

Urgent changes needed to prepare doctors to care for aging America

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Leading physician policy experts are calling for changes in medical education policy at multiple levels to ensure that doctors are prepared to treat the country's aging adult population.

In the May issue of *Health Affairs*, co-author Steven R. Counsell, M.D., Mary Elizabeth Mitchell Professor and director of geriatrics at the Indiana University School of Medicine and a Regenstrief Institute affiliated scientist, and colleagues Chad Boulton, M.D., M.P.H., M.B.A., Rosanne M. Leipzig, M.D., Ph.D., and Robert A. Berenson, M.D. propose several policy solutions to help the United States prepare for the increasing number of geriatric patients.

"The geriatric imperative of the 21st century requires major, rapid changes to our health care system," said Dr. Counsell, who is an IU Center for Aging Research center scientist. "Through educational policy reforms at the state and federal levels, policymakers can catalyze the dramatic workforce changes necessary for delivery of cost-effective chronic care to the rapidly swelling ranks of older Americans."

The article, entitled "The Urgency of Preparing Primary Care Physicians to Care for Older People with [Chronic Illnesses](#)," proposes multiple policy-driven solutions. Leading physician policy experts are calling for changes in medical education policy at multiple levels to ensure that physicians are ready to treat the country's growing older adult population.

To ensure a better trained physician workforce as the demand for geriatric care swells and the number of geriatric specialists shrinks, policy options proposed by the authors include:

- Increasing funding for geriatrics in medical schools
- Leveraging Medicare's educational subsidy to strengthen geriatrics in residency and fellowship programs
- Requiring practicing physicians to complete geriatric continuing education credits in order to maintain their state licensures and Medicaid provider certifications

The authors propose modifying Title VII of the U.S. Public Health Service Act to provide financial support for medical schools and residency programs that adopt the educational innovations needed to care for an aging society.

Similarly, the Medicare program, which provides teaching hospitals with large annual subsidies for graduate medical education, could make continued educational funding contingent on rapid reforms in the training of resident physicians and specialty fellows. To drive swift educational reform, new Medicare policy could link a significant portion of the teaching hospitals' annual direct and indirect medical education payments to the amount of training they provide in primary care, chronic care and geriatrics.

"As Medicare funds are intended to enhance the care of Medicare beneficiaries, the logic of prioritizing training for chronically ill older patients is compelling," said Dr. Berenson, a fellow at the Urban Institute. "Another policy option is to extend Medicare graduate [medical education](#) funding to non-hospital clinical training sites, such as nursing

homes," added Dr. Leipzig, the Gerald and Mary Ellen Ritter Professor and vice chair of education in the Brookdale Department of Geriatrics and Palliative Medicine at Mount Sinai School of Medicine.

To support continuous geriatrics training of the many physicians already in practice, the authors propose that state policies could require geriatric continuing education credits for physicians to maintain their licensure, or to practice as Medicaid providers or medical directors of nursing homes.

"With just one geriatrician for every 10,000 adults over 75, primary care physicians are being called on to provide geriatric care for our rapidly aging population," said Dr. Boulton, director of the Roger C. Lipitz Center for Integrated Health Care at the Johns Hopkins Bloomberg School of Public Health. "But most of today's [primary care physicians](#) are not adequately trained to provide the complex care needed by older adults with multiple chronic conditions. In fewer than 20 years, one of every five Americans will be over 65, amounting to more than 70 million people. We need to act now, and act aggressively, to improve the geriatric education of all physicians."

Provided by Indiana University School of Medicine

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