

STATEMENT OF

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ON BEHALF OF THE
AMERICAN GERIATRICS SOCIETY



BEFORE THE SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES,
EDUCATION AND RELATED AGENCIES

HOUSE APPROPRIATIONS COMMITTEE
UNITED STATES HOUSE OF REPRESENTATIVES

ON TITLE VII GERIATRICS HEALTH PROFESSIONS PROGRAMS,
TITLE VIII COMPREHENSIVE GERIATRIC EDUCATION NURSING PROGRAM
& THE NATIONAL INSTITUTE ON AGING

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INTRODUCTION

Good afternoon Chairman Obey, Ranking Member Tiahrt, and Members of the Subcommittee:

I would like to express my sincere appreciation to Chairman Obey and the members of the Subcommittee for the opportunity to provide testimony today on the critical need to adequately fund programs that improve the care delivered to older Americans.

My name is Cheryl Phillips, M.D. I am a fellowship-trained geriatrician and chief medical officer of On Lok Senior Services, the originator of the PACE (Program of All-Inclusive Care for the Elderly). I also serve as President of the American Geriatrics Society, a non-profit organization of 6,400 geriatrics healthcare professionals dedicated to improving the health, independence and quality of life of all older Americans.

Today, I will briefly outline the need to provide the highest possible funding levels in the FY 2011 Labor, Health and Human Services, and Education appropriations bill for geriatrics education and training programs under Title VII and Title VIII of the Public Health Service Act. AGS is grateful to the Subcommittee for its long-standing support of these programs, as demonstrated by the increased funding levels recommended in FY 2010. In addition, I will discuss the importance of increased support in FY 2011 for the National Institute on Aging. Increased federal investments in a well-trained and educated geriatrics healthcare workforce and a strong biomedical aging research program are both essential to fulfilling the promise of health reform to deliver higher quality and better coordinated care to our nation's seniors. As America's 77 million baby boomers age, the need to increase the number of geriatrics health professionals and to enhance our capacity to train the nation's healthcare workforce on the unique healthcare needs of older adults is great. Older Americans use more health care services and their conditions are often complex. Often, the team of geriatrics professionals – physicians, nurses, pharmacists, mental health providers and social workers, among others – is best equipped to deliver the comprehensive, coordinated, high-quality and cost-effective care to these older patients with complex health needs.

The findings of the Institute of Medicine's (IOM) ground-breaking 2008 report, *Retooling for an Aging America: Building the Healthcare Workforce*, underscore the importance of geriatrics training and education programs across disciplines. Noting the severe shortage of geriatrics healthcare professionals, the report calls for a wide range of broad initiatives to increase recruitment into geriatrics and ensure that all healthcare providers who care for older adults are adequately trained. There are 7,590 geriatricians in the U.S. – one geriatrician for every 2,500 Americans 75 or older. Due to the projected

increase in the number of older Americans, this ratio is expected to drop to one geriatrician for every 4,254 older Americans in 2030.

The Patient Protection and Affordable Care Act (PPACA) includes critical healthcare workforce enhancements to the Title VII and VIII geriatrics training and education programs based on the IOM's recommendations and drawn from legislation sponsored by Senator Kohl and Representative Schakowsky, the *Retooling the Health Care Workforce for an Aging America Act*. These provisions (PPACA Sec. 5305) expand existing and create new programs that will increase the capacity of our nation's geriatrics healthcare workforce. Our request includes funding to implement these timely and important new and expanded geriatrics healthcare workforce programs and also assumes a 10% increase on existing Title VII and VIII geriatrics programs.

We ask that the subcommittee consider the following recommended funding levels for these programs under the Public Health Service Act:

- **\$49.7 million for Title VII Geriatrics Health Professions Programs**
- **\$3.34 million for Title VII Direct-Care Workforce Training Program**
- **\$15.7 million for Title VIII Comprehensive Geriatric Education Nursing Program**

Title VII Geriatrics Health Professions Programs

Funding for Title VII Geriatrics Health Professions Programs is a proven investment in ensuring that older adults receive high quality healthcare now and in the future. These programs support three initiatives: the Geriatric Academic Career Awards (GACAs), the Geriatric Education Center (GEC) program, and geriatric faculty fellowships, the only programs specifically designed to address the evident shortage of geriatrics healthcare professionals in the U.S. Strong and sustained investments are important to reversing the chronic under-funding of these essential programs at a time when our nation is facing a critical shortage of geriatrics healthcare professionals across disciplines. **We ask the subcommittee to provide a FY 2011 appropriation of \$49.7 million for Title VII Geriatrics Health Professions Programs.**

Our funding request of \$49.7 million breaks down as follows:

- **Geriatric Academic Career Awards (GACAs) (\$20 million)**
GACAs support the development of newly trained geriatric physicians in academic medicine who are committed to teaching geriatrics in medical schools across the country. GACA recipients are required to provide training in clinical geriatrics, including the training of interdisciplinary teams of healthcare professionals. In FY 2009, there were 84 GACAs funded with a budget of approximately \$6.4 million. Under the new health reform law, the GACA program expands eligibility to a variety

of new disciplines beyond physicians, including those in nursing, social work, psychology, dentistry, and pharmacy. AGS has long advocated for this change. We must now ensure that there is adequate funding to meet the increased demand given the greater number of disciplines eligible for the award. A budget of \$20.0 million would support 250 awardees at \$80,000 per award.

- Geriatric Education Centers (GECs) (\$20.57 million)

GECs provide grants to support collaborative arrangements involving several health professions, schools and healthcare facilities to provide multidisciplinary training in geriatrics, including assessment, chronic disease syndromes, care planning, emergency preparedness, and cultural competence unique to older Americans. Over 90 percent of GECs are a consortia of three or more colleges, hospitals, community agencies and Area Health Education Centers that reach many health providers. For example, the Wisconsin Geriatric Education Center (WGEC) is a formal consortium of academic and health care organizations dedicated to creating educational resources and training opportunities in geriatrics for health professionals, faculty, practitioners, and students in Wisconsin. Over 50,000 people have participated in WGEC-sponsored programs between 1986 and 2001, including professionals from more than 35 different disciplines and practicing throughout Wisconsin's rural and urban communities. Overall, in 2005 alone, the National Association of Geriatric Education Centers reports that Title VII-funded Geriatric Education Centers delivered low-cost geriatrics training interventions to more than 50,000 healthcare providers who collectively reported over 8.6 million appointments with older patients.

In FY 2009, there were 48 GECs funded nationwide with a budget of approximately \$16 million. Under PPACA, Congress authorized \$10.8 million over three years for a supplemental grant award program that will train additional faculty through an intensive short-term fellowship program and also requires faculty to provide training to family caregivers and direct-care workers. Our funding request includes continued support for the core work of 48 GECs and for up to 24 GECs to be funded to undertake the work through the supplemental grant program.

- Geriatric Training Program for Physicians, Dentists, and Behavioral and Mental Health Professions (\$5.8 million)

This program is designed to train physicians, dentists, and behavioral and mental health professionals who choose to teach geriatric medicine, dentistry or psychiatry. The program provides fellows with exposure to older adult patients in various levels of wellness and functioning, and from a range of socioeconomic and racial/ethnic

backgrounds. In FY 2009, there were 10 training programs funded with a budget of approximately \$5.2 million.

- Geriatric Career Incentive Awards Program (\$3.33 million)

This is a new award created under health reform. Under health reform, Congress has authorized grants to foster greater interest among a variety of health professionals in entering the field of geriatrics, long-term care, and chronic care management.

Title VII Direct-Care Workforce Training Program

We also need to invest in efforts to improve training and enhance the recruitment and retention of direct-care workers, particularly those in long-term care settings. As our population ages, these workers will be an integral part of efforts to ensure that older adults have access to high quality care. Under PPACA, Congress established a program that will offer advanced training opportunities for direct-care workers. **AGS requests that the subcommittee provide \$3.34 million in FY 2011 for the Title VII Direct-Care Workforce Training Program established under PPACA.**

Title VIII Comprehensive Geriatric Education Nursing Program

The American health care delivery system for older adults will be further strengthened by federal investments in Title VIII Nursing Workforce Development Programs, specifically the comprehensive geriatric education grants, as nurses provide cost-effective, quality care. Increasing funding for the nursing comprehensive geriatric education program would be highly cost-effective. This program supports additional training for nurses who care for the elderly, development and dissemination of curricula relating to geriatric care, and training of faculty in geriatrics. It also provides continuing education for nurses practicing in geriatrics. **AGS requests that the subcommittee provide \$15.7 million for the Title VIII Comprehensive Geriatric Education Nursing Program in FY 2011.**

Under the new health reform law, this program is being expanded to include advanced practice nurses who are pursuing long-term care, geropsychiatric nursing or other nursing areas that specialize in the care of older adults. Our funding request includes funds to offer 200 traineeships to nurses under this newly expanded program.

National Institute on Aging

AGS respectfully requests your strong support for increased funding in FY 2011 for the National Institutes of Health and specifically for the National Institute on Aging (NIA). Robust medical research in aging is central to making medical advances that ultimately lead to higher quality and more efficient health care, two important goals of health reform under PPACA. Continued and strong federal investments in scientific research

will ensure that the NIA has the resources to succeed in its mission to establish research networks, assess clinical interventions and disseminate credible research findings to patients, providers and payers of health care.

According to the Congressional Research Service, in FY 2003, NIH reached the peak of its purchasing power from regular appropriations when Congress completed a five-year doubling of the NIH budget. In each year since then, NIH's buying power has declined because its annual appropriations have grown at a lower rate than the inflation rate for medical research. Taking inflation into account, the FY 2010 funding level is about a 12.6% decrease in purchasing power from FY 2003.

Flat funding of NIH since 2003 has also led to declining numbers of young investigators choosing research careers, given the scarcity of funding to support their career development. We must provide the resources and tools to support the next generation of investigators and expand the pool of clinical researchers focused on advancing aging research.

AGS is concerned that the essential work of the NIH and NIA will be constrained unless funding can be increased and sustained. **Our recommendation and request is for funding to be increased to levels that restore NIA and NIH budgets to their historical FY 2003 levels (taking medical inflation into account).** The NIH and the NIA in particular need this level of funding to put the best science to work for the benefit of our nation's aging population as well as for all Americans.

In closing, geriatrics is at a critical juncture, with our nation facing an unprecedented increase in the number of older patients with complex health needs. Strong support such as yours will help ensure that the promise of health reform is fulfilled and every older American is able to receive high-quality health care.

On behalf of all the members of the American Geriatrics Society, we commend you on your past and continued support for programs to improve the health and quality of life for older Americans.

Thank you for your consideration.