Symposium Speakers Discuss Looming PALTC Issues and Solutions for Brighter Future
By Joanne Kaldy

A fter spending two days listening to expert guidance, inspirational stories, research updates, and best practices, the participants in AMDA—The Society for Post-Acute and Long-Term Care Medicine’s “Leadership, Ethics & PALTC Virtual Symposium” looked to the future and started to plan for brighter days. “This last session for all of us is about dreaming big, embracing innovation, and being nimble. We want to send you away with new ideas to think about as we move forward,” said Alice Bonner, PhD, RN, GNP, adjunct faculty at Johns Hopkins University School of Nursing and senior advisor for aging at the Institute for Healthcare Improvement.

Milta Oyola Little, DO, CMD, associate professor of geriatric medicine at Duke University, observed, “We must promote a continuum of programs, services, and supports across settings, communities, counties, and states.” These supports, she said, must be integrated and coordinated in a way that reduces and ultimately eliminates silos.

Better Blends of High-Tech and High-Touch

Some solutions involve embracing technology such as telehealth and supporting better infrastructure that will improve residents’ quality of life and prevent the spread of infections, Dr. Little said. She added, “We also are hoping [to do things like] getting people eating together in a warm environment.” This will require looking to models of care that encourage and enable these efforts.

At the same time, Dr. Little offered, “We need to address structural and other forms of racism and learn together how to support team members and/or older adults who may be victims of racism or prejudice.”

Spreading the Special Sauce

Solutions to these issues need to involve the interprofessional team, which Dr. Bonner called the “special sauce.” Particularly, the role of direct care workers can’t be ignored, she said. These team members “need to earn a living wage, receive sufficient benefits, have predictable hours and schedules, and benefit from adequate supervision and support.” They also need career ladders/lattices to continue to pursue professional development in a way that is meaningful for them.

Karl Steinberg, MD, CMD, HMDC, chief medical officer for Mariner Healthcare Central and the Society’s president elect, suggested efforts such as introducing careers in aging early in the educational process, providing clinical experiences in PALTC settings in nursing and social work programs, and finding and developing mentors, coaches, and leaders.

Looming Concerns Need Focus

Other looming issues need to be addressed, the speakers agreed. These include:

• Revamping the entire notion of housing skilled nursing facility/nursing facility patients and residents together (e.g., eliminating rooms housing three to four residents)
• Becoming a voice against putting profitability over quality in facility management
• Advocating against the current regulatory framework and survey processes that are onerous and don’t necessarily improve quality
• Meeting the needs of aging boomers as well as the Gen Xers coming behind them, who really value autonomy
• Addressing the rise of homelessness among older people and the need to provide them with basic housing, food security, and safety

“We can’t continue to live in silos and have this crazy quilt of policies,” Dr. Bonner said. “The interaction between congregate care settings and people going back to the community is really important. This is particularly relevant with COVID-19 where telehealth visits are extremely valuable in this setting.” At the same time, she noted, “We are hearing more about equity and disparities, and there are structural elements of racism and challenges that have been around for a long time. We haven’t tackled these as much as we should.”

Dreaming Big

“We are dreaming big,” Dr. Steinberg said, but that’s okay. Envisioning positive changes for the future is the first step to making them happen. “We need to advocate for change. That would be a step forward.”

Nonetheless, there are barriers to overcome. Dr. Steinberg said, “Greed is a huge issue. For big businesses with shareholders, it’s all about making a profit. How do we reconcile profit-making with a focus on excellent care and quality of life? It’s not all or nothing.”

“I’m cautiously optimistic that the next few years will produce some inroads,” said Dr. Steinberg, adding, “I wish I could tell you how.” In the meantime, he encouraged his colleagues to be part of the solution, remain active in the Society and its state chapters, and advocate on the national, state, and local levels.

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