AGS Geriatrics Healthcare Professionals
Leading Change. Improving Care for Older Adults.

THE AMERICAN GERIATRICS SOCIETY
40 FULTON STREET, SUITE 809
NEW YORK, NEW YORK 10038
212.308.1414 TEL
www.americangeriatrics.org

American Geriatrics Society Response – Aging in the United States: A Strategic Framework for a National Plan on Aging
Submitted September 13, 2024

The American Geriatrics Society (AGS) submitted these comments on the Aging in the United States: A Strategic Framework for a National Plan on Aging document that was developed by leaders from 16 federal agencies and departments working together through the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities (ICC) with support from community partners and leaders in the aging services network. The goal is to create a national set of recommendations for advancing healthy aging and age-friendly communities for older adults.

1. What do you like about the Strategic Framework for a National Plan on Aging?

The American Geriatrics Society (AGS) appreciates the opportunity to provide feedback on the Strategic Framework for a National Plan on Aging (Strategic Framework). We support the vision to prioritize independence, inclusion, well-being, and health across the lifespan.

AGS is a nationwide not-for-profit organization dedicated to improving the health, independence, and quality of life of older people. Our 6000+ members include geriatricians, geriatrics nurse practitioners, social workers, family practitioners, physician associates, pharmacists, and internists who are pioneers in advanced-illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. AGS believes in a just society, one where we all are supported by and able to contribute to communities where ageism, ableism, classism, homophobia, racism, sexism, xenophobia, and other forms of bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their caregivers.

We are enthusiastic about this effort to create an extensive, annotated, and well-organized compendium of strategies for the public (federal, state) and private (for-profit, not-for-profit sectors). We agree with the organization of the Strategic Framework into four domains: 1) Age-Friendly Communities, 2) Coordinated Housing and Supportive Services, 3) Increased Access to Long-Term Services and Supports, and 4) Aligned Health Care and Supportive Services. These are the key strategic areas of focus for maximizing our health, well-being, and independence as we age. We see the Strategic Framework as a first step in a potential public-private effort to transform the programs and services that are necessary for supporting older American and those who care for them.

2. What is missing from the Strategic Framework for a National Plan on Aging?

While the four domains are strong foundational pillars, we have several recommendations for the Interagency Coordinating Committee on Health Aging and Age-Friendly Communities (ICC) to consider as it refines the Strategic Framework. Several of our recommendations address critical gaps in the Strategic Framework with a focus on preparing the healthcare workforce to care for all of us as we age.

- **Multicomplexity.** We appreciate the attention to the 4Ms of age-friendly care: What **M**atters, **M**edication, **M**entation, and **M**obility. The Age-Friendly Health Systems (AFHS) 4Ms framework is based on the Geriatrics 5Ms framework that was put forward by Tinetti et al. in "The Geriatrics 5M's: A New Way of Communicating What We Do" in 2017 to describe the clinical

domains of care provided by geriatricians (DOI:10.1111/jgs.14979). Multicomplexity describes the patient population that most benefits from the care of a geriatrician – older people who have more complex needs often due to multiple chronic conditions, frailty, and/or complex psychosocial needs. Current estimates are that two thirds of Americans have two or more chronic conditions, contributing to the complexity of how we support Americans to age well and with independence. AGS recommends that there be an explicit recognition of multimorbidity and multicomplexity in the Framework given how central this concept is to developing programs and policies across the four domains of the Strategic Framework.

- **Focus on paradigm shifts to meet older population needs.** Given the rapidly increasing size, diversity, and needs of our aging population we believe that the Strategic Framework should go beyond identifying current efforts and focus on large paradigm shifts that must happen in order to meet this population's needs. For example, how can every older adult regardless of identity, language, location, and socioeconomic status access high-quality supports to help them age in place?

- **Coordination of efforts across federal, state, and local agencies.** We recommend development of a plan for coordination across the various agencies, including local and state, for programs as well as adequate funding. There is not one approach that works for all. We recommend differentiation between rural, suburban, and urban environments which will require different planning to properly accommodate the older adult populations in those given places. Local politics can play a huge role in the built environment and neighborhoods, and we believe the Strategic Framework should provide clarity on the needed investments from local and state agencies. We appreciate that a number of states have established or are establishing a state-specific Master Plan for Aging, and it would be important to link the federal effort to the ongoing work at state levels. A focus on coordination among the various agencies, including local and state, for programs and sufficient funding would mean less complicated navigation of different systems for individuals.

- **Defining Strategic Framework Goals as a Measure of Success.** We encourage development of a robust evaluation component with milestones so that there is a clear plan for how the ICC plans to evaluate the various actions resulting from the Strategic Framework and measure success.

- **Importance of the role of National Institute on Aging (NIA) on research across the lifespan.** Research funded by the NIA has improved clinical care of older adults across healthcare settings – contributing to our collective health, independence, and quality of life as we age (DOI:10.1111/jgs.18837; 10.1111/jgs.18865; 10.1111/j.1532-5415.2012.03994.x). Even as we have made progress on increasing both our healthspan and lifespan, chronic diseases related to aging, such as diabetes, heart disease, and cancer continue to afflict 80 percent of people 65 and older (National Prevention Council, Healthy Aging in Action: Advancing the National Prevention Strategy https://www.cdc.gov/aging/pdf/healthy-aging-in-action508.pdf). Interventions from NIA-funded research have helped to reduce declines in function and susceptibility to disease or frailty and in turn delayed the onset of costly age-related diseases. Because of the NIA, the U.S. is a world leader in aging research. The NIA supports research that impacts the health of older adults and extends far beyond dementia including the biology of aging, geroscience (study of biological mechanisms that drive aging and disease and may contribute to longevity), multiple chronic conditions, aging across the lifespan, functional status and independence, disability, polypharmacy, delirium, falls, frailty, resilience, chronic wounds,

behavioral, psychological, social and economic aspects of aging, and more. We strongly support a holistic life stage approach to all research and believe that this is vital to fully understanding the diverse effects of aging on the older adult population and effectively address the multifaceted issues related to aging.

- **Support for a diverse workforce that is trained in geriatrics and gerontology to care for an increasingly diverse population.** Across the eldercare workforce, including direct care, little attention is paid to ensuring all workers are trained to provide the highly skilled and coordinated services that are the hallmark of high-quality care for older people. The role of clinicians in identifying and assisting people in need should be early enough in their aging journey to enable them to take actions that maximize the impact of available resources. It would also be important to evolve programs so that clinicians can efficiently and effectively provide referrals for people in need to the agencies and organizations that are available to help. We also encourage including the need for recruitment of the workforce that reflects the changing demographics of older adults in the U.S., including diversity by race and ethnicity, language, culture, and sexual orientation and gender identity (SOGI).

- **Definition of healthy aging.** AGS recommends promoting a realistic, dynamic, and multidimensional view of healthy aging to live well throughout the lifespan through traditional and innovative models of health promotion and prevention, aligned with the National Prevention, Health Promotion and Public Health Council in its Healthy Aging in Action strategy (https://www.cdc.gov/aging/pdf/healthy-aging-in-action508.pdf). By collaborating with healthcare systems, policymakers, and communities, and emphasizing advocacy, best practices, education, and research, we can leverage resources to enable individuals to live well throughout their lifespan (DOI:10.1111/jgs.15644).

3. What could be added or changed to the Age-Friendly Communities domain in the Strategic Framework for a National Plan on Aging?

AGS strongly supports investment in safe communities that are age-friendly with a focus on those in greatest need.

- **Addition of programs that have shown promising progress in supporting the goals for Purpose and Engagement as well as Social Connection.** We recommend highlighting the success of these programs considering how they can contribute to the creation of measurable goals using health-related quality of life scales, and work towards combating ageism and breaking down intergenerational barriers. It may also be beneficial to encourage that these volunteer programs include college and high school students.

    - Hospital Elder Life Program (HELP): This comprehensive, evidence-based, patient-care program provides optimal care for older persons in the hospital, including delirium prevention interventions. Combining HELP with structured education and discussion allowed pre-health college student volunteers to develop a strong interest in geriatrics and a more positive perception of the care of older adults. (DOI:10.1111/jgs.18900).

    - Senior Mentor Program (SMP): This volunteer program that connects medical students with older adults for experiential learning reduces stereotyping and trains students to

care for older adults. The program has shown that medical students develop positive aspect of aging (DOI:10.1080/02701960.2021.1899918).

- Intergenerational Reverse-Mentoring Program: This program encourages undergraduate students to mentor local older adults in technology. Social outcomes, including reducing loneliness, were improved for older adults (DOI:10.3390/ijerph19127121, https://www.npr.org/2020/01/20/796583594).

- Dance for PD®: This evidence-based program developed by the Mark Morris Dance Group harnesses the benefits of dance to enhance movement for people with Parkinson's disease (PD), which has been shown to improve social connection, gait, balance, and fall prevention (DOI:10.1371/journal.pone.0236820). The Dallas Area Parkinson Society offers Dance for PD® and supports with transportation access to and from these programs.

- **Consideration of accessible and affordable legal services.** Given older adults' needs for advanced care planning, estate planning, wills, power of attorneys, healthcare planning, and more, legal services that are accessible and affordable as well as age-friendly courts that are trained in person-first approaches for issues such as cognitive impairment, guardianship, and older adult abuse is critical.

- **Greater emphasis on Non-Emergency Medical Transportation (NEMT) as a resource.** Though briefly mentioned in the examples of federal government programs that are currently in coordination, we believe NEMT should be emphasized more as an important resource for many older adults in accessing their health care and appointments. Accessing preventative care leads to fewer medical emergencies and can help older adults age in place. While there are issues with NEMT, we believe addressing the underlying issues in the current NEMT infrastructure and expanding services more broadly would support older adults aging in place and remaining healthy.

4. What could be added or changed to the Coordinated Housing and Supportive Services domain in the Strategic Framework for a National Plan on Aging?

- We believe increasing the supply of accessible, affordable rental and homeownership opportunities by expanding and streamlining federal, state, and local funding, policy, and cross-sector partnerships should start earlier in the life course. It is critical that older adults who are able to do so can stay in the community and that they have access to housing that meets their needs. As of 2023, there were nearly 21 percent of adults 55 and older experiencing homelessness in the U.S. (Department of Housing and Urban Development, The 2023 Annual Homelessness Assessment Report (AHAR) to Congress https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf). Additionally, many middle-class older adults will not be able to stay in their homes without significant policy changes (DOI:10.1377/hlthaff.2018.05233).

5. What could be added or changed to the Increased Access to Long-Term Services and Supports domain in the Strategic Framework for a National Plan on Aging?

- **Strengthen the Elder Justice section and include strategies to promote the rights of older adults.** Some suggestions include promoting funding adults protective services to parity with child protective services; promoting the development of innovative programs to address mistreatment that are person-centered, rehabilitative, and address underlying needs; creating systems of accountability for the listed programs tasked with addressing elder mistreatment; better outlining how the lack of support for caregivers (including training and resources) may be directly tied to occurrence of mistreatment; and directly calling out the need to combat financial scams that target older adults through both better education/awareness and application of new technologies that can prevent engagement with scams.

- **How to support caregivers.** We appreciate that the report includes a section on paid and unpaid caregiving. Caregivers are vital to supporting older adults both at home and in congregate living settings. They provide hands-on, personal care with tasks such as eating, bathing, grooming, toileting and transfers—work that is physically and emotionally demanding—to millions of older Americans. Furthermore, staff recruitment and retention are particularly difficult due to the medically complex nature of care for us all as we age. While we appreciate the current Administration's focus on supporting the caregiver workforce, including efforts related to the Executive Order on Increasing Access to High-Quality Care and Supporting Caregivers, there are gaps in expertise and systemic weaknesses in the direct care workforce. We can better support this workforce by strengthening the pathway for direct care workers through the following actions: 1) implement recruitment campaigns; (2) provide funding for online training and competency evaluations; (3) increase funding to direct care training providers to enhance the training infrastructure; and (4) provide funding for in-person training to increase and maintain workforce capacity.

- **Support for family caregivers.** Family caregivers and other care partners continue to provide the majority of long-term care for older Americans – often without sufficient training or support. We advocate for policies that expand access to long-term care options, including in-home and other care, that enable older adults to live independently as long as possible. We also believe we should better support and train informal care partners caring for older loved ones and encourage flexibilities (particularly state innovation through Medicaid waivers) that allow for family caregivers to receive the same compensation, training, benefits, and other supports that direct care workers receive. AGS recommends adopting language from the Direct Care Worker and Family Caregiver Initiative (https://www.togetherincare.org), which highlights mutually beneficial opportunities that improve supports for family caregivers and direct care workers while strengthening the partnership between direct care workers and family caregivers. We also recommend adding the Recognize, Assist, Include, Support, and Engage (RAISE) National Strategy's Four Cross Cutting Considerations for Family Support (https://acl.gov/sites/default/files/RAISE_SGRG/NatlStrategyFamCaregivers_FirstPrinciples.pdf) to better name and address the unique needs of family caregivers in underserved communities, including person and family-centered approaches; trauma and its impact; and diversity, equity, inclusion, and accessibility.

- **Promotion of both home- and community-based services (HCBS) and high-quality nursing home care to make both resources appropriate alternatives in our communities as**

opportunities for care and service for those who need it. We believe it is important to recognize that there is not a one-size-fits-all for older Americans who need long-term services and supports. What is most important is that we have multiple options available so that we are providing individuals options that meet their needs. We recommend recognizing that policies should maximize both HCBS and facility-based care so that we are reimagining what best meet the needs of older Americans by ensuring that they have access to both home and community-based services and high-quality facility-based care. Our collective goal should be right care, right time, in the right place. We recommend that the Strategic Framework acknowledge the need for a continuum of care that values the role of nursing homes and other congregate living arrangements for older adults and those who care for them.

6. What could be added or changed to the Aligned Health Care and Supportive Services domain in the Strategic Framework for a National Plan on Aging?

- **Emphasis on the importance of Americans having access to preventative public health initiatives and quality primary care across the lifespan**. This would improve population health and outcomes in the U.S. as well as our healthspan as we age. AGS recommends that the Strategic Framework include the recommendations of the National Academies of Science, Engineering, and Medicine (NASEM) 2021 report, "Implementing High-Quality Primary Care – Rebuilding the Foundation of Health Care" (DOI:10.17226/25983). As recommended by NASEM, public and private payers should shift from a fee-for-service (FFS) payment model to hybrid models (part FFS, part capitated, in which clinicians are rewarded for better outcomes and paid per patient, rather than per visit or procedure), making these the default payment method over time.

- **Support for expanding geriatrics and gerontological workforce as a key to supporting both individual older adults' health and population health**. Both the Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Awards (GACA) program focus on improving the knowledge and skills of the workforce; building stronger partnerships between community-based organizations, health systems, and primary care providers; and working to become recognized as an Age-Friendly Health System. The GWEPs and the GACAs are critically important to ensuring that we are meeting the educational needs of the caregiving workforce. Further, these two programs are the only federal programs supporting geriatrics education and training in the community. The GWEPs educate and engage the broader frontline workforce, including family caregivers and direct care workers, and focus on opportunities to improve the quality of care delivered to older adults. The GACA program develops the next generation of innovators to improve care outcomes and care delivery. Investing in these programs is imperative to expanding understanding of geriatrics, ensuring a pathway to geriatrics health professions, and maintaining the health and quality of life for us all as we age.

- **Investing in the geriatrics and gerontological workforce.** We appreciate the emphasis in Domain one on expanded support for the GWEP and GACA programs under the Health Resources and Services Administration (HRSA). However, it is equally important that there be a separate investment in ensuring that we have a sufficient number of geriatrics health professionals given their expertise in caring for older adults living with multicomplexity. In particular, there is a current and future shortage of geriatricians – physicians with expertise in managing, delaying, and even preventing many of the age-related health issues we face as we

age, including complex chronic conditions and addressing functional and cognitive impairments. Geriatrics medicine is centered around person-oriented outcomes that reflect the care goals of older adults, using multi-professional teams of practitioners. We recommend that the Strategic Framework include attention to programs and actions that have the potential to increase the geriatrics health professional workforce, including geriatricians. Some recommended areas of emphasis are:

- **Payment:**
  - The current disparity in earnings between primary care clinicians and specialists is a major contributor to the primary care workforce shortages (inclusive of the shortage of geriatrics health professionals) and has created a crisis situation for primary care practices. As part of the Affordable Care Act (ACA), Medicare implemented a 10 percent bonus payment for primary care physicians for five years, which expired at the end of 2015. Restoring the bonus payment indefinitely would help create a more stable environment and provide an incentive for new physicians, advanced practice nurses, and physician assistants to enter and stay in primary care, including geriatrics.

  - We also believe that the Centers for Medicare and Medicaid Services (CMS) proposal in the Calendar Year 2025 Medicare Physician Fee Schedule Rule (MPFS Rule) to pay for advanced primary care management (APCM) services is a critical first step in reversing the decline in health professionals going into primary care. The proposal recognizes vital components of primary care, including team-based care and an ongoing, longitudinal relationship with the patient. It also recognizes the resources needed to provide advanced primary care and would reduce administrative burden.

- **Loan Forgiveness**: Federal and state loan forgiveness programs would help address the significant barrier that student loan debt creates for clinicians who want to pursue primary care careers in geriatrics, while helping to expand the workforce we need to care for the growing population of older Americans. Federally, the program would complement existing loan repayment programs offered by HRSA for primary care medical, dental, and mental & behavioral health care providers with a specific focus on geriatrics health professionals.

- **Support for increasing the knowledge and expertise of the healthcare professional workforce in order to improve individual older adults' health and population health**. In February 2024, the Congressional Research Service (CSR) quantified Medicare's significant investment in medical residency training (or graduate medical education, GME); noting that the program had paid an estimated $17.8 billion in Fiscal Year (FY) 2021, primarily to hospitals. Although Medicare is the largest source of GME funding, other federal programs that support GME include Medicaid, the Department of Defense, the Department of Veterans Affairs, Children's Hospital GME, and Teaching Health Center GME. To be eligible for Medicare GME payments, a teaching hospital, which is often affiliated with a medical school, must have an accredited residency program in medicine, osteopathy, dentistry, or podiatry. Given the significant federal investment in GME, the Strategic Framework should include a recommendation that any program that is supported by federal dollars (from Medicare or other programs and agencies) should require specific training in geriatrics that ensures that medical specialists and other

health professionals have the knowledge and expertise that they will need when caring for older adults.

- **Increase the evidence base for prevention and treatment that supports all of us as we age.** Geriatrics embraces care well beyond the walls of hospitals and clinics, reflecting the diversity of places and people we need for medical, functional, cognitive, and social well-being with age. We recommend prioritizing:

    - Increasing efforts to recruit and support the next generation of aging researchers with a focus on supporting geriatrics health professionals and trainees to embark on careers in aging research and ensuring that all researchers have the training that is necessary for including complex older adults in research. Doing so would ensure our ability to implement whole-person-focused studies of the diseases and conditions older adults face.

    - Increasing investment in aging research that is complexity-focused (multiple chronic conditions, social complexity) as opposed to single disease-focused across federal agencies, including across the National Institutes of Health (NIH), the Agency for Healthcare Research and Quality (AHRQ), the Veterans Health Administration (VHA) (including basic science research), the Advanced Research Projects Agency for Health (ARPA-H), and the Patient-Centered Outcomes Research Institute (PCORI).

    - Increasing active incentives to coordinate and collaborate research efforts across agencies and in particular focus on how to get new innovations implemented into practice to have impact (i.e., focus on aging-related implementation science).

- **Need for significant investment in current supports and new systems to improve care and fill ongoing gaps in Medicare and Medicaid.** To realize a healthy ecosystem of supports for older adults, people with complex health needs must be able to access neutral, culturally competent, and person-centered choice counseling and care management regardless of where they live. We encourage the ICC to take a comprehensive look at the care management and navigation supports ecosystem for older adults with complex health needs, including:

    - Program of All-Inclusive Care for the Elderly (PACE): A managed care program that was developed to enable individuals to live independently in the community has faced challenges in adoption due to policies keeping PACE siloed. Studies have shown that providing coordinated and interdisciplinary geriatrics team-based care can make a critical difference, especially for persons with multiple chronic conditions, by preventing complications and enhancing the quality and efficiency of care provided across the healthcare continuum. We need to support expanding existing programs shown to improve care while also continuing to learn about best practices in providing quality care for older adults with complex needs. We recommend considering "MediCaring Communities: Getting What We Want and Need in Frail Old Age At An Affordable Price" (ISBN-10: 148126691).

    - Access challenges to behavioral health specialists or therapists for Medicare and Medicaid: We strongly support promoting and increasing utilization of services, programs, and supports to maximize the physical and behavioral health of older adults.

- Home-Based Primary Care (HBPC): HBPC programs are key intermediaries in addressing health care disparities, social determinants of health, chronic care management, and transitional care management. These programs foster connections with social engagement initiatives and fall prevention efforts. Expanding HBPC programs is crucial as these programs are specifically designed to tackle these challenges while promoting social interaction for frail, vulnerable older adults who are most at risk.

- Medication therapy management (MTM): Medication appropriateness has yet to be addressed in any meaningful and relational way for potential medication-related problems, including addressing polypharmacy in order for this public health concern to get more significant attention. Pharmacists should be tapped to improve care and use their skills, particularly if trained in geriatrics. Currently at the local pharmacy level, there are contracts with external parties to conduct social drivers of health screenings that are not comprehensive, though it is not part of their training. This facilitates upcoding that drives up payments.

- Enrollment ecosystem for people selecting integrated health plans: Medicare Advantage marketing, disparate access to State Health Insurance Assistance Programs (SHIP) counselors, and barriers in resources for counselors create challenges for supporting low-income older adults.

7. Is there anything else you would like to add?

Considerations for Equity

We strongly encourage the ICC to embed a health equity approach throughout the Strategic Framework and explicitly acknowledge the various marginalized communities for whom challenges to successful aging cut across the four domains. In line with this would be to incorporate community voices, constituents, and individuals with lived experience in the design and implementation of this plan. Below, we offer specific recommendations with a focus on ensuring the system works best for those who face the most significant barriers in accessing the services and supports they need, including populations that experience health and healthcare disparities, communities of color, socioeconomic disadvantaged populations, SOGI minority older adults, tribal communities, people leaving incarceration, individuals whose primary language is not English, and populations at highest risk of institutionalization.

- We appreciate the mentions of discrimination focused on ageism, with some nods to discrimination based on disability. We believe it is important to also explicitly recognize other forms of discrimination that marginalized communities face and that create disproportionate burdens on the ability of older people to age successfully as well as the intersectionality of identities and the experience of multiple forms of discrimination across the life course. Addressing social determinants of health from early ages is critical for improving healthspan.

- We recommend that within each domain and focus area specificity be provided about how actions and goals will work toward eliminating health inequities among older adults. More specifically, how each initiative will contribute to eliminating health disparities among older adults across race, ethnicity, gender identity, sexual orientation, language, ability, and other

demographics. We also believe it would be important to name certain diseases, such as human immunodeficiency virus (HIV) that create disproportionate burdens on older people.

- Considering that access to telehealth is essential for meeting health needs, especially those in rural areas or who have transportation barriers, we encourage a broad definition of what is considered quality and accessible housing that incorporates factors such as broadband width and access to technology that facilitates virtual visits.