

Special Feature: Advocacy

Interview with Dr. Moira Fordyce

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This month we feature an interview with Dr. Moira Fordyce, adjunct Clinical Professor of Medicine, Stanford University School of Medicine. Dr. Fordyce is a geriatrician and advocates for elders and caregivers at the state and national level. I spoke with Dr. Fordyce about her advocacy efforts and how future geriatricians can become involved.

Welcome Dr. Fordyce. Can you tell us about the advocacy projects you are currently working on? At the state level? At the national level?

State Level

At the state level, a group of us, including the California Senior Legislature, are working on a geriatric loan assistance program. As well as helping doctors in geriatric fellowship training programs, other health professionals in training in gerontology or geriatrics would get relief too. They would need to make a commitment to practice in the field of aging in California for 3 to 5 years. Anything between \$10,000 and \$35,000 per year of training would be forgiven. That is what we are proposing at the moment, but this could be modified. We don't have a sponsor for it yet because we are just at the beginning of this program.

Another project that is going on in Sacramento is the Mobility Action Plan to provide more low cost public transport across California. A special committee is working on this. Obviously, it would help the whole population, as well as the elderly and the disabled if there was plenty of good, safe, low cost public transport, especially in rural California.

In the Olmstead act in 1999, the Supreme Court ruled that keeping persons who could transition to a community setting in institutions constituted discrimination under the Americans with Disabilities Act. The Olmstead Advisory Committee in Sacramento is looking at ways of moving institutionalized people who wish to be moved, back into the community. They are also currently looking into transitions in care, because as you know, in transitions information can get lost, or the possibility exists for wrong information, no communication, or no collaboration. So this act has the potential to favorably affect many older adults and disabled people by giving them a choice of where to live.

There are also a number of caregiver-related acts, to improve the health of family, or informal (unpaid), caregivers and provide more resources to help them. Without support, these caregivers can be damaged mentally, physically or emotionally; burnout is common. The paid caregiver is not being looked at yet. This will come later.

The California Coalition for Caregivers held an event on November 9th from 8am – noon. The Roybal Institute of Gerontology at USC gave us an auditorium and free parking. We brought together a panel of 8 family caregivers who are in the thick of hands on caregiving, plus legislative staff from state and local legislators. We called it “Sharing and Caring: California Family Caregivers and Legislators”. It was free, started with breakfast and networking, then followed by a panel presentation where the family caregivers spoke about their experiences: How do they feel about caregiving? How has it affected their life? What works? What doesn’t work? What would they like to see happen to ease the burden they carry, as well as many other issues. We had a good attendance and lively audience participation – many of them were both caregivers and health professionals. Good stuff.

Yes, this is very important. I have been a family caregiver myself and this will bring awareness to the issue.

Yes. The open discussion resulted in much sharing and networking. We had approximately 80 health professionals attending. This forum counts as advocacy because the caregivers had a chance to talk to legislators via their staff. This event was exciting and we hope to repeat it in Northern CA in 2008.

National Level

At the national level many groups are working on having the Geriatric Assessment and Chronic Care Coordination Act passed. This is a bipartisan act, supported by members of both parties. If passed it would increase reimbursement for geriatric assessment; it would recognize that chronic care coordination is important, and that, for example, a geriatrician talking to a home care nurse about a patient, even on the telephone, is giving care. Currently that would not be recognized and reimbursed, whereas under this Chronic Care Coordination Act, such aspects of patient care would be recognized and reimbursed. This is an important piece of legislation.

More funding is needed for Title VII. I have given you a list of what Title VII covers. (Visit <http://www.amsa.org/ger> for more information) You can see that this is of great importance for both geriatric and gerontology education, particularly the programs in state colleges. In December 2005 all Title VII funding was cut from the budget. It was reinstated in 2006 after much lobbying, but with no increase. Of course, even with low inflation, no increase is like a cut.

Geriatric loan forgiveness is also being discussed at the national level, as well as a number of caregiver-related acts.

How can physicians-in-training become involved?

Become knowledgeable about the political scene. Choose an aspect that really appeals to you. But, you are in training, so your first and most important concern must be to become a doctor. If you do have time, focus in on one item and educate yourself about it. If you can, talk to, write to, or email legislators in support of what you care about. This can produce results. You can link up with an email legislative alert program. The AGS has been doing this, sending out information to health professionals about whom to contact on Capitol Hill, and when to do it. It could be a senator, a congressperson, or a member of an important committee. AGS usually includes a generic letter you can personalize and send to the legislator.

AARP is another useful resource. They have a frequently updated website, easy to navigate and full of useful information on many topics relating to older adults, not just legislation.

You really need help with advocacy. It is difficult to do this alone. Talk with other health professionals who have done it. If you have time, organize a group and work together to promote legislation that you care about. That can be powerful.

Geriatrician loan forgiveness is an issue that will directly affect students and future geriatricians. Are there any bills at the state and federal levels that students can lobby for?

As well as the evolving CA one described above, it is worth taking a look at the South Carolina loan forgiveness program and how it came about. I will keep you informed of any interesting developments at state or federal level.

(Dr. Fordyce sent us information about South Carolina's successful geriatric loan forgiveness program. For more information, visit our website and stay tuned for updates in future newsletters)

There is a shortage of geriatricians in America. What are some solutions to this crisis?

Loan assistance/forgiveness, adequate reimbursement for geriatric assessment, recognition of the importance of chronic care coordination with realistic reimbursement for it would all help.

Geriatrics should be taught as a required course in all health-related training schools: medical, nursing, rehabilitation and others.

The 2005 White House Conference on Aging delegates in California wrote to speaker Pelosi asking for reinstatement of the federal Select Committee on Aging. It was in existence some years ago, and although not a standing committee it was a federal focus where issues relating to older adults could be discussed. Claude Pepper was the moving

spirit behind it when it was in existence. We haven't yet had a reply from her. We will be following up on that.

Do we have a state analog?

In California, we have the Department of Aging - www.aging.ca.gov/. Most older adult related issues in CA are channeled through it.

In closing, we want to encourage our members own advocacy efforts. What organizations are working on geriatrics advocacy issues? What type of help do they need?

There are so many. Here is a list of a few of them:

- American Geriatrics Society (AGS) <http://www.healthinaging.org/advocacy/>
- National Alliance for Caregiving. <http://www.caregiving.org/> They are doing a lot on advocacy, and many caregivers are older adults. This is a good website that is kept up to date.
- Family Caregiver Alliance. <http://www.caregiver.org/> Another national caregiving organization into activism across the board.
- Alzheimer's Association. http://www.alz.org/join_the_cause_advocacy.asp A wonderful organization. Their website is outstanding.
- Alliance for Retired Americans. <http://www.retiredamericans.org/>
- AARP. <http://www.aarp.org/issues/> This is set up for the lay person to understand so it is user friendly.
- CA Senior Legislature - www.4csl.org/

The help they need is what I have described above – talking with, writing to, emailing legislators. Organizing into groups to support a particular piece of legislation. Above all, be persistent. Whenever you send a letter to a legislator follow up with a telephone call to his or her office in 7-10 days time and ask what he or she intends to do about it. Be courteous and pleasant, but tenacious. Get your family, friends and patients fired up to contact their legislators. Grassroots advocacy works. We really can change things for the better.

Dr. Fordyce, thank you for your time. It is exciting to hear your passion for advocacy!

I too enjoyed our chat and am happy that you see the importance of giving quality care to elders. Since none of us is getting younger, in the long run this will pay off for all of us. A caring society with many supports for the elderly and disabled is good for everyone in it.

Persistence in advocacy will produce the resources we need to do a good job for our patients.

For more information on how you can become involved in advocacy, please visit our website: <http://www.amsa.org/ger>