



The Geriatrician:

A Secret to Cost Savings

Every 8 seconds someone turns 65.

Do you have geriatricians on staff to handle your costliest patients?

Have you considered geriatricians as part of your healthcare delivery strategy? The baby boomers are retiring and racking up more healthcare costs every day. Patients over the age of 65 seek healthcare services more often than children and adolescents. By 2030, one in five Americans will be eligible for Medicare, when there will be an estimated 72.8 million patients over the age of 65, which will represent 20.3 percent of the population, according to the U.S. Census Bureau. Geriatricians will be the best source to provide comprehensive, individualized care to patients who deserve quality treatment.

What is a Geriatrician?

Geriatricians are board-certified primary care doctors who possess an internal medicine or family medicine medical degree and have completed special certified training in geriatric medicine. They focus exclusively on the unique illnesses and conditions affecting elderly Americans and also are trained to provide long-term care. Generally, geriatricians provide care coordination, which means they lead a team of healthcare providers, including nurses and pharmacists, and develop an organized strategy to provide care for individual patients. Care coordination continues through all the healthcare settings involved in a patient's plan, including the home, hospital, nursing home, rehabilitation center and pharmacy. Healthcare systems that use geriatricians seek to prevent future illnesses or falls, while also aiming to properly manage the special needs of the elderly, such as medication management and balancing the treatment of multiple issues occurring simultaneously.

Training & Education

Upon completion of medical school, geriatricians spend three years in an internal medicine or family medicine residency program. After residency, they enter a one-year fellowship training. The American College of Physicians (ACP) lists 105 ACMGE-accredited training programs in Geriatric Medicine with 293 active training positions for the 2011–2012 academic year (www.acponline.org).

Geriatric fellowships offer primary care residents specialized training in the treatment of elderly and the physiology of aging. They focus on illnesses and diseases that are common and/or unique to older patients, including psychological and behavioral issues. Geriatricians also learn to treat older patients in long-term, home-based or end-of-life care.

Unfortunately, only a small number of medical school graduates seek fellowships in geriatrics. In 2013, only 160 internal medicine graduates and 44 family practice graduates applied for geriatric fellowships through the Electronic Residency Application Service® (www.aamc.org).

How does a geriatrician differ from a primary care physician who treats older adults? Geriatric entrustable professional activities (EPAs) have been established for geriatric physicians. The EPAs describe the core work required to be mastered in a geriatric fellowship. There are currently 76 curricular milestones (CMs) for this fellowship to differentiate it from family practice or internal medicine. Elderly patients are complex patients who require devoted training and expertise to fully diagnose, treat and provide long-term individualized care.

Procedures

Geriatricians are trained exclusively on diagnoses, assessments, medication management and treatment of elderly patients. The ACP offers an extensive list on some of the procedures most Geriatricians regularly perform (www.acponline.org).

- Assessments of function, cognition, gait and flexibility, home safety, motor vehicle driving and needs assessment on hospital discharge (including rehabilitation)
- Interpreting tests, such as urodynamic testing, cystometry, audiology, neuropsychiatric testing, videofluoroscopy for dysphagia, noninvasive tests of peripheral arteries, and biopsy of temporal artery

Demand Increase

The demand for high-quality geriatric care is higher than ever. Due to decades of improvements in basic healthcare, U.S. citizens are now living longer. However, this also means they are developing more diseases as they age. According to the American Geriatrics Society (AGS), elderly Americans account for 26 percent of all physician office visits, 25 percent of all hospital stays, 34 percent of all prescriptions, 38 percent of emergency medical services responses and 90 percent of all nursing home use.

About 80 percent of older adults need chronic care, and almost a quarter of adults have at least five chronic illnesses or disabilities, most commonly consisting of dementia, diabetes, cardiac issues, osteoporosis and arthritis.

The demand for geriatricians is only going to increase. As the last of the baby boomers reach age 65 in 2030, the U.S. Census Bureau estimates that 72.8 million U.S. citizens will be 65 or older, which will represent 20.3 percent of the population. In 2011, there were 41.4 million people aged 65 or older.

As of 2012, there were 7,429 certified geriatricians across the U.S. The AGS's Geriatrics Workforce Policy Studies Center (GWPS) recently compiled data which shows approximately 17,258 geriatricians are needed to care for the 40+ million older adults. Based on projected population numbers, the GWPS states we will need 1,100 geriatricians per year over the next 20 years to train an additional 25,538 doctors to reach the needed 30,000 geriatricians by 2030.

Shortage Crisis

Where does this shortage of geriatricians come from? It mostly boils down to the decreasing number of medical students choosing to forge a career in geriatric care. Similar to other primary care specialties, geriatric careers, while rewarding, often lack the prestige and financial compensation of surgeons and other healthcare specialists. Students who enter the geriatric field are loaded with high debt and lower reimbursement, which deter many from entering the field at all.

Geriatricians are required to train for at least another year more than their primary care counterparts, yet they receive smaller salaries. MGMA data from 2013 shows the average salary of a geriatrician was \$211,951, while their colleagues in family medicine (with OB) and internal medicine received \$233,888 and \$244,689, respectively. As the majority of primary care academic programs across the U.S. suffer funding shortfalls and the ability to draw more students, the geriatric subspecialty suffers even more.

Affordable Care Act

Fortunately, there may be some hope for geriatric providers. As many U.S. health care providers are concerned about their future under the Affordable Care Act (ACA), the geriatrician workforce can actually find many reasons to be hopeful, if the doctors are willing to adapt to new healthcare models.

The ACA supports the team-based approach by expanding Medicare coverage to include various services common to older patients. The Centers for Medicare and Medicaid (CMS) aims to encourage the American healthcare system to embrace a new payment structure focused on patient quality, rather than the traditional fee-for-service model. This pay-for-performance structure will provide financial incentives to healthcare systems and doctors who increase patient quality. Coordinated care and team-based plans are at the heart of this new quality-focused model, which is good for geriatricians, who already work in this type of environment. If a coordinated group, like an ACO, improves the quality of its patients, then it receives shared savings from Medicare, as well as private payers who are adapting similar programs.

Expansion of training for primary care physicians also takes place under the ACA, aiming to aid doctors in targeting older, costlier patients and reducing healthcare costs. New provisions are placed in the healthcare bill to increase recruitment for the geriatric workforce, including grants, federal traineeships, training programs and increased funding, according to the AGS.

Geriatricians are appealing in their ability to reduce hospital visits and readmission rates. This makes them valuable in the new healthcare structure that penalizes systems for readmission rates. Having a geriatrician as part of a hospital or ACO's delivery strategy can reduce financial hits. Geriatric providers focus on prevention, which is rewarded in the new reimbursement design. While any primary care physician could assess, diagnose and treat an older patient to avoid unnecessary future hospitalizations or readmissions, geriatricians are experts on elder care and have greater comprehension of the complexity of managing the multiple conditions or chronic illnesses of these patients.

The December 2013 issue of *Annals of Long-Term Care* discusses the potential impacts of the ACA on reimbursement to geriatric providers. "These changes in reimbursement are likely to result in a reduction in reimbursement for geriatric care providers, although those who are able to deliver the outcomes for which they are being held accountable will be rewarded. Those who remain focused on the more traditional volume-based FFS arrangement will begin to feel the market moving away from them."

The Bottom Line

As most U.S. healthcare systems transition to a more quality-focused delivery strategy, it is imperative to have experienced physicians who are trained to exclusively care for and manage America's most expensive patients. Geriatricians are the key to keeping the elderly healthy and out of the hospital. By improving quality metrics and decreasing federal penalties, these valuable assets are extremely vital to any healthcare system's patient-centered and financial goals.

To learn how LocumTenens.com can improve your bottom line and find you the best geriatricians for your healthcare strategy, please contact our dedicated team for more information.

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