

THE AMERICAN GERIATRICS SOCIETY

THE EMPIRE STATE BUILDING, 350 FIFTH AVENUE, SUITE 801, NEW YORK, NY 10118 TEL: (212) 308-1414 FAX: (212) 832-8646

LINDA HIDDEMEN BARONDESS
Executive Vice President

Title VII Geriatric Health Professions Funding

A Major Loss to Geriatrics

Who We Surveyed

We surveyed the Directors of Geriatric Academic Programs and received responses from 43 (30%). Together, those 43 respondents accounted for 56% of Geriatric Academic Career Awardee slots that were funded in 2005.

What We Asked the Directors to Tell Us

We asked the Program Directors to tell us about the status of their Geriatric Academic Career Awardees, and Geriatric Medicine, Dentistry, and Psychiatry Fellowship funding. We asked them to quantify the number of slots they had lost and to also provide us with anecdotal data about the implications for their programs.

The Numbers

Of the 100 trainee and junior faculty positions that the respondents reported being funded by Title VII in 2005, Program Directors have been able to find replacement funding for less than 12% of awardees.

Specific examples of the impact on the geriatrics academic workforce to teach medical students and other trainees as well as community-based providers are provided under State-by-State Anecdotal Data below.

How Those Numbers Break Down-Lost Positions

HRSA Program	2005 Slots
Geriatric Academic Career Awardees	57
Geriatric Fellows	21
Geriatric Dentistry Fellows	11
Geriatric Psychiatry Slots	12
	101

What Will the Title VII Trainees be doing in 2006?

All faculty members who were supported by Title VII geriatrics health professions funding will lessen their teaching responsibilities because they will need to cover the lost income through either increased clinical service or research. Three quarters of responding Program Directors reported that the loss of funding for these slots will mean that their programs will have less capacity to teach medical students and other trainees and less time to teach in the community.

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State-by-State Anecdotal Data

We also asked the Geriatric Academic Program Directors to provide us with anecdotal data on the impact that the loss of Title VII funding will have on their products and services. Below are selected comments from the Program Directors that are a representative sample of the responses that we received. We have organized these by state and integrated the number of positions lost in each state into this section of the report.

California

of Slots Lost: 15

Respondents:

Bruce Ferrell, MD and David Reuben, MD (University of California at Los Angeles)

Laura Mosqueda, MD and Solomon Liao, MD (University of California at Irvine)

C. Seth Landefeld, MD (University of California at San Francisco)

We will likely lose 5 geriatric fellows or junior faculty because of loss of next year's funding alone. That will include 2 geriatric dentists, 2 gero-psychiatrists and one geriatric medicine clinician educator. (Ferrell)

We will no longer reach ~250 providers (MDs and RNs) who care for an estimated 250,000 patients. This loss is due largely to loss of GEC funding, and only partly to loss of GACA funding. (Landefeld)

Our GACA recipients taught or spoke to over 2,000 trainees or providers and had over 5 journal publications last year. (Liao)

Florida

of Slots Lost: 1

Respondents: John Meuleman, MD, Miho Bautista, MD, and Thomas Mulligan, MD (University of Florida)

We will primarily lose the time to teach medical students. (Mulligan)

Our GACA awardee was focused on student/resident teaching only. (Meuleman)

The GACA awardee plans to organize a geriatrics interest group at the medical school which will reach 500 medical students. The aim of the geriatrics interest group is to increase visibility of geriatrics and career interest in geriatrics medicine. The potential effect of this activity is to increase the number of medical students who want to become geriatric physicians who are proficient in caring for older patients. However, without the support from the GACA award, the GACA awardee will be pressured to spend more time in clinical practice in order to support her salary at her academic institution. (Bautista)

Georgia

of Slots Lost: 1

Respondent: Joseph Ouslander, MD (Emory University)

We just got a GEC. Loss of funding will eliminate our ability to educate hundreds of interdisciplinary professionals.

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Hawaii

of Slots Lost: 2

Respondent: Patricia Blanchette, MD (University of Hawaii)

Because the faculty will be spending more time in providing direct service, they will, of necessity spend less time in interdisciplinary teaching activities. Each of these faculty members previously taught several hundred direct care providers and taught important portions of the curriculum, one in long-term care and the other in cultural competence.

Illinois

of Slots Lost: 2

Respondents:

Donald Jurivich, MD and Felipe Perez, MD (University of Illinois)

Greg A. Sachs, MD (University of Chicago)

Kentucky

of Slots Lost: 2

Respondents:

Stephanie Garrett, MD and Toni Miles, MD (University of Louisville)

Planned GACA related activity was to develop an interdisciplinary symposium, as well as curriculum that would impact not only state but regional as well as national. Healthcare providers were going to be targeted in a local primary care research network, with currently about 22 practices. This program could have reached a minimum of 100 general practitioners and nurses who would benefit from additional CME training in the detection and management of dementia. (Garrett)

Massachusetts

of Slots Lost: 22

Respondents:

Lewis Lipsitz, MD (Harvard University)

Rebecca A. Silliman, MD (Boston University)

Unless we receive a Reynolds' grant this year, fewer medical students and residents will be taught by our GACA awardees. It is hard to quantify how many. (Lipsitz)

Our GACA awardees have focused their training efforts on clinicians in training. Thus, there will not be a direct impact on direct care providers or their patients. (Silliman)

Missouri

of Slots Lost: 3

Respondents:

David Carr, MD (Washington University)

John Morley, MD and Julie Gammack, MD (St. Louis University)

This will have a major impact on our ability to reach community physicians and interdisciplinary aging clinicians. Our GACA recipients provide the bulk of the geriatric lectures to our community and will not be replaced easily. (Carr)

Could be as high as 5,000 providers who we can not reach because the GEC is also gone. (Morley)

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Nebraska

of Slots Lost: 1

Respondent: Jane Potter, MD (University of Nebraska)

Our GACA awardee teaches community based practitioners several times per year. He has developed on-line teaching materials. He reaches about 400 practitioners per year. We can not do this without support. Loss of our GEC leaves 98 health providers without the means to complete the mini-fellowships in which they enrolled and also eliminates our programs to reach rural providers and direct care providers in nursing homes.

New Jersey

of Slots Lost: 11

Respondent: Thomas A. Cavalieri, DO (American College of Osteopathic Internists)

As a result of the loss of the GACA awards, our ability to produce geriatric educators will be diminished. This will have a great impact on our ability to train Internal medicine and family medicine residents and students in the appropriate care of the elderly. Since many GACA awardees were being trained to adequately train primary care providers in gerontology and geriatrics it is estimated that thousands of patients will be cared for by graduates of our programs who will not have adequate training in geriatrics.

New York

of Slots Lost: 15

Respondent:

Laurie Jacobs, MD (Albert Einstein College of Medicine)

Mollie Shulan, MD (Albany Medical College)

Ronald D. Adelman, MD (Cornell University)

William J. Hall, University of Rochester)

Our 2 GACA awardees participated in educating 150 IM and 30 FP residents yearly, along with 75 medical students who they directly interacted with during their educational programs. (Jacobs)

Our GACA awardees have been teaching geriatrics to non-geriatricians-in particular to rehabilitation medicine residents, emergency medicine residents and oncology fellows and these activities will end. Also a great deal of focus has been to teach geriatric fellows how to teach and these activities will also be profoundly affected. (Adelman)

Substantial reduction, probably 100s. (Hall)

North Carolina

of Slots Lost: 4

Respondents:

Hal Atkinson, MD (Wake Forest University)

Irene Hamrick, MD (East Carolina University)

Amrit Sing, MD (UNC Chapel Hill)

Seema Modi, MD (East Carolina University)

Debra Bynum, MD (UNC Chapel Hill)

I teach or manage curricula for approximately 600 medical students, residents, nurses and other interdisciplinary team members per year. Through outreach efforts that were scheduled to begin

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during the next cycle of the award according to my grant plan, I would reach over 200 community physicians in western North Carolina, serving at least 250,000 patients. (Atkinson)

I have expanded our fellowship slots by 33% and implemented a core competency curriculum. I will need to discontinue community outreach programs once the GACA funding stops, lessening our ability to improve care for seniors residing in the community. I have taught geriatrics and expanded the home visit program to 72 medical students, 52 hours annually that will not be continued without GACA. An innovative computerized educational tool will not progress unless other funding can be secured. (Hamrick)

Loss of GACA funding will affect the quantity and quality of geriatric training for the entire family medicine resident contingency at UNC-Chapel Hill, will lessen exposure of medical students to geriatric-oriented activities, will affect the training of allied health professionals involved in an interdisciplinary aging and health course by making it difficult for the GACA awardee to participate, and will negatively impact the ability of the GACA awardee to interact with other allied health professionals. This will occur because the loss of GACA funding will require the awardee to fund her time with more clinical revenue-generating activities. (Singh)

Loss of GACA funding means decreased time that I can devote to our hospital's Palliative Care service, especially the work I had planned on developing an outpatient component. I will lose protected time for scholarly activity. Without additional funding for meeting travel, I will have less ability to network with other geriatricians and to be productive in national committee work, such as the American Geriatrics Society's Ethics Committee and Ad Hoc Work Group for Quality (P4P). I will lose the protected time I was using to develop and teach a curriculum for 72 medical students, residents (including 10 family medicine residents), and 4 geriatrics fellows plus one Geriatrics pharmacy fellow on rational allocation of care at the end of life. I will lose time that I used to prepare for and teach the EPEC curriculum to our five fellows. (Modi)

In summary, the loss of funding for geriatric academic career awards will lead to decreased time and effort devoted to teaching essential aspects of geriatric medicine to medical students, residents in internal and family medicine, and students of multiple disciplines involved in the care of a growing number of older patients. On a personal note, the loss of this funding will lead to my need to increase clinical and administrative work, essentially taking my time away from teaching and working one on one with students and residents, and working more to generate clinical funds or working more in a more removed administrative type position in order to support my salary within our division and department. (Bynum)

Ohio

of Slots Lost: 1

Respondent: Gregg Warshaw, MD (University of Cincinnati)

The chief effect will be on the training of students and residents.

South Carolina

of Slots Lost: 3

Respondent: G. Paul Eleazer, MD (University of South Carolina)

The loss of this funding will have a huge impact, both on programs at USC and at MUSC, but further, throughout our state. For example, ANNUALLY: 80 medical students will have 3 hrs less training, 60 IM and FM residents will have 4 hrs less geriatrics training, 75 practicing MDs will have 1 hr less training, 80 nurses - 2 hrs less training, 30 pharmacists - 1 hr less training . More than 400

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additional health care professionals across the state will lose training that is offered through the South Carolina Geriatric Education Center.

Texas

of Slots Lost: 12

Respondents:

George Taffet, MD (Baylor College of Medicine)

Michael S. Katz, MD (University of Texas Health Science Center at San Antonio)

Two of my GACA recipients were growing into prominent roles in the curriculum office at Baylor, infusing Geriatrics at each opportunity. This effort will dry up. (Taffet)

Probable loss of staffing/consultation services at academically affiliated nursing home, with about 10 direct care providers and 80 residents. (Katz)

Virginia

of Slots Lost: 3

Respondents:

Peter Boling, MD (Virginia Commonwealth University)

Stefan Gravenstein, MD (Eastern Virginia Medical School)

It is really hard to calculate, and the axe has not fully fallen yet. I would have to get the GEC folks to answer the "n" number. It is likely to be hundreds of professional learners each year. The GACA, also cancelled, is currently supporting the development of three junior faculty members in Virginia who are gifted teachers in an area of expertise within geriatrics. Each of the GACA awards is for \$58,000 a year over five years of development. (Boling)

Our two awardees each lecture to 105 medical students two or more times annually, lecture at symposia, grand rounds and CME activities that reach about 300 clinicians locally, and provide clinical care. (Gravenstein)

Wisconsin

of Slots Lost: 2

Respondents:

Sanjay Asthana, MD (University of Wisconsin-Madison)

Edmund Duthie, MD (Medical College of Wisconsin)

We sponsor a number of community-based teaching activities in geriatrics. Our GACA-funded physician is extremely active in these activities. On average, more than 300 health care professionals attend our geriatric conferences each year, and they likely treat hundreds to thousands of older adults in their respective practices. Thus, loss of our GACA-funded physician will likely affect care of thousands of older adults in Wisconsin. (Asthana)

Dr Denson, the MCW awardee, interfaces with our student body of 800 and our residency of about 100, annually. Her efforts are critical in our ability to run teaching programs for these learners. She directs a VA GEM, HBPC program, and a community home hospice. Her efforts to utilize these sites for physician trainees have been abruptly stopped. Her career development is in jeopardy and she will be required to find service revenue to maintain her in the academic setting, assuming she will stay after having this funding taken away. (Duthie)