

Geriatric Program Planning

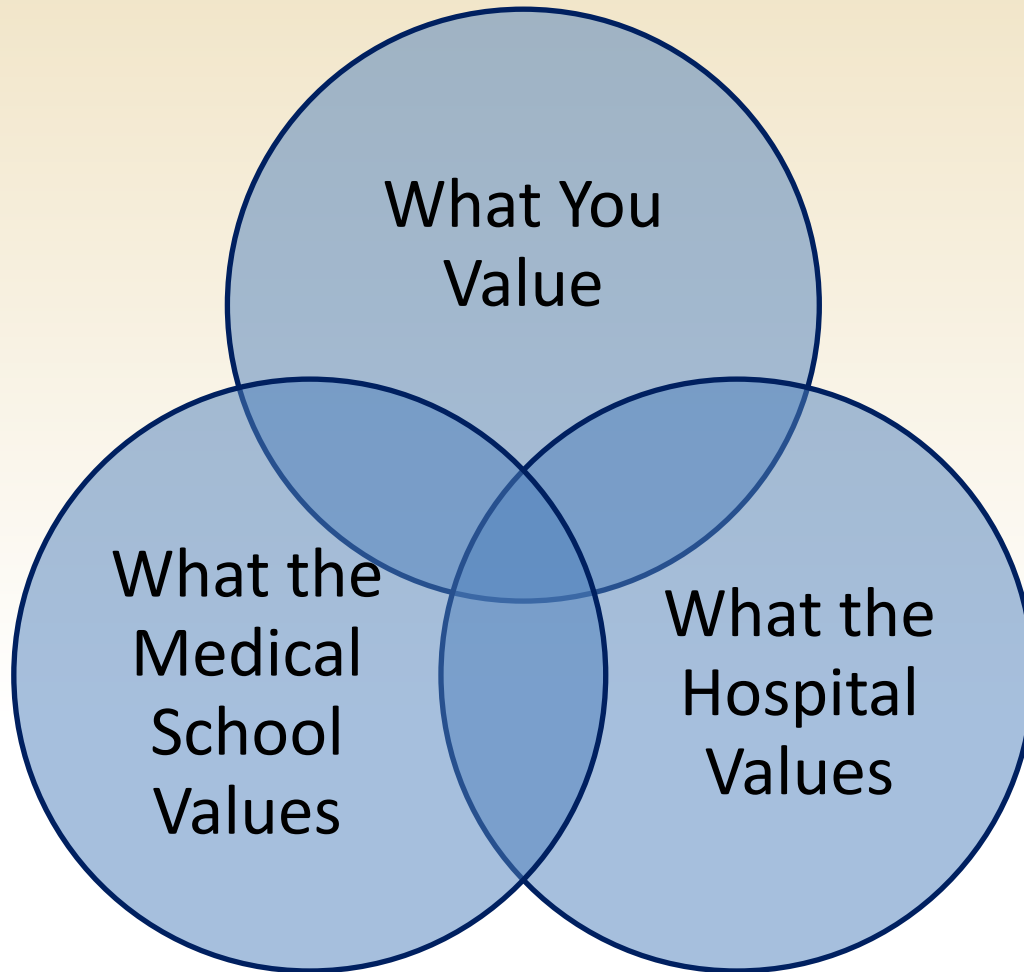
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So you want to build ...

- 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



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

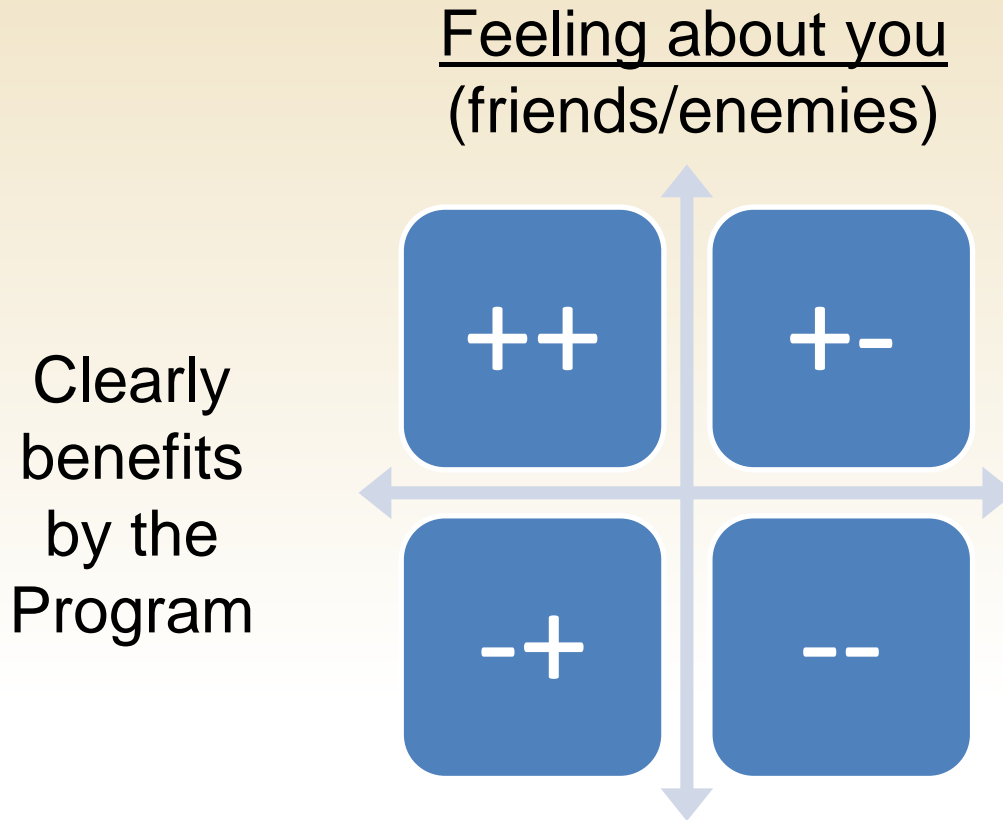
Basic Questions

- 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

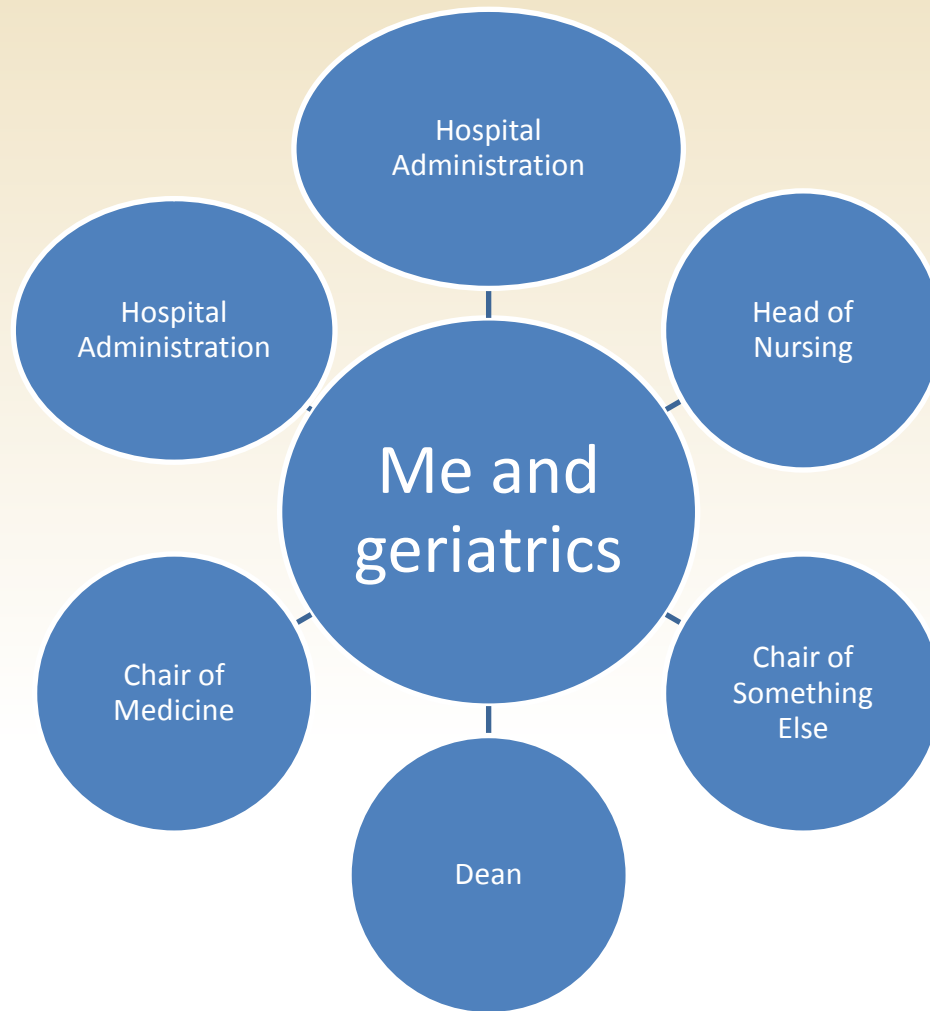
Geriatric Program Planning: Living by the 2x2 Table

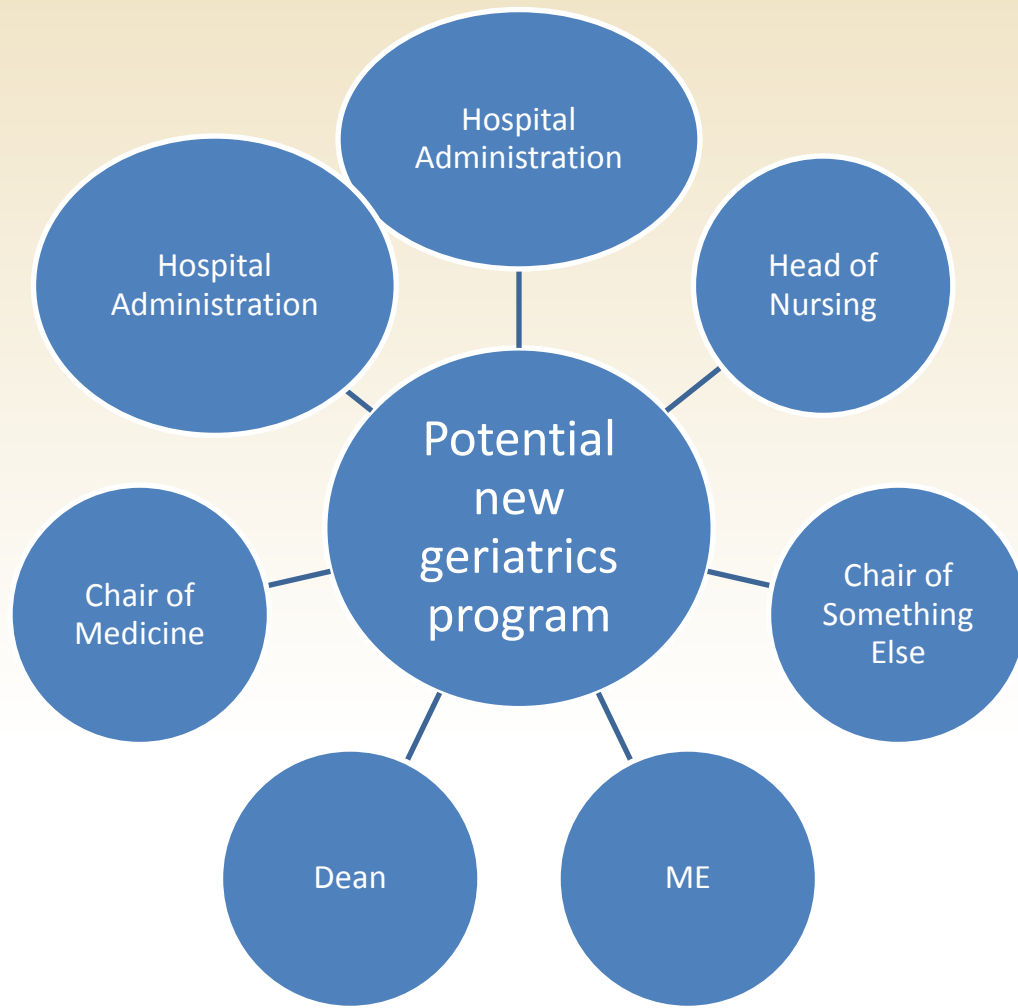


Where do you spend your time?

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”





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