Executive Summary

The Blueprint for Change: Achieving Integrative Health Care for an Aging Population is the product of Dr. Sharon Brehm's 2007 APA Presidential Task Force which was created to address the challenge of how health care can best be planned and delivered for older adults. Our simple answer is: through integrated health care. This report outlines the challenges to providing integrated health care as well as some proposed solutions. The report also reviews both theoretical and practical issues. It ends with an appendix of additional resources and how to access them.

Chapter 1: Overview. This chapter begins by highlighting the demographic imperative facing the United States. The number and proportion of older adults are growing rapidly. Older adults are and will increasingly be from diverse populations and life circumstances. Our current health care model does not adequately address the needs of older people. Unless we are creative about how we meet these needs, older individuals and their families will be underserved, poorly cared for, and at risk of increased and unnecessary health care problems. The Blueprint is designed for psychologists in practice, training, research, and policy. We believe the Blueprint is also useful for non- psychologists.

Chapter 2: The Broken Healthcare System for Older Adults. Our health care system is predominantly individualistic and individual provider-patient based. There are many problems with this approach but it especially puts older people at risk. In a hierarchical resource-limited system, 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.

Chapter 3: A Basic Model of Integrated, Interdisciplinary Health Care. The integrated health care model is presented in this chapter. Core concepts include the usual characteristics of care, i.e., individual assessments and individual delivery of care. What is unique about the Integrated Care Model is the sharing among team members of information and team goals, as well as team development of an intervention plan, strategies of care, and implementation. This interdisciplinary team should have team membership that includes the professionals identified as appropriate for specific circumstances. Teams may have problems of territoriality to overcome but when handled well, this leads to an integrated, shared approach to planning and decision-making.

Chapter 4: Knowledge and Skills that Psychologists Contribute to Integrated Health Care. Each team member will make unique and sometimes overlapping contributions. In this chapter we focus on psychologists who contribute their knowledge of aging and adult development to clinical issues. This knowledge will be especially useful in the differentiation of normal from pathological changes associated with aging. Further, geropsychological acumen is useful in clarifying which clinical problems may be reversible such as those caused by other treatments or medications. Psychologists can conduct cognitive, capacity, diagnostic, and personality assessments. Psychologists can assess other problems seen in older adults such as mood or anxiety disorders, suicide, and psychotic symptoms. As part of the team, psychologists should be proficient in adapting assessment methods and interventions to fit the setting. It is most useful if psychologists are familiar with a variety of intervention approaches and are knowledgeable about the

most successful treatments of both physical and mental disorders. As members of an integrated health care team, psychologists are encouraged to offer consultation to family members, significant other close relations, and to other professionals. And, finally, psychologists should be sensitive to individual and community characteristics, and whenever possible apply up-to-date research findings and evaluation techniques to the problems at hand.

Chapter 5: Principles of Integrated Health Care. The eight basic principles of integrated health care are presented. These include: 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 treatment outcomes.

Chapter 6: Interdisciplinary Collaboration in Diverse Sites of Care. Health care delivery often occurs in multiple settings. It is likely that the health care team will function differently according to the site, although mutual respect and communication are critical in all sites. Examples of different settings include primary care, specialized medical settings such as rehabilitation units, cardiology or surgical centers; long term care settings and community oriented social service settings. Opportunities for selective and universal prevention should be a goal of all interdisciplinary health care teams.

Chapter 7: The Older Consumer's Perspective on Health Care. This chapter takes the older health consumer's perspective on health care. Health literacy is highlighted since it is clear that there is great variation in how much older people understand their health problems and the health care delivery system. The importance of attending to issues of patient satisfaction with and expectations about health care is noted, as is the likelihood that there may be large differences in each older persons' preferences for care. Since marginalization may be more prevalent among older people than other age groups, attention should be given to disparities in health as well as preferences for and access to care. Several suggestions are offered for how to improve older adults' knowledge of and access to health care.

Recommendations: This final section offers recommendations for future APA action. Over forty recommendations are identified within five subgroups: research; education and training; practice; public policy; public education and awareness. Recommendations are not prioritized since each recommendation has merit. Priorities will vary in different contexts for those supporting, providing, or receiving health care. Nonetheless, we believe all recommendations need to be implemented. Given the limited life of President Brehm's Task Force, we are pleased that the APA Continuing Committee on Aging has agreed to assume the responsibility for exploring how best to encourage the implementation of these recommendations.