

ENHANCING GERIATRIC CARE ACROSS IOWA

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EXECUTIVE SUMMARY

There is a large, growing gap between the need for geriatric health care services in Iowa and the supply of those services. Iowa is one of only five states where people age 65 and older already make up more than 15 percent of the population. By 2030, Iowans over the age of 65 will represent close to 1 out of every 4 citizens. While the percentage of older citizens is far above the national average, the supply of geriatric care specialists in Iowa falls well below the national average. Having an adequate supply of high quality geriatric care is critical in helping older Iowans maintain their physical and mental health, increasing the efficiency of service delivery, and improving the value in healthcare purchasing.

Geriatric care is a coordinated, interdisciplinary approach to providing distinct types of health care to older adults across a variety of home, community-based, outpatient, inpatient, residential, and hospice settings. Geriatric care places an emphasis on older individuals directing their own care in partnership with geriatric care specialists and other providers with training in geriatrics.

There is a significant opportunity to enhance geriatric care across Iowa. After considering the most critical components of geriatric care and surveying activities currently pursued within the Regents institutions and across Iowa, the University of Iowa's Center on Aging (CoA) identified seven viable directions for expanding and improving the provision of geriatric care in Iowa:

1. Improve the availability of information for older Iowans and their caregivers about the aging process and how to obtain geriatric care.
2. Increase the number of older Iowans that use geriatric care for health promotion, disease prevention, treatment management, and directing end-of-life care.
3. Increase the number of care providers with formal education in geriatrics to meet the present and future needs of Iowa's aging population.
4. Expand continuing education in geriatric care among all providers who routinely provide direct care to older Iowans.
5. Increase the supply of home and community-based programs to meet the present and future needs of Iowa's aging population.
6. Create models of interdisciplinary geriatric care staffing within medical clinics, hospitals, and long-term care facilities.
7. Create models of coordinated geriatric care across outpatient and inpatient settings, home and community-based settings and residential long-term care and hospice.

Iowa's Regents institutions assume a leading role in educating the citizens of Iowa, training professionals in the care of older adults, and providing evidence-based, efficient, and effective clinical care. As such, they are in a particularly important position to leverage the expansion and improvement of geriatric care across the state.

Recommended Next Steps

The Center on Aging would like to organize a Geriatric Care Advisory Council which would give all stakeholders an opportunity to collaborate on how to improve geriatric care in Iowa. Council members would be appointed by:

- Regents Institutions
- State agencies
- Healthcare and supportive service providers
- Older Iowans

Work by the Council would consist of conducting a detailed examination of options for improving geriatric care across Iowa, and developing a strategic plan that defines specific goals, objectives, and process for implementation. For example, the Council could initially assess the capacity to increase geriatric training and expand continuing education efforts across the state, and then specify implementation strategies that include specific goals, objectives, and outcome measures which can be readily financed and adopted by designated authorities.

INTRODUCTION

The Growing Population of Older Iowans

Iowa is one of only five states where people age 65 and older already represent more than 15 percent of the population. There are 440,000 Iowans over 65, and in the next 20 years, the number of older Iowans will increase by more than 55%. By 2030, older Iowans could number almost 700,000 and represent close to 1 out of every 4 citizens (22.5%).¹ By 2040, older Iowans will outnumber children and youth for the first time ever.

Iowa also has a high percentage of citizens over age 85. In the next 20 years, this cohort will constitute the fastest growing population group in Iowa, and 1 out of every 6 older Iowans will be over 85.¹ With this growth, health care providers will see an increase in age-related illnesses, diseases, and disabilities such as heart disease, hypertension, Alzheimer's disease, cancer, and severe arthritis.^{2,3,4} These aging Iowans will increase the demand for home, community-based, inpatient, residential, and end-of-life care.^{5,6}

Other trends related to how the growing population of older Iowans will affect health care include:

- Increasing racial and ethnic diversity among older Iowans
- Variations in family structures and housing arrangements
- Preferences of older Iowans, especially aging baby boomers, to be active consumers who are involved in directing their own health care and end-of-life
- The demand for age-specific programs and services in cities and towns as older Iowans move from rural communities
- The likely changes in the way the Medicare and related programs fund health services for older persons

Health Status of Older Iowans

Across the state of Iowa, 1 of every 4 (25%) persons over the age of 65 reports their health status is excellent or very good. A little more than 1 of 2 (50%) say their health status is good or fair. The remainder (25%) report they are in poor health. The US Census indicates that slightly more than 100,000 older Iowans (25%) are physically or cognitively impaired. Of these, approximately 60,000 are functionally disabled and in need of some sort of long-term professional assistance (i.e., long-term care), and nearly 20,000 older Iowans are both functionally disabled and living alone in poverty.

Quality Health Care for Older Iowans

High quality health care attempts to meet the preferences of older Iowans. According to several studies of older Americans, older Iowans prefer to live independently in their own homes as long as possible, which requires they receive health care services that help them remain physically and mentally healthy and functionally independent.^{10, 11}

Geriatric care is specifically designed to meet the needs of older individuals by helping to preserve their health, functional ability, and independence. In particular, geriatric care is defined as formal efforts to:

- Promote health literacy and healthy behaviors among older adults
- Prevent the onset of disease and disability
- Reduce the impact of age-driven disease and disability
- Facilitate a pain-free, self-directed end of life.

Strategic Planning Effort by the University of Iowa's Center on Aging

What can be done to ensure that the booming population of older Iowans receive high-quality, cost-effective geriatric care? To answer this question, the University of Iowa's Center on Aging (CoA) identified the critical components of geriatric care, evaluated the current activities currently pursued by the Regents institutions in providing geriatric care, and identified the most viable opportunities for the Regents institutions to enhance geriatric care across Iowa over the next five years.

CRITICAL COMPONENTS OF GERIATRIC CARE

There are three critical components to high-quality, cost-effective geriatric care:

1. Older adults and their caregivers engage in their own care.
2. The provision of geriatric care services is directed by geriatric care specialists and other providers who have been trained in geriatric care.
3. Interdisciplinary staffing exists within geriatric care settings and coordination of geriatric care occurs across different settings.

Health & Individual Aging

For the most beneficial health outcomes, older adults must be actively engaged in their own health care,^{12,13} but studies indicate that most older lowans are not actively engaged in their own health care. Measures of engagement show low participation in the following:

- Health promotions such as fitness and nutrition programs
- Disease and disability prevention such as cholesterol and cancer screenings

In addition to helping older adults stay healthy, increasing engagement in geriatric care would increase adherence to treatment plans, maintenance of activities of daily living, and self-direction of end-of-life care. This also corresponds with improved efficiency in service delivery and increased value in healthcare purchasing.

Improvements in public education and information and referral services could help increase the number of older adults engaged in geriatric care. Currently, older adults and their caregivers do not display a high amount of health literacy in many facets of geriatric care. For example, few older adults are well informed about treatment protocols, long-term care options, end-of-life care, and the financing thereof. Access to information would help older adults understand the aging process and how to engage most effectively in their own care (e.g., medication management, use of devices and implements, and rehabilitation programs).

Caregivers also need access to reliable information about the aging process and geriatric care. When older adults can no longer direct or participate in self care, family members or a duly appointed representative need to know how to help them.

OPPORTUNITIES TO IMPROVE HEALTH & INDIVIDUAL AGING

1. ***Improve the availability of reliable information for older lowans about the aging process and how to obtain geriatric care.***
2. ***Increase the number of older lowans and their caregivers that use geriatric care for health promotion, disease prevention, treatment management, and directing end-of-life care.***

Geriatric Care Providers

Certified geriatric care providers are recognized experts in providing health care targeted toward older adults such as offering preventive services, developing and managing treatment care plans, and assisting with end-of-life care. Different types of certified geriatric care providers are geriatricians, geriatric nurse practitioners, geriatric social workers, geriatric dentists, geriatric pharmacists, and gero-psychologists. Requirements for becoming a certified geriatric care provider are:

1. Completing a graduate degree, a postgraduate fellowship or residency program in geriatric care
2. Meeting disciplinary-based geriatric practice certification requirements such as a licensure examination

Geriatric care specialists are trained to recognize the unique health characteristics and service needs of older adults. They effectively distinguish disease states from normal physiological changes associated with aging, identify the most effective and efficient courses of care, and promote disease management, advanced care, and end-of-life planning.

Iowa currently has too few geriatric care specialists relative to the high proportion of older adults, and it is well below the national average in per capita supply.²⁰

- Less than 1% of the 5,350 physicians in Iowa are practicing as geriatricians.
- There are fewer than 50 geriatric nurse practitioners in Iowa.
- There are fewer than 10 geriatric psychiatrists in Iowa.

Whenever older Iowans seek health services, they often come into contact with healthcare providers who have little or no formal training in geriatric care. The same is true whether they visit a community-based medical clinic, an inpatient hospital, or move into an assisted living facility.

Iowa is missing the benefits of health care directed by geriatric care specialists. According to several studies, older patients have better clinical outcomes when their care is directed by geriatric specialists. Other providers also benefit as they work more efficiently and expend fewer resources. While the health of older patients improves, care directed by geriatric specialists also achieves aggregate cost savings by reducing the unnecessary use of higher intensity or redundant services.¹⁴⁻¹⁹

Without proper geriatric training, health care professionals may provide less than optimal care for older adults.²² For example, physicians without geriatric training may be more likely to:

- Misdiagnose treatable medical problems
- Delay the beginning of a proper course of care as quickly
- Not provide preventive services
- Avoid patient-clinician discussions about end-of-life care

Nurses without geriatric training are less adept at detecting age-related illnesses such as post-operative delirium. Social workers are more likely to discharge older adults to nursing facilities rather than home and community-based programs, regardless of clinical status and social support. Case managers are less effective in evaluating an individual's long-term care needs and understanding the different service options that are available.

With Iowa's growing aging population, the above-mentioned problems will only increase, and neither experience nor frequency of contact with older adults will compensate for a lack of training in geriatric care.

OPPORTUNITIES TO IMPROVE THE SUPPLY OF GERIATRIC CARE PROVIDERS

- 1. Increase the number of health care providers with primary, formal education in geriatrics to meet the present and future needs of Iowa's aging population.***
- 2. Increase continuing education opportunities in geriatric care so that it is received by all health care providers who routinely provide direct care to older Iowans.***

Geriatric Care Facilities & Programs

There is a significant opportunity to expand the range of care settings available to older Iowans. Geriatric care is typically available within six settings: 1) Community medical clinics; 2) Hospitals; 3) Residential facilities; 4) Individual homes, 5) Community-based programs, and 6) Hospice

The supply of long-term care options for older Iowans is heavily weighted toward nursing, assisted living and residential care facilities. Iowa ranks among the highest in the US in admissions to rehabilitative and skilled nursing facilities. The state also ranks among the highest in per capita admission rates to hospitals, where persons over 65 represent up to 40% of all hospital inpatient admissions.

Alternatively, although most older Iowans prefer to live in their own homes as long as possible, the supply of home health care services and community-based programs is very low compared to the rest of the country. A study completed by Iowa State University showed that an additional 10,000 older Iowans would need to be residing at home, rather than in institutions, for Iowa to be on par with national averages.³⁵ The use of home health care among Iowa Medicare beneficiaries is among the lowest in the nation, and there are fewer than 30 licensed adult day care centers in Iowa. Most older adults would use home health, day care, and nutrition services were they available.²⁸

Studies indicate that the use of community-based and home health care options can decrease the cost of care while maintaining and even improving the quality of care. Under a physician-ordered treatment plan, skilled services such as nursing care, clinical treatments and social services can be provided through home health care instead of a residential facility at a lower cost. Home health care improves clinical outcomes while reducing aggregate health care expenditures by:

- Increasing provider efficiencies
- Preventing the unnecessary use of emergency departments, inpatient hospitals, and rehabilitative facilities²⁹⁻³²

Another opportunity for enhancing geriatric care in Iowa would be to increase the supply of palliative care and hospice services for older Iowans. Despite overwhelming preferences for a pain-free death at home or in a hospice setting, most older Iowans die in hospitals and nursing facilities. Further, because there is a pervasive lack of palliative and hospice care, older Iowans often go without adequate pain management and supportive care. Not only do people prefer to receive palliation and hospice, these approaches improve patient satisfaction and reduce aggregate healthcare costs.³³

In addition, older Iowans would benefit from the availability of interdisciplinary geriatric staffing within care settings. The positive impact of those approaches on reducing costs and improving patient health and provider performance has been demonstrated repeatedly.^{25,26,27} Medical clinics could offer interdisciplinary geriatric care by hiring one or more geriatric care providers to direct the care of older Iowans and offer health promotion programs. Inpatient hospitals could offer ACE Units that feature all-inclusive geriatric care.

A greater effort also must be made to coordinate geriatric care across different settings. While the State of Iowa supports a case management model of care coordination for long-term care services, there is no formal statewide comprehensive medical care management system for geriatric care. Increasing the coordination of inpatient care with home care or residential long-term care with hospice would be consistent with the “Medical Home” model and other health reform principles endorsed by Iowa health policy leaders.³⁴ Another example of coordinating care across different settings is a continuing care retirement community that allows older adults to reside in a planned community offering a full range of geriatric services.

OPPORTUNITIES TO IMPROVE GERIATRIC CARE

- 1. Increase the supply of hospice, home, and community-based programs to meet the present and future needs of Iowa’s aging population.***
- 2. Increase provision of interdisciplinary geriatric care in all health care settings.***
- 3. Increase the coordination of geriatric care across all health care settings.***

EFFORTS TO PROVIDE GERIATRIC CARE BY THE REGENTS INSTITUTIONS

All three of the Regents institutions are involved with the provision of geriatric care through:

- Public education, information and referral services
- Provider education, training, and consultation
- Direct program and service delivery to older Iowans

Public Education and Engagement

Public education programs and services impart valuable information to older adults^{12,13}. The University of Iowa (UI) Carver College of Medicine and University of Iowa Health Care offer an annual “Mini-Medical School” on aging issues as well as disease-specific seminars and lectures (e.g., how to manage diabetes, latest treatments for cancer). The University of Iowa Hospitals and Clinics (UIHC) disseminates information about age-related health issues in both print and on-line formats. The UI Center on Aging co-sponsors and organizes workshops, seminars, conferences, and community education on such topics as palliative care, interacting with Alzheimer’s disease patients, rural health, and long-term care needs.

The Regents institutions actively engage older Iowans in promotion and prevention efforts. Screenings, inoculations and other preventive services are routinely offered by UIHC to both employees and older patients. The Iowa State University (ISU) Extension supports exercise and nutrition programming. The UI employee assistance program offers consultation with experts on caregiving, long-term care planning, health topics, and community resources. The UIHC offers a similar service to patients and the public.

Individual research centers and faculty at the Regents institutions also contribute to the efforts in public education and engagement being pursued by state agencies. For example, the CoA, Iowa State University, and the University of Northern Iowa all support public education efforts implemented by the Iowa Department on Aging and assists in the evaluation of health promotion and disease and disability prevention programs targeted toward older Iowans through the Iowa Department of Public Health.

Provider Education and Training

Each of the Regents institutions is engaged in aspects of training geriatric care providers. The University of Northern Iowa (UNI) offers a curriculum focusing on long-term care administration. ISU provides coursework in gerontology. The UI Carver College of Medicine includes lectures on geriatrics in its medical curriculum (although no entire course is devoted to geriatrics); internal medicine residents are required to complete a rotation in geriatrics, and fellowships in geriatrics are offered in family practice and psychiatry. Geriatric specialization is offered in dentistry, nursing, public health, and social work. Students with academic, research, or service career interests in aging can earn a Certificate in Aging Studies through a multidisciplinary program in the College of Liberal Arts and Sciences. However, participation in these programs is low.

The UI also offers continuing education to healthcare providers across the State who routinely care for older Iowans. The most extensive efforts are administered by the Iowa Geriatric Education Center (IGEC). The center offers web-based and on-line continuing education programs on numerous topics, targeting a variety of providers including physicians, physician assistants, nurses, and direct-care workers in long-term care settings. The IGEC and Departments of Family Medicine and Internal Medicine organize the annual Midwest Conference on Healthcare in the Elderly, an issue-specific CEU program for service providers. The College of Nursing hosts an annual Long-term Care Conference focused on best practices in nursing home settings. Continuing education programs also are offered by the UI Center on Aging; the Colleges of Dentistry, Pharmacy and Public Health; and the School of Social Work.

Additional assistance is offered to providers via consultation and information and referral. The CoA routinely provides information to caregivers and providers through email, phone, and their website. The Center has created a web-based “geriatric locator” that can be used to find geriatricians practicing anywhere in Iowa as well as other online informational resources. The IGEC and CoA offer expert consultation services to healthcare providers across the state, who either call with specific questions or participate in on-line discussions about providing geriatric care.

The Regents institutions also contribute to the education and training efforts conducted by state agencies. For example, the University of Iowa serves as the training site for workforce development initiatives in medicine and nursing sponsored by the Iowa Department of Public Health. The College of Pharmacy routinely provides assistance with “Brown Bag” and other medication management programs

Program and Service Delivery

Older Iowans receive geriatric clinical service through the UIHC Geriatric Assessment Clinic. Its staff of physicians, nurses, social workers, pharmacists, and other allied health professionals are degreed or trained in geriatrics, and provide comprehensive primary care evaluation, management, and treatment plans for older adults with complex needs. Specialized inpatient services at the UIHC include a gero-psychiatric unit and a palliative care service, and patients from across Iowa receive specialty care in areas such as neurology, otolaryngology, oncology, ophthalmology, and orthopedics.

Older Iowans receive geriatric dental services in the UI College of Dentistry, as well as through a mobile geriatric dentistry clinic that serves residential facilities and communities.

The College of Nursing has successfully implemented evidence-based protocols in nursing homes, hospices, and home settings. Initiatives include the Geriatric Nursing Leadership Academy that trains nursing home employees to assume effective leadership roles in long-term care, as well as the Nursing Home Collaborative, designed to infuse principles of a professional nursing model into the infrastructure of facilities.

Individual research centers and faculty at the Regents institutions also contribute to the provision of geriatric care by state agencies. For example, the institutions contribute to the implementation of services by the Iowa Medicaid Enterprise (IME), which serves as a primary payer for residential and community-based long-term care services for older Iowans. Researchers also help design demonstration programs, delineate clinical protocols, and assist in other efforts such as quality improvement initiatives in residential long-term care settings. Researchers in the College of Pharmacy actively assist in translating evidence-based research into clinical pharmacies serving older Iowans.

Centers and individual faculty also conduct research in coordination with state agencies. For example, faculty from the UI Center on Aging and Iowa State University have conducted studies indicating that our state ranks among the highest in the proportion of older Medicaid beneficiaries residing in nursing facilities rather than individual homes.³⁵ This work has been used by the IME, Department on Aging, Department of Finance and Iowa Workforce Development.

FISCAL BENEFITS OF IMPROVING GERIATRIC CARE IN IOWA

Benefits to Older Iowans

Any effort to reduce health care costs would benefit older Iowans. On average, older Iowans expend 20% of their personal income on health and supportive services each year.^{9,24,36} As many as one of every five older Iowans also uses personal savings to pay for outpatient medical care and hospital services.

Geriatric care would benefit older Iowans by improving their health and, thus, reducing their use of health care services and the associated costs. Geriatric care reduces co-insurance premiums and out of pocket spending on health care. Older adults who obtain geriatric care derive benefits as they are more likely to avoid or defer disease and disability. They stay out of emergency departments and hospitals, more effectively manage disease and disability, remain in their own homes longer, and are more actively involved in choices at the end of life.

Benefits to Providers

Operating costs of providing geriatric care can be minimal for many providers. Medicare, IME and supplemental insurance plans reimburse qualified geriatric care providers on a fee-for-service basis, and fully reimburse the reported costs of most inpatient hospital care in Iowa. However, Medicare and the other insurance providers do not adequately reimburse the costs of providing home, community-based, and hospice programs, which may help explain why these services are not sufficiently supplied in Iowa.

Providers benefit in two ways from expanding and improving geriatric care. First, geriatric care is likely to improve patient outcomes.¹⁴⁻¹⁹ Hospitals that provide inpatient geriatric care minimize post-operative delirium, reduce patient lengths of stay and increase satisfaction ratings. Such improvements also are increasingly being rewarded through quality-based, pay-for-performance models of care. Second, staff and organizational efficiencies occur when geriatric care is provided by interdisciplinary staff working within coordinated service systems, as in community-based clinics that conduct interdisciplinary evaluations, which are more likely to generate a reliable diagnosis and effective treatment plan.

Benefits to the State of Iowa

Given the increasing demand just starting to be placed upon the state's health and supportive service structure, investments that expand and improve that structure will result in a positive return. Arguably, increasing community-based forms of geriatric care will require an initial capital investment as well as increased reimbursements to cover operating costs. Improving geriatric care in community-based clinics, hospitals and long-term care facilities will also require a commitment to developing the workforce and rewarding organization change of practices. The fiscal benefits of using more cost-effective geriatric care would be substantial. Over ten percent of older Iowans rely on the State to supplement Medicare (i.e., dually eligible, Medicare-Medicaid beneficiaries), and the numbers are likely to keep rising with the recession and aging of the population.

Benefits to Iowa Employers

Enhancing geriatric care also benefits the major purchasers of health and supportive services. For example, the supplemental insurance plan that supports Regents institutions' employees and retirees can derive cost savings through educational programs about taking care of older adults at home, which would help them become less likely to use emergency or residential care.

OPPORTUNITIES TO IMPROVE GERIATRIC CARE IN IOWA

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6. Create models of interdisciplinary geriatric staffing within medical clinics, hospitals, and long-term care facilities.
7. Create models that coordinate geriatric care across outpatient and inpatient settings, home and community-based settings and residential long-term care and hospice.

Role for Iowa's Regents Institutions

Iowa's Regents institutions assume a leading role in educating the citizens of Iowa, training professionals in the care of older adults, and providing evidence-based, efficient, and effective clinical care. As such, they are in a particularly important position to leverage the expansion and improvement of geriatric care across the state. Examples of how they could contribute are:

- Make better use of geriatric care, policies and resources within the Regents institutions and develop partnerships to offer expertise to state agencies involved with public education as well as information and referral efforts.
- Enhance efforts to engage older Iowans in geriatric care, including aging employees and their caregivers, patients of UIHC, and the citizens of Iowa, and develop consumer partnerships to offer expertise to state agencies involved with developing best practices to engage older Iowans in geriatric care.
- Establish a state-wide registry for geriatric services of all types addressed in this report

- Increase efforts to offer formal education opportunities in geriatric specialties, including post-graduate fellowships and residencies. Collaborate with state agencies most likely to finance formal education efforts in geriatric care and provide incentives to retain geriatric care specialists in Iowa.
- Expand efforts to offer training opportunities in all phases of geriatric care to increase the number of health care providers who are competent (i.e., certificate programs) in providing care to older Iowans. Collaborate with those state agencies most likely to require, incentive, and offer training services, especially the network of community colleges.
- Increase efforts to provide geriatric care across all settings served by Regents institutions, including outpatient, inpatient, home and community-based, and long-term care settings. Collaborate with state agencies that provide geriatric care programs and services to older Iowans, especially the Iowa Medicaid Enterprise and the Department on Aging.
- Coordinate geriatric care provided by the Regents institutions across all settings, including outpatient, inpatient, home and community-based, and long-term care settings. Collaborate with state agencies that provide geriatric care to older Iowans, especially the Iowa Medicaid Enterprise and the Department on Aging, and provide technical assistance in coordinating geriatric care.

Within the University of Iowa, some specific actions to consider are:

- Create an inpatient ACE unit at UIHC as a model of interdisciplinary geriatric care
- Establish a clinically-based training and research program through the health science colleges to serve as a model of interdisciplinary and coordinated geriatric care

Recommended Next Steps

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- State agencies
- Healthcare and supportive service providers
- Older Iowans

Work by the Council would consist of conducting a detailed examination of options for improving geriatric care across Iowa, and developing a strategic plan that defines specific goals, objectives, and process for implementation. For example, the Council could initially assess the capacity to increase geriatric training and expand continuing education efforts across the state, and then specify implementation strategies including specific goals, objectives, and outcome measures that can be readily financed and adopted by designated authorities.

In particular, the Council, as organized by the CoA, could determine how to expand training efforts in geriatrics through targeted faculty recruitment, student development, and innovative curriculum offerings. The Council also could design implementation processes to increase continuing education in geriatrics through on-campus and off-campus conferences and workshops, developing a system of state-wide training site, and creating innovative distance learning strategies.

Upon completion of these initial efforts, the Council could then consider the most viable directions for the Regents institutions to pursue in the next 3-5 years in regard to the other opportunities to enhance geriatric care across Iowa. These efforts could be pursued individually and in collaboration with other agencies and organizations across the state of Iowa. Some of these efforts could involve:

- A. Determining current health information needs among older Iowans and their caregivers, develop cost-effective health literacy programs, and determine how to finance and evaluate the impact of any efforts to increase health literacy.
- B. Estimating current levels of engagement among older Iowans and their caregivers in different types of geriatric care, design a best practices approach for such programs including a state wide registry for geriatric care patients, and determine how to finance and evaluate any efforts to increase older adults' engagement in geriatric care.
- C. Estimating the current supply of hospice and home and community based services, outline detailed and targeted goals, and determine how to finance and evaluate efforts to reach these goals.
- D. Accounting for current number of geriatric care services provided in university-based, state supported and other (non-profit, private for-profit) facilities, develop expansion targets for each type of geriatric care program, and determine how such efforts will be financed and evaluated.
- E. Estimating the level of service coordination across different locations for geriatric care, develop viable coordination efforts, and define how such efforts will be financed and evaluated.

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