CALIFORNIA DEPARTMENT OF AGING

WEBINAR WEDNESDAY, MAY 4, 2022

ADVANCING AGE-INCLUSIVE HEALTH SYSTEMS

10:01:46 >> WELCOME TO OUR ATTENDEES WHO ARE JUST JOINING US, WE ARE GOING TO GIVE A FEW MINUTES FOR EVERYBODY TO JOIN, THEN WE WILL GET STARTED FOR THE WEBINAR WEDNESDAY ON ADVANCING AGE INCLUSIVE HEALTH SYSTEMS.

10:02:15 THANKS FOR BEING HERE. OKAY, WELCOME EVERYBODY. THANK YOU SO MUCH FOR BEING HERE TODAY ON OUR WEBINAR FOCUSSING ON ADVANCING AGE INCLUSIVE HEALTH SYSTEMS.

10:02:21 MY NAME IS SARAH, I AM DEPUTY DIRECTOR FOR AGING POLICY RESEARCH AND EQUITY AT THE CALIFORNIA DEPARTMENT OF AGING.

10:02:36 I AM SITTING IN TODAY FOR OUR WONDERFUL DIRECTOR, WHO IS VERY SORRY SHE COULD NOT BE HERE, SHE IS AT THE MILKEN GLOBAL CONFERENCE ON AGING AND LOOKING FORWARD TO WATCHING THE LIVE RECORDING OF THIS WHEN IT'S AVAILABLE.

10:02:45 BEFORE WE GET STARTED I JUST WANTED TO LET YOU KNOW THAT WE WILL BE HAVING THIS LIVE CAPTIONED STREAMED THROUGH THE WEBINAR IN ZOOM.

10:03:03 WE HAVE AS YOU KNOW OUR AMERICAN SIGN LANGUAGE INTERPRETATION AS WELL. AND ALL OF THE RECORDING SLIDES AND TRANSCRIPTS WILL BE POSTED AT THE CAL HSS MASTER PLAN FOR AGING WEB PAGE AND CDA'S YOUTUBE CHANNEL WITHIN FIVE DAYS.

10:03:20 NEXT SLIDE, PLEASE. WE REALLY ENCOURAGE ALL OF YOU TO BE ENGAGING WITH ANY COMMENTS AND QUESTIONS YOU HAVE. THE CHAT FUNCTION IS ENABLED. FIRST, WE WOULD LOVE TO HEAR FROM YOU, WHERE YOU ARE, WHAT ORGANIZATION YOU ARE WITH.

10:03:35 THEN IF YOU WANT TO SEND ANY THOUGHTS OR COMMENTS FOR EVERYBODY TO CONSIDER THROUGH THE PRESENTATION, FEEL FREE TO DO SO IN THE CHAT. OR YOU CAN ALSO POST QUESTIONS IN OUR QUESTION AND ANSWER BOX AS WELL.

10:03:48 FOR THOSE JOINING BY PHONE, IF YOU WANT TO RAISE YOUR HAND YOU CAN PRESS STAR 9 AND THE MODERATOR WILL ANNOUNCE THE LAST 4 DIGITS OF YOUR PHONE NUMBER TO UNMUTE YOUR LINE.

10:04:03 WE ARE REALLY LOOKING FORWARD TO A REALLY ENGAGED DISCUSSION TODAY. WE WILL OPEN UP AFTER WE WALK THROUGH THE ADDENDA, WE WILL OPEN UP FOR Q AND A DURING OUR PANEL DISCUSSION, NEXT SLIDE, PLEASE.

10:04:25 SO I AM REALLY HONORED TO BE ABLE TO OPEN UP TODAY'S WEBINAR AND JUST KIND OF SET THE TABLE FOR WHY WE ARE HERE. THE DEPARTMENT OF AGING, EVERY MONTH HAS BEEN

PRODUCING A WEBINAR WEDNESDAY. THE PURPOSE OF THIS IS TO DELVE INTO DIFFERENT POLICY AND PROGRAM ISSUES THAT RELATE TO OUR MASTER PLAN FOR AGING.

10:04:34 BUT WE WOULD LIKE TO HIGHLIGHT PARTICULARLY AS WE CONSIDER OUR NEXT IT RATION OF THE MASTER PLAN FOR THE NEXT TWO YEARS.

10:04:57 WE ARE USING THESE WEBINARS AS A OPPORTUNITY TO HEAR FROM YOU TO GET YOUR INPUT ON DIFFERENT AND EMERGING ISSUES, SO THAT WE CAN BE MOST INFORMED AS WE THINK ABOUT THE NEXT PHASE OF THE MASTER PLAN FOR AGING. SO, WE REALLY APPRECIATE EVERYBODY BEING HERE. AND WE'RE PARTICULARLY PLEASED THAT WE ARE JOINED BY THE COMMISSION ON AGING.

10:05:19 CALIFORNIA COMMISSION ON AGING IS A KEY PARTNER OF OURS AND COSPONSORS OF OUR WEDNESDAY WEBINAR. SO, NOW AT THIS TIME I WOULD LIKE TO TURN IT OVER TO MY COLLEAGUE DOCTOR JANET FRANK, AND FACULTY FOR UCLA RESEARCH.

10:05:44 >> THANK YOU, WELCOME EVERYONE ON BEHALF OF THE CALIFORNIA COMMISSION ON AGING. WE ARE THRILLED TO BE HERE. AND AS MANY OF YOU KNOW, BY STA STATUTE THE COMMISSION IS THE PRINCIPLE ADVOCATE FOR OLDER CALIFORNIANS. WE ARE VERY EXCITED TO BE JOINING THE WEBINAR TODAY.

10:06:04 WE HAVE BEEN WORKING ON A NUMBER OF FRONTS TO ADDRESS ISSUES ON ADVANCING AGE INCLUSIVE AND INTEGRATED HEALTH SYSTEMS. I WILL TELL YOU MORE ABOUT IN A LITTLE WHILE. FOR RIGHT NOW WE WANT TO SAY WE ARE GLAD TO BE HERE AND EXCITED THAT THE CDA IS LEADING THESE WEBINARS, VERY IMPORTANT TOPICS, THANK YOU.

10:06:28 >> THANK YOU SO MUCH, I THINK THAT IS A GREAT SEGWAY INTO WHAT WE ARE GOING TO FOCUS ON TODAY. IN GOAL 2 OF THE MASTER PLAN FOR AGING FOCUSES ON OPTIMIZING HEALTH AND QUALITY OF LIFE THROUGH THE HEALTH REIMAGINED GOAL. BUT REALIZING THIS GOAL INCLUDES INSURING EQUITABLE ACCESS ACROSS THE CONTINUUM OF CARE.

10:06:54 AND BUILDING BEST PRACTICES, AGE FRIENDLY HEALTH SYSTEMS AND GERIATRIC E-EMERGENCY DEPARTMENTS AND OTHERS. WHAT WE ARE GOING TO DO IS HAVE A IN DEPTH CONVERSATION WITH LEADING EXPERTS IN THE FIELD. WE ARE GOING TO DISCUSS THE BEST PRACTICES AND OPPORTUNITIES AND RECOMMENDATIONS FOR HOW WE IN CALIFORNIA CAN ADVANCE THIS CONCEPT OF AGE INCLUSIVE HEALTH SYSTEM.

10:07:07 SO WHAT WE ARE GOING TO DO IF YOU CAN GO TO THE NEXT SLIDE. I AM REALLY PLEASED TO INTRODUCE MY COLLEAGUE DOCTOR LAURA MOSQUEDA.

10:07:30 SHE IS A LEADER IN THE FIELD, PROEFES SOR OF MEDICINE IN THE TECH SCHOOL OF MEDICINE. ALSO A 22-23 HEALTH AND AGING POLICY FELLOW, CURRENTLY PLACED IN U.S. SENATOR TIM CANE'S OFFICE IN DEVELOPING HEALTH POLICY WITH AN AGING LENS TO IT.

10:07:50 SHE BRINGS A BREADTH OF KNOWLEDGE AND REALLY IS A PIONEER IN THE MOVEMENT TOWARDS PERSONAL CARE, PERSON-CENTERED SYSTEMS OF CARE IN CALIFORNIA. SHE IS GOING TO GIVE US A BROAD OVERVIEW OF THIS CONCEPT OF INCLUSIVE SYSTEMS.

10:08:12 WE ARE REALLY PLEASED TO THEN TURN IT TO A WONDERFUL PANEL OF EXPERTS WHO WILL RESPOND TO AND REFLECT ON LAURA'S REMARKS AND WE ARE EXCITED TOO THAT JANET FRANK WILL BE REJOINING US FOR THE PANEL CONVERSATION. AT THIS POINT I AM GOING TO TURN IT OVER TO LAURA, AFTER LAURA GOES I WILL INTRODUCE OUR PANELIST, THANK YOU AND WELCOME.

10:08:38 >> WELL, THANK YOU, IT'S A PLEASURE TO BE HERE. AND I'M GOING TO START SCREEN SHARING HERE, SHARING IS CARING. AND WE'LL GET GOING. NICE TO BE WITH EVERYBODY TODAY, AND TALK ABOUT THIS TOPIC. I DO WANT TO MENTION THAT I HAVE THROWN IN A LOT OF MY OWN OPINIONS HERE. I DON'T MEAN TO BE REPRESENTING ANY OTHER ORGANIZATIONS, SUCH AS THE CALIFORNIA DEPARTMENT OF AGING.

10:08:52 BUT I REALLY APPRECIATE THE OPPORTUNITY TO TALK TO ALL OF YOU ABOUT THIS. SO I AM GOING TO PROBABLY TALK ABOUT 15 MINUTES AND THEN TURN IT OVER TO THE PANEL FOR AN INTERESTING DISCUSSION. HAVE TO REMEMBER THAT IT'S MAY THE 4TH.

10:09:02 WE WILL JUST DO THAT. ALL RIGHT, NO DISCLOSURES, HERE IS THE GAME PLAN I AM GOING TO DO A QUICK OVERVU OF AGING.

10:09:17 PART OF BEING A PHYSICIAN YOU ARE ABSOLUTELY REQUIRED WHEN YOU GIVE A LECTURE TO PRESENT SOME DATA. SO I WILL JUST HAVE JUST A FEW GRAPHS TO START US OFF. EVEN THOUGH I KNOW ALL OF YOU KNOW ABOUT THE DEMOGRAPHICS, I PROMISE TO KEEP THAT BRIEF.

10:09:29 WE WILL TALK ABOUT THE WHY OF HAVING AN AGE INCLUSIVE SYSTEM. WHAT WHEN WHERE AND HOW, AND POTENTIAL IMPACT. ALL IN 15 MINUTES, FASTEN YOUR SEAT BELTS WE ARE GOING TO GET GOING HERE.

10:09:55 SO FIRST SLIDE I LIKE TO SHOW IS THE BAR GRAPH ABOUT LIKELIHOOD OF AMGING. YEAH, THAT'S THAT. NOW I KNOW THAT SOME PEOPLE DO PREFER TO HAVE A PIE CHART, I ALSO HAVE THAT AVAILABLE FOR YOU. AND THAT'S THE END OF MY DATA. ALL RIGHT, NOW LET'S MOVE ONTO AGE INCLUSIVE. WHAT THE HECK DOES IT MEAN.

10:10:13 IT REALLY BUILDS ON THE PERSON-CENTERED CARE. SCAN FOUNDATION WAS THE NATIONAL LEADER IN THE AREA OF PERSON-CENTERED CARE, AND THE WORK THEY DID IN THIS AREA HAS REALLY BECOME A BASIS FOR A LOT OF OTHER PROGRAMS AND IMPORTANT INITIATIVES.

10:10:18 SO, LET'S TALK ABOUT WHAT PERSON-CENTERED CARE MEANS FOR A MINUTE.

10:10:47 NOW I KNOW YOU ARE READING THE SLIDES, I HAVE ALL THE WORDS ON IT. WE WILL GET THAT OUT OF THE WAY. WHAT I REALLY WANT TO DO IS TELL YOU ABOUT A PATIENT I SAW A COUPLE OF MONTHS AGO. OUR FIRST VISIT ON A HOUSE CALL. A LADY IN HER LATE 80'S AND GOSH, ABOUT PROBABLY 6 MONTHS BEFORE I MET HER SHE HAD BEEN DIAGNOSED WITH OVARIAN CANCER AND TRYING TO FIGURE OUT WHAT TO DO.

10:11:04 MEANWHILE SHE HAD A HOST OF OTHER SERIOUS MEDICAL PROBLEMS THAT ENDED UP SEVERELY IMPACTING HER GASTROINTESTINAL SYSTEM, CARDIAC, HEART SYSTEM, KIDNEY SYSTEM. SHE WAS HAVING TROUBLE WITH SKIN ISSUES AS WELL.

10:11:32 FUNCTIONAL DIFFICULTIES WITH HER GAIT. ALL OF THESE THINGS HAD BEEN GOING ON FOR YEARS AND NOW WHAM ENDS UP WITH OVARIAN CANCER. SHE AND HER FAMILY WERE TRYING TO

FIGURE OUT A FEW THINGS, WHAT KIND OF TREATMENT, OFFERING CHEMO THERAPY, GOING ALONG WITH WHAT THEY ARE TELLING ME TO DO AND DOING IT.

10:11:53 WHEN I WENT OVER TO DO THE HOUSE CALL THE FIRST TIME WE WERE MEETING, I REALLY TRIED TO APPLY PERSON-CENTERED CARE. WHAT DOES THAT MEAN? WE ARE USING THE VALUES AND PREFERENCES TO GUIDE ALL ASPECTS O F HEALTH CARE AND USE IT TO SUPPORT HEALTH AND LIFE GOALS.

10:12:17 ALL THIS SOUNDS GOOD, BUT HOW DO YOU PUT IT INTO PRACTICE, IN HER CASE WE WERE ASKING THE WRONG QUESTIONS, DO YOU WANT THIS CHEMO THERAPY, DO YOU WANT THIS PROCEDURE? REALLY THE QUESTIONS NEEDED TO BE FRAMED A LITTLE DIFFERENTLY. WHAT'S IMPORTANT TO YOU? WHAT BRIPGS YOUR LIFE MEANING AND PLEASURE AND CONTENTMENT? WHAT ARE YOUR MOST IMPORTANT GOALS.

10:12:27 ONCE WE HAVE THAT SORT OF FRAMED OUT, NOW WE CAN TALK ABOUT THESE VARIOUS OPTIONS TO NOW CONSIDER. DO THEY HELP YOU MEET THOSE GOALS.

10:12:40 DO THEY HELP YOU MEET YOUR DESIRES AND WE REALLY ENDED UP IN A DIFFERENT KIND OF CONVERSATION SHE HAD BEFORE. THAT HELPED HER DECIDE, YOU KNOW WHAT I DO WANT TO HAVE THIS CHEMO THERAPY DONE.

10:12:48 I DON'T WANT TO HAVE THAT PROCEDURE, BUT THE CHEMO THERAPY I THINK IS BEGINNING TO GIVE ME A REASONABLE CHANCE TO MEET SOME OF MY GOALS.

10:13:02 SORT OF HELPED CLARIFY THINGS, I THINK WE HAD AN AH-HA MOMENT WHEN WE HAD THAT CONVERSATION. THAT'S ONE THING ABOUT AMG INCLUSIVE, BUILDS ON PRINCIPLES OF PERSON-CENTERED CARE.

10:13:20 THE OTHER THING IT USES CONCEPTS FROM AGE FRIENDLY HEALTH SYSTEMS, MANY OF YOU MAY BE FAMILIAR WITH THIS WONDERFUL INITIATIVE, SURGEONLY SOMETHING WE ARE DOING IN OUR HEALTH SYSTEM. THE IDEA BEHIND THE AGE FRIENDLY HEALTH SYSTEM ARE THE FOUR M'S.

10:13:48 WHAT MATTERS, MENATION, COGNITION, NOT AN M, SO, HEY. MOBILITY ISSUES AND MEDICATIONS, YOU KNOW HUGE ISSUE WITH OLDER ADULTS. I AM SURE IN MY CAREER I HAVE STOPPED MORE MEDICINES THAN I HAVE STARTED. I BELIEVE IN MEDICATIONS AND PRESCRIBE THEM BUT WE DO DEPRESCRIBING AS WELL. I LIKE TO TIE PRINCIPLES BACK TO PEOPLE, IT'S FUN TO TIE IT BACK.

10:13:53 THE PHOTOYOU SEE ON THE LEFT WAS TAKEN WHEN SHE WAS 20 YEARS OLD,

10:13:58 >> NOT SURE YOU ARE ON THE RIGHT SLIDE, SORRY TO INTERRUPT, THERE WE GO.

10:14:04 >> YOU DON'T SEE THAT 4 M SLIDE RIGHT NOW?

10:14:06 >> YOUR SLIDES ARE NOT BEING SHARED.

10:14:10 >> WELL, THAT'S A PROBLEM. LET'S TRY THIS AGAIN.

10:14:12 >> SEE WHERE WE ARE AT.

10:14:17 >> THERE WE GO, NOW WE SEE THE FOUR M'S.

10:14:24 >> YOU DO, HUH? INTERESTING, OKAY, DO YOU STILL?

10:14:28 >> I AM RUNNING YOUR SLIDES, IF YOU CAN TELL ME WHEN TO CHANGE SLIDES.

10:14:33 >> OKAY, HAVE YOU SEEN ANY OF MY SLIDES SO FAR?

10:14:34 >> NO.

10:14:41 >> OKAY, I'LL TELL YOU WHAT, WHAT I WOULD LIKE TO DO IS GO BACK TO THE BEGINNING, I PROMISE TO DO THEM QUICKLY.

10:14:44 >> TOTALLY FINE, TAKE YOUR TIME ABSOLUTELY.

10:15:02 >> ALL RIGHT, THANKS EVERYBODY, HERE IS OUR QUICK OVERVIEW WE ARE GOING TO DO, GO TO THE NEXT SLIDE, NEXT SLIDE, THIS IS THE GRAPH I WANTED TO SHOW YOU, LIKELIHOOD OF AGING, 100%. MAZ L TOV, AND I KNOW THAT SOME PEOPLE PREFER PIE CHARTS TO BAR GRAPHS.

10:15:25 GO TO THE NEXT SLIDE. THERE IT IS. FOR THOSE WHO PREFER THAT KIND OF GRAPH. GO TO THE NEXT SLIDE NOW. WHAT WE ARE DOING IS TALKING ABOUT AGE INCLUSIVE CARE, BUILDING ON THE PRINCIPLES OF PERSON-CENTERED CARE. I WON'T GO OVER THE STORIES.

10:15:43 THE PATIENT WHO HAS THE OVARIAN CANCER, GO TO THE NEXT SLIDE, SEE I WAS TRYING TO APPLY THE PRINCIPLES OF PERSON-CENTERED CARE. WHAT ARE THE INDIVIDUAL'S VALUES AND PREFERENCES, HOW DO THEY GUIDE ASPECTS OF HER CARE AND HOW ARE THEY GOING TO SUPPORT HER HEALTH AND LIFE GOALS.

10:15:50 ONCE WE DID THAT IT HELPED CLARIFY DECISION MAKING, NEXT SLIDE.

10:16:18 THE OTHER THING, AGE INCLUSIVE, ONE OF THINGS I THINK IT INCLUDES IS THE CONCEPTS FOR THE AGE FRIENDLY HEALTH SYSTEMS, NEXT SLIDE, HAS TO DO WITH THE 4 M'S THAT PROBABLY MANY OF YOU HAVE HEARD ABOUT. WHAT MATTERS, MEDICATIONS PEOPLE ARE ON, MENATION OR COGNITION, AND MOBILITY, AND PICTURE ON THE LEFT, WHEN SHE WAS ABOUT 20. ON THE RIGHT, ABOUT 120.

10:16:48 I LIKE THE PUT THE THEORY BACK INTO THE PEOPLE. ANOTHER IMPORTANT PRINCIPLE OF AGE INCLUSIVETY IS USING A BIOPSYCHO SOCIAL SPIRIT YULE MODEL, I KNOW THAT'S A MOUTHFUL I AM A FAMILY PHYSICIAN I CAN'T HELP IT. I WENT INTOIER YATICs THROUGH FAMILY MEDICINE BECAUSE I BELIEVE IN THE PRINCIPLES.

10:17:21 ONE THING WE HAD DRILLED INTO US WAS THIS MODEL AND LATER ADDED SPIRITAULITY. ALSO A PRACTICAL GUIDE FOR CARE, THAT'S VERY IMPORTANT. GO TO THE NEXT SLIDE WE GET A GRAPHIC OF THIS IDEA WE HAVE DIFFERENT ASPECTS OF OUR BEING. PHYSICAL AND SOCIAL, EMOTIONAL AND SPIRITUAL. WE ARE RIGHT IN THE MIDDLE WHERE ALL OF THOSE INTERSECT.

10:17:44 I WOULD TELL YOU, MY OBSERVATION AND BELIEF, AND ACTUAL EXPERIENCE AS I AGE, THE OVERLAPS BECOME GREATER AS WE AGE, AS WE AGE THOSE ASPECTS OF OUR LIVES ACTUALLY INTERSECT AND INTERACT MORE, AND MORE IMPORTANTLY AS WE GET OLDER.

10:18:09 I THINK THAT'S VERY IMPORTANT AS WE TALK ABOUT INCLUSIVETY IN THE HEALTH CARE SYSTEM, FINALLY NEXT SLIDE, I THINK IT'S REALLY IMPORTANT TO TALK ABOUT AGE INCLUSIVETY.

BECAUSE I AM VERY INFORMED AND INSPIRED BY UNIVERSAL DESIGN, I AM SURE A LOT OF YOU ARE FAMILIAR WITH THE UNIVERSAL DESIGN PRINCIPLES.

10:18:29 IT'S THIS IDEA THAT IF YOU DESIGN AN ENVIRONMENT THAT WORKS FOR EVERYBODY, REGARDLESS OF AGE, SIZE, ABILITY, DISABILITY, ET CETERA. IF YOU DESIGN SOMETHING THAT SERVES THE PEOPLE WHO MAY HAVE THE GREATEST DIFFICULTY BECAUSE OF HOW WE DESIGN THE ENVIRONMENT, IT MAKES IT BETTER FOR EVERYBODY.

10:18:47 THINK ABOUT CURB CUTS, GREAT FOR PEOPLE IN WHEELCHAIRS, ALSO TURNED OUT TO BE NOT SO BAD AS YOU PUSH A STROLLER, THINK ABOUT AUTOMATIC DOORS, GREAT IF YOU USE A WALKER, ALSO TURNS OUT TO BE HANDY IF YOU HAVE A BUNCH OF PACKAGES IN YOUR ARMS.

10:19:01 THESE THINGS THAT WE STARTED DOING THROUGH UNIVERSAL DESIGN THAT WERE SUPPOSED TO BE PARTICULARLY HELPFUL SO THAT PEOPLE WITH DISABILITIES COULD HAVE FULL INTEGRATION AND ACCESS TO OUR SOCIETY, TURNED OUT TO BE GREAT FOR EVERYBODY.

10:19:25 NEXT SLIDE, I WOULD ARGUE THAT THE SAME IS TRUE FOR AGE INCLUSIVETY, LET'S GO BACK, PLEASE. THANK YOU. AND WHAT YOU SEE AT THE BOTTOM OF THAT SLIDE IS SORT OF MY THOUGHTS ABOUT WHAT AGE INCLUSIVE, AND I PUT AGE IN PARENTHESIS, BECAUSE WE ARE TALKING ABOUT INCLUSIVETY. REALLY NOT JUST OLDER ADULTS BUT ACROSS THE HEALTH SPAN.

10:19:42 I THINK AGE INCLUSIVE HEALTH SYSTEM IS ONE THAT CAN BE ACCESSED AND USED BY ALL PEOPLE, REGARDLESS OF AGE, FAUNGSAL STATUS, BEHAVIORAL ISSUES, BELIEFS, COGNITION, SOMETHING THAT WORKS FOR EVERYBODY.

10:20:06 AND OF COURSE, IT'S ALSO GOOD FOR LOVED ONES AS WELL, WHO ARE OFTEN VERY INVOLVED IN THEIR HEALTH CARE. WELL THIS ALL SOUNDS REALLY GOOD AND MAYBE EVEN KIND OF OBVIOUS TO ALL OF YOU, EVEN THOUGH WE DON'T TALK ABOUT IT MUFF, AND THEN THIS GREAT REPORT COMES OUT. BECAUSE YOU KNOW, MAYBE WE ARE ALREADY DOING THIS, MAYBE THIS IS ALL FINE AND DANDY, WELL, TURNS OUT THAT IS NOT THE CASE.

10:20:31 IF WE GO TO THE NEXT SLIDE, WHAT WE SEE WHEN THEY ANALYZE DATA, FROM 2014 TO 2018, ONE-THIRD OF OLDER ADULTS SAID THEIR CARE PREFERENCES WERE NEVER OR SOMETIMES CONSIDERED. AND IF YOU ARE TALKING TO PEOPLE WHO ARE HISPANIC OR THE BLACK COMMUNITY, MORE THAN TWICE AS LIKELY TO SAY THEIR PREFERENCES WERE NEVER CONSIDERED.

10:21:00 NEXT SLIDE. THERE WERE OTHER PREDICTORS OF LOWER LEVELS OF PERSON-CENTERED CARE AS WELL. PEOPLE AT LOWER INCOME LEVELS, DUAL ELIGIBLE IN MEDICARE AND MEDICAID IN CALIFORNIA, MEDI-CAL. PEOPLE HAD POORER SELF-REPORTED HEALTH STATUS. AND THE OTHER THING IMPORTANT, PEOPLE WHOSE PREFERENCES NOT TAKEN INTO ACCOUNT WERE AT HIGHER RISK FOR CONSTANT HEALTH CARE UTILIZATION.

10:21:30 ONE THING WE KNOW IS THE MORE WE LISTEN TO OLDER PATIENTS IN TERMS OF GOALS AND VALUES, BACK TO THAT PERSON-CENTERED CARE, IF YOU REMEMBER THAT FAR BACK, IS THAT OFTENTIMES THE CARE THEY WANT IS NOT THE MOST EXPENSIVE CARE, SOMETIMES IT IS, BUT OFTEN IT IS NOT. SO, TURNS OUT WHEN WE REALLY TAKE PEOPLE'S PREFERENCES INTO ACCOUNT, MOST HEALTH SYSTEMS ACTUALLY SAVE MONEY, SO, THIS IS SORT OF A BAD NEWS GOOD OPPORTUNITY KIND OF SLIDE.

10:21:46 BECAUSE, EVEN THOUGH IT'S BAD NEWS WE ARE NOT DOING A GOOD ENOUGH JOB, THE GOOD NEWS IS, THIS IS STUFF WE CAN DO SOMETHING ABOUT. THIS IS REALLY SOMETHING, MY COLLEAGUES ON THE PANEL WILL TALK MORE ABOUT THIS IT LATER.

10:22:15 WE CAN MAKE CHANGES IN THESE AREAS AND TURNS OUT IT MAKES BUSINESS SENSE AS WELL. LET'S TALK ABOUT WHAT SOME OF THE CHALLENGES ARE, THIS IS WHERE I WOULD LIKE ALL F YOU TO START THINKING ABOUT YOURSELVES, EITHER IN TERMS OF IF YOU ARE A DIRECT CARE PROVIDER. LIKE I AM. IF YOU ARE INVOLVED IN A HEALTH CARE SYSTEM. HOW CAN SOME OF THE PRINCIPLES WE TALK ABOUT RELATED TO AGE INCLUE SUVTY BE INCORPORATED INTO YOUR PRACTICE.

10:22:52 WHETHER IT'S YOUR INDIVIDUAL PRACTICE, YOUR AGENCY PRACTICE, HEALTH SYSTEM PRACTICE. WHAT ARE THE BENEFITS THAT BRINGING THAT KIND OF CARE MIGHT ACCRUE TO THOSE YOU SERVE AND YOUR ORGANIZATION. I KNOW WHAT YOU ARE THINKING, I DON'T HAVE TIME, TAKES TOO MUCH TIME, CLIENT DOESN'T WANT TO DO IT, I DON'T WANT TO DO IT, TAKES TOO MUCH TIME, DON'T GET REIMBURSED. I GET ALL THAT. TURNS OUT THE INVESTMENT WE MAKE IN THE TIME TO HAVE THESE CONVERSATIONS.

10:23:14 REALLY HELPS US DOWN THE LINE. I GUARANTEE YOU THE CONVERSATION I TOLD YOU ABOUT, WHERE WE TALKED ABOUT THE GOALS OF CARE, ARE NOW GOING TO MAKE IT EASIER EVERY TIME WE HAVE A CONVERSATION ABOUT A NEW EITHER OPPORTUNITY OR DECISION POINT RELATED TO HER MEDICARE. WE ARE GOING TO BE ABLE TO REFER BACK TO THAT ORIGINAL CONVERSATION.

10:23:31 IT WILL GO MUCH MORE SMOOTHLY AND EASILY, AND FRANKLY MORE EFFICIENTLY AS WELL. NEXT SLIDE. I'M GOING TO TAKE YOU AND GIVE YOU A MINUTE TO SEE THIS SLIDE FOR THOSE WHO CAN SEE IT AND I THINK DESCRIBED FOR PEOPLE WHO CAN'T SEE IT.

10:23:56 AND THE REASON I LIKE THIS SLIDE, IS BECAUSE WE ARE KIND OF BLAMING THE CATS, RIGHT, ANY OF YOU WHO KNOW ME, KNOW I LIKE CATS, I AM ALWAYS GOING TO USE A CAT EXAMPLE. BUT, THIS IS WHAT WE ARE OFTEN DOING IN THE HEALTH CARE SYSTEM, WE KEEP BLAMING THE OLDER ADULT, THEY ARE TOO DIFFICULT AND CHALLENGING, THEY, THEY, THEY, INSTEAD OF LOOKING AT THE STRUCTURE' OF OUR SYSTEMS.

10:24:11 IT'S REALLY THE INFRASTRUCTURE THAT SHOULD BE PROVIDING THE SUPPORT, THE SYSTEMS THAT SHOULD BE PROVIDING SUPPORT THAT ARE A PROBLEM. NOW I'LL TELL YOU THIS IS GOOD NEWS BECAUSE AGAIN WE CAN DO SOMETHING ABOUT THESE SORTS OF THINGS.

10:24:29 WE CAN DO SOMETHING ABOUT THE STRUCTURAL ELEMENTS, POLICY ELEMENTS, SYSTEM ELEMENTS, THAT NEED TO BE THERE TO PROVIDE APPROPRIATE SUPPORT. BUT IN ORDER TO DO THAT, THE FIRST THING ALL OF US HAVE TO DO, AND THIS IS A PERSONAL CHALLENGE TO EVERYBODY ON THIS WEBINAR.

10:24:51 FIRST LOOK WITHIN, NEXT SLIDE. REALLY TURNS OUT, STIEMENTS WE DON'T SEE OURSELVES FOR WHAT WE ARE, I AM SURE I AM THE LEADER ON THE BAND ON THIS, WE HAVE SELF-INFLATED IDEAS ON WHAT WE ARE DOING, AND HOW WE ARE BEHAVING AND WHATEVER WE MIGHT BE RUNNING.

10:25:05 I THINK IT'S IMPORTANT TO TAKE AN HONEST GOOD LOOK WITHIN TO UNDERSTAND WHAT EACH OF US DO ABOUT THINGS. I THINK WE HAVE TO THINK ABOUT OUR LANGUAGE. INSTEAD OF SAYING SOMEBODY IS A DIFFICULT PATIENT, WE TALK ABOUT MAYBE A CHALLENGING SITUATION.

10:25:19 WE ARE NOT JUST A BYSTANDER, BUT UP STANDER, ALLY FOR OTHERS, WE ARE EDUCATING OURSELVES, WE ARE LEARNING ABOUT OTHER CULTURES, EDUCATING COLLEAGUES, NEXT SLIDE.

10:25:50 WE ARE REALLY LOOKING AT HOW WE CAN, WHAT EACH ONE OF US CAN REALLY DO IN ORDER TO MOVE THE CONCEPT OF AGE INCLUSIVETY FORWARD. HOW CAN YOUR SYSTEM BE MORE AGE INCLUSIVE. HOW CAN YOU USE THIS AS A FRAMEWORK FOR WHAT YOU DO. I THINK IT WILL BE SO IMPORTANT AS WE LOOK AT ISSUES LIKE MEASUREMENT AND PROGRAM DESIGN AND POLICY. TO THINK ABOUT HOW YOU CAN ALSO INFORM OUR STATE.

10:26:16 OUR CURRENT MASTER PLAN ON AGING, NEXT IT RATION ON THE MASTER PLAN ON AGING AND HOW WE CAN GO A BETTER JOB USING THESE PRINCIPLES. I HAVE TO SAY RIGHT NOW IN PARTICULAR I THINK IT'S IMPORTANT TO REMEMBER WE NEED TO VOTE. AND ENCOURAGE THE CLIENTS AND PATIENTS WE SERVE TO VOTE AS WELL IN ORDER TO KEEP PERSON-CENTERED PRINCIPLES AT THE FORE.

10:26:34 NEXT SLIDE, WHAT'S THE IMPACT ALL OF THIS CAN HAVE. WELL I THINK WE ACTUALLY CAN CHANGE THE WAY HEALTH CARE FOR VIEDERs FEEL ABOUT HOW WE PRACTICE MEDICINE, HOW WE DELIVER HEALTH CARE. I THINK WE NEED TO CREATE HIGHER EXPECTATIONS AND DELIVER ON THEM.

10:26:46 I WANT MY PATIENTS, CLIENTS WE SERVE TO HAVE HIGH EXPECTATIONS AND HOLD ME AND MY SYSTEMS ACCOUNTABLE FOR DELIVERING ON THEM. I THINK WE CAN REALLY IMPROVE LIVES.

10:27:14 WE TALK ABOUT PEOPLE WITH CHRONIC HEALTH CONDITIONS. THOSE WHO LOVE THEM. NEXT SLIDE. REALLY WHAT WE ARE TALKING ABOUT, IF WE DO THIS FOR PEOPLE WHO MAY BE THE MOST VULNERABLE OR SUSCEPTIBLE, THE PROBLEMS IN OUR SYSTEM, WE END UP HELPING EVERYBODY LIKE UNIVERSAL DESIGN ENDED UP HELPING EVERYBODY, NEXT SLIDE.

10:27:39 THIS IDEA IF WE DON'T CHANGE AND SOMETHING MAGICAL JUST HAPPENS, SORRY TO BE THE SKUNK AT THE PICNIC, THAT'S NOT GOING TO WORK, THAT'S WHY I THINK WE WANT TO PUBLIC, WE WANT PEOPLE WHO ARE OF EXPERTISE AND EXPERIENCED IN CARE FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES TO REALLY WEIGH IN AND INFLUENCE THE SYSTEM SO WE ARE NOT WAITING FOR SOMETHING MAGIC.

10:28:01 BUT REALLY WORKING HARD TO CREATE THE SYSTEM THAT ALL OF US WANT FOR OURSELVES AND LOVED ONES. NEXT SLIDE, BECAUSE WE HAVE TO REMEMBER THAT ALL OF US ARE AGING, WE DO NEED TO BE DOING THIS TOGETHER AS A GROUP. I REALLY APPRECIATE THE TIME TO TALK TO YOU A LITTLE BIT ABOUT THIS, SORRY ABOUT THE GLITCH AT THE BEGINNING, HOPEFULLY IT WORKED OUT. I WILL TURN IT BACK OVER TO MY COLLEAGUES NOW.

10:28:28 >> WELL, THAT WAS SUCH A WONDERFUL INTRODUCTION, AND CONTEXT SETTING FOR OUR CONVERSATION. I THINK SO MANY IMPORTANT THEMES THAT YOU RAISED ABOUT HOW WE CONSIDER BOTH THE POLICY AND SYSTEM ELEMENTS OF DEVELOPING AN AGE INCLUSIVE HEALTH SYSTEM HERE IN CALIFORNIA. AND I LOVE THAT YOU'VE PRETTY MUCH DEVELOPED THIS WHOLE NEW CONCEPT AROUND AGE INCLUSIVE HEALTH SYSTEMS.

10:28:47 FOCUS ON BUILDING CONCEPTS OF PERSON-CENTERED CARE, USING CONCEPTS OF THE AGE FRIENDLY HEALTH SYSTEMS BUT ALSO LOOKING AT THE BIOSOCIAL PSYCHO MODEL AND FINALLY BEING INFORMED AND INSPIRED BY UNIVERSAL DESIGN.

10:29:03 SOMEBODY HAD AN INTERESTING COMMENT IN THE CHAT WHILE YOU WERE SPEAKING, I THINK THE LAST WEBINAR WE WERE TALKING ABOUT SOMETHING WITH PERSON-CENTERED CARE. AND A COMMENTER MADE THE REMARK THAT THE TERM PERSON-CENTERED CARE HAS A GREAT INTENT.

10:29:18 BUT IT'S ALSO IMPORTANT TO CONSIDER, YOU KNOW THE PERSON'S RELATIONSHIPS AND THEIR COMMUNITIES AROUND THEM. NOT JUST ABOUT THEM AS A PERSON, BUT HOW TO SUPPORT THEIR COMMUNITY. WHATEVER THAT MIGHT LOOK LIKE.

10:29:23 BECAUSE THAT COMMUNITY TO THEM IS CRITICAL TO HOW THEY AGE AND LIVE IN THE COMMUNITY.

10:29:29 SO WITH THAT I AM SUPER EXCITED NOW TO INTRODUCE ALL OF OUR WONDERFUL PANELISTS.

10:29:40 WE ARE GOING TO BRING BACK JANET FRANK FROM THE CALIFORNIA COMMISSION ON AGING AND UCLA CENTER.

10:30:09 WE HAVE DOCTOR AGHA, THE CHIEF MEDICAL OFFICE AND VICE PRESIDENT OF THE WEST HEALTH INSTITUTE, LAURA REMAINING WITH US FOR THE PANEL DISCUSSION, ALSO DOCTOR ALKEMA, VICE PRESIDENT AND POLICY COMMUNICATIONS WITH THE SCAN FOUNDATION, AND PIONEER IN BRINGING FORWARD THIS PERSON-CENTERED CARE FOR OLDER ADULTS IN THE HEALTH CARE SYSTEM.

10:30:33 LAST BUT NOT LEAST, SO HONORED THE FORMER COE OF THE AMERICAN GERIATRIC SEW SOY SIGH, BUT ALSO AN INDEPENDENT CONSULTANT WITH HER PARTNERS. AND JENNIE AS YOU KNOW WAS THE PIONEER OF THE MOVEMENT TO DEVELOP THE PROGRAM FOR ALL INCLUSIVE CARE FOR THE ELDERLY.

10:30:49 WELCOME TO EVERYONE, WE WANT TO ASK OUR AUDIENCE TO USE THE CHAT, AND USE THE Q AND A FUNCTION, WE ARE GOING TO HAVE TIME FOR YOU TO ACTUALLY ASK QUESTIONS, SPEAK IF YOU WOULD LIKE TO. SO WE ARE TURNING TO YOU FOR YOUR ENGAGEMENT AS WELL.

10:31:15 AS THIS TIME, WHAT I WOULD LIKE TO DO IS I AM GOING TO TURN IT OVER TO, WE ARE GOING TO START WITH AN OPENING QUESTION, FOR EACH OF OUR PANELISTS. SO I AM GOING TO START WITH DOCTOR ZIA. WE HEARD IN THE PRESENTATION WE NEED TO DESIGN SYSTEMS THAT ARE RESPONSIVE TO THE UNIQUE NEEDS OF OLDER ADULTS AS WELL AS PEOPLE WITH FUNCTIONAL IMPAIRMENTS OF ALL AGES.

10:31:27 EMERGENCY ROOMS ARE AN EXAMPLE OF A HEALTH CARE SETTING NOT ALWAYS RESPONSIVE TO THE NEED OF FUNCTIONALLY OR COGNITIVELY IMPAIRED INDIVIDUALS REGARDLESS OF AGE.

10:31:42 WEST HEALTH HAS BEEN A LEADER IN DEVELOPING THE CONCEPT OF A GERIATRIC EMERGENCY DEPARTMENT, TELL US HOW IT'S WORKED AND ADVANCED ACROSS THE STATE AND NATION.

10:32:01 >> THANK YOU FOR THE INVITATION AND HOSTING THESE VERY INFORMATIVE WEBINARS AND LAURA THANK YOU FOR SUCH A WONDERFUL ENGAGING SPEECH. IF I TAKE SOME OF THE THINGS YOU TALKED ABOUT FOR A USER CENTERED AND PERSON-CENTERED DESIGN CONCEPTS.

10:32:20 ONE MANIFESTATION OF THOSE FRAMEWORKS, IS THE WORK WE DO. IF YOU THINK OF THE FOUR PILLARS OF THAT WORK. REALLY STARTS WITH HOW CAN WE MAKE AN EMERGENCY ROOM THAT CAN PROVIDE ALL-PERSON CARE.

10:32:42 ALLOW SENIORS TO HAVE THEIR WISHES BE MET. PERHAPS AT ONE OF THE WORST TIMES WHEN SOMEBODY IS IN THE ER, HOW CAN WE ADDRESS THEM. WE DO THAT BY ONE, HAVING A MORE INTERDISCIPLINARY AND HOLISTIC APPROACH, DO A SCREENING WELL BEYOND WHAT ARE OFFERED NORMALLY. WE LEARN ABOUT THAT IN WHAT I WILL SHARE WITH YOU.

10:33:06 FOCUS ON BRINGING ALL THE DISCIPLINES, GEOGRAPHICS IS TRULY A TEAM CAME. OTHER DISLINS BROUGHT IN. REALLY FOCUS ON HOW DO WE A LOU THE PATIENTS TO NOT JUST GO TO THE HOSPITAL OR NURSING HOME BUT TO GO HOME OR WHEREVER THEY CHOOSE TO GO AND GET THE LEVEL OF CARE THEY WANT.

10:33:31 WE DO IT PRIMARILY THROUGH TRAINING AND WORKFORCE DEVELOPMENT OF THE EXISTING STAFF. AND WE DO IT THROUGH PROTOCOLS AND ACCREDITATION PROGRAMS AND LATER ON I WILL TALK A LITTLE ABOUT WHAT WE ARE DOING IN CALIFORNIA AND NATIONALLY. I THINK IT'S TIME TO SHARE A QUICK VIDEO THAT WILL HIGHLIGHT SOME OF THE WORK WE HAVE DONE.

10:33:46 MY DEAR COLLEAGUE RACHEL IS LEADING, THAT WILL HELP SET THE STAGE FOR COMMENTS ON HOW WE ARE TAKING THAT LEARNING AND SPREADING IT THROUGH CALIFORNIA. SO, SARAH CAN YOUR TEAM PUT UP THE VIDEO?

10:33:57 >> YES, THAT WOULD BE GREAT, NANCY IF YOU COULD PULL UP IF VIDEO, THAT WOULD BE GREAT, AND WE WILL GO BACK.

10:34:07 THERE WE GO.

10:34:12 >> EVERY DAY TEN THOUSAND BABY BOOMERS ARE TURNING AGE 65.

10:34:22 WE KNOW THIS POPULATION LIKE THE PEDIATRIC POPULATION HAS SPECIAL NEEDS, SENIORS HAVE SPECIAL MEDICAL, SOCIAL AND OTHER NEEDS WE CAN REALLY ADDRESS IN A UNIT LIKE THIS.

10:34:53 EARLIER THIS YEAR WE OPENED THE SENIOR EMER WREN SI CARE UNIT FOR PATIENTS OVER THE AGE OF 65, WHO HAVE A POSITIVE SCORE FOR SENIORS AT RISK. THOSE PATIENTS PLACED IN THE AREA, SEE IT'S DIFFERENT THAN THE CURRENT EMERGENCY DEPARTMENT SPACE, THIS AREA IS DESIGNED FOR THE SENIORS, SO IT'S A COMFORTABLE ENVIRONMENT TO GET THE PROLONGED STAY MANY THE DEPARTMENT AND GET CARE DURING THAT TIME PERIOD.

10:35:10 SEVERAL ARCHITECTURE ELEMENTS MAKE IT SENIOR FRIENDLY. FOR EXAMPLE, NONSLIP FLOORS, LIGHTING THAT IS CIRCADIAN FRIENDLY, SO PATIENTS HAVE DECREASED INTERRUPTIONS WITH LIGHT AND SOUND, MUCH OF THE ROOMS AND AREA IS DESIGNED TO BE VERY QUIET.

10:35:26 SO SOUND DOES NOT INTERRUPT PATIENTS WHILE THEY ARE RESTING AND RECOOPERATING HERE, ARTWORK BY ERIN THROUGH THE SPACE TO OR YENT PEOPLE TO THE FACT THEY ARE IN SAN DIEGO, AND DECREASE AGITATION AND UNCERTAINTY.

10:35:53 ALSO TECHNOLOGY ENHANCEMENTS WITHIN EACH ROOM WHICH KEEPS PATIENTS AND FAMILIES UP TO DATE ON THE CARE THEY ARE RECEIVING AND EXPECTED TREATMENT PLAN, WE HAVE A NURSING TEAM THAT IS VERY WELL VERSED AND TRAINED IN ADVANCED CARE. SPECIFICALLY WE HAVE A GROUP OF GENIE NURSES FOCUSED ON ADVANCED CARE SCREENINGS.

10:36:04 AND HAVE CLINICAL DECISION SUPPORT TOOLS TO BRING OTHER RESOURCES TO THE PATIENT IN THE EMERGENCY DEPARTMENT.

10:36:27 >> THIS HAS 6 QUESTIONS THAT ARE A GOOD INDICATOR OF WHETHER THE PATIENT, SENIOR IS GOING TO HAVE A POOR OUTCOME IF WE DISCHARGE THEM FROM THE ER TODAY, SUCH QUESTIONS AS DO THEY TAKE MORE THAN 3 DIFFERENT MEDICATIONS A DAY? HAVE THEY BEEN HOSPITALIZED FOR ONE OR MORE NIGHTS, EXCLUDEING A STAY IN THE EMERGENCY DEPARTMENT, ACTUAL STAY IN THE HOSPITAL.

10:36:28 .

10:36:46 DO THEY HAVE PROBLEMS WITH THEIR MEMORY, AND TALKS ABOUT CARE PRIOR TO THE EMERGENCY DEPARTMENT, AND DO THEY NEED CARE, AND DO THEY NEED MORE CARE NOW. GOOD INDICATOR OF RISKS.

10:37:08 >> OUR GOAL IN THE SENIOR EMERGENCY CARE UNIT IS TO IMPROVE TRANSITIONS OF CARE AND HOPEFULLY DECREASE HOSPITAL ADMISSIONS SO WE CAN GIVE PATIENTS WHAT THEY DESIRE, USUALLY TO GET HOME AND TO A MORE COMFORTABLE ENVIRONMENT. THE RESEARCH WE ARE DOING IS LOOKING AT THE TOOLS AND MODELS OF CARE.

10:37:30 NOT ONLY IMPROVE THE CARE FOR OUR COMMUNITY HERE IN SAN DIEGO, BUT ALSO DEMONSTRATE HOW SENIOR CARE CAN BE AXHOOEFED IN THE EMERGENCY DEPARTMENT, THROUGH SAN DIEGO, CALIFORNIA, NATIONALLY AND INTERNATIONALLY, REALLY BE THE BEACON EMERGENCY CARE FOR SENIORS.

10:38:03 >> THANK YOU, SO YOU HEAR HOW THIS WORK IS NOW INSPIRING US TO DO THE STRATEGY FOR DEPARTMENTS BEYOND SAN DIEGO, IN SAN DIEGO WE WORK WITH COUNTY LEADERS TO CREATE 18 GED'S, MAKING THE FIRST COUNTY TO HAVE FIRST CERTIFICATIONS. DEVELOPING WHAT WE CALL THE SENIOR EMERGENCY CARE NETWORK IN CALIFORNIA.

10:38:31 THAT NETWORK TODAY HAS 48, AND OUR GOAL IS TO BE CLOSE TO A HUNDRED. WHICH WILL ALLOW US TO PROVIDE THAT LEVEL OF CARE TO ALL COMMUNITIES ACROSS CALIFORNIA. AND WE ARE NOT GOING TO STOP THERE OBVIOUSLY. WORK HAPPENING AT THE NATIONAL LEVEL, MORE THAN 300 CERTIFIED AND GROWING. THE DEPARTMENT OF VETERAN'S AFFAIRS.

10:39:02 I USED TO BELONG TO AND I AM PROUD OF, MADE THIS A BIG THING. VA SEES 40% OF THE POPULATION THAT IS SENIOR AND SPECIAL NEEDS, THEY ARE GOING TO HAVE A HUNDRED GED'S OVER THE NEXT THREE YEARS. REALLY NOW GOING FROM INITIATIVE TO A MOVEMENT. IT'S A MANIFESTATION OF THE FRAMEWORK, WHAT DOES IT LOOK LIKE AND HOW DO YOU MANIFEST IT.

10:39:23 >> FANTASTIC, THAT WAS A WONDERFUL OVERVIEW, REALLY APPRECIATE THE VIDEO AS WELL. I WOULD LOVE TO NOW TURN TO MY COLLEAGUE GRECHEN, YOU HEARD IT NOTED THAT IS KEY FEATURE OF AGE FRIENDLY HEALTH SYSTEMS IS ALIGNING CARE WITH INDIVIDUAL GOALS AND PREFERENCES.

10:39:48 THE SCAN FOUNDATION HAS LED A GREAT DEAL OF WORK FOCUSED ON DEVELOPING PROCESSES TO DOCUMENT AN INDIVIDUAL'S PREFERENCES WHILE ALSO ADVANCING PERSON DRIVEN OUTCOME MEASURES, CAN YOU TALK TO US A BIT ABOUT WHAT THIS PROCESS OF PERSON DRIVEN OUTCOME MEASURES ENTAILS AND WHAT'S NEEDED AT THE POLICY AND SYSTEM LEVEL FOR US TO ADVANCE THIS WORK?

10:40:09 >> MY PLEASURE, GREAT TO SEE YOU, THANK YOU TO YOU AND THE CDA TEAM FOR YOUR LEADERSHIP, FOR THIS REALLY IMPORTANT CONVERSATION TOGETHER. I THINK AT A CRITICAL TIME AS WE ARE LOOKING AT A LOT OF TRANSITIONS AND CARE PROCESSES AT THE STATE, INSIDE THE STATE AND ALSO IN HEALTH SYSTEMS ACROSS THE STATE.

10:40:33 IN TERMS OF WHAT VALUE BASED CARE LOOKS LIKE, THINK ABOUT VALUE BASED CARE, DEPEND ON WHAT SEAT SOMEBODY IS SITTING IN, DEPENDING ON WHAT VALUE MEANS TO THEM, AND WHEN I THINK ABOUT CONSUMERS AND WHAT VALUE HISTORICALLY HAS MEANT TO CONSUMERS IN HEALTH CARE, IT MEANS BEING ABLE TO LIVE THEIR ABSOLUTE BEST LIFE AT THE HIGHEST FUNCTIONAL LEVEL.

10:41:03 WITH THE LEAST AMOUNT OF INTERVENTION ON DAY-TO-DAY, I DON'T KNOW OF ANYBODY THAT WOKE UP AND SAID I CANT WAIT TO GO TO THE HOSPITAL OR NURSING HOME. HOW DO WE ENGAGE, AND HELPS US LIVE AT OUR BEST LEVEL. SECOND CONCEPT OF THAT VISION, PEOPLE'S NEEDS ARE BOTH CONSIDERED VERY ACTIVELY AND MET IN A TIMELY ORGANIZED CONVENIENT MANNER BY PROVIDERS.

10:41:24 PART OF THAT COMPETENCY, THEY KNOW WHO I AM, WHAT I NEED, NEEDS, VALUES AND PREFERENCES. AND ADAGS DIGITALLY, THE CONSUMERS HAVE THE CONFIDENCE OF NAVIGATING CARE SYSTEMS, BY THEMSELVES OR WITH SUPPORT OF FAMILY MEMBERS OR GET TO CARE THEY NEED.

10:41:59 IN THINKING OF THE TOTALITY OF THAT, I APPRECIATE THE REMARKS THAT STARTED US OFF. I WOULD BE REMISS TO SAY, SHE IS SO HUMBLE IN THE WORK SHE DID, BUT BACK IN ABOUT LATE 2014, MOVING INTO 2510, WE REACHED OUT AT THE SCAN FOUNDATION, TO JENNIE, AT THAT TIME WITH THE AMERICAN GERIATRIC SOCIETY TO HELP CRAFT WHAT IS THIS PERSON-CENTERED CARE.

10:42:18 LOTS OF PEOPLE TALKING ABOUT IT AND FRAMING AROUND IT, BUT WASN'T ONE WAY OF DESCRIBING PERSON-CENTERED CARE, BUT LAURA, AND THE AMAZING GROUPS OF EXPERTS THEN PUBLISHED IN AND THEN THERE'S KIND OF A WHOLE DESCRIPTION ABOUT WHAT'S THAT DEFINITION ON THE SLIDES.

10:42:37 THEN HOW DOES THAT GET OPERATIONALIZED THROUGH SYSTEMS, BOTH AT THE WORKFORCE LEVEL, AT THE PLANNING AND PROCESSES LEVEL, WHAT ARE THE ELEMENTS THAT REALLY MATTER TO PEOPLE AS THEY GO FORWARD IN THAT NICE KIND OF CIRCULAR DIAGRAM NA LAURA SHARED ABOUT HOW AM I PHYSICALLY ENGAGING.

10:43:01 WHAT IS MY MENTAL CAPACITY AND ENGAGEMENT. WHAT IS MY EMOTIONAL AVAILABILITY, AND MAKING SURE PEOPLE FEEL CONNECTED AND HONORED ON THE SPIRITUAL SIDE, AND ALL THE PIECES COME TOGETHER TO MAKE LIFE MEANINGFUL AND ACTIVE FOR INDIVIDUALS, IN A MINUTE I WILL DROP THE LINK TO WHERE YOU FIND THE RESOURCES AND ARTICLE.

10:43:29 STILL SERVES AS THE NATIONAL BASE PLATE FOR WHAT PERSON-CENTERED CARE IS AND HOW IT'S DEFINED AND THE MACRO VISION OF HOW TO PUT THAT INTO PLAY. ONE OF THE KEY THINGS WE KNOW, IF YOU DON'T MEASURE IT, IT DOESN'T MATTER, FROM PAYMENT, DOESN'T MATTER, ALL OF US ARE DRIVEN BY HOW WELL AM I DOING.

10:43:44 WE HAVE BEEN WORKING WITH THE COMMITTEE FOR QUALITY ASSURANCE ON THE DEVELOPMENT OF PERSON REPORTED OUTCOME MEASURES THAT DRIVE CARE PLANNING AND ULTIMATELY WE HOPE WILL DRIVE PAYMENT TO HIGH QUALITY PROVIDERS PUTTING THE PERSON AT THE CENTER.

10:44:29 IT'S A MULTIPLICITY OF EXPERIENCES AND FACTORS AND FUNCTIONAL LEVELS THAT ARE COMPLICATED. AND IT'S NOT JUST ADDRESSING ONE PIECE, AND YOU SQUEEZE THE BALLOON ON ONE SIDE AND IT STARTS TO BLOW ON THE OTHER SIDE. FROM THAT METAPHOR, IT'S ABOUT SAYING WHAT MATTERS TO ME? WHAT'S AT THE CORE OF MY EXPERIENCE TODAY?

10:44:54 WHAT DO I CARE ABOUT DOING SIX MONTHS FROM NOW THAT IF WE DON'T GET A HANDLE ON X, Y, Z SYMPTOMS, I'M NOT GOING TO BE ABLE TO DO THAT. SO THAT'S TAKING A REALLY DIFFERENT APPROACH TO CARE. AND SO PART AND PARCEL OF THAT IS SAYING WHAT MATTERS TO AN INDIVIDUAL FROM A PERSON REPORTED OUTCOME MEASURE ABOUT THE WAY IN WHICH THEY LIVE THEIR LIFE, NOT DID I GET MY HEMOGLOBIN A1C TO GO DOWN A COUPLE POINTS.

10:45:19 THAT MATTERS FOR SURE, BUT ONLY IN TERMS OF HOW I GET TO LIVE MY LIFE EVERY DAY. SO WORKING WITH THE TEAM AT NCQA AS THEY'RE DEVELOPING AND PUSHING OUT A WHOLE SERIES OF PERSONAL REPORTED OUTCOME MEASURES, WE ARE SEEING STATE MEDICAID PROGRAMS EXCITED ABOUT THIS, WE SEE IT AS AN OPPORTUNITY FOR MEDICARE ADVANTAGE PLANS TO BECOME DIFFERENTIATORS IN THE MARKETPLACE.

10:45:36 BY SAYING WE'RE PUTTING THE PERSON AND THEIR NEEDS AND PREFERENCES AT THE CENTER POINT OF THE CARE DELIVERY EXPERIENCE AND ALL THE CLINICAL MEASURES ARE RELEVANT ONLY TO WHICH THAT PERSON'S NEEDS, VALUES AND PREFERENCES ARE DRIVING THE CARE EXPERIENCE.

10:45:50 OUR HOPE IS OVER THE LONG HAUL THE CENTER FOR MEDICARE AND MEDICAID SERVICES AND STATE PLAYERS WILL FEEL CONNECTIVITY AND DRIVE PAYMENT TO THOSE ACTORS WHO ARE PUTTING IT REALLY AT THE CENTER POINT OF THE CARE EXPERIENCE.

10:46:13 SO I LOOK FORWARD TO CONTINUING THE CONVERSATION, BUT I THINK THE LONG AND THE SHORT OF IT IS VALUE DEPENDS ON THE PERSON WHO'S AT THE CENTER POINT AND WE BELIEVE THAT THE CENTER POINT SHOULD BE THAT OLDER PERSON IN CONTEXT OF THEIR CAREGIVERS. I LOVE THE COMMENT IN OUR CHAT ABOUT THAT.

10:46:26 I'M A SOCIAL WORKER FROM WAY BACK AND PERSON AS THE CORE OF THAT, SO WE HAVE TO THINK ABOUT PEOPLE INSIDE OF THEIR CONTEXT BUT IT HAS TO START WITH WHAT MATTERS TO ME AS THE OLDER ADULT FIRST. THANKS.

10:46:42 >> FANTASTIC, GRETCHEN, I THINK THAT IS SUCH A WONDERFUL TIE-IN TO EVERYTHING THAT DR. MOSQUEDA WAS TALKING ABOUT AND HIGHLIGHTING THE WORK YOU ARE DOING TO ADVANCE THE MEASUREMENT OF THIS AND LOOKING AT PERSON-DRIVEN OUTCOME MEASURES.

10:46:58 AND IT IS REALLY EXCITING TO HEAR ABOUT STATES TALKING ABOUT THIS AND STATES THINKING HOW CAN WE START IN ADDITION TO OUR CLINICAL MEASURES, HOW CAN WE START MEASURING BASED ON WHAT MATTERS TO THE PERSON. AND THEN THAT DRIVES POLICY AND FUNDING.

10:47:20 SO AT THIS MOMENT I'D LIKE TO TURN IT NOW TO JANET FRANK, WHO REALLY, JANET YOU'VE DONE A LOT OF WORK BOTH WITH THE UCLA CENTER FOR HEALTH POLICY RESEARCH AND NOW AS A MEMBER OF THE COMMISSION ON AGING, YOU'VE DONE A LOT OF RESEARCH AND ADVOCACY ON THE ISSUE OF OLDER ADULT ACCESS TO MENTAL HEALTH CARE.

10:47:33 AND THE INTERSECTION OF HEALTH CARE AND BEHAVIORAL HEALTH. AS WE TALK ABOUT AGE INCLUSIVE HEALTH SYSTEMS, WHAT DO YOU THINK IS THE MOST CRITICAL AS WE CONSIDER OPPORTUNITIES FOR BUILDING THESE MODELS OF CARE?

10:47:45 AND HOW SHOULD WE CONSIDER BEHAVIORAL HEALTH AS PART OF THAT CONTINUUM? MUTED.

10:48:10 >> THERE WE GO. THANK YOU. WELL, BEHAVIORAL HEALTH INTEGRATION INTO HEALTH CARE IS REALLY A HUGE ISSUE. AND I THINK THAT AS WE'RE CONSIDERING ALL THE VERY IMPORTANT THINGS THAT HAVE BEEN DISCUSSED UP TO NOW, WHEN IT COMES TO BEHAVIORAL HEALTH ISSUES, WHICH ARE DEFINED AS THE COMBINATION OF BOTH MENTAL HEALTH AND SUBSTANCE ABUSE ROLLED ALL TOGETHER INTO THAT ONE TERM.

10:48:32 SO IT'S A LITTLE BIT MORE, A BIGGER TERM THAN JUST MENTAL HEALTH. WE HAVE TO GET THE PEOPLE THERE. OUR RESEARCH AT THE CENTER FOR HEALTH POLICY RESEARCH SHOWED THAT OLDER ADULTS ARE VERY MUCH UNDERSERVED AS IT COMES TO MEETING THEIR BEHAVIORAL HEALTH NEEDS. AND STATE DATA SUPPORTS THAT.

10:49:07 IN FACT I BELIEVE THAT IN 2018, THAT THE STATE DATA SHOWED THAT IF YOU TAKE A CONSERVATIVE ESTIMATE OF THE PREVALENCE OF MENTAL HEALTH ISSUES WITH OLDER ADULTS, SAY ANCHORED AT A 10 PERCENT RANGE, THE NUMBER OF PEOPLE SERVED IN THE STATE OF CALIFORNIA EQUALED ABOUT 4 PERCENT. SO THAT MEANS 96 PERCENT OF PEOPLE OLDER ADULTS, OLDER CALIFORNIANS WITH MENTAL HEALTH, BEHAVIORAL HEALTH ISSUES, WERE NOT GETTING THEIR SERVICES,.

10:49:24 WERE NOT GETTING THEIR NEEDS MET THROUGH SERVICES. SO IT REALLY IS A HUGE ISSUE. IN ADDITION TO THIS MAJOR ISSUE ABOUT TRYING TO ADDRESS THE PENETRATION ISSUE OF SERVICES, THERE'S ALSO GREAT GEOGRAPHIC VARIATION ACROSS THE STATE.

10:49:38 IT GOES COUNTY BY COUNTY. AND COUNTIES THAT HAVE AN OLDER ADULT SYSTEM OF CARE WITHIN THEIR BEHAVIORAL HEALTH UNITS JUST DO A MUCH BETTER JOB IN MEETING NEEDS FOR OLDER ADULTS THAN THOSE THAT DO NOT.

10:50:04 SO I THINK WHEN YOU REALLY NEED TO TAKE A SYSTEMS APPROACH TO TRY TO ADDRESS THESE THINGS. THE OTHER THING THAT OUR RESEARCH SHOWED WAS THAT BECAUSE OF THE LACK OF LEADERSHIP AT THE STATE AND A LACK OF OLDER ADULT SYSTEM OF CARE AT THE STATE, THAT THERE WAS THIS ISSUE OF THE COUNTIES EACH DECIDING WHAT IS THE BEST WAY FOR THEM TO OPERATE.

10:50:19 SO WE FELT THAT LEADERSHIP AT THE STATE WAS A REALLY IMPORTANT ISSUE. CDA DOES A GREAT JOB IN LEADING EFFORTS AROUND OLDER ADULTS, ADVOCACY AND ADDRESSING CONSUMER ISSUES.

10:50:32 BUT BEHAVIORAL HEALTH MONEY IS IN THE DEPARTMENT OF HEALTH CARE SERVICES. AND RIGHT NOW THERE'S NOT ONE PERSON IN THE BEHAVIORAL HEALTH UNIT, IN THE DEPARTMENT OF HEALTH CARE SERVICES, THAT HAS THIS KIND OF EXPERTISE.

10:50:56 AND SO ONE OF THE THINGS THAT THE COMMISSION HAS DONE THIS YEAR IS WE HAVE CRAFTED A BUDGET ASK IN BOTH THE SENATE AND THE ASSEMBLY. SENATOR WIENER IS LEADING IT IN THE SENATE. SENATOR MAZ IS LEADING IT IN THE ASSEMBLY. WE ARE TRYING TO GET FUNDING TO HAVE A GERIATRIC LEADERSHIP SPECIALIST WITHIN THE BEHAVIORAL HEALTH UNIT.

10:51:18 WE THINK THAT WHILE THIS IS A TINY STEP, IT'S VERY NECESSARY STEP TO BE ABLE TO HAVE A VOICE AT THE TABLE AS CALAIM IS BEING IMPLEMENTED, THE CENTER FOR MEDICARE INNOVATION IS BEING IMPLEMENTED. ALL OF THE VARIOUS OPPORTUNITIES TO REALLY ADDRESS THE NEEDS OF OLDER ADULTS AND THEIR BEHAVIORAL HEALTH ISSUES.

10:51:37 WE WANT TO MAKE SURE THAT WE HAVE SOMEBODY THERE WITH THAT KIND OF EXPERTISE WHO CAN REALLY PUSH THIS FORWARD. SO THAT HAS BEEN A BIG EFFORT OF THE COMMISSION IN THE LAST FEW MONTHS. AND I THINK THAT THERE'S LOTS TO DO. BUT AT LEAST THAT IS A STEP IN THE RIGHT DIRECTION.

10:51:51 >> THANK YOU, JANET. SUCH IMPORTANT POINT. AND I THINK THAT PARTICULARLY WITH COVID WE SAW THE TREMENDOUS IMPACT THAT IT HAD ON OLDER ADULTS IN TERMS OF MENTAL HEALTH AND ISOLATION AND LONELINESS AND DEPRESSION.

10:52:13 IMPORTANTLY, WE'VE HEARD A LOT OF FOCUS ON THE IMPACT THAT COVID HAD ON OUR YOUTH AND YOUNG ADULTS. VERY TRUE. BUT I THINK WHAT OFTEN GETS LOST IS EXACTLY WHAT YOU'RE SAYING, IS THAT OLDER ADULTS REALLY HAVE A CRISIS IN TERMS OF BEING ABLE TO ACCESS CULTURALLY COMPETENT BEHAVIORAL HEALTH SERVICES.

10:52:32 WHICH IS CERTAINLY A KEY ELEMENT OF ENSURING THAT WE HAVE AN AGE-INCLUSIVE HEALTH SYSTEM. SO THANK YOU FOR THE COMMISSION'S ADVOCACY ON THIS ISSUE. I THINK THERE'S A LOT OF OPPORTUNITY TO RAISE AWARENESS ON THE RESEARCH YOU'VE DONE THAT ACTUALLY DOCUMENTS THE UNMET NEED IN THIS AREA.

10:52:56 AND CERTAINLY IT'S SOMETHING FOR US TO CONSIDER TOO IN THE NEXT ITERATION OF THE MASTER PLAN. SO THANK YOU FOR THAT. SO NOW I'M SUPER HAPPY TO BE ABLE TO TURN IT TO JENNIE CHIN HANSON. JENNY, AS THE PIONEER OF THE PROGRAM FOR ALL INCLUSIVE CARE FOR THE ELDERLY, YOU ARE VERY FAMILIAR WITH HOW TO DEVELOP MODELS OF CARE THAT ARE RESPONSIVE TO WHAT OLDER ADULTS WANT AND NEED.

10:53:21 AND MORE RECENTLY, YOU'VE BEEN INVOLVED WITH A PROJECT THAT SEEKS TO DEVELOP DEMENTIA CAPACITY IN GERIATRIC EMERGENCY DEPARTMENTS. CAN YOU TELL US MORE ABOUT THIS MODEL AND HOW IT'S BEING ADVANCED AND OTHER THOUGHTS YOU HAVE ABOUT THIS GENERAL CONCEPT OF AGE-INCLUSIVE HEALTH SYSTEMS, PARTICULARLY AS WE THINK ABOUT THINGS LIKE CULTURAL COMPETENCY AND LANGUAGE ACCESS?

10:53:23 SO THANK YOU FOR BEING HERE, JEN.

10:53:43 >> I'M DELIGHTED TO BE HERE, SARAH, WITH THESE COLLEAGUES WHO ARE PARTICIPATING HERE. I'M GOING TO BE BUILDING ON LAURA'S COMMENTS AND WHAT DR. ZIA AGHA SAID ABOUT THE GERIATRIC EMERGENCY DEPARTMENT. AND AGAIN, MY LONG-TIME AFFILIATION WITH THE SCAN FOUNDATION.

10:54:03 SO ALL THIS IS RATHER INCESTUOUS. BUT THE FIRST OF ALL, I'D LIKE TO REALLY TAKE UP ON LAURA'S COMMENT ABOUT THIS LARGER FRAMING AND THE CHOICE OF THE WORD INCLUSIVE, WHICH DOES STRETCH THIS MUCH FURTHER.

10:54:32 IT'S INTERESTING THAT HERE IN SAN FRANCISCO, THE PROJECT YOU HAVE ASKED ME TO SPEAK ABOUT THAT'S FUNDED BY THE DOBEY FAMILY FOUNDATION. THAT'S THE PHILANTHROPY THAT HAS HELPED SAN FRANCISCO MOVE A BULK OF OUR WORK IN ZIA'S TREMENDOUS LEADERSHIP WITH WEST HEALTH ON GETTING HOSPITALS ACCREDITED AS GERIATRIC U.D.S.

10:54:54 AND IT'S QUITE INTERESTING, AS A SIDE NOTE, THAT UCSF, UC SAN FRANCISCO, HAS CHOSEN THE FRAME, EVEN THOUGH THEY HAVE A GERIATRIC E.D. ACCREDITATION. THEY CALL THEIR E.D. AGE-FRIENDLY E.D. SO SHORTCUT IS AFED.

10:55:20 SO THE SENSE OF THE TERMINOLOGY OF HOW LANGUAGE IS ALSO SO IMPORTANT THAT THE ABILITY TO THINK ABOUT PEOPLE LIVING WITH DISABILITIES COMING THROUGH THESE PORTALS AND HAVING SOME OF THE CONCEPTS THAT ZIA HAS BROUGHT UP ABOUT WHAT CONSTITUTES THE PERFORMANCE AND THE EXPECTATION OF AN ACCREDITED E.D. FOR GERIATRICS RIGHT NOW.

10:55:52 BUT IT IS EVEN MUCH BROADER. AND SO I COME BACK TO THE PIECE ON DEMENTIA, WHICH IS A PARTICULAR HANDLE THAT WE ARE FOCUSING ON HERE IN SAN FRANCISCO, THANKS AGAIN TO THE DOLBY. MR. DOLBY AS IS PUBLICLY KNOWN, AND THIS IS THE DOLBY FAMILY, THE SOUND SYSTEM, ENDED UP HAVING THE CONDITION OF ALZHEIMER'S. AND IN THE COURSE OF THAT WENT THROUGH SOME EXPERIENCES.

10:56:03 AND HERE'S THIS FAMILY THAT HAS RESOURCES AND HAS KNOWLEDGE ABOUT IT, EVEN HE HAD A CHALLENGING TIME GOING THROUGH THE EMERGENCY DEPARTMENT.

10:56:36 SO THUS THIS FOCUS, HAVING, A, THE CORE WORK OF BEING GERIATRICLY MORE COMPETENT BUT THEN THE WORK OF UNDERSTANDING COGNITION ISSUES AT LARGE, WHETHER IT'S WITH SOME OF THE OTHER SPECIAL DEMENTIAS OR ALZHEIMER'S. THIS TIES BACK TO OUR MASTER PLAN FOR AGING WORK, BECAUSE WE STARTED OFF WITH A TASK FORCE ON ALZHEIMER'S' DISEASE AND MASTER PLAN. WE'VE MERGED THIS TOGETHER.

10:57:04 SO I THINK THE E.D. WORK THAT'S HAPPENING HERE IN THESE THREE HOSPITALS IN SAN FRANCISCO, THAT'S BESIDE UCSF, THERE'S KAISER SAN FRANCISCO AND OUR SAFETY NET HOSPITAL, ZUCKERBERG GENERAL HOSPITAL, EACH OF WHICH WITH DIFFERENT CORE POPULATIONS. BUT WE ARE THINKING ABOUT HOW DOES ONE FOCUS ON THE SCREENING OF PEOPLE WHO COME THROUGH WHO HAVE COGNITIVE ISSUES IF NOT DEMENTIA.

10:57:22 AND SOMETIMES PEOPLE HAVE A DIAGNOSIS, AND OTHER PEOPLE ARE PRESENTING WITHOUT A DIAGNOSIS. AND SO THAT'S PART OF THE WORK THAT WE'RE TRYING TO DO, BECAUSE OUR

CLINICIANS ARE FINDING THAT MANY OF THE PEOPLE HAVE VERY VAGUE DESCRIPTIONS GOING ON WHEN THEY COME THROUGH.

10:57:45 AND SO SOME DECADE EARLIER, SOME OF OUR EMERGENCY PHYSICIANS HAD NOTICED THAT MAYBE ALMOST 60 PERCENT OF THE PEOPLE, AND THIS WAS NOT A FORMAL RESEARCH STUDY, BUT THEIR COLLECTION OF THEIR ANECDOTAL AND MEASUREMENTS AT THAT TIME WHERE PEOPLE WERE COMING IN WITH COGNITIVE ISSUES.

10:58:16 AND THEY DIDN'T REALLY NEED TO USE THE EMERGENCY DEPARTMENT. AND SO THAT REALLY GOT PEOPLE WORKING, AND THEN WE'VE BUILT ON THE WORK NOW THAT UCSD HAS DONE AND ESPECIALLY WEST HEALTH. SO WE ARE WORKING SO THAT THERE'S SCREENING IN PARTICULAR IN TERMS OF BEST TOOLS FOR DETERMINING PEOPLE WHO NEED SOME FURTHER ASSESSMENT, IF NOT A REFERRAL, TO A MEMORY CENTER, TO NEUROLOGIST.

10:58:37 SO IT'S NOT EASY WORK. ONE THING YOU MIGHT PROBABLY KNOW, AND WE KNEW THIS GOING IN, BUT CERTAINLY EARLY EXPERIENCE TELLS US, EVEN WHEN PEOPLE ARE IDENTIFIED AS HAVING PERHAPS SOME NEEDS TO HAVE FURTHER ASSESSMENT WITH THEIR MEMORY, PEOPLE DON'T NECESSARILY WANT TO GO TO THE REFERRAL SOURCE THAT YOU REFER THEM TO.

10:59:03 THERE'S HUGE STIGMA AS WE ALL KNOW ABOUT ALZHEIMER'S AND DEMENTIA. AND THAT'S A BARRIER IN AND OF ITSELF THAT WE HAVE TO DO. IT'S INTERESTING WE USED TO TALK ABOUT CANCER. PEOPLE WOULDN'T TALK ABOUT CANCER IN THE PAST. CAN WE GET TO THE POINT IN OUR LIVES WHERE THE ABILITY TO SEE THAT DEMENTIA OR ALZHEIMER'S DOESN'T HAVE TO BE AS STIGMATIZING.

10:59:41 AND THE FACT THAT THERE'S WORK, THERE'S INTERVENTION AND ABILITY TO DO THAT. SO OUR EMERGENCY DEPARTMENTS HERE NOW ARE THINKING ABOUT BOTH GERIATRIC CONTENT THAT IS IMPORTANT THAT ZIA MENTIONED BUT THEN ALSO PERHAPS DEEPER WORK. AND WE'RE WORKING NATIONALLY WITH RESEARCH TEAM FROM YALE AND FROM UNIVERSITY OF WISCONSIN AND NORTHWESTERN AND FROM ST. LOUIS TO REALLY THINK ABOUT WHAT IS GOING TO HELP --

10:59:54 THAT ABILITY TO DIAGNOSE, TO HAVE BEST PRACTICES, HAVE BETTER COMMUNICATION IN THE E.D., AND HOW TO REFER PEOPLE AS THEY TRANSITION. SO THESE ARE SOME THINGS THAT WE'RE DOING.

11:00:21 AND I THINK IT'S HIGHLY NEEDED, BECAUSE I THINK EVERY EMERGENCY DEPARTMENT IS FACING THIS. ONE OF THE THINGS WE WERE ABLE TO FACILITATE IS A VIDEO THAT'S UNDER PRODUCTION NOW FOR ALL E.D.S. AND IT'S BEING FUNDED BY AARP NATIONALLY AS WELL AS WORK THROUGH THE COLLABORATIVE OF GERIATRIC EMERGENCY DEPARTMENTS THAT ZIA AND THE WEST HEALTH ARE FUNDING.

11:00:28 SO WE CAN USE THIS AS HELPFUL TOOL FOR OTHERS. AND I CLOSE WITH ONE OTHER COMMENT.

11:00:52 YOU KNOW, THIS WHOLE NEED FOR BEHAVIORAL HEALTH KNOWLEDGE THAT JANET HAS BROUGHT UP AS A COMMISSIONER, BUT ALL THESE CONTENT AREAS ABOUT AGING, GERONTOLOGY AND GERIATRICS, THERE ARE SO FEW PEOPLE WHO ARE SPECIALIZED. I MEAN LAURA IS ONE OF OUR UNICORNS THAT WE HAPPEN TO HAVE HERE THAT HAVE SOMEBODY SO KNOWLEDGEABLE.

11:01:19 BUT I WANTED TO GIVE YOU AN IDEA FOR OUR PUBLIC. YOU KNOW, I JUST TODAY CONFIRMED WITH THE AMERICAN GERIATRIC SOCIETY, THERE ARE JUST OVER 5800 CERTIFIED OR BOARDEDGER TRANSITIONS IN THE COUNTRY. DO YOU KNOW HOW MANY PEDIATRICIANS THERE ARE THAT ARE BOARDED? 60,000.

11:01:49 SO HERE WE ARE WITH THE GROWING POPULATION THAT WE HAVE. WE HAVE UNDER 6,000 GERIATRICIANS. WE HAVE MORE THAN 60,000 PEDIATRICIANS. WE DON'T HAVE THE KIND OF EXPERTISE AND KNOWLEDGE. AND SO OUR ABILITY TO DIFFUSE KNOWLEDGE LIKE IN THE GERIATRIC EMERGENCY DEPARTMENTS, ZIA AND I ARE WORKING TOGETHER AS PART OF THIS TO USE THE UCGEDS TO BE PART OF OUR LEVERAGE OF CHANGE OF GETTING KNOWLEDGE --

11:02:08 TO OTHER DISCIPLINES, OTHER SPECIALTIES AND USING THAT. AND ALSO IN OUR STATE, WE HAVE FOUR GERIATRIC WORKFORCE -- LET'S SEE -- ENHANCEMENT PROGRAMS THAT WORK WITH ACADEMIC MEDICAL CENTERS AND FAMILY MEMBERS AND COMMUNITY AGENCIES.

11:02:37 I KNOW SAN DIEGO IS REPRESENTED HERE. WE HAVE SOMEBODY FROM THE SCHOOL OF SOCIAL WORK AT SAN DIEGO. SO THE ABILITY TO TRAIN UP, TO EDUCATE PEOPLE ON AGING, CHANGES IN AGING AND CLINICAL CONDITIONS WE'LL BE BETTER FOR IT, AND WE'VE GOT TO DO IT BY BOTH PRODUCING MORE SOCIAL WORKERS AND NURSES IN OUR WORKFORCE, BUT THE REALITY IS IT HAS TO COME FROM THE GROUND UP.

11:02:55 AND THIS IS SOMETHING THAT I'M STRONGLY IN FAVOR OF AND WANT TO BRING TOGETHER SOME OF THESE PROGRAMS AND DO A CROSSWALK SO THAT WE CAN LEVERAGE AND EFFECTIVELY FORCE MULTIPLY PEOPLE WHO HAVE KNOWLEDGE AND CAPABILITY IN AGING AND GERIATRICS.

11:03:08 >> FANTASTIC. I LOVE ALL THE DIFFERENT THINGS THAT ARE COMING UP, JENNY, WHEN YOU TALK ABOUT THIS MOVEMENT TOWARDS SPECIALIZING AND HAVING THE CAPACITY, IT'S REALLY A DEMENTIA-CAPABLE GERIATRIC EMERGENCY DEPARTMENT.

11:03:28 BUT I THINK WHAT WE WOULD LOVE TO SEE TOO IS HOW CAN WE MAKE ALL OF OUR SERVICE DELIVERY AGE-INCLUSIVE AND DEMENTIA-CAPABLE? AND THIS IS SOMETHING WE'RE ALSO TALKING ABOUT AT THE LEVEL OF JUST OUR INFORMATION SYSTEMS AND HOW CAN WE ENSURE THAT WHEREVER PEOPLE ENTER THE SYSTEM, THEY GET THIS KIND OF NO WRONG DOOR APPROACH,.

11:03:44 BUT THAT SYSTEM ALSO HAS THE CAPACITY TO RESPOND TO AND HELP INDIVIDUALS AND THEIR FAMILIES WHO HAVE COGNITIVE CONDITIONS. SO IT'S LIKE AGAIN, THIS CONCEPT OF UNIVERSAL DESIGN OF MEETING THE NEEDS OF EVERYONE BUT ALSO HAVING THE CAPACITIES TO SPECIALIZE.

11:03:56 A FEW OTHER THINGS TO COME TO MIND. ONE IS THIS ISSUE OF THE STIGMA OF BOTH HAVING SOME FORM OF DEMENTIA AND ALSO BEHAVIORAL HEALTH OR MENTAL HEALTH NEEDS.

11:04:21 AND PART OF THE STIGMA I THINK HAS CONTRIBUTED TO OUR PHYSICIANS NOT WANTING TO ALWAYS DOCUMENT IF A PERSON HAS ALZHEIMER'S OR RELATED DEMENTIA BUT HOW CRITICAL IT IS TO ASSESS FOR IT. SO WHAT'S REALLY EXCITING IS THAT THE STATE, YOU ALL MAY RECALL, THERE WAS AN INVESTMENT IN LAST YEAR'S BUDGET, $25 MILLION FOCUSED ON CALLED ALZHEIMER'S AWARE.

11:04:48 AND THAT WAS TO DEVELOP AN ASSESSMENT FOR MEDI-CAL PHYSICIANS TO KIND OF DO A BASELINE ASSESSMENT OF COGNITIVE CAPACITY FOR MEDI-CAL RECIPIENTS. AND IT'S A REALLY EXCITING AND IMPORTANT DEVELOPMENT, AND I BELIEVE THAT THE WORK HAS BEEN LED OUT OF

UCSF AND THAT THEY HAVE SUBMITTED THEIR MODEL ASSESSMENT TOOL PROTOCOL. SO I THINK THERE'S LOTS FOR US TO LEARN ABOUT THAT.

11:04:59 AND HOW CAN THAT SORT OF PROTOCOL THEN BE REPLICATED IN THE PRIVATE SECTOR AS WELL OR IN THE PRIVATE HEALTH CARE DRIVERY SYSTEM OUTSIDE OF MEDICAID.

11:05:01 SO A LOT OF REALLY IMPORTANT THINGS TO CONSIDER.

11:05:29 WE ALSO HAVE HAD SOME WONDERFUL COMMENTS IN THE CHAT. I WANT TO TURN TO LAURA JUST TO GET SOME KIND OF COMMENTS THAT SHE HAS AFTER HEARING FROM OUR PANELISTS. BUT I DO WANT TO HIGHLIGHT SOME OF WHAT WE HAVE SEEN FROM A REALLY GOOD QUESTION THAT JUST EMERGED WAS CAN YOU ELABORATE A LITTLE ON CULTURAL COMPETENCY, THAT APPROACH AND HOW TO SYSTEM DEVELOPMENT CAN SUPPORT IT AS A CRITICAL PART OF ENGAGEMENT.

11:05:33 AND IMPROVEMENT OF SERVICES?

11:05:41 AND SO I WANT TO TURN TO YOU, LAURA, TO SEE IF YOU HAVE THOUGHTS ON THAT. AND THEN WE HAVE A COUPLE OF OTHER QUESTIONS FROM THE AUDIENCE THAT I WANT TO TURN TO.

11:05:56 AND JUST, LAURA, IF YOU COULD ALSO JUST THINK THROUGH WHAT STICKS OUT TO YOU RIGHT NOW IN TERMS OF IMPORTANT POLICY OPPORTUNITIES AS WE CONSIDER THE NEXT ITERATION OF THE MASTER PLAN?

11:06:07 >> MAYBE I'LL START WITH THAT, AND THEN WE'LL COME BACK TO THE CULTURAL COMPETENCY QUESTION, BECAUSE I THINK THAT IS ABSOLUTELY KEY, BUT I JUST THINK IT WILL FLOW BETTER IF WE DO IT THIS WAY.

11:06:13 AND YOU CAN FIGURATIVELY BONK ME OVER THE HEAD IF I FORGET.

11:06:14 >> NO, THAT'S GREAT.

11:06:29 >> NOTICE I SAID FIGURATIVELY. SO I THINK THE WHOLE ISSUE OF MEASUREMENT IS VERY INTERESTING TO ME. SO LIKE MY SCIENCEY RESEARCH HAT LOVES MEASUREMENTS. AND I UNDERSTAND THAT MONEY AND MEASUREMENT DRIVE BEHAVIOR.

11:06:46 I ALSO THINK WE'VE GONE A LITTLE BONKERS WITH MEASUREMENT. AND WHAT HAPPENS IS WHEN WE START MEASURING, AND I THINK IT'S REALLY IMPORTANT WHEN YOU LOOK AT THE WORK FOR EXAMPLE THAT MARKO COHEN AND HIS GROUP DID. THAT WAS THE REPORT I SHOWED YOU EARLIER.

11:07:05 IT WAS REALLY PORT THAT THEY LOOKED AND NUMBERS AND WERE ABLE TO KNOW WHAT'S HAPPENING. I'LL TELL YOU AS A CLINICIAN EVERYBODY WANTS TO MEASURE EVERYTHING. AND IF WE'RE GOING TO ADD MORE MEASUREMENTS WE GOT TO TAKE SOME AWAY. AND WE NEED TO MAKE SURE THAT WHAT WE'RE MEASURING IS MEANINGFUL.

11:07:18 IT'S TOO EASY TO CHECK A BOX AND SAY I'VE DONE IT. AND I'VE BEEN THROUGH THIS. I GOT A 90-YEAR-OLD FATHER, A 90-YEAR-OLD MOTHER-IN-LAW AND I HELP THEM WITH THEIR HEALTHCARE SYSTEMS. AND I SEE ALL THE TIME THE CHECK THE BOX SYNDROME.

11:07:32 AND I'M SURE WE'RE GUILTY OF IT AS WELL, OR I AM. SO I THINK WE HAVE TO BE REALLY THOUGHTFUL, AND I WOULD LOVE TO SEE A CONVERSATION ABOUT DIFFERENT APPROACHES TO MEASUREMENT TO MAKE SURE WE'RE REALLY CAPTURING WHAT WE WANT TOO.

11:07:46 AND IT ISN'T JUST BECAUSE WE WANT TO CAPTURE IT, BUT IT'S LIKE TEACHING TO THE TEST. YOU KNOW IF YOU'RE GOING TO GET QUIZZED ON IT WE'RE GOING TO TEACH YOU ABOUT IT BECAUSE YOU'RE GOING TO GET IT ON THE TEST. AND THE SAME THING HAPPENS WITH MEASUREMENT.

11:08:16 IT SIGNALS, HEY, THIS IS IMPORTANT. AND THEN OF COURSE THE FUNDING ALSO SIGNALS THAT IT'S IMPORTANT AS WELL. AND I THINK WHEN WE LOOK AT WHAT NEEDS TO HAPPEN AT BOTH STATE AND FEDERAL LEVELS HOW ARE WE GOING TO WORK IN CONCERT AND MAKE SURE WE'RE NOT AT ODDS WITH EACH OTHER IN TERMS OF MEETING THE NEEDS THAT WE HAVE FUNDING STREAMS THAT ARE ALIGNED THAT ARE MOTIVATING THE KIND OF BEHAVIORAL THAT WE REALLY WANT TO SEE.

11:08:19 TO PROVIDE THE CARE THAT WE WANT TO PROVIDE.

11:08:36 SO FOR EXAMPLE IT'S GREAT NOW THAT, IN THEORY, NOT JUST IN THEORY, IN REALITY, WE CAN GET PAID, IF YOU'RE A PRIMARY CARE PHYSICIAN, FOR CHRONIC CARE MANAGEMENT AND ALL THE TIME THAT WE SPEND OUTSIDE OF THE OFFICE.

11:08:45 BUT THE REALITY OF WHAT YOU HAVE TO DOCUMENT AND WHAT HAS TO BE MEASURED IN ORDER TO GET THAT MEANS THAT A LOT OF US JUST DON'T BOTHER BECAUSE IT'S NOT WORTH IT.

11:08:57 SO WHEN WE'RE LOOKING AT GOALS POLICIES OR NEW SYSTEMS, WE HAVE TO PUT SOMETHING IN PLACE WITH THE END USER IN MIND AND MAKE SURE THAT IT'S GOING TO NOT JUST SOUND GOOD AND LOOK GOOD BUT ACTUALLY BE ACHIEVABLE.

11:09:14 SO I WILL NOW GET OFF MY SOAPBOX ON THAT. THE OTHER THING I'LL MENTION IS THAT WHEN WE TALK ABOUT TRAINING, WHICH I THINK IS CRITICALLY IMPORTANT, WE'RE LOOKING RIGHT NOW AT ALL THESE OPPORTUNITIES FOR BETTER WAGES FOR DIRECT CARE PROVIDERS, YES, AND TRAINING FOR DIRECT CARE PROVIDERS.

11:09:36 THE TRAINING SHOULD INCLUDE SOME OF THE PRINCIPLES THAT WE TALKED ABOUT HERE, ALONG WITH REALLY PRACTICAL TOOLS FOR HOW TO DO IT. AND I THINK THAT WHEN YOU'RE TALKING ABOUT REAL PERSON-CENTERED CARE WHEN WE'RE REALLY TALKING ABOUT AGE INCLUSIVITY, IT HAS TO BE INTERACTIVE. THERE HAS TO BE LIKE FUN, ENGAGING ROLL PLAYS AND DIFFERENT WAYS TO DO IT.

11:09:54 WHICH THEN I THINK ALSO LEADS US TO SOME OF THE CULTURAL COMPETENCY PIECE. AND I SEE THE CULTURAL COMPETENCY AT THE BIG LEVEL AND AT THE INDIVIDUAL LEVEL. THE BIG LEVEL IS OUR AWARENESS AND OUR UNDERSTANDING AND CONTINUALLY REALIZING THERE MIGHT BE SOMETHING ELSE GOING ON HERE.

11:10:14 SO SORT OF THAT ARE WE IN A SYSTEM THAT'S CONTINUALLY HAVING THIS IN OUR FACE AND BRINGING THIS TO OUR AWARENESS. THEN AT THE INDIVIDUAL LEVEL, EVERY TIME I'M SERVING A PATIENT WHO COMES FROM A DIFFERENT CULTURE, IT'S A NEW OPPORTUNITY FOR ME TO LEARN ABOUT THAT CULTURE.

11:10:25 AND TO GO AND LOOK IT UP AND NOT PUT THE OWNNESS ON THEM TO HAVE TO TELL ME ALL THIS STUFF ONLY TO THE EXTENT THAT THEY WANT TO BUT FOR ME TO LEARN MORE ABOUT THAT. SO I THINK THAT'S VERY IMPORTANT.

11:10:30 I'LL SAY ONE MORE THING AND THEN I'LL STOP IF THAT'S OKAY. IS THAT OKAY, SARAH?

11:10:32 >> PLEASE. PLEASE.

11:10:42 >> ONE OTHER THING GETS TO WHAT JENNIE CHIN HANSON MENTIONED IN TERMS OF HAVING MORE PEOPLE WHO UNDERSTAND GERIATRICS ANDGERRENTOLOGY WHO UNDERSTAND AGING.

11:11:04 AND I THINK WE NEED TO LOOK AT DIFFERENT METHODS OF DOING THINGS NOW. FOR EXAMPLE I WAS EXTREMELY LUCKY DURING MY FELLOWSHIP AT GERIATRIC MEDICINE, I WAS AT RANCHO LOSAMIGOS WHERE I GOT GREAT EDUCATION FROM NURSES AND PT AND OT AND SPEECH AND LANGUAGE PATHOLOGISTS, CRITICALLY IMPORTANT PART OF MY EDUCATION.

11:11:26 WHAT WE OFTEN SEE IS THERE ARE SOME SPECIALTIES THAT DO TEND TO BE MORE ATTRACTIVE TO WOMEN THAN OTHER SPECIALTIES. I WOULD SAY, I UNDERSTAND IT'S A GENERALIZATION THAT MIGHT BE TRUE IN SOCIAL WORK AND NURSING. IN THEORY OFTEN WHEN WE'RE YOUNGER AS WOMEN, WE MAYBE MORE INTERESTED IN KIDS.

11:11:46 AND AS WE GET OLDER AND WE GO THROUGH OUR OWN AGING PROCESS, AND WE HAVE AGING PARENTS AND FRIENDS WITH AGING PARENTS, WE NOW BEGIN TO HAVE A GROWING INTEREST. I WOULD LOVE TO SEE CAREER CHANGE PATHWAYS FOR FOLKS IN NURSING AND SOCIAL WORK, FOR EXAMPLE, SO THAT THEY DON'T HAVE TO QUIT THEIR JOBS AND GO THROUGH A WHOLE NEW TRAINING.

11:11:56 BUT SOME WAY TO SUSTAIN THEIR LIVING AND SAY I WANT TO FOCUS NOW AND GET MORE TRAINING IN GERIATRICS AT A TIME IN THEIR LIVES WHEN THEY MIGHT BE MORE INTERESTED. THANK YOU.

11:12:11 >> THAT'S FANTASTIC. REALLY EXCELLENT THEMES THAT ARE ALL BUILDING OFF ANOTHER. I KNOW THAT GRETCHEN HAD A COMMENT AND ZIA I WOULD LOVE TO HEAR FROM YOU AFTER WE HEAR FROM GRETCHEN AND THEN TURN TO OUR AUDIENCE FOR SOME THOUGHTS AS WELL.

11:12:27 >> I'M JUST SO DELIGHTED THAT MARKO COHEN FROM THE UMASS BOSTON TEAM IS ABLE TO BE HERE ON THIS WEBINAR TODAY SO WE MAY BE ABLE TO PICK HIS BRAIN A LITTLE BIT. AND HE'S IN THE CHAT, FOR THOSE OF YOU WHO ARE CHATTING ABOUT.

11:12:43 WE'RE JUST -- WE WERE SO PLEASED TO BE ABLE TO SUPPORT THAT BODY OF WORK TO GET A BASELINE ON WHAT IS THE STATE OF PERSON-CENTERED CARE IN AMERICA AND WE'RE LOOKING AT HOW TO CONTINUE UNDERSTANDING THAT TRAJECTORY LINE.

11:13:07 BECAUSE I THINK IT'S THE MOST FUNDAMENTAL ASPECT OF GETTING TO MEASURING WHAT MATTERS WHICH SAYS ARE YOUR CARE PREFERENCES BEING CONSIDERED IN THE CARE PROCESS, AND THEN THE ADDITIONAL KIND OF OPERATIONALLIZATION OF THAT IS HOW CAN THAT COME TO PASS, HOW MIGHT A HEALTH SYSTEM WHO SAYS WE REALLY CARE ABOUT THAT, WHAT DO WE DO ABOUT THAT, HOW DO THEY PUT THAT INTO PRACTICE?

11:13:34 AND I THINK ABOUT SIMPLE THINGS LIKE THERE ARE MORE PREVENTIVE SCREENINGS THAT MANY OF US DO. I WALKED INTO AN OFFICE AND I IMMEDIATELY GOT AN IPAD AS I WAS WAITING IN THE WAITING ROOM. AND WHAT IF -- AND THEY HAD ME ANSWER ALL THESE QUESTIONS. WHAT IF -- IF WE DID THAT FOR EVERY SINGLE HEALTH-RELATED VISIT, THAT YOU ENTER INTO A KIOSK, YOU ENTER IN WHAT ARE THE TWO MOST IMPORTANT THINGS THAT MATTER TO YOU.

11:13:43 THAT YOUR PROVIDER HEARS AT THIS VISIT. AND MOST OF THE TIME IT'S PROBABLY NOT GOING TO BE SOME SUPER TECHNICAL LANGUAGE. IT'S GOING TO BE GROUND FLOOR ON WHAT'S HAPPENING WITH PEOPLE.

11:13:59 AND THAT'S A MECHANISM TO ENSURE HEALTH EQUITY IS THAT EVERYBODY HAS THE OPPORTUNITY TO EXPRESS THEIR NEEDS, VALUES AND PREFERENCES AT EVERY CARE VISIT. AND IT'S GOING TO COME ABOUT IN DIFFERENT WAYS. IT'S GOING TO COME OUT AS THAT PERSON WANTS TO BE A VOICE OR A LOVED ONE THEY WANT TO BE THE VOICE.

11:14:27 OR PEOPLE ARE USING TEXT MESSAGING NOW AND OTHER VIRTUAL CONNECTIVITY ARRANGEMENTS TO COMMUNICATE WITH PROVIDERS. HOW DO WE UTILIZE AI PROCESSES TO UNDERSTAND WHAT IS IT THAT PEOPLE ARE SAYING OVER AND OVER AND OVER AGAIN SO CARE PROVIDERS CAN PUT THAT AS THE CENTER POINT OF THE CARE AS THEY MOVE FORWARD AND SHARE THAT INFORMATION WITH OTHER PROVIDERS WHERE IT'S APPROPRIATE.

11:14:42 INSIDE OF HEALTH SYSTEMS SO DOCTORS KNOW THAT MRS. JONES IS STRUGGLING WITH THIS ISSUE. SHE'S STRUGGLING WITH FEAR OF FALLING, SHE'S STRUGGLING WITH HOW AM I GOING TO GET MY MEDICATIONS AND STRUGGLING WITH FOOD ACCESS ISSUES.

11:14:51 ALL THOSE KINDS OF THINGS THAT COME OUT WHEN YOU ASK PEOPLE THAT REALLY KIND OF SIMPLE QUESTION OF WHAT'S THE MOST IMPORTANT THING YOU WANT YOUR PROVIDER TO KNOW AT THIS VISIT.

11:15:13 AND I THINK PEOPLE ARE AFRAID TO ASK THAT QUESTION FOR WONDERING CAN A HEALTH SYSTEM ACTUALLY RESPOND, AND OUR ANSWER IS HEALTH SYSTEMS CAN RESPOND. THAT DOESN'T MEAN THE HEALTH SYSTEM HAS TO ABSOLUTELY DELIVER THAT SERVICE. BUT THEY ARE THE CONDUIT AND THE CONNECTING POINT TO HELP PEOPLE GET WHAT THEY NEED OUT OF THE WORLD AND COMMUNITY AND CONNECT THEM WITH RELEVANT COMMUNITY PROVIDERS.

11:15:27 SO I JUST THINK THERE'S A WAY THAT AS WE UNDERSTAND HOW LITTLE THIS CONVERSATION IS HAPPENING FOR OLDER ADULTS, HOW MUCH WE CAN ACTUALLY RESPOND WITH REALLY, REALLY SIMPLE MEANS THAT INCLUDE VIRTUAL CARE TECHNOLOGIES AT THE CORE.

11:15:34 SO I'LL CREED MY TIME TO DR. ZIA AGHA.

11:15:36 >> THANK YOU. ZIA, PLEASE JUMP IN.

11:15:47 >> I WANTED TO JUMP IN ON A COMMENT THAT NORA MADE. MEASUREMENTS AND PAYMENTS. WE THINK A LOT ABOUT SUSTAINABLE CHANGE. AND TO DO THAT YOU HAVE TO ALIGN.

11:16:07 IF YOU THINK ABOUT THE MEASUREMENT QUESTION, BASED ON LOW-HANGING FRUIT. AND WE'VE DEMONSTRATED THAT'S OUR DATA DASHBOARD WORKS. THERE IS DATA OUT THERE THAT JUST

NEEDS TO BE SLICE AND DICED BY THE SUBPOPULATIONS. SO FOR INSTANCE OXFORD USED TO COLLECT DATA FROM E.R.S BUT NOT MY BIAGE. THAT'S EASY TO DO.

11:16:27 THAT STARTS TO SHINE A LIGHT ON HOW WE ARE DOING WITH THIS POPULATION. ALSO THE FOCUS ON BEING MORE PERSON CENTERED. SOME OF THEM ARE ISSUES THAT ARE IMPORTANT IN SENIORS AND AREN'T JUST DIAGNOSES.

11:16:45 ON THE PAYMENT SIDE, I THINK THERE'S AN OPPORTUNITY TO RECOGNIZE THAT AS A PHYSICIAN, I CAN LITERALLY WITH ONE SIGN OR ONE CLICK ORDER AN MRI, BUT I CAN'T PAY MY NURSE TRANSITIONS FROM THE E.R. I CAN DO THAT FROM THE HOSPITAL.

11:16:55 BUT IF I WANT TO SEND SOMEBODY HOME AND NOT JUST SEND THEM HOME BUT COORDINATE THE CARE SO WHEN THEY GO HOME THEY CAN GET THE SERVICES, THERE'S NO MECHANISM TO PAY FOR THAT TODAY IN OUR SYSTEM.

11:17:10 SO THERE ARE OPPORTUNITIES TO WORK WITH THE STATE, TO WORK WITH THE FEDERAL GOVERNMENT, TO SORT OF RECOGNIZE THAT WE NEED TO START THE RESOURCE THESE HOME AND COMMUNITY-BASED SERVICES, PSYCHOSOCIAL ASPECT OF CARE.

11:17:11 IT'S SO IMPORTANT FOR THIS POPULATION.

11:17:24 >> ABSOLUTELY. SOME REALLY IMPORTANT THEMES THAT I'M HEARING AROUND DOCUMENTING WHAT MATTERS TO THE PERSON AND ENSURING THAT THE ASSESSMENT INCLUDES THAT.

11:17:38 REALLY BEING VERY INTENTIONAL IN DEVELOPING OUR WORKFORCE TO HAVE THE TRAINING AND THE EXPERTISE ON THESE ISSUES AND DEVELOPING PERHAPS INCENTIVES FOR PEOPLE TO ENTER THIS FIELD WHETHER IT BE MID-CAREER OR EARLY CAREER.

11:17:49 WE REALLY NEED TO THINK CREATIVELY ABOUT HOW WE ADDRESS THIS FROM ALL ASPECT. AND ALSO AGAIN PUTTING A LENS OF CULTURAL COMPETENCY AND LANGUAGE ACCESS ON EVERYTHING THAT WE DO.

11:18:05 SO REALLY IMPORTANT CONSIDERATIONS AS WE MOVE FORWARD. I WANTED TO CLARIFY TOO, I APPRECIATE ANASTASIA DODSON WHO IS THE DIRECTOR OF THE DEPARTMENT OF HEALTH CARE SERVICES OFFICE OF MEDICARE INNOVATION AND INTEGRATION IS HERE WITH US.

11:18:22 AND SHE HAD AN IMPORTANT CLARIFICATION. I HAD MENTIONED THE ALZHEIMER'S AWARE ASSESSMENT THAT IS BEING DEVELOPED FOR THE MEDICARE PROGRAM. THAT'S AN ASSESSMENT THAT WOULD BE FOR EVERYONE, BUT IT WOULD BE A MUCH MORE EFFECTIVE WAY TO SCREEN FOR ALZHEIMER'S THAN RIGHT NOW.

11:18:44 SO IT'S REALLY I THINK A POTENTIAL GAME CHANGER IN TERMS OF HOW STATES CAN ASSESS FOR COGNITIVE CAPACITY AND POTENTIAL OF DEMENTIA. SO WE DO HAVE -- LET'S SEE. WE HAVE A NUMBER OF ATTENDEES HERE. WE'VE HEARD FROM MARKO COHEN. WE'VE HEARD FROM OTHERS IN THE AUDIENCE.

11:19:02 I WANT TO SEE IF ANY OF OUR PARTICIPANTS WOULD LIKE TO -- IN THE AUDIENCE, WOULD LIKE TO SAY ANYTHING OR HAVE A QUESTION THAT THEY'D LIKE DIRECTLY TO ASK OUR PANELISTS AT THIS TIME. I'M NOT SEEING ANY HANDS BEING RAISED.

11:19:32 I KNOW WE ONLY HAVE A FEW MORE MINUTES. I WANT TO SEE IF AT THIS POINT AS WE'RE BRINGING TOGETHER OUR WORK ON THESE ISSUES AND THINKING WHAT ARE THE NEXT STEPS FOR NEXT YEAR, IF YOU HAD YOUR WAY, WHAT WOULD THE SPECIFIC RECOMMENDATIONS BE FOR THE STATE TO DO AT THIS POINT, WHETHER IT BE RELATED TO OUTCOME MEASUREMENT, WHETHER IT'S RELATED TO ASSESSMENT OR DEVELOPING OUR WORKFORCE CAPACITY, WHAT HAVE YOU.

11:19:42 I WOULD LOVE TO HEAR FROM EACH OF YOU, WHETHER WHAT ARE YOUR SPECIFIC RECOMMENDATIONS. JANET, WHY DON'T WE START WITH YOU?

11:19:54 >> THANK YOU. YES. WELL, I WANT US TO REMEMBER THAT WE HAVE A GREAT RESOURCE AND MANY, MANY EXPERT TRAINING PROGRAMS IN CALIFORNIA FOR GERONTOLOGISTS.

11:20:16 AND THESE ARE THE PEOPLE THAT CAN REALLY WORK AT THE COMMUNITY LEVEL LINKING SERVICES, RUNNING PROGRAMS, DESIGNING THINGS. SO I JUST WANT TO PUT A PLUG FOR GERONTOLOGISTS AND MAKE SURE THAT WE DON'T FORGET ABOUT THEM AS WE MOVE FORWARD IN BOTH LOOKING AT THE COMPOSITION OF TEAMS, LOOKING AT PERSON-CENTERED CARE PROGRAMS.

11:20:24 AND ALSO THE WHOLE ISSUES OF INTEGRATED CARE. AND I THINK THAT THE CLINICAL SIDE IS OF COURSE EXTREMELY IMPORTANT.

11:20:29 BUT LET'S NOT FORGET THE GERONTOLOGISTS.

11:20:38 >> GREAT. THANK YOU SO MUCH FOR THAT. JENNIE CHIN HANSON, WHAT ARE YOUR FINAL THOUGHTS IF THE YOU HAD A RECOMMENDATION TO PASS FORWARD?

11:20:54 >> WELL, I'LL BRING ON WORKFORCE AGAIN SINCE THAT'S SUCH A MAJOR FACTOR. I STARTED TO ALLUDE TO THE FACT THAT THE GERIATRIC E.D.S ARE MOVING AND GROWING, CERTAINLY I MEAN THE V.A. SYSTEM, KAISER, OTHERS ARE.

11:21:17 AND THEN ALSO THERE ARE SOME OF THESE LARGER PROGRAMS FROM A NATIONAL LEVEL WITH THE GERIATRIC WORKFORCE. AND IT'S GEARED FOR FAMILY MEMBERS AND COMMUNITY ORGANIZATIONS, AND THERE ARE TECHNICAL THINGS LIKE THE NURSES IMPROVING HEALTH CARE FOR HEALTH SYSTEM ELDERS.

11:21:51 AND THERE ARE -- I THINK ABOUT 400 OF THEM AROUND THE COUNTRY, BUT A LOT HERE. IF WE COULD DO A CROSSWALK ON THIS TO BE ABLE TO TAKE THAT AND THE AGE-FRIENDLY HEALTH SYSTEMS IN A WAY TO BEGIN TO THINK ABOUT HOW DO WE BUILD THIS FOR SUSTAINABILITY AND TIE THAT TO SOME OF THE TRAINING THAT ARE FOCUSED ON COMMUNITY HEALTH WORKERS AND PROMOTORES THAT ARE ALREADY IN PLAY.

11:22:09 IS THERE A WAY TO HELP EQUIP PEOPLE WITH CONTENT KNOWLEDGE THAT JUST HELPS A WIDER GROUP BE INFORMED. I MEAN IN THE CHAT THERE WAS SOMEBODY WHO WAS SAYING AS A PERSON WHO IS GROWING OLDER, THEY WISH THEY HAD SOME KNOWLEDGE EARLIER, FOR EXAMPLE.

11:22:22 SO CAN WE DEMOCRATIZE OUR KNOWLEDGE MORE FULLY AS WELL AS THINKING ABOUT IT FROM AN EDUCATIONAL PERSPECTIVE AND NOT WAIT UNTIL WE AGE BEFORE WE REALIZE HOW IMPORTANT IT IS.

11:22:38 SO THERE'S JUST A WORKFORCE OPPORTUNITY THAT I THINK WE CAN BUILD ON AND BUILD IN WITH THINGS THAT ARE GOING GOING ON AND NOT CREATING ANOTHER ENTITY, BUT LOOKING AT WHAT'S LEVERAGEABLE RIGHT NOW.

11:22:49 AND THEN I USED THE WORD FORCE MULTIPLY EARLIER, JUST GET IT SO WE CAN GROW THIS BASE MUCH MORE QUICKLY. BECAUSE WE NEED THE KNOWLEDGE.

11:23:00 >> COULDN'T AGREE MORE, JENNIE CHIN HANSON. I LOVE THE THEME OF LET'S BUILD MORE ON THE OPPORTUNITIES THAT ARE OUT THERE RIGHT NOW. WE'RE SEEING TREMENDOUS INVESTMENTS IN BUILDING OUR COMMUNITY HEALTHWORKER WORKFORCE.

11:23:13 AND I THINK THERE'S A LOT OF OPPORTUNITIES TO THINK ABOUT WHERE THAT ALIGNS WITH OUR AGE INCLUSIVE HEALTH SYSTEMS. SIMILARLY, WE'RE SEEING A LOT OF INVESTMENTS IN A LOT OF AREAS OF THE WORKFORCE AND ALSO IN BEHAVIORAL HEALTH.

11:23:22 SO I THINK AGAIN AS COMMISSION ON AGING IS HIGHLIGHT, HOW CAN WE ENSURE THAT INCLUDES AGING AS WELL. JUST SOME OF THOSE IMPORTANT INITIATIVES.

11:23:30 SO WE HAVE HEARD -- LET'S SEE, CONCLUDING REMARKS FROM GRETCHEN. WHAT WOULD YOUR RECOMMENDATIONS BE AT THIS TIME?

11:23:54 >> THANK YOU. THANK YOU SO MUCH TO ANASTASIA DODSON FOR PUTTING IN THE CHAT THE OPENNESS OF DIFFERENT IDEAS FOR THE 2024DNET CONTRACT. THIS IS A GREAT OPPORTUNITY FOR ANY AND ALL OF YOU TO BE PART OF THE DSNIP WORKGROUP. IF THOSE ACRONYMS ARE NEW TO YOU WE'LL MAKE SURE YOU GET CONNECTED

11:24:20 THERE'S A WEBSITE ASSOCIATED WITH ALL OF THIS. OUR FOCUS WOULD BE IS TO TAKE THAT LARGE SYSTEM APPROACH AND DRIVE IT BACK TOWARDS THE PERSON WHICH WOULD BE CREATING PILOT OPPORTUNITIES TO PUT THE NCQA SUPPORTED PERSON-DRIVEN OUTCOME MEASUREMENT WORK INTO THE D SNIP PILOTS, INTO MEDICARE ADVANTAGE AND OTHER SYSTEMS OF CARE THAT PUT THAT PERSON'S VOICE REALLY AT THE CENTER POINT OF CARE DELIVERY.

11:24:35 I'LL PUT A LINK IN THE CHAT ABOUT THESE MEASURE. I THINK THERE'S OPPORTUNITY FOR PILOTS TO TAKE VALUE-BASED CARE TO THE NEXT LEVEL AND MAKE SURE THAT IT REALLY IS PERSON-CENTERED INSIDE THESE MANAGED HEALTHCARE SYSTEMS AND THE STATE HAS A GREAT OPPORTUNITY IN WHICH TO DO THAT. THANK YOU.

11:24:40 >> LOVE IT. THANK YOU SO MUCH. AND ZIA.

11:25:00 >> SO I'M GOING TO TAKE A METAPHOR THAT KIM JUST USED AT A CONFERENCE IN BOSTON. AND SHE USED THE WORD AND. AND I THINK WHAT THE STATE CAN DO WELL FROM THEIR PART IS FACILITATE THE CONVERSATION, WHEN WE THINK ABOUT AGE FRIENDLY OR AGE INCLUSIVE, NOT JUST OLDER ADULTS.

11:25:18 IT'S NOT JUST MEDI-CAL. IT'S NOT JUST CMS AND FEDERAL. IF YOU DO THE RIGHT THING AND IF IT'S TRULY PERSONAL-CENTERED THEN ALL OF THESE POPULATIONS BENEFIT FROM IT. I THINK FROM A HEALTHCARE SYSTEM PERSPECTIVE, THAT'S WHERE I USED TO LIVE, THEY ALSO SEE IT IN THAT WAY.

11:25:33 THEY ARE TIRED LIKE LAURA SAID OF HAVING TOO MANY THINGS DOB TO BE DONE. IF WE CAN HELP THEM UNDERSTAND TO CHANGE THE CULTURE OF CARE TO BECOME TRULY PERSON-CENTERED THEN YOU CAN ADDRESS EQUITY AND DIVERSITY OF POPULATIONS AND DIFFERENT NEEDS.

11:25:47 BUT THEN TO INCENTIVIZE THEM THROUGH THAT. I LOVE THAT CONCEPT OF WHAT YOU DO RIGHT FOR THE OLDER ADULT IS ALSO RIGHT FOR SOMEBODY WHO'S 55 OR 40 AND HAS THOSE NEEDS AND CAN BE MET.

11:25:56 >> ALL RIGHT. WONDERFUL. THANK YOU SO MUCH, ZIA. AND LAURA, DR. MOSQUEDA, CAN YOU FINISH UP THE PANEL CONVERSATION?

11:26:09 >> ALL RIGHT, WELL I THINK OUR HUGE OPPORTUNITY IS TO CONNECT THE DOTS AND MAKE A REALLY PRETTY PICTURE THAT SERVES EVERYBODY WELL. AND I'M JUST SO EXCITED ABOUT THIS TIME IN CALIFORNIA RIGHT NOW.

11:26:24 I THINK WE'VE GOT EVERYTHING GOING IN OUR FAVOR. WE'VE GOT A GREAT DEPARTMENT OF AGING GOING. WE HAVE A GOVERNOR WHO'S INTERESTED IN THIS. WE HAVE FUNDING. WE HAVE A LEGISLATURE THAT'S ALIGNED WITH WHAT THE GOVERNOR THINKS.

11:26:37 WE HAVE ADVOCATES. WE HAVE PRIVATE FOUNDATIONS THAT ARE WILLING TO FUND THIS. IF WE DON'T GRAB THIS OPPORTUNITY NOW, I DON'T KNOW WHEN WE'RE GOING TO HAVE A BETTER CHANCE.

11:26:47 AND THE BIG THREE AREAS I WROTE DOWN WHEN YOU ASKED THE QUESTION WERE WORKFORCE TRAINING AND PAYMENT. AND OF COURSE THOSE CROSS IN A WHOLE VARIETY OF AREAS.

11:26:50 SO THOSE ARE MY THOUGHTS.

11:27:04 >> WONDERFUL. WELL, THANK YOU ALL. WHAT AN AMAZING PANEL AND LINEUP OF SPEAKERS. I'VE CERTAINLY FOUND IT VERY HELPFUL AND UNDERSTANDING THE BROADER SYSTEM ISSUES BUT ALSO WHAT ARE SOME OF THE SPECIFIC POLICY CONCEPTS THAT WE CAN THINK ABOUT HERE AT THE STATE LEVEL.

11:27:17 AND CONTINUE THIS CONVERSATION. OBVIOUSLY WE'RE AT THE VERY BEGINNING OF OUR IMPLEMENTATION OF THE MASTER PLAN. SO WE WILL CONTINUE TO CALL ON ALL OF YOU AS OUR CRITICAL PARTNERS TO HELP US THINK THROUGH ALL OF THIS.

11:27:33 SO I WOULD LIKE TO THANK EVERYBODY FOR JOINING US AND SEE NANCY IS THERE. I WANT TO ENCOURAGE YOU TO JOIN US FOR OUR UPCOMING WEBINARS, NEXT MONTH IS ON ALZHEIMER'S AND DEMENTIA IN FOCUS.

11:27:54 AND WE HAVE SEVERAL OTHERS THAT YOU CAN SEE UP ON THE SCREEN. AGAIN, VERY IMPORTANT OPPORTUNITIES TO HAVE YOUR VOICE HEARD ON THESE ISSUES. ONE THING I DID WANT TO NOTE TOO IS THAT ON SEPTEMBER 20 OF THIS YEAR, WE ARE GOING TO HAVE A REALLY IMPORTANT IN-PERSON CONVENING HERE IN SACRAMENTO.

11:28:13 REALLY APPRECIATE THE SUPPORT OF ALL THE MASTER PLAN FOR AGING FOUNDATION PARTNERS WHO ARE SUPPORTING THIS EVENT. WE'RE CALLING IT THE CALIFORNIA FOR ALL AGES AND ABILITIES DAY OF ACTION WHERE WE'RE GOING TO REIMAGINE EQUITY, AGING AND DISABILITY AND HAVE YOU AS PART OF IT.

11:28:27 AND IT'S ESSENTIALLY ALMOST A CONVENTION OF SORTS WHERE WE'RE GOING TO BE TURNING AUTO OF OUR STAKEHOLDER ADVISORY COMMITTEES TO PROVIDE THEIR INPUT AND THEIR PLATFORMS FOR POLICY INITIATIVES FOR US TO CONSIDER IN THE NEXT PHASE OF THE MASTER PLAN.

11:28:44 SO JUST A REALLY GREAT OPPORTUNITY. WE WOULD LOVE TO SEE YOU ALL THERE AND JUST LOOK FOR MORE INFORMATION ON THAT. AND THEN OF COURSE YOU CAN GO TO OUR CALHHS MPA WEB PAGE OR CDA WEB PAGE FOR THE FULL WEBINAR SCHEDULE.