

GERIATRIC RESEARCH, EDUCATION, AND CLINICAL CENTERS (GRECCs)

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) handbook describes the purpose, authority, background, scope and goals, program standards, staffing, and quality management for Geriatric Research, Education, and Clinical Centers (GRECC) in Department of Veterans Affairs (VA) facilities.
- 2. SUMMARY OF MAJOR CHANGES:** Demographic information, Internet links, and names of collaborating programs have been updated. The definition of GRECC has been modified to emphasize that improving care for older Veterans must be central to a GRECC's mission. An optional provision permits a GRECC, under some situations, to report to its host Veterans Integrated Service Network (VISN) rather than its host VA medical facility. Medical students have been added to the list of targeted trainees. GRECCs' role as a national resource and source for clinical innovation has received increased emphasis. GRECC leaders (i.e., Directors, Associate Directors, and Administrative Officers) are specifically directed to participate in national teleconferences or name a delegate. The qualifications for a GRECC Director have been changed to permit appropriate non-MD candidates to be appointed.
- 3. RELATED ISSUES:** VHA Handbook 1140.11, Universal Geriatrics and Extended Care Services for VA Medical Center and Clinics, dated November 5, 2015.
- 4. RESPONSIBLE OFFICE:** The Chief Consultant for Geriatrics and Extended Care (10P4G) is responsible for the content of this handbook. Questions may be addressed to 202-461-6750.
- 5. RESCISSION:** VHA Handbook 1140.08, dated June 16, 2009; and VHA Program Guide M-9, Strategic Planning, Chapter 9, Appendix 9F, Criteria and Standards for Geriatric Research, Education, and Clinical Centers; are rescinded.
- 6. RECERTIFICATION:** This VHA handbook is scheduled for recertification on or before the last working day of June 2021.

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GERIATRIC RESEARCH, EDUCATION, AND CLINICAL CENTERS (GRECCs)

1. PURPOSE

This Veterans Health Administration (VHA) handbook defines policies, standards and procedures related to the development and operation of Geriatric Research, Education and Clinical Centers (GRECC) within the Department of Veterans Affairs (VA). It provides guidance for Veterans Integrated Service Networks (VISN) and VA medical facilities hosting the twenty GRECCs in operation as of January 1, 2016, Veterans Integrated Service Networks (VISN), and VA medical facilities considering responding to a Request for Proposals (RFP) for new GRECCs, professional and administrative staff at currently operating GRECCs, and other VA and non-VA readers with interest in the GRECC program. **AUTHORITY:** 38 U.S.C. 7314.

2. BACKGROUND

a. In 1970, approximately 8 percent of Veterans were age 65 and above and 9.6 percent of the general US population was in that age group. VHA leadership recognized that those in the “age wave” of World War II Veterans were about to enter their seventh decades and would soon present the agency’s health system with unprecedented demand for geriatric expertise and services. Projections for the coming decades were that Veterans over age 65 would become 10.7 percent of all Veterans by 1980, 24 percent by 1990, and 36.6 percent by 2000, even as the proportion of Americans over age 65 would grow to 11.2 percent by 1980, 11.9 percent by 1990, and 13.0 percent by 2000. VHA initiated the first six GRECCs in 1975 as part of a larger strategy for preparing to meet the challenges of the more rapidly-growing elderly Veteran population and this age group’s particular health care needs. GRECCs were introduced to attract scientists, clinicians, and health science students to the field of geriatrics; increase pre-clinical and applied knowledge of aging and geriatric health service delivery; develop, test, and implement new models of care for geriatric and frail Veterans; and transmit this newly acquired knowledge to health professionals who provide care to aging Veterans.

b. As projected by the 2010 U.S. Census, 14.3 percent of the U.S. population and 42.4 percent of Veterans would be age 65 or older in 2013. As projected by the 2012 VA Survey of Enrollees, 46.4 percent of Veterans enrolled for VA benefits and 52 percent of Veterans using VHA health services would be age 65 or older in 2014. Yet the number of clinicians with advanced training in care of the elderly has remained essentially static since the mid-1990s. GRECCs’ relevance and importance derive from the need for viable research, education, and clinical innovation enterprises relatively independent of market forces and directed for the public good. GRECCs have played, and will continue to play, crucial roles in helping VA address the existing and worsening shortage within the healthcare workforce of adequate skills, knowledge, and experience in the care of older Veterans.

3. DEFINITIONS

a. **Aging Research.** Aging research is the scientific inquiry or study of the epidemiology, mechanism, presentation, translation of pre-clinical findings, health systems approaches, and clinical management of diseases, disorders, physiological processes, and health-related behaviors commonly experienced by older adults.

(1) Certain diseases or conditions are hallmarks of aging or occur almost exclusively in elderly people. Research on such diseases or conditions meets the definition for aging research. For example, a study focused on Alzheimer's disease or prostatic carcinoma is aging research.

(2) When the definition of aging research is applied to diseases that may occur at any age, all or a significant proportion of the human subjects, model organisms, or tissues that are the focus of the work must be of advanced age for the work to qualify as "aging research". For example, research concerning diabetes, osteoporosis, or rheumatoid arthritis, which are prevalent in both elderly and younger cohorts, must focus on human subjects, model organisms, or tissues of advanced age in order to qualify as "aging research".

(3) Included in aging research are:

(a) Longitudinal studies focusing on later life outcomes including functional status;

(b) Investigations of molecular and cellular processes, model organisms, or simulation models of the impact of the progression of time and advancing age on biological processes;

(c) Gerontological investigations of psychosocial and spiritual factors and the influences of these factors on health and aging behaviors;

(d) Epidemiological research on the prevalence, causes, predictors, and outcomes of geriatric diseases, conditions, and syndromes;

(e) Treatment of aged patients and geriatric conditions;

(f) Health services research to understand and improve care delivery processes and systems for older Veterans or their caregivers;

(g) Implementation science devoted to enhancing adoption of geriatric best practices; and

(h) Educational research on effective training of health professionals in geriatrics and gerontology.

b. **Geriatric Research, Education, and Clinical Center.** A GRECC is a Center of Excellence designated by the Under Secretary for Health and designed for the advancement and integration of research, education, and clinical activities in geriatrics

and gerontology. GRECCs must conform to the requirements in this handbook as judged by the VA Geriatrics and Gerontology Advisory Committee (GGAC), an external Federal Advisory Committee appointed by the Secretary for Veterans Affairs under title 38 United States Code (U.S.C.) 7314. The mission of each GRECC is to improve health and health care for older Veterans.

4. SCOPE

This handbook assigns responsibilities related to GRECC; describes the goals of GRECC; lists the requirements for establishing a GRECC; specifies the research, education, and clinical components of a GRECC; describes GRECC administration and collaborations; delineates components for GRECC oversight and quality assurance; and assigns responsibilities relevant to GRECC.

5. GOALS

The goal of each GRECC and of the national system of GRECCs is to improve the capability of the VA health care delivery system to provide services that are maximally effective and appropriate for meeting the medical, psycho-social, and functional needs of older Veterans by: expanding pre-clinical (formerly termed “basic” or “basic biomedical”) and applied knowledge of aging and geriatric health services delivery; transmitting this newly acquired knowledge to health professionals who provide care to aged Veterans; and ensuring optimal impact and focus of their efforts through continuous assessment and improvement. Put simply, GRECCs investigate and innovate, educate, and evaluate.

6. REQUIREMENTS FOR ESTABLISHING A GRECC

a. There is not a standing opportunity for establishing new GRECCs. In the event VA leadership determines it is appropriate to increase the number of GRECCs, the resources necessary to support the proposed increase are appropriated, and the needed resources to support the proposed increase are made available. At that point an RFP is issued, specifying the proposal requirements and the criteria on which the proposals will be judged.

(1) A peer review committee comprised of GRECC Directors and Associate Directors, appointed by the Director, Geriatric Programs and chaired by the GGAC Chair, will review all proposals conforming to the requirements in the RFP and will rate them according to pre-established criteria.

(2) The top-ranking proposals will be invited to respond to reviewer comments and then will be site-visited by a subcommittee of the GGAC.

(3) The findings of the peer review committee and the site visit teams will be reviewed by an Executive Review Panel consisting of Chief Officers of Patient Care Services (10P4), Academic Affiliations (10A2D), and Research and Development (10P9), or their designees, and representatives from Policy and Services (10P) and Operations and Management (10N). The Executive Review Panel will be chaired by the

Chief Consultant for Geriatrics and Extended Care. The Executive Review Panel will make a recommendation to the Under Secretary for Health.

b. Most GRECCs are hosted by a single VA medical facility. But several have two-site configurations, in order to take advantage of existing, complementary programmatic strengths that arise when the two sites collaborate. In the event an applicant organization is a dyad of VA medical facilities, proposals must include explicit details on the anticipated impact of the two-site arrangement on the requirements detailed in paragraph 13.c., and what procedures, measures, policies, and oversight controls will be in place to ensure the arrangement operates favorably.

c. To justify establishing a GRECC, the applicant organization must fulfill the following requirements:

(1) The applicant organization must be affiliated with an accredited medical school that provides training and education in geriatrics;

(2) There must be no fewer than 35 medical residency positions assigned by OAA to the applicant organization;

(3) The applicant organization must be affiliated with a school of nursing and/or an associated health school in which students receive education and training in geriatrics through regular rotations in VA geriatric programs, nursing homes, and other extended care programs;

(4) The applicant organization needs to provide active training for at least three associated health disciplines;

(5) The applicant organization must be willing, able, and committed to continue supporting the GRECC at full staffing indefinitely once the initial 3 years of VA Central Office (VACO) Specific Purpose Funding have been completed;

(6) The applicant organization must have adequate funds to enable the GRECC to function effectively in geriatric research, education, and clinical activities;

(7) The applicant organization must have the ability to attract scientists who are committed to ingenuity, creativity, and productivity in health care research;

(8) At the time of application, the applicant organization already needs to be supporting a research program with a cadre of funded principal investigators who are interested, willing, and capable of supporting the geriatric research focus (foci);

(9) At the time of application, the applicant organization already needs to be supporting an active research program that includes elements in no fewer than two of the following: pre-clinical, clinical, health services, and rehabilitation research;

(10) There must be adequate physical space and resources for the development of a high quality research program. Actual space requirements will vary depending on the types of research programs; and

(11) There needs to be a location for GRECC administrative office and meeting space that will accommodate staff and trainees and is as contiguous as possible to facilitate interaction and collaboration among GRECC personnel. For a two-site GRECC, two such locations need to be available.

7. PROGRAM COMPONENTS AND STANDARDS

Improving care—quality and outcomes—for older Veterans is the foundation of each GRECC’s program, focus, and identity. Each GRECC has three distinct yet integrated program components: research, education, and clinical innovation. Although no one program component eclipses either of the others, the research mission of the GRECC must be the backbone of the GRECC’s programming, focus, and identity. The “integrated” nature of GRECCs means clinicians and educators are expected to be involved in research; researchers and clinicians are expected to be involved in education; and the ultimate goal of the researchers and educators is to enhance the care delivered to older Veterans. Each GRECC core staff member other than those with exclusively administrative roles will fulfill this obligation differently, according to his or her particular skill set; but all must have involvement to some degree in all three components.

8. RESEARCH COMPONENT

GRECC research reflects a balanced program of aging research that has components in the pre-clinical, clinical and health services (including implementation science) and/or rehabilitation realms of research. Each GRECC’s research activities should strive to be a blend of at least three of these realms, seeking pathways by which more basic research can be used to improve health and healthcare for older Veterans. In order to foster inter-investigator exchange and support, each GRECC is expected to concentrate on a limited number of research foci related to the GRECC’s aging and geriatrics research programs. Whenever feasible and appropriate, investigations in those foci need to involve two or more of those research realms (e.g., bench research giving rise to studies of clinical applications and rehabilitation strategies), or clinical trials inspiring clinical interventions that merit study through health services research, and whenever appropriate, need to involve Veterans and information concerning Veterans. By striving to build and nurture cohesive groups of investigators who represent a variety of scientific disciplines working together collaboratively on a limited number of related endeavors in a creative and synergistic fashion, a GRECC achieves a singular capability for fostering significant scientific progress.

a. To support the growth and vitality of this environment, a GRECC, its host VA facility and academic affiliate must collaborate to:

(1) Attract high quality, creative scientists and clinician-scientists to the program;

(2) Provide physical space and resources for the development of a high quality aging and geriatrics research program;

(3) Develop effective interdisciplinary teams to innovate and test models of geriatric care and to address challenges of geriatric health delivery research;

(4) Integrate pre-clinical and applied research with education and training programs in order to develop and improve clinical evaluation and models of clinical intervention; and

(5) Develop an effective process for the timely development, monitoring, and periodic reevaluation of research goals.

b. Each GRECC's research program represents a substantial commitment of space, equipment, resources, and human capital to the pursuit of aging research. As such, the majority (more than 50 percent) of the research activity supported by the original allocation of core Full-time Equivalent Employee (FTEE) employee positions devoted to research must be devoted to activities consistent with the definition for aging research provided earlier in this handbook. This research needs, to the greatest degree appropriate and feasible, to involve Veteran subjects or data. **NOTE:** *It is expected GRECCs will typically exceed the minimum 50 percent figure as they mature and their investigators' efforts grow increasingly focused and productive.*

(1) For the vitality, development, and sustaining relevance of the field of aging research, the recruitment of scientists as described in paragraph 8a(1) should include, as appropriate, those whose expertise and experience was developed in fields other than aging, and whose skills can then be redirected to aging research when they join the GRECC. **NOTE:** *GRECC leadership needs to set reasonable but clearly defined expectations with such investigators regarding their efforts, e.g., that at least 50 percent of their GRECC-supported effort be aging-related within 3 years; and exceed 75 percent after 5 years.*

(2) GRECC leadership must enforce to established GRECC investigators, whose interests have migrated away from the GRECC's foci, or who have been funded to take their investigations in directions inconsistent with the mission of the GRECC, the clearly defined expectation that at least 75 percent of the investigators' GRECC-supported effort needs to return to aging-related GRECC focus topics within 3 years; and that unwillingness or failure to do so will necessitate transition to another source of support.

(3) Funding for GRECC research is generated from multiple sources, both VA and non-VA.

(a) VA funding for research is provided through the merit review research program of the Office of Research and Development (ORD) which includes Cooperative Studies, Career Development program, Biomedical-Lab Research and Development (R&D), Clinical Sciences R&D, Health Services R&D, and Rehabilitation R&D. Another VA resource is the Quality Enhancement Research Initiative, or QUERI, which focuses on implementation science.

(b) In light of the finite amount of research funding available from VA, GRECCs must also pursue non-VA sources for support of research funding. Potential sources of non-VA support include several of the National Institutes of Health, Department of Defense, Agency for Healthcare Research and Quality, Department of Health and Human Services, and state offices (such as public universities). **NOTE:** *Other promising sources are private foundations and corporations, although care must be taken (see VHA Handbook 1040.06, "Integrated Ethics") to ensure applicable safeguards regarding avoidance of conflict of interest and bias are in place.*

(4) GRECC staff needs to participate in national, regional, and local professional activities integral to research, such as study sections for review of research proposals, editorial boards, scientific organizations, journal clubs, and professional societies.

(5) Research programming and funding are locally administered at VA medical facilities by the Associate Chief of Staff for Research and an R&D Committee. Each GRECC research proposal must be reviewed, approved, and monitored in accordance with VA policy on research (see VHA Handbook 1200.01, Research and Development (R&D) Committee).

9. EDUCATION COMPONENT

GRECCs have a primary responsibility for translating new and existing geriatric knowledge and skills into clinical practice through their actions as local, regional and national resources for geriatric education and training. This function is accomplished through GRECC education and training programs. GRECC staff members are responsible for disseminating new knowledge and research findings through publications, presentations at scientific meetings, and training and education programs for students, fellows, and professional staff. A majority (more than 50 percent) of the GRECC staff educational activity supported by GRECC resources must concern aging and/or geriatrics topics. All GRECC education programs should incorporate evaluation strategies directed at processes and outcomes to ensure educational objectives are being met and to ensure continuous quality improvement. The content of most educational programming needs to focus on state-of-the-art care of elderly Veterans, and whenever possible, translate new knowledge from research and clinical demonstrations into educational experiences. A second important focus for educational efforts is the development of mentors in geriatrics, which may involve instruction in research methodology as well as administration and leadership. The GRECC Director and Associate Director for Education and Evaluation (AD/EE) must collaborate with the host VA medical facility's Designated Education Officer (DEO) in requesting physician and associated health training positions for geriatrics. The facility Designated Learning Officer (DLO) needs to assist with the coordination of educational activities at the facility level and link the GRECC's activities with the VISN and VA Central Office's education and training efforts. The DLO can serve as a conduit to educational resources available for employees and trainees. There must be GRECC representation to those VISN boards and committee(s), if any, concerned with education and training, in order to foster fulfillment of the GRECC's obligation to serve as a VISN resource and to offer a means for accessing support and fostering participation to achieve that end.

a. **Formal Academic Programs.**

(1) Each VA medical facility that hosts a GRECC is legislatively mandated to have, or to be in the process of developing, a “Memorandum of Affiliation” with a medical school that provides education and training in geriatric medicine.

(2) Memoranda of Affiliation with nursing and/or other health professional schools or training programs are required as well.

(3) All professional (i.e., possessing doctoral-level clinical degrees) GRECC Core staff need to have full, adjunct, research, or clinical faculty status (or the local equivalent thereof) with at least one of the affiliated institutions.

b. **Medical Students.** GRECCs need to provide or arrange for the provision of elective or selective rotations for third- and fourth-year medical students through a range of geriatrics and extended care clinical programs that needs to include as many of the following as feasible: home care, hospice and palliative care, community living center or nursing home, geriatric evaluation and management, Geriatric Patient-Aligned Care Team, GRECC clinical demonstration activities, and other geriatrics and extended care (GEC) programs.

c. **Physician Residents.** GRECCs must provide or arrange for the provision of regular rotations for physician residents of the affiliate’s accredited internal medicine, family medicine, or psychiatric training programs through a range of geriatrics and extended care clinical programs that needs to include as many of the following as feasible: home care, hospice and palliative care, community living center or nursing home, geriatric evaluation and management, Geriatric Patient-Aligned Care Team, GRECC clinical demonstration activities, and other geriatrics and extended care (GEC) programs.

d. **Geriatric Medicine Fellow Positions.** These positions are accredited for a 12-month training experience. Geriatrics has been recognized by the Accreditation Council on Graduate Medical Education (ACGME) of the American Association of Medical Colleges as a sub-specialty area in internal medicine and in family medicine.

(1) The affiliated university of each GRECC must have an ACGME-accredited geriatric fellowship program in medicine, family medicine, or psychiatry. GRECC personnel who hold faculty appointments at affiliated institutions need to advocate for geriatrics content in the curricula of the affiliated program(s) and facilitate the participation of the affiliate’s trainees in a range of GRECC clinical and educational activities.

(2) GRECCs are encouraged to develop advanced fellowships in geriatric medicine that serve as a means for faculty preparation and focus on research, leadership, and clinical practice. These programs are not ACGME-accredited and participation in them does not confer Board eligibility.

e. **Associated Health Trainee Positions.** Associated health education in geriatrics is an essential need that GRECCs are uniquely positioned and equipped to address. The DEO of each facility hosting a GRECC must collaborate during the annual allocation cycle with the GRECC and with representatives of a mix of associated health clinical services in order to develop a request to the Office of Academic Affiliations (OAA) for a suitable number and mix of trainee stipends under the OAA's GRECC Expansion Program. **NOTE:** *GRECCs are encouraged to maximize the number of associated health trainees they can accommodate, which in any case must be 10 or more each year.*

(1) GRECCs must offer traineeships in a minimum of three disciplines from among the following:

(a) Audiology;

(b) Chiropractic;

(c) Clinical Pastoral Education;

(d) Dietetics;

(e) Advanced practice nursing (e.g., Nurse Practitioner; Masters of Science in Nursing (MSN)

(f) Nursing;

(g) Occupational therapy;

(h) Optometry;

(i) Pharmacy;

(j) Physical therapy;

(k) Physician assistant;

(l) Podiatry;

(m) Psychology;

(n) Social work; and

(o) Speech pathology

(2) Associated health trainees need to be provided goals and outcomes for their GRECC-related experiences (i.e., they need to be told the competencies they will be expected to demonstrate by the conclusion of training); and receive a formal curriculum describing the range of activities they will experience and the outcomes expected as a result of them. Among other training experiences, trainees need to experience clinical

rotations through as many of the following as is practical and possible: home care, hospice and palliative care, community living centers or nursing homes, geriatric evaluation, Geriatric Patient-Aligned Care Team, clinical demonstration activities, and other GEC programs, inpatient geropsychiatry, neuropsychiatry, and rehabilitation settings (e.g., Spinal Cord Injury (SCI), Blind Rehabilitation) serving older Veterans.

NOTE: *Each GRECC AD for EE needs to establish with a representative of each associated health discipline targeted for training, the division of responsibilities for geriatric rotation design, oversight, and evaluation of each rotation and trainee.*

f. **In-Service Staff Education and Continuing Education Activities.** GRECC-sponsored and directed in-service staff education and continuing education activities provide a range of mechanisms for disseminating new and established geriatric knowledge to VA medical care professional staff, other staff, and VA staff at other VA medical facilities in the host VISN and nationally. **NOTE:** *GRECCs also need to serve as community resources on aging Veterans and care of the elderly.*

(1) Acceptable formats for education targeting VA staff, residents, fellows, and trainees, include:

(a) Journal clubs;

(b) Grand rounds;

(c) Case conferences;

(d) Theme- or multi-theme-based in-person classes and conferences;

(e) Video- and audio-teleconferences;

(f) Content-on-demand, and CD-ROM- and internet-based desktop educational modules;

(g) Geriatrics-focused simulation experiences (e.g., patient interview, gait and balance evaluation, home safety assessment, etc.);

(h) Automated clinical decision support provided in conjunction with clinical care; and

(i) Print materials such as informational monographs and newsletters.

(2) All staff in-service and continuing education programs conducted by GRECCs need to be developed on the basis of needs assessment data and/or identified content areas established as critical in the care of aging Veterans and targeted to specific audiences.

(3) Each GRECC needs to plan its staff in-service education and continuing education programs, when appropriate, in collaboration with other existing VA organizations involved in like activities, such as: other GRECCs; the Employee Education System (EES); Mental Illness Research, Education, and Clinical Centers

(MIRECCs); Parkinson's Disease Research, Education, and Clinical Centers (PADRECCs); and other relevant centers of excellence.

(4) GRECCs are encouraged to seek both VA and non-VA sources of funding and support for continuing education activities, as long as there is full compliance with all applicable safeguards regarding government ethics rules (see VHA Handbook 1040.06, "Integrated Ethics").

(a) Research grants that support educational activities are available but relatively scarce, and the range of activities they permit is often limited.

(b) Every facility has a DLO and each VISN has an Education Service Representative (ESR) assigned to it by EES, as well as a VISN DLO. The GRECC AD for EE needs to work directly with this individual to identify and access EES support mechanisms for GRECC continuing education activities.

(c) Every GRECC needs to have some representation on the host VISN council or committee that manages VISN funding for education, in order to maintain access to this potential support for educational activities.

(d) GRECCs need to be alert for opportunities to partner with their academic affiliates, and with other federal and non-federal programs (such as Geriatric Workforce Enhancement Programs, state Boards of Health, or foundations and philanthropic organizations) in order to leverage the resources of all partners in the support of educational programming that serves the shared interest.

(e) Corporations and non-profit organizations are often interested in supporting the production and dissemination of enduring products, such as brochures, pocket cards, CDs, and DVDs. This can be an extremely effective means for disseminating information. However, GRECCs investigating this approach must be alert to issues of ownership, representation of VA policy, potential conflict of interest, and the limitation on length of time content will remain current and accurate.

10. CLINICAL COMPONENT

a. **Goals.** The goals for GRECC clinical activities are to:

(1) Support the development and improvement, evaluation, and dissemination of new models of health care delivery for elderly Veterans;

(2) Develop, improve, and evaluate the diagnostic, therapeutic, rehabilitative, and patient education modalities and strategies pertaining to acute and chronic conditions and functional disabilities in the elderly;

(3) Support the milieu of excellence in clinical education of health care professional students through the coupling of clinical training with the development, improvement, and/or evaluation of the clinical impact of different educational interventions in geriatrics;

(4) Support the milieu of continuous quality improvement of geriatric clinical care by offering and assessing individual and systemic solutions for organizational, technical and scientific problems relevant to the care of elderly Veterans;

(5) Evaluate and refine the efficacy of delivery of new research findings bearing on the health and health care of the elderly Veteran population; and

(6) Support the milieu of excellence for conducting clinical research in geriatrics and gerontology through the identification and examination of clinical risk factors and pathophysiological factors contributing to geriatric conditions.

b. **Types of Clinical Activities.** The goals of the GRECCs' clinical activities are achieved through a combination of the three following types of clinical activities:

(1) **Clinical Research.** Clinical research is conducted as part of the research activities of GRECCs and consists of systematic effort directed toward understanding, designing, testing, and improving clinical materials, mechanisms, systems and processes relevant to clinical care of the elderly with the ultimate goal of improving the clinical management of elderly Veterans. Clinical research is conducted in accordance with a protocol approved by the Institutional Review Board (IRB) and under the direction of the R&D Committee.

(2) **Clinical Demonstration.** Clinical demonstration consists of innovations in and improvements of clinical service delivery on behalf of elderly Veterans, designed in such a way that findings will be amenable to broader adoption through dissemination beyond the GRECC, if the program is found to be effective. Clinical demonstrations are not research and are not required to be conducted in accordance with an approval approved by the IRB or under the direction of the R&D Committee.

(a) Each GRECC must have a minimum of two clinical demonstrations underway.

(b) GRECC clinical demonstration programs need to be collaborative efforts on the part of GRECCs and host VA medical facilities/VISNs, whose support in personnel and other resources is indispensable to fulfillment of this requirement, and whose input on topic selection and outcome evaluation for purposes of addressing perceived needs is critical.

(c) To identify potential clinical demonstration projects, GRECC personnel need to become familiar and facile with the unique attributes of the VA health care system (e.g., the electronic health record; the system of GRECCs; the relative freedom from reimbursement as a barrier to or facilitator of care, etc.).

(d) Because the desirable step following completion and favorable evaluation of a clinical demonstration is adoption of the successful model by the host VA, conduct of a clinical demonstration should always be mindful for the eventual need to demonstrate convincingly to leadership the merits of the new approach. Beginning with the conceptual stage of a proposed clinical demonstration, the information and evidence

that may be eventually needed to develop a convincing case for program sustainment should inform the choice of the particular outcomes to be tracked.

(3) **Clinical Education.** Clinical education is conducted as part of the education activities of GRECC and consists of the involvement of medical and associated health trainees in clinical care activities (as VA Training Standards and the accreditation requirements of the training programs allow) and other clinical geriatrics settings. Trainees must be supervised by preceptors in order to enhance the trainees':

- (a) Knowledge and skills in the clinical management of elderly Veterans;
- (b) Likelihood for pursuing geriatric academic careers; and
- (c) Familiarity with the scientific method applied to clinical matters.

c. **Delivery of Clinical Care.** Strength in clinical geriatric programs is a necessary prerequisite for any site that obtains a GRECC. When a new GRECC is conferred, the 12 full-time equivalent employee (FTEE) positions allocated are explicitly granted to the host facility for the purpose of supporting the GRECC and not to address existing or subsequently arising clinical care obligations of the facility. GRECC Primary Core staff who are clinicians are permitted to devote a portion of their GRECC time to providing clinical service independent of GRECC activities (e.g., clinical activity that is neither clinical demonstration nor clinical education) for the host facility, but the average for all GRECC Primary Core who are doctoral-level clinicians must not exceed 20 percent of their total GRECC time.

d. **Mechanisms to Support the Costs of Conducting and Evaluating Clinical Demonstrations.** GRECCs need to be vigilant about seeking mechanisms to underwrite clinical demonstration and evaluation efforts. Sources that have proven successful for GRECCs in the past include the host VA and VISN (through the annual Memorandum of Understanding), private corporations seeking objective input into new products, and foundations and philanthropic organizations. Another set of potential opportunities is described in paragraph 12.b. Sites must fully comply with all applicable ethics rules (see VHA Handbook 1004.06, Integrated Ethics) regarding avoidance of conflict of interest and bias when accepting support for clinical demonstrations.

11. ADMINISTRATION OF PROGRAM OPERATIONS

This paragraph describes the GRECC's reporting relationship to the host VA medical facility, staffing considerations, and budgetary guidelines.

a. **Reporting Relationship.** Each GRECC should administratively and operationally report directly to its host facility. Local or time-limited budgetary considerations may dictate reporting to the host VISN instead, in which case "the host facility" as used in this handbook refers to the physical site of the GRECC.

(1) GRECC leaders may hold a dual appointment in the field of aging at the VA medical facility and/or affiliated university, for example:

- (a) GRECC Director and Chief of Geriatric Medicine;
- (b) GRECC Director and Director of Center for Aging; or
- (c) GRECC Associate Director for Clinical Programs and ACOS/Extended Care.

NOTE: *Dual administrative appointments for GRECC leaders outside of aging are strongly discouraged.*

(2) Those with dual appointments must meet or exceed the minimum time commitment to GRECC specified in Appendix A.

b. **Staffing.**

(1) **Core Staff Distinctions.** GRECC staffing is divided into three categories, each of which reflects its source of budgetary support:

(a) **Primary Core.** Those who are funded out of the initial 12 FTEE employee allocation from VA Central Office Specific Purpose funding, plus any addition in ceiling from VA Central Office (VACO) or the host VISN or VAMC specifically designated for GRECC;

(b) **Affiliated Core.** Those who are funded out of local VA facility or VISN resources; who work full- or part-time in direct support of the GRECC's research, education, or clinical activity; and who are organizationally aligned under the GRECC or designated as affiliated by the host VA medical facility; and

(c) **Research Core.** Those who are full- or part-time staff who devote 51 percent or more of their total time to GRECC research and whose salaries are supported by research funds (either VA or non-VA). The Research Core includes all GRECC staff whose salaries are paid from research funds, including Research Career Scientist and Senior Research Scientist.

(2) **Awarding of GRECC FTEE.** Newly established GRECCs are activated over a 2-year period, with a minimum of six FTEE awarded in the first year of operation and the remaining FTEE awarded in the second year.

(a) Each new GRECC is allocated 12 FTEE from VA Specific Purpose Funds. Support for the Primary Core FTEE is centrally provided for the first 3 years of a GRECC's operation. Upon favorable initial review and approval by VA for continuation, ongoing support for these positions becomes the responsibility of the host VA medical facility.

(b) Periodically FTEE to support additional Primary Core GRECC personnel at one or more established GRECCs can be obtained through competition for "enhancements" for new GEC program initiatives.

(3) **Vacancies.** Vacancies in GRECC Primary Core must receive VA medical facility approval for recruitment without delay. The unique nature of the mission and activities of a GRECC are dependent on minimal variations in the Primary Core staffing. Although funded locally or regionally (i.e., by the VISN), each GRECC is part of a national program whose activities and outcomes address multi-year projects. GRECC staffing sufficiency must not be subjected to short-term measures introduced at a VA facility or imposed by a VISN to address budgetary shortfalls or to achieve reductions in staffing costs.

(a) GRECC Primary Core vacancies must be addressed without undue delay in order to preserve, as much as possible, the continuity of GRECC activities. Such positions must not be held open pending resolution of non-GRECC vacancies.

(b) Any proposal to eliminate an open GRECC Primary Core position must be reviewed and approved in advance by the Under Secretary for Health. This applies whether the GRECC has only its original 12.0 FTE Primary Core FTEE, the original 12.0 FTE have been enhanced as described in subparagraph (2)(b) above, or the GRECC's FTEE have been doubled as a result of the consolidation of two pre-existing GRECCs.

(4) **Recommended GRECC Staffing.** The recommended Primary Core staffing pattern for a GRECC is presented in Appendix A.

(5) **Recommended GRECC Primary Core Staff Time Distribution.** GRECC Directors must establish with each Primary Core Staff member the particular mix of the staff member's GRECC time. Appendix B tabulates recommended limits of research, education, and clinical time for various GRECC leadership positions and for investigators and clinical educators who are supported wholly or in part by Primary Core FTEE.

c. **GRECC Budget.**

(1) Recurring funds for GRECC core personnel, including costs for physicians' and dentists' special pay and benefits, must be charged to cost center 8234. No non-GRECC charges are to appear in 8234.

(2) Final decisions concerning Title 38 staff compensation and salary level are determined by the local or VISN pay board, depending on local needs and conditions. Title 5 staff compensation is determined by the Office of Personnel Management general schedule salary table that includes locality pay specific to the given location.

(3) Non-recurring funding for construction, renovation, and new equipment is provided by VACO when a new GRECC is activated.

(4) After its first 3 years of operation and pending favorable review by the GGAC, ongoing GRECC funding becomes the responsibility of the host VA facility. **NOTE:** *New and replacement equipment for research and research laboratories are generally acquired through research grants or through funds made available by the local VA*

medical facility or VISN. Periodically, other non-recurring funds may be made available to existing GRECCs for the acquisition of replacement equipment.

12. COLLABORATIONS IN PROGRAM OPERATIONS

Each GRECC needs to foster and maintain cooperative and collaborative relationships with other VA and non-VA programs substantively involved in geriatric clinical care, education, training, and research. Collaboration may include mutual consultation, program development, education and training, research and evaluation, needs assessments, and related activities. VA programs with which collaboration is important and beneficial are described in the following paragraphs.

a. **Host VA Medical Facility Clinical Care Programs.** Active involvement and collaboration with all geriatric and extended care programs at the host VA health care organization (e.g., Community Living Center, Home-Based Primary Care, Hospice and Palliative Care, Geriatric Patient-Aligned Care Team, Patient Aligned Care Team, inpatient geropsychiatry, neuropsychiatry, and rehabilitation settings [e.g., SCI, Blind Rehabilitation] serving older Veterans), is expected of every GRECC. Staff from those programs may serve as affiliated staff in the GRECC. GRECC education and training programs need to include staff from the geriatric and extended care clinical programs as both learners and faculty for the programs.

b. **Program Office Development Opportunities.** From time to time, different program offices or other units within VACO issue Requests for Proposals or other competitive opportunities to develop or test new or innovative approaches to care. GRECCs can offer the ideal blend of health expertise, analytic capability, and flexibility to take advantage of such opportunities, to both advance the mission driving the opportunity, and to address GRECC clinical innovation and evaluation goals. Opportunities of this sort have been issued in recent years by Primary Care, Women's Health, Rural Health, Health Equity, Healthcare Transformation, Patient-Centered Care, Medical Specialties, Geriatrics and Extended Care, Telehealth, and others.

c. **Advanced Fellowship Programs in Geriatrics.** A 2-year, research-focused, post-fellowship program with one trainee per year per GRECC, exclusively for GRECCs, may be awarded by OAA in response to a peer-reviewed application that meets the specified criteria found at <http://www.va.gov/oaa/Archive/Advanced-Geriatrics-Program-Announcement.pdf>.

(1) Participation in the program does not qualify trainees for geriatric board certification.

(2) Training positions may be offered to:

(a) Physicians whose initial certification is in Internal Medicine, Family Medicine, or Psychiatry who also have completed an accredited subspecialty residency in Geriatrics;

(b) Physicians whose initial certification is in Internal Medicine, Family Medicine, or Psychiatry who have completed an accredited subspecialty residency in a field other

than Geriatrics, or to physicians who are certified in fields other than Internal Medicine, Family Medicine, or Psychiatry; and

(c) Associated health professionals who have completed postdoctoral training in geriatrics, or the equivalent within their discipline.

(3) A single Advanced Fellowship position is provided each year, by programs approved to offer them, through the OAA allocation process. One or more additional positions can be requested each year and will be conferred as resources permit.

d. **Other GRECCs.** The GRECC program is a national resource consisting of multiple centers each containing expertise and programs in both general and specialized topics of geriatrics and gerontology. GRECCs and GRECC staff need to make broadly known their strengths and interest in fostering identification of and collaboration with other GRECC programs and personnel with complementary activities and plans. In this way redundant efforts may be minimized, sample sizes and research power enhanced, and collegiality nurtured.

e. **Other VA Research, Education, and Clinical Centers.** The successes and flexibility of the GRECC model have resulted in the development of a variety of similarly-organized, multi-center national programs in VA, many of which have areas of interest and expertise in common with some of the GRECCs.

(1) Among the Mental Illness Research, Education, and Clinical Centers (MIRECCs), several are focused on topics of substantial geriatrics interest such as dementia, suicide prevention, and comorbidity with mental illness (<http://www.mirecc.va.gov/>).

(2) There are several Parkinson's disease Research, Education, and Clinical Centers (PADRECCs) (http://www.parkinsons.va.gov/New_Front_Page.asp).

(3) There is one national and several regional Patient Safety Centers (<http://vaww.ncps.med.va.gov/>). **NOTE:** *This is an internal VA Web site that is not accessible to the public.*

(4) There are several Polytrauma Rehabilitation Centers (<http://www.polytrauma.va.gov/system-of-care/care-facilities/>).

f. **Other VA Research Centers.** VA's Office of Research and Development (ORD) offers an array of programs with research missions that can complement different GRECC interests.

(1) Health Services Research and Development (HSR&D) supports a number of Centers of Innovation that develop and assess different approaches and concepts related to the provision of health care (<http://www.research.va.gov/programs/default.cfm>).

(2) HSR&D also supports programs in Collaborative Research to Enhance Transformation and Excellence (<http://www.hsrd.research.va.gov/centers/create/>),

which encourage HSR&D investigators to collaborate with VA clinical partners in conducting research on high-priority issues that affect the health and health care of Veterans.

(3) There are several Rehabilitation Research and Development (RR&D) Centers and RR&D-focused Research Enhancement Award Programs described at <http://www.research.va.gov/programs/default.cfm>.

(4) The mission of VHA's QUERI is to improve the health of Veterans by supporting the more rapid implementation of effective clinical practices and other evidence-based system improvements into routine care (<http://www.queri.research.va.gov/>).

(5) The VA Cooperative Studies Program is responsible for the planning and conduct of large multicenter clinical trials and epidemiological studies in the Department of Veterans Affairs (<http://www.research.va.gov/programs/csp/>).

(6) The VA Million Veteran Program (MVP) is a national, voluntary research program conducted by ORD (<http://www.research.va.gov/mvp/>). The goal of MVP is to partner with Veterans receiving their care from VHA to study how genes affect health. To do this, MVP has been building one of the world's largest medical databases by safely collecting blood samples and health information from one million Veteran volunteers.

g. **Employee Education System.** Each GRECC is encouraged to collaborate with its facility or VISN DLO and its host VISN's ESR in the development of local continuing education materials and activities. Programs with the potential for national impact need to be brought to the attention of GEC Services (10P4G) in VA Central Office, for their prioritization of the suggestions with their and Patient Care Services' (10P4) annual submission of proposed collaborations with EES.

h. **Non-VA Programs.** GRECCs are encouraged to collaborate with non-VA programs concerned with aging, including the Geriatric Workforce Enhancement Programs, Area Agencies on Aging, State units on aging, community voluntary service organizations, and Veterans Service Organizations (VSO).

13. OVERSIGHT AND QUALITY MANAGEMENT

Quality management of GRECCs is a multi-layered process, in keeping with the diverse stakeholders and wide range of activities and products of the programs. Ultimately, the effectiveness and success of each GRECC, and of the GRECC program as a whole, must be measured against the program's mission, goals, and objectives. Quality assurance is continuous and dynamic, and it is provided through processes and groups described in the following paragraphs.

a. **GRECC Advisory Committee.** Each GRECC must have a GRECC Advisory Committee, composed of persons external to the GRECC, who periodically reviews the GRECC's activities, accomplishments, and challenges; and provides guidance and advocacy as indicated.

(1) The GRECC Advisory Committee is composed of approximately 10-12, non-GRECC individuals with expertise, active involvement in, or a particular interest in aging or the health and well-being of older adults. Members are recommended by the Chair in consultation with the GRECC Director and appointed by COS (or by the VISN Chief Medical Officer (CMO) in the case of a GRECC that reports to the VISN).

(a) Membership must be multidisciplinary and include appropriate health care and research representatives of the host VA organization and of the affiliated academic institutions and programs.

(b) At least one-half of the membership must be drawn from affiliated community institutions (e.g., medical schools, nursing schools, dental schools, etc.) and community groups involved with meeting aging related needs.

(c) At least one member must be a representative of a local VSO.

(2) Each GRECC needs to establish, with the Chief of Staff (COS) (or CMO, for a GRECC reporting to the VISN), its policy on the duration of appointments to the Advisory Committee; whether or not appointments can be renewed; and if renewable, whether there is a limit to the number of consecutive re-appointments allowed.

(3) The Chairperson, a VA, non-GRECC individual with expertise or active involvement in geriatric health care, is appointed by the COS (or CMO) upon the recommendation of the GRECC Director. Each GRECC needs to establish, with the COS or CMO, its policy on the duration of the Advisory Committee chair appointment; whether or not the appointment can be renewed; and if renewable, whether there is a limit to the number of consecutive re-appointments.

(4) The VA medical facility Director, COS, VISN Director, VISN Chief Medical Officer, GRECC Director, GRECC Associate Directors, and GRECC Administrative Officer may serve as *ex-officio* members.

(5) The Advisory Committee must meet a minimum of every 6 months. Written minutes must be included in the Annual Report (see following section, paragraph 13.b.) and furnished to GEC Service (10P4G) in VACO.

b. Annual Report.

(1) Every GRECC must submit, to GEC Service in VACO, an annual report of its prior fiscal year's activities and accomplishments before the end of the first quarter of the following fiscal year. The annual report consists of:

(a) A narrative describing significant and relevant changes, challenges, and accomplishments in all three program components; and

(b) Quantitative information on research and education funding, personnel and their time distribution, publications, trainees and fellows, conferences, and clinical demonstrations that is entered into a database accessible through the VA Intranet.

(2) The Director, Geriatric Programs reviews each GRECC's annual report with its GRECC leadership during the second quarter of the following fiscal year (see paragraph 14.c.(3)).

c. **GRECC Performance Measures.** Quantitative information reflecting a GRECC's prior year's activities and accomplishments serves as the source data for calculation of a set of GRECC Performance Measures. **NOTE:** *The GRECC Performance Measures were originally developed in 1996 and underwent substantial review and refinement in 2005-2006 to enhance their alignment with and relevance to VHA strategic initiatives.*

(1) Each GRECC's performance on these, and the ranges and averages for the program as a whole, are shared each year with the GRECC's host VA medical facility and VISN Director.

(2) A standing committee of GRECC Directors, Associate Directors, Administrative Officers, and GEC Service staff convenes monthly and is responsible for:

- (a) Ongoing review of the relevance and validity of the performance measures; and
- (b) Recommending additions, deletions, and/or modifications to the Director, Geriatric Programs.

d. **The Geriatrics and Gerontology Advisory Committee.** The GGAC is charged by statute (38 U.S.C. 7314) with advising the Secretary:

(1) Whether (or not) each recently-funded GRECC is fulfilling its charge to a satisfactory degree, as judged by a site visit undertaken by a subcommittee of the GGAC, customarily undertaken during the third year of the new GRECC's operation. **NOTE:** *Depending on the findings of the third-year site visit and at the discretion of GGAC, a new GRECC may require a second assessment, to be undertaken no later than the end of the fifth year after the initial 3 years of Specific Purpose funding,*

(2) Whether (or not) existing GRECCs are fulfilling their charges (which includes full compliance with this policy and the requirements enumerated in paragraph 6.c.(1-11)), as judged by:

- (a) Review of annual reports and performance measures; and
- (b) Periodic site visits and interviews with GRECC, host site, and host VISN leaders and stakeholders, conducted by a subcommittee of GGAC.

14. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

(1) Selecting the site for a new GRECC and authorizing the initial three years of Specific Purpose Funding and addition of 12 new FTEE upon the recommendation of the Executive Review Panel;

(2) Conferring the official designation as an “Approved GRECC” upon the satisfactory review of that site during its third year of existence;

(3) Appointing GRECC Directors on the recommendation of the Chief Consultant, Geriatrics and Extended Care (10P4G);

(4) Receiving recommendations of the GGAC following each site visit to a GRECC by a subcommittee of that group. **NOTE:** *The Under Secretary may choose to act on any recommendation (e.g., closure of a GRECC) that is specifically directed to the Office of the Under Secretary for Health; and*

(5) Reviewing requests from VA medical facilities hosting GRECCs to reduce the number of GRECC Primary Core positions they are obliged to keep filled, and either approving or denying them.

b. **Chief Consultant for Geriatrics and Extended Care.** The Chief Consultant for Geriatrics and Extended Care is responsible for:

a. Reviewing every GRECC Director nomination and making a recommendation to the Under Secretary for Health concerning approval;

b. Reviewing and either concurring or non-concurring on every nomination for a GRECC Associate Director or Administrative Officer; and

c. Bringing to the attention of the Assistant Deputy Under Secretary for Patient Care Services (10P4) any policy, resource, and/or legislative consideration impacting or potentially impacting the GRECCs.

c. **Director, Geriatric Programs.** The Director for Geriatrics Programs is the program director of the GRECC program, and is responsible for:

(1) Advocating on behalf of individual GRECCs as well as the program as a whole as required;

(2) Offering recommendations to the GEC Chief Consultant regarding policy, resource, and/or legislative considerations impacting or potentially impacting the GRECCs;

(3) Yearly issuing instructions for submission and soliciting each GRECC’s annual report and reviewing it with each GRECC’s leadership;

(4) From time to time, and at least triennially, developing and disseminating a composite report on the status and productivity of GRECCs for internal and external stakeholders;

(5) Facilitating inter-GRECC collaborative activities through meetings, announcements, and information exchange; and

(6) Arranging the GRECC site visits by the GGAC. This includes negotiating a date, clarifying local site arrangements to the GRECC, obtaining pre-site visit reports, and finalizing and returning for comment the report following the site visit.

d. **VISN Director.** The Director of each VISN containing a VA facility that hosts a GRECC is responsible for ensuring:

(1) The VA facility continues to fulfill the “Requirements for Establishing a GRECC” listed in subparagraph 14c.

(2) The GRECC is provided with the necessary resources (fiscal, space, equipment, personnel, and travel) for meeting its goals and addressing its mission.

e. **Host VA Medical Facility Director.** The Director of each VA facility that hosts a GRECC is responsible for ensuring:

(1) The VA facility continues to fulfill the “Requirements for Establishing a GRECC” listed in subparagraph 6c.

(2) The GRECC has the necessary resources (fiscal, space, equipment, personnel, and travel) for meeting its goals and addressing its mission.

(3) The annual performance plan for the GRECC is established with the GRECC Director. **NOTE:** *Individual VA medical facilities and VISNs may opt for this responsibility to be addressed at the VISN level.*

f. **Host VA Medical Facility Chief of Staff.** The host VA medical facility Chief of Staff is responsible for supervising the GRECC Director and advocating on behalf of the program to the VA medical facility Director and the VISN. **NOTE:** *In the case of a GRECC reporting directly to the VISN, the Chief Medical Officer of the VISN fulfills this role.*

g. **Host VA Medical Facility Designated Education Officer.** The host VA medical facility DEO is responsible for collaborating with the GRECC AD for EE each year during the annual allocation cycle to develop the request to OAA for associated health trainee stipend support under the GRECC Expansion Program.

h. **Host VA Medical Facility Designated Learning Officer.** The host facility DLO is responsible for the coordination of GRECC educational activities at the facility level, and for linking local GRECC educational and training activities with VISN and VA Central Office efforts. The DLO serves as a conduit to GRECC educational resources for employees and trainees.

i. **GRECC Director.** The GRECC Director is responsible for the overall operations and performance of the GRECC. As such, the GRECC Director:

- (1) Articulates and promotes the vision, mission, and goals of the program;
- (2) Advocates for resources (including space, personnel, supplies, and travel support) on behalf of the GRECC;
- (3) Serves as ex officio member of the GRECC Advisory Committee;
- (4) Represents, or delegates the authority to represent, the GRECC on suitable committees, boards, and councils of the VA medical facility and VISN, and to GEC in VACO;
- (5) Ensures that all GRECC Associate Directors and the Administrative Officer work collaboratively in the annual development and evaluation of the GRECC's goals and objectives;
- (6) Initiates all necessary personnel actions concerning GRECC Core Staff, including hiring, promotion, evaluation, recognition, counseling, reprimand, discipline and termination;
- (7) Establishes with the host facility Director or the VISN Director, or designee, the GRECC performance plan and at least annually reviews the plan with that individual;
- (8) Participates in the monthly calls of the GRECC Directors and that group's annual face to face meeting; and
- (9) Seeks out and acts upon opportunities to collaborate with other GRECC programs and personnel.

j. **GRECC Associate Director for Research.** The AD for R is responsible for the Research Component of the GRECC. In this role, the AD for R is responsible for:

- (1) Identifying and developing funding opportunities relevant to the GRECC's research foci;
- (2) Providing or engaging suitable mentoring for junior GRECC research staff identified as likely to benefit from the input;
- (3) Serving as a role model for other GRECC investigators by actively engaging in aging research related to one or more of the GRECC's focus area(s);
- (4) Mentoring junior GRECC investigators and other GRECC trainees interested in enhancing their research experience and skills;
- (5) Serving on or designating a suitable alternative to serve on the VA medical facility R&D Committee or other VA medical facility or VISN leadership group(s) with involvement in research activities;

(6) Serving as an *ex officio* member of the GRECC Advisory Committee, at the discretion of the GRECC Director and Advisory Committee Chair;

(7) Participating in the monthly calls of the GRECC ADs for R or delegating a proxy when unable to participate; and

(8) Seeking out and acting upon opportunities to collaborate with other GRECC ADs for R, their programs and personnel.

k. **GRECC Associate Director for Education and Evaluation.** The AD for EE is responsible for the Education and Evaluation Component of the GRECC. In this role, the AD for EE is responsible for:

(1) Leading all-GRECC evaluation activities such as preparation of the GRECC annual report and the preparation of self-study materials for GGAC site visits;

(2) Coordinating, developing, and evaluating aging-related educational programs to improve knowledge and skills of trainees, fellows, and VA employees locally, regionally, and nationally;

(3) Identifying and developing support mechanisms to underwrite GRECC educational programs;

(4) Collaborating with the Associate Director for Clinical (AD for C) in instituting and conducting evaluation strategies targeting the clinical demonstration projects;

(5) Serving on the VISN Education Committee or similar-level deliberative body responsible for supporting locally-developed educational programs;

(6) Acting as a liaison between the GRECC and the host VISN's Education Service Representative;

(7) Serving as an *ex officio* member of the GRECC Advisory Committee, at the discretion of the GRECC Director and Advisory Committee Chair;

(8) Participating in the monthly calls of the GRECC ADs for EE or delegating a proxy when unable to participate; and

(9) Seeking out and acting upon opportunities to collaborate with other GRECC ADs for EE, their programs and personnel.

l. **GRECC Associate Director for Clinical.** The AD for C is responsible for the Clinical Component of the GRECC. In this role, the AD for C is responsible for:

(1) Assuming the leadership role in identifying, developing, securing support for, conducting, and evaluating clinical demonstration projects (CDPs). Suitable means for selecting the focus of CDPs can include, but are not limited to:

a. evidence-based or other promising practices that should be, but have not yet been, incorporated into routine clinical care; and

b. Quality Improvement/ Implementation Science approaches designed to improve processes of care.

(2) Collaborating with the AD for R to:

(a) Identify promising clinical research questions;

(b) Assist in turning those questions into credible research protocols; and

(c) Help secure support for undertaking the investigations for addressing the research questions;

(3) Collaborating with the AD for EE in instituting and conducting evaluation strategies targeting the clinical demonstrations;

(4) Ensuring there are an adequate number of, sufficient variety of, and suitable supply of faculty resources for geriatrics and gerontology-focused clinical educational opportunities for GRECC trainees, geriatrics fellows, and medical residents working in GRECC programs;

(5) Serving as an ex officio member of the GRECC Advisory Committee, at the discretion of the GRECC Director and Advisory Committee Chair;

(6) Participating in the monthly calls of the ADs for C or delegating a proxy when unable to participate; and

(7) Seeking out and acting upon opportunities to collaborate with other GRECC ADs for C, their programs and personnel.

m. **GRECC Administrative Officer (AO)**. The AO is responsible for:

(1) Coordinating with the GRECC Director and Associate Directors for the purpose of administering the GRECC and its resources;

(2) Developing the budget under direction of the GRECC Director and retaining responsibility for allocation of resources to meet GRECC goals;

(3) Providing expert assistance on cost-accounting and cost-effectiveness for GRECC operations;

(4) Serving as a resource to the GRECC Advisory Committee and, at the discretion of the GRECC Director and Advisory Committee Chair, serving as an *ex officio* member of that group;

(5) Coordinating with the GRECC Director and Associate Directors, VA facility leadership, VISN leadership, and VA Central Office for periodic site visits by the GGAC and the communications stemming from those site visits;

(6) Participating in the collection of data and finalizing the annual report of GRECC activities for submission to VA Central Office;

(7) Participating in the bimonthly calls of the GRECC AOs or delegating a proxy when unable to participate; and

(8) Seeking out and acting upon opportunities to collaborate with other GRECC AOs, their programs and personnel.

**RECOMMENDED GERIATRIC RESEARCH, EDUCATION, AND CLINICAL CENTERS
(GRECC) PRIMARY CORE STAFFING PATTERN**

Position	Grade	FTEE
Director (doctoral level health professional with extensive skill and experience in clinical geriatrics)	Title 38 Chief/10	1.0*
Associate Director for Clinical (physician) (AD for C)	Title 38 Chief/10	1.0*
Associate Director for Research** (AD for R)	Title 38 Chief/10 or General Schedule (GS) 14	1.0*
Associate Director for Education and Evaluation*** (AD for EE)	Title 38 Chief/10 or GS 14	1.0*
Administrative Officer (AO)	GS 12-13	1.0
Research and clinical investigators, Clinical educators	Title 38 Chief/10 or GS 12-14	5.0
Clerical support	GS 5-7	2.0

Total: 12.0

*minimum GRECC commitment of 0.625 full-time equivalent (FTEE) employee

**must have doctoral level degree with research training, education, or background in one of the major foci of the GRECC's research

***must have doctoral level degree with advanced degree or demonstrated experience in education or evaluation

a. **GRECC Director.** Each GRECC must have an appointed Director. The GRECC Director must have demonstrated, extensive skill and experience in clinical geriatrics, research and administration, as well as the ability to attract, motivate, and lead innovative and productive researchers, clinicians, and educators.

(1) The GRECC Director's position is centralized and therefore the appointment must be approved by the Under Secretary for Health.

(2) The GRECC Director must hold a clinical doctoral degree (e.g., MD, DO, PhD in a clinical discipline, DDS, DMD, OD, DSW, DNP, PharmD, DPT, etc.), or one of the international equivalents and be at least five-eighths time VA.

(3) A minimum of five-eighths time must be devoted to the GRECC.

(4) No more than 20 percent of the Director's GRECC time should be devoted to non-GRECC administrative activities (e.g., for the VA medical facility or the VISN).

(5) Neither formal training nor certification in geriatrics is required but in the interest of serving as a role model and a leader in geriatrics, both characteristics should be sought in the selection of a Director.

(6) The Director must be currently credentialed to provide clinical care at the host VA, and needs to participate in some VA clinical activity.

b. **Associate Directors.** Each GRECC must have an Associate Director for Research (AD for R), an Associate Director for Education and Evaluation (AD for EE), and an Associate Director for Clinical (AD for C).

(1) The three previously-named Associate Director (AD) positions are designated as key positions. Appointment to any one of these positions requires review and concurrence by the GEC Chief Consultant to be regarded as official.

(2) Each of these three Associate Directors must hold an appropriate doctoral level degree, be at least five-eighths time VA and at least five-eighths time GRECC, and have advanced training, extensive experience, and/or certification in gerontology or geriatrics. In addition:

(3) The AD for R must have research training, education, or background in one of the GRECC's research foci and adequate background and resources to serve as an effective research mentor;

(4) The AD for EE must have training and experience relevant to educational design and evaluation; and

(5) The AD for C must have an MD or DO; and needs to have fellowship training, certification, and/or extensive experience in geriatrics, experience serving as a mentor in clinical investigations, and managing quality improvement and implementation science projects. The AD for C must be currently credentialed to provide clinical care at the host VA and must participate in ongoing clinical geriatric activity there.

(6) A GRECC may appoint other Associate Directors (e.g., for Health Services Research, or for Informatics) but these positions are optional and are not subject to the specifications in paragraphs b.(1)–(5) above.

c. **Administrative Officer.** Each GRECC must have an Administrative Officer (AO).

(1) AO positions are designated as key positions and therefore no AO appointment is official until the GEC Chief Consultant has reviewed and concurred on it.

(2) AO positions must not be less than five-eighths FTEE devoted to GRECC.

(3) AOs need to have prior experience in managing research grants and in working with academic affiliates in addition to fulfilling the customary administrative, service-based obligations associated with human resources/personnel administration, finance and budget, information technology support, and medical facility administrative matters.

RECOMMENDED GERIATRIC RESEARCH, EDUCATION, AND CLINICAL CENTER (GRECCs) PRIMARY CORE TIME DISTRIBUTION

This Appendix needs to be regarded as guidance. Individual skill sets, professional foci, and interests of each GRECC Primary Core Staff should determine the actual time distribution.

<p>GRECC Primary Core position :</p>	<p>Recommended percentage (%) of GRECC supported time devoted to: <u>GRECC RESEARCH</u> (pre-clinical, clinical, Health Services and Rehab R&D; research administration; and research evaluation)</p> <p>Only a MINIMUM is specified.</p> <p>Should not be <u>LESS</u> than:</p>	<p>Recommended percentage (%) of GRECC supported time devoted to: <u>GRECC CLINICAL</u> (clinical demonstration and clinical education (e.g., teaching in clinic))</p> <p>Only a MINIMUM is specified.</p> <p>Should not be <u>LESS</u> than:</p>	<p>Recommended percentage (%) of GRECC supported time devoted to: <u>GRECC EDUCATION</u> (didactic education (e.g., lectures, grand rounds), educational evaluation)</p> <p>Only a MINIMUM is specified.</p> <p>Should not be <u>LESS</u> than:</p>	<p>Recommended percentage (%) of GRECC supported time devoted to: <u>Non-GRECC CLINICAL</u> (provision of clinical services that are not part of GRECC clinical demonstration or clinical education)</p> <p>Only a MAXIMUM is specified.</p> <p>Should not be <u>GREATER</u> than:</p>
GRECC Director	45	(no minimum)	10	10
Associate Director for Research (AD for R)	80	(no minimum)	10	10
Associate Director for Clinical (AD for C)	40	(no minimum)	10	10
Associate Director for Education and Evaluation (AD for EE)	20	(no minimum)	60	10
NEW Research or Clinician Investigator^x	80	(no minimum)	10	10
ESTABLISHED Investigator^{xx}	70	(no minimum)	10	10
Clinician-Educator	20	50	10	20

^x An investigator who is in the first 3 years of employment at the GRECC

^{xx} An investigator who is in the fourth year or beyond of employment at the GRECC