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Special Article

Leadership for Addressing Aging in America: The Health and Aging Policy Fellowship



Pamela Z. Cacchione PhD, CRNP^{a,*}, Gary Epstein-Lubow MD^{b,†}, Amanda Borer MHA^c, Peter Curran MD^d, Annette DeVito Dabbs PhD, RN^e, Julia Driessen PhD^e, Brian Kaskie PhD^f, Fazal Khan MD, JD^g, Madeline Naegle PhD, CNS^h, Anne Ordway PhDⁱ, Lynn F. Reinke PhD, ARNP^j, Gary Stein JD, MSW^k, Turner West MPH, MTS^l, Katie Wright MPP^m, Sharon K. Inouye MD, MPHⁿ

^a University of Pennsylvania School of Nursing, Philadelphia, PA

^b Butler Hospital Brown University, Providence, RI

^c Charles House Association, Chapel Hill, NC

^d George Washington University School of Medicine, Washington, DC

^e University of Pittsburgh, Pittsburgh, PA

^f University of Iowa College of Public Health, Iowa City, IA

^g University of Georgia School of Law, Athens, GA

^h New York University Meyers College of Nursing, New York, NY

ⁱ University of Washington, Seattle, WA

^j VA Puget Sound Health Care System, University of Washington School of Nursing, Seattle, WA

^k Wurzweiler School of Social Work-Yeshiva University, New York, NY

^l Hospice of Bluegrass, Lexington, KY

^m Health and Aging Policy Fellow, 2016–2017 Senator Al Franken's Office, Washington, DC

ⁿ Beth Israel Deaconess Medical Center, Harvard Medical School and Institute for Aging Research, Hebrew Senior LIFE, Boston, MA

ABSTRACT

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The Health and Aging Policy Fellows Program funded by The John A. Hartford Foundation and Atlantic Philanthropies trains future leaders to influence healthcare policy, systems, and program development in aging. Following a rigorous residential training in Washington, DC, Fellows establish placements of up to 1 year in the executive, legislative, or judicial branch of government, at a federal agency, state or community agency or committee, or with a nongovernmental organization. The 2016–2017 Fellows' activities represent a broad scope of work, including contributions to national and local policy priorities expected to build over time far beyond the core fellowship year.

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The United States, along with developed countries around the world, is facing a demographic shift as the aging population—those age 65 years and older—now represent the most rapidly growing sector of the population. The growing aging population has created an urgent mandate to develop policies and systems that address the unique challenges and opportunities associated with aging. As a

result, our country has an opportunity to address, through innovation and ingenuity, the need to establish and evolve policies that will result in improved health and healthcare and enhance the vitality and quality of life for aging adults.

The Health and Aging Policy Fellows (HAPF) Program¹ was established in 2008 to develop a cadre of professionals with advanced training and experience to help to address pressing policy issues in healthcare and aging. The HAPF Program is designed to nurture future leaders to influence healthcare policy, systems, and program development, with the ultimate goal of improving health, healthcare, and quality of life for older Americans. Currently in its ninth year, the HAPF Program has successfully trained over 100 Fellows and has created a broad network of stakeholders working together to advance healthcare of older adults.

All HAPF Fellows begin with an intensive 6-week full-time residential training experience in Washington, DC, designed to teach key

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* Address correspondence to Pamela Z. Cacchione, PhD, CRNP, University of Pennsylvania School of Nursing, 418 Curie Blvd, Philadelphia, PA 19104.

E-mail address: pamelaca@upenn.edu (P.Z. Cacchione).

† These authors contributed equally.

policy principles, to provide exposure to executive, legislative, and judicial branches, and to facilitate opportunities for longitudinal placement in a congressional office, federal agency, or nongovernmental organization. This period includes participation in an intensive month-long orientation with the American Political Science Association Congressional Fellowship Program.² Subsequently, Fellows complete their 1 year training at their chosen placement site. Some HAPF Fellows choose the residential track, consisting of a full-time placement in Washington, DC; whereas, the majority of Fellows complete a nonresidential, part-time option, which combines work based out of the Fellow's home institution with focused on-site experiences at the placement site. Because the Fellows all have relevant experience and training across a wide spectrum of fields (eg, health and healthcare, nutrition, psychology, nursing, city planning, economics, elder justice), they bring unique perspectives and skills to their sites and contribute significantly while also learning the intricacies of health policy.

The purpose of this article is to provide descriptions of the placement sites, projects, and policy priorities addressed by the 2016–2017 HAPF Fellows (Table 1). The descriptions are grouped by the primary placements of the Fellows: Congressional, Executive, and Nongovernmental Organizations. In addition, some of the key aging and health policy issues relevant to each Fellow's work are described and lessons learned are provided where possible. Each of the placements is described in alphabetical order by the Fellow's last name within the category type. Several Fellows have multiple placements, and they are described together within the first mention of each Fellow.

Congressional Placements

For Congressional placements, Fellows are placed in the office of an individual senator or representative, or with a Congressional committee. Since the demands are highly varied and time intensive, these placements are often filled by residential Fellows. This year, there are 5 Fellows with Congressional placements.

Peter Curran MD, is placed in the office of a Senator Dianne Feinstein as a Health Fellow. Outside the Fellowship, he is a Cardiologist and the Medical Director of Home Based Primary Care in the Veterans Health Administration in Washington, DC. He is part of the Senator's healthcare team, and his responsibilities include researching and writing policy briefs and memoranda, contributing to draft legislation, and responding to correspondence and e-mails from stakeholders and constituents. He also represents the Senator in meetings with various constituents and special interest groups, who arrive to state their case on many pressing healthcare issues. In this active and fast-paced role, he has had to address many of the leading issues of the day, including the need for increased funding for medical research, approaches to enhance the affordability of medicines, and improving access to healthcare.

Julia Driessen PhD has 2 placements for the Fellowship: one in a Senator's office and another with the Centers for Medicare and Medicaid Services (CMS). Outside the Fellowship, Dr Driessen is an economist and assistant professor in the Department of Health Policy and Management, Graduate School of Public Health, University of Pittsburgh. As a Fellow in the office of Senator Brian Schatz (D-HI), she has been involved in a variety of legislative healthcare efforts,

Table 1
Description of Fellow Placements, 2016–2017

Fellow	Type (R/N)	Placement(s)	Project(s)
Congressional Placements			
Peter Curran	R	Senator Dianne Feinstein (D)	Health Fellow
Julia Driessen	R	Senator Brian Schatz (D-OH); CMS Innovation Center	Evidence Base for Impact of Telehealth; Initiative to reduce avoidable hospitalizations for nursing home elders
Brian Kaskie	R	Senate Special Committee on Aging	Reducing fraud affecting older adults
Anne Ordway	R	Senate Committee on Health, Education, Labor and Pensions	Senate Confirmation Hearings
Katie Wright	R	Senator Al Franken (D-MN)	Affordable Care Act Retention
Executive Branch Placements			
Amanda Borer	N	Health Resources & Services Administration; Eldercare Workforce Alliance	Pennsylvania Geriatric Workforce Enhancement Program Evaluation; North Carolina State Coalition on elder workforce issues
Pamela Cacchione	N	CMS Medicare Medicaid Coordination Office; Altarum Institute	PACE Innovation Act; Care Plan Aggregation Project
Annette DeVito Dabbs	R/N	Office of Care Transformation, Office of the National Coordinator for Health IT	Development and adoption of IT enabled care plans
Gary Epstein-Lubow	N	CMS Survey and Certification Group of the Center for Clinical Standards and Quality Division of Nursing Homes	Stakeholder involvement in the Interpretive Guidance for the 2017 provisions for mental health services in nursing homes
Sharon Inouye	R/N	CMS Center for Medicare and Medicaid Innovation Learning and Diffusion Group; CMS; and National Academy of Medicine	Mobility Initiative for hospitals participating in bundled payments to reduce immobility in hospitalized elders. Developed a CMMI Action Group
Fazal Kahn	N	Department of Health and Human Services Agency for Healthcare Research Quality	Determining the ethical and social impact of deploying AI in healthcare
Turner West	N	Office of the Surgeon General; Altarum Institute	Assist Surgeon General with priority areas Examining policy strategies to improve long-term care facilities
Nongovernmental Organization Placements			
Lynn Reinke	N	Coalition to Transform Advanced Care; Altarum Institute	Analyzing ACA replacement proposals to identify components which align with the Coalition's goals; Care plan Aggregation Project
Gary Stein	N	American Bar Association/Commission on Law and Aging; Coalition to Transform Advanced Care	Developing recommendations for policy, practice and education on how to address treatment decisions for incapacitated adults; Payment models that finance palliative and advanced illness care
Madeline Naegle	N	Pan American Health Organization	World Health Organization policy development in the Latin American/Caribbean redirecting planning and resource allocation of the Ministry of Health and Parliament to address excess alcohol use in Jamaica

N, nonresidential; R, residential; R/N, hybrid model of spending extensive time in placement then returning to home institution.

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