

**INSTITUTE OF MEDICINE**  
**Committee on the Governance & Financing of Graduate Medical Education**

**Statement of AGS President James T. Pacala MD, MS**  
**December 19, 2012**

DISTINGUISHED MEMBERS OF THE IOM COMMITTEE ON THE GOVERNANCE AND FINANCING OF GRADUATE MEDICAL EDUCATION:

THANK YOU FOR THIS OPPORTUNITY TO SPEAK ON BEHALF OF IMPROVING THE MEDICAL CARE OF OLDER ADULTS. MY NAME IS JIM PACALA, AND I AM A GERIATRICIAN AND CURRENT PRESIDENT OF THE AMERICAN GERIATRICS SOCIETY. THE AGS IS A NOT-FOR-PROFIT ORGANIZATION OF OVER 6,000 HEALTH PROFESSIONALS DEVOTED TO IMPROVING THE HEALTH, INDEPENDENCE, AND QUALITY OF LIFE OF ALL OLDER PEOPLE.

I AM ALSO THE ACTING HEAD OF THE DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH AT THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL. EACH YEAR, OUR DEPARTMENT'S 4 CORE AND 4 AFFILIATED PROGRAMS TRAIN OVER 170 FAMILY MEDICINE RESIDENTS, AND OUR INSTITUTION SPONSORS THE TRAINING OF 949 RESIDENTS AND FELLOWS ACROSS 73 SPECIALTIES.

OUR NATION HAS PROBLEMS OF NUMBERS AND QUALITY WHEN IT COMES TO ADDRESSING HEALTH CARE FOR OLDER ADULTS. FIRST, WE HAVE A BURGEONING ELDERLY POPULATION AND AN INADEQUATE GERIATRICS HEALTHCARE WORKFORCE, AS THE IOM RECOGNIZED IN ITS 2008 REPORT, *RETOOLING FOR AN AGING AMERICA*. IN MY OWN FIELD OF GERIATRIC MEDICINE, WE CURRENTLY HAVE ABOUT 7000 CERTIFIED GERIATRICIANS IN THE UNITED STATES, AND THE AGS ESTIMATES THAT WE NEED 25,000 BY THE YEAR 2025. CURRENTLY ONLY 56% OF 394 GERIATRICS FELLOWSHIP POSITIONS ARE FILLED.

AND THEN THERE IS THE PROBLEM OF QUALITY. FROM MY EXPERIENCES AS A GERIATRICIAN, MEDICAL EDUCATOR, AND HEALTH SERVICES RESEARCHER, I HAVE WITNESSED FIRST HAND THE SHORTCOMINGS OF MEDICAL EDUCATION AND TRAINING IN PREPARING A WORKFORCE THAT PROVIDES SAFE, COORDINATED, PATIENT-CENTERED, HIGH QUALITY CARE TO OUR NATION'S SENIORS, PARTICULARLY THOSE WHO HAVE THE MOST COMPLEX NEEDS. WHILE THERE HAS BEEN SIGNIFICANT PROGRESS IN

IMPROVING THE QUALITY OF CARE SINCE THE IOM'S *CROSSING THE QUALITY CHASM* REPORT CAME OUT IN 2001, MEASURED QUALITY INDICATORS FOR GERIATRIC CONDITIONS AND SYNDROMES SUCH AS FALLS, CONFUSION, WEIGHT LOSS, DELIRIUM, IMMOBILITY, AND INCONTINENCE, ARE POOR IN OUR HEALTH CARE SYSTEM AND LAG BEHIND MOST OTHER QUALITY MEASURES.

FORTUNATELY SEVERAL ORGANIZATIONS HAVE RECOGNIZED THESE PROBLEMS AND HOW THEY RELATE TO GRADUATE MEDICAL EDUCATION:

- THE JOSIAH MACY FOUNDATION CONFERENCE PROCEEDINGS IN 2011 ON ENSURING AN EFFECTIVE PHYSICIAN WORKFORCE FOR THE UNITED STATES DECLARED, "PHYSICIANS REQUIRE NEW SKILLS TO CARE FOR AN AGING PATIENT POPULATION WITH INCREASING COMPLEXITY."
- THE MEDICARE PAYMENT ADVISORY COMMISSION STATED IN ITS 2010 REPORT TO CONGRESS: "AN EDUCATIONAL GOAL THAT IS PARTICULARLY PERTINENT TO MEDICARE IS THE GROWING NEED FOR BASIC GERIATRIC COMPETENCY AMONG ALMOST ALL OUR PHYSICIANS," AND THAT GME SHOULD BE ACCOUNTABLE FOR DELIVERING THAT GOAL. THE AGS HAS PARTNERED WITH OTHER GROUPS TO DEFINE GERIATRICS COMPETENCIES FOR ALL MEDICAL STUDENTS AND RESIDENTS, AND WILL BE PUBLISHING GERIATRICS FELLOWSHIP COMPETENCIES IN EARLY 2013.
- AND YOU ARE UNDOUBTEDLY AWARE OF THE LEADERSHIP OF THE IOM IN ADDRESSING THE TOPIC OF GERIATRICS WORKFORCE TRAINING. ITS 2008 REPORT EMPHASIZED THAT THE ENTIRE HEALTHCARE WORKFORCE NEEDS TO BE COMPETENT TO CARE FOR OLDER ADULTS.

WITH THESE CHALLENGES IN MIND, I AM PLEASED TO PRESENT 4 RECOMMENDATIONS FROM THE AMERICAN GERIATRICS SOCIETY TO THE IOM FOR REFORM OF GME STRUCTURE AND FINANCING.

**RECOMMENDATION 1.** GERIATRIC MEDICINE SHOULD BE EXPLICITLY RECOGNIZED AS A PRIMARY CARE DISCIPLINE WITHIN THE GME SYSTEM. GERIATRICIANS ARE PRINCIPALLY PRIMARY CARE PROVIDERS FOR THE MOST COMPLEX AND FRAIL OLDER ADULTS.

**RECOMMENDATION 2.** MEDICARE GME FUNDING TO HOSPITALS AND OTHER TRAINING SITES SHOULD BE DIRECTLY LINKED TO THE NATION'S HEALTHCARE WORKFORCE NEEDS AND REQUIRE THAT

INSTITUTIONS PROVIDE TRAINING THAT LEADS TO A WORKFORCE THAT IS COMPETENT TO CARE FOR OLDER ADULTS.

**RECOMMENDATION 3.** HEALTH PROFESSIONALS SUPPORTED BY GME DOLLARS SHOULD BE COMPETENT TO CARE FOR OLDER ADULTS UPON COMPLETION OF POST-GRADUATE TRAINING. SPECIFIC AREAS OF FOCUS THAT ARE RELEVANT TO ALL DISCIPLINES ARE: CLINICAL PRESENTATION IN THE OLDER ADULT, COGNITIVE STATUS, PHYSIOLOGIC CHANGES WITH AGING, FUNCTIONAL STATUS, AND MEDICATION APPROPRIATENESS AND SAFETY.

**RECOMMENDATION 4.** GME DOLLARS SHOULD BE USED TO FUND PILOT PROJECTS AND MULTI-SITE EDUCATIONAL OUTCOMES RESEARCH THAT ARE FOCUSED ON INTEGRATION OF THE SKILLS NEEDED FOR A WORKFORCE TO BE COMPETENT TO CARE FOR OLDER ADULTS UPON COMPLETION OF TRAINING.

WITH FUNDING SUPPORT FROM THE JOHN A. HARTFORD AND DONALD W. REYNOLDS FOUNDATIONS, THE AGS HAS PILOT-TESTED PROMISING GME MODELS OF GERIATRICS SKILLS TRAINING, INCLUDING THE GERIATRIC INTERDISCIPLINARY TEAM TRAINING AND CHIEF RESIDENT IMMERSION TRAINING PROGRAMS. THE GOAL SHOULD BE TO PRODUCE HEALTH PROFESSIONALS WHO ARE PREPARED TO CARE FOR COMPLEX PATIENTS WITH MULTIPLE CO-MORBIDITIES. FUNDING SHOULD BE AVAILABLE FOR RAPID DIFFUSION OF SUCCESSFUL INNOVATIONS INTO PRACTICE.

THANK YOU.