GERIATRIC EVALUATION

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive states the policy and requirements for delivering geriatric evaluations in Department of Veterans Affairs (VA) medical facilities.

2. SUMMARY OF MAJOR CHANGES: This directive updates and combines standards for delivering geriatric consultations and geriatric evaluations into a single national directive. Major changes include:

a. Removes responsibilities for the Geriatric Evaluation Social Worker, Geriatric Evaluation Nurse, and VA medical facility Business Office to allow for flexibility in local implementation of the VA medical facility Geriatric Evaluation program and as clinically appropriate.

b. Incorporates responsibilities for the geriatric evaluation interprofessional team (paragraph 5.j.).

c. Includes education, knowledge and geriatric clinical experience examples for Geriatric Providers and Geriatric Health Care Professionals (Appendix A).

d. Removes former paragraphs on the provision of geriatric evaluations in outpatient and inpatient settings as geriatric evaluations are conducted uniformly across all sites of care.

e. Revises and relocates program evaluation and quality management information to paragraph 4 in Appendix A.

f. Replaces the requirement to capture workload with the Healthcare Common Procedure Coding System (HCPCS) S0250, Comprehensive Geriatric Assessment and Treatment Planning Performed by Assessment Team with a national Geriatric Evaluation Note Template.

3. RELATED ISSUES: VHA Directive 1140.07(2), Geriatric Patient Aligned Care Team, dated March 23, 2021; VHA Directive 1140.11, Uniform Geriatrics And Extended Care Services in VA Medical Facilities, dated March 24, 2022; VHA Directive 1140.12, Dementia System of Care, dated October 18, 2019; VHA Directive 1914, Telehealth Clinical Resource Sharing Between VA Facilities and Telehealth from Approved Alternative Worksites, dated April 27, 2020; VHA Handbook 1101.10(1), Patient Aligned Care Team (PACT) Handbook, dated February 5, 2014.

4. RESPONSIBLE OFFICE: The Office of Geriatrics and Extended Care (12GEC) is responsible for the contents of this directive. Questions may be referred to VHAGECHCBPC@va.gov.

5. RESCISSIONS: VHA Directive 1140.04, Geriatric Evaluation, dated November 28, 2017, and VHA Directive 1140.09, Geriatric Consultation, dated June 28, 2017, are rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of October 2027. This VHA directive will continue to serve as a national VHA policy until recertified or rescinded.

BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH:

/s/ M. Christopher Saslo
DNS, ARNP-BC, FAANP
Assistant Under Secretary for Health
for Patient Care Services/CNO

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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1. PURPOSE

This Veterans Health Administration (VHA) directive states policy and requirements for delivering geriatric evaluations in Department of Veterans Affairs (VA) medical facilities. **AUTHORITY:** 38 U.S.C. §1710, 1710B and 7301(b).

2. BACKGROUND

a. The geriatric evaluation was first mandated for inclusion in VA's health care benefits package in 1999 by P.L. 106-117, the Veterans Millennium Health Care and Benefits Act. A geriatric evaluation can be completed as a geriatric consultation or comprehensive geriatric assessment (CGA).

b. In 2019, more than 51% of the Veterans who received care from the VA were age 65 and older. Persons of advanced age are more likely to live with chronic disease and disability. A significant proportion of the aging population requires health care services and assistance with activities of daily living. In addition, Veterans as a group experience more chronic disease and disability than their age-matched, non-Veteran counterparts, requiring VA to plan for growing health demands for aging and disabled Veterans.

c. The clinical practice of geriatrics at VA entails an interprofessional team addressing the Veterans' social determinants of health (SDOH), medical, psychosocial, nutritional, environmental, and cultural health and well-being factors. Geriatrics offers expertise in managing multiple coexisting chronic conditions and geriatric syndromes in persons of advanced age, with a proactive focus on optimizing and preserving function and supporting Veterans' care preferences. The services provided include assessing age-associated conditions such as cognition, behavior disturbance, falls, incontinence, functional decline, depression, and advanced care planning around life-sustaining treatment. Geriatric Providers (MD, DO, NP, PA) and Geriatric Health Care Professionals also bring expertise regarding care settings such as home and long-term care. ***NOTE:*** *For Geriatric Provider and Geriatric Health Care Professional experience examples, see Appendix A*.

3. DEFINITIONS

a. **Comprehensive Geriatric Assessment.** A CGA is a type of and the gold standard for geriatric evaluations. It is a specialized assessment undertaken by a geriatric evaluation interprofessional team consisting of a Geriatric Provider and a minimum of two additional Geriatric Health Care Professionals. The professions involved in a CGA are determined based on the current needs of the Veteran and what matters most to them at the time of the assessment. The CGA focuses on a targeted group of predominantly older patients and others with medical and psychosocial complexity, who will most likely benefit from an interprofessional approach to care service. Completion of the CGA results in an interprofessional plan of care.

b. **Geriatric Consultation.** A geriatric consultation is a type of geriatric evaluation provided by a Geriatric Provider performed in close collaboration with other health care professionals. It guides another physician or health care provider on the care of a Veteran with geriatric syndromes or when enrolling a Veteran onto a Geriatric Patient Care Aligned Team (GeriPACT). However, given the variability of the Veteran's needs, a single Geriatric Provider may perform a geriatric consultation. The geriatric consultation may be focused and targeted or entail an in-depth assessment of the Veteran. The consultation is based on what matters most to the Veteran and may incorporate information from multiple sources and disciplines from VA and community care providers.

c. **Geriatric Evaluation.** A geriatric evaluation is a type of health care visit aimed at helping Veterans with complex care needs achieve what matters most. The evaluation assesses the medical, psychosocial, environmental factors, and SDOH that impact the Veterans' quality of life. The geriatric evaluation can be completed as a geriatric consultation or a comprehensive geriatric assessment, depending on the Veteran's needs. Principles of geriatric evaluation are found in Appendix A.

d. **Interprofessional Plan of Care.** For the purposes of this directive, an interprofessional plan of care is an integrated treatment plan with Veteran-specific goals established by the geriatric evaluation interprofessional team. The interprofessional plan of care allows various disciplines to share interventions and provide prioritized recommendations for treatment in a single document for a specific Veteran. The interprofessional plan of care is an evolving document that changes as the Veteran's needs evolve.

4. POLICY

It is VHA policy that geriatric evaluations are available to Veterans in need of geriatric services. These services are available to eligible Veterans who meet the criteria for a geriatric evaluation outlined in Appendix A of this directive.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for supporting the Office of Geriatrics and Extended Care (GEC) with the implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors in resolving implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Office of Geriatrics and Extended Care.** The Executive Director, GEC, is responsible for:

(1) Ensuring compliance with this directive through appropriate monitoring activities.

(2) Tracking access to geriatric evaluations and using available VHA data, including clinical encounters, to ensure fair and equitable access to geriatric evaluations.

(3) Developing and sharing national guidance for VA medical facilities to align GEC programs so that geriatric evaluations are coordinated and provided to eligible Veterans.

(4) Promoting enterprise-wide analytics, quality improvement and research initiatives in geriatrics.

(5) Sharing GEC updates with the VISN Rehabilitation and Extended Care Integrated Clinical Community (REC-ICC) point of contact (POC) for dissemination to VA medical facilities.

e. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership and the GEC program office when barriers to compliance are identified.

(2) Communicating this directive, national guidance and other information related to geriatric evaluations to VA medical facilities within the VISN.

(3) Ensuring access to geriatric evaluation services within the VISN.

(4) Designating a VISN REC-ICC POC.

(5) Communicating and collaborating with the VISN REC-ICC POC concerning program evaluation and quality management results pertaining to Geriatric Evaluation programs. ***NOTE:*** *The VISN Director may delegate this role depending on VISN staffing.*

f. **Veterans Integrated Services Network Rehabilitation and Extended Care Integrated Clinical-Community Point of Contact.** The VISN REC-ICC POC is responsible for:

(1) Acting as a liaison between the VISN and GEC program office.

(2) Communicating and collaborating with the VISN Director concerning program evaluation and quality management data pertaining to Geriatric Evaluation programs.

(3) Ensuring that VA medical facility Geriatric Evaluation programs are informed of or participate in national, VISN, and VA medical facility Geriatric Evaluation program activities to include Geriatric Evaluation programs located in non-GEC reporting structures.

(4) Disseminating GEC updates received from the Executive Director, GEC, as appropriate.

g. **VA Medical Facility Director.** ***NOTE:*** *These responsibilities can be delegated to the VA medical facility Chief of Staff.* The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and quality of care oversight of the Geriatric Evaluation program and taking appropriate corrective action if non-compliance is identified.

(2) Designating the VA medical facility Geriatric Evaluation Director.

(3) Ensuring availability and access to geriatric evaluations in accordance with this directive.

h. **VA Medical Facility Geriatric Evaluation Director.** ***NOTE:*** *The VA medical facility Geriatric Evaluation Director is designated by the VA medical facility Director and can be the VA medical facility Associate Chief of Staff (ACOS) of Primary Care, the ACOS of GEC, the Geriatric Patient Aligned Care Team (PACT) Director or equivalent level position within the VA medical facility.* The VA medical facility Geriatric Evaluation Director is responsible for:

(1) Providing administrative responsibility for the VA medical facility Geriatric Evaluation program and ensuring that VA medical facility's executive leadership is informed on a quarterly basis about activities described in paragraph 4 in Appendix A.

(2) Reporting program evaluation results, at a minimum, to the VISN REC ICC POC, VA medical facility Quality Management and Patient Safety Committee, and VA medical facility Director and Chief of Staff on a quarterly basis.

(3) Planning and recommending ongoing educational plans for staff working in the VA medical facility Geriatric Evaluation program.

(4) Establishing a service agreement or less formalized agreement with the consulting service for co-management of Veteran geriatric care, in accordance with Appendix A paragraph 2, that describes at a minimum:

(a) The availability of geriatric evaluations.

(b) Target Veteran population identified using the criteria in paragraph 3 of Appendix A for initiating a referral for geriatric evaluation.

(c) Information that needs to be contained in the referral for geriatric evaluation.

i. **Geriatric Provider.** The Geriatric Provider is responsible for:

(1) Completing the national Geriatric Evaluation Note Template or the reminder dialog in the electronic health record (EHR) and determining if the Veteran can benefit from a geriatric consultation or a CGA. ***NOTE:*** *For further details regarding workload capture in the EHR, see paragraph 6 in Appendix A.*

(2) Providing clinical oversight and determining which geriatric evaluation interprofessional team members are best suited to meet the Veteran's needs and what matters most to them at the time of or before the geriatric evaluation.

(3) Participating in program evaluation and quality management activities that assess the performance of the Geriatric Evaluation program in accordance with Appendix A, paragraph 4.

j. **Geriatric Evaluation Interprofessional Team.** ***NOTE****: The geriatric evaluation interprofessional team is made up of a Geriatric Provider and a minimum of two additional Geriatric Health Care Professionals when conducting a CGA. Geriatric Health Care Professionals may include but are not limited to, Nurse, Social Worker, Physical and/or Occupational Therapist, Clinical Pharmacist, Clinical Dietician, or Mental Health Professional (Psychiatrist or Psychologist).* The geriatric evaluation interprofessional team members are responsible for*:*

(1) Participating in ongoing quality management and performance improvement activities related to the Geriatric Evaluation program in accordance with Appendix A, paragraph 4.

(2) Performing assessments that establish their health care profession-specific treatment plans, monitoring the course of treatment and tracking the outcomes.

(3) Providing profession-specific input to the interprofessional plan of care.

(4) Providing profession-specific education around the care and management of complex geriatric Veterans to team members, trainees and other interested parties.

6. TRAINING

There are no formal training requirements associated with this directive.

7. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records

Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

8. REFERENCES

a. 38 U.S.C. §§ 1710, 1710B, 7301(b).

b. 38 C.F.R. § 17.38(a)(1)(xi)(B).

c. P.L. 106-117.

d. Geriatric Research Education and Clinical Center. https://www.va.gov/GRECC/index.asp.

e. VA Geriatric Scholars Program. https://www.va.gov/grecc/pages/GRECC_Educational_Events_and_Products.asp.

f. Institute for Healthcare Improvement. What Is an Age-Friendly Health System? http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx.

PRINCIPLES OF THE GERIATRIC EVALUATION

1. RATIONALE AND BENEFITS OF A GERIATRIC EVALUATION

A geriatric evaluation:

a. Increases access to specialty care geriatric expertise from various health care professionals and promotes best practices for medically and psychosocially complex Veterans.

b. Improves efficiency and focuses care processes to optimize clinical outcomes for Veterans experiencing geriatric syndromes.

c. Enhances the recognition, care and management of Veterans experiencing geriatric syndromes by providing education to Veterans, caregivers, referring teams and clinicians.

d. Requires and draws upon a comprehensive review of the Veteran's electronic health record (EHR), input from the Veteran, family, caregivers and other providers (as appropriate) involved with the Veteran's care. The information gathered provides a comprehensive view of the Veteran to improve clinical decision-making.

2. GERIATRIC EVALUATION OUTCOMES

Research shows that nearly 90% of Americans over the age of 65 want to remain in their own homes for as long as possible. The geriatric evaluation utilizes evidence-based practices and validated assessment tools to provide clinical guidance and prioritized recommendations for managing medically and psychosocially complex Veterans while honoring their preference to remain at home. The outcomes of a geriatric evaluation may include, but are not limited to, the following services:

a. The transition from Patient Care Aligned Team (PACT) to Geriatric Patient Care Aligned Team (GeriPACT) or Home-Based Primary Care (HBPC).

b. Referral for another specialty service as clinically indicated.

c. Seeks to reduce the need for hospital stays, Emergency Department visits, and long-term institutional care services to remain independent using Department of Veterans Affairs (VA) and community resources.

d. Referral to appropriate long-term services and supports, including homemaker/home health aide, skilled home and community care, Adult Day Health Care, Veteran Directed Care or Medical Foster Home.

e. Referral to VA medical facility-based care such as skilled nursing or assisted living facilities.

f. Co-management of the Veteran's plan of care between the Geriatric Provider or geriatric evaluation interprofessional team with the consulting provider.

(1) Co-management operations should utilize service agreements or other written agreements between the participating services.

(2) Co-management of the Veteran should be for a specific amount of time to assist the Veteran in becoming medically, functionally and psychosocially stable based on what matters most to the Veteran.

3. GERIATRIC EVALUATION TARGET POPULATION

a. The Geriatric Provider or interprofessional team may utilize case-finding tools or other predictive models to identify Veterans most appropriate for a geriatric evaluation.

b. Age should not be a determining factor for referral for a geriatric evaluation.

c. The Veteran can receive a geriatric evaluation in various settings, including but not limited to, outpatient clinics, acute care settings, Emergency Department (ED), Urgent Care and long-term care settings such as a Community Living Center (CLC) or HBPC.

d. Criteria to determine when a geriatric evaluation may be beneficial include but are not limited to:

(1) Geriatric syndromes such as delirium, impaired cognition with or without behavioral disturbance, urinary or fecal incontinence, gait or balance disorder, falls, depression, polypharmacy, malnutrition, functional decline or psychosocial problems.

(2) Continuing clinical or functional decline in the face of ongoing management.

(3) Recurrent hospitalizations, readmissions or frequent ED or Urgent Care visits.

(4) Consideration for extended care placement or other Geriatrics and Extended Care services such as HBPC, GeriPACT, CLC, homemaker/home health aide, respite, assisted living or other long-term care services as available.

(5) Repeated episodes of safety issues (e.g., automobile accidents, driving concerns, falls, burns, unsafe living situations) or suspicion of elder abuse or neglect. ***NOTE:*** *Urgent safety concerns must always be addressed immediately and not permitted to persist while a referral is pending.*

(6) Veterans needing assistance with discharge planning from an acute hospitalization, short-term rehabilitation or extended care stay.

4. PROGRAM EVALUATION AND QUALITY MANAGEMENT

Program evaluation and quality management activities are vital components of VA medical facility Geriatric Evaluation programs. These activities include establishing priority goals and metrics by the Veterans Integrated Services Network (VISN) and VA medical facilities to drive improvement projects at each VA medical facility. When determining program metrics, consideration will be given to evidence-based and validated tools utilized during a geriatric evaluation that allow for trending of care; seek to identify gaps in care or gaps in knowledge of geriatric specialty care; improve effectiveness and efficiency of the program and drive positive outcomes. Other quality data to consider include but are not limited to:

a. Access to care.

b. Utilization of Age-Friendly Health System tools. ***NOTE:*** *Utilization of Age-Friendly Health System is a designation designed to improve health systems using evidence-based elements. See http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx for more details.*

c. Veteran experience scores.

d. Interprofessional Plan of Care completion.

e. Complexity of the Veterans seen.

f. Workload.

5. GERIATRIC PROVIDER AND GERIATRIC HEALTH CARE PROFESSIONAL EDUCATION, KNOWLEDGE AND GERIATRIC CLINICAL EXPERIENCE EXAMPLES

While board certification is ideal, Geriatric Providers and Geriatric Health Care Professionals who are not board certified in geriatrics can demonstrate competency through relevant and documented education, knowledge and geriatric clinical experience such as, but not limited to, the following avenues: ***NOTE****: Relevant knowledge, education and clinical experience is met based on the specific profession's standards for geriatric care through their corresponding national professional organization. In collaboration with the VA medical facility Geriatric Evaluation Director, each profession's service chief or equivalent is responsible for maintaining their staff's competency to meet the needs of the Geriatric Evaluation Program.*

a. Complete and graduate from the VA Geriatric Scholars Program. ***NOTE:*** *The VA Geriatric Scholars Program is a workforce development program to infuse geriatrics into VA primary care settings. See https://www.va.gov/grecc/pages/GRECC_Educational_Events_and_Products.asp.*

b. Complete a profession-specific mentorship with a Geriatric Provider or Health Care professional either at their VA medical facility or through the appropriate professional organization such as the American Physical Therapy Association,

American Nurse Credentialing Center, American Society of Consultant Pharmacist, National Association of Social Workers.

c. Complete Geriatric Research Education and Clinical Center training relevant to conducting a geriatric evaluation. See https://www.va.gov/GRECC/index.asp.

d. Complete profession-specific training relevant to conducting profession-specific components of a geriatric evaluation.

6. WORKLOAD CAPTURE

The Geriatric Provider responding to a request for a geriatric evaluation documents the clinical findings in the national Geriatric Evaluation Note Template or utilization of the reminder dialog embedded into local documentation templates in the EHR and identifies whether the encounter is a geriatric consultation or essential component of a CGA. In Cerner Millennium, the Geriatric Provider chooses the corresponding note title with the type of Geriatric Evaluation being conducted. ***NOTE:*** *Admissions to CLCs and HBPC are already classified as geriatric evaluations and workload is monitored through their programs. Thus, CLCs and HBPC must not utilize the national Geriatric Evaluation Note Template*.