The Face of Geriatric Care in an Era of Reform

With a climate of ‘change’ in the air, the urgency to prepare physicians for the overwhelming volume of geriatric patients they will inevitably encounter in the next few decades has never been greater. Not only is the geriatric population growing by the day, health care reform is at the forefront of the industry’s agenda. The United States is reaching a defining moment in the history of health care, with efforts pointing toward universal coverage. The central objectives surrounding this reform are threefold: increase overall health; increase quality of health care; and decrease overall costs. According to a 2010 article in Health Policy Newsletter, “Several health care reform proposals have recognized the need for more geriatrics healthcare professionals…to meet the unique care needs of older adults, and better prepare direct-care workers and family caregivers to do the same.” As the expansion in the geriatric patient population continues to drive the need for providers, we must change the way care is delivered to better serve the people.

“One approach to addressing these challenges [of health care quality vs. cost containment],” as stated in an Archives of Internal Medicine article, “is team-based delivery of health care services, including physicians and allied health professionals working collaboratively.” Interdisciplinary care benefits the geriatric patient on the whole, offering high quality patient care from a variety of knowledgeable sources who can best address the multiple comorbidities of the older adult. In turn, this garners a reduction in the physician’s workload, making the workforce more manageable through spreading the workload to professionals across the continuum and directly cutting down on costs for care.

In similar fashion, the NJISA’s Geriatric Fellowship Program is focused on engaging interdisciplinary training with clinical care, with this design of learning incorporated into its fellowship curriculum since the program’s inception. Fellows training under the NJISA’s innovative flagship have the opportunity to be clinically mentored by a range of medical professionals, including geriatricians, geriatric psychiatrists, neurologists, neuropsychologists, social workers, and nurses. Further, newly developed by the Fellowship Directors this year are two initiatives that have been implemented in the program, which specifically target the identified need for new models of care: one initiative trains fellows on ‘interprofessional practice to promote patient-centered care’ and the other supports ‘systems-based practice and health policy in the era of reform.’

Insightfully, the Institute of Medicine issued a statement in 2003 that, “All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics.” As the shape of geriatric care continues to be molded in this era of reform, the NJISA’s fellowship program is staying one step ahead of the game in implementing new and innovative clinical training and practices in interdisciplinary care.
The NJISA Welcomes the New Interdisciplinary Class of Geriatric Fellows into the Program

The NJISA is proud to welcome its new class of first year fellows into the Geriatric Interdisciplinary Fellowship Program. After conducting a comprehensive review of its applicants, the selection committee narrowed down the candidates and announced their selection of three new fellows to enter the program. Following in the NJISA’s interdisciplinary tradition, this year’s new class of fellows comes from a diversity of backgrounds and specialties.

“Fellows completing their geriatric training with the NJISA have the opportunity to work in a variety of environments…”

Wendy Cheng, DO entered the Geriatric Internal Medicine Fellowship Class of 2013 for its 2-year curriculum. Dr. Cheng received her undergraduate degree in Molecular and Cell Biology from the University of Connecticut and completed her medical education, internship and residency at UMDNJ-SOM. Christian White, DO entered the Geriatric Psychiatry Fellowship Class of 2012 for its 1-year curriculum. Dr. White received his undergraduate degree in Biology from The College of William and Mary and completed his medical education, internship and residency at UMDNJ-SOM. A Geriatric Dental Fellow is also set to begin his fellowship, with a planned off-cycle start date of October 1, 2011.

Fellows completing their geriatric training with the NJISA have the opportunity to work in a variety of environments, with a curriculum comprised of 4 main components: clinical training, research, teaching skills and health policy/administration. The core curriculum provides in-depth knowledge of geriatrics and gerontology, with training delivered through various modalities, including didactic lectures, journal clubs, seminars, clinical bedside instruction, direct experience in administration and teaching, online learning, and attendance/participation at national conferences.

The NJISA is currently accepting applications for available Geriatric Internal Medicine, Family Medicine, Psychiatry, and Dentistry Fellowship positions to start July 1, 2012. For more information about the NJISA’s fellowship program or for an application, please call 856-566-6124 or visit: http://njisa.umdnj.edu/education/fellowship/index.htm.

A Message from the Fellowship Directors...

How has your geriatric fellowship training altered your career path?

“The geriatric fellowship training did not alter my career path. The program’s greatest benefit was the opportunity it afforded for me to clarify my career vision and vitalize me to pursue my ideal position in academic community dentistry.”
-Jill York, DDS, MAS, Director of the Geriatric Dentistry Fellowship

“My geriatric fellowship training provided me with a foundation of the most important aspects of caring for aging patients. I have a better insight and knowledgebase that is so important when you are caring for elderly patients with all their complexities.”
-Terrie Ginsberg, DO, FACOI, Director of the Geriatric Internal Medicine Fellowship

“The geriatric fellowship training provided me with tools to confidently evaluate complex care plans and surrounded me with brilliant role models who delivered compassionate intelligent care.”
-Kevin Overbeck, DO, Director of the Geriatric Family Medicine Fellowship

“The geriatric fellowship opened many doors for me, helping me develop teaching and administrative skills which I use daily. The training I received proved invaluable in my work both locally and nationally, for both patients and the betterment of osteopathic geriatrics.”
-Stephen M. Scheinthal, DO, FACN, Director of the Geriatric Psychiatry Fellowship
Setting the Pace in Geriatrics

The Tale of a Former Fellow

Eight years after graduating from the NJISA’s Geriatric Medicine Fellowship, Karen Cousins-Brown, DO has built a career that many only dream of achieving in such a short period of time. Dr. Cousins-Brown credits much of her success to her love of the specialty and the knowledge and experience she gained during her fellowship. Inspired by a loving relationship with her grandfather and by all the elderly patients she encountered on her rotations in medical school, geriatrics literally drew her in without it being her initial intent. As a licensed Physical Therapist entering medical school, Dr. Cousins-Brown originally planned a career in Physical Medicine and Rehabilitation; but after completing her family practice residency, she excitedly began the NJISA’s geriatric fellowship training program.

Dr. Cousins-Brown completed a two-year geriatric fellowship with the NJISA that included not only clinical training, but also instruction on lecturing and precepting, administrative duties, and research. Dr. Cousins-Brown reflects that, “The teaching, administrative, and research aspects have served me better overall than just the one year of clinical, because they have certainly opened so many doors that I didn’t even know existed; they helped me to grow and do a lot more with my career, all at a faster pace.” Just one year after graduating, Dr. Cousins-Brown became a Medical Director and was giving lectures, supporting community education, and running meetings at a Center for Aging in York, PA.

Dr. Cousins-Brown currently works at Maryland General Hospital, a 250 bed community hospital in the Baltimore/DC area, located in an inner-city, minority area where lack of health literacy looms large. As Dr. Cousins-Brown notes, educating elderly patients became a key focus of her patient care, “in particular where they don’t have the resources to look things up and get information, as far as what services can be provided for them, and even the basic things, as far as good health maintenance and successful aging.”

At the hospital, Dr. Cousins-Brown serves as the Medical Director of the Acute Care of the Elderly (ACE) Unit, which she initiated; the Chair of the Palliative Care Committee, which she also created; and a member of the Ethics Committee. Outside the hospital, Dr. Cousins-Brown is Medical Director of Joseph Richey Hospice, as well as Assistant Medical Director at several area nursing homes. When she began working at Maryland General Hospital, “they had the highest number of nursing home admissions of any hospital in the state of Maryland, but they had no geriatric services at all.” It quickly became apparent to Dr. Cousins-Brown that creating a dedicated ACE Unit within the hospital should be her first project—undoubtedly an enormous undertaking, but one she knew would be worth the effort. “When we opened up our geriatric unit, we were the third ACE Unit in the entire state of Maryland that was just focused on the acute geriatric patient and taking care of that acute need, getting patients in and out and discharged safely without any issues.”

As Medical Director of the ACE Unit, Dr. Cousins-Brown holds daily morning meetings with the members of the interdisciplinary team, including herself, the nursing staff, social work, case management, and usually pharmacy, rehabilitation, and dietary. At such meetings, Dr. Cousins-Brown stresses, “We try to facilitate any issue that may come up, trying to implement things quickly, like, ‘oh the patient may need physical therapy, get it done.’” Dr. Cousins-Brown and her team focus on keeping a patient’s length of stay in the unit to under four days, while implementing safe discharges, follow-ups after discharge, and cutting down on readmissions to the hospital. Also in the ACE Unit, Dr. Cousins-Brown participates in a collaborative education program with Johns Hopkins University, serving as a faculty preceptor for their Geriatric Fellows, in addition to precepting the Internal Medicine residents from Maryland General Hospital. Dr. Cousins-Brown’s teaching does not end with medical trainees. She participates in “various community lectures, health fairs, and ‘Bring A Loved One To The Doctor’ Day. Since our hospital is a really strong community hospital, we hold a lot of different community events, health fairs, and care giving types of programs throughout the year.”

When asked what her favorite part of her job is, her enthusiasm for geriatrics remains undimmed: “It’s hard to pick one thing. Every day is different. Every patient is unique. But I like the fact that I’m able to do a lot of different things—I’m working at the hospital, I’m in the nursing home, I do clinic, and hospice; I like the fact that geriatrics allows you to have a lot of variety, in that I work across the continuum of care.” Dr. Cousins-Brown always encourages graduating residents to consider a specialization in geriatrics; there is a growing shortage of geriatricians in the world, as the baby boomer generation continues to age. “I think geriatrics is a fantastic field, and I hope everyone starts to catch on like we have.” In the end, it’s all about making a difference in people’s lives, she says, “Knowing you have changed them for the better.”
Geriatrics—Did You Know?

- Those over age 65 represent the fastest growing segment of the U.S. population, and in 2010 there were only 1,709 geriatric psychiatrists and 7,029 geriatricians in the United States—that’s one psychiatrist for every 11,000 patients and one geriatrician for every 2,600 patients over the age of 75; by 2030, the doctor to geriatric patient ratio is estimated to grow to 1:18,460!

- In the next decade, 75% of a physician’s time will be dedicated to caring for the elderly; the demand for physicians with specialized training in geriatrics has exploded.

- In a 2002 Archives of Internal Medicine survey, geriatricians reported the highest job satisfaction levels of any specialty. And it’s still true! In 2009, in a survey of over 6,000 clinicians, BioMed Central found that geriatrics still offers a high level of job satisfaction.

- UMDNJ-SOM is proud to be the first osteopathic medical school in the US to have had an AOA-accredited geriatric medicine fellowship program. UMDNJ-SOM also had the first AOA-accredited geriatric psychiatry fellowship program.

- In 2008, the ACONP approved the 3+2 option for geriatric psychiatry training. This allows interested psychiatrists to start geriatric psychiatry training in their fourth year of residency and, at the end of a two year fellowship, sit for both the Psychiatry and the Geriatric Psychiatry certification boards. After only one additional year of training (5 years total), the qualified physician can be certified in both specialties.

- For 11 straight years, the NJISA has been ranked in the top 20 of U.S. News & World Report’s best geriatric medicine graduate schools in the U.S.

- Graduates of the NJISA’s Geriatric Fellowship program have assumed directorship positions in osteopathic medical schools, fellowship programs, and geriatric clinical facilities around the country, gaining national recognition both at the federal level and in their field of expertise.

The mission of the New Jersey Institute for Successful Aging (NJISA) is to promote successful aging and improve the quality of life of older adults and their families. The institute includes physicians, psychiatrists, dentists, nurses and behavioral health professionals who provide quality clinical geriatric care, teach other health care professionals and students, and demonstrate leadership in aging research. Trained faculty and staff also provide community education on successful aging and advocate for seniors on health care policy issues and standards, as the NJISA continues to be a pioneer in the field of geriatrics.

Are you interested in a geriatric medicine, psychiatry, or dentistry fellowship position, to start July 1, 2012? Contact Susan Huff for more information, 856-566-6124; huffsm@umdnj.edu; or visit http://njisa.edu/education/fellowship/index.htm.

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