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## **Too Few Doctors Practicing Geriatric Medicine**

By Mary Tinetti and Leo Cooney

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Addressing Congress earlier this month, President Barack Obama reiterated his goals for health care reform: lower costs, higher quality, consumer choice and expanded coverage. These are absolutely essential goals. Achieving them, however, will be difficult unless reform also ensures an adequate supply of physicians and other health care professionals who are prepared to care for all patients - including the oldest, frailest, most vulnerable and complex.

Unfortunately, it's difficult, and getting harder, for older Americans to find physicians and other professionals trained to meet their unique health care needs. Roughly 20 percent of Medicare beneficiaries have five or more chronic conditions. These complex patients account for 70 percent of Medicare spending.

Geriatricians, physicians who get advanced fellowship training that prepares them to provide appropriate, cost-effective care for even the most complex older patients, are already in dangerously short supply. In Connecticut, nearly half a million older adults make up almost 14 percent of the population. Yet there are only 149 practicing geriatricians statewide. That's roughly two-thirds of the number needed, and leaves nearly 50,000 of the state's vulnerable elders without access to a geriatrician. That shortfall is projected to nearly quadruple by 2030, when the state's population of vulnerable elders will top 238,000.

With seniors making up more than 12 percent of the U.S. population, the situation is equally worrisome in the rest of the country. By 2030, when the youngest baby boomers reach retirement age, the number of Americans 65 and older will have doubled, topping 70 million. The American Geriatrics Society's Geriatrics Workforce Policy Studies Center (funded by the John A. Hartford Foundation) estimates that 21 million of those Americans will need care from a geriatrician for multiple, complex health problems. Given current recruitment and training trends, the center estimates that the demand for geriatricians - and other geriatrics health care professionals - will far exceed the supply.

Although geriatricians report the highest job satisfaction among medical specialists, new medical school graduates are bypassing the discipline and established geriatricians are leaving the field. Fewer than 264 residents entered geriatric medicine fellowships in 2007, for example, and almost 50 percent of certified geriatricians are opting not to maintain their certification in geriatrics.

There are several contributors to inadequate recruitment rates - including unpredictable work hours and low pay. Medicare reimbursement policies make geriatrics one of the worst paying specialties in the U.S. And that's something that new physicians - who typically finish medical school with more than \$100,000 in student loan debt - need to take into consideration.

U.S. Rep. Rosa DeLauro, D-New Haven, has introduced a bill in Congress that would provide loan forgiveness - repayment of loans - for geriatricians, geriatric psychiatrists and other geriatrics

professionals. This bill would enable these professionals to participate in the National Health Service Corps Loan Repayment Program, which forgives up to \$25,000 for the first two years of obligated service. Sen. Barbara Boxer, D-Calif., has introduced a similar bill in the Senate. Both bills are important steps toward addressing recruitment and retention of the elder care workforce.

It's essential that Congress include such measures to correct fundamental problems in the way health care is financed and delivered. For older adults these fundamental problems have resulted in fragmented and expensive health care of sub-optimal quality.

Although Congress is considering including enhancements to programs such as the Geriatric Academic Career Awards, which are important Title VII training grants, more must be done to ensure that we have an adequate supply of geriatrics health care providers.

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