

Geriatric Psych Conference

October, 2019

Welcome!!!!

- This is our second annual Geripsych conference; we hope to have many more!
- We are very interested in your feedback!

History

- The Institute of Medicine notes that in 2010 there were 40.3 million Americans at or over sixty five years of age. By 2030 the estimate is that we will have 72.1 million!
- One out of every six seniors has a mental health problem
- Current training to meet this current and expanding need falls very short.

History

- Geriatric Psychiatry was only accredited as a specialty in 1991.
- Geriatrics slowly emerged as a specialty in America during the 1970s, with the first board exam in 1988.
- There was an initial surge in both specialties with trainees, but that has fallen off in recent years.

Future

- Obviously, these specialties need to find ways to recruit more clinicians to help meet the need.
- However, both the AGS and the AAGP acknowledge that the great knowledge these specialties have acquired must be diffused out among all the disciplines that care for seniors.

Future

- Along with this great aging of our society, an enormous amount of knowledge is now available to be called into service.
- The challenge is to apply this effectively and routinely!

Challenge Offers Opportunity

- Can we help create a heuristic that can hasten the meeting of this challenge?
- I believe we can!

Excellence in Medical Services

- Knowledge
- System
- Accessibility
- Cost effectiveness
- Communications
- Physical elements (buildings, computers, etc.)
- Politics

Knowledge

- Our ability to learn has grown exponentially with both the availability of books, journals, courses, and the internet.
- Principles and Practice of Geriatric Psychiatry, edited by Agronin and Maletta
- Geriatric Psychiatry: a case based textbook, by Hanegan and Bourgeois
- The Neuroscience Education Institute directed by Dr. Stephen Stahl: this provides courses and texts

System

- A way of reliably educating and bringing knowledge to the bedside will be a herculean effort. However, with the availability of telemedicine and dedicated people from multiple disciplines it can be accomplished!

Accessibility

- With Medicare and telemedicine, no senior should not be able to get excellent care!

Cost Effectiveness

- In one way or another, things always come down to money. One of the reasons many clinicians steer away from geriatrics and geriatric psych is because of the pay. Additionally, CMS watches carefully all expenditures. It is a huge challenge, but I believe that the Medicare system is positioned basically to meet this challenge.

Communications

- Obviously, clear and prompt communication between caregivers is fundamental. However, with optimization of phones, faxes, and telemedicine all packaged within a solid system, this should be less and less of an obstacle.

Physical Elements

- Buildings, computers, phones, copiers, faxes, etc. All must be attended to, optimized, and maintained.
- When they work, they're great, when they don't, well, we all know how that feels!

Politics

- This is the summary of all human relationships and the drives behind behavior.
- Politics is therefore ever present!
- There are many disciplines involved in the delivery of geriatric psych services: the DIA, CMS, administration at all facilities, doctors, nurses, physician assistants, professional politicians, FDA, patients and their families, etc.
- All must be considered regularly!

Goals

- Contribute to the educational effort with innovation. This would include getting advice from institutions of education; they know how to teach!
- Interact with AGS, AAGP, AAFfP, ABIM, Telligen, Pharmaceutical companies, Nursing Boards, CMS, and other interested organizations.
- Develop mini-fellowships for onsite experience
- Help develop a state-wide or even nation-wide service to consult regarding difficult cases.