagerstown</td>
<td>Washington</td>
</tr>
<tr>
<td>Western Maryland</td>
<td>Homewood at Williamsport Independent Living</td>
<td>Williamsport</td>
<td>Washington</td>
</tr>
<tr>
<td>Western Maryland</td>
<td>Allegany Nursing and Rehabilitation Center</td>
<td>Cumberland</td>
<td>Allegany</td>
</tr>
<tr>
<td>Western Maryland</td>
<td>Comprehensive Inpatient Rehabilitation Unit Western Maryland Health System</td>
<td>Cumberland</td>
<td>Allegany</td>
</tr>
<tr>
<td>Western Maryland</td>
<td>Assisted Living: Homewood at Williamsport</td>
<td>Williamsport</td>
<td>Washington</td>
</tr>
<tr>
<td>Western Maryland</td>
<td>Hospice of Garrett County</td>
<td>Oakland</td>
<td>Garrett</td>
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GAIT Components

Team Building Activities
Principles of Interdisciplinary Teamwork
Focus Topic Presentation
Aging Simulation Exercise
Medical Chart Reviews
Patient Assessments/Interviews
Interdisciplinary Team Planning
Team Presentations to Group and Host Site Staff
Interdisciplinary Team Work
FY15 Focus Topics

Eastern Shore

- Parkinson’s Disease
- End of Life Care
- Falls in the Older Adult
- Comprehensive Stroke Rehabilitation
- Preventing Hospital Readmissions
- Dementia Care

Western Maryland

- SUPPORTING STAY AT HOME: Adult Medical Day Services
- MAINTAINING INDEPENDENCE: Healthy Older Adults Meeting Challenges of Aging
- MEDICATIONS: Identification & Management of Patients At-Risk for Hospital Re-Admission
- ASSISTED LIVING: Optimizing Independence and Support
- PAIN MANAGEMENT in Geriatric Rehabilitation
- COMMUNITY BASED HOSPICE CARE in a Rural Community
Guest Speakers
Aging Simulation Exercise

Promote sensitivity awareness to the aging process
Team Presentations
Team Skills

Interdisciplinary Team Experience

Team Skills Scale
Hepburn, Tsukuda and Fasser (1996)

Twenty statements ranked:
1 – Poor
2 – Fair
3 – Good
4 – Very Good
5 - Excellent

Higher score indicates more positive self-assessment of skills.

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<thead>
<tr>
<th></th>
<th>Pre-Test</th>
<th>Post-Test</th>
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<tbody>
<tr>
<td>ESAHEC</td>
<td>3.38</td>
<td>4.40</td>
</tr>
<tr>
<td>WMAHEC</td>
<td>3.59</td>
<td>4.18</td>
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# Student Evaluations

<table>
<thead>
<tr>
<th>FY/Rating</th>
<th>2015</th>
<th>2014</th>
<th>2013</th>
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<tbody>
<tr>
<td>Excellent</td>
<td>84%</td>
<td>80%</td>
<td>84%</td>
</tr>
<tr>
<td>Good</td>
<td>16%</td>
<td>20%</td>
<td>16%</td>
</tr>
<tr>
<td>Fair</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Poor</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
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</tbody>
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What students are saying?

GAIT Overall:
- “The GAIT program was an awesome experience to get to talk to a real patient and students from other disciplines. I will recommend it to all my classmates”
- “(The best part of the experience was) working on a case with other disciplines; it was eye-opening and allowed me to appreciate what everyone brought to the table.”
- “The input and roles of the other students really illuminated the whole patient approach to care.”
- “I think every student interested in healthcare should have this team training.”

Aging Simulation:
- “Gave true insight about what the elderly must feel and experience due to their impairments.”
- “It was really great to be able to experience what an elderly person may go through on a daily basis. It makes you really understand and respect the daily struggles an individual with sensory impairment faces. Simple tasks become more complex!”
- “I will be more patient and sensitive when dealing with older adults.”
What students are saying?

Interdisciplinary Teamwork:

- “It was valuable working with other disciplines. I recognized the value of and interdisciplinary team approach to patient care.”
- “My team’s biggest take away is to listen to each specialty and try to value each other’s specialty”
- “Appreciated improvement in patient care outcomes when different disciplines come together in a team approach to issues and solutions”

Working in Geriatrics:

- “I learned so much about geriatrics and had a great experience working in an interdisciplinary group.”
- “Geriatrics can be a very rewarding place to learn and truly help people. Seniors can be very interesting patients that we can learn a lot from as medical professionals”
GAIT Students

Since 1995, 2124 students have participated in the GAIT Program!
WIN WIN WIN WIN WIN WIN WIN

- ACADEMIC PROGRAMS AND FACULTY encourage students to participate; some provide academic incentives
  - Interprofessional training for students without direct cost
  - Flexible scheduling across difference academic calendars
  - Faculty input into topics, content, dates
  - Rural Community Outreach
  - Logistics provided by AHEC staff
MARYLAND HEALTH PROFESSIONS STUDENTS participate in GAIT in addition to regular academic requirements

- Opportunities in Geriatrics in rural communities
- Interprofessional Team experience
- Choice of variety of dates/sites/topics
- No cost for program, travel, meals/housing
- Exposure to rural health care sites for students whose programs do not offer rural rotations
WIN WIN WIN WIN WIN WIN

- **RURAL GERIATRIC CARE HOST SITES**
  - provide staff involvement and time, meeting space, access to their patients/clients
    - Student Teams provide new insights/suggestions
    - Sharing best practices with students
    - Promote career opportunities at site and region
    - Connection to health professions programs
    - Resources and recognition for site
WIN WIN WIN WIN WIN WIN

- **AHEC CENTER**: contacts, plan, promote, coordinate and facilitate GAIT training
  - Health Professions Students visit quality geriatric care sites in rural areas
  - Rural Health Professionals engaged in training students
  - Community-Academic Faculty Contacts
  - Enhance experience for clinical education students on rural rotations
  - Rural exposure for students who do not have access in rural clinical rotations
BIG WIN

OLDER ADULTS IN MARYLAND

- Practitioners more sensitive to challenges and needs of older adults
- Practitioners effectively work as part of a team delivering quality, cost effective care
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