

THE AMERICAN GERIATRICS SOCIETY

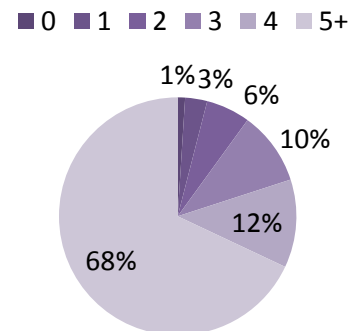
PREVENTION IS THE FOUNDATION OF GERIATRIC CARE

July 2011

PREVENTION IS MOST IMPORTANT IN OLDER PERSONS WHERE THE RISK IS GREATEST

Medicare beneficiaries with four or more chronic conditions consume 80% of Medicare dollars. While this may seem counterintuitive, the reality is that appropriate preventive efforts have a greater payoff in those with chronic conditions, because the risk is so high. For example, a healthy young person may acquire influenza, but it is rarely deadly or a cause of serious functional decline. However, for older adults with chronic conditions, missing a flu shot can start a cascade of disasters, including pneumonia, delirium, falls, hip fracture, nursing home admission, and even death.

Older Adults with >4 Chronic Conditions Account for 80% of Medicare Spending



FUNCTION DRIVES HEALTH CARE UTILIZATION MORE THAN DISEASES DO ALONE

Preventive medicine interventions are often as simple as access to a qualified primary care provider, including physicians, nurse practitioners, and physician assistants who specialize in geriatrics. Still older patients with four or more chronic conditions are 99 percent more likely to be admitted to the hospital for “ambulatory-sensitive conditions” – meaning better ambulatory care, such as a visit to a primary care provider, could have prevented the hospital admission. Valuable preventive medicine would make it easy for Medicare patients to see their primary care provider when they need to. However, the number of doctors willing to accept new Medicare patients is declining and there are not enough trained geriatrics health care professionals to meet the demand.

EXPANDING THE GERIATRICS WORKFORCE CAN PREVENT UNNECESSARY HOSPITALIZATIONS AND FUNCTIONAL DECLINE

Prevention is most cost-effective when well targeted and there are available effective treatments. Geriatrics educators have been leading the effort to teach clinicians about correct targets and services that provide quality care that are also cost-effective, especially to those with multiple chronic conditions. Geriatric educators are also guiding the critical research that leads to effective care and widely-accepted best practices. Preventing functional decline and promoting better care for older adults, especially those with chronic illnesses, depends immeasurably upon a strong geriatrics health care workforce.

TITLE VII AND TITLE VIII FUNDING FOR GERIATRICS TRAINING ARE THE ONLY FEDERAL PROGRAMS THAT SPECIFICALLY DEVELOP ACADEMIC GERIATRIC HEALTH CARE PROFESSIONALS AT A TIME WHEN MORE ARE NEEDED.

The [Title VII Geriatrics Health Professions Training Program](#) financed under the interdisciplinary, community-based linkages section of the Health Resources and Services Administration (HRSA) and currently supports three initiatives.

- The [Geriatric Education Center \(GEC\)](#) program provides grants to support collaborative arrangements involving several health professions schools and healthcare facilities to provide multidisciplinary training in geriatrics, including assessment, chronic disease syndromes, care planning, emergency preparedness, and cultural competence unique to older Americans.
- The [Geriatric Academic Career Award \(GACA\)](#) supports the development of newly trained geriatric physicians into academic medicine who are committed to teaching geriatrics in medical schools across the country. GACA recipients are required to provide training in clinical geriatrics, including the training of interdisciplinary teams of health care professionals.
- The [Geriatric Faculty Fellowships](#) are designed to train physicians, dentists, and behavioral and mental health professionals who decide to teach geriatric medicine dentistry and psychiatry. The program provides fellows with exposure to older adult patients in various levels of wellness and functioning and from a range of socioeconomic and racial/ethnic backgrounds. Clinical rotations include geriatric consultation services, acute care services, dental services, geriatric psychiatry units, day and home care programs, rehabilitation services, extended care facilities, geriatric ambulatory care, and community care programs for older adults.

The [Title VIII Comprehensive Geriatric Education Program](#) grants are used to train RNs who will provide direct care to older Americans, develop and disseminate geriatric curriculum, train faculty members, and provide continuing education. These grants will prepare nurses aides, licensed practical nurses and registered nurses as well as faculty with expertise in the care of the elderly.