

Integrating Geriatrics into Internal Medicine: Enhancing Medical Care Provided by Subspecialists

Leaders in Internal Medicine Have Strategies to Encourage and Enhance Geriatric Competence

- **Promoting the importance of geriatric medicine**

Educational institutions and medical societies should identify geriatric clinical care and research as key priorities within each subspecialty of internal medicine.

- **Diffusing geriatric content into curriculum**

Medical schools should ensure that all students receive training in geriatrics issues during their subspecialty rotations and provide research opportunities on gerontological aspects within each discipline.

- **Conducting geriatric education retreats**
Medical societies and schools can plan total-immersion sessions that match subspecialists in internal medicine with geriatric experts to consider ways to improve integration of needed information.

- **Requiring geriatrics content in continuing education**

Geriatrics should be a key component of the continuing medical education of subspecialists. Content on aging issues should be part of the recertification process and examination.

Older adults receive a significant portion of their health care from subspecialists in internal medicine, such as cardiologists, rheumatologists, and oncologists. Despite a patient panel that is disproportionately above the age of 75, few subspecialists receive the training and education needed to address the unique and complex medical issues facing older adults.

In order to address this disparity, medical schools and professional organizations in internal medicine must oversee efforts to incorporate geriatrics knowledge across the spectrum of education: undergraduate, resident and fellowship training, and ultimately continuing medical education and recertification. This is imperative if all practitioners in internal medicine are to be prepared to provide the best possible care to the nation's growing number of older adults.

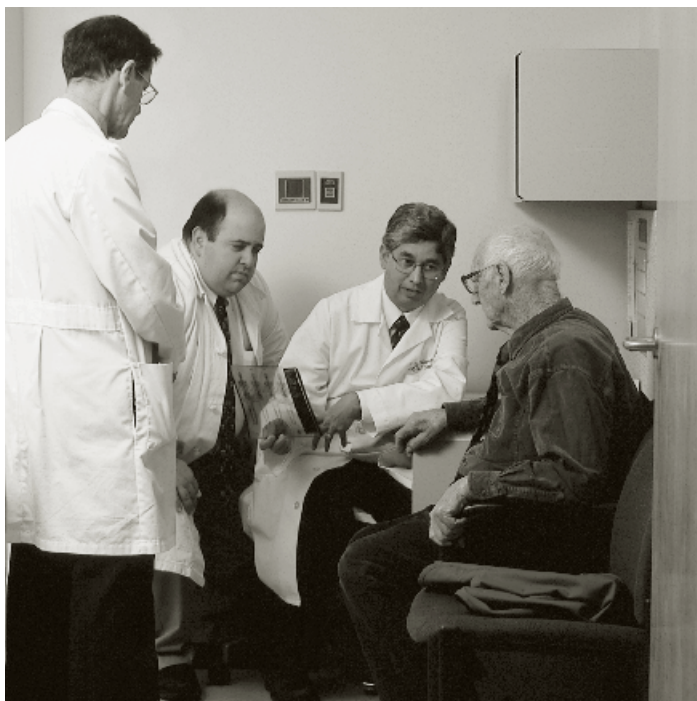
The JAHF Contribution



Since 1994, the John A. Hartford Foundation has supported a number of efforts to integrate geriatrics into the subspecialties of internal medicine. One strategy, Geriatric Education Retreats, brought geriatricians together with leaders in each subspecialty for five days of intensive presentations and dialogue on the geriatric training, research and clinical issues affecting each discipline. The Foundation has furthered the research agenda by partnering with subspecialty organizations in Internal Medicine to initiate a junior faculty investigator award, the T. Franklin Williams Scholars Program, and is also supporting projects designed to increase geriatrics in the board recertification process. \$9.7 million has been awarded to these programs.

Because of the fragmentation of medical education, few subspecialists learn how to manage the multiple medical issues of an older patient.

Dr. John M. Bennett (left) and Dr. Deepak Sahasrabudhe (right center) discuss test results with patient Louis Falzer (right) at the University of Rochester Cancer Center, as Hematology-Oncology Fellow, Dr. Alex Solky (left center) looks on.



Geriatric Care Fundamentals are Crucial to Quality Subspecialty Care

The aging of the baby boomers poses a major challenge for the medical community. Today, there are approximately 6,000 certified geriatricians. One study has estimated that by 2030, when the population 85 and over will likely be four times its current size, the nation will need 36,000 geriatricians. But this goal is unlikely to be reached.

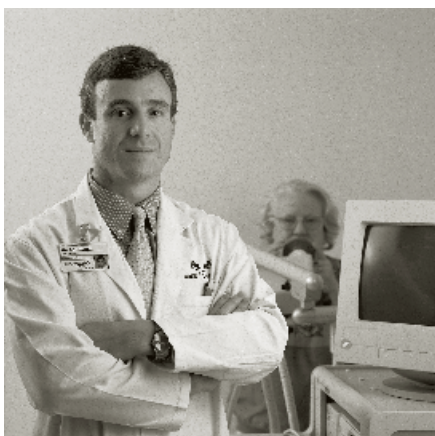
Subspecialists in internal medicine can fill part of the health-care vacuum if they receive specialized training in the complex needs of these older adults. Though subspecialists have large numbers of older patients, they often do not address the multiple additional conditions of these patients who often take more than five medications, and may have functional limitations and psychosocial needs that prohibit them from fully realizing their treatment goals.

Physicians trained in geriatrics take a multidisciplinary approach to health care. They understand that older patients respond to treatments and medications differently from younger persons. They also understand once disease develops that preventing further decline may be a better strategy than aggressive attempts at cure. A geriatrician, for example, is more likely to help a frail person prevent fall-related injuries by checking vision and medication since fall-related injuries are likely to result in prolonged loss of function and higher complication rates in older adults. And a physician with geriatric expertise is more likely to address caregiver and social issues.

Subspecialists in internal medicine are trained to treat a specific body part or organ system and are more likely to take a high-tech or procedure-oriented approach to treating a specific medical issue. They are also less likely to get involved in care of the older adult before illness, thus their focus is rarely on preventive strategies, but on treatment once disease has occurred. However, treatments aimed at preservation of function and quality of life are often more appropriate for seniors with serious illness than aggressive measures that may result in disability or loss of independence. Because of the fragmentation of medical education, few subspecialists learn how to manage the multiple medical issues of an older patient. As a result, older patients receive their health care from a number of practitioners. In many cases, an oncologist, cardiologist, or a pulmonary specialist becomes the primary care provider for these patients.

Subspecialists in internal medicine can learn the fundamentals of geriatric care which will make a significant difference in their treatment of older patients. Educational strategies can

Dr. Wes Ely is pictured in the Vanderbilt University pulmonary clinic. He has focused his research on older patients in intensive care units since attending a Foundation-supported geriatric education retreat targeted to pulmonary and critical care medicine.



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help all of the subspecialties, which include endocrinology, cardiology, oncology, rheumatology, infectious disease, nephrology, gastroenterology, immunology, and pulmonary-critical care.

Raising Awareness of Geriatric Medicine

The leadership of professional subspecialty organizations and specialty boards should create and support geriatric interest groups within their societies and address the need for geriatrics inclusion in annual meeting agendas and career development awards programs. Dr. Kevin P. High, associate professor in the Department of Internal Medicine, Section of Infectious Diseases, at Wake Forest University School of Medicine, says: "Once physicians see the enormous value of incorporating principles of geriatric care into their practice, as well as the inherent research opportunities in care of the aged, they become champions of the concept. As such, they spread the message within the existing structure of their subspecialty, creating still more converts and champions. This is really the overall goal of the T. Franklin Williams Scholars Program and other initiatives."

Embedding Geriatric Content into Curriculum

Deans and department chairs of medical schools must demonstrate to students, residents and fellows, faculty members, and practicing physicians that geriatrics is an essential part of medical education. Curriculum should ensure that core competencies are built into every aspect of education and training so that trainees at every level would learn to address geriatric syndromes, such as falls, incontinence, cognitive problems, and issues such as polypharmacy. Providing clinical, longitudinal opportunities will also bridge the gaps between geriatrics and subspecialty medicine.

Institutional leaders can accomplish this by either appointing geriatricians to teach content or asking faculty members with expertise to conduct colloquia and workshops with faculty in subspecialties. In addition, medical schools can support the development of junior faculty by joining with subspecialty medical societies to provide research grants to young faculty who plan to make aging the focus of their careers.

Include Geriatrics Content in Recertification

The American Board of Internal Medicine (ABIM) requires all physicians certified in a subspecialty after 1990 to complete recertification every ten years. Addition of a geriatrics component to the recertification process ensures that physicians who have been in clinical practice will also have exposure to issues pertaining to care of the elderly.

The Board has worked together with representatives from geriatrics and the subspecialties to develop subspecialty specific geriatric questions. These questions have been inserted into the ABIM re-certification modules. "This will truly reach all physicians, academic and community-based doctors who need to recertify,"

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says Nancy Woolard, project coordinator for the *Integrating Geriatrics into the Subspecialties of Internal Medicine* effort. Quality improvement instruments also are being developed to cover specific diseases common in older adults that are frequently managed by a subspecialist (e.g., congestive heart failure).

Conduct Geriatric Education Retreats Locally

The geriatric education retreat is a proven method for providing educational sessions for subspecialists, and was pioneered by Dr. William Hazzard through a decade-long effort funded by the John A. Hartford Foundation. Using this format, subspecialty organizations can partner with medical schools to organize intensive sessions on subspecialty care of the geriatric patient. "The goal of these meetings is an immersion experience bringing geriatricians and subspecialists in close contact to brainstorm to improve healthcare for older adults," says Dr. Hazzard. The exchange of ideas and information can lay the groundwork for further integrative efforts. Retreat participants may include department chairs, directors of residency training programs, division directors, and key faculty members.

Follow-up activities could build on the retreat by ensuring that the dialogue continues on the local and national levels. Colloquia, the inclusion of geriatric content in examinations, and appointing writers of editorials and articles for subspecialty journals are all examples of ways to further integrate the subspecialties with geriatrics.

For More Information

Geriatrics Development Initiative: T. Franklin Williams Scholars Program
www.im.org/AAIM/Development/GeriatricsDevelopmentInitiative.html

"Expanding Geriatrics into Subspecialty Internal Medicine Healthcare, Research and Education: Caring for Older Adults and the T. Franklin Williams Career Development Awards"
High KP, Clayton CP, et al.
American Journal of Medicine, October 15, 2002

"Integrating Geriatrics into the Subspecialties of Internal Medicine"
Hazzard WR, Woolard N, Regenstreif DI.
Journal of the American Geriatrics Society, May 1997

"Internal Medicine: At the Nexus of the Health Care System in Responding to the Demographic Imperative of an Aging Population."
Hazzard WR, Woolard N, Regenstreif DI.
American Journal of Medicine, April 15, 2001

This pamphlet is available at the Web site of the John A. Hartford Foundation at www.jhartfound.org/IDEAS/subspecialists.



THE JOHN A. HARTFORD FOUNDATION 55 EAST 59TH STREET, NEW YORK, NY 10022 212 832-7788