Geriatric Program Planning

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So you want to build ...

- an ACE Unit?
- a home visit program?
- a busy geriatric consultation service?
- a nursing home program?
- a big multidisciplinary geriatric clinic?
Geriatric Program Planning: Seeking the Overlap

- What You Value
- What the Hospital Values
- What the Medical School Values
Building Geriatric Programs: Local Features

- VA
- Endowments
- Charismatic faculty
- Important patients (the Dean’s mother, the gazillionaires)
- Local foundations

Where geriatrics is located in the organization:

- Division in Internal Medicine
- Part of a general Internal Medicine division
- Separate Department
- Part of Family Medicine
What do I want to do? Why?

Do clinical activities in geriatrics make money?

Which ones?

Who profits?
Geriatric Program Planning: Staying Reality Based

- You do not find out about the world by talking to people who look like you and agree with you.

- Use your clinical (listening) skills
  - Listen to your Chair/Dean
  - Listen to the CFO (medical school & hospital). Read what they write in their plans and reports
  - Do not combine listening with asking them for anything.
Geriatric Program Planning: Living by the 2x2 Table

Where do you spend your time?

Feeling about you
(friends/enemies)

Clearly benefits by the Program

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Where do you spend your time?
Points to Consider

- The concept that geriatrics is undervalued is a myth (created by and for geriatricians)
- Most institutions are willing to take a small loss on an academic geriatrics program (low cost, low expectations)
- “me” ≠ “geriatrics”
Me and geriatrics

Hospital Administration

Head of Nursing

Chair of Something Else

Dean

Chair of Medicine

Hospital Administration
Further Points

1. Department of Internal Medicine Division of Geriatrics
2. Potential new geriatrics program
3. Hospital Administration
4. Head of Nursing
5. Chair of Medicine
6. Chair of Something Else
7. Dean
8. ME
Conclusions

- The heterogeneity of aging also applies to geriatrics programs

- Start with the Venn diagram
  - Make sure you know what you want (vs what everyone else is doing)
  - Think, talk, and listen — over and over and over again — to learn as much as you can about geriatric allies, hospital needs, medical school needs: what makes sense
  - Just like with your 401k, decide how much risk you want to assume. It’s much more in our control than most of us think