

THE

# GRECC FORUM ON AGING

GERIATRIC RESEARCH, EDUCATION &amp; CLINICAL CENTER

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## GRECCs in the News

If you are a sports fan, you have probably noticed new attention to head injuries, specifically concussions that happen to professional athletes. Super Bowl MVP (Most Valuable Player), Quarterback Aaron Rodgers, was sidelined for a couple of games in the regular season due to a concussion. This is an example of a change in the play of football that was accelerated by the research



Dr. Ann McKee

of **Dr. Ann McKee**, Director of Neuropathology for the New England VA Medical Centers and Co-director, Center for the Study of Traumatic Encephalopathy, Boston University, and supported by a \$1 million grant from the National Football League.

In 2003, Dr. McKee noticed a unique

pattern in the brains of professional boxers who had been diagnosed with Alzheimer's disease (AD) when still alive – the beta amyloid protein characteristic of AD was missing. Instead, professional athletes who suffered long-standing repetitive brain trauma had a build-up of the protein Tau that leads to a degenerative brain disorder now called Chronic Traumatic Encephalopathy (CTE). The Tau protein is a major culprit in the pathology of CTE, AD, and amyotrophic lateral sclerosis (ALS). Dr. McKee's research provides the first pathological evidence linking repetitive head trauma to ALS, a disease that Veterans are developing in rates higher than the general population.

Dr. McKee's media presentations include newspaper, magazine, radio and TV coverage. A few highlights that can be accessed on-line are listed here:

### New York Times

Schwarz A. "Study Says Brain Trauma Can Mimic A.L.S." New York Times, 8/17/10 Available at: <http://www.nytimes.com/2010/08/18/sports/18gehrig.html>

**National Public Radio (NPR)** Hamilton J. Sports Injuries May Cause Lasting Brain Damage NPR All Things Considered, January 30, 2009, featuring Dr. McKee (print and audio). Available at: <http://www.npr.org/templates/story/story.php?storyId=100071753>

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## VHA Realignment and GRECCs

*Ken Shay, DDS, MS*

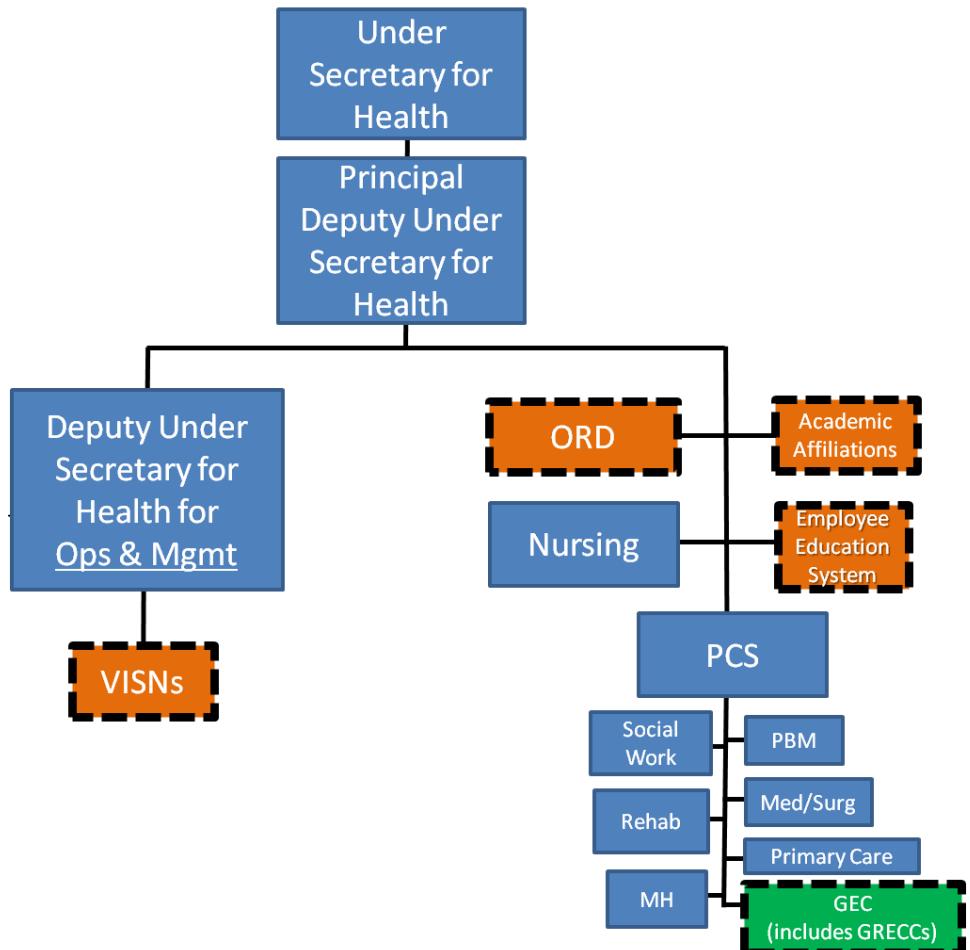
Residents of coastal California know that, one day, “The Big One” is going to hit. Those on the Gulf Coast know that hurricanes are a fact of life. So, too, do those of us with more than a few years in VA know that periodic shake-ups are inevitable but seldom lethal. What then, if any, effect is the recent reorganization within the upper leadership levels of VA Central Office likely to have on the GRECCs?

The latest gust in VHA hit in November, and, as shake-ups go, this one has yet to reveal whether, in retrospect, it will have proven to have been a breeze or a cyclone. In principle, the drive behind imposing the “new order” is simple enough: the Office of the Deputy Under Secretary for Health for Operations and Management (DUSHOM)—the overseers of VHA clinical operations, also known as “10N”—had very few clinicians among their staff. Greater involvement by those with clinical backgrounds is hoped to reduce miscommunications and enhance consistency between the policy-making arms and the clinical arms of the organization.

That greater involvement is being accomplished by moving about half

of the personnel of four VACO program offices formerly under Patient Care Services (PCS) over to 10N. Primary Care, Mental Health, Medical & Surgical Specialties, and Geriatrics & Extended Care are dividing their offices into “policy and innovations”, which will remain under Pa-

(ORD). The Employee Education System and the Office of Academic Affiliations (OAA) will now jointly report, along with the Center for Organization Management and the Office of Management Support, to a new Assistant Deputy Under Secretary who in turn works for the Princi-



Old VHA Organizational Chart – Abridged

tient Care Services, and “operations”, which will move to the DUSHOM. The PCS “Centers of Excellence” (GRECCs, MIRECCs, and PADRECCs) are all remaining within PCS. PCS itself will be aligned under a new Deputy Under Secretary (for Policy and Services), where they will sit at the table with Policy and Planning, Ethics, and the Office of Research and Development

pal Deputy Under Secretary, as does the DUSHOM and the DUSH for Policy and Services.

What are possible impacts of this realignment on the GRECCs? GRECCs have abundant activity with research, and it is hoped that the new order will foster enhanced alignment between ORD and clinical offices. GRECCs also have wide-

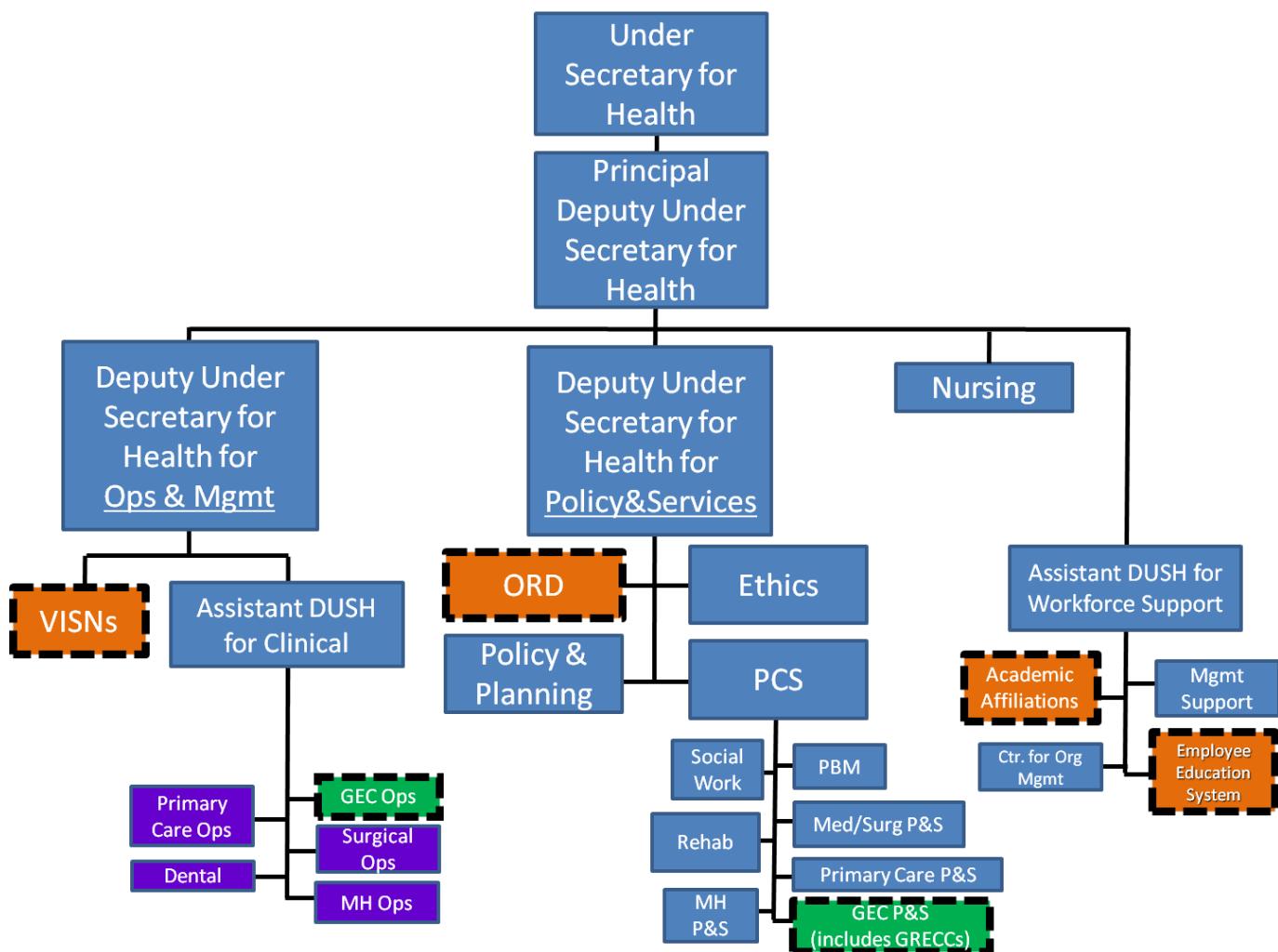
ranging educational activities targeting both employees and health trainees, but the new order actually seems to distance both OAA and EES from the GRECCs. Their new organizational proximity to each other holds some promise for improved synergy among these two groups who were historically one but, since being split apart, haven't reflected much commonality of purpose. That restored alignment could be value-added for GRECC education activities.

The biggest concern for the GRECCs will be the status of their growing identification with their host VISNs. Half of GEC is going to work for 10N, offering unprecedented involvement with VHA field operations. But that half ("GEC Operations") will not include the GRECCs, who have been getting growing support and recognition for their contributions to clinical care and education. Personnel and leadership of both GEC Operations (which will be led by Dr. Tom Edes, formerly GEC's Director of Home and Community-Based Care) and its counterpart under Patient Care Services ("GEC Policy",

which will continue to be led by the GEC Chief Consultant, Dr. Jim Burris) are committed to pursuing a course of open communication and freely-shared resources in order to make the new reporting structure, which can initially sound burdensome, become added value for Veterans and those who provide them care.

My challenge in the coming months will be to ensure that Dr. Edes's new operation is not just *aware* of all the GRECCs have to offer, but that they *take advantage* of their proximity to clinical operations to look for, foster, and capitalize on emerging opportunities for GRECCs to contribute to ongoing enhancements in approaches to care for frail and dependent elderly Veterans, in new and original ways.

Any suggestions from readers of Forum on Aging about how I can best do this will, as ever, be more than welcome and greatly appreciated.



New VHA Organizational Chart – Abridged

## The Geriatric Scholars Program

The VA Geriatric Scholars Program provides focused education in state-of-the-art healthcare for older Veterans to physicians, mid-level clinicians, social workers and pharmacists who work in VA's 400 rural Community Based Outpatient Clinics (CBOCs). Forty percent of Veterans live in rural areas---in these areas, older adults are particularly vulnerable to illness, disability, and mortality. These facts, coupled with the challenge of recruiting and retaining specialists with geriatric training in rural areas, drive the need for this in-service education, an example of VA's commitment to providing high quality care to all Veterans.

Sponsored by the VA Office of Rural Health, this educational outreach program has enrolled 140 participants from 20 VISNs and 109

CBOCs since 2008. Alumni receive opportunities for continuing education through the program.

The Geriatric Scholars Program is a collaboration of the Bronx, Boston, Greater Los Angeles, Little Rock, Madison, Palo Alto, St. Louis, and Tennessee Valley GRECCs; these GRECCs provide education, mentoring and coaching, and clinical practica to support intensive education in quality improvement and geriatric medicine. The goal of improving care for older Veterans is realized by each Scholar in developing quality improvement projects within their own CBOCs. The Scholars have shared the results of these improvements throughout the VA system through poster presentations at the annual Geriatric Leads conference.

Scholars are encouraged to choose among optional distance learning and clinical practicum opportunities to meet self-identified educational needs. In collaboration with VA Employee Education System, new programs in team training, peer teaching and health literacy were developed in response to Scholars' requests. Programmatic information, including program brochure, as well as key resources in geriatrics, can be accessed at the Geriatric Scholars Learning Community: (<http://vaww.portal.gla.med.va.gov/sites/GRECCNew/scholars/default.aspx>).

The program hubsite is located at the Greater Los Angeles GRECC. For more information, please contact Program Director Dr. Josea Kramer ([Josea.Kramer@va.gov](mailto:Josea.Kramer@va.gov)).

## Geriatrics in Primary Care

**Peter A. Engel, MD**  
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**New England GRECC**  
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In VA Boston primary care, 30% of the more than 20,000 Veterans served are age 75 and over. This demographic defines most VA practices and makes clear the importance of good front-line geriatric care. Primary care clinicians are often the first to recognize cognitive and functional changes in their elderly patients. At the same time, the current system of care is not optimally designed to address the needs of these vulnerable individuals. As a result, evaluations and treatments that commonly include referrals to several subspecialists are frequently inefficient, poorly coordinated and place additional demands on patients and caregivers.

To address these difficulties, we launched the Geriatrics in Primary Care Project in August, 2010. This program integrates geriatric consultation and care management directly into two large VA primary care practices. The program promotes identification of at risk patients and targets



Annette Morgan, RN, with a patient

services to those in need while making optimum use of existing talent and resources within the primary care team. At the heart of this project is on-site availability of a consult-

ing geriatrician and geriatric nurse. The model supports patient-centered care, preserves established patient-clinician relationships and enhances the concept of a Medical Home, now called the Patient-Aligned Care Team (PACT).

The vulnerable patients that we seek to serve are characteristic of the first sample of 35 consultations between September, 2010 and January, 2011. Of these patients age  $81.1 \pm 6.9$  years, 16 have dementia and 11 mild cognitive impairment (MCI). In the year prior to consultation, patients made  $15.3 \pm 15.4$  (1-68) clinic visits, including  $3.1 \pm 1.4$  (1-7) to primary care, and  $12.1 \pm 14.8$  (0-63) specialty visits to  $3.8 \pm 3.3$  (0-10) different specialty clinics. Twelve patients, five demented and four with MCI, live alone. One demented and 8 MCI patients lack a caregiver. The overall goal is to improve care processes and coordination with competence, kindness and efficiency for these frail Veterans.

## Transitional Care (TLC) Partners for Older Veterans at Home

Cristina Hendrix; Sara Tepfer; Sabrina Forest; Karen Ziegler; Valerie Fox; Jereel Ba; Melissa Oakley; Jeannette Stein  
Durham VA Medical Center  
Duke University School of Nursing, Duke University  
Department of Medicine Division of Geriatrics

In January 2010, the Office of Geriatrics and Extended Care funded the TLC Partners at the Durham VAMC. Led by Durham GRECC staff Cristina Hendrix, DNS, GNP-BC and Sara Tepfer, MSW, LCSW, and in collaboration with Durham Home-Based Primary Care, the TLC Partners is part of the Transformation-21 initiative that promotes patient-centric alternatives to institutional extended care. The goal of the TLC Partners is to support older Veterans during their hospital-to-home transition in order to reduce the rate of emergency department visits and rehospitalization after hospital discharge. By also offering support and training to the patients' caregivers at home, caregiver outcomes may improve. The TLC Partners promotes patient-centered care consistent with the primary care Medical Home model.

The TLC Partners is nurse practitioner-led, and em-

phasizes collaborative care with a physician, a social worker (SW), an occupational therapist (OT), and a medical support assistant. The target patient population are those hospitalized non-hospice Veterans, age 60 or above, who live within 35 miles from the Durham VAMC, who will be discharged home, and who will benefit from having a close medical surveillance after hospital discharge. The TLC Partners provides time-limited services within approximately 30 days of hospital discharge. Upon discharge from the program, a discharge summary is provided to the patient's primary care provider to ensure continuity of care. If necessary, patients are referred to other services within the VA.

In the first 5 months of program implementation, the TLC Partners has received a total of 80 patient consults. Of these, 54 (67.5%) Veterans met criteria for enrollment and were enrolled in the TLC Partners. Preliminary analysis of available data indicates a trend towards a reduction in ED visits and rehospitalization among TLC Partners patients. Formal program evaluation will be conducted in September 2011.

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From left to right: TLC NP Sabrina Forest, TLC Partners patient and his caregiver, and TLC OT Valerie Fox

## Musi Selected San Antonio GRECC Director

The San Antonio GRECC is pleased to announce it has a new Director, Nicolas Musi, M.D. Dr. Musi received his medical degree in 1995 from the Universidad Anahuac in Mexico City. He finished his internship and residency in internal medicine at the University of Miami-Jackson Memorial Medical Center in 1998. Dr. Musi then completed a clinical fellowship in endocrinology and metabolism at the Joslin Diabetes Center-Beth Israel Deaconess Medical Center and Harvard Medical School in 2001. He then joined the Harvard faculty. Recruited to the University of Texas Health Science Center at San Antonio (UTHSCSA) in 2003, he served as associate director for clinical research at the Texas Diabetes Institute and is a member of the Barshop Institute for Longevity and Aging Studies. Upon being named Director of the GRECC, Dr. Musi also was appointed Director of the newly established UTHSCSA Medical School's Center for Healthy Aging.

Dr. Musi is board certified in internal medicine and endocrinology and metabolism. His research expertise is in aging, insulin resistance and exercise physiology. Dr. Musi has a robust research program in metabolic/endocrine gerontology, devoted to ex-



Dr. Nicolas Musi

ploring the effects that aging has on numerous metabolic and cellular processes, and relevant to the pathogenesis of age-related diseases such as diabetes, obesity, and sarcopenia. He is principal investigator on two R01 grants from the National Institutes of Health, and on grants from the American Federation for Aging Research (AFAR) and the American Diabetes Association. Dr. Musi is the recipient of a Paul B. Beeson Career Development Award in Aging Research, co-sponsored by the National Institute on Aging (NIA) and the AFAR. An active educator and research mentor, he supervises clinical and research fellows, residents, and graduate students. Dr. Musi's main clinical interests are (i) pathogenesis, prevention and treatment of diabetes in the elderly; (ii) molecular mechanisms underlying sarcopenia of aging; and (iii) effects of exercise on glucose and lipid metabolism at the whole-body and cellular levels.

Research activities of the SA GRECC focus on the themes of Metabolism and Inflammation. As GRECC Director, Dr. Musi's goal is to interact closely with scientists of the SA GRECC, the Center for Healthy Aging, the Barshop Institute, departments and centers within UTHSCSA, and the South Texas Veterans Health Care System to develop a center of excellence in aging.

## Catherine Sarkisian, MD, MSPH Receives AGS Outstanding Scientific Achievement for Clinical Investigation Award

The American Geriatrics Society (AGS) has awarded Catherine Sarkisian, MD, MSPH, with the 2011 AGS Outstanding Scientific Achievement for Clinical Investigation Award.

Dr. Sarkisian, Associate Professor in the Division of Geriatrics at the David Geffen School of Medicine at the University of California, Los Angeles (UCLA), and Staff Physician at the VA Greater Los Angeles Geriatrics, Research, Education, and Clinical Center (GRECC), will be presented with the award on May 13, 2011, at the AGS Annual Scientific Meeting in

Washington, D.C.

Dr. Sarkisian completed her internship and residency in internal medicine at the New York Hospital -Cornell Medical Center. In 1997 she became a Robert Wood Johnson Clinical Scholar at UCLA where she obtained a Master's Degree in Health Services from their School of Public Health. Subsequently, she completed a clinical geriatrics fellowship at UCLA and joined their faculty in the Division of Geriatrics. Dr. Sarkisian has authored numerous peer-reviewed research papers and she currently serves on the editorial

board of the *Journal of Aging and Health*.

"Dr. Sarkisian is the first to systematically examine how older adults' beliefs about aging can impact their own health outcomes," wrote Dr. Kenneth Covinsky, Professor of Medicine at UCSF, and one of the individuals who nominated Dr. Sarkisian for this award. "Her work in this area has changed the way gerontologists think about the problem of functional decline in older persons...and has led the National Institute on Aging to fund a large

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## Rosie Durham, RN, MSN, Awarded Marsha Goodwin-Beck Interdisciplinary Award for Excellence in Geriatric Leadership

Rosie Durham, Chief of Geriatrics and Extended Care at Birmingham VAMC, has received the 2010 Marsha Goodwin-Beck Interdisciplinary Award for Excellence in Geriatric Leadership.

This prestigious award has been given since 2005. It is named in honor of Marsha Goodwin-Beck, RN-C, MA, MSN, who served as VHA's Director of Geriatric Programs for 14 years. During her directorship she exemplified the ideal in national leadership in geriatrics. Her intelligent, articulate, and passionate approach to the geriatric health policy challenges of the day made her an effective spokesperson on any and all long-term care issues.

As Director of Geriatric Programs, Ms. Goodwin-Beck helped develop and manage a national program that supports the study of geriatrics through Geriatric Research, Education and Clinical Centers (GRECCs). She also helped implement an expansion of health care services after the enactment of the Veterans Millennium Act of 1999.

The award for **Excellence in Geriatric Leadership** is given to a practitioner in a leadership or management position who has demonstrated excellence through exceptional support for direct patient care providers, for geriatric education and training, or for geriatric health policy leadership, including support of innovations enhancing quality of direct geriatric patient care delivery, education and training.

Rosie Durham was a natural selection for this award. As Mark Nissenbaum, Chief of Staff, Tuscaloosa VAMC, noted, "Rosie is a seasoned administrator, a committed nurse leader, and has a style that is able to move and guide implementation and action in a manner that is results driven, but arrived at through a win-win approach."

Other accolades have come from Scott Shreve, VHA National Director of Hospice and Palliative Care, who noted, "Throughout Rosie's quest to improve the quality and access to palliative care,

her drive to offer these value-added services were not directed by others; she saw the need and the opportunity and took it upon herself to move these programs forward. As a result, the public health impact of her efforts of offering improved hospice and palliative care services to our Veterans will be felt for years to come. Rosie takes a program, sees its potential, and starts immediately working to change that "potential" into reality.

Her vision and organizational skills are what every facility and Network needs."

Prior recipients of the Excellence in Geriatric Leadership Award are John Morley, MB, BCh; Harvey Cohen, MD; Theodore Hahn, MD; Barbara Hyduke; and Laurence Rubenstein, MD. The recipient of the Goodwin-Beck Geriatric Clinical Care Delivery Award for 2010 is Wendy Wanlass, MD, of the Portland VAMC.

Please join us in congratulating Rosie Durham on this recognition and honor.



Secretary Shinseki with Rosie Durham

*(Continued from page 1)*

**WCVB-TV:** "Take An Exclusive Look Inside The Brain Bank". The segment features the Boston University ADC Brain Bank at the Bedford VA and commentary by Dr. McKee.

It is perhaps not surprising that the implications of Dr. McKee's research for professional sports has lead to enormous media attention, but her research also provides hope for Veterans who have suffered severe head injuries in combat, now and as they age. Because of this ground-breaking research, her earlier work and the impact it has on our deployed troops as well as the Nation's Veterans, Secretary Shinseki made a personal visit to Dr. McKee to learn more.



Secretary Shinseki and Dr. McKee during his visit

*(Continued from page 6)*

randomized controlled trial in which Dr. Sarkisian is examining whether changing expectations about aging will change health-related behaviors. This remarkable study is a wonderful natural culmination of ten years of investigation."

"We are thrilled to name Dr. Sarkisian as recipient of AGS' Outstanding Scientific Achievement for Clinical Investigation Award," said AGS President, Sharon Brangman, MD. "Dr. Sarkisian has a passion for improving the quality of life of older adults, and her highest standards of research into new areas of clinical investigation make her the perfect fit for this prestigious award."

The AGS Outstanding Scientific Achievement for Clinical Investigation Award recognizes achievement in clinical research addressing healthcare problems of older adults by an investigator who is actively involved in direct patient care. The award takes into consideration independence of thought and originality in research.

*Source: American Geriatrics Society*

## PUBLICATION DATA

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