For more than 35 years, the staff of the 19 Geriatric Research Education and Clinical Centers have helped to elevate the standards of geriatric care for the elderly by conducting basic and clinical research, innovating and evaluating new models of geriatric care, and sharing the lessons they learn with health care trainees and professionals of the Veterans Health Administration.

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GRECC CENfERS OF EXCELLENCE

GRECCs have left a wide, prominent, indelible stamp on health care for the elderly. “Geriatric assessment”—interdisciplinary team-based evaluation and development of comprehensive plans of care to reduce decline and maximize function—was developed and validated in GRECCs. Other GRECC clinical contributions include adult day care, home-based primary care, a range of telehealth interventions, end-of-life models, fall prevention protocols, incontinence management, bone health protocols, physical conditioning in the elderly to enhance stroke recovery and glycemic and lipid control, palliative care for end-stage dementia, dementia case management, caregiver support, case management following discharge, medication reconciliation, sleep protocols, and risk reduction for cardiovascular and neurologic diseases. GRECC investigators were involved in validating the herpes zoster (shingles) vaccine and led the development of the first 2 iterations of the Resident Assessment Instrument/Minimum Data Set that helped transform nursing home care from custodial services into rehabilitation.

GRECCs owe their success (the 3-part model has been widely imitated in VA) to multiple factors, but 2 are particularly noteworthy. First, GRECCs represent the unique, mutually beneficial partnerships between VAMCs and their academic medical school affiliates, creating strong alliances that value the many financial, academic, and mission-related advantages of preserving the programs and their contributions to academia. Second, since 1996 GRECC operations have been essentially cost-neutral to their host hospitals, due to the GRECCs’ stunning successes in obtaining external research funding. Through an internal accounting mechanism designed to favor VA’s involvement in biomedical research, incentive funding equal to a portion of grant expenditures is given to hosting facilities. For more than 10 years, the system of GRECCs has in this way brought to its hosts’ funds equal to or slightly in excess of operating expenses (mostly salaries), making the research productivity, the clinical innovations, and all the educational and training activities essentially free to the system.

It is an unfortunate but undeniable fact that, despite all their successes, GRECCs’ accomplishments remain underrecognized by many in the VA, the public, and Congress, because the VA has chosen to focus on emerging challenges, such as HIV, homelessness, the severely injured veterans of the wars in the Middle East, and the growth in the number of women veterans. Although veterans over age 65 make up more than 50% of VA’s patient population, public attention and Congressional scrutiny tend to shift often to these other emerging challenges, and GRECCs’ successes have, perversely, been responsible for keeping the care of older veterans out of the public spotlight.

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