Future of Geriatric Medicine
Implications for Academic Institutions

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Geriatricians: ¿Jugglers on Treadmills?
How to Prioritize/Focus

Education
Physicians
Students/Residents
Patients
Caregivers

Hospital ≥70 Years
ACE Unit
Delirium ICU
Orthogeriatrics
Consults
Administrator

Geriatric Psychiatry
Geriatric Neurology

Outpatient
Geriatric Evaluation
Primary Care
Screen for Geriatric Syndromes
(Computer Assisted Diagnosis)
Primary Care Physicians
Specialists

Long Term Care
Postacute care
GEMU
Nursing Home
Assisted Living
Home Care
PACE
Administrator

End of Life Care

Administration
Exercise programs
Cognitive Stimulation Therapy
Reminiscence e.g. Baseball

Interprofessional
Team

Advanced Practice Nurse

Geriatrician “the Super Specialist”

SNF Care
Geriatricians: The Dilemma

Number of geriatricians

Year


8424 7762 6750 7428 7560 7260

Geriatricians/10,000 population 75 and over

Year

2000 2010 2020 2050

4.7 3.6 3.41 1.5

Journal of the American Geriatrics Society; Morley
8 FEB 2017 DOI: 10.1111/jgs.14702
Whose Goals?

- Health System
- Physician Group Practice
- Community
- Older persons/families
Perspectives for the Future

- AGS Work Group
- Tinetti
- Morley
- Callahan
- Applegate
AGS Work Group 2005

• To ensure that every older person receives high-quality, patient-centered health care
• To expand the geriatrics knowledge base
• To increase the number of healthcare professionals who employ the principles of geriatric medicine in caring for older persons
• To recruit physicians and other healthcare professionals into careers in geriatric medicine
• To unite professional and lay groups in the effort to influence public policy to continually improve the health and health care of seniors
Multimorbidity and complexity define geriatrics
Geriatrics is metadiscipline-informs and leads others
Disseminate broad geriatric principles/models
Train small cadre to innovate/drive system
Focus on direct/consultative care for most complex
Single national geriatric curriculum
Lead efforts to develop value-based payments
Broadcast our successes
National public relations campaign
Morley 2016-17

• Geriatricians are superspecialists
• Assumptions re educating PCPs not working
• Geriatricians the best at treating pre-disability
• Agrees with Tinetti re marketing
• Right of older persons to receive individual geriatric consultation
• Need visible clinical geriatricians (not desk generals)
• Need active clinicians to do research
• GWEP—geriatrician and community
Callahan 2016-17

• Geriatrics has succeeded as academic discipline
• Now focus on adding value to populations
• Focus less on hands on care from specialty care perspective
• An army of specialty geriatricians will not impact future care
• Work more with groups/coalitions
  – Grass roots with patients and families
  – Medicare and Medicaid---voice in national policy decisions
  – Coalitions with our own local health systems—voice in local policy
Applegate 2016

• Current taxonomy for defining disease and paying for care has driven poor care
  – Lacking social, mental health, functional
• Current medical model and payment leads to fragmented ineffective/harmful care
• We already have the knowledge and technology to better define health and pay for care
• We are at a defining moment of opportunity/danger
• A much needed change in taxonomy and payments would allow current innovative models of geriatric care to “blossom”
Suggested Priorities for the Future
Rank Order

• Train geriatricians to work on national policy to define patient centered value in care for older persons
  – Define core outcome metrics for care (function)
  – Encourage national testing of models (CMMI)
• Train to work on local health system policy and models of care
  – Provide standards and education
  – Provide some super specialists to lead care
• Training focuses on team models that fit into larger systems
• Continue rigorous studies of care models/innovation
• Become more active with national and community coalitions
• Continue to train as much clinical workforce as possible
  – Credibility depends on this
  – Desperate local clinical need