

KEY POINTS TOWARDS QUALITY GERIATRIC CARE

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OUTLINE

- Why do geriatric patients require a different approach than other adult patients?
- What is the scope of the geriatric workforce problem?
- What can legislators and medical educators do to address this gap in care?

Why Do Geriatric Patients Require A Different Approach Than Other Adult Patients?



MEET MR. C.

Emergency Hospitalizations for Adverse Drug Events in Older Americans

- 100,000 emergency admissions a year
- Majority were in patients over the age of 80
- 1 / 3 were for use of anticoagulation – hundreds of millions of dollars

MEET MRS. Z.

New York Times

October 18, 2006

DIAGNOSES IN GERIATRIC PATIENTS

- It has been estimated that 10-15% of patients with depression are misdiagnosed as having dementia
- Major depressive illness was found to be an independent risk factor for mortality
- Increasing the likelihood of death by 59% in the first year after diagnosis

MEET MRS. L.

SURGERY AT THE END OF LIFE

One-third of the 1.8 million Medicare recipients who were at least 65 years old and died in 2008 had surgery in the year before their deaths.

Many of the procedures probably failed to improve dying patients' lives, said Ashish Jha, a professor of health policy and management at Harvard and the study's lead author.



October 5, 2011, LANCET

HAZARDS OF HOSPITALIZATION

- 31% of hospitalized older patients lose the ability to perform one or more of the ADL skills at baseline; 40% of these older adults remained impaired 3 months later and 40% had IADL declines at 3 months.
- Lose strength at the rate of 5% per day when they are immobilized
- Loss of bone at bed rest occurs at *50 times* the usual rate
- Pressure ulcer prevalence is 20-25%
- Twenty-five to thirty percent of hospitalized elderly are under/malnourished.

COMPREHENSIVE GERIATRIC ASSESSMENT FOR OLDER ADULTS ADMITTED TO HOSPITAL

- Improved mortality
- Improved function
- Less likely to be institutionalized
- More likely to experience improved cognition
- No increased cost to hospital
- Decreased cost to society

SCOPE OF THE PROBLEM



THE NUMBERS

- 10,000 Baby Boomers turn 65 each day (2006)
- They are the highest users of emergency centers
- Account for 26 percent of all office visits
- 35 percent of all hospital stays
- 34 percent of prescriptions

(Hing et al., 2006),

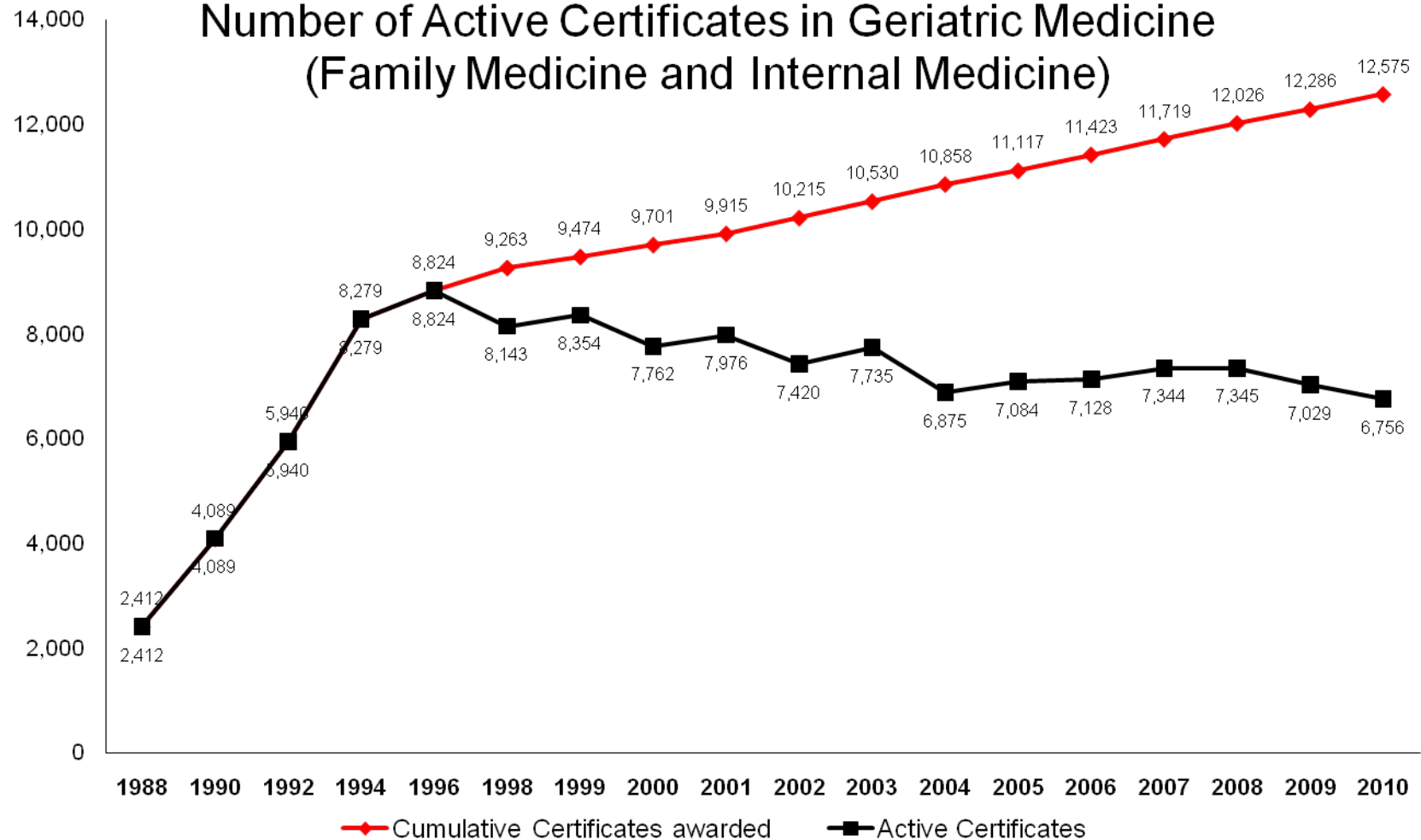
(Merrill and Elixhauser, 2005)

(Families USA, 2000)

Reports of Current or Projected Health Care Workforce Shortages

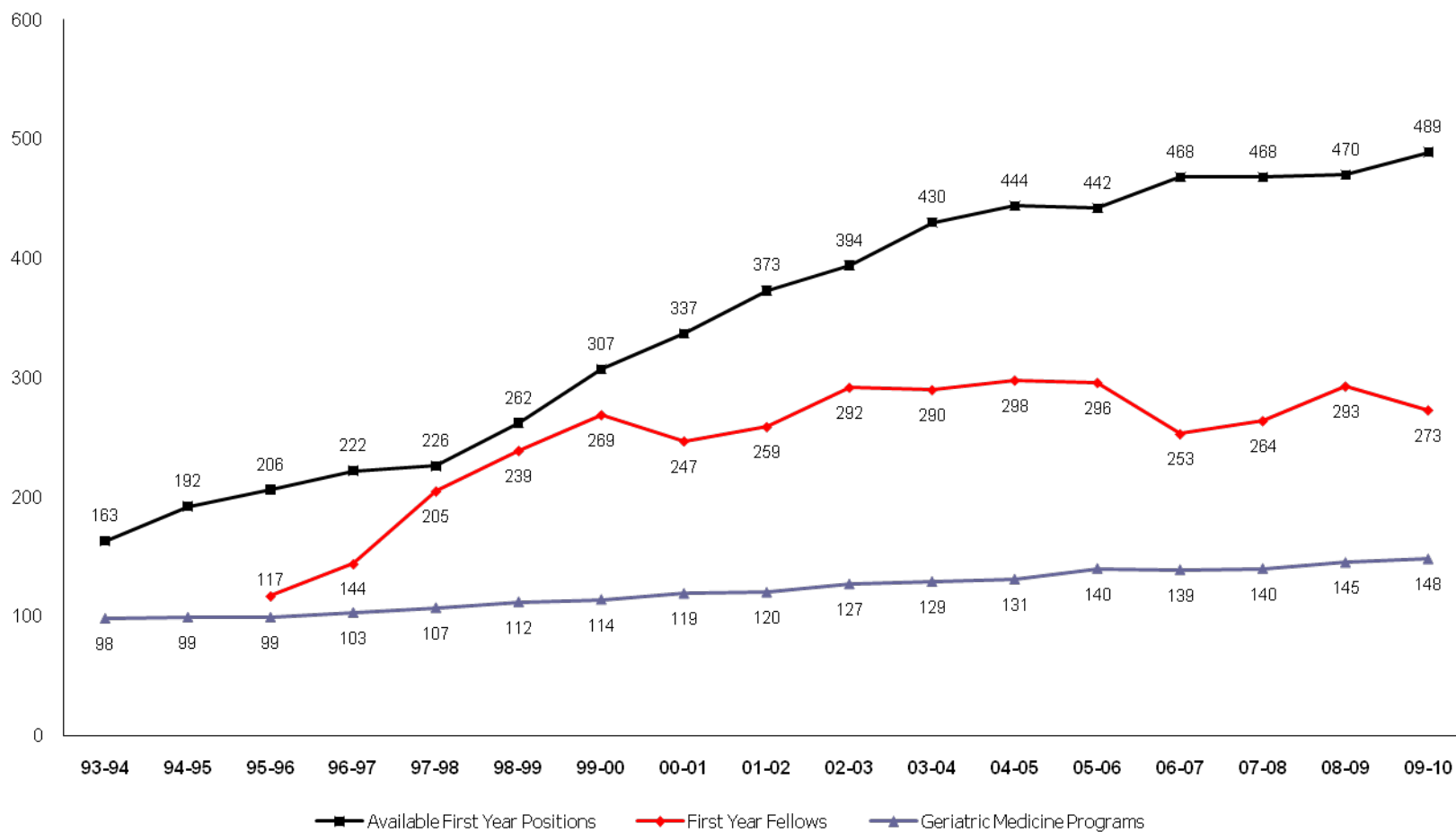
- Twenty-nine of 38 states surveyed indicate that a shortage of direct-care workers is currently a “serious” or “very serious” issue (Harmuth and Dyson, 2005).
- There is currently a shortage of approximately 12,000 geriatricians; by 2030 the shortage will be about 28,000 (ADGAP, 2007a; Alliance for Aging Research, 2002).
- By 2025 there is projected to be a shortage of 100,000 physicians (AAMC, 2007a).

Comparison of Number of Certificates Awarded to Number of Active Certificates in Geriatric Medicine (Family Medicine and Internal Medicine)



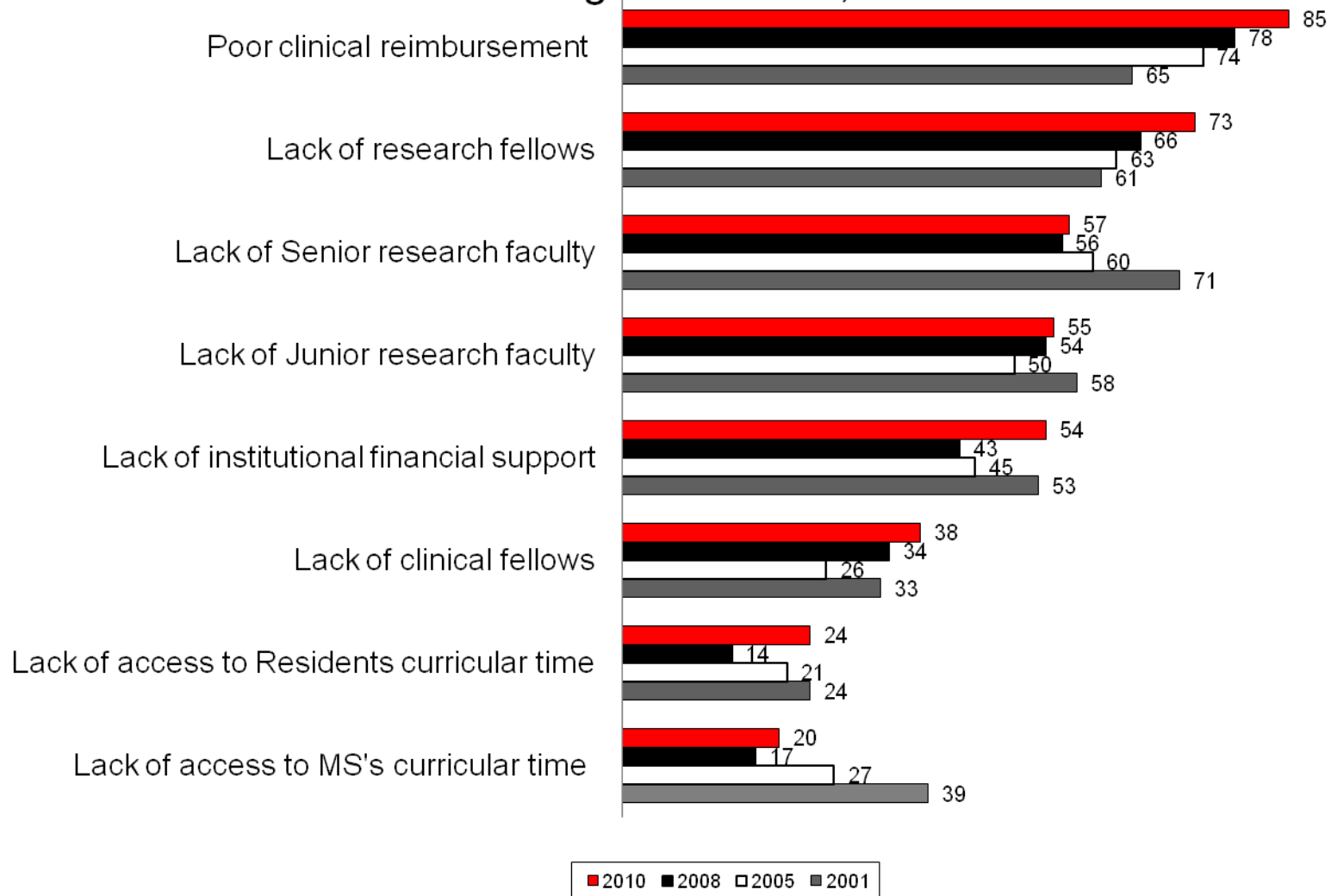
To maintain their certification in geriatric medicine, family medicine physicians must also maintain their primary certification in Family Medicine. Since July 2006 Internal Medicine recognized geriatric medicine as a subspecialty of Internal Medicine.

Geriatric Medicine Fellowships: 1st year Positions, 1st year Fellows, and Programs



Source: AMA and AAMC data from the National Survey of GME Programs compiled by Geriatrics Workforce Policy Studies Center. Updated 10/10

Obstacles to Achieving Goals of U.S. Medical Schools Geriatric Programs 2001, 2005 & 2008



NOT JUST GERIATRICIANS

- Geriatric psychiatry
- Geriatric nurse practitioners
- Gerontological social workers
- Physical and occupational therapists
- Geriatric dentistry
- Nurse, aides, etc

What Can Legislators And Medical Educators Do To Address This Gap In Care?

INSTITUTE OF MEDICINE

- Enhance the competence of all individuals in the delivery of geriatric care
- Increase the recruitment and retention of geriatric specialists and caregivers
- Redesign models of care and broaden provider and patient roles to achieve greater flexibility.

MINIMUM GERIATRIC COMPETENCIES

- Medication Management
- Cognitive and Behavioral Disorders
- Self-care Capacity
- Falls, Balance and Gait Disorders
- Health Care Planning and Promotion
- Atypical Presentation of Disease
- Palliative Care
- Hospital Care for Elders

AMERICAN BOARD OF MEDICAL SPECIALTIES

- “All licensure, certification and maintenance of certification for health care professionals should include demonstration of competence in care of older adults as a criterion.”

QUALITY INDICATORS FOR OLDER ADULTS

- JAMA – October 5, 2011 -Drs. Lee and Walter
- NACHRI

The New York Times

- Op-Ed Contributor
- **The Patients Doctors Don't Know**
- By ROSANNE M. LEIPZIG
- Published: July 1, 2009

- “Medicare,contributes more than \$8 billion a year to support residency training, yet it does not require that part of that training focus on the unique health care needs of older adults.”

POTENTIAL STRATEGIES

- Integrate geriatric medicine training into coursework
- Loan forgiveness
- CME “double points”
- Enhanced GME payments to hospitals that train more geriatricians
- Incentives to the boards of medical specialties
- Invest in education -1115 waiver

- “Good medical care can influence which direction a person’s old age will take.”

- Atul Gawande, The New Yorker, 4/07