

Health Workforce Policy Brief

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Geriatician Roles and the Value of Geriatrics in an Evolving Healthcare System

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I. Introduction/Background

With a growing shortage of practicing geriatricians to serve the rapidly growing population of older Americans, understanding how to best leverage geriatricians as members of an overall care team is critical. This report is the second component of a two-stage project examining current and emerging roles of geriatricians. The first report used existing scholarly work to provide an analysis of the current landscape. This study focuses on information solicited from field experts in geriatrics as to how geriatrician roles are evolving as healthcare systems and organizations reorganize care in response to a changing environment.

II. Methods

Semi-structured qualitative interviews were conducted with field experts in geriatrics, including practicing geriatricians, academic researchers, clinician educators, healthcare philanthropists, and representatives from professional geriatric societies.

III. Findings

Common themes emerging from key informant interviews were:

(1) Geriatrics should be seen as a set of principles that can inform all care provided to older adults, by all types of providers; (2) Geriatricians work in a wide variety of professional roles – including direct care provider, consultant and care manager, clinician educator, researcher and practice model designer – across many types of healthcare organizations and institutions, including at the highest levels of administration; (3) Healthcare organizations increasingly are focused on utilizing geriatricians in roles that amplify their expertise; and (4) Healthcare organizations are adapting to the emerging value-based payments environment and implementing care models designed to provide higher quality, lower cost care to older adults, as compared with the fee-for-service system.

Conclusions and Policy

Implications

- 1) Geriatricians continue to provide direct care but increasingly as part of interdisciplinary teams, which facilitates integrated, comprehensive care.
- 2) As value-based care continues to incentivize the adoption of innovative geriatric care models, organizations will rely on geriatricians to lead efforts to implement them.
- 3) The expectation that geriatricians will play a substantial leadership role in helping to transform the delivery of care to older adults will require changes to training, payment systems, and performance measures.

IV. Conclusion

Healthcare systems and organizations are reorganizing the delivery of geriatric care to address the persistent shortage of geriatrician specialist physicians and seek to utilize this scarce resource to both amplify geriatricians' expertise and provide higher quality, lower cost care. Geriatricians continue to provide direct care to patients but increasingly do so as part of interdisciplinary teams, which facilitates integrated, comprehensive care.

While the role of academic clinician educator will always be necessary and fundamental, a key role for geriatricians will be to educate non-geriatrician providers in geriatrics principles. As value-based care continues to incentivize the adoption of innovative geriatric care models, organizations will rely on geriatricians to lead efforts to implement them.

V. Policy Implications

The expectation that geriatricians will play a substantial leadership role in helping to transform the delivery of care to older adults will require changes to fellowship training and additional professional development opportunities. Fellowship programs could incorporate deeper exploration of subjects such as population health, implementation science, healthcare financing, and practice model innovation. Programs should also offer mid-career professional development opportunities that utilize the executive MBA model to deliver content on these topics to practicing geriatricians and geriatrics fellowship-like content to non-geriatrician physicians. The establishment of additional billing codes within the fee-for-service system for care activities geriatricians routinely provide would improve remuneration. The profession and policymakers should continue to advocate for refining the performance measures used by the Centers for Medicaid & Medicare Services (CMS), as part of the Merit-based Incentive Payment System (MIPS), to determine upward (or downward) adjustments to a geriatrician's fee-for-service payment rates.