

Letters

More on the Geriatrician Shortage

In regard to the Commentary by Niko Karvounis titled “The Geriatrician Shortage,” in *Medicare Patient Management’s* September/October 2008 issue (see page 12, www.medicarepatientmanagement.com/issues/03-05/mpmSO08-Commentary.pdf), I would like to offer some comments.

I am a fellowship-trained, board certified geriatrician who has been practicing geriatrics in Florida for 19 years. I have served on the Board of Directors of the Florida Medical Directors Association and the American Medical Directors Association. Despite the growing elderly population, I have seen the field of geriatrics fading away in the United States and few physicians showing much interest in it. I agree that reimbursement and a lack of respect are major contributors; however, I believe that other factors are also involved.

In general, geriatricians have not been able to show their value in providing better medical care than usual care. In the acute care hospital setting, most studies have failed to show that geriatricians provide significant benefit to patient outcomes compared with primary care physicians and usual care. This may contribute to why medical schools are not very interested in geriatric programs. In the outpatient setting, most elderly patients are still being treated by primary care physicians who do not have specific geriatric training. To make geriatrics attractive to new doctors, geriatricians must have their own “niche” within the medical community just as cardiologists have the heart, pulmonologists have the lungs, and so on. Geriatricians should have something they call their own.

It would seem obvious that nursing homes would be the “niche” for geriatric-trained physicians, but nursing homes are undergoing a great change in America. Nursing homes are changing from long-term care (LTC) facilities to subacute and rehabilitation centers. This change is being encouraged by Medicare and gives higher reimbursements to nursing homes. In the county where I practice, eight

Alzheimer’s units were closed down and converted to subacute beds. There is only one unit left. Most nursing homes in my county now have more subacute than LTC beds. Nursing homes are no longer interested in geriatric-trained physicians for patient care and as medical directors; rather, they prefer hospitalists and hospital-based physicians who can presumably help to fill beds. Hospital-based doctors are finding nursing homes a convenient and cost-effective way to supplement their income. In my county, of 23 nursing homes, 22 have medical directors who are hospital-based physicians with no LTC training or experience. Nursing home administrators say these are orders from their corporate offices. This trend is pervasive all over Florida and the rest of the country.

Considering all of the above, it’s difficult to make geriatrics an attractive discipline for new doctors, and there is not much reward anymore for doing a geriatric fellowship. I don’t believe there are easy solutions, but one possibility is to do studies that may show that geriatric-trained physicians, who tend to be less aggressive than hospital-based physicians, can provide cost-effective care in nursing homes, fewer hospitalizations, less nursing time, and improved overall moral. This would make these physicians more attractive for nursing home corporations and give geriatric-trained doctors their “niche.”

—Morris Kutner, MD, FACP, CMD
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I agree with Dr. Kutner’s comment that “In general geriatricians have not been able to show their value in providing better medical care than usual care.” However, I would add an important qualifier—geriatricians have failed to demonstrate their value to Medicare while many have demonstrated their value to other payers, thus enabling them to receive appropriate compensation. Medicare reimbursement has become a zero-sum game in which the only way that geriatricians can receive more is for specialists to receive less. Politically this has been impossible up to now. But the scenario is rapidly changing. Medicare and others are beginning to realize that a focus on good primary geriatric care is required to improve quality and efficiency of senior care. As Dr. Kutner notes, more studies demonstrating this value are needed.

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