

**REPORT OF THE
VIRGINIA DEPARTMENT OF
HEALTH PROFESSIONS**

Report on Addressing the Impact of the Aging of the Population

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



**COMMONWEALTH OF VIRGINIA
RICHMOND
2006**



COMMONWEALTH OF VIRGINIA

Department for the Health Professions

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MEMORANDUM

TO: The Honorable Timothy M. Kaine, Governor of Virginia
Members of the General Assembly

FROM: Robert A. Nebiker, Director

RE: **REPORT ON ADDRESSING THE IMPACT OF THE AGING OF THE
POPULATION PURSUANT TO HOUSE BILL 110 OF THE 2006
GENERAL ASSEMBLY**

Pursuant to House Bill 110, passed by the Virginia General Assembly in the 2006 Session, the Virginia Department of Health Professions submits this report of its progress for addressing the impact of the aging of the population.

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Executive Summary

This document comprises the report of the Virginia Department of Health Professions (DHP). Since DHP regulates health care practitioners in Virginia, the service the agency provides in granting licenses and disciplining those practitioners who are in violation of law or regulation affects all Virginians, regardless of age.

However, current publications and websites designed to be “senior-friendly” include the DHP website that includes vital information to seniors seeking to make informed choices about health care providers. In addition, The Department of Health Professions is partnering with 2-1-1 VIRGINIA to provide information regarding its licensees to the public so that they may make informed decisions regarding their health care. The partnership with 2-1-1 VIRGINIA will enable DHP to provide licensee information to the public who may not have access to the Internet at no cost to them. Among those who are anticipated to make greatest use of the service are elderly, since they are, as a group, typically the least likely to be connected to the Internet. The agency has provided an article about 2-1-1 for AARP to include in its newsletter, and it is working with Senior Navigator, Fifty Plus, Senior Connections and others to spread the news to seniors.

REPORT

House Bill 110 (2006) amended *Code of Virginia* §2.2-5510 to require all agencies to report “its progress for addressing the impact of the aging of the population in at least five specific actions.”

The Department of Health Professions has reviewed its policies and programs with respect to their impact on senior citizens and adults with disabilities. The report of that review is provided as follows:

1. *To the extent such data is available, the number of persons who received services from the agency in the past fiscal year who fell into each of the following age ranges: 65-74; 75-84; and 85 and older. If the agency can provide data that compares such numbers to numbers of senior citizens served in the past, please do so. If the agency lacks specific information about the numbers of senior citizens it serves, but has other evidence indicating that it is serving more or fewer senior citizens than it has in the past, please describe the basis for that estimation.*

The number of senior or persons with disabilities who received services from the Department of Health Professions (DHP) in the past fiscal year is unknown. Since DHP regulates health care practitioners in Virginia, the service the agency provides in granting licenses and disciplining those practitioners who are in violation of law or regulation affects all Virginians, regardless of age. While DHP does not directly deliver health care services, the aging of our licensees may have an impact on the future availability of such services. The population of Virginia is growing and aging, which intuitively indicates that more licensees of all professions would be necessary to maintain the current level of services.

For example, among all licensees of the Board of Medicine, there are 3,855 estimated to be over the age of 65 (Ages 65-74 - 2,937; Ages 74-84 – 828; Age 85 and over - 99). That Board has assisted the deans of the four schools of medicine with a workforce survey of approximately 25,000 physicians who renew their licenses online seeking information regarding their practice patterns, plans to add practitioners, plans to limit hours and plans to retire. The attrition of licensees would have to be met or exceeded by newly licensed physicians to keep up with the demand for services. The deans of the schools will use the data to project needs for the future and any adjustment to the size of medical school classes necessary to deal with our growing population.

2. *Identify the agency services that are utilized by senior citizens 65 and older in significant numbers. Indicate whether the agency has the capacity at present to serve all interested seniors or whether the demand for certain services exceeds the agency’s capacity. If so, does the agency maintain waiting lists for services?*

The agency services that are utilized by senior citizens would incorporate the entire scope of DHP activity in the areas of licensing and discipline. Currently, the agency issues licenses, certificates, registrations or permits to over 285,000 entities that provide health care services. Since it is estimated that seniors consume up to four times the amount of health care services as

persons in other age groups, it can be assumed that a substantial portion of the services DHP enables are utilized by seniors.

3. *Identify current agency programs, specifically designed to serve seniors 65 and older, that fall into any of the following six categories: Health Care/Wellness; Education; Public Safety; Recreation; Financial Security (including Housing); and Transportation.*

Current agency programs specifically designed to serve seniors in the area of health care would include:

- The Board of Medicine worked with the Virginia Association of Free Clinics to facilitate the creation of a volunteer license through legislation. This category of license was specifically requested for and tailored to the aging, retired physician who still wishes to serve an indigent population without having to meet all the burdens of full licensure with the Board. A similar license exists in Dentistry for dentists and dental hygienists who are retired or do not want to maintain an active license but want to volunteer in free clinics.
 - The Board of Nursing is working on the development of a regulatory program for the persons who administer medications in assisted living facilities, and the Board of Long-Term Care Administrators is developing regulations and an examination to issue licenses to administrators of assisted living facilities. Both are designed to protect a higher level of competency and accountability for persons who work primarily with the elderly in assisted living facilities.
4. *Identify the extent to which your agency provides “consumer-oriented” publications and websites online that are designed to be “senior-friendly.” If the information you currently provide is not readily accessible to seniors, identify any steps your agency is taking to improve accessibility.*

Current publications and websites designed to be “senior-friendly” would include the DHP website that includes vital information to seniors seeking to make informed choices about health care providers. Seniors can look up any health care practitioner to determine if his/her license is current and whether they have had disciplinary action taken. They can access a wealth of information about doctors of medicine, osteopathic medicine and podiatrists on the Physician Profile, including educational background, office hours, disciplinary actions and malpractice history.

In addition, announcements currently available on the DHP website designed to provide information for seniors and those who care for that population include:

- An update to DHP providers on Medicare Part D with contact information on helping seniors to enroll and participate;
- Warnings or recalls from entities such as the Food and Drug Administration about problems with prescription drugs and devices or dietary supplements;
- Information about mandated reporting requirements to the Adult Protective Services Hotline at 1-888-832-3858 about any situation in which someone suspects an elderly or disabled adult may have been abused, neglected, and/or exploited or is at risk of being abused, neglected, and/or exploited;

An alert to funeral service establishments that scam artists posing as insurance companies are preying on bereaved families.

5. *Describe any other services or programs that the agency has implemented or plans to implement in the future to address the impact of the aging of Virginia's population.*

The Department of Health Professions is partnering with 2-1-1 VIRGINIA to provide information regarding its licensees to the public so that they may make informed decisions regarding their health care. The primary vehicle through which DHP currently provides public information is the agency's website (www.dhp.virginia.gov). Because this requires individuals to have access to the Internet, citizens without Internet access must now call DHP for information regarding a healthcare professional. For a significant portion of the Commonwealth, this requires a long-distance phone charge. The partnership with 2-1-1 VIRGINIA will enable DHP to provide licensee information to the public who may not have access to the Internet at no cost to them. Among those who are anticipated to make greatest use of the service are elderly, since they are, as a group, typically the least likely to be connected to the Internet.

Coordinated through the Virginia Department of Social Services, in partnership with the Virginia Alliance for Information & Referral Systems (VAIRS), 2-1-1 VIRGINIA is an easy to remember, free telephone number connecting people with information on available community services. Dialing 2-1-1 connects the caller to a trained professional, who can listen to the situation and suggest resources within the caller's community using one of largest databases for health and human services information in Virginia.

Under this MOU, DHP will conduct a 6-month pilot to determine the efficacy of using 2-1-1 VIRGINIA to enable callers to obtain healthcare licensee information otherwise available through DHP's website. At the end of the pilot, DHP will evaluate the usage and caller information provided by the contract service provider to assess the impact of the service on DHP's operations and its value to the citizens. The pilot program may be extended for an additional 6-month period to ensure adequate data for a proper evaluation.

The agency has provided an article about 2-1-1 for AARP to include in its newsletter, and it is working with Senior Navigator, Fifty Plus, Senior Connections and others to spread the news to seniors. It is also working on a brochure or flyer about 2-1-1 for distribution to places like pharmacies and public libraries.

APPENDIX

CHAPTER 54

An Act to amend and reenact § 2.2-5510 of the Code of Virginia, relating to the effect of the aging population on state agencies.

[H 110]
Approved March 7, 2006

Be it enacted by the General Assembly of Virginia:

1. That § [2.2-5510](#) of the Code of Virginia is amended and reenacted as follows:

§ [2.2-5510](#). (Expires July 1, 2008) Strategic plan.

A. Each agency shall develop and maintain a strategic plan for its operations. The plan shall include:

1. A statement of the mission, goals, strategies, and performance measures of the agency that are linked into the performance management system directed by long-term objectives;
2. Identification of priority and other service populations under current law and how those populations are expected to change within the time period of the plan; ~~and~~
3. An analysis of any likely or expected changes in the services provided by the agency; *and*
4. *An analysis of the impact that the aging of the population will have on its ability to deliver services and a description of how the agency is responding to these changes. Based on guidance from the Secretary of Health and Human Resources, each agency shall report by October 1 of each year to the Governor and to the General Assembly its progress for addressing the impact of the aging of the population in at least five specific actions.*

B. Strategic plans shall also include the following information:

1. Input, output, and outcome measures for the agency;
2. A description of the use of current agency resources in meeting current needs and expected future needs, and additional resources that may be necessary to meet future needs; and
3. A description of the activities of the agency that have received either a lesser priority or have been eliminated from the agency's mission or work plan over the previous year because of changing needs, conditions, focus, or mission.

C. The strategic plan shall cover a period of at least two years forward from the fiscal year in which it is submitted and shall be reviewed by the agency annually.

D. Each agency shall post its strategic plan on the Internet.