Even Fewer Geriatricians in Training

By PAULA SPAN

Toward the end of each year, Christopher Langston, program director of the Hartford Foundation, undertakes a discouraging task. He wades through the statistics on graduate medical education, published annually in The Journal of the American Medical Association, and digs out the bad news about geriatrics.

This year, Mr. Langston’s tidings are bereft of comfort or joy. The number of doctors enrolling in the nation’s fellowship programs to become geriatricians has dropped again, to 251 this year from 279 last year.

Mr. Langston sounded particularly disappointed because under the Affordable Care Act, Medicare has already begun paying 10 percent bonuses in physician reimbursement for evaluation and management.

Geriatrics is one of the lower-paid medical specialties, in part because virtually all its patients are on Medicare, which pays doctors less than commercial insurers. But this bonus boosts compensation for a lot of what geriatricians do, like reviewing medications and assessing cognitive ability and simply listening to patients, as opposed to doing tests and procedures.

The bonus could add up to a 12 percent raise on a typical geriatrician’s annual salary of $200,000, Mr. Langston calculated, and it continues through 2015.

But it doesn’t seem to have attracted more future geriatricians. “Maybe it’s not enough,” he speculated in an interview. “Maybe it’s too time-limited. Maybe the problem isn’t financial.”

Maybe not. The Institute of Medicine’s similarly grim 2008 report, called “Retooling for an Aging America,” documented inadequate geriatrics training for all kinds of health care providers and discussed the stereotypes that dog medical care for old people. Residents thinking about medical specialties often consider geriatrics depressing, even though surveys of practicing physicians show that geriatricians find their work very satisfying.

People who think about medical education have essentially given up on trying to train enough geriatricians to care for the expanding over-70 population — 36,000, by one estimate. We’re simply too far in the hole, with fewer than 7,000 and falling.

Instead, Mr. Langston explained, the emphasis is on using existing geriatricians as educators and consultants for the generalist physicians who will actually treat older patients.
But imagine you had cancer. “Would you be happy if your primary care physician consulted with an oncologist, but you never actually got to see one?” Mr. Langston asked. “That’s pretty much the situation we’re facing.”

Because these numbers lag by a year — this year’s stats reflect fellowship enrollments as of December 2011 — he speculated that possibly residents hadn’t yet learned of the improved pay in time to influence their decisions about specialties. (When you work for a foundation whose mission is improved health care for older Americans, you probably learn to practice optimism.)

Moreover, he discovered one reason to applaud: the tiny number of people training to become geriatric psychiatrists actually climbed 20 percent, to 51 first-year fellows this year from 39 last year. Way to go, future geriatric shrinks and the medical programs that attracted them!

“I don’t know what they had for breakfast,” Mr. Langston wrote, “but I want some, too.”

---

Paula Span is the author of “When the Time Comes: Families With Aging Parents Share Their Struggles and Solutions.”