#56

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Page 1

Q1 Define the problem: [Outline the challenge(s) your recommendation will address. Insert links to reports where appropriate.]

Inadequate number of geriatricians, and geriatric-trained psychiatrist/psychologists, nurses, social workers, physical therapists, surgeons.

Q2 Pick your Master Plan for Aging goal(s): [Check the goal(s) your recommendation aims to fulfill. View MPA Framework document for reference]

Goal 3: Health & Well-being. We will live in communities and have access to services and care that optimize health and quality of life.

Q3 Choose your MPA Framework objective: [Check the objective(s) your recommendation will accomplish. View MPA Framework document for reference.]

Objective 3.2: Californians will have access to quality, affordable, and person-centered health care through delivery systems that are age-friendly, dementia-friendly and disability-friendly.

Q4 Outline your recommendation: [In one to two sentences, sketch out your idea for the Master Plan for Aging.]

There must be a concerted effort to create incentives for increasing and retaining the number of geriatricians and geriatric-trained medical/health professionals.

Q5 Identify and quantify your target population: [Describe which groups of Californians will be impacted by this recommendation, with numbers if available.]

California's older adult population.

Q6 Share your recommendations for an age-friendly California: [Insert detailed bullet points describing your Master Plan for Aging ideas.]

California needs an on-going plan to increase the number of geriatricians and geriatric-trained health and medical professionals (e.g-psychiatrists, psychologists, nurses, physical therapists, surgeons. Issues related to this include:

1) creating financial incentives

2) adjusting salaries so that geriatricians are paid well - currently their salaries are not at a level that attracts the necessary numbers to become geriatricians

3) On-going training is needed to address the age bias that exists against older patients in how they are viewed and treated. This needs to be addressed for all levels of health and medical professionals.

4) California needs to keep track so that shortages and projections can be discerned. This means an adequate data system. It also means determine who collects the data- government? medical schools? colleges?

5) education as to what constitutes healthy aging is important to include.

Q7 Provide any supporting evidence for your recommendation: [Add links or summaries of research evidence that support your unique vision.]

1) We need more geriatricians, not more primary care physicians. https://catalyst.nejm.org/doi/full/10.1056/CAT

2) Not for doctors only; ageism in healthcare/American Society on Aging

3)Interventions to reduce ageism against older adults: https://www.ncbi.nih.gov

Q8 Give examples of local, state or national initiatives that can be used as an example of best practices: [Provide any available links and sources.] Local: State: National: Other:

check the World Health Organization on its recommendations to address ageism.

Q9 Provide a roadmap to implementation: [Insert any actions state agencies, legislators, counties, local government, or philanthropy can take to move this recommendation forward. Some of the entities listed below may or may not be applicable to each recommendation.] State Agencies/Departments: [action to be taken by Governor or specific state agencies] State Legislature: [legislation needed to implement recommendation] Local Government: Federal Government: Private Sector: Community-Based Organizations: Philanthropy: Other:

1) a task force comprising state agencies such as California Department of Aging, Commission on Aging, California Senior Legislature, California Assembly Aging and LTC Committee, American River College gerontology department, USC gerontology school, (and other gerontology departments around the state, medical and nursing schools in CA (I haven't selected specifics), the World Health Organization, local adult and aging departments at the county/city level (again, I have not specified specifics here), and California Medical Association, California Nurses Association, are among those to be included on a task force to address ageism in the health/medical arena and coming up with recommendations to increase geriatricians, geriatric-trained health/medical professions, data system, who does the annual plan, who monitors and does projections, and what entity would be responsible for accountability pertaining to this issue.

Q10 Identify person-centered metrics: [What are the individual measures of inputs or outcomes that can be used to predict your recommended action's impact on people.]

1) Improved training and education at medical/nursing schools

2) decreased bias among doctors/nurses, health professionals (surveys can measure this)

3) Morbidity and mortality data

Q11 Measuring Success: [Describe specific metrics that could be used to empirically measure the effectiveness of your recommendation]

1) surveying older adult patients in medical settings
2) surveying attitudes of medical and health professionals towards older patients

Q12 Measuring Success: [How would we know that the implementation of your recommendation is successful?]

Short term: By 2020…   **I do not have the information at this time for answering.**

Q13 Provide data sources: [What existing data can be used to measure success or progress?]: Existing data sources: [specify datasets, variables, and data owner/location] Suggestions for data collection to evaluate implementation of this goal when no data sources exist:

I don't have this information at this time.

Q14 Identify potential costs and/or savings: [Provide any research, actuarial analysis or other evidence of the cost of, or potential savings from, implementing your recommendation.]

I do not have this.

Q15 Prioritize your recommendation: [How would you   **High**
prioritize your recommendation relative to other
needs/priorities?]

Q16 Contact information: [Let's stay in touch!]

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