

Dr. Jonathan Evans MD MPH Virginia Geriatric Education Center

Report of the Joint Commission on Health Care

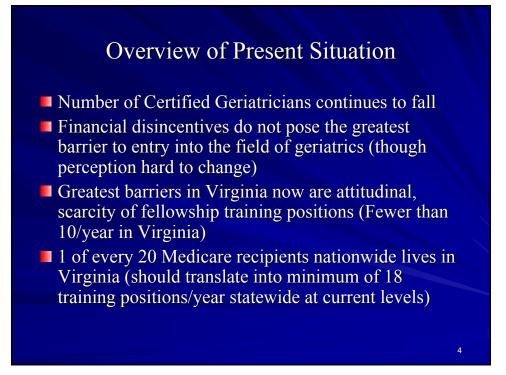
> Access to And Availability of Geriatricians

> > Report Document No. 75 2007

Highlights from Last Year's Report

- National (and Virginia) Shortage of Certified Geriatricians, projected to worsen over coming decades
 - 20,000 needed nationwide in 2006; peaked at 9000, now 7100
 - 500 needed in Virginia (by extrapolation); 146 actual in VA in 2006
 - Approx 350 geriatric physicians in training each year nationwide

"Financial disincentives pose the greatest barrier to entry into the field of geriatrics."



Background

- Population of Virginians age 65 and older increasing rapidly-Will double between 2000 and 2020.
- 460% increase in nursing facility utilization in Virginia between 1985-2001
- Lack of access to high quality, age-appropriate care for older Virginians now
- Access, quality of care issues expected to worsen over next decade
- Number of physicians willing to focus their practice on care of older Virginians is decreasing
- Overall, education of physicians in geriatric care issues inadequate in all specialties at all levels of training
- Maximum number of physicians being trained to become geriatricians in Virginia is 9-10 per year.

Care of Older Patients: What's Different, So what?

- Normal age-related changes in the body have major affects on response to drug prescribing, testing and treatment
 - e.g. kidney function reduced 50% or more by age 80
- Abilities to seek care, care for oneself affected by aging, agerelated illness
- Older Patients' care goals often different
 - Geriatric care analogous to pediatrics in many ways- "Age-Appropriate care"
- Current system of healthcare delivery wasn't built for older patients, those with chronic illness (i.e those who use it)

Health Care Delivery System

- Complaint-based Health Care System requires patient to identify problem, determine severity, actively seek care and transportation to site of care.
 - Patients with cognitive or functional impairments cannot do this
 - In General, medical care and medical education treats all adults the same way, irrespective of age
 - Physician services, training concentrated in hospital, office settings
- Older patients suffer from undertreatment, overtreatment sometimes simultaneously

Negative Consequences of Suboptimal or Inadequate care of Elderly for Commonwealth

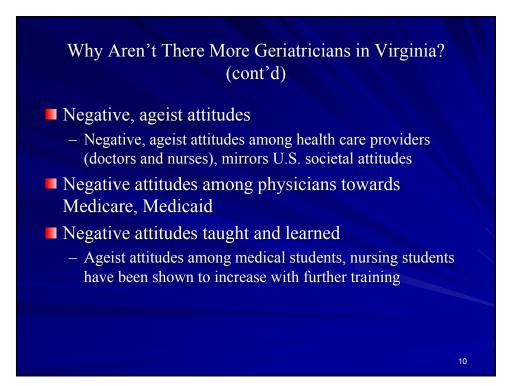
- Needless suffering
- Scarce healthcare resources wasted on fixing problems caused by bad care
- Overuse of Emergency Rooms
- Increased expense to Commonwealth through increased longterm care utilization
- Decreased economic activity, reduced tax revenue due to lost productivity from family caregivers away from work

Why Aren't There More Geriatricians in Virginia?

- Few Opportunities.
 - 10 Medicare Approved Geriatric Fellowship training positions at 4 Sites /Schools.
 - Not all are funded, therefore not filled.
 - 2007-2008: 7 Geriatric Trainees in VA.
- Geriatric Medicine not a high priority for Medical Schools, University Hospitals
- No widely held belief in need for change among University medical centers, faculty or among practicing physicians statewide.

9

Medical culture and bureaucracy very much opposed to change, esp. change imposed by others



Why Aren't There More Geriatricians in Virginia? (cont'd)

- Medical training = Apprenticeship
- Choice of specialties highly influenced by mentorship, environment
- Small number of geriatricians equals fewer role models, mentors
- Lack of exposure to geriatrics in medical school, residency training

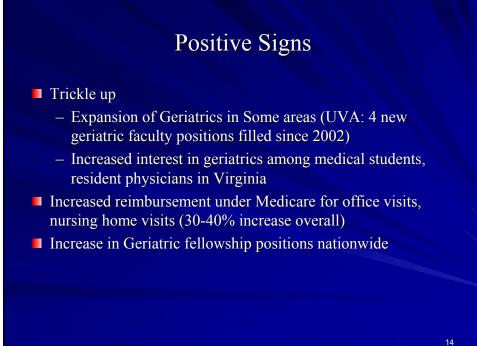
Lack of Exposure to Geriatrics in Medical School, Residency Training

- 23% of medical schools nationwide require a geriatric rotation
- 1/3 of residency programs have specific geriatric requirements
- "Curriculum Conflicts" reported as Number 1 obstacle to implementing Geriatric Medicine Curriculum
- Geriatrics rated 2nd most important curriculum area by Family Medicine and Internal Medicine Residency Program Directors surveyed nationwide

11

Why Aren't There More Geriatricians in Virginia? (cont'd)

- Retention of Geriatric trainees limited by:
 - difficulty creating new academic faculty positions in geriatrics
 - immigration issues
 - Fierce competition for new graduates as number of job opportunities nationwide continues to grow

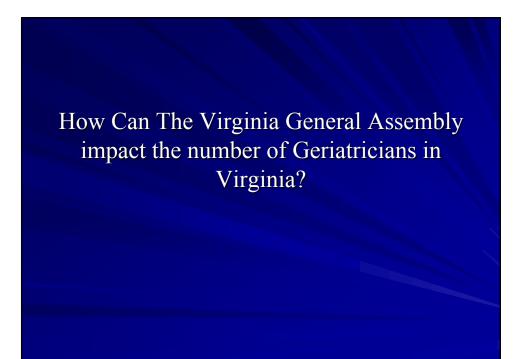


Summary of Current Situation

- Too few Geriatricians in Virginia
- Too few training positions to replace retiring physicians much less meet increased need
- Increased interest among students, residents despite lack of exposure, mentorship during training
- Problem of inadequate training positions, faculty lies primarily within Virginia Schools of Medicine, University Hospitals

15

Problems of care for older Virginians not limited to those training sites



Increasing Geriatricians: Conceptual Approach

Grow more

Increase geriatric training positions from current low level
Fund additional slots or mandate growth in training from sites already receiving state funds for health care or education

Keep more

- Financial incentives for geriatricians to practice in Virginia
- Immigration visa/green card issues
- Find More
 - Create incentives for Geriatricians to move to Virginia to practice (i.e. loan forgiveness)
 - Support faculty positions in Geriatric Medicine across the Commonwealth

Increasing Geriatric Training Positions in Virginia

- Medicare supports increasing the number of Geriatric training positions
- Teaching hospitals reluctant to allocate resources (45K salary plus benefits/year) to add new training positions in Geriatrics
- Legislature could allocate new funds for additional geriatric fellowship positions or
- Legislature could tie current State funding for universities, teaching hospitals (i.e. Indigent Care funds) to geriatric training at all levels, including fellowship training
- State could develop benchmark goals for teaching hospitals, Schools of Medicine re: geriatric education/training, number of Geriatricians statewide

17

Increasing Geriatricians

- Complete funding of training experiences most likely to be effective, provided funds cannot be expropriated for other purposes
- Mandating cooperation from teaching hospitals, Medical Schools may result in half-hearted efforts, including 'renaming' current activities without any real change unless active oversight occurs
- Incentives including matching funds may be insufficient to change attitudes of institutional leaders
- Legislature can exert a great deal of influence without necessarily spending a lot of additional funds

Conclusions

- Negative attitudes, institutional resistance to change are main factors limiting expansion of Geriatric Medicine training at all levels of Medical Education
- Shortage of Geriatricians in Virginia will worsen in coming decade
- Geriatric education needed at all levels along with changes in health care delivery
- Relatively modest financial outlay could result in significant increase in Geriatricians in Virginia

19