



Supporting All Americans as We Age: #Decision2020 and Questions for Candidates

American Geriatrics Society

Asking questions of our political candidates can help us understand where they stand on issues. To support that aim, American Geriatrics Society (AGS) leaders and public policy experts have developed a compendium of questions that AGS members and others can use to ascertain where candidates stand on issues important to achieving our vision for a world where we are all able to contribute to our communities and maintain our health, safety, and independence as we age, and where older people have access to high-quality person-centered care informed by geriatrics principles. This question guide will help hold officials accountable by encouraging those who run for any office, including and perhaps especially the presidency, to articulate a clear actionable vision to meet the needs of all older Americans by (1) ensuring access to geriatrics health professionals, (2) expanding Title VII geriatrics training programs, (3) ensuring our workforce is competent to care for older Americans, (4) reducing the toll and impact of chronic diseases, (5) ensuring access to adequate pain relief for older Americans living with advanced illness, (6) supporting American women, (7) supporting American families, and (8) addressing complexity in caring for older Americans. *J Am Geriatr Soc* 68:1178-1183, 2020.

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The American Geriatrics Society (AGS) is committed to improving the health, independence, and quality of life of all older people. An important part of that

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commitment is understanding what policies our elected representatives will champion and how federal, state, and local governments can support our communities as we age.^{1,2}

To support that aim in 2020 and beyond, AGS leaders and public policy experts began evaluating key policy priorities—not only what they are but also why they matter, what can be done, and what can be asked of candidates. We believe this candidate question guide (Figure 1) will help hold officials accountable by encouraging those who run for *any* office, including and perhaps especially the presidency, to articulate and act on a clear vision for these goals:

1. Ensuring access to geriatrics health professionals
2. Expanding Title VII geriatrics training programs
3. Ensuring our workforce is competent to care for older Americans
4. Reducing the toll and impact of chronic diseases
5. Ensuring access to adequate pain relief for older Americans living with advanced illness
6. Supporting American women
7. Supporting American families
8. Addressing complexity in caring for older Americans

The AGS will continue to add to this question bank and invites suggestions for topics and questions from its members (e-mail info.amger@americangeriatrics.org or tweet @AmerGeriatrics).

ISSUE 1: ENSURING ACCESS TO GERIATRICS HEALTH PROFESSIONALS

- If elected, what policies and programs would you champion that would increase access to geriatrics health professionals for older Americans?

Why It Matters

Geriatrics health professionals are pioneers in advanced illness care, focused on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. When these professionals are in short supply, as they are now and are likely to be in the future, too



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- 1) If elected, what policies and programs would you champion that would increase access to geriatrics health professionals for older Americans?
- 2) If elected, how would you work to expand the reach of federal training programs so that all older people have access to health professionals who are competent to meet our needs as we age?
- 3) If elected, how would you reform graduate medical education (GME) to address the gap between training requirements and our nation's need for a workforce to care for us as we age?
- 4) If elected, how would you prioritize aging research across federal agencies and institutions so that we can address the human and economic toll of chronic diseases on older Americans?
- 5) If elected, what policies would you champion to ensure frail older Americans living with advanced illness (typically those 85+ with multiple chronic conditions) have access to adequate pain relief?
- 6) If elected...
 - What will you do to ensure women receive equal pay for equal work?
 - What are your plans for ensuring women and other traditionally underrepresented groups are vibrant parts of your Administration?
- 7) If elected, how would you ensure that all Americans, including all those employed by the federal government, have access to paid family leave?
- 8) If elected...
 - How would you work to improve the quality and efficiency of care delivered to the increasing number of Medicare beneficiaries with multiple chronic and complex conditions?
 - How would you improve care and care coordination across health care settings important to individuals who have dual eligibility for both Medicare and Medicaid?

Figure 1. #Decision2020: questions for candidates.

many older Americans receive uncoordinated care that leads to adverse outcomes.^{1,3-5}

Policy Approaches That Work

These are two policy approaches to address workforce shortages:

- Restoring and making permanent the 10% primary care bonus included in the Affordable Care Act. This would be an important incentive for geriatrics health professionals, who remain among the lowest paid specialists.⁶
- Creating loan repayment programs specific to geriatrics at the federal and state levels. Such programs would address the significant barrier student debt creates for clinicians who want to pursue primary care careers in geriatrics.⁷ Federally, such programs would complement existing loan repayment options offered by the Health Resources and Services Administration for primary care providers. A separate loan forgiveness program should be established by the Department of Veterans Affairs (VA) to incentivize health professionals to pursue careers caring for older veterans.

ISSUE 2: EXPANDING TITLE VII GERIATRICS TRAINING PROGRAMS

- If elected, how would you work to expand the reach of federal training programs so that all older people have access to health professionals who are competent to meet our needs as we age?

Why It Matters

Overall, the American health workforce receives little training in geriatrics, leaving the country ill prepared to care for older Americans as health needs evolve.^{1,8,9} Among the few federal platforms for addressing this issue, Title VII of the Public Health Service Act supports education and training for health professions with two critical programs offered by the Health Services and Resources Administration:

- The Geriatrics Workforce Enhancement Program (GWEP) that educates and engages the broader frontline health workforce to improve care and connections with older adults.^{1,10,11}
- The Geriatrics Academic Career Awards (GACAs) that support professional development for clinician-educators training the future workforce we need.^{1,10}

Policy Approaches That Work

Legislators need to ensure these Title VII Geriatrics Health Professions Programs are authorized and that funding is increased, because both have contributed to demonstrable gains across clinical care, research, and professional education. The more than 200 GACA recipients have trained between 41,000 and 65,000 health professionals since 1998, for example.¹⁰ Similarly, GWEP leaders have focused on local solutions to transforming primary care in more than 30 states and two US territories, working closely in all these locales with community partners and colleagues across healthcare.^{1,11}

ISSUE 3: ENSURING OUR WORKFORCE IS COMPETENT TO CARE FOR OLDER AMERICANS

- If elected, how would you reform graduate medical education (GME) to address the gap between

training requirements and our nation's need for a workforce that is prepared to care for us all as we age?

Why It Matters

Medicare is the largest funder of GME, spending \$10.3 billion to \$12.5 billion annually on training the next generation of health professionals.¹² Despite this impressive investment, no federal requirement mandates that Medicare-funded education prepare trainees to care for older people.³

Policy Approaches That Work

Mandating that all Medicare-supported training include geriatrics principles holds unique promise for preparing a workforce competent to care for us all as we age. This training remains particularly important as more and more Americans look forward to increased longevity and rely on Medicare to make that longevity possible.³

ISSUE 4: REDUCING THE TOLL AND IMPACT OF CHRONIC DISEASES

- If elected, how would you prioritize aging research across federal agencies and institutions so that we can address the human and economic toll of chronic diseases on older Americans?

Why It Matters

Chronic diseases related to aging continue to affect 80% of people 65 years and older and account for more than 75% of Medicare and other federal health expenditures.¹³⁻¹⁵ Yet research has found upper age limits in 33% of federally funded clinical trials aimed at addressing these and other concerns, with one-quarter of studies not allowing people 65 years old and older to enroll at all.^{16,17} When medical evidence is generated from idealized study populations that do not resemble most of the people who actually need care, we miss opportunities to learn how to optimize health and resilience—and avoid suffering and unnecessary costs—in the real world.¹⁸

Policy Approaches That Work

The recently implemented National Institutes of Health (NIH) Inclusion of Individuals Across the Lifespan policy will begin to address the toll and impact of chronic diseases for older people by removing artificial and arbitrary upper age limits for clinical trial enrollment.^{19,20} Additionally, a so-called moonshot approach that addresses health across the lifespan will be key to rethinking radically how research, education, clinical practice, and public policy serve Americans' needs as we grow older.

To increase the evidence base for prevention and treatment that supports all of us as we age requires these actions:

- Increasing our investment in aging research across federal agencies including the NIH, the Agency for Healthcare Research and Quality, the VA, and the Patient-Centered Outcomes Research Institute.¹
- Establishing a National Advisory Council and Action Plan at the National Institute on Aging (NIA) charged with monitoring and assessing progress toward increasing attention to older adults with multiple chronic conditions across agencies.
- Increasing our investment in the NIA and VA, including efforts to recruit and support the next generation of aging researchers.¹ Doing so would ensure our ability to implement whole person–focused studies of the diseases and conditions older adults face.

ISSUE 5: ENSURING ACCESS TO ADEQUATE PAIN RELIEF FOR OLDER AMERICANS LIVING WITH ADVANCED ILLNESS

- If elected, what policies would you champion to ensure frail older Americans living with advanced illness (typically those 85 years old and older, with multiple chronic conditions) have access to adequate pain relief?

Why It Matters

Even as we live longer, diseases and conditions that impact health for older people remain serious concerns. This is particularly true for people 80 years of age and older, who are at the highest risk for multiple health problems and constitute the fastest growing age group in the United States.²¹ Managing pain is a key concern for many of these individuals.

More than 52% of older adults report experiencing bothersome pain in a preceding month.²² Additionally, a growing body of evidence indicates that organ impairments in older adults impact the safety of common treatment options like nonsteroidal anti-inflammatory drugs and anxiolytics.²³ Finally, there is growing evidence that efforts to address the opioid crisis have resulted in reduced access to adequate pain relief for people living with advanced illness, a population that includes frail older Americans living with multiple chronic conditions.²⁴

Undertreatment of pain has serious medical consequences such as loss of appetite, weight loss, inability to sleep, depression, anxiety, decreased socialization, impaired mobility, and increased costs associated with healthcare utilization.²⁵ In short, failure to address pain in a frail older adult living with advanced illness can begin the downward spiral that leads to decline and death.

Policy Approaches That Work

Policy approaches that would address inadequate pain management in older adults include the following:

- The Centers for Disease Control and Prevention should add frail older adults who are living with advanced illness to the populations currently excluded from the recommendations in its guideline, "Prescribing Opioids for Chronic Pain."²⁶

- The Food and Drug Administration should implement policies that require meaningful inclusion of older adults, particularly those with multiple chronic conditions, in clinical trials testing new therapies for pain management, similar to the policy that the NIH implemented in 2019.²⁷
- The NIH should support studies that enroll older adults with additional conditions common in this population (eg, multimorbidity, polypharmacy, and frailty) with a special emphasis on recruiting adults 75 years old and older and those with multiple chronic conditions. Such studies should examine the efficacy of nonpharmacologic and pharmacologic approaches to treating pain. Further, studies should examine the efficacy of alternative approaches to managing postoperative pain at hospital discharge.
- The Drug Enforcement Agency (DEA) should allow nurses in long-term care facilities to act as the physician's "agent" by recording the physician's verbal order of scheduled controlled substance medications, used for pain relief, in the resident's medical record. In addition to this process (also known as creating a "chart order"), the nurse should then be allowed to transmit that same order to the pharmacy. Chart orders are necessary in facilities such as nursing homes because residents are admitted at all times and physicians are not on site 24 hours a day, 7 days a week. Nurses in other care settings like hospitals already do this for scheduled controlled substances. The current DEA policy affecting long-term care facilities falls short in ensuring that long-term care residents in severe pain receive adequate and timely access to pain relief medication.
- We should do more to assure that all health professionals, particularly those in primary care, have sufficient training in geriatrics and palliative care to be competent in the comprehensive evaluation and treatment of older adults with complex histories, multiple pain problems, and medical comorbidities.
- We must address the nationwide shortage of primary care practitioners, particularly in rural areas, by increasing reimbursement. This would ensure that healthcare professionals who provide essential comprehensive evaluation and treatment planning for older adults with complex histories, multiple pain problems, and medical comorbidities receive the reimbursement and recognition they need.

ISSUE 6: SUPPORTING AMERICAN WOMEN

- If elected ...
 - What will you do to ensure women receive equal pay for equal work?
 - What are your plans for ensuring women and other traditionally underrepresented groups are vibrant parts of your administration?

Why It Matters

Across the US workforce (including geriatrics and health care), women continue to earn 85% of the compensation

provided to men in similar positions.²⁸ Discrepancies in pay not only make it more challenging to make ends meet but also reinforce a culture that sees women—who not only comprise much of the existing geriatrics workforce but also continue to provide most of the formal and informal care in the United States—frequently passed over for major assignments, leadership opportunities, senior mentoring, and promotions.¹³

Policy Approaches That Work

Ending gender inequity across fields and practices means engaging in these actions:

- Addressing discriminatory practices.¹³
- Addressing pay discrepancies.¹³
- Addressing family and medical leave.¹³
- Advancing women in leadership positions.¹³

ISSUE 7: SUPPORTING AMERICAN FAMILIES

- If elected, how would you ensure that all Americans, including all those employed by the federal government, have access to paid family leave?

Why It Matters

The federal Family and Medical Leave Act (FMLA) entitles eligible employees to as many as 12 weeks of annual unpaid leave to recover from a serious illness or care for a newborn, newly adopted child, or seriously ill family member.¹³ However, roughly 40% of workers remain ineligible for FMLA coverage, and millions who are eligible still struggle to afford unpaid time away from work.¹³ Under current policy, the overwhelming majority of the workforce also is without access to paid leave for family members other than children, a key consideration as more Americans prepare to care for aging relatives.²⁹

Policy Approaches That Work

Ensuring that federal protections can empower employees to recover from a serious illness or care for a newborn, newly adopted child, or seriously ill family member is key to building a system that serves us all as we age.¹³

ISSUE 8: ADDRESSING COMPLEXITY IN CARING FOR OLDER AMERICANS

- If elected ...
 - How would you work to improve both the quality and efficiency of care delivered to the increasing number of Medicare beneficiaries with multiple chronic and complex conditions?
 - How would you improve care and care coordination across healthcare settings important to individuals who have dual eligibility for both Medicare (controlled by the federal government) and Medicaid (largely controlled by the states)?

Why It Matters

Providing high-quality care for people with complex medical conditions requires skill in medical and medication management, coordination among care providers, support for social service providers, and work with older adults and families to define individual care goals.^{5,30,31} Older adults with complex needs receive care in multiple care settings often structured based on funding and federal/state rules.^{18,19} At present, that care is often less than optimal.

Improved care for patients with multiple chronic conditions is one approach with high potential for cost savings and better quality because it reduces preventable hospitalizations and helps older adults maintain quality of life and age in place.^{5,15,20} This can be especially important for older people served by both Medicare *and* Medicaid. Although those who qualify for both programs account for only 20% of the older adult population, these dual-eligible individuals account for 34% of spending for each program.^{16,32}

Policy Approaches That Work

Delivering high-quality, effective, efficient, and coordinated care requires policy solutions that promote innovations, including care models employing interdisciplinary geriatrics teams to prevent complications and enhance the quality and efficiency of care.¹¹ Many existing programs (Comprehensive Primary Care Plus, Hospital at Home, and Programs for All-Inclusive Care for the Elderly) show great promise but are limited in scope and not universally available.³³⁻³⁵

These are some important new solutions:

- Incentivizing innovative care models that value and support teams for complex high-cost patients, and providing infrastructure support and funding.³⁶
- Improving beneficiary access (with a focus on high-quality integrated care), especially for individuals who have dual eligibility for both Medicare and Medicaid.²³
- Identifying high-risk beneficiaries and, as needed, providing outreach and services in the most appropriate site of care.²¹
- Supporting person-centered care that addresses the comprehensive needs of those with multiple chronic conditions, including considerations for medications, behavioral health, and social needs/function.^{5,37}
- Aligning payment incentives with the care needs of the complex older adult.^{1,2,6}

In conclusion, regardless of where they are asked, these questions will help spark important conversations with candidates. Their answers will be key to understanding how candidates will work with us to build a world where we all have access to high-quality, person-centered, and affordable care as we age.

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