In December, the college’s Florida Coastal Geriatric Resources, Education, and Training Center (GREAT GEC) was named the winner of the inaugural Florida State Surgeon General Health Innovation, Prevention, and Management Awards in the faith-based and/or community-based initiatives category. The center was honored for providing wellness and disease prevention as well as advocating healthy lifestyles.

“The recognition of the GREAT GEC by Florida’s surgeon general, Dr. Ana M. Viamonte Ros, is truly an honor,” said Cecilia Rokusek, Ed.D., R.D., who serves as GREAT GEC executive director. “This is so significant to the center and to the College of Osteopathic Medicine because it is the inaugural State Surgeon General Health Innovation, Prevention, and Management Award, and because it recognizes the efforts of our GEC, which are focused on a group of people that are so significant to Florida—our elders. In addition, it provides for the center the added incentive to continue its work in educating future interdisciplinary professionals to enter the geriatrics profession and to integrate innovative, patient-centered health care to elders, with an emphasis on health promotions and disease prevention.”

The Health Innovation, Prevention, and Management Awards were created to honor organizations, businesses, and programs that are innovative in bringing preventative health care to their members, employees, or community.

Innovative Geriatric Collaboration Wins National Award

Through its collaboration with the ADRC’s Senior Intervention and Education Program, NSU-COM students have been able to visit isolated seniors’ homes in order to assess the elders’ living environments and resources, as well as evaluate their ability to function within their own homes. This alliance between Gail Gannotta of the ADRC and Naushira Pandya, M.D., CMD, who serves as associate professor and chair of NSU-COM’s Department of Geriatrics, has proven to be extremely beneficial because it allows future physicians the opportunity to gain firsthand knowledge regarding the status of vulnerable elders outside the customary medical area.

GREAT GEC Receives Florida Health Department Award

NSU-COM’s commitment to partner with local community service agencies to provide vital health care services and enhance its students’ education was recognized with an Innovation Award last summer during the National Association of Area Agencies on Aging 34th Annual Conference, held in Minneapolis, Minnesota. The award was presented to the Aging and Disability Resource Center (ADRC) of Broward County’s Senior Intervention and Education Program for outstanding exemplification of both innovation and sound management practices that can be emulated by the aging services network.
To write any article on health care reform is a difficult task given the instability and uncertainty of the legislation at the federal level. What is probably certain is that some form of health care reform will pass in this second decade of the 21st century. The reality is that no one really knows what that reform will look like and what the long-term effects of that reform will mean to the average U.S. citizen. So why do we need reform? The short answer would most probably be to make sure that the majority of the 46 million uninsured Americans have access to health care. That is good, but what about the impact of this reform to the other 262,421,960 Americans? Since we spend the majority of our health care dollars after age 65, the bigger question then is how will this affect our growing population over the age of 65?

There are no easy responses to these questions. Most of the queries and concerns are focused on health care reform and Medicare. What will happen to the program? Will Medicare still be around in the next 10 years? Will my benefits be cut? No one can answer any of these questions with any certainty. I will give a personal opinion and say that I believe Medicare will never totally go away. Certain areas within the program may change, like the copayment or the level of the deductible, but I believe there will always be available health care funding assistance for those over 65 years of age. I also believe we will have to take some individual responsibility for health care reform. We can, I believe, cut costs through personal actions.

I feel passionately that the best response is a simple one—greater individual health care responsibility for EVERYONE from birth (including prenatal care). That is the reform we can all have, and that is the reform I believe will make the greatest difference for all of us regardless of our age in real years. Following are the action items I feel we can all attempt to pursue:

1) develop a personal list of healthy lifestyle practices that become part of everyday living such as
   *daily exercise for at least 20 minutes – don’t skip and put it off for the next day
   *cut down on greasy high-fat foods and foods with high-sugar content, especially simple sugars
   *include fish in the diet at least three times per week
   *remember to eat at least two servings of fresh fruits daily and at least two to three cups of vegetables daily (can include juices)
   *maintain grain and bread servings at three to four per day
   *include three servings of dairy foods daily
   *limit meat servings to three or four ounces
   *include beans and legumes in the diet
   *reduce simple sugars in the diet
   *drink at least eight 8-ounce glasses of water daily
   *enjoy all foods, but in moderation – if you like a high-calorie rich food, don’t deny yourself, just have it less often and cut the portion in half

2) Set a weight goal that is natural for you and stick to it—do not be a yo-yo dieter. Remember: Weight may vary three to five pounds on a routine basis, so don’tweigh yourself daily and become discouraged if your weight varies a few pounds. That is natural.

3) Coordinate your health care on a routine basis through your family physician. Don’t wait to see your physician only when you are ill.

4) Be informed about your personal health. If you have a chronic disease or other medical illness, read about it and become an informed health consumer. Remember: your health is YOUR responsibility, too.

5) If you are on medication, take it. Don’t skip a day thinking it will not affect you.

6) Remember that sleep is critically important to an active body and healthy lifestyle. If you cannot exercise or work because you are tired, the cycle of health is broken. It is ideal to have eight hours of sleep, but if you cannot, get at least 7.5 hours of sleep minimum per day. If you like to take an afternoon nap, try not to sleep more than an hour. If a 20-minute power nap works, go for it.

7) Take time to relax and pamper yourself. The majority of Americans often put off relaxation and taking vacation time just for themselves. Relaxation and doing what you like to do are important preventative health measures.

8) If you are unsure of your dietary intake, take a daily multivitamin for “insurance purposes.” The average person does not need to spend lots of money taking several different vitamins if you are eating regular meals.

9) Work to “de-stress” your life. We all talk about it but rarely do we really do it. Think about the stressors in your life and weigh the importance of these stressors to you. Can you do away with the stressors, and if not, what can you do to reduce them?

10) Practice prevention. Wash your hands thoroughly and often. Cover your mouth and sneeze and cough into your arm. If you feel ill, stay at home and rest. Always drink plenty of liquids and have regular check-ups (including dental and optical as well as overall medical).

There are a lot of things we can do on our own to impact health reform, so let’s start NOW! We can save money in the process. Health care reform will take a long time, but each individual can help in that process. Perhaps individual health care reform and responsibility should be on our New Year’s resolution list.

Have a healthy and prosperous 2010.
That health care reform is necessary is not in question. The content of both the Senate and House health care reform plans is complicated and difficult to digest. However, it appears that older Americans will be the recipients of a variety of provisions that would enhance their health care and ensure the continued survival of the Medicare program.

National geriatric organizations, such as the American Medical Directors Association and the American Geriatrics Society, strongly support those provisions that would improve older adults’ access to quality, cost-effective care. Examples include:

- Coverage of an annual wellness visit providing a personalized prevention plan
- A new national insurance program to help adults with functional impairments to remain independent in their communities
- Reduction of the prescription drug benefit gap to $500 (Senate bill)
- Medical homes demonstration projects for enrollees with chronic health conditions
- A bonus payment for care coordination and management of conditions such as diabetes and heart failure
- Expanding access to primary care (including geriatrics) and general surgery services by an increase in the primary care update and a primary care bonus payment

As my colleagues and I continue with the daily business of taking care of patients in the NSU Geriatrics Clinic and in our affiliated nursing homes, I am struck repeatedly with the problems posed by our current system of care. These have been the subject of nationwide debate and have fuelled the impetus for change. Medical care of elders is fragmented and provided by multiple practitioners at several sites (e.g., home, medical offices, hospitals, rehabilitation, skilled nursing, or assisted living centers), sometimes with repeated transitions from site to site. Communication about diagnoses, results of costly workups, medication changes, or new medical findings is suboptimal and leaves patients and families confused, frustrated, and unable to make proper decisions to determine their subsequent care. This system leads to errors with medications, treatments, and repeated tests without necessarily improving outcomes.

Financial stressors inevitably affect health status in older individuals. People over age 65 have been reported to have the highest amount of credit card debt due to medical expenses (about $4,000), with the top out-of-pocket expenses cited as prescription drugs and dental treatment. Patients often decide to forgo medical treatment or delay a required follow-up visit for a chronic condition or a prescription refill because of competing demands on their small fixed income.

Based on my experience in providing care for older adults and dealing with lengthy phone calls and faxes, the vast prior authorization bureaucracy, which leaves one frustrated in its circular web and simply trying to find services or information from other practitioners and institutions, I have compiled a list of what I believe my patients need in the new era of improved health care:

- One physician who will be their primary health provider and care coordinator
- Easy access and ability to communicate with this physician or to a member of the care team
- Affordable medications and a local pharmacy that can supply all or most of their needs
- An easily identifiable home health agency and a medical equipment supply company that work closely with the primary physician
- Affordable, covered dental care
- Affordable hearing aids
- Affordable eyeglasses
- Affordable transportation to medical appointments and community locations
- Access to a case manager or social worker to assist with forms, community services, transportation, etc.
- Access to a mental health professional who works closely with the primary physician
- Significant reduction of paperwork that should be easy to read (authorizations, bills, explanations of benefits, etc.)
- A warm smile and a friendly face at every encounter with a health professional

The Aging and Disability Resource Center (ADRC) of Broward County—one of the GREAT GEC’s community partners—is a one-stop shop for most needs of older adults in terms of access to services and information. I remain optimistic and urge my colleagues and our staff to do everything they can to participate in this movement, not only politically, but by improving services for older adults in your spheres of influence.
Dr. Naushira Pandya and Leonard Levy, D.P.M., M.P.H., GREAT GEC coordinator of continuing education and associate dean for education, planning, and research, were two of over 400 U.S. faculty members and professionals who had the privilege of traveling abroad in 2009 through the Fulbright Specialists Program. Drs. Pandya and Levy served as Fulbright senior specialist scholars at Comenius University Faculty of Medicine in Bratislava—the capital of the Slovak Republic. During their stay, they participated in developing collaborative relationships between the medical school in Bratislava and the medical, geriatric, public health, and biomedical informatics programs at NSU’s College of Osteopathic Medicine.

They established lifelong connections that will benefit students and faculty members from both sides of the Atlantic. Drs. Pandya and Levy, who found the Slovak people to be warm, generous, and most welcoming, were surrounded during their time of study by the beauty of the old city, the Danube River, and the European cuisine that lines all the small streets and the major square in the city.

During her stay, Dr. Pandya visited a private hospital, where she met with the head of geriatrics, the chair of anesthetics, and the ICU director and conducted rounds with the hospital’s geriatric oncology resident, who is studying for her Ph.D. The resident’s research is focusing on a study of the predictive factors that help to select elders for chemotherapy and advanced cancer treatments. Dr. Levy spent time teaching in pediatric medicine, emergency preparedness, and biomedical informatics. He also met with the dean of the Faculty of Medicine to discuss further collaboration between NSU and Comenius University.

Dr. Pandya also visited Tale, Slovakia, in the Tatra Mountains, where she attended the International Geriatric Conference and was asked to present a paper on “Water and Mineral Disorders.” While at the conference, she was able to network with the leaders in geriatrics from throughout Slovakia, the Czech Republic, Poland, Hungary, Ukraine, and Switzerland. She also met with the heads of the geriatrics societies in both the Czech Republic and Switzerland. Dr. Levy was able to network with international students studying medicine at Comenius in their English course of study.

Dr. Pandya also spent time teaching Slovak and international medical students as well those from the United Kingdom and Cyprus. In addition to her student lectures, Dr. Pandya met with two study deans and the vice dean of Ph.D. studies to discuss education methods used at NSU’s College of Osteopathic Medicine as well as competency testing of medical students and residents. Throughout her Fulbright experience, Dr. Pandya met with geriatricians both in practice and those at the university to discuss elder care in Slovakia.

Although all Slovak retirees have health insurance due to contributions made when working (due to regular pay deductions from monthly salaries) and hospitalization is free, there are only a few nursing homes or assisted living facilities in the country. Payment for these is covered partially by insurance and partially by the patient. There are only two adult day care centers in Bratislava, so many elders remain alone and isolated. However, the situation in smaller towns is quite different because elders tend to live with their families or very close by and have their family members assist them with daily tasks. Home health care is available in Slovakia, but services are provided only on a limited time basis.

Dr. Pandya also was fortunate to be able to spend a day with the head of the oldest geriatrics department in Central Europe. While there, she learned of the urgent need for updated elder care facilities and visited a private nursing home in a mid-sized town outside of Bratislava.

Prior to returning to the United States, Dr. Pandya visited Prague in the Czech Republic, where she met with the director of the Institute of Geriatrics and Gerontology that is affiliated with Charles University—the oldest university in Central Europe. During her stay in Prague, she also visited an Alzheimer’s facility that housed a day program for elders with diabetes.

Drs. Pandya and Levy have laid the foundation for a long-lasting affiliation with Slovakia and Comenius University. The vice dean for international affairs at Comenius University, Daniela Ostatnikova, M.D., Ph.D., visited NSU in December 2009 for a follow-up visit. As a result, an affiliation has been signed by both institutions for continued work together for the benefit of our students, faculty, and countries.