

GERIATRIC RESEARCH, EDUCATION AND CLINICAL CENTERS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive states authority and policy for Geriatric Research, Education and Clinical Centers (GRECC) in Department of Veterans Affairs (VA) medical facilities.

2. SUMMARY OF MAJOR CHANGES: This directive updates information about GRECC and includes the following major changes:

a. Updates and adds responsibilities in paragraph 5 to include Assistant Under Secretary for Health for Patient Care Services; Assistant Under Secretary for Health for Operations; Executive Director, Geriatrics and Extended Care; VA Executive Review Panel; Veterans Integrated Services Network (VISN) Education Service Representative and the VISN Designated Learning Officer.

b. Updates Aging Research definition and relocates additional information to paragraph 6.

c. Relocates GRECCs extensive definition and additional information to paragraph 8.

d. Moves Administration of Program Operations, Collaboration in Program Operations and Oversight and Quality Management procedural language to GRECC SharePoint.

3. RELATED ISSUES: VHA Directive 1140.11, Uniform Geriatrics and Extended Care Services in VA Medical Centers and Clinics, dated October 11, 2016.

4. RESPONSIBLE OFFICE: The Office of Geriatrics and Extended Care (12GEC) is responsible for the contents of this directive. Questions may be addressed to 202-461-6750 or emailed to VHA12GECAction@va.gov.

5. RESCISSIONS: VHA Handbook 1140.08(1), Geriatric Research, Education and Clinical Centers (GRECC), dated June 24, 2016, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of January 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

BY DIRECTION OF THE OFFICE OF

January 12, 2022

VHA DIRECTIVE 1140.08

THE UNDER SECRETARY FOR HEALTH:

/s/ Beth Taylor, DHA, RN, FAAN, NEA-BC
Assistant Under Secretary for Health
for Patient Care Services/CNO

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

DISTRIBUTION: Emailed to the VHA Publications Distribution List on January 19, 2022.

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GERIATRIC RESEARCH, EDUCATION AND CLINICAL CENTERS

1. PURPOSE

This Veterans Health Administration (VHA) directive states policy and standards related to the development and operation of Geriatric Research, Education and Clinical Centers (GRECC) within the Department of Veterans Affairs (VA). It provides guidance for Veterans Integrated Services Networks (VISNs) and VA medical facilities hosting existing GRECCs, VISN and VA medical facilities considering responding to a Request for Proposal (RFP) for new GRECCs, professional and administrative staff at currently operating GRECCs and other VA and non-VA readers with interest in the GRECC program. **AUTHORITY:** 38 U.S.C. §§ 7301(b), 7314, 7315.

2. BACKGROUND

a. In 1970, approximately 8% of Veterans were age 65 and above and 9.6% of the general United States population was in that age group. VHA leadership recognized that those in the “age wave” of World War II Veterans were about to enter their seventh decades and would soon present the agency’s health system with unprecedented demand for geriatric expertise and services. VHA initiated the first six GRECCs in 1975 as part of a larger strategy for preparing to meet the challenges of the rapidly growing older Veteran population and this age group’s particular health care needs. GRECCs were introduced to attract scientists, clinicians and health science students to the field of geriatrics; increase pre-clinical and applied knowledge of aging and geriatric health service delivery; develop, test and implement new models of care for geriatric and frail Veterans; and transmit this newly acquired knowledge to health professionals who provide care to aging Veterans. In 1985, Congress authorized up to 25 GRECCs. There are currently 20 established nationwide.

b. While over half of Veterans enrolled for VA health care are over the age of 65, the number of clinicians with advanced training in care of the elderly has declined since the mid-1990s. GRECCs’ relevance and importance derive from the need for viable research, education and clinical innovation enterprises relatively independent of market forces and directed for the public good. GRECC's generate knowledge to provide cutting edge clinical practice to the growing population of aging Veterans within VHA. They play a crucial role in helping VA address the existing and worsening shortage of an adequately trained geriatric health care workforce and ensure the training of future generations of clinicians and researchers.

3. DEFINITIONS

Aging Research. Aging research is the study of diseases, disorders, physiological processes and health-related behaviors commonly experienced by older adults. Aging research also involves understanding the aging process across the lifespan to determine its impact on the prevention, progression and prognosis of disease and disability; and to improve the health, well-being and independence of adults as they age.

4. POLICY

It is VHA policy to support establishment and sustainment of GRECCs at designated VA medical facilities for the purpose of conducting geriatric research, training of health care professionals and developing clinical innovations that improve the care of older Veterans.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

(1) Ensuring overall VHA compliance with this directive.

(2) Selecting the site for a new GRECC, based on recommendations from a VA Executive Review Panel and authorizing the initial 3 years of Specific Purpose Funding and addition of 12 new full-time equivalent employees (FTEEs) upon the recommendation of the Executive Review Panel.

(3) Conferring the official designation as an "Approved GRECC" upon the satisfactory review of that site during its third year of existence.

(4) Terminating a GRECC if the facility does not meet the requirements of 38 U.S.C. § 7314 or has not demonstrated effectiveness in carrying out the established purpose of the center following a review and written recommendation of the VA Geriatrics and Gerontology Advisory Committee (GGAC).

(5) Appointing GRECC Directors on the recommendation of the Executive Director, Geriatrics and Extended Care (GEC).

(6) Responding to recommendations of the GGAC on all matters pertaining to geriatrics and gerontology to include: the ability of each GRECC to achieve its established purpose, the capability of VA to provide high quality geriatric and extended services and other health care services to eligible older Veterans and current and projected needs of eligible older Veterans for geriatric and extended-care services and other health care services from VA. ***NOTE: The Under Secretary for Health may choose to act on any recommendation that is specifically directed to the Office of the Under Secretary for Health.***

(7) Responding to requests from VA medical facilities hosting GRECCs to reduce the number of GRECC Primary Core positions they are obliged to keep filled and either approving or denying them.

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for supporting the Office of Geriatrics and Extended Care with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

- (1) Communicating the contents of this directive to each of the VISNs.
- (2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.
- (3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Geriatrics and Extended Care.** The Executive Director, GEC has overall accountability for GRECCs and is responsible for:

- (1) Reviewing every GRECC Director nomination and making a recommendation to the Under Secretary for Health concerning approval.
- (2) Reviewing and either approving or non-concurring on every nomination for a GRECC Associate Director or Administrative Officer.
- (3) Bringing to the attention of the Assistant Under Secretary for Health for Patient Care Services any concerns impacting GRECCs.
- (4) Providing proposals to the Under Secretary for Health for responding to recommendations from GGAC.
- (5) Monitoring compliance with this directive by VISNs and VA medical facilities through appropriate monitoring activities.

e. **Chair, VA Executive Review Panel.** The VA Executive Review Panel consists of Chief Officers from Patient Care Services, Office of Academic Affiliations (OAA), Office of Research and Development (ORD) and representatives from Office of Operations and Strategy. The VA Executive Review Panel is chaired by the Executive Director for GEC. The Chair, VA Executive Review Panel is responsible for:

- (1) Recommending GRECC site selection and addition of the 12 required new FTEEs to the Under Secretary for Health.
- (2) Reviewing the Peer Review Committee findings on GRECC RFP requirements.

f. **National Director, Geriatric Research, Education and Clinical Centers Programs.** The national Director, GRECC Programs is responsible for:

- (1) Advocating on behalf of individual GRECCs as well as the program as a whole for resources and support to ensure aging-related research, education and clinical innovations are developed, tested and disseminated.
- (2) Offering recommendations to the Executive Director, GEC regarding policy,

resources and legislative considerations impacting GRECCs.

(3) Issuing annual instructions for submission and soliciting each GRECC's annual report and reviewing it with each GRECC's leadership during the second quarter of the following fiscal year.

(4) Developing and disseminating an annual composite report on the status and productivity of GRECCs for internal and external stakeholders.

(5) Facilitating inter-GRECC collaborative activities through meetings, announcements and information exchange.

(6) Arranging the GRECC site visits by the GGAC. This includes negotiating a date, clarifying local site arrangements to the GRECC, obtaining pre-site visit reports and finalizing and sending the report to the visited site for response to GGAC recommendations.

(7) Serving as the Chair of the VA Peer Review Committee, including:

(a) Appointing GRECC Directors and Associate Directors to the committee.

(b) Reviewing and rating all proposals according to pre-established criteria to ensure they conform to RFP requirements and rank order proposals.

(c) Arranging face to face site visits of facilities with strong proposals.

(d) Making recommendations to the Executive Review Panel.

g. **Veterans Integrated Services Network Director.** The VISN Director of each VISN containing a VA medical facility that hosts a GRECC is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing national Director, GRECC Programs when barriers to compliance are identified.

(2) Ensuring the VA medical facility continues to fulfill the "Requirements for Establishing a GRECC" listed in paragraph 6.d.

(3) Ensuring the GRECC is provided with the necessary resources (fiscal, space, equipment, personnel and travel) for meeting its goals and addressing its mission through signature of the annual Memorandum of Understanding (MOU).

h. **Veterans Integrated Services Network Education Service Representative.** The VISN Education Service Representative (ESR) is responsible for ensuring the GRECC Associate Director for Education and Evaluation has resources to apply for and receive accreditation for GRECC educational programs.

i. **Veterans Integrated Services Network Designated Learning Officer.** The VISN Designated Learning Officer (DLO) is responsible for ensuring the GRECC Associate Director for Education and Evaluation is invited to participate in VISN-level educational needs assessment and curriculum/program planning for VA staff and trainees.

j. **VA Medical Facility Director.** The Director of each VA medical facility that hosts a GRECC is responsible for:

(1) Ensuring the VA medical facility continues to fulfill the “Requirements for Establishing a GRECC” listed in paragraph 6.d.

(2) Ensuring the GRECC has the necessary resources (fiscal, space, equipment, personnel and travel) for meeting its goals and addressing its mission.

(3) Ensuring the annual MOU for the GRECC is established with the GRECC Director. **NOTE:** *Individual VA medical facilities and VISNs may opt for this responsibility to be addressed at the VISN level.*

(4) Ensuring overall VA medical facility compliance with this directive and taking appropriate corrective action when non-compliance is identified.

k. **VA Medical Facility Chief of Staff.** The VA medical facility Chief of Staff (COS) is responsible for supervising the GRECC Director and collaborating with the VA medical facility Associate Director for Patient Care Services (ADPCS) to advocate on behalf of the program to the VA medical facility Director and the VISN.

l. **VA Medical Facility Associate Director for Patient Care Services.** The VA medical facility ADPCS is responsible for collaborating with the VA medical facility COS to advocate on behalf of the program to the VA medical facility Director and the VISN.

m. **VA Medical Facility Associate Chief of Staff for Education or Designated Education Officer.** The VA medical facility Associate Chief of Staff for Education (ACOS/E) or Designated Education Officer (DEO) is responsible for collaborating with the GRECC Associate Director for Education and Evaluation each year during the annual allocation cycle to develop the request to OAA for Health Professions Trainee (HPT) stipend support.

n. **Geriatric Research, Education and Clinical Center Director.** The GRECC Director oversees the overall operations and performance of the GRECC and is responsible for:

(1) Articulating and promoting the vision, mission and goals of the program.

(2) Advocating for resources (including space, personnel, supplies and travel support) on behalf of the GRECC.

(3) Serving as ex officio member of the GRECC Advisory Subcommittee.

(4) Representing or delegating authority to represent, the GRECC on suitable committees, boards and councils of the VA medical facility and VISN and to GEC in Veterans Affairs Central Office (VACO).

(5) Ensuring that all GRECC Associate Directors and the Administrative Officer work collaboratively in the annual development and evaluation of the GRECC's goals and objectives.

(6) In collaboration with Human Resources, initiating all necessary personnel actions concerning GRECC Core Staff, including hiring, promotion, evaluation, recognition, counseling, reprimand, discipline and termination.

(7) Establishing an annual MOU with the VA medical facility Director and the VISN Director that outlines the responsibilities of each party to fulfill the mission of the GRECC.

(8) Participating in the monthly calls and face to face meetings of the GRECC Directors.

(9) Seeking out and acting upon opportunities to collaborate with other GRECC programs and personnel.

(10) Providing oversight of the collaboration between VA medical facility ACOS/E or DEO and GRECC Associate Director for Education and Evaluation (AD/EE) regarding clinical training experiences for all GRECC trainees.

o. Geriatric Research, Education and Clinical Centers Associate Director for Research. The GRECC Associate Director for Research is responsible for:

(1) Identifying and developing funding opportunities relevant to GRECC research.

(2) Providing or engaging suitable mentoring for junior GRECC research staff and other GRECC trainees interested in enhancing their research experience and skills.

(3) Serving as a role model for other GRECC investigators by actively engaging in aging research related to one or more of the GRECC's focus area(s).

(4) Serving on, or designating a suitable alternative to serve on, the VA medical facility Research & Development Committee or other VA medical facility or VISN leadership group(s) with involvement in research activities.

(5) Serving as an ex officio member of the GRECC Advisory Subcommittee, at the discretion of the GRECC Director and Advisory Subcommittee Chair.

(6) Participating in the calls of the GRECC Associate Directors for Research or delegating a proxy when unable to participate.

(7) Seeking out and acting upon opportunities to collaborate with other GRECC

Associate Directors for Research, their programs and personnel.

p. **Geriatric Research, Education and Clinical Center Associate Director for Education and Evaluation.** The GRECC Associate Director for Education and Evaluation is responsible for:

(1) Leading all-GRECC evaluation activities such as preparation of the GRECC annual report and the preparation of self-study materials for GGAC site visits.

(2) Coordinating, developing and evaluating aging-related educational programs to improve knowledge and skills of HPTs and VA employees locally, regionally and nationally.

(3) Identifying and developing support mechanisms to underwrite GRECC educational programs.

(4) Collaborating with the Associate Director for Clinical to institute and conduct evaluation strategies targeting GRECC clinical innovations.

(5) Serving on the VISN Education Committee or similar-level deliberative body responsible for supporting locally developed educational programs.

(6) Liaising between the GRECC and the VISN's DLO.

(7) Serving as an ex officio member of the GRECC Advisory Subcommittee, at the discretion of the GRECC Director and Advisory Subcommittee Chair.

(8) Participating in the calls of the GRECC Associate Directors for Education and Evaluation or delegating a proxy when unable to participate.

(9) Seeking out and acting upon opportunities to collaborate with other GRECC Associate Directors for Education and Evaluation, their programs and personnel.

(10) Collaborating with the VA medical facility ACOS/E or DEO and profession-specific VA Program Director/Site Director for purposes of providing GRECC-related clinical training to HPTs, including ensuring on annual basis that the educational goals for HPTs are met, and if not, determining remediation steps to meet those goals.

q. **Geriatric Research, Education and Clinical Center Associate Director for Clinical.** The GRECC Associate Director for Clinical is responsible for:

(1) Identifying, developing and securing support for conducting and evaluating clinical demonstration projects (CDPs). Funding support may be obtained from VHA Program Offices, the VISN or other institutions. Suitable means for selecting the focus of CDPs can include, but are not limited to:

(a) Evidence-based or other promising practices that should be, but have not yet been, incorporated into routine clinical care; and

(b) Quality Improvement/Implementation Science approaches designed to improve processes of care.

(2) Collaborating with the Associate Director for Research to:

(a) Identify promising clinical research questions.

(b) Assist in developing those questions into credible research protocols.

(c) Help secure support for undertaking the investigations for addressing the research questions.

(3) Collaborating with the Associate Director for Education and Evaluation in instituting and conducting evaluation strategies targeting clinical innovations.

(4) Ensuring there are an adequate number of clinical supervisors for geriatrics and gerontology-focused clinical educational opportunities for GRECC HPTs working in GRECC programs.

(5) Serving as an ex officio member of the GRECC Advisory Subcommittee, at the discretion of the GRECC Director and Advisory Subcommittee Chair.

(6) Participating in the calls of the GRECC Associate Directors for Clinical or delegating a proxy when unable to participate.

(7) Seeking out and acting upon opportunities to collaborate with other GRECC Associate Directors for Clinical, their programs and personnel.

r. **Geriatric Research, Education and Clinical Center Health Systems Specialist or Administrative Officer.** The GRECC Health System Specialist (HSS) or Administrative Officer (AO) is responsible for:

(1) Coordinating with the GRECC Director and Associate Directors for the purpose of managing the GRECC and its resources.

(2) Developing the budget under direction of the GRECC Director and retaining responsibility for allocation of resources to meet GRECC goals.

(3) Providing expert assistance on cost-accounting and cost-effectiveness for GRECC operations.

(4) Serving as a resource to the GRECC Advisory Subcommittee and, at the discretion of the GRECC Director and Advisory Subcommittee Chair, serving as an ex officio member of that group; or serving as the Designated Federal Officer for the GRECC Advisory Subcommittee when appointed by the VA medical facility Director.

(5) Coordinating with the GRECC Director and Associate Directors, VA medical facility leadership, VISN leadership and VACO for periodic site visits by the GGAC and

the communications stemming from those site visits.

(6) Participating in the collection of data and finalizing the annual report of GRECC activities for submission to VACO.

(7) Participating in bi-monthly GRECC HSS/AO calls or delegating a proxy when unable to participate.

(8) Seeking out and acting upon opportunities to collaborate with other GRECC HSS/AOs, their programs and personnel.

6. REQUIREMENTS FOR ESTABLISHING GERIATRIC RESEARCH, EDUCATION AND CLINICAL CENTERS

a. A GRECC is a Center of Excellence designated by the Under Secretary for Health and designed for the advancement and integration of research, education and clinical innovations in geriatrics and gerontology. GRECCs must conform to the requirements in this directive as judged by the GGAC, an external Federal Advisory Committee appointed by the Secretary for Veterans Affairs pursuant to 38 U.S.C. § 7315.

b. There is no standing opportunity for establishing new GRECCs. In the event VA leadership determines it is appropriate to increase the number of GRECCs, the resources necessary to support the proposed increase are appropriated and the needed resources to support the proposed increase are made available. At that point, an RFP is issued, specifying the proposal requirements and the criteria on which the proposals will be judged.

c. The peer review committee comprised of GRECC Directors and Associate Directors are appointed by the national Director, GRECC Programs. The national Director, GRECC Programs chairs and reviews all proposals to ensure they conform to the requirements in the RFP and rates them according to pre-established criteria.

(1) The top-ranking proposals will be invited to respond to reviewer comments and then will be site-visited by a subcommittee of the GGAC.

(2) The findings of the peer review committee and the site visit teams will be reviewed by an Executive Review Panel consisting of Chief Officers of Patient Care Services, Academic Affiliations and Research and Development and representatives from Strategy and Operations.

d. Most GRECCs are hosted by a single VA medical facility, however, several have two-site configurations in order to take advantage of existing, complementary programmatic strengths that arise when the two sites collaborate. In the event a VA medical facility is a two-site configuration of VA medical facilities, proposals must include explicit details on the anticipated impact of the two-site arrangement on the requirements and what procedures, measures, policies and oversight controls will be in place to ensure the arrangement operates favorably.

e. To justify establishing a GRECC, the VA medical facility must fulfill the following requirements:

(1) The VA medical facility must be affiliated with a Graduate Medical Education (GME) sponsoring institution with an Accreditation Council on Graduate Medical Education (ACGME) accredited fellowship in geriatric, family, internal medicine or psychiatry that include regular rotations in VA geriatric programs, nursing homes and other extended care programs.

(2) The VA medical facility must be affiliated with an accredited school of nursing or an associated health professions school in which students receive education and training in geriatrics through regular rotations in VA geriatric programs, nursing homes and other extended care programs.

(3) The VA medical facility must provide active training for HPTs (at least three health professions).

(4) The VA medical facility must be willing, able and committed to continue supporting the GRECC at full staffing indefinitely once the initial 3 years of VACO Specific Purpose Funding have been completed.

(5) The VA medical facility must have adequate funds to enable the GRECC to function effectively in geriatric research, education and clinical.

(6) The VA medical facility must have the ability to attract scientists who are committed to ingenuity, creativity and productivity in health care research.

(7) At the time of application, the VA medical facility must be supporting a research program with a cadre of funded principal investigators who are interested, willing and capable of supporting the geriatric research focus.

(8) At the time of application, the VA medical facility must be supporting an active research program that includes elements in no fewer than two of the following: pre-clinical, clinical, health services and rehabilitation research.

(9) There must be adequate physical space and resources for the development of a high-quality research program. Actual space requirements will vary depending on the types of research programs.

(10) There must be a location for GRECC administrative office and meeting space that will accommodate staff and trainees and is as contiguous as possible to facilitate interaction and collaboration among GRECC personnel. For a two-site GRECC, two such locations must be available.

7. PROGRAM COMPONENTS AND STANDARDS

Improving care, quality and outcomes for older Veterans is the foundation of each GRECC's program, focus and identity. Each GRECC has three distinct yet integrated

program components: research, education and clinical innovation. The integrated nature of the GRECC means that clinicians and educators are expected to be involved in research; researchers and clinicians are expected to be involved in education; and the ultimate goal of the researchers and educators is to enhance the care delivered to older Veterans. Each GRECC core staff member, other than those with exclusively administrative roles, will fulfill this obligation differently, according to their particular skill set; but all must have involvement to some degree in all three components.

8. RESEARCH COMPONENT

a. GRECC research reflects a balanced program of aging research that has components in the pre-clinical, clinical, health services (including implementation science) and rehabilitation realms of research. Each GRECC's research activity should strive to be a blend of at least three of these realms, seeking pathways by which more basic research can be used to improve health and health care for older Veterans. In order to foster inter-investigator exchange and support, each GRECC is expected to concentrate on a limited number of research foci related to GRECC's aging and geriatrics research programs.

b. Certain diseases or conditions are hallmarks of aging or occur almost exclusively in elderly people. Research on such diseases or conditions meets the definition for aging research. For example, a study focused on Alzheimer's disease or prostatic carcinoma is aging research.

(1) When the definition of aging research is applied to diseases that may occur at any age, all or a significant proportion of the human subjects, model organisms or tissues that are the focus of the work must be of advanced age for the work to qualify as "aging research". For example, research concerning diabetes, osteoporosis or rheumatoid arthritis, which are prevalent in both elderly and younger cohorts, must focus on human subjects, model organisms or tissues of advanced age in order to qualify as aging research.

(2) Included in aging research are:

(a) Longitudinal studies focusing on later life outcomes including functional status.

(b) Investigations of molecular and cellular processes, model organisms or simulation models of the impact of the progression of time and advancing age on biological processes.

(c) Gerontological investigations of psychosocial and spiritual factors and the influences of these factors on health and aging behaviors.

(d) Epidemiological research on the prevalence, causes, predictors and outcomes of geriatric diseases, conditions and syndromes.

(e) Treatment of aged patients and geriatric conditions.

(f) Health services research to understand and improve care delivery processes and systems for older Veterans or their caregivers.

(g) Implementation science devoted to enhancing adoption of geriatric best practices.

(h) Educational research on effective training of health professionals in geriatrics and gerontology.

(i) Research that aims to enhance geriatric patient and caregiver engagement in care, including interventions that promote and support self-management of chronic conditions, Veteran and caregiver participation in shared decision making, advanced care planning, goals of care and hospice care.

c. Whenever feasible and appropriate, investigations in GRECC's aging and geriatrics research programs must involve two or more of those research realms, e.g., bench research giving rise to studies of clinical applications and rehabilitation strategies or clinical trials inspiring clinical interventions that merit study through health services research and whenever appropriate, must involve Veterans and information concerning Veterans. By striving to build and nurture cohesive groups of investigators who represent a variety of scientific disciplines working together collaboratively on a limited number of related endeavors in a creative and synergistic fashion, a GRECC achieves a singular capability for fostering significant scientific progress.

d. To support the growth and vitality of this environment, a GRECC, the VA medical facility and academic affiliate must collaborate to:

(1) Attract high quality, creative scientists and clinician-scientists to the program.

(2) Provide physical space and resources for the development of a high-quality aging and geriatrics research program.

(3) Develop effective interdisciplinary teams to innovate and test models of geriatric care and to address challenges of geriatric health delivery research.

(4) Integrate pre-clinical and applied research with education and training programs in order to develop and improve clinical evaluation and models of clinical intervention.

(5) Develop an effective process for the timely development, monitoring and periodic reevaluation of research goals.

e. Each GRECC's research program represents a substantial commitment of space, equipment, resources and human capital to the pursuit of aging research. As such, the majority (more than 50%) of the research activity supported by the original allocation of core FTEE positions devoted to research must be devoted to activities consistent with the definition for aging research. This research needs, to the greatest degree appropriate and feasible, to involve Veteran subjects or data. **NOTE:** *It is expected GRECCs will typically exceed the minimum 50% figure as they mature and their*

investigators' efforts grow increasingly focused and productive.

(1) For the vitality, development and sustaining relevance of the field of aging research, the recruitment of scientists should include, as appropriate, those whose expertise and experience was developed in fields other than aging and whose skills can then be redirected to aging research when they join the GRECC. **NOTE: GRECC leadership must set reasonable but clearly defined expectations with such investigators regarding their efforts, e.g., that at least 50% of their GRECC-supported effort be aging-related within 3 years; and exceed 75% after 5 years.**

(2) GRECC leadership must enforce to established GRECC investigators, whose interests have migrated away from the GRECC's foci or who have been funded to take their investigations in directions inconsistent with the mission of the GRECC, the clearly defined expectation that at least 75% of the investigators' GRECC-supported effort must return to aging-related GRECC focus topics within 3 years; and that unwillingness or failure to do so will necessitate transition to another source of support.

(3) Funding for GRECC research is generated from multiple sources, both VA and non-VA.

(a) VA funding for research is provided through the merit review research program of ORD which includes Cooperative Studies, Career Development program, Biomedical-Lab Research and Development (R&D), Clinical Sciences R&D, Health Services R&D and Rehabilitation R&D. Another VA resource is the Quality Enhancement Research Initiative, or QUERI, which focuses on implementation science.

(b) In light of the finite amount of research funding available from VA, GRECCs must also pursue non-VA sources for support of research funding. Potential sources of non-VA support include several of the National Institutes of Health, Department of Defense, Agency for Healthcare Research and Quality, Department of Health and Human Services and state offices (such as public universities). **NOTE: Other promising sources are private foundations and corporations, although care must be taken to ensure applicable safeguards regarding avoidance of conflict of interest and bias are in place. GRECC employees are required to participate in annual Government Ethics Training through the Talent Management System.**

(4) GRECC staff must participate in national, regional and local professional activities integral to research, such as study sections for review of research proposals, editorial boards, scientific organizations, journal clubs and professional societies.

(5) Research programming and funding are locally administered at VA medical facilities by the Associate Chief of Staff for Research and an R&D Committee. Each GRECC research proposal must be reviewed, approved and monitored in accordance with VA policy on research (see VHA Directive 1200.01(1), Research and Development Committee, dated January 24, 2019).

9. EDUCATION COMPONENT

a. GRECCs have a primary responsibility for translating new and existing geriatric knowledge and skills into interprofessional clinical practice through their actions as local, regional and national resources for geriatric education and training. This function is accomplished through GRECC education and training programs. GRECC staff members are responsible for disseminating new knowledge and research findings through publications, presentations at scientific meetings and training and education programs for HPTs and professional staff. A majority (more than 50%) of the GRECC staff educational activity supported by GRECC resources must concern aging and geriatrics topics.

b. All GRECC education programs must incorporate evaluation strategies directed at processes and outcomes to ensure educational objectives are being met and to ensure continuous quality improvement. Programs must ensure on annual basis that the educational goals for HPTs are met, and if not, determine remediation steps to meet those goals. The content of most educational programming must focus on state-of-the-art care of elderly Veterans and, whenever possible, translate new knowledge from research and clinical innovations into educational experiences. A second important focus for educational efforts is the development of mentors in geriatrics, which may involve instruction in research methodology as well as administration and leadership. The GRECC Director and Associate Director for Education and Evaluation must collaborate with the VA medical facility's DEO to request HPT positions for geriatrics each year from OAA. The VA medical facility ACOS/E or DEO must assist with the coordination of educational activities at the VA medical facility level and link the GRECC's activities with the VISN and VACO education and training efforts. The ACOS/E or DEO can serve as a conduit to educational resources available for employees and HPTs. There must be GRECC representation to those VISN boards and committee(s), if any, concerned with education and training, in order to foster fulfillment of the GRECC's obligation to serve as a VISN resource and to offer a means for accessing support and fostering participation to achieve that end.

c. **Medical Students.** GRECCs must provide or arrange for the provision of elective or selective rotations for third- and fourth-year medical students through a range of geriatrics and extended care clinical programs that must include as many of the following as feasible: home care, hospice and palliative care, community living center or nursing home, geriatric evaluation and management, Geriatric Patient-Aligned Care Team, GRECC clinical innovations and other GEC programs.

d. **Physician Residents.** GRECCs must provide or arrange for the provision of regular rotations for physician residents of the affiliate's accredited internal medicine, family medicine or psychiatric training programs through a range of geriatrics and extended care clinical programs that must include as many of the following as feasible: home care, hospice and palliative care, community living center or nursing home, geriatric evaluation and management, Geriatric Patient-Aligned Care Team, GRECC clinical innovations and other GEC programs.

e. **Geriatric Medicine Fellow Positions.** These positions are accredited for a 12-month training experience. Geriatrics has been recognized by the ACGME as a sub-

specialty area in internal medicine, family medicine and psychiatry. Development of fellowships requires collaboration with OAA and following OAA policies and directives.

(1) The affiliated university of each GRECC must have an ACGME-accredited geriatric fellowship program in medicine, family medicine or psychiatry. GRECC personnel who hold faculty appointments at affiliated institutions need to advocate for geriatrics content in the curricula of the affiliated program(s) and facilitate the participation of the affiliate's trainees in a range of GRECC clinical and educational activities.

(2) GRECCs are encouraged to develop advanced fellowships in geriatric medicine that serve as a means for faculty preparation and focus on research, leadership and clinical practice. Development of fellowships requires collaboration with OAA and following OAA policies and directives. These programs are not ACGME-accredited and participation in them does not confer board eligibility.

f. **Nursing and Associated Health Professions HPT Positions.** Nursing and Associated Health Professions (HPT) education in geriatrics is an essential need that GRECCs are uniquely positioned and equipped to address. The ACOS/E or DEO of each VA medical facility hosting a GRECC must collaborate during the annual allocation cycle with the GRECC and with representatives of clinical services offering HPT education in order to develop a request to OAA for a suitable number and mix of HPT stipends. **NOTE:** *GRECCs are encouraged to maximize the number of trainees they can accommodate with the aspirational goal of maintaining, 10 or more stipend trainees each year.*

(1) GRECCs must offer traineeships in a minimum of three disciplines from among the following: Audiology, Chiropractic, Clinical Pastoral Education, Dietetics, Advanced Practice Registered Nursing (e.g., Nurse Practitioner; Clinical Nurse Specialist), Occupational Therapy, Optometry, Pharmacy, Physical Therapy, Physician Assistant, Podiatry, Psychology, Social Work, Speech Pathology. The goal is to provide interdisciplinary team based educational experiences.

(2) The GRECC Associate Director for Education and Evaluation will be responsible for providing HPTs goals and outcomes for their GRECC-related experiences. They must receive a formal curriculum describing the range of activities they will experience and the outcome expected as a result of those experiences. Among other training experiences, trainees must participate in clinical rotations through as many of the following as is practical and possible: home care, hospice and palliative care, community living centers or nursing homes, geriatric evaluation, Geriatric Patient-Aligned Care Team, clinical innovation activities and other GEC programs, inpatient geropsychiatry, neuropsychiatry and rehabilitation settings (e.g., Spinal Cord Injury (SCI), Blind Rehabilitation) serving older Veterans. **NOTE:** *Each GRECC Associate Director for Education and Evaluation must establish with a representative of each profession targeted for training, the division of responsibilities for geriatric rotation design, oversight and evaluation of each rotation and HPT.*

g. In-Service Staff Education and Continuing Education Activities. GRECC-sponsored and directed in-service staff education and continuing education activities provide a range of mechanisms for disseminating new and established geriatric knowledge to VA medical care professional staff, other staff and VA staff at other VA medical facilities in the VISN and nationally. **NOTE:** *GRECCs also must serve as community resources on aging Veterans and care of the elderly.*

(1) Acceptable formats for education targeting VA staff and HPTs include:

(a) Journal clubs.

(b) Grand rounds.

(c) Case conferences.

(d) Theme- or multi-theme-based in-person classes and conferences.

(e) Video and audio-teleconferences.

(f) Content-on-demand and CD-ROM and internet-based desktop educational modules.

(g) Geriatrics-focused simulation experiences (e.g., patient interview, gait and balance evaluation, home safety assessment).

(h) Automated clinical decision support provided in conjunction with clinical care.

(i) Print materials such as informational monographs and newsletters.

(2) All staff in-service and continuing education programs conducted by GRECCs must be developed on the basis of needs assessment data and identified content areas established as critical in the care of aging Veterans and targeted to specific audiences.

(3) Each GRECC must plan its staff in-service education and continuing education programs, when appropriate, in collaboration with other existing VA organizations involved in like activities, such as: other GRECCs; the Employee Education System (EES); Mental Illness Research, Education and Clinical Centers (MIRECCs); Parkinson's Disease Research, Education and Clinical Centers (PADRECCs); and other relevant centers of excellence.

(4) GRECCs are encouraged to seek both VA and non-VA sources of funding and support for continuing education activities, as long as there is full compliance with all applicable safeguards regarding government ethics rules (see 5 C.F.R. § 2635). Research grants that support educational activities are available but relatively scarce and the range of activities they permit is often limited.

(a) Every VA medical facility has an ACOS/E or DEO and each VISN has an ESR assigned to it by EES, as well as a VISN DLO. The GRECC Associate Director for

Education and Evaluation must work directly with this individual to identify and access EES support mechanisms for accreditation and promotion of GRECC continuing education activities.

(b) Every GRECC must have some representation on the VISN council or committee that manages VISN funding for education, in order to maintain access to this potential support for educational activities.

(c) GRECCs must be alert for opportunities to partner with their academic affiliates and with other Federal and non-Federal programs (such as Geriatric Workforce Enhancement Programs, State Boards of Health or foundations and philanthropic organizations) in order to leverage the resources of all partners in the support of educational programming that serves the shared interest.

(d) Corporations and non-profit organizations are often interested in supporting the production and dissemination of enduring products, such as brochures, pocket cards, CDs and DVDs. This can be an extremely effective means for disseminating information. However, GRECCs investigating this approach must be alert to issues of ownership, representation of VA policy, potential conflict of interest and the limitation on length of time content will remain current and accurate.

10. CLINICAL INNOVATION COMPONENT

a. **Goals.** The goals for GRECC clinical innovations are to:

(1) Support the development, improvement, evaluation and dissemination of new models of health care delivery for older Veterans.

(2) Develop, improve and evaluate the diagnostic, therapeutic, rehabilitative and patient education modalities and strategies pertaining to acute and chronic conditions and functional disabilities in the elderly.

(3) Support the milieu of excellence in clinical education of HPTs through the coupling of interprofessional clinical training with the development, improvement and evaluation of the clinical impact of different educational interventions in geriatrics.

(4) Support the milieu of continuous quality improvement of geriatric clinical care by offering and assessing individual and systemic solutions for organizational, technical and scientific problems relevant to the care of older Veterans.

(5) Evaluate and refine the efficacy of delivery of new research findings bearing on the health and health care of the older Veteran population.

(6) Support the milieu of excellence for conducting clinical research in geriatrics and gerontology through the identification and examination of clinical risk factors and pathophysiological factors contributing to geriatric conditions.

b. **Types of Clinical Innovations.** The goals of the GRECCs' clinical innovations

are achieved through a combination of the three following types of clinical activities:

(1) **Clinical Research.** Clinical research is conducted as part of the research activities of GRECCs and consists of systematic effort directed toward understanding, designing, testing and improving clinical materials, mechanisms, systems and processes relevant to clinical care of the elderly with the ultimate goal of improving the clinical management of elderly Veterans. Clinical research is conducted in accordance with a protocol approved by the Institutional Review Board (IRB) and under the direction of the R&D Committee.

(2) **Clinical Innovations.** Clinical innovations consist of activities in and improvements of clinical service delivery on behalf of elderly Veterans, designed in such a way that findings will be amenable to broader adoption through dissemination beyond the GRECC, if the program is found to be effective. Clinical innovations may be conducted as quality improvement activities that are not bound by IRB or R&D rules. Alternatively, they may be classified as research, in which case they must be approved by the IRB and conducted under the direction of the R&D Committee.

(a) Each GRECC must have a minimum of two clinical innovations underway each fiscal year.

(b) GRECC clinical innovations must be collaborative efforts on the part of GRECCs and VA medical facilities/VISNs, whose support in personnel and other resources is indispensable to fulfillment of this requirement and whose input on topic selection and outcome evaluation for purposes of addressing perceived needs is critical.

(c) To identify potential clinical innovations, GRECC personnel must become familiar and facile with the unique attributes of the VA health care system (e.g., the electronic health record; the system of GRECCs; the relative freedom from reimbursement as a barrier to or facilitator of care).

(d) The desirable step following completion and favorable evaluation of clinical innovations is adoption of successful models by the VA medical facility and GRECCs should build a business case for implementation. Beginning with the conceptual stage of a proposed clinical innovation, the information and evidence that may be eventually needed to develop a convincing case for program sustainment should inform the choice of the particular outcomes to be tracked.

(3) **Clinical Education.** Clinical education is conducted as part of the education activities of GRECC and consists of the involvement of HPTs, from a variety of professions, in clinical care activities (as VA Training Standards and the accreditation requirements of the training programs allow) and other clinical geriatrics settings. HPTs must be supervised by clinical supervisors in order to enhance the trainees':

(a) Knowledge and skills in the clinical management of elderly Veterans.

(b) Likelihood for pursuing geriatric academic careers.

(c) Familiarity with the scientific method applied to clinical matters.

c. **Delivery of Clinical Care.** Strength in clinical geriatric programs is a necessary prerequisite for any site that obtains a GRECC. When a new GRECC is conferred, the 12 FTEE positions allocated are explicitly granted to the VA medical facility for the purpose of supporting the GRECC and not to address existing or subsequently arising clinical care obligations of the VA medical facility. GRECC Primary Core staff who are clinicians are permitted to devote a portion of their GRECC time to providing clinical service independent of GRECC activities (e.g., clinical activity that is neither clinical innovation nor clinical education) for the VA medical facility, but the average for all GRECC Primary Core who are clinicians must not exceed 20% of their total GRECC time.

d. **Mechanisms to Support the Costs of Conducting and Evaluating Clinical Innovations.** GRECCs must be vigilant about seeking mechanisms to underwrite clinical innovation and evaluation efforts. Sources that have proven successful for GRECCs in the past include the VA medical facility and VISN (through the annual MOU), private corporations seeking objective input into new products and foundations and philanthropic organizations. Sites must fully comply with all applicable ethics rules (see VHA Directive 1004.06(2), IntegratedEthics®, dated October 24, 2018) regarding avoidance of conflict of interest and bias when accepting support for clinical innovations.

11. TRAINING

There are no formal training requirements associated with this directive.

12. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

13. REFERENCES

- a. 38 U.S.C. §§ 7301(b), 7314, 7315.
- b. 5 C.F.R. § 2635.
- c. VHA Directive 1004.06(2), IntegratedEthics®, dated October 24, 2018.
- d. VHA Directive 1200.01(1), Research and Development Committee, dated January 24, 2019.

**RECOMMENDED GERIATRIC RESEARCH, EDUCATION AND CLINICAL CENTERS
PRIMARY CORE STAFFING PATTERN**

<u>Position</u>	<u>Grade</u>	<u>FTEE</u>
Director (doctoral level health professional with extensive skill and experience in clinical geriatrics)	Title 38 Chief/10 or Title 38 Hybrid	1.0*
Associate Director for Clinical (physician)	Title 38 Chief/10	1.0*
Associate Director for Research**	Title 38 Chief/10, General Schedule (GS) 14, or Title 38 Hybrid	1.0*
Associate Director for Education and Evaluation***	Title 38 Chief/10, GS 14, or Title 38 Hybrid	1.0*
Administrative Officer	GS 12-13	1.0
Research and clinical investigators, Clinical educators	Title 38 Chief/10 or GS 12-14	5.0
Clerical support	GS 5-7	2.0

Total: 12.0

*minimum GRECC commitment of 0.625 full-time equivalent (FTEE) employee

**must have doctoral level degree with research training, education or background in one of the major foci of the GRECC's research.

***must have doctoral level degree with advanced degree or demonstrated experience in education or evaluation.

a. **Geriatric Research, Education and Clinical Centers Director.** Each GRECC must have an appointed Director. The GRECC Director must have demonstrated, extensive skill and experience in clinical geriatrics, research and administration, as well as the ability to attract, motivate and lead innovative and productive researchers, clinicians and educators.

(1) The GRECC Director's position is centralized and therefore the appointment must be approved by the Under Secretary for Health.

(2) The GRECC Director must hold a clinical doctoral degree (e.g., MD, DO, PhD in a clinical discipline, DDS, DMD, OD, DSW, DNP, PharmD, DPT), or one of the

international equivalents and be at least five-eighths time Department of Veterans Affairs (VA).

(3) A minimum of five-eighths FTEE must be devoted to the GRECC.

(4) No more than 20% of the Director's GRECC time should be devoted to non-GRECC administrative activities (e.g., for the Department of Veterans Affairs (VA) medical facility or the Veterans Integrated Services Network (VISN)).

(5) Neither formal training nor certification in geriatrics is required, but in the interest of serving as a role model and a leader in geriatrics, both characteristics should be sought in the selection of a Director.

(6) The Director must be currently credentialed and privileged to provide clinical care at the VA medical facility and must participate in some VA clinical activity. If the GRECC Director is not a Licensed Independent Practitioner, the Director would be placed under an appropriate scope of practice.

b. **Associate Directors.** Each GRECC must have an Associate Director for Research, an Associate Director for Education and Evaluation and an Associate Director for Clinical.

(1) The Associate Director positions are designated as key positions. Appointment to any one of these positions requires review and concurrence by the Executive Director, Geriatrics and Extended Care (GEC).

(2) Each of these three Associate Directors must hold an appropriate doctoral level degree, be at least five-eighths FTEE devoted to VA and at least five-eighths FTEE devoted to GRECC and have advanced training, extensive experience or certification in gerontology or geriatrics. In addition:

(a) The Associate Director for Research must have research training, education or background in one of the GRECC's research foci and adequate background and resources to serve as an effective research mentor. The Associate Director must be currently credentialed and privileged to provide clinical care at the VA medical facility and must participate in some VA clinical activity. If the Associate Director is not a Licensed Independent Practitioner, the Director would be placed under an appropriate scope of practice.

(b) The Associate Director for Education and Evaluation must have training and experience relevant to educational design and evaluation. The Associate Director must be currently credentialed and privileged to provide clinical care at the VA medical facility and must participate in some VA clinical activity. If the Associate Director is not a Licensed Independent Practitioner, the Director would be placed under an appropriate scope of practice.

(c) The Associate Director for Clinical must have an MD or DO; and must have fellowship training, certification or extensive experience in geriatrics and experience

servicing as a mentor in clinical investigations and managing quality improvement and implementation science projects. The Associate Director for Clinical must be currently credentialed and privileged to provide clinical care at the VA medical facility and must participate in ongoing clinical geriatric activity there. A GRECC may appoint other Associate Directors (e.g., for Health Services Research or for Informatics) but these positions are optional and are not subject to the specifications in paragraphs above.

c. **Health System Specialist or Administrative Officer.** Each GRECC must have a Health System Specialist (HHS) or an Administrative Officer (AO). The HSS or AO must be assigned at the GS12 or GS 13 grade level. This position is a key position; therefore, no appointment is official until the Executive Director, GEC has reviewed and concurred on it.

(1) HHS or AO positions must not be less than five-eighths FTEE devoted to GRECC.

(2) HHS or AOs must have prior experience in managing research grants and in working with academic affiliates in addition to fulfilling the customary administrative, service-based obligations associated with human resources/personnel administration, finance and budget, information technology support and medical facility administrative matters.

**RECOMMENDED GERIATRIC RESEARCH, EDUCATION AND CLINICAL CENTER
PRIMARY CORE TIME DISTRIBUTION**

This appendix is to be regarded as guidance. Individual skill sets, professional foci and interests of each Geriatric Research, Education and Clinical Centers (GRECC) Primary Core Staff should determine the actual time distribution.

GRECC Primary Core position:	Recommended percentage (%) of GRECC supported time devoted to: <u>GRECC RESEARCH</u> (pre-clinical, clinical, Health Services and Rehab R&D; research administration; and research evaluation) Only a MINIMUM is specified. Should <u>not</u> be <u>LESS</u> than:	Recommended percentage (%) of GRECC supported time devoted to: <u>GRECC CLINICAL</u> (clinical innovations and clinical education (e.g., teaching in clinic) Only a MINIMUM is specified. Should <u>not</u> be <u>LESS</u> than:	Recommended percentage (%) of GRECC supported time devoted to: <u>GRECC EDUCATION</u> (didactic education (e.g., lectures, grand rounds), educational evaluation) Only a MINIMUM is specified. Should <u>not</u> be <u>LESS</u> than:	Recommended percentage (%) of GRECC supported time devoted to: <u>Non-GRECC CLINICAL</u> (provision of clinical services that are not part of GRECC clinical innovation or clinical education) Only a MAXIMUM is specified. Should <u>not</u> be <u>GREATER</u> than:
GRECC Director	45	(no minimum)	10	10
Associate Director for Research	80	(no minimum)	10	10
Associate Director for Clinical	40	(no minimum)	10	10
Associate Director for Education and Evaluation	20	(no minimum)	60	10

NEW Research or Clinician Investigator^x	80	(no minimum)	10	10
ESTABLISHED Investigator^{xx}	70	(no minimum)	10	10
Clinician-Educator	20	50	10	20

^x An investigator who is in the first 3 years of employment at the GRECC.

^{xx} An investigator who is in the fourth year or beyond of employment at the GRECC.