In 1973 the VA addressed the “age wave,” recognizing the need to advance geriatrics and gerontology in the U.S. by creating the Geriatric Research Education Clinical Centers (GRECCs) with its mission to improve health care for all older veterans. Twenty GRECCs were authorized, and as advances have moved from bench to bedside, the role of education has become increasingly important.

The Institute of Medicine observed the need to focus on training for the existing U.S. health care workforce, which lacks sufficient expertise in geriatrics. The VHA Office of Geriatrics and Extended Care (GEC) also noted that lack of training in the care of older adults is a serious problem in the VHA, because more than half the veterans who seek health care annually are aged > 65 years. The VHA also has fewer geriatricians per patient (1:11,515 patients) than the overall U.S. average (1:6,028 patients) (Kenneth Shay, DDS, MS, written communication, April 13, 2015).

About 2.4 million older veterans receive health care in primary care Patient Aligned Care Teams (PACTs), whereas only 87,000 older veterans receive specialty care in geriatrics. The lack of specialty care in geriatrics is even more problematic in rural areas, where there are fewer specialists and the patient population is older than in urban areas. Typically, rural-dwelling veterans are older, in poorer health, and have a higher incidence of mortality than do their urban counterparts.

To address this need, 10 of the 20 GRECC associate directors for education/evaluation have joined with the GEC and the VA Employee Education System (EES) to collaborate in a national longitudinal educational program to integrate state-of-the-art geriatric practices in primary care PACTs throughout the VA. The program targets primary care providers as well as associated health professionals who support the PACTs (pharmacists, psychologists, and social workers).

The VA Geriatric Scholars Program (GSP) is a longitudinal multimodal educational program designed on the principles of adult learning and continuous professional development, including a demonstration of skills. The VA Office of Rural Health and Primary Care Services fund the program. All learners are nominated by their respective VISNs and commit to implementing systematic changes in personal and clinic practices to improve the quality of care for older veterans.

**CORE ELEMENTS**

The GSP consists of core elements and a broad variety of electives to meet learners’ individual goals for the development of new skills and competencies. There are 3 core ele-
ments: (1) a ≥ 35-hour CME/CEU intensive didactic course in geriatric medicine sponsored by leading universities; (2) an 8-hour CME/CEU course sponsored by the EES; and (3) a demonstration of how new knowledge is being applied through a quality improvement (QI) project in the PACT or clinic.

The GSP with the EES also developed specialized didactic courses for social workers and for psychologists when none previously existed. The optional learning components include clinical practicum experiences, online learning, audio conferences, and refresher courses. With evaluations of learners several times a year, new programs and educational materials are developed to meet the self-identified needs of VA clinicians. The program recently added advanced tracks in clinical leadership and management and in palliative care.

Since its inception as a pilot program in 2008, the GSP has continued to expand, adding components such as on-site team training at rural community-based outpatient clinics (CBOCs) and building infrastructure through online learning. The program has also spun off initiatives to provide high-quality geriatric education to rural CBOCs through its GRECC-CBOC Connection program, which offers case presentations and consultations through clinical video teleconferencing in 8 VISNs and a new virtual learning community at http://www.gerischolars.org.

Each of the 10 GRECCs has a unique and well-defined role in the collaboration. For example, the Nashville-based Tennessee Valley GRECC contributes its expertise in QI and is responsible for the curriculum design, training, approvals for QI projects (rather than research projects), and individualized coaching. The Bronx GRECC in New York pioneered the Rural Interdisciplinary Team Training (RITT) program, which provides education in geriatrics and clinical teamwork, combined with group activities to improve team function over the course of a year. The Palo Alto GRECC in California responded to requests from the field to develop a specialized course to enhance skills in geriatrics and gerontology for VHA psychologists. The Little Rock GRECC in Arkansas has taken a lead role in developing audio conferences to meet learner-defined educational needs, and the San Antonio GRECC in Texas is developing interactive online training modules.

The GRECCs offer unique, clinical practicum experiences for both groups and for individual scholars. These include late life issues in mental health and palliative care at the Boston, Massachusetts-based New England and Madison, Wisconsin GRECCs, dementia care at the Puget Sound GRECC in Washington, physical function and fitness at the Durham GRECC in North Carolina, and in alternating years, comprehensive functional assessment and integrative medicine at the Greater Los Angeles GRECC. The hub site for the program is at the Greater Los Angeles GRECC in California, which handles the administrative component and develops new components for social worker education, integrative health, and an online infrastructure to maintain and expand the didactic activities.

One of the GRECC missions is to export successful educational models. The GSP was adopted by the non-VA Western New York Medical Foundation and may be adapted as a VA Palliative Care Scholars Program. The VA Eastern Regional Rural Health Center has also explored implementing the model for training. The value of the program has also been recognized recently with 2 national awards. In 2012, the QI curriculum was recognized with the Duncan Neuhauser Award for Curricular Innovation in Healthcare Improvement by the Academy for Healthcare Improvement. More recently, Josea Kramer, PhD, program director, received the David M. Worthen Award for Educational Excellence from the VA Office of Academic Affiliations, in part based on the impact of the GSP enhancing geriatric skills and competencies in the VA primary care workforce.

Geriatric Scholars’ clinical teams in small rural CBOCs have made a difference with a focused local issue that could serve as a model for wide application throughout VHA. The projects have included improving access to oral and dental health to all clinic users; prioritization for community-based, long-term care options; identification and support for caregivers; documentation of end of life preferences; and follow-up after non-VA hospital discharges; other projects have reduced polypharmacy; falls, and clinic no-shows.

The impact of the GSP has been substantial, and learners represent every VISN. To date, the GSP has trained 1,901 VA clinicians at more than 360 facilities. The majority had no previous training in geriatrics, even during medical residency or associated health profession internships, yet today, older adults comprise an average 72% of their current patient panels.

SCHOLAR FEEDBACK

In testimonials, geriatric scholars have given positive feedback for many aspects of the program. Attending the program was “one of the best decisions of my life educationally and personally and opened my eyes to what is out there in geriatric care,” one scholar insisted. “This program
has helped me with my day-to-day practices,” another attendee noted, “I feel more comfortable in my role. I can communicate better with my team and patients.”

One of the outcomes of the program was to standardize care for older veterans by teaching the state-of-the-art in geriatrics to clinicians who would teach-back the principles across disciplines and in their respective primary care settings. “I am using the [standardized brief cognitive instrument for] memory testing...that I have learned....The doctors really like it!” explained one attendee. “I went through the [GSP Learning Community] SharePoint site and picked out [a standardized brief cognitive instrument] CPRS template after our [RITT] training. I have already shared with our service line and got it approved,” added another scholar. The SharePoint site is open all VA employees.

Another outcome of the opportunity to teach-back has been preparing the interdisciplinary clinical team to interact efficiently within the environment of the patient-centered medical home or PACT. “The Geriatric Scholars Program showed how we should put veterans at the center, involve the entire team (nurses, pharmacy, etc.) in their care,” a scholar explained. “The Geriatric Scholars Program is a great tool to help roll out [PACT] at my CBOC,” another scholar reported. “I used the mentoring I got from the Geriatric Scholars Program to teach my clinic team.”

Through the GSP, an estimated 309,671 older veterans are now receiving care from clinicians who have developed additional skills in geriatrics. This fall, the GSP will be welcoming a new class of 60 learners, expanding the scope of the program and reaching veterans in more communities.

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