

THE AMERICAN GERIATRICS SOCIETY

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MEMORANDUM

TO: White House Conference on Aging Policy Committee

FROM: American Geriatrics Society
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RE: Comments to the White House Conference on Aging Policy Committee

The American Geriatrics Society (AGS) is an organization of nearly 7,000 geriatricians and other health care professionals who are specially trained in the management of care for frail, chronically ill older patients. Geriatricians are primary-care-oriented physicians who are initially trained in family practice or internal medicine, and who, since 1994, are required to complete at least one additional year of fellowship training in geriatrics. Following their training, a geriatrician must pass an exam to be certified and then pass a recertifying exam every 10 years.

We appreciate the opportunity to provide comments to the White House Conference on Aging Policy Committee. The AGS queried our members to provide the below recommendations and are available to answer questions or provide further comments.

Geriatrician Shortage

Despite the benefits of geriatric care, geriatric work force shortage problems persist. Today, there are approximately 7,598 certified geriatricians in the nation, despite an estimated need of approximately 20,000 geriatricians. The lack of geriatricians impedes the delivery of chronic care to needy, elderly individuals.

- Given the current and projected future shortage of geriatricians, the Institute of Medicine or a similar body should examine and provide recommendations on how

the physician work force can optimally provide health care for the large numbers of older persons.

- Federal and state governments should explore incentives (e.g., loan-forgiveness) to help recruit physicians into geriatrics.

Clinical Practice Issues

Financial disincentives pose the largest barrier to entry into the field. Geriatricians are almost entirely dependent on Medicare revenues. Given their patient caseload, low Medicare reimbursement levels are a major reason for inadequate entry into the field.

- Congress or the Centers for Medicare and Medicaid Services should commission a study to examine the current reimbursement structure for evaluation and management services, particularly as it applies to primary care providers and serves complex patients including methods that recognize the ongoing, rather than episodic need for patient–physician interaction that is required for optimum management of chronic diseases. Alternative methods of reimbursing providers for care of older persons should be considered, such as those that better recognize and reward quality of care and care coordination for the complex/frail elderly.
- The Centers for Medicare and Medicaid Services, together with the Agency for Healthcare Research and Quality, should lead efforts to identify and measure quality of care for older persons of all ethnicities and cultures, develop new models of care to improve quality, and facilitate dissemination of these models into clinical practice.
- Research into models of care for the diverse population of older persons receiving care in various settings needs to be supported by a stable fraction of the health care budget. An important focus of this research needs to be on decision-making about high tech procedures and devices.

Research Issues

Research discoveries have the potential to reduce health care spending dramatically by delaying the occurrence of aging-related diseases. Preserving these hallmarks of American health care bolsters our ability to prevent, postpone, or better treat diseases that threaten growing numbers of older Americans. Although much progress has been made in the understanding of common geriatric syndromes, little is known about the effectiveness of accepted treatments in persons of advanced age or in persons with multiple chronic diseases.

- The National Institute on Aging should develop a mechanism to make research training support available for all qualified geriatricians who want to pursue research careers.
- The National Institute on Aging should develop mechanisms to provide ongoing research support for physicians in geriatric medicine that spans all periods of their research careers.

- The National Institute on Aging, other branches of the National Institutes of Health, the Agency for Healthcare Research and Quality, private foundations, and industry should establish an agenda for research to improve the health of older persons and identify areas of focus for each partner to ensure that the entire agenda can be covered and duplication can be minimized.
- Research must be conducted to expand the knowledge base regarding the effectiveness of treatments in persons of advanced age, and persons with multiple chronic diseases.

Training Issues

The supply of academic geriatricians is also insufficient. There are approximately 900 full time equivalents (FTEs) academic geriatricians working in U.S. medical schools. The Alliance for Aging Research estimates that 2,400 geriatric academicians are needed to perform various functions, such as integrating geriatrics into other specialties and across other health care settings, training new geriatric fellows, and performing new research into means of caring for older persons. Other studies had similar findings. A 1987 IOM advisory panel recommended that at least nine academics trained in geriatrics sit in each medical school, but only 30 percent of medical schools have reached this target.

- The current allocation of indirect costs of medical education should be re-examined with the intent of providing a mechanism for compensating faculty for time spent teaching.
- The Health Resources and Services Administration should develop a mechanism to make clinician-educator training support available for all qualified geriatricians who want to pursue teaching careers.
- The Health Resources and Services Administration should develop mechanisms to provide ongoing support for physicians leading educational programs in geriatric medicine that spans all periods of their teaching careers.

More information on these recommendations is available in a report from AGS and the Association of Directors of Geriatric Academic Programs titled, “Geriatric Medicine: A Clinical Imperative for an Aging Population.” For a copy, go to <http://www.americangeriatrics.org/WrittenReport.pdf>.