

Health System Failing To Produce Geriatricians

BY JOYCE FRIEDEN
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WASHINGTON — The number of physicians choosing to specialize in geriatrics will not be anywhere near enough to meet the needs of the elderly patients of the future, Dr. Christine Cassel said at a meeting jointly sponsored by the American Thyroid Association and Johns Hopkins University.

In 1987, the American Board of Internal Medicine (ABIM) and the American Board of Family Medicine created a certificate of added qualification (CAQ) in geriatric medicine. To date, 7,422 such CAQs have been issued, including 263 in 2006, said Dr. Cassel, ABIM president. "That rate is not nearly enough to keep up with the predictions" of the number of geriatric specialists needed, she said.

Geriatrics is challenging because "it's not about mastering one area in great depth, but being comfortable enough dealing with a wide range of specialties—not just subspecialties of internal medicine, but other specialties [such as] orthopedics, urology, and psychiatry—that you will be referring to," she noted.

Geriatric medicine specialists need to know how to integrate advanced practice professionals, social workers, pharmacists, and others into the practice team, Dr. Cassel said. In effect, what elderly patients will need are generalist physicians.

"That generalist discipline, which is rapidly disappearing from American medicine, is necessary to solve this problem of coordination of care and reduced costs and better quality," she said.

Dr. Cassel quoted ABIM data that showed that in 1997, only 43% of internal medicine residents went into subspecialties; by 2005, that figure was 60%. The data that the board is seeing today suggest that

only 15% of internists are becoming general internists, "and of that 15%, more than half are [becoming] hospitalists," she said.

Dr. Cassel pointed out that "our health care payment system has made it virtually impossible to do that [kind of medicine]. It has put huge barriers in the way of people who want to [go into general practice], and created great incentives for people who want to do more procedural, more highly specialized work."

Internists who specialize in procedures often argue that specialists "are pushing innovation. [They say], 'That's why America has the best health care in the world, because we have all these specialists,'" she continued. "But the evidence is quite to the contrary. ... The United States is somewhere between 15th and 20th in the world in terms of numbers of older people and higher life expectancy."

Dr. Cassel noted that Japan, Germany, and Sweden—countries where life expectancy for males and females is higher than in the United States—not only provide universal health insurance for the entire population, but also, within the last 10 years, have enacted universal, government-funded long-term care insurance. "Somehow they managed to do this and still spend less money than we do," she said. "This idea that the United States provides the best quality of care is getting less and less defensible."

The lesson to be learned from these other countries "is not that we should, in a wholesale way, adopt one or another of these systems; the message is that there has to be a way to figure out how to provide comprehensive, affordable, good care with an aging population," Dr. Cassel said. "Germany, Sweden, and Japan are probably where we're going to be 15-20 years from now, so as we look ahead, we can probably learn some lessons from them." ■



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DR. CASSEL

POLICY & PRACTICE

Men Heavier Alcohol Users

As has been previously shown, males are more likely than females to report heavy alcohol use and binge alcohol use, the National Survey on Drug Use and Health found. In 2004-2005, 57% of males aged 12 years or older reported past-month alcohol use, compared with 45% of females. Binge alcohol use was reported by 31% of males, compared with only 15% of females. Similarly, 10% of males, compared with only 3% of females, reported heavy alcohol use (defined as five or more drinks on the same occasion on 5 or more days in the past month). Alcohol dependence or abuse was highest in 18- to 25-year-old men (22%), and in American Indian or Alaskan Native men (19%). Men living in households with incomes less than \$20,000 also had higher levels of dependence or abuse. The survey is published by the Substance Abuse and Mental Health Services Administration.

Torture Resolution Criticized

At its annual meeting, the American Psychological Association resolved that although psychologists can attend or participate in interrogations, they should not plan, design, assist, or participate in sessions that involve 19 techniques that group deemed "unethical," including waterboarding, sexual humiliation, sleep deprivation, hooding, the use of dogs, the exploitation of phobias, the use of psychotropic drugs, and threats of harm or death. Some members have been fighting for years to get the organization to completely bar participation in abusive interrogations. The American Civil Liberties Union called on the group to do so before the meeting, which was heavily protested. The group's ethics director, Stephen Behnke, Ph.D., said in a statement that the organization had a "long-standing position that torture and other forms of inhuman and degrading treatment are unethical," and that the new resolution "adds specificity to that prohibition." The psychologists called on the U.S. government to prohibit the 19 techniques. After the meeting, popular author and association member Mary Pipher, Ph.D., returned a presidential citation she earned in 2006, saying that the resolution was a "terrible mistake."

Beefing Up School Mental Health

Lawmakers in the House and Senate have introduced legislation to funnel grants to schools to increase their ability to respond to students' mental health needs. Rep. Grace Napolitano's (D-Calif.) Mental Health in Schools Act of 2007 (H.R. 3430) is the companion to S. 1332, introduced in May by Senators Ted Kennedy (D-Mass.), Michael Enzi (R-Wyo.), Pete Domenici (R-N.M.), and Christopher Dodd (D-Conn.). Rep. Napolitano's bill has 65 cosponsors. Neither the House nor Senate version has advanced to committee yet. Both bills would direct the Department of Health and Human Services to award grants to establish comprehensive mental health programs in schools.

Drug Premium About \$25 in 2008

The Centers for Medicare and Medicaid Services said Medicare beneficiaries will pay about \$25 a month for their Part D prescription drug coverage in 2008. This is an approximate \$3 per month increase over the average premium in 2007, but is still 40% lower than what had been projected when the program was established in 2003, according to CMS. The premiums for those who get their benefits through private Medicare Advantage plans will be about \$14, according to CMS. The agency said that almost 10 million low-income beneficiaries are having their premiums subsidized by the federal government. Because Part D is sketching out to cost 30% less in the first 10 years than had been estimated, President Bush's 2009 budget will be retooled to reflect the decline, according to CMS.

Small Practices Decline

Physicians are shying away from solo and two-physician practices, according to a new report from the Center for Studying Health System Change. Although these small practices are still the most common practice arrangements, between 1996-1997 and 2004-2005 researchers saw a shift from solo and two-person practices to midsized, single-specialty groups of 6-50 physicians. The percentage of physicians who practiced in solo and two-person practices fell from 41% in 1996-1997 to 33% in 2004-2005. During the same period, the percentage of physicians practicing in midsized groups rose from 13% to 18%. The biggest declines in physicians choosing small practices have come from medical specialists and surgical specialists, whereas the proportion of primary care physicians in small practices has remained steady at about 36%. The report's findings are based on the Center for Studying Health System Change's nationally representative Community Tracking Study Physician Survey.

GAO Finds Medicaid Decline

A law requiring most U.S. citizens applying for Medicaid coverage to document their citizenship has caused eligible citizens to lose Medicaid coverage, and the law costs far more to administer than it saves, according to two government analyses. The law went into effect on July 1, 2006, and affects 30 million children and 16 million parents currently enrolled in Medicaid, as well as millions of new applicants. The first analysis, from the Government Accountability Office, found that half the states are reporting declines in Medicaid coverage because of the requirement, and many of those losing coverage appear to be U.S. citizens. The second analysis, produced by the House Committee on Oversight and Government Reform, found that for every \$100 spent by federal taxpayers to implement the documentation requirements in six states, only 14 cents in Medicaid savings can be documented.

—Alicia Ault

DATA WATCH

Top 10 Prescriptions by U.S. Sales (in billions of dollars)

Lipitor	\$8.6
Nexium	\$5.1
Advair diskus	\$3.9
Aranesp	\$3.9
Prevacid	\$3.5
Epogen	\$3.2
Zocor	\$3.1
Enbrel	\$3.0
Seroquel	\$3.0
Singulair	\$3.0

Source: 2006 data, IMS Health Inc.