A Shortage of Geriatricians in Virginia: Report to the Joint Commission on Health Care

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Report of the Joint Commission on Health Care

Access to And Availability of Geriatricians

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Highlights from Last Year's Report

- National (and Virginia) Shortage of Certified Geriatricians, projected to worsen over coming decades
  - 20,000 needed nationwide in 2006; peaked at 9000, now 7100
  - 500 needed in Virginia (by extrapolation); 146 actual in VA in 2006
  - Approx 350 geriatric physicians in training each year nationwide
- "Financial disincentives pose the greatest barrier to entry into the field of geriatrics."

Overview of Present Situation

- Number of Certified Geriatricians continues to fall
- Financial disincentives do not pose the greatest barrier to entry into the field of geriatrics (though perception hard to change)
- Greatest barriers in Virginia now are attitudinal, scarcity of fellowship training positions (Fewer than 10/year in Virginia)
- 1 of every 20 Medicare recipients nationwide lives in Virginia (should translate into minimum of 18 training positions/year statewide at current levels)

Background

- Population of Virginians age 65 and older increasing rapidly- Will double between 2000 and 2020.
- 460% increase in nursing facility utilization in Virginia between 1985-2001
- Lack of access to high quality, age-appropriate care for older Virginians now
- Access, quality of care issues expected to worsen over next decade
- Number of physicians willing to focus their practice on care of older Virginians is decreasing
- Overall, education of physicians in geriatric care issues inadequate in all specialties at all levels of training
- Maximum number of physicians being trained to become geriatricians in Virginia is 9-10 per year.

Care of Older Patients: What's Different, So what?

- Normal age-related changes in the body have major affects on response to drug prescribing, testing and treatment
  - e.g. kidney function reduced 50% or more by age 80
- Abilities to seek care, care for oneself affected by aging, age-related illness
- Older Patients' care goals often different
  - Geriatric care analogous to pediatrics in many ways- "Age-Appropriate care"
- Current system of healthcare delivery wasn't built for older patients, those with chronic illness (i.e those who use it)

Health Care Delivery System

- Complaint-based Health Care System requires patient to identify problem, determine severity, actively seek care and transportation to site of care.
  - Patients with cognitive or functional impairments cannot do this
  - In General, medical care and medical education treats all adults the same way, irrespective of age
  - Physician services, training concentrated in hospital, office settings
- Older patients suffer from undertreatment, overtreatment sometimes simultaneously

Negative Consequences of Suboptimal or Inadequate care of Elderly for Commonwealth

- Needless suffering
- Scarce healthcare resources wasted on fixing problems caused by bad care
- Overuse of Emergency Rooms
- Increased expense to Commonwealth through increased long-term care utilization
- Decreased economic activity, reduced tax revenue due to lost productivity from family caregivers away from work

Why Aren't There More Geriatricians in Virginia?

- Few Opportunities.
  - 10 Medicare Approved Geriatric Fellowship training positions at 4 Sites /Schools.
  - Not all are funded, therefore not filled.
  - 2007-2008: 7 Geriatric Trainees in VA.
- Geriatric Medicine not a high priority for Medical Schools, University Hospitals
- No widely held belief in need for change among University medical centers, faculty or among practicing physicians statewide.
- Medical culture and bureaucracy very much opposed to change, esp. change imposed by others

Why Aren't There More Geriatricians in Virginia? (cont'd)

- Negative, ageist attitudes
  - Negative, ageist attitudes among health care providers (doctors and nurses), mirrors U.S. societal attitudes
- Negative attitudes among physicians towards Medicare, Medicaid
- Negative attitudes taught and learned
  - Ageist attitudes among medical students, nursing students have been shown to increase with further training

Why Aren't There More Geriatricians in Virginia? (cont'd)

- Medical training = Apprenticeship
- Choice of specialties highly influenced by mentorship, environment
- Small number of geriatricians equals fewer role models, mentors
- Lack of exposure to geriatrics in medical school, residency training

Lack of Exposure to Geriatrics in Medical School, Residency Training

- 23% of medical schools nationwide require a geriatric rotation
- 1/3 of residency programs have specific geriatric requirements
- "Curriculum Conflicts" reported as Number 1 obstacle to implementing Geriatric Medicine Curriculum
- Geriatrics rated 2nd most important curriculum area by Family Medicine and Internal Medicine Residency Program Directors surveyed nationwide

Why Aren't There More Geriatricians in Virginia? (cont'd)

- Retention of Geriatric trainees limited by:
  - difficulty creating new academic faculty positions in geriatrics
  - immigration issues
  - Fierce competition for new graduates as number of job opportunities nationwide continues to grow

Positive Signs

- Trickle up
  - Expansion of Geriatrics in Some areas (UVA: 4 new geriatric faculty positions filled since 2002)
  - Increased interest in geriatrics among medical students, resident physicians in Virginia
- Increased reimbursement under Medicare for office visits, nursing home visits (30-40% increase overall)
- Increase in Geriatric fellowship positions nationwide

Summary of Current Situation

- Too few Geriatricians in Virginia
- Too few training positions to replace retiring physicians much less meet increased need
- Increased interest among students, residents despite lack of exposure, mentorship during training
- Problem of inadequate training positions, faculty lies primarily within Virginia Schools of Medicine, University Hospitals
- Problems of care for older Virginians not limited to those training sites

How Can The Virginia General Assembly impact the number of Geriatricians in Virginia?

Increasing Geriatricians: Conceptual Approach

- Grow more
  - Increase geriatric training positions from current low level
    - Fund additional slots or mandate growth in training from sites already receiving state funds for health care or education
- Keep more
  - Financial incentives for geriatricians to practice in Virginia
  - Immigration visa/green card issues
- Find More
  - Create incentives for Geriatricians to move to Virginia to practice (i.e. loan forgiveness)
  - Support faculty positions in Geriatric Medicine across the Commonwealth

Increasing Geriatric Training Positions in Virginia

- Medicare supports increasing the number of Geriatric training positions
- Teaching hospitals reluctant to allocate resources (45K salary plus benefits/year) to add new training positions in Geriatrics
- Legislature could allocate new funds for additional geriatric fellowship positions or
- Legislature could tie current State funding for universities, teaching hospitals (i.e. Indigent Care funds) to geriatric training at all levels, including fellowship training
- State could develop benchmark goals for teaching hospitals, Schools of Medicine re: geriatric education/training, number of Geriatricians statewide

Increasing Geriatricians

- Complete funding of training experiences most likely to be effective, provided funds cannot be expropriated for other purposes
- Mandating cooperation from teaching hospitals, Medical Schools may result in half-hearted efforts, including 'renaming' current activities without any real change unless active oversight occurs
- Incentives including matching funds may be insufficient to change attitudes of institutional leaders
- Legislature can exert a great deal of influence without necessarily spending a lot of additional funds

Conclusions

- Negative attitudes, institutional resistance to change are main factors limiting expansion of Geriatric Medicine training at all levels of Medical Education
- Shortage of Geriatricians in Virginia will worsen in coming decade
- Geriatric education needed at all levels along with changes in health care delivery
- Relatively modest financial outlay could result in significant increase in Geriatricians in Virginia