

## Project Description

The Integrated Health Care for an Aging Population (IHAP) Initiative was established as one of 2007 APA President Dr. Sharon Stephens Brehm's Presidential Initiatives. A Presidential Task Force was convened to address the challenge of how health care can best be planned and delivered for older adults. Dr. Brehm appointed the following individuals to the Presidential Task Force on Integrated Health Care for an Aging Population: Toni Antonucci, PhD (co-chair); Antonette Zeiss, PhD (co-chair); Gregory Hinrichsen, PhD; Deborah King, PhD; Peter Lichtenberg, PhD, ABPP; Martita Lopez, PhD; and Jennifer Manly, PhD.

The IHAP Presidential Task Force held two, three-day meetings in October 2006 and June 2007. An APA Technical Advisory Panel was established, chaired by APA Past President Norman Abeles, and health and aging professional organizations were invited to review its work. At its first meeting, The Task Force determined that its primary product would be the report, *Blueprint for Change: Achieving Integrative Health Care for an Aging Population*. During the remainder of 2007, the IHAP Task Force prepared this report. It was adopted as policy by the APA Council of Representatives in February 2008.

The purpose of the *Blueprint* is to examine and make recommendations for how psychologists can work with other healthcare professionals, individuals and families to ensure appropriate, effective, and integrated healthcare for the increasing number of older adults. Although the *Blueprint* was designed for psychologists in practice, training, research, and policy, it is also useful for other health care providers who work with older adults. The *Blueprint*:

- reviews the demographic imperative facing the United States.
- discusses the problems inherent in our predominantly individualistic and individual provider-patient based health care system and how older people are disadvantaged by care which is not sensitive to multiple morbidities, life span experiences, fragmented care, marginalization, ageism and stigma as well as unique characteristics such as age, gender, class, race, religion and ethnicity.
- presents a basic model of integrated, interdisciplinary health care as an approach characterized by a high degree of collaboration across the various health professionals serving patients in assessment, treatment planning, treatment implementation, and outcome evaluation.
- identifies the knowledge and skills that psychologists contribute to enhance integrated health care teams including knowledge of aging and adult development, knowledge of clinical issues, assessment knowledge and skills, intervention knowledge and skills and skills in consultation, program development, and research.
- delineates the eight basic principles of integrated health care: sensitivity to ageism; familiarity with the roles of other health care team members; respect for differences in health care processes and beliefs among team members; awareness

- and productive treatment of conflict among team members; use of conflict resolution skills; receptivity to increasingly diverse forms of communication (e.g. virtual teams) within health care teams; sensitivity to issues of multicultural diversity and marginalization; and the need to offer ongoing assessment of treatment and its outcomes.
- describes interdisciplinary collaboration in multiple diverse sites of care including primary care, specialized medical settings such as rehabilitation units, cardiology or surgical centers; long term care settings and community oriented social service settings.
  - provides an older consumer's perspective on health care. Issues such as health literacy, the importance of attending to issues of patient satisfaction with and expectations about health care, disparities in health, as well as preferences for and access to care are highlighted.
  - Offers recommendations for future action encompassing research, education and training, practice, public policy, and public education and awareness.

The APA Committee on Aging (CONA) has agreed to continue the work of the IHAP Task Force and to determine the most effective mechanisms to foster the attainment of the recommendations outlined in the Blueprint. The first activity will be broad dissemination of the Blueprint to the discipline of psychology more broadly, to other health care and aging professionals, education and training programs, government agencies and policymakers. Second, fact sheets will be developed for three audiences: 1) policymakers to make clear psychologists' involvement in and contributions to this expanding model of care, 2) graduate faculty and training directors to provide guidance to on how to shape and develop careers that would emphasize care for older adults in integrated settings, and 3) older adults and their families to provide information and skills to improve coordination of their care. At the 2008 APA Convention, a symposium, "Best Practices of Integrated Care: Opportunities and Challenges" will be presented that highlights models of integrative care for older adults, marginalized populations, individuals with disabilities, and HIV patients with co-occurring mental health and substance use disorders.

In terms of next steps, psychology cannot single-handedly create integrated care. APA, through its Office on Aging and Committee on Aging, will reach out to other professions to coordinate our work with their own efforts to promote integrated care. As an example, there is currently a strong movement and support for interdisciplinary research with a recognition that such integrated efforts are often more fruitful than isolated or single-disciplined ones. Such efforts must continue and be expanded. Psychology can work with other professions in integrated care to develop educational materials for a variety of disciplines. In addition, we have much to learn from other professions, about their roles in health care, for example, about their understanding and misunderstanding of what psychologists offer, about their research on older adults, and about the challenges they face in trying move to a more effective system of providing care. We look forward to such efforts.