OBJECTIVES:
Describe the history of care for the aged
Describe the current status of health care use by older Americans
Discuss current status of the HC workforce
Discuss the key principles of health care for older persons.
Describe health system reform in promoting better care

HISTORY OF HEALTH CARE FOR THE AGED
Nascher coins the term ‘geriatrics’ parallel to pediatrics in 1909
UK NHS geriatrics becomes a recognized specialty in 1945 (Dr. Marjorie Warren)
US 1982 first department of geriatrics in US
US certification of geriatrics as a specialty in medicine, 1988; fellowships certified 1990
UNMC'S HISTORY WITH GERONTOLOGY AND GERIATRICS
1973: Denham Harman named Section Chief of Clinical Gerontology
1982: Jane Potter named Division Chief in Geriatrics and Gerontology
1985: InterNorth and Peter Kiewit Foundations fund start-up
Geriatric Assessment Center (Nursing, Social Work, Psychiatry, Pharmacy and Medicine team care); first fellow enters training
1987: UNMC Chancellor funds GAC team (post grant)
1989-1999: University Geriatrics Center occupies free standing building

TEAM CARE: HOME INSTEAD SENIOR CARE
Paul and Lori Hogan found HISC in 1994; Paul Hogan visits UGC to describe their new approach to care in the home; places the patient and family at the center of the team
2008 Paul and Lori Hogan make the anchor gift that allows construction of the Home Instead Center for Successful Aging
2010: Opening of Home Instead Center for Successful Aging
2017 HISC is the largest senior care franchise in the world, with 1000+ independently owned and operated offices worldwide.

HOME INSTEAD CENTER FOR SUCCESSFUL AGING
Education: IP
Clinical (Team Care)
Research

Components of Successful Aging
- Longevity
- Living Circumstances (Finances, Neighborhood)
- Physical, Cognitive, Psychological, Social Health & Functioning
- Life Satisfaction
- Effective Coping

Bowling, 2007
CURRENT HEALTH STATUS OF OLDER AMERICANS

About 80% over age 65 suffer from at least one chronic condition.
Those over 75 and over 85 about 93% and those with multiple chronic conditions increases with age.

Johns Hopkins Bloomberg School of Public Health
OUTPATIENT VISITS AS A FUNCTION OF AGE

HEALTH CARE EXPENDITURES

Hospital Admissions As a Function of Age

Secondary Language:en

Primary Language:en
GERIATRICS

- Is an approach to healthcare focused on the unique needs and priorities of older adults
- A subspecialty of internal medicine and family medicine; also pharmacy, social work, advanced practice nursing

WHO WILL PROVIDE MEDICAL CARE FOR OLDER PEOPLE?

- # of Geriatricians

- #Existing/Projected
- # Needed

EVERY HCP NEEDS TO KNOW GERIATRICS

HOW IS THE PRIMARY CARE WORKFORCE DOING?

Primary care provider Numbers:
- Physicians 208,807
- Nurse practitioners 55,625
- Physician assistants 30,402
- Total 294,834

One-third of physicians practice in primary care
- <1/4 of current medical school grads are entering primary care.
- If unchecked, <1/5 medical students will specialize in primary care
WHAT ABOUT THE REST OF THE HCP WORKFORCE?

All HCPs who touch older people as patients
Geriatrics for Specialists initiative, AGS:
- Surgery, general, vascular, other
- Anesthesia; PM&R,
- Medical specialists: endocrine, pulmonary, oncology etc.

KEY PRINCIPLE-1

- Older patient are different clinically from younger persons due to:
  - Effect of disease
  - Life style choices
  - Physiological aging

THE RULE OF THIRDS

Of the 'decline in normal function' seen as people age...

1/3 is due to Disease
1/3 is due to Dis-use or misuse
1/3 is due to Physiologic aging
RANGE OF THE 95TH PERCENTILE OF PRACTICALLY ANYTHING

Key Principle-2
Multiple morbidity is the norm (underlies many geriatric syndromes e.g. falls)

“MY RIGHT KNEE HURTS I’M HAVING TROUBLE WALKING”

“Is this a normal part of aging?”

FALLS IN Mrs. S
She has
- Moderate cataracts (↓ acuity, glare, etc)
- Spinal arthritis (reduced proprioceptors)
- Mild peripheral neuropathy from diabetes
- Doesn’t exercise much
KEY PRINCIPLE-3

- Function, not diagnosis, is what counts

The best HCP is not the one who makes the most diagnoses, it’s the one who identifies and addresses the patient’s most important functional problems.

Another implication of the multiple morbidities in geriatric medicine is that what counts is what the patient can and cannot do, not what medical diagnoses the physician can identify. As primary care physicians, your job should be to identify functional deficits that adversely affect the patient’s prognosis and quality of life, to identify what you can do something about (i.e., where there is evidence supporting your intervention), and to identify what you cannot improve with medical treatment but can help with rehabilitation, social support, and empathy.

KEY PRINCIPLE-4

"Icebergs" are common

Key Principle 4: “Icebergs” are common

1. Symptoms and functional impairments often not reported during routine office visits. Older person thinks the problem is part of normal aging; complaints such as bilateral weakness or joint pain
2. Embarrassed urinary or fecal incontinence
3. Depressive symptoms (particularly in men)
4. Not aware a problem exists: dementia

Social skills can cover up cognitive impairments (e.g., memory, attention). Formal screening and cognitive assessment are important in patients with dementia or cognitive impairment.

KEY PRINCIPLE-5

The most common preventable disease is iatrogenic disease

"Don’t just do something, stand there."

Aggressive treatment, when applied to older persons, more often than not leads to adverse consequences rather than to improvement.

Iatrogenic Disease

- Increased prevalence of negative outcomes (e.g., adverse effects)
- Medication failure due to contraindications, surgery with poor results
- Taste prevention based on a single guideline

Slow Medicine

"Don’t just do something, stand there." Useful advice for doctors-in-training and the healthcare system.

Aggressive treatment, applied to older persons, often leads to adverse consequences. A patient with acute pulmonary edema, the best Rx is often to give oxygen and a little IV furosemide, see what happens, and then decide about the next drug. If an aggressive treatment were used instead, the patient might drop their blood pressure and suffer a stroke.
KEY PRINCIPLE 6: POLYPHARMACY IS COMMON

- Polypharmacy is common and should neither be promoted or avoided.

POLYPHARMACY: TOO MUCH

In 1 year, older adult with ≥ 5 chronic illnesses sees 14 different physicians, makes 37 office visits, & fills 50 prescriptions.

Risk of adverse drug-drug interactions or drug-disease interactions rises with the # of meds.

Adverse drug events are the primary cause of more than 10% of hospital admissions by older adults.

Polypharmacy is on the increase 😁

POLYPHARMACY: TOO LITTLE

While too many drugs can be bad, so can too few.

Rise in Rx drug use due to appropriate meds such as beta-blockers post MI; warfarin for A. fib; aggressive treatment of HF.

Disease management guidelines must be applied selectively in older pts with multiple chronic illnesses.

Disease management guidelines developed from research on pts < age 65 without co-morbidities, not on complex, multi-problem pts.

KEY PRINCIPLE-7

Transitions in care are dangerous.

Obama Care is working to fix this.
KEY PRINCIPLE-8 THE US HC SYSTEM IS A NON-SYSTEM OBAMA CARE IS WORKING TO FIX THIS

AFFORDABLE CARE ACT OF 2012 (OBAMA CARE) INCLUDED:
- Enhances Medicare benefits for:
  - Prevention: wellness visits, vaccination, USPSTF approved screenings education and lifestyle change for prediabetes; arthritis exercise programs
  - Medication benefit (close the donut whole); rising generic prices are eliminating the cost savings

AFFORDABLE CARE ACT OF 2012 (OBAMA CARE):
Delivery system reforms to increase quality and reduce costs through:
- Provider payment incentives (e-Rx and e-pt communication, Wellness visits, T-Care visits, goals of care discussion, chronic care management by a team.)
- Integration of acute & post acute services; bundled payments among hospital, SNF, LTC.
- New Models of Care: ACO, Medical Home

WHAT ACA REPEAL WOULD MEANS FOR MEDICARE
CBO estimates full repeal of ACA would Medicare spending $802 billion from 2016 to 2025 by
- restoring higher payments to providers and Medicare Advantage plans.
Result of repeal
- Increased spending would likely
  - lead to higher premiums, deductibles, & cost share for beneficiaries,
  - accelerate insolvency of the Part A trust fund.
Key Principle 9: The best clinician for an older patient is often a generalist.

Key Principle 10: Geriatric care is interprofessional.

What HCPS need for geriatric competence (AAMC):
- Self-care capacity
- Falls, balance, gait disorders
- Atypical presentation of disease
- Hospital care for elders
- Medication management
- Health care planning/prevention
- Palliative care
- Cognitive and behavioral disorders
**SELF-CARE CAPACITY**

**MEDICAL STUDENT**
Assess & describe baseline and current functional abilities by collecting history from multiple sources (ADL, IADL, capacity/competence perform hearing and vision examination.)

**IM-FM RESIDENT**
Identify & assess communication barriers (hearing/sight impairments, speech difficulties, aphasia, health literacy, cognitive disorders.) Demonstrate ability to use adaptive equipment & alternative methods to communicate (e.g., with the aid of family/friend, caregiver).

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**CAREER SATISFACTION**

12,474 MDs surveyed, 65% response
33 specialty categories analyzed
Significantly more likely than FP to be very satisfied:
- Geriatric Medicine OR = 2.04
- Neonatal/Perinatal OR = 1.89
- Dermatology OR = 1.48
- Pediatrics OR = 1.36

1996-1997 Data

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**CAREER SATISFACTION**

6,590 MDs surveyed, 53% response
42 specialty categories analyzed
Significantly higher satisfaction levels than FP
- Pediatric ED (0.349)
- Geriatric Medicine (0.323)
- Other Peds Specialties (0.270)
- Neonatal/Prenatal (0.266)

2004-2005 Data
WHY IS MD SATISFACTION IMPORTANT?

**MD Satisfaction Associated with:**
- Patient satisfaction
- Better patient outcomes

**MD Dissatisfaction associated with:**
- Personal health problems
- Early retirement
- Medical errors

SUMMARY:
The US HC System history with geriatric care began in the 1970s.
Older Americans are living longer & with substantial health needs.
There are key principles to care of the aged that makes this care effective, cost effective and rewarding.
Health System reform is important for good geriatric care and to sustain primary care.

THANK YOU