The Future of Academic Geriatrics: What We Heard

January 20, 2013
Looking Ahead to March

• Great, lively conversations – thank you!
• Concerns/opportunities here = consensus
• No good idea left behind
Concerns

• Inadequate pipeline of new academic geriatricians (basic research and clinical)
• Not enough (current) academic geriatricians
• Competing clinical demands on the few academic geriatricians
• Inadequate science base
• Inadequate fellowship funding
Concerns

• Lack of a clear definition of geriatricians/geriatrics
• Public misperceptions, lack of knowledge of the field
• Inadequate promotion and branding of the field
• Lack of credit for co-opted services, innovations
• Unclear value proposition
Concerns

• Pressures on NIH and other funding sources
• Worries about public financing and systems
• Limited Medicare reimbursements
• Increasing levels of student debt
• Sense of urgency – the bus is moving/world is changing, we need to get on it and drive
Opportunities

• Aging demographic is driving demand for our services
• Health care reform is creating opportunities
• Larger changes in the health care environment that demand our geriatrics expertise
• Knowledge of different settings (including ltc) and transitions between them is increasingly useful
Opportunities

• Promote our considerable successes, light from under our basket
• Take advantage of our ability to deliver/teach/guide interprofessional care and education
• Leverage competence of non-geriatricians in geriatrics
• Put in play our expertise in defining and measuring quality
• Apply our expertise in team leadership
• Demonstrate and use our expertise in system issues – models of care
Opportunities

- Stealth geriatrics – we can make a difference, be present everywhere
- Market the lifestyle of academic geriatrics, flexibility, job location
- Leverage the power of well-placed geriatricians leaders
- Capitalize on gratitude of patients and families
In order for us to decide how to move ahead, what else do we need to know?
Where should academic geriatrics be in five years?