

CFAS Connects: Caring for Older Adults: Clinical, Research, and Training Challenges

Moderator: CFAS Chair-elect Nita Ahuja, MD

Speakers:

- Evelyn Granieri, MD, MPH, MEd, senior CFAS rep for the American Geriatrics Society (AGS) and an Emerita Professor and chief of the Division of Geriatric Medicine and Aging at Columbia University Medical Center
- Andrea Schwartz, MD, MPH, the junior CFAS rep for AGS, a geriatrician, an assistant professor of epidemiology, and director of the Aging and End of Life Care Theme at Harvard Medical School

Introduction:

Dr. Granieri began the session by describing how CFAS has formed a Geriatrics Working Group. The members of that working group are:

- Evelyn Granieri from the American Geriatrics Society
- Andrea Schwartz from the American Geriatrics Society
- Arthur Derse from the Association of Bioethics Program Directors
- Winnie Lau from the University of North Carolina
- James Pacala from the University of Minnesota
- Vincent Pellegrini from the American Orthopaedics Association and Dartmouth
- VJ Periyakoil from Stanford University
- Barbara Thompson from the University of Texas Medical Branch

Goals of the Group:

- Explore a range of challenges related to the care of older people
- Examine the issues from a multidisciplinary, multi-specialty view
- Study not just the clinical side, but education and research – a full academic medicine view
- Devise programming, products such as papers and commentaries, and policy ideas to help create change

Goal of the session: to familiarize participants with the state of geriatrics and academic geriatrics and to introduce the purposes of the CFAS Geriatrics Working Group. Session objectives: 1. Name 3 areas of geriatrics competency that should be integrated into medical education 2. Identify 2 strategies to enable integration of geriatrics education into medical training and 3. List 3 salient issues regarding geriatrics and the impact on academic medicine.

Presentation from Dr. Schwartz:

- Two books speak very well to the gap in geriatrics training during medical school: *Being Mortal* by Atul Gawande and *Elderhood* by Louise Aronson.
- The John A. Hartford Foundation and the AAMC developed 26 geriatrics competencies every medical student should know. American Geriatrics Society updated these competencies in 2021 to focus on Mobility (falls, frailty, changes in functional status), Mind (dementia, delirium,

depression, cognition changes), Medications (polypharmacy, deep prescribing, and balancing risks and benefits with age), Multicomplexity (incorporating social determinants of health and prognosis into care of elderly), and What Matters Most (making sure care aligns with goals and desires of older patients).

- A survey of deans found that around 90% felt that medical students should have required education in geriatrics, but that only 35% felt that students should “definitely” have a required geriatrics clinical rotation, compared to 91% for a required pediatrics clinical rotation.
- Many institutions across the country are partnering with the Institute for Healthcare for Healthcare Improvement in “The Age Friendly Health Systems Initiative,” which focuses on the 4Ms: Mobility, What Matters, Medication, and Mentation.

Presentation from Dr. Granieri:

- CFAS provides a unique opportunity to highlight the gaps in geriatrics training for other physicians and groups beyond just other geriatricians.
- Right now there are 52 million people over the age of 65 and 22 million over the age of 75.
- Medicare and Social Security expenditures will increase up to 12% in the next 20 years.
- 65 years old doesn't equal old age. It's a socio-political construct. Politicians decided that 65 was when old age started, not physicians. Physiological changes usually happen in a clinically significant way at least 10 years after age 65.
- A major challenge is that geriatrics is not a cash cow for institutions, but it is time-intensive. Medicare fee schedule cuts that happen every few years make geriatrics even less attractive to institutions from a revenue standpoint.
- Dementia is a relentlessly progressive and terminal disease that threatens to overwhelm Medicare. Dementia cost the U.S. \$321 billion in 2022 and will cost \$1 trillion in 25 years.
- There are major challenges for the geriatrics pipeline: There will be a net decline in geriatricians and only 51% of fellowship positions are filled. Most will not enter academia, which raises the question, who will teach geriatrics in the future?
- There are significant equity, diversity, and inclusion implications for improving geriatrics training and how the health system cares for older people because people over 75 years old (7% of the total population) accounted for 53% of all deaths related to Covid-19. Geriatricians experienced a lack of resources being directed toward the care of older people during the pandemic.

Discussion on how to improve geriatrics in the U.S.:

Empowering older people to remain independent for as long as they want to and reasonably can be is important for their well-being.

A lot of older people who have problems swallowing have those issues because of a lack of teeth and dental insurance companies don't pay enough to take care of peoples' teeth. And older people aren't being properly evaluated about what they can and can't eat. Including the patient's choices and preferences is especially lacking in geriatrics.

Many employed physicians only have 15 minutes to see patients, which is inadequate for the proper care for older adults with complex needs. Only 10% of hospitalized patients 70 and older are cognitively intact. Not only is this bad for older patients, but it's also very frustrating for the physicians who are under these constraints and it leads to them burning out.

The onus of improving the poor state of geriatrics in the U.S. is on all physicians, not just geriatricians.

Medical students might not see the applicability of caring for older people right away, so a potential training solution could be to require layers of geriatrics training over time.

The concepts of aging in anatomy, physiology, and other preclinical courses are not taught as much as they used to be. Exploring how people change with age is important to introduce early on in the curriculum and this isn't happening as robustly as it used to.

Most institutions don't have enough geriatrics specialists or enough resources to build adequate geriatrics programs.

Geriatrics considerations need to be discussed more during rounding and geriatrics needs to be embedded more in medical education.

Geriatrics needs to become more multidisciplinary and the education of the physician in those teams in holistic care is what will make those teams really effective.

It all comes down to funding and geriatrics is not remunerative currently, so there needs to be more advocacy to raise awareness of this problem and secure more resources and better reimbursement for geriatric care.