

Statement of Daniel Perry

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This morning, the Alliance for Aging Research releases a new report: ***Medical Never-Never Land: 10 Reasons Why America Is Not Ready for the Coming Age Boom***. The Alliance is a not-for-profit organization that advocates for biomedical research on diseases of the elderly and for geriatric training. This report is the third on the shortage of geriatric training we have published over the past 15 years.

This report highlights a critical gap in the education of U.S. health professionals. Despite the well-known “graying” of the patient population in the U.S., most of our healthcare providers still have little or no specific education in geriatrics or aging-related care that is optimal for older people. My testimony this morning will focus on that geriatrics training gap—and 10 reasons why our nation is not moving fast enough to fix the problem.

With your leadership, Mr. Chairman, and with bipartisan support, our nation is moving to ensure that Social Security and Medicare will be fiscally sound in the decades ahead. All of us can be reasonably assured that these programs will be there to support the aging of the Baby Boom generation. Yet we have given far less attention to the quality of the healthcare we are buying; we have done far too little to ensure that health care providers have the formal training they need to provide quality care for their older patients.

It is no secret that older people utilize a disproportionately larger share of health care services. While people over age 65 represent 13% of the U.S. population, this group consumes one-third of the healthcare spending and occupies one-half of all physician time.

It is also no secret that the size of the over 65 population is growing. The 35 million Americans over 65 today will double in size, approaching one quarter of the population with the aging of the Baby Boom. The number of individuals who turn 65 each day will increase to about to almost 10,000 a day in just 10 years. The number and proportion of Americans over 85 will nearly quadruple by mid-century.

What is much less well known, and under-appreciated, is that our healthcare delivery system is woefully unprepared to meet this challenge. Out of more than 650,000 physicians in the U.S. today, only 9,000 – or about 1½ % – have certification in geriatric medicine and the number is actually shrinking.

In the nursing profession, *less than 1%* of the total have geriatric certifications. And out of 200,000 pharmacists in the U.S., less than one-half of one percent has certification in geriatric pharmacology.

As with other health professions, this lack of formal geriatrics training has consequences. This past December, a study published in *The Journal of the American Medical Association* found that 20% of older Americans are routinely prescribed drugs that should almost never be used by older people because of serious health risks. Just as troubling, the findings in this latest study are virtually unchanged from what was shown a decade before.

Mr. Chairman, in this report we have borrowed from the imagination of Walt Disney, and the words of Dr. Robert N. Butler, the Founding Director of the National Institute on Aging, who 20 years ago characterized age-denial in American health care as ‘Peter Pan’ medicine. Training doctors and nurses to treat one disease at a time in otherwise healthy and resilient patients is relatively easy, Dr. Butler explained. But as adults grow older, there are complications and changes that require specialized training to provide the best possible care and produce the most desirable health outcomes.

Unfortunately, very few health professionals in this country have been exposed to the techniques and knowledge of geriatric health care as part of their professional training. This dangerous “disconnect” creates a Medical Never Never Land in which the patients keep getting older and the healthcare providers are less and less likely to have training specific to the needs of older patients.

How and why then did we allow this gap to form and to grow? And is there enough time to fix it with good public policies? In our report, we have identified 10 reasons why the gap has been allowed to form and have begun the process of suggesting possible solutions to close the gap.

- 1) **The first reason is Age Denial** – On both an individual as well as a national level, we have not lived up to the fact that we are aging. This denial is at the root of not addressing the gap in geriatric training.
- 2) **Second, Older Patients are Marginalized** - Older people are incorrectly seen as nearing the end of life and having smaller chances

of recovery than younger patients. Pure and simple, this is a case of ageism.

- 3) **Third, There is a Lack of Public Awareness of the Geriatrics Gap**
The general public is virtually unaware that most of their health care providers have never had any formal training in geriatrics.
- 4) **Fourth, there is a Scarcity of Academic Leaders** – There are too few geriatric academics in American schools of medicine, nursing, pharmacy and other health professions to integrate geriatrics into professional health education.
- 5) **Fifth is the Lack of an Academic Infrastructure in Geriatrics-**
While healthcare providers will spend much of their time caring for older patients, there is too often no required courses or clinical rotations in geriatrics. Here we have seen some recent improvement—but on a very limited basis.
- 6) **Sixth, Geriatric Medicine Is Not Valued** - Geriatric medicine lacks the prestige and financial rewards accorded other fields of medicine. Of the 98,000 residency slots funded by Medicare, less than 500 are for relatively new fields like Geriatrics—this from the federal program that finances healthcare for the elderly.
- 7) **Seventh is Inadequate Reimbursement** – Medicare and other health care insurers provide higher reimbursement for procedures, tests, and technology-driven medical care that are not at the core of geriatric care. This skew reduces the incentives for providers to seek certification in geriatric practice.
- 8) **Eighth, is a Lack of Coordination Within Medicine-** The tremendous resources focusing on illnesses such as cancer, arthritis or heart disease, that primarily effect older people, often operate in separate silos, missing valuable opportunities to better understand, prevent, treat and cure these illnesses.
- 9) **Ninth, Clinical Trials Often Do Not Include the Aged** -
Pharmaceuticals are fast becoming the treatment of choice for many conditions of aging, but older people are under represented in the clinical trials of many of these drugs, which prevents the creation of safe standards regarding their usage in older populations.
- 10) **And finally number 10, there is Little Research on the Aging Process Itself-** Well less than one percent of the budget of the

National Institutes of Health (NIH) is devoted to studying the basic biology of aging.

Due to the above reasons, there has been too little national resolve over the years to address the shortage of geriatric providers. Without such resolve, and without leadership from the federal government, there is precious little chance this issue will be solved in the time that remains to us.

The lack of geriatric training for healthcare providers can have devastating consequences for older people. The public understands this. According to a survey we commissioned just this month through the Opinion Research Corporation, 74% of all Americans feel it is *very* important that their healthcare providers have specific aging-related training to effectively treat the elderly.

We are grateful to you, Mr. Chairman, and to the committee, for turning your attention to this matter. We thank you for the leadership you bring to the needs of older Americans and their families. Surely this is a matter that deserves the same bipartisan attention that Congress has been mobilized to protect the solvency of programs such as Medicare and Social Security.

In closing, Mr. Chairman, I want to point out that we are not just talking about statistics, programs and budgets—we are talking about peoples' lives. Real people. Today you will hear from people who can tell you real stories about their care—care that was well meaning but unprepared, care that had real and horrible consequences, care that should have been better, and care that must be made better.