



Geriatric Nursing Tip Sheet on Health Care Reform

Prepared for the Hartford Institute by Barbara Resnick, PhD, CRNP, FAAN, FAANP
Professor, University of Maryland School of Nursing

On March 23, 2010, President Obama signed comprehensive health reform, the Patient Protection and Affordable Care Act, into law. The law focuses on provisions to expand coverage to Americans, control health care costs, and improve our health care delivery system by increasing access, controlling costs, and increasing the healthcare workforce.

The focus of this tip sheet is on the changes that will have a direct impact on geriatric nursing, particularly with regard to workforce, education, and practice. These changes provide exciting opportunities for us to work with other members of the health care team in new ways, to provide important educational opportunities and incentives for nurses to specialize in geriatrics, and most importantly to improve the care we provide to older adults and do so in a fiscally responsible manner.

Workforce and Education Tips

Title VIII Geriatrics Nursing Workforce Development Programs

These programs, administered by the Health Resources and Service Administration (HRSA) are the primary source of federal funding for advanced education in nursing, workforce diversity, nursing faculty loan programs, nurse education, practice and retention, comprehensive geriatric education, loan repayment, and scholarship.

- **Comprehensive Geriatric Education Program:** Although not new, this program supports additional education (can we use a word other than training?) for nurses who care for the elderly; development and dissemination of curricula relating to geriatric care; and training of faculty in geriatrics. It also provides continuing education for nurses practicing in geriatrics. This program will continue under the Patient Protection and Affordable Care Act.
- **Traineeships for Advanced Practice Nurses:** The Comprehensive Geriatric Education Program is being expanded to include advanced practice nurses who are pursuing long-term care, geropsychiatric nursing or other nursing areas that specialize in care of elderly.

Title VII Geriatrics Health Professions

The Title VII Geriatrics Health Professions Programs, administered by the Health Resources and Services Administration (HRSA), include the Geriatric Academic Career Awards (GACAs), the Geriatric Education Center (GEC) program, and geriatric faculty fellowships.

- Geriatric Academic Career Awards (GACA): Under health reform, eligibility for these awards has been expanded to nursing, along with dentistry, pharmacy, psychology, social work, and other allied disciplines as determined by the Secretary.
- Geriatric Education Centers (GEC): Under health reform, Congress has approved a supplemental grant award program that will train additional faculty through a mini-fellowship program and requires that those faculty provide training to family caregivers and direct care workers.
- Geriatric Career Incentive Awards Program: Congress has authorized grants to foster greater interest among a variety of health professionals in entering the field of geriatrics, long-term care, and chronic care management.

Practice Tips

The following are some examples of potential clinical/practice opportunities for geriatric nurses in the practice arena.

- **Family Caregiver Training**: The Geriatric Education Centers (GECs) will be required to offer at least two courses each year, at no charge or nominal cost, to family caregivers who support frail older adults and individuals with disabilities. These will need to be offered in collaboration with appropriate community partners.
- **Independence at Home Pilot Program**: Independence at Home is a chronic care coordination pilot project to bring primary care services to the highest cost Medicare beneficiaries with multiple chronic conditions in their home. Interdisciplinary teams of health care professionals caring for patients with multiple chronic conditions in their homes would be eligible for shared-savings if they achieve quality outcomes, costs savings and patient satisfaction.
- **Prevention Services**: The section on prevention services in health care reform is focused on improving access to preventive services recommended by the US Preventive Services Task Force and recommended immunizations. It will provide Medicare beneficiaries access to a comprehensive health risk assessment and creation of a personalized prevention plan. In addition, changes will provide incentives to Medicare and Medicaid beneficiaries to complete behavior modification programs.
- **Skilled Nursing Facility Requirements**: For geriatric nurses working in skilled nursing facilities under Medicare and nursing facilities under Medicaid, the facilities will be required to disclose information regarding ownership, accountability requirements, and expenditures. In addition, they will be required to publish standardized information on nursing facilities to a website so Medicare enrollees can compare the facilities.

Medicare program changes for beneficiaries: Impact on Practice

- Beneficiaries will be provided with a \$250 rebate when they reach the Part D coverage gap in 2010.
- There will be a phasing down of the beneficiary coinsurance rate in the Medicare Part D coverage gap from 100% to 25% by 2020.
- For brand-name drugs, pharmaceutical manufacturers will have to provide a 50% discount on prescriptions filled in the Medicare Part D coverage gap beginning in 2011, in addition to federal subsidies of 25% of the brand-name drug cost by 2020 (phased in beginning in 2013).
- For generic drugs, there will be federal subsidies of 75% of the generic drug cost by 2020 for prescriptions filled in the Medicare Part D coverage gap (phased in beginning in 2011).
- Between 2014 and 2019, there will be a reduction of the out-of-pocket amount that qualifies an enrollee for catastrophic coverage.
- Part D cost-sharing for full-benefit dual eligible beneficiaries receiving home and community based care services will become equal to the cost-sharing for those who receive institutional care.
- Depending on the area in which the geriatric nurse works (e.g, acute care, long term care, community) there may be other relevant aspects of health care reform that will provide opportunities and improve patient access and/or quality of care.

The timing in which these opportunities will come into existence varies. Remaining work is needed to assure sufficient appropriations for each of these areas. Keep informed and plan accordingly to assure that older adults receive the type and amount of care that matches their needs in a way that optimizes health and quality of life.

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Hartford Institute for Geriatric Nursing
College of Nursing
New York University
726 Broadway, 10th floor
New York, NY 10003
fx: (212)995-4770

Address inquiries to Malvina Kluger at Hartford.IGN@nyu.edu
<http://www.hartfordign.org> <http://www.ConsultGeriRN.org> <http://www.NICHEProgram.org>