Future of Geriatric Medicine
Implications for Academic Institutions

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Geriatricians: The Dilemma

Who's 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
Tinetti 2016

- 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

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