Centers of Excellence

The Department of Veterans Affairs Geriatric Research Education and Clinical Centers

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For more than 35 years, the staff of the 19 Geriatric Research Education and Clinical Centers have helped to elevate the standards of geriatric care for the elderly by conducting basic and clinical research, innovating and evaluating new models of geriatric care, and sharing the lessons they learn with health care trainees and professionals of the Veterans Health Administration.

Federal Practitioner's *30th anniversary celebration continues with the spotlight this month on the successful accomplishments of the Geriatric Research Education and Clinical Centers—the GRECCs.*

Nearly 14 million Americans served in the U.S. military during World War II. In the early 1970s, the Department of Medicine and Surgery of the Veterans Administration (VA) (since 1988, the Veterans Health Administration [VHA] of the Department of Veterans Affairs) recognized that within 2 decades this cohort of veterans would be confronting its health system with an unprecedented challenge: addressing the health care needs of a population in which 30%, 40%, or even 50% of the patients were aged > 65 years. A cornerstone of VA's strategy for preparing for this "age wave" would be the development of first 5, then 15, and then 20 Centers of Excellence that would scientifically investigate aging and care of the elderly, would use those findings to develop and test new geriatric approaches to care, and then would share the lessons learned with the full VA workforce to prepare them for the emerging focus.

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GROWTH

In 1975, Geriatric Research Education and Clinical Centers (GRECCs) opened their doors in Sepulveda and West Los Angeles in southern California; Palo Alto, California; Little Rock, Arkansas; and Bedford, Massachusetts. Five years later, Congress authorized the growth of the program to 15 centers. In the mid 1980s, Congress reauthorized a total of 25 centers. The newest GRECCs opened in 1998 to 1999. One of the oldest sites, the St. Louis GRECC, ceased operation in 2011, but all others are fully operational, in some cases nearly 40 years after inception, bringing the total to its present number, 19.

GRECCs are now found in all but 3 of the VA's 21 health networks, with sites in the Bronx, Pittsburgh, Baltimore, Durham, Birmingham/Atlanta, Miami, Gainesville, Nashville, Cleveland, Ann Arbor, Madison, San Antonio, Salt Lake City, Seattle, and Minneapolis. The original 2 southern California sites merged into a single GRECC in 2000. About the same time, the Bedford program was joined by an affiliated site in Boston.

SUCCESSES

When VA initiated training in 1978 for physicians interested in specializing in geriatrics, most of the early training sites were at GRECC-affiliated campuses. Today, there are more geriatric medicine fellows in VA than in any other setting; GRECCs have also trained more than 900 associated health trainees (nurse practitioners, social workers, pharmacists, psychologists, etc) every year in geriatric settings. Since 1999, GRECCs have developed and delivered nearly a quarter million episodes of educational programming—including conferences, seminars, symposia—and countless print-based materials as well. Yet given the size of the VA workforce and the number of years GRECCs have been in operation, even this rate of productivity averages to only about 1 GRECC program per clinical employee every 4 years.

GRECCs have left a wide, prominent, indelible stamp on health care for the elderly. "Geriatric assessment"—interdisciplinary team-based evaluation and development of comprehensive plans of care to reduce decline and maximize function—was developed and validated in GRECCs. Other GRECC clinical contributions include adult day care, home-based primary care, a range of telehealth interventions, end-of-life models, fall prevention protocols, incontinence management, bone health protocols, physical conditioning in the elderly to enhance stroke recovery and glycemic and lipid control, palliative care for end-stage dementia, dementia case management, caregiver support, case management following discharge, medication reconciliation, sleep protocols, and risk reduction for cardiovascular and neurologic diseases. GRECC investigators were involved in validating the herpes zoster (shingles) vaccine and led the development of the first 2 iterations of the Resident Assessment Instrument/Minimum Data Set that helped transform nursing home care from custodial services into rehabilitation.

GRECCs owe their success (the 3-part model has been widely imitated in VA) to multiple factors, but 2 are particularly noteworthy. First, GRECCs represent the unique, mutually beneficial partnerships between VAMCs and their academic medical school affiliates, creating strong alliances that value the many financial, academic, and mission-related advantages of preserving the programs and their contributions to academia. Second, since 1996 GRECC operations have been essentially cost-neutral to their host hospitals, due to the GRECCs' stunning successes in obtaining external research funding. Through an internal accounting mechanism designed to favor VA's involvement in biomedical research, incentive funding equal to a portion of grant expenditures is given to hosting facilities.

For more than 10 years, the system of GRECCs has in this way brought to its hosts' funds equal to or slightly in excess of operating expenses (mostly salaries), making the research productivity, the clinical innovations, and all the educational and training activities essentially free to the system.

It is an unfortunate but undeniable fact that, despite all their successes, GRECCs' accomplishments remain underrecognized by many in the VA, the public, and Congress, because the VA has chosen to focus on emerging challenges, such as HIV, homelessness, the severely injured veterans of the wars in the Middle East, and the growth in the number of women veterans. Although veterans over age 65 make up more than 50% of VA's patient population, public attention and Congressional scrutiny tend to shift often to these other emerging challenges, and GRECCs' successes have, perversely, been responsible for keeping the care of older veterans out of the public spotlight. ●

Author disclosures

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