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# The Roles and Value of Geriatricians in Healthcare Teams: A Landscape Analysis

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## I. Introduction/Background

There are concerns about the growing shortage of geriatricians to serve the population of older people in the U.S. With too few geriatricians to care for the entirety of the geriatric patient population, understanding how to best leverage geriatricians as members of an overall care team is needed. The current roles of geriatricians, how they collaborate with other health professionals, and how their work is changing has not been succinctly described or summarized.

In this 2-stage project we examine current and emerging roles of geriatricians as members of healthcare teams across different care settings. The first stage involves a comprehensive landscape analysis derived from scholarly work that assesses how geriatricians are integrated into healthcare teams and how care is delivered to the geriatric population in different types of healthcare delivery systems. This report is a summary of the stage 1 findings. A second phase, expected to be completed in 2018, will enrich this analysis by gathering new data from interviews with healthcare executives, managers, and geriatricians.

## II. Methods

We conducted a comprehensive review of both the peer-reviewed and grey literature. We focused the review on medical geriatricians, excluding psychiatric geriatricians, except to the extent that the literature combines these physicians.

## III. Findings

- The supply of geriatricians over time has been influenced by a multitude of factors, including tightening training and certification requirements as well as low income compared with that of other specialists and negative return on investment in subspecialty training – i.e., an additional year of training results in lower average income.
- It is difficult to know the true number of practicing geriatricians, since many physicians who initially certify in geriatric medicine fail to re-certify 10 years thereafter and yet continue to functionally work in geriatric medicine.

## Conclusions and Policy Implications

1) While it is difficult to know the true number of practicing geriatricians, the supply has been negatively affected by tightening certification requirements, relatively low income and negative return on investment.

2) There appears to be consensus that clinical care by geriatricians should be reserved for the most complex patients.

3) Many experts agree, therefore, that in the future the workforce focus should be on ensuring that every clinician caring for older adults is competent in geriatric principles and practices, rather than on increasing numbers of board-certified geriatricians.

- Experts in the field generally agree that geriatricians should focus clinical care on the most vulnerable patients with the most complex medical needs, while primary care providers trained with critical knowledge of basic geriatric principles manage the healthier 70% of the elderly population.
- Many experts agree that in the future the workforce focus should be on ensuring that every clinician caring for older adults is competent in geriatric principles and practices, rather than on increasing numbers of board-certified geriatricians.

## IV. Conclusion

Many reports and manuscripts recount the worsening of an already insufficient supply of geriatricians. Despite growth in geriatric fellowship programs, about half of all fellowship positions remain unfilled and efforts to incentivize young providers to pursue sub-specialty training in geriatric medicine have not been fruitful. Moreover, most geriatricians who once held a CAQ in geriatrics do not re-certify after 10 years.

## V. Policy Implications

Experts in geriatric medicine are pushing the field to focus more on leadership, education, and designing new older adult care systems, and there appears to be general consensus that clinical care by geriatricians should be reserved for the most complex patients. In this framework, consultant and leadership roles will continue to be important. In addition, it appears that clinical care settings of geriatricians are moving away from outpatient facilities toward SNFs and other care facilities, with the expectation of more home care and visits but less hospital care in the future.

There is general agreement on the need to shift the focus from shortages and unpopularity of the specialty toward a culture in which geriatric principles and practices are taught in mainstream education. This will ensure a primary care workforce that is competent in geriatric medicine and will allow the limited supply of specialized geriatricians (whether CAQ diplomates or not) to focus on higher level needs.

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