

IOM Warns of Shortfalls in the Workforce That Will Provide Care to the Aging Population

Between 2011, when the first baby boomers turn 65, and 2030, when the entire cohort reaches that age, the number of persons over age 65 will increase from 37 million to more than 70 million. By 2030 this age group will account for nearly 20% of the population. Although this population surge has been foreseen for decades, the education and training of the health care workforce with respect to the needs of older Americans remain “woefully inadequate,” according to a new report from the Institute of Medicine (IOM). The report calls for immediate action and warns that ensuring adequate workforce capacity—in both size and ability—will require many years of effort.

The IOM report notes that although Americans over age 65 currently make up 12% of the population, they account for 26% of all physician office visits, 35% of all hospital stays, 34% of all prescriptions, and 38% of all emergency medical services responses. (Older adults account for only 9% of visits to psychiatrists, which the report’s authors attribute to stigma and to Medicare’s copayment disparity for mental health services.) Changing demographic characteristics of the future elderly population, such as higher levels of education and lower levels of poverty, along with medical breakthroughs and more efficient ways of delivering care, may mean a healthier elderly population. However, by any measure, the health care workforce as it is currently constituted will be too small and inadequately prepared to meet the multiple needs of this population, according to the IOM report.

By 2030 the United States will need an additional 3.5 million health care providers—a 35% increase from current levels—just to maintain the current ratio of providers to the total population. According to the Alliance for Aging Research, by 2030 the country will need 36,000 geriatricians (physicians who care for eld-

erly persons). In 2007 a total of 7,128 physicians were certified in geriatric medicine and 1,596 were certified in geriatric psychiatry. By 2030 these numbers will have increased by less than 10%, according to one estimate cited in the report. Other studies predict a net loss in geriatricians, citing a decline in current interest in geriatric fellowships and the decreasing number of physicians who choose to recertify in geriatrics. For example, in 2006–2007 only 68% of first-year geriatric psychiatry fellowships were filled—the smallest percentage in a decade.

In addition, older adults account for about one-third of visits to physician assistants, but less than 1% of these health care workers specialize in geriatrics. Less than 1% of both pharmacists and registered nurses are certified in geriatrics. In addition, the National Institute on Aging predicted in 1987 that 60,000 to 70,000 geriatric social workers would be needed by 2020. However, only about 4% of social workers—one-third of the number needed—currently specialize in geriatrics.

The report notes that for most health care professionals the opportunities for advanced training in geriatrics are scarce or nonexistent. Among professionals who do have an opportunity, few choose to enter advanced training programs. One reason is that the costs associated with extra years of geriatric training do not translate into additional income. Geriatric specialists tend to earn significantly less income than other specialists or even generalists in their own disciplines. In part, the income disparity is attributable to the fact that a larger proportion of geriatric specialists’ income comes from Medicare and Medicaid, which have low reimbursement rates. (The report notes that psychiatrists interested in specializing in geriatrics may be pushed toward other areas because of the Medicare copayment disparity.) Moreover, the care of frail older pa-

tients with complex needs is time-consuming, which leads to fewer patient encounters and fewer billings.

To enhance the capacity of the professional workforce, the IOM report makes several recommendations. One is that all licensure and certification programs require candidates to demonstrate competence in the care of older adults. In addition, the report’s authors decry medical residents’ lack of exposure to settings of care outside the hospital, and the report recommends that hospitals ensure that residents train in all settings where older adults receive care, including nursing homes, assisted living facilities, and patients’ homes. The report also recommends financial incentives to increase the number of geriatric specialists, such as enhanced reimbursement for clinical services delivered to this population, along with loan forgiveness programs, scholarships, and the development of a National Geriatrics Service Corps, modeled after the National Health Service Corps.

The report also calls for greatly enhanced funding for research to identify effective models of care for older Americans and for demonstration programs to disseminate these models. Many models that are already known to improve outcomes for older Americans have encountered dissemination obstacles because they require delivery of services not typically reimbursed under Medicare, the report notes.

The 226-page report, *Retooling for an Aging America: Building the Health Care Workforce*, is available on the Web site of the National Academies Press at www.nap.edu/catalog.php?recordid=12089.

NEW BRIEFS

Funds available from SAMHSA for treatment of homeless persons: The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year 2008 grants for its pro-

gram titled Development of Comprehensive Drug/Alcohol and Mental Health Treatment Systems for Persons Who Are Homeless. The program's purpose is to expand and strengthen treatment services for persons who are homeless and who also have substance use disorders, mental disorders, or co-occurring substance use and mental disorders. SAMHSA expects that up to \$10 million will be available for 25 grants of approximately \$400,000 each for up to five years. About \$4.5 million of total funds will be used to provide services in supportive housing. The grants will be administered by SAMHSA's Center for Substance Abuse Treatment. Domestic public and private nonprofit entities are eligible to apply. Applications must be received by May 29, 2008. The application form can be downloaded at www.samhsa.gov/grants/2008/ti_08_013.aspx.

SAMHSA and Ad Council target U.S. campuses with antistigma campaign: SAMHSA, working in collaboration with the Ad Council, has delivered its National Mental Health Anti-Stigma public service advertising (PSA) campaign for the first time directly to colleges and universities across the country. The campaign aims to reach young adults between the ages of 18 and 25 and is designed to decrease negative attitudes by encouraging young adults to support friends with mental health problems. Among all adults the prevalence of serious psychological distress is highest in this age group, but persons in this age group are the least likely to receive treatment or counseling. Young people are more likely to seek help if social acceptance is broadened and they receive support and services early on. The ads can be viewed at www.whatadifference.samhsa.gov. Also, in partnership with Alloy Media, the Ad Council and SAMHSA have delivered 450,000 campus packs, which included campaign brochures and additional materials for students, to bookstores at more than 200 colleges and universities. Bacchus Network, a nonprofit university- and commu-

nity-based network that focuses on health and safety initiatives, distributed a mental health program manual and campaign PSAs and background materials to more than 1,100 on-campus peer educators. SAMHSA has also released a new dialogue report, *Building Bridges: Mental Health on Campus*, which is available by calling 800-789-2647.

AHRQ personalized pill card to support adherence: Step-by-step instructions for creating a pill card by using a personal or laptop computer and a printer are available on the Web site of the Agency for Healthcare Research and Quality (AHRQ). One in four Americans do not take prescription medicines as prescribed, and a significant factor in nonadherence is poor understanding of instructions about how to take medications. Research has shown that pill cards—which use pictures and simple phrases to show each medicine, its purpose, how much to take, and when to take it—reduce misunderstandings. The AHRQ site provides colorful clip-art images that include pill shapes and symbols for time of day and indications, such as a blood pressure cuff for blood pressure medications. Users cut and paste the images into a template, adding the names of medications, to create a personalized card. The instructions are available at www.ahrq.gov/qual/pillcard/pillcard.htm.

Information on properly disposing prescription drugs: In light of recent media reports about prescription drug residues in some water supply systems, SAMHSA is alerting consumers and clinicians to the useful information that it has developed for reducing this environmental risk by safely and effectively disposing of unused prescription drugs. SAMHSA has been providing this safety information through a pilot point-of-purchase program that it initiated in October 2007 and via its Web site at www.samhsa.gov/rxsafety. More than five million Americans have received this information. The material was developed by leading public health

and environmental safety experts and offers the following basic recommendations. Consumers should always check patient information accompanying the product to see if it contains specific directions for disposing of unused medication and follow those directions. If no specific information is provided, then unused medication should be properly disposed of by mixing it with undesirable substances (such as old coffee grounds or used kitty litter), sealing the mixture in a container, and placing it in the trash. Unused medication may also be donated to authorized community prescription drug take-back programs.

NIAAA video training program for clinicians: A video training program from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) provides clinicians with evidence-based strategies for screening, assessing, and treating patients. The online program features four ten-minute video case scenarios, each led by an expert clinician in a different treatment setting. The program also includes a tutorial that teaches clinicians how to ask patients about alcohol use, assess heavy drinkers for alcohol use disorders, and help them cut back or quit. The case studies and tutorial require about an hour to complete. They are available on the NIAAA Web site at www.niaaa.nih.gov/guide.

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