

In this episode of Aging for All, hosts Jen Yannis-Pryor and Andrea Price welcome Dr. Daniel Blustein, a retired geriatrician and family physician. Dr. Blustein shares his extensive background in geriatrics, his journey into the field, and the importance of caregiver education through programs like Caregiver Conversations. The discussion highlights the role of primary care in geriatric care, the interdisciplinary approach to caregiving, and the significance of audience participation in learning. Dr. Blustein also discusses his motivation for continuing education post-retirement and offers advice on career planning and re-engagement for healthcare professionals. The episode concludes with announcements about upcoming caregiver conversations.

Aging for All (00:01.4)

Hello and welcome to Aging for All. We're your hosts, I'm Jen Yannis-Pryor. And I'm Andrea Price. Thank you all for joining us today. Today we are excited to welcome Dr. Daniel Blustein. Dr. Blustein is a geriatrician and family physician who retired in June of 2019 as Professor Emeritus from the Department of Family and Community Medicine, the Eastern Virginia Medical School.

Dan arrived at EVMS in 1981, having graduated from the University of Chicago and the University of Massachusetts Medical School. He completed a residency in family medicine at the University of Maryland and a Robert Wood Johnson Faculty Development Fellowship at the University of Iowa. Dan previously served as EVMS Family Medicines Research Director.

then as its geriatrics division director until his retirement as professor emeritus in 2019. Dan has a long history of partnership with the Virginia Geriatric Education Center at VCU and other statewide colleagues on geriatrics training grants beginning in 2007 and 2008 for the period of 2010 to 2015. More recently,

He was the EVMS lead for the VCU's Virginia Geriatric Workforce Enhancement Program from 2015 to 2019. Dan and his team developed excellence in primary integrated care geriatric patients, a project which leveraged the Medicare annual wellness visit as a means of integrating geriatrics and primary care.

This work was the basis for his selection as a 2016 Hartford Foundation Practice Change Leader. A subsequent Hartford award for the advanced collaboration with Senior Services of Southeast Virginia to improve follow-up care for high-risk, high-need seniors identified in AWD. This effort received a 2019 National Association

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of Area Agencies on Aging Innovations Award and the Health Quality Innovators for Virginia Runner-Up Award. Presently, Dan is adjunct professor in the Virginia Geriatric Education Center, Virginia Center on Aging, VCU College of Health Professions. He served in the conduct of varied educational initiatives concerning primary care of dementia and brain health. He also worked in support of the COAs creating interprofessional readiness

for Complex and Aging Adults Program and the Virginia Memories Project. His interests also include examination of post-retirement vocational re-engagement. Hello and welcome, Dan.

Well, welcome and thanks for the kind introduction. Yeah, we're very excited to have you today. Appreciate it. I'm glad to be here. Yes, you have an extensive resume.

But I'm really excited and impressed about the work you do in geriatrics, continue to do in geriatrics. So tell us a little bit about your journey to this place. Okay. Real briefly, I started my career in family medicine. I grew up, my dad was a family physician. That certainly was the framework for my getting into medicine. And you could grandfather for geriatrics boards.

Discipline Geriatrics was first recognized by American Medical Specialties Council back in early 1990s. This coincided with my parents' own issues of aging, functional decline, and dealing with end of life. And I found that was my place in my people. so the latter, probably two-thirds of my career, I spent teaching geriatrics on primary care venue, several different roles.

Probably one of those most consistent over time was having a senior's clinic where we saw primarily dementia patients that were within our own practice. So that's how I got into geriatrics and I've really, it feels like home to me. That's great. I love how you talked about how you find your place in your people. Absolutely. One of your current projects, I guess,

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is something called Caregiver Conversations. Could you explain a little bit about this program and how it this caregiver? Absolutely. Thanks. I'm glad to talk about it. One of my roles earlier, I worked with my friends at VCU, was doing what are called Project Echo programs, which are distance learning, and really got some traction during the COVID epidemic when in-person education really became difficult.

And one of the things we found is that people were too busy to attend. Physicians, nurse practitioners, PAs, people were on the front lines of patient care. And wasn't that we were disinterested, but there was a real time issue. And it really has not gone away, even though the worst of COVID has subsided. And I had come across a study talking about how patient requests for or family requests for

geriatric services can kind of help direct care. On the surface of this, you would think that maybe I would not like this idea. Sometimes when people come in asking for things, it's things that are unnecessary and they tend to be very unhappy with you when you don't comply. But if it's a request for something that makes sense, for example, in geriatrics, looking at the medication list or talking about driving safety or talking about advanced care planning.

those questions are very reasonable and can help drive the conversation forward, particularly to someone who is, you know, trying to, you know, to, who's multitasking in the course of a clinical encounter. So I kind of flowed this idea back in 2022. I was very happy to find that several of my colleagues within the Geriatric Education Center or our GWEP grant, you know, work with me. It has, and we piloted this Caregiver Conversations over 2022 and 2023.

It has really three components. First, there's an introduction to dementia and some of the effects of disparities. Second, we talk a little more length about what are the elements of good dementia care that patients and caregivers need to know about. It's less about the newest, greatest drugs and more about the things that go into good.

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good decision making and trying to optimize health status and clinical status and dementia. Knowing this information is one thing, but sometimes it takes a little bit of moxie to ask physicians or other healthcare providers. So we also talk about how do you ask questions and how do you ask questions in a constructively assertive way, if needed.

The program has grown in that we also talk about how the functions of caregiver around caregiving tasks. That is work that's carried by my friend Kevin Grundin, who was trained with Tapa Snow, who's a well-known geriatricist educator who talks about dealing with complications to mention, agitation. And we also have elements that talk about resource utilization, including the Virginia Memory Project,

Virginia Navigator, the Alzheimer's Association, and several other projects that we work together on, including Project ALTER. So we demonstrated that the project's feasible, that we can attract an audience, and our plans now are to expand our footprint, to do some live presentations, broaden our range of topics, and to adapt our topics to the interests and needs of particular audiences. So I apologize for the rather lengthy overview, but

Hopefully that can give you a little frame of reference. That was great, Dan. I've been a participant in caregiver conversations and I've been a student of caregiver conversations. Can you speak a little bit more about why it's important for caregivers to have this information? You kind of laid out some points that you guys focused on. So why is this important for caregivers?

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Empowerment to be the short version that.

Aging for All (08:58.511)

your presence as an informed caregiver. For most physicians where you're asking for things that are, that make good sense, most conscientious physicians will welcome that, to have that type of dialogue. The awareness of good geriatric care will vary across clinical settings and you being a self advocate for it and talking about things that are,

that move the process forward is absolutely key. Sometimes people are just too busy or geriatrics is not their prime interest or it just helps to get a conversation going as opposed to kind of a monologue on one end. And it forms a basis for kind of a shared communication model that really can be leverage to improve things for caregivers and their loved ones. It also provides knowledge and skills in other areas that are absolutely crucial to be

an effective caregiver and to be able to kind of self-regulate, take care of yourself.

And Dan, I love this. So one of the things you just said really, I think, highlights why this is so challenging for all people, I think, is that there's not a lot of Dan's out there, not a lot of geriatricians. And so the primary care physician for many older people may not even specialize in geriatrics. And so I think what you said about

you know, raising awareness about what good geriatric care looks like is an essential component, right? Well, primary care does take care of illnesses that are common, prevalent, severe, significant. Dementia certainly fits that category. Primary care certainly can help address what's going to be a long-standing deficit in terms of

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not having enough geriatricians, geriatric psychiatrist, neurologist to provide direct first-hand geriatric care. But beyond being just playing B in a numbers game, primary care by its nature that relies on continuity relationships, trust relationships over time, and knowledge of a family and the community that you live in, really can provide added value to conversations about

what dementia care should look like and really around the notion of what matters most to patients and families, which has come to the forefront of our approach to geriatric care. So I'm an advocate for primary care, embracing care of dementia patients and geriatric care in general. It's a necessity, but we can also make it better.

Yes, absolutely. One thing I really like about caregiver conversations is that there have been partnerships built with professionals across the state that provide this education. So can you talk a little bit more about the different types of professionals who are there providing this training for the caregivers? Excellent point. In addition to myself, we have Kim Ivey, who is the director of

education programs for the geriatric education center and has an extensive background in dementia caregiver support. We have yourself, Andrea, who speaks to Alter. We have Ashley Stanton, who actually named Caregiver Conversations. I'm always very appreciative of that. I forget what we called her before, but it was not nearly as catchy a title. She is a social worker who

worked with the Virginia Memory Project and also could be a point of contact for people who come to conversations and want further help. So she is a key participant in this. We also have, I mentioned Kevin Brunden, who is a speech therapist but has extensive training in caregiving skills and caregiving tasks. There's extremely challenging and he can get those across in a very concise and intuitive way for.

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for listeners. I learned a great deal listening to his presentations. We have representatives from Virginia Navigator and also the Alzheimer's Association. And Dr. Ishan Williams at the University of Virginia also works with us and talking about dementia is a broader issue within society. And I

think he's absolutely a key person in kind of helping us set the stage and the foundation for what we talk about.

you know, just being able to open the floor for other people to chime in. Go ahead, please. I was just going to say what you're really highlighting here is the interdisciplinary nature of this and something that someone in a previous podcast talked about was the informal, you know, team members being the caregivers. So I love how we're bringing everyone together to talk about this and learn.

Geriatrics care is good geriatrics here is in a professional care and we haven't gotten there yet as a society, but we do see changes in our healthcare system that are making that possible. And I have to chuckle a little bit because we did a presentation for community group, community agency, Jewish community centers and to start off one person, we tripped in with seven of us and that alone.

was a message that, you know, geriatric care is not a one person show. And I've got to tell you, I darn glad to have the team around me because our audience asked excellent questions and the ones I couldn't get, they stepped up. So it all ended far better, you know, the whole being far greater than some of its individual participants. And that was what I was going to bring up too. Another beautiful thing about caregiver conversations.

are the questions that the caregivers ask and also some of the advice they offer other caregivers when they hear the questions. Sometimes the presenters aren't the ones answering the questions. It's the people who have firsthand experience with caregiving or taking care of a loved one that's living with dementia. I remember one person even asked, if I need a place to go help bathe my loved one because my bathroom isn't retrofit, what do I do?

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We had somebody to offer some some words of advice for for that person. So I'm thankful for the the guests who've also been a part of the education team. Absolutely. The model of ECHO programs is all teach, all learn. And the lecture part of it tends to is by design circumscribed to allow time for these conversations. And sometimes it takes a little bit of patience to get people talking. But once they get going,

audience participation, probably people are far more from their peers than they do from the quote unquote experts. I've also learned there's some very smart people in the audience that have lived experience that is incredibly invaluable and that the questions get at people what people really want to know. We know the presentations are foundation, but they are only a beginning. They're not the end point. And that's one of the fun things about this is that, you know, it

it's not as joining on for an hour it's it becomes a dialogue and you we come resources so it is and

It makes it fun, I think fairly helpful to caregivers. One of the things we want to do in the future is really be able to kind of circle back to caregivers and find out, this information help you in some fashion? Not there today, but hopefully during the course of this, this web funding cycle, we can start to touch on that.

I love that. And that's kind of in line with where my brain was going next is, you had mentioned kind of the future of this is doing more in person sessions. What does that look like? Is that something that you travel around or, you know, how far are you in the planning of that? We have done three, two with AARP in Richmond.

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And the third one was with the Jewish Community Center in Richmond. speaking for myself, I'm pretty willing to, you know, to go where, you know, we would be asked. you know, one of our goals is to see if we can leverage our networks to find out if there are audiences. We've had talks about doing this in some of the more rural parts of the state and also trying to spread this model in my where I live in Hampton Roads area.

One of the things I'd like to see us do also is partner with healthcare clinical practices. And that really will help us more carefully to see what happens to folks who attend this session, whether in some matter, measure that care is better, or at least they feel better about their experience of the care, which is an absolutely crucial outcome. So Dan, let's switch gears just a little bit. I have been a recipient of your education as a circus student, and I know you've educated thousands.

So what keeps you motivated to do the work that you do around education? It gives me a sense of purpose, post-retirement. It gives me a sense of accomplishment. It's fun. I do things I like doing with people I like working with. I've gotten rid of the things I had to do, should do the things I want to do. Having a little extra income is not a bad thing. despite...

age differences between myself and say the majority of the plenary, we have joint interests. Most of my plenary friends are early to mid-career. They're trying to build something. I'm late career. I'm trying to leave a legacy behind and there's a nice intersection there.

That's kind of the short answer, I guess. And then the best I can give you is I think it's fun, I think it's worthwhile. I think I contribute. So I'd like to thank anyhow.

Aging for All (19:39.087)

I really love that, Dan, the intergenerational nature of it and what you said about you want to leave a legacy. They're working on building their careers. And I suspect, and I think you hinted at this when you talked about, you know, working with some of your colleagues on the caregiver conversations, but there's opportunities for you all to become a lot more creative and innovative together by.

by pooling all of your various experiences and knowledge, has that been something you've observed as well as just seeing things kind of in a fresh way?

I have found that people see in caregiver conversations things that never occurred to me but have great value. And my frame of reference is the practicing clinician who works primarily in ambulatory, long-term primary care. So getting the perspectives of people who, one, have been caregivers themselves, and two, bring their own professional perspective to this.

know, his program farmer multidimensional that would be if it was just myself talking about what is good clinical care. And I'm not going to add, I've learned a great deal by this process as well. So I can't emphasize enough my appreciation of having colleagues who are willing to go on this journey with me.

And Dan, you've asked me a couple of times, what are your career plans? Where do you see yourself going? Whether you realize it or not. You are also mentoring in the process and getting us to think even as next, what do you want to do? And your life is a testament. Excuse me, your life is a testament to what's next. So I got to 75 years and I figured I retired. figured I'd make it to 75 bar of bad luck. And the way I look at it is each day you wake up

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If you're okay, can do the things you need to do and want to do. That's a good day. It doesn't matter what else may be going on. I intend to ride that if I'm allowed to with the balance of this, this web cycle that goes to 2029. I think that it will be time. I'll be 80 by that point and hopefully I can still contribute. But maybe that's the time to say.

It's to fade away gracefully. But my real perspective is you wake up, it's a good day, make the most of that day, and we'll figure out what happens tomorrow.

Aging for All (22:37.621)

Dan, what advice do you have for people, because I'm sure you've got lots of great advice, what advice do you have for people who are, whether they're kind of middle of their career or getting started or coming toward the end about like, how do you figure this out for yourself, right? Like you seem to just looking through all of the things you've been involved in, you have threads, right? You have

threads of things that you have followed your passions, you know, we know that some people kind of feel lost along the way. So I'm curious what advice you have for folks who are trying to think about what's next. How do I go to the next level from here? What does it look like beyond what I'm doing now? Well, you know, one of the things we work on in the web is looking at some of the factors that we need to kind of

re-engagement after you retire and one of the offshoots of that is people put huge amounts of time and effort into the front end of their career, going to college, graduate school, fellowships, additional training and embark on their careers and don't give a lot of thought to what the end game is going to be. And my thought, you know, just knowing what's going on in this group is that

The planning for what the end game is going to be really starts no later than mid-career. It starts with financial planning to be sure that one can get into. also what is it to look like when you reach the point where you don't need to or want to work full-time or you want to be fully retired. The key issue is what will give meaning and energy to yourself when you get up in the morning.

that we're not beginning early enough are

Aging for All (24:34.063)

Institutions probably vary greatly in terms of the amount of attention they give to that. Sometimes retirement is a very uncool topic. If you're thinking about retiring, you're disallowed to be in an organization in some fashion. Some other organizations might sort of nudge you out the door because you're old and kind of getting in the way. But other organizations, think BSU has had, if they're at forefront of this, has been helping people embrace their...

they're aging and they're changing roles in life. So they can plan proactively to have a meaningful end game.

That's great, Dan. You have shared great information about caregiver conversations, about your journey, about purpose, about making meaning in our short amount of time together today. So is there anything else you would like to share with our listeners before we end today?

I just appreciate the chance to have to talk with you and to be part of something that's bigger than myself and to have a little bit of fun along the way. Yes. Well, I will add one thing. Stay tuned listeners for the next iteration of caregiver conversations coming up in the spring. So you're hearing this interview now. Get excited because of the announcements will come out soon about how you as a caregiver or

If you want to share the information with other caregivers that you know about caregiver conversations, be on the lookout through VCU about these wonderful sessions that will be coming up in the spring. Thank you very much for bringing that up Andrea. You're welcome. Love it. Thank you so much Dan for joining us today. I also want to thank our listeners for tuning in. It's always a pleasure having you join us.

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And join us next time for another amazing episode of Aging For All.