

Opportunities to strengthen the geriatric workforce

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Roadmap

- Background
- Geriatricians
 - Number has been shrinking
 - Factors that influence choice of geriatric medicine
 - Their role in health care system and practice patterns
 - Evidence of their impact on health outcomes and costs
- Nurse practitioners and physician assistants
- Policy options to strengthen geriatric workforce

Background

- Baby boom generation continues to age into Medicare
- Growing need for health professionals with expertise in caring for elderly patients with complex conditions
 - Geriatricians (physicians), nurse practitioners, physician assistants, nutritionists, pharmacists, social workers, psychologists, others
- To learn more about this workforce, we reviewed the literature, analyzed Medicare claims data, and conducted interviews with experts in geriatrics

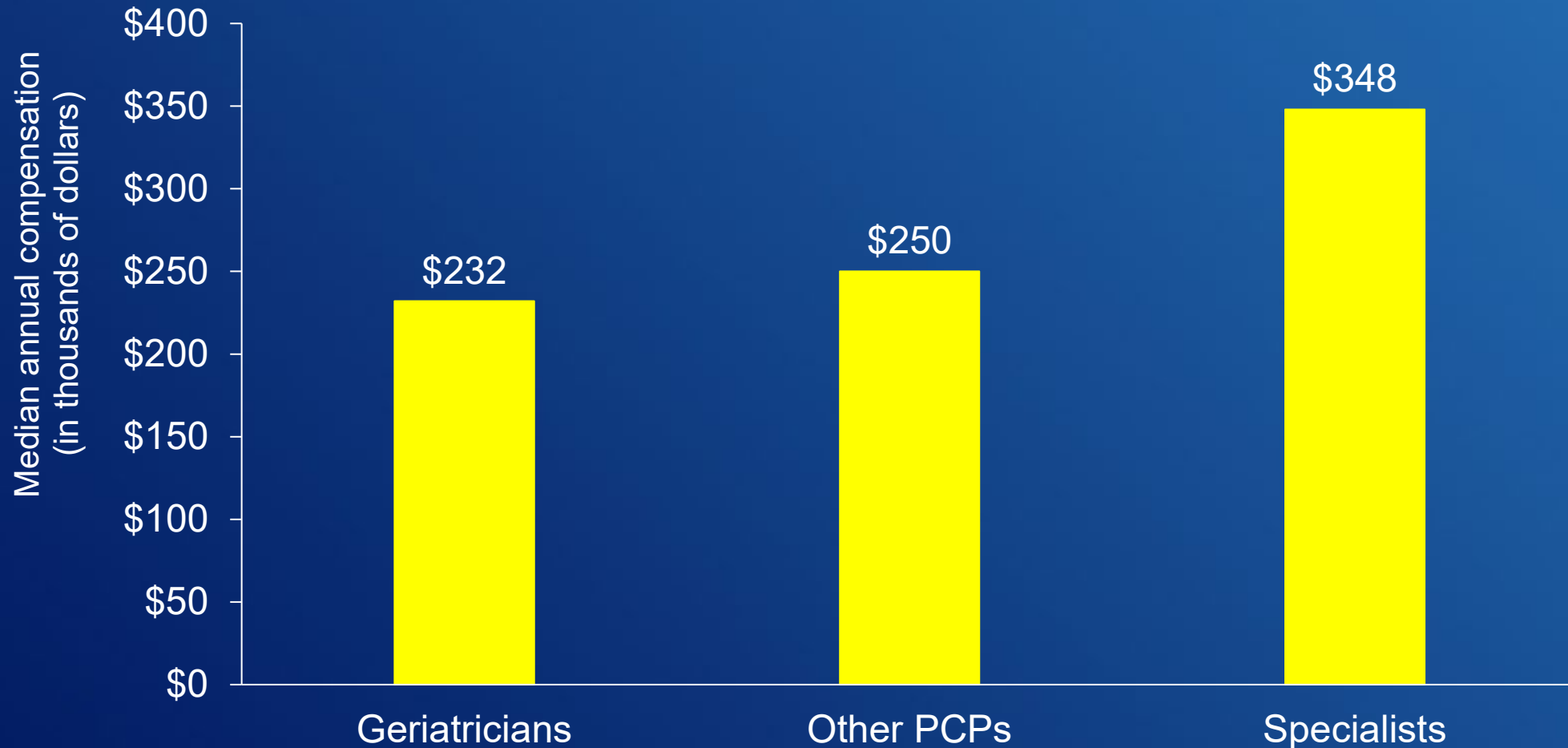
The number of geriatricians has been shrinking

- Number of geriatricians declined from ~9,000 in 1996 to ~7,000 in 2020
 - Medicare population grew from 38 million to 63 million during this time
- To specialize in geriatrics, physicians complete a 1-2 year fellowship program after residency
- Three federal programs aim to strengthen geriatrician workforce
- But only about half of geriatric fellowship positions offered each year are filled (~200 out of ~400)

Literature describes factors that influence choice of geriatric medicine

- Factors that motivate medical students and residents to pursue geriatrics
 - Desire to fill society's need for more physicians to care for the elderly
 - Focus on entire patient instead of organ systems
 - Intellectual challenge
 - Strong connection with an older adult in their youth
- Reasons why many medical students are not interested in geriatrics
 - Minimal exposure to geriatrics during clerkships
 - Feel overwhelmed by the complexity of older patients
 - Takes too much time to assess and manage geriatric patients
 - Geriatricians have lower compensation than other specialties

Compensation for geriatricians was lower than other primary care physicians and specialists, 2020



Note: PCPs (primary care physicians). Other PCPs include internal medicine, family medicine, and pediatrics.
Data are preliminary and subject to change.

Source: SullivanCotter's Physician Compensation and Productivity Survey, 2021

Geriatricians play a variety of roles in the health care system

- Patient care
 - Provide ongoing care to a panel of patients
 - Consult on other clinicians' patients
- Train physicians
- Research
- Leadership roles in nursing homes, hospitals, health plans, and accountable care organizations

Geriatricians' practice patterns differ from those of other primary care physicians

Compared with other PCPs, geriatricians...

- Were more likely to practice in nursing facilities (and less likely to practice in offices)
- Provided care to Medicare beneficiaries who were older, had more chronic conditions, were more likely to be institutionalized
 - E.g., 30% of beneficiaries treated by geriatricians had Alzheimer's or dementia, compared with 12% of those treated by other PCPs

Evidence of the impact of geriatricians on health outcomes and costs

- Health outcomes
 - Limited, mixed evidence when geriatricians deliver *primary care*
 - More studies when geriatricians *consult on patient care*, and most of them show that care is associated with improved health outcomes
 - Decreased length of stay in hospitals
 - Fewer emergency visits
 - Lower in-hospital mortality
 - Fewer hospitalizations
- Health care costs: Studies have found that geriatricians may *indirectly* reduce costs by de-prescribing and preventing adverse drug reactions

Some nurse practitioners and physician assistants also focus on geriatric care

- Overall number of NPs and PAs has been growing rapidly
- But only 3.5% of NPs said that geriatrics was their main clinical focus area (2020)
- 0.8% of PAs said that geriatrics was their principal area of practice (2018)
- Median income for NPs and PAs who focus on geriatrics was about the same as other NPs and PAs

Addressing the workforce needs of a growing elderly population

- Elderly population is growing
- We need a health care workforce to care for them
- Geriatricians provide care to older adults with complex conditions but there are too few of them
- Ideas to support and expand the workforce of clinicians who care for this population
 - Improve payment accuracy
 - Increase the number of nurse practitioners and physician assistants who focus on geriatrics
 - Ensure that all physicians have some training in geriatrics

Policy option #1: Establish a new code for comprehensive geriatric assessments

- CGA: Multidisciplinary team evaluates elderly patient's physical, psychological, and functional capabilities and develops treatment plan
 - Team usually includes physician, nurse, social worker, other health professionals
- Often focuses on geriatric syndromes (e.g., cognitive impairment, trouble balancing)
- Can occur in a variety of settings
- Studies find that CGA improves health outcomes

Policy option #1 (cont.)

- Physician fee schedule does not have a billing code for CGA
- Geriatricians use other codes to bill for CGA but they say that other codes don't account for time and resources of CGA
- CMS could create a new code for CGA and set a price for it; this would be budget neutral
- Clinicians other than geriatricians could also bill for this code
- Should improve payment accuracy and increase payments to geriatricians, but unlikely to significantly expand number of geriatricians

Policy option #2: Create scholarship or loan repayment program for clinicians (including NPs and PAs) who focus on geriatrics

- Existing scholarship/loan repayment programs are not targeted to clinicians who provide geriatric care
- We discussed a new program for geriatricians in June 2019 report, but there was skepticism that it would attract more physicians to geriatrics
- Program could be more attractive to NPs/PAs than physicians because compensation for NPs/PAs who focus on geriatrics is about the same as compensation for other NPs/PAs

Policy option #2: Design questions

- How should scholarship/loan repayment program determine that clinicians are practicing in geriatrics field?
 - Require professional certification, require that clinicians treat a minimum number of elderly patients each year?
- Should program provide scholarships, loan repayment, or both?
- How many years would clinicians need to provide geriatric care to qualify for scholarship/loan repayment?
 - Could vary based on amount of subsidy a clinician receives

Policy option #3: Require teaching hospitals that receive GME payments to provide training in geriatrics

- Medicare subsidizes GME and has a stake in ensuring that physicians are trained in geriatrics
- Teaching hospitals that receive direct GME or IME payments from Medicare would be required to provide minimum amount of residency training in geriatrics
- Training should include locations outside of inpatient hospital because elderly patients receive care in other settings
- Would not increase Medicare spending on GME

Policy option #3: Design questions

- How to define “geriatrics” training (e.g., would clinical rotations need to be supervised by geriatricians? Should there be a formal curriculum?)
- How much training should be required?
- Should amount of training vary by specialty (e.g., family/internal medicine, other medical specialties, surgical specialties)?
- How should a requirement be enforced (e.g., adjustments to GME payments)?

Discussion

- Feedback on policy options
 - Establish a new code for comprehensive geriatric assessments
 - Create a scholarship/loan repayment program for clinicians (including NPs and PAs) who focus on geriatrics
 - Require teaching hospitals that receive GME payments to provide training in geriatrics
- Other options you would like us to explore?