

Conversations with Leaders in Patient-Centered Care

One of the ways Picker Institute supports patient-centered care is by recognizing significant contributions to achieving patient-centered care nationwide. "Conversations with Leaders in the Field of Patient-Centered Care" is a regular feature that highlights these contributions. This Conversation is with Jennie Chin Hansen, RN, MS, FAAN, the CEO of the American Geriatrics Society and the 2011 winner of the Picker Award for Excellence® in the Advancement of Patient-Centered Care in Long-Term Care Settings.

Jennie Chin Hansen is CEO of the American Geriatrics Society, the nation's leading membership organization of geriatrics healthcare professionals whose shared mission is to improve the health, independence and quality of life of older people. Prior to this she served for two years as president of AARP. In 2005, Hansen had spent nearly 25 years with On Lok Inc., a nonprofit family of organizations providing integrated, globally financed and comprehensive primary, acute and long-term care community-based services in San Francisco. The On Lok prototype became the Program of All-Inclusive Care to the Elderly (PACE) program, which was signed into federal legislation in 1997 making this Medicare/Medicaid program available in all 50 states.



Jennie Chin Hansen

Hansen has just completed a six-year term as a federal commissioner of the Medicare Payment Advisory Commission (MedPAC). In 2010 she served as an IOM member on the RWJ Initiative on the Future of Nursing. She currently serves as a board member of the SCAN Foundation and a board officer of the National Academy of Social Insurance. She has just been appointed as a board member of the Institute for Healthcare Improvement (IHI) and the American Hospital Association Equity of Care Committee, and she is the co-chair of the steering committee for the Coalition to Transform Advanced Care (C-TAC).

Hansen has received multiple awards over the years, including the 2003 Gerontological Society of America Maxwell Pollack Award for Productive Living, a 2005 Administrator's Achievement Award from the Centers for Medicare and Medicaid Services, and an honorary doctorate from Boston College in 2008.

You had the privilege of being deeply involved in your parents' lives (and they in yours) from your childhood to their old age. How accessible is this kind of experience in the United States today? (As Bill Thomas has said, the problem here is not aging.) How do you think our society has come to have so little interest in its elders?

I have been disappointed that there has often not been a positive consideration of older adults in our country, be it their/our contributions or increased needs in later life. My interest in elder care began in the 1970s when I was a nurse researcher. I started to keep track of aging demographics and to learn about the culture of aging in different ethnicities. I was galvanized when I took over caring for my parents when they became ill and discovered that the system that was supposed to provide for their healthcare was so uncoordinated and badly managed. This was a system that left many elders in limbo, living undervalued and unfulfilling lives.

I was fortunate that I was able to take my mother and father under my care when they fell ill, my mother with heart disease and my father as the result of two debilitating strokes. And it was then that I, as a daughter and caregiver, really came to understand how difficult it is when a parent suddenly needs to be looked after. But I also learned that given the chance, people at this very difficult stage of aging can lead dignified, engaged lives.

This intergenerational awareness and the responsibility I felt for my parents—and others—helped me throughout my life. We took care of each other because it was the right thing to do. That sense of caring for others, showing them respect and allowing them to keep their dignity, was tightly woven into the fabric of my life.

Perhaps it's the national preoccupation with youth that has blinded people to the great value in the lives of older people: their experience, their wisdom, their judgment and their continued contributions. But it will be interesting to see what happens when the millions of baby boomers start to age, as we now are. There could be huge strength in numbers, and we could see the conditions of life as an older adult change for the better, rapidly and radically.

I'm sure that we will start to make greater headway as more people become participants, willing or unwilling, in the campaign to redefine aging. Old age should be a culmination of life, not a diminution, and I'm tremendously excited at the prospect of exploring many new ways to bring this about.

There is a war going on between those who believe that there is a basic need for nursing homes as an element of long-term care and those who, like you, support aging in place. Considering that the latter may not always work for certain individuals, would you support a compromise? What sort?

My experience with my parents demonstrates that there are many ways in which elders can age in place, as long as they have the support of their families—and that, of course, is not something we can take for granted. For others there may be the needed alternative of long-term care and assisted-living facilities, which I think are too often first resorts and not last resorts. Still, we need to be mindful not to place our own values too quickly as to what is best because there are many people who enter these living environments and actually thrive better because of the social milieu of a well-operated facility, like a Pioneer Network member program. But I believe that if we made the effort to inform people to the possibilities and see that communities have available supportive services, we could see more people effectively use local affordable services and nursing-home services as needed and appropriate.

It's interesting that community services are so often posed as “against a nursing home.” At On Lok, where I spent nearly 25 years, nursing-home services were a part of our continuum of care. There is too much need for us to polarize positions rather than assure a full complement of services and supports for all as we age and in some cases “frail” in place.

In your wonderful entry in the University of Southern Maine Life Story Center archives, your description of your participation in your father's healthcare really defines patient- and family-centered care. As the CEO of the American Geriatrics Society, how do you think you can most successfully promote that concept?

One of the main reasons I wanted to take on this responsibility is that it will give me an opportunity, as at AARP, to work with other people and organizations to find ways of solving our common problems outside of the political process, which often puts so many obstacles in the way. I hope that as the head of the AGS I can speak powerfully to our need for a future society that can be helpful to all people, and that puts people and their needs at the center of their health and the healthcare system. Our members—physicians, nurses, physician assistants, pharmacists, social workers, some who are in their 30s and others who have been members for decades—are committed to assuring that the total person be considered. The caring and clinical competence of older individuals needs to be enhanced but also disseminated to all who care for the growing number of people who encounter multiple complex issues.

I do believe strongly that change is underway. But there is an urgency, since there is growth in our numbers while resources, both material and workforce, are not keeping up with the quickly increasing need of the current population. Let alone the 8,000 who are becoming Medicare beneficiaries every day.

In that same document, you are very optimistic about the future of healthcare (and long-term care and economic security), calling them “the magic of a great America.” Given the fractious nature of healthcare today and the myriad stakeholders, how realistic is that vision?

I am optimistic, and I continue to be. The model we developed at On Lok in San Francisco, for example, has developed into a federally legislated program in which interdisciplinary teams of clinicians and providers provide frail elders and their families—and people over 85 comprise the fastest-growing subset of the aging population boom—coordinated health, medical and social support as a one-stop system. This program makes it its business to see that you can make one call to address needs, navigate and arrange for services. This makes it possible for elders to stay in their own homes, stay engaged in a program that is reimbursed by Medicare and Medicaid. And the new healthcare legislation is very important because it will support the development of more innovative models that will improve the quality of care while using resources most effectively.

Still, there are always caveats. We as a nation have often been notorious for our short-term point of view. But assuring good healthcare and long-term services and supports as well as long-term economic security are vital. I think it's time we start paying attention to the underlying need for our society's moral compass to point American culture beyond this short-term focus on immediate problems and look farther, much farther ahead to the opportunities we have and issues we'll need to solve in the coming decades.

The system is starting to change for the better. But if, as I said earlier, it does not change quickly enough, the cost of healthcare will continue to soar and access will become more and more difficult, especially for older lower-income Americans. The truth is that we still have a long way to go but such an opportunity to create a better society given all the resources we have compared to other countries.

What kind of response do you get to your credo that a janitor can be as important a member of a healthcare team as someone with a long list of credentials?

Well, sometimes I get a laugh—but not from the growing number of people who realize that healthcare is holistic, and that the patient experience starts with the attendant in the hospital parking lot, continues through the person who helps you register, the attendant who takes you to your room and all the way up to the best-qualified, most highly respected surgeon in the field. Every one of those people is a member of a team whose task is to provide the best possible experience and care for a patient and her or his family. Any member of that team who does not support his/her teammates to the fullest extent of her or his ability is a weak link that can destroy in a heartbeat all the good things that the other members of the team have identified as joint goals to accomplish on behalf of the well-being of that person.

What are the three most important things you hope to accomplish at AGS?

I would like to increase the visibility and valuation of geriatrics within the entire healthcare community—among policymakers, regulators, other professional societies and healthcare organizations, hospitals and health systems, and consumer groups. The field of geriatrics has so much to contribute to enhancing care quality, safety and cost effectiveness, and we need to share our knowledge and experience in a way that results in meaningful improvements in the care of older adults who often need to manage complex health and day-to-day issues in their lives.

Communicating our value and ability to be solutions to these universal issues faced by families and older adults to the general public is another goal. As I've noted, we still live in an ageist society, and we need to help the public view aging as a natural and often positive stage of life. Since people often don't want to think about their own aging, we need to develop creative ways to increase public awareness about

well-being and living fully and taking an active role in managing our health matters, and about how to be strong healthcare advocates for ourselves and for others as we age.

I would also like every healthcare provider who cares for adults to be competent in the care of older adults according to the type of care they provide. I am referring to healthcare provider in the broadest sense—healthcare professionals, direct-care workers, and families, partners, friends and neighbors. Just as we try to educate the public about the symptoms of a heart attack and the need for immediate intervention, we need to understand the signs of delirium, to be able to talk openly about depression or managing our multiple medications, to know how to make our homes safer in order to prevent falls and other simple approaches that can help older adults live healthier, safer and happier lives.

What haven't I asked you that you'd like to address?

I feel so blessed to have cared for my parents in a way that my professional work in this field has enhanced my capacity to see them through a dignified life and leave-taking toward the ends of their life journey. Furthermore, my ability to weave my work at AARP and on national policy bodies give me the texture of knowledge and experience that allow me to now help our members of AGS advance their best work and potential toward a better society that will care well for our older adults—which of course includes all of us who are today the carers but who will one day be those who are cared for.