



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



ELSEVIER

Contents lists available at ScienceDirect

## Geriatric Nursing

journal homepage: [www.gnjournal.com](http://www.gnjournal.com)

## AGS Section

## In COVID-19 response to Congress &amp; Administration, AGS calls for access to medical supplies, telehealth, among other needs



Annie Medina-Walpole, MD, AGSF\*

American Geriatrics Society (AGS), United States

Among the many messages of hope we heard during the COVID-19 crisis, one from the U.S. Census Bureau struck an interesting chord when I think about our work in geriatrics. “There will be time for parties again soon, and family gatherings,” the ad extolled.<sup>1</sup> But, “to help our communities when they come back together,” we need to “spend a few minutes today. . . to impact the next 10 years of health care.”<sup>1</sup>

That is a prescient message, and I think it is one that extends well beyond the U.S. Census. Indeed, what we do, say, and support today—especially as we begin to analyze our response to COVID-19—will impact far more than the next 10 years. Ideally, it will shape a future when we all have access to high-quality, goals-based, person-centered care as we age—in times of crisis but also in times of calm.

To make that possible, we need to look critically at the priorities we vocalized during the COVID-19 pandemic, including those we shared at the American Geriatrics Society (AGS) with Congressional leaders, Vice President Pence, and White House Coronavirus Task Force Coordinator Deborah Birx, MD.<sup>2</sup> In letters shared with these leaders, the AGS reinforced the need for medical supplies, telehealth, expertise in older adult care, and a range of other priorities in response to COVID-19.<sup>2</sup> As diverse as these important focal points were, they highlighted a key theme that crosscut the pandemic: Building momentum for older adult care builds momentum for us all.

In response to the pandemic, but also—importantly—in support of person-centered care for all older adults, we focused our suggestions in the early days of COVID-19 on mission-critical priorities for older adults, caregivers, and the health professionals who keep them healthy and safe.<sup>2</sup> These included priorities like those below.

**Ensuring Access to Needed Medical Supplies & Medication:** Health professionals remain our first line of defense, not only as we work to prevent the resurgence of COVID-19 but also as we look toward future pandemics.<sup>2</sup> As health professionals, our first line of defense still rests on diagnostics, masks, gowns, gloves, respirators, and other supplies that make care safe and person-centered.<sup>2</sup> The

AGS urged the federal government to make immediate use of the Defense Protection Act and move quickly to ramp up production and distribution.<sup>2</sup> As we prepare for the future, we also need to look critically at supply and demand for necessary resources—not only their availability but also their mobilization for communities in need. Lessons from our response to COVID-19 may also help inform the roll-out of other important tools and resources for older people, including everything from advanced care planning programs to efforts for better addressing health care-associated infections.

**Further Expanding Telehealth Services:** Like many U.S. health professionals, geriatrics experts worked throughout the COVID-19 crisis to balance the importance of continued care with options that could prevent the spread of disease.<sup>2</sup> Telehealth emerged as an invaluable tool on this front.<sup>2</sup> The Centers for Medicare & Medicaid Services (CMS) did much to increase telehealth availability in the early days of the pandemic.<sup>2</sup> In our letters to Congress and the Trump Administration, the AGS commended these actions and suggested other steps, including changes to ensure telehealth services like phone calls could be covered at the same rate as in-person visits.<sup>2</sup> As we move beyond COVID-19, now is the time to analyze what worked, what didn't, and where we can continue to innovate to meet older adults where *they are* (rather than asking patients to meet health care where it's “always been”).

**Advancing Paid Leave and Support for Caregivers:** One unfortunate reality that continues to linger even after the COVID-19 pandemic is inadequate paid family and medical leave—a key social support when the workforce must pivot to managing multiple family health concerns in times of crisis.<sup>2</sup> In the face of the pandemic, the AGS reiterated its longstanding belief that federal protections must empower employees to recover from serious illnesses and care for newborns, newly adopted children, or seriously ill family members.<sup>2</sup> In particular, the AGS urged Congress to expand paid family, medical, and sick leave to all health professionals and direct care workers on the frontlines of the COVID-19 crisis.<sup>2</sup>

The AGS also advised Congress to implement tax relief for clinician practices, hospitals, post-acute care facilities, skilled nursing

\*Corresponding author.

E-mail address: [agspresident@americangeriatrics.org](mailto:agspresident@americangeriatrics.org)

homes, and assisted living facilities, as well as home care agencies that provide the workforce for older adults and people with disabilities.<sup>2</sup> This relief would offset the expense of paid family leave for employers, allowing them to support our nurses, therapists, and direct care professionals.<sup>2</sup> As life returns to a “new normal,” we should continue to advocate for policies and solutions that can put people first by supporting the full continuum of caregiver experiences.<sup>2</sup> So much of long-term health and care is built on the expertise and compassion of professional and informal caregivers, who give of their time and talent to those who need them most. We should both celebrate and support what these collaborators bring to health and wellness, especially for older people.

**Empowering Other Health Professionals:** As COVID-19 strained the American health system, the AGS and many other expert organizations across health care urged CMS to utilize the full spectrum of our nation’s health professional workforce to address shortages across professions.<sup>2</sup> Nurses and pharmacists play an invaluable role with point-of-care testing, vaccination, and time-sensitive treatment, for example.<sup>2</sup> Their full engagement in health care wasn’t just commonsense during COVID-19, and it isn’t just commonsense moving forward—it’s critical as we work to meet the needs of a country that continues to age.<sup>2</sup>

**Expanding Geriatrics Experts:** Now more than ever, we need to provide guidance and instruction so that all health professionals—not just geriatrics experts—understand the health conditions older adults face, and how those conditions may impact COVID-19 and future pandemics.<sup>2</sup> That’s a familiar refrain at the AGS, to be sure, but hopefully our experiences championing interprofessional teams and advanced-illness care for some of COVID-19’s most vulnerable populations demonstrates the value and importance of acting on our words. Among ongoing opportunities for advancing age-friendly care, the AGS noted the importance of existing platforms like the Geriatrics Workforce Enhancement

Program (GWEP) and the Geriatrics Academic Career Awards (GACAs).<sup>2</sup> Perhaps our CEO Nancy Lundebjerg, MPA, summarized it best: “The GWEP provides support for the current transformation of primary care, while the GACAs develop the next generation of innovators to improve care outcomes and delivery. Together, they educate the workforce we all need in times of crisis and calm.”<sup>2</sup> (para. 10)

Work on these priorities and so many other issues during COVID-19 is helping speed us to that time when there will be parties, family gatherings, and the opportunity to connect and collaborate in person once more. But that work can—and should—also speed us toward a time when we can recognize where we succeeded, where we struggled, and how we can bridge the gap between the two. Evaluating crisis priorities will be key; translating those priorities into action once the crisis subsides will be absolutely essential.

P.S.: Since we’re also somewhat on the subject: Please encourage your patients and their families to complete their U.S. Census forms. What we know and learn about the growth of the older adult population will be mission-critical to supporting high-quality, person-centered, and geriatrics-informed care—for older adults today and for us all tomorrow as we continue to help our communities come together long-term. Visit [www.2020census.gov](http://www.2020census.gov) to learn more.

## References

1. U.S. Census Bureau. Come together—respond today [Video]. YouTube. <https://www.youtube.com/watch?v=lZNAsTuGeSQ>. 2020. Accessed April 16, 2020.
2. American Geriatrics Society (AGS). In COVID-19 Response to Congress & Administration, AGS Calls for Access to Medical Supplies, Telehealth, Among Other Issues [News release]. New York, NY: AGS; March 24, 2020. <https://www.americangeriatrics.org/media-center/news/covid-19-response-congress-administration-ags-calls-access-medical-supplies>. Accessed April 16, 2020.