

The Healthcare Workforce for our Aging Population

Skotti Church, MD

University of Colorado Anschutz Medical Campus

Why specialty trained providers and direct care workers are important?

- ▶ Specialty specific training includes: dementia, chronic disease management, falls and fractures, caregiver support, advanced care planning, mobility challenges, etc
- ▶ Preparation for working in primary care, nursing facilities, home care and inpatient healthcare settings
- ▶ Training to deliver healthcare that focuses on patient-directed goals, independence, physical and cognitive functioning, minimizing medications, testing and subspecialty care
- ▶ Provides healthcare in the larger context of environment, social supports and active engagement with an individuals surroundings

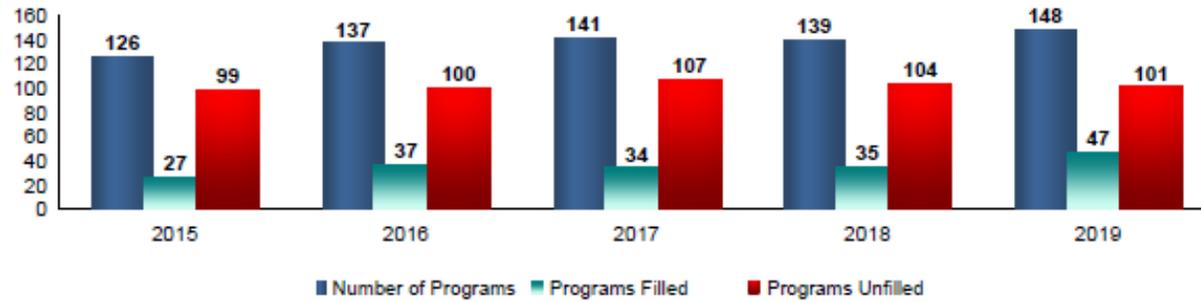
Current Workforce Challenges

- ▶ Low numbers of specialty providers available with limited growth in the physician workforce thus far
- ▶ Specialty certification only available for physicians, pharmacists, and certain NP programs
- ▶ Opportunities for specific training in the care of older adults is varied and limited due to above issues across healthcare professionals
- ▶ Optimum care requires a competent, dedicated interprofessional team

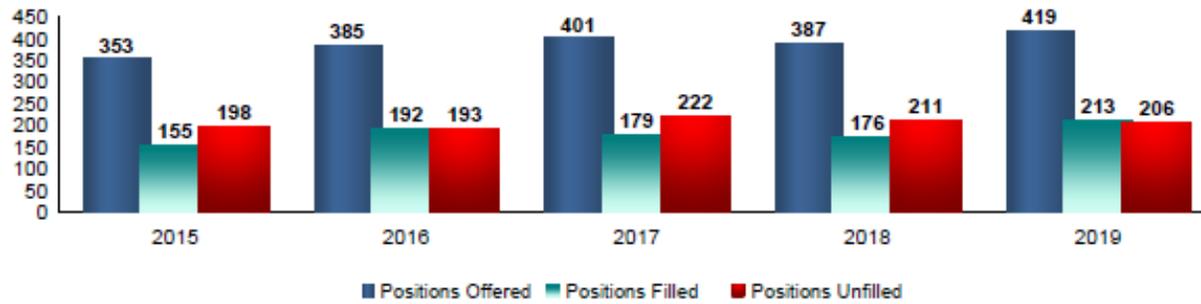
Fellowship Match Trends by Specialty and Appointment Year

Geriatric Medicine

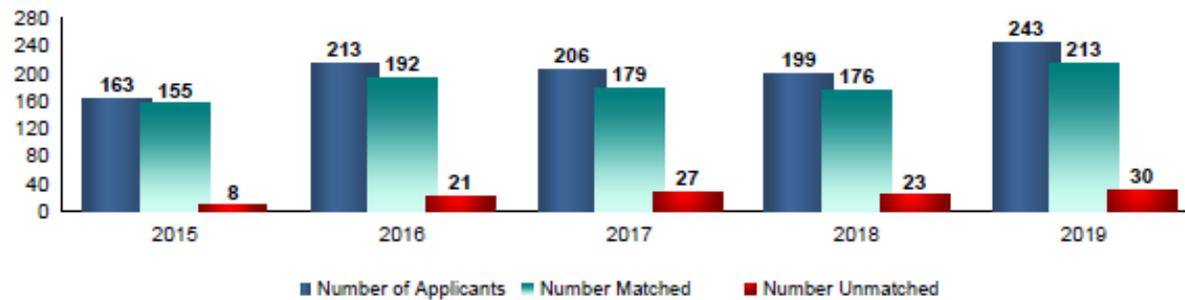
Programs



Positions



Applicants



DISTRIBUTION, TOP PRACTICE SETTING AND CLINICAL FOCUS AREA BY AREA OF NP CERTIFICATION ³

Certification*	Percent of NPs	Top Practice Setting	Top Clinical Foci
Family^	66.9	Hospital Outpatient Clinic (13.5%)	Primary Care (37.7%)
Adult^	12.0	Hospital Outpatient Clinic (17.9%)	Primary Care (17.4%)
Adult-Gerontology Primary Care^	6.0	Hospital Outpatient Clinic (14.4%)	Primary Care (25.5%)
Acute Care	4.8	Hospital Inpatient Unit (50.8%)	Cardiology (16.9%)
Pediatrics-Primary Care^	4.0	Hospital Outpatient Clinic (31.1%)	Primary Care (51.6%)
Adult-Gerontology Acute Care	3.1	Hospital Inpatient Unit (53.6%)	Critical Care (16.4%)
Women's Health^	2.7	Private Group Practice (23.6%)	OB/GYN (66.5%)
Psychiatric/Mental Health-Family	2.1	Psych/Mental Health Facility (24.2%)	Psychiatric (67.6%)
Psychiatric/Mental Health	2.0	Psych/Mental Health Facility (28.7%)	Psychiatric (66.2%)
Gerontology^	1.8	Long-Term Care Facility (20.5%)	Primary Care (31.4%)

* NPs may be certified in more than one area

^ Primary Care Focus

Why???

- ▶ Financial disincentive for primary care specialties in general
 - ▶ Salary/Debt, Fee for Service, administrative burden
- ▶ Ageism and negative perceptions of providing healthcare to older adults
- ▶ Low numbers of current professionals and no “required” teaching responsibilities offer limited training/exposure
- ▶ Poor understanding/public awareness of the special skills of geriatrics/gerontology specialists

Future Directions

- ▶ Appreciate and celebrate healthcare workers who care for older adults by recognizing the unique skills and talents they bring
 - ▶ Creating new standards, opportunities and growth in geriatric specialization
- ▶ Strive for increased exposure to older adults for all healthcare students and trainees—combating negative perceptions and ageism through direct interactions
- ▶ Create policies and programs that counteract the financial disincentives, regulatory obstacles, and administrative burdens of the current healthcare system

For more information:

- ▶ Institute of Medicine Report 2008: Retooling for An Aging America: Building the Healthcare Workforce—available for download online open access
- ▶ American Geriatrics Society Quick Reference Guide and State specific statistics: <https://www.americangeriatrics.org/geriatrics-profession/about-geriatrics/geriatrics-workforce-numbers>