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Who will treat the elderly?

Seniors' numbers are growing, but doctors trained in geriatrics are rare.

By Melissa Evans, Staff Writer

Article Launched: 07/26/2008 11:20:09 PM PDT

Editor's note: This is the second of an occasional series looking at the impact baby boomers will have on the South Bay as they head into their golden years. The series explores how businesses, the medical field, the public sector and public safety officials anticipate the population aging over the next 20 years.

Watching his grandfather struggle through a number of complicated health problems inspired John Andrawis, a second-year medical student, to take interest in the specialized field of gerontology.

The good news for young students like him: With about 70 million Americans set to reach retirement age over the next 20 years, plenty of doctors who specialize in aging will be needed.

The bad news: In exchange for an extra year of training for geriatric certification, physicians are rewarded with a pay cut and longer hours.

Entering this area of medicine is "a prescription for economic ruin," said Dr. Thomas LaGrelus, a Torrance physician certified in geriatrics who

restructured his practice to survive. "There's no way you can make it financially and do the job right."

As the senior population doubles over the next two decades, health officials will be faced with a dire shortage of primary care doctors, particularly those trained in treating the elderly - and the reality that it's not an attractive choice for students saddled with school debt.

Medical schools, the few that have programs in geriatrics, are in the midst of retooling their curriculum to incorporate more study of age-related illness into general study. Politicians are also working to devise financial incentives to attract more young doctors to geriatrics.

In the meantime, older patients are left with few options. In the South Bay, there are just three physician listings under the specialty of gerontology.

Many seniors are quick to tell a story or two about doctors who don't understand the issues of aging - or who won't take the time to hear them out.

"Most of them want you out (of the office) in five minutes," said Jack Myers, 81, a Torrance resident who recently went through three physicians before finding a primary care doctor he liked.

"You start getting all these creaks it's scary getting old. You want someone to spend a little time with you."

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Nationwide, there are only 7,100 doctors certified in geriatrics - one for every 2,500 Americans over 70. The Institute of Medicine estimates the country will need an additional 30,000 doctors trained in the field to meet the needs of the aging baby boomer population.

Achieving that goal doesn't look good at the current pace: According to a recent report by the Public Policy Institute, an independent research association, just three of the nation's 145 medical schools have a full-time program in geriatrics. Less than 3 percent of all medical students take even one course in this specialty, according to the report.

The problem is sure to become worse, officials say. As Medicare and private insurers pay less for services, the needs of the elderly - who suffer from an average of three chronic illnesses - become more widespread.

"The work is pretty substantial," said Dr. David Reuben, chairman of the Geriatric Medicine Department at UCLA, one of the few schools that have such a specialty. "It's long hours, pretty emotional and labor intensive."

Geriatric physicians make an average of \$177,392 a year, compared with \$193,162 for a general internist who needs no additional training beyond medical school, according to the 2007 Physician Compensation Survey by the American Medical Group Association. Among all specialties, geriatricians are the lowest paid.

One of the biggest reasons, health professionals

say, is that older patients simply take more time.

LaGrelus, 65, became certified in the field about 15 years ago. As he aged, his patients aged, and he wanted to make sure he knew how to care for them, he said.

But, he soon realized that it sometimes takes 20 minutes just to get the patients undressed and ready for an examination. Many also need extra equipment, such as a wheelchair, and more staff.

Older patients are also often taking multiple prescription drugs, and the doctor must know how they interact with or play a role in some illnesses. Physicians must spend added time making sure seniors know exactly how to take medicine.

The elderly also often suffer from complex psychological and social problems such as depression, which can dramatically affect their physical health.

And common elderly ailments - arthritis, weak bones, heart disease, pulmonary problems - require constant maintenance.

"To do it well, you can't see 30 or 40 patients a day," LaGrelus said. "You can't run a patient mill, which is the way doctors have to operate to make money in private practice."

Making matters worse, Medicare and most insurers reimburse for services, not time. With the elderly, home visits, phone calls and consultation with family members are routine -

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and doctors don't get paid for the extra effort.

Like most physicians in private practice, LaGrelus used to bill Medicare. Now he operates what he calls a "concierge" practice, which eliminates the insurance "middlemen."

He charges a maximum of 600 patients a direct fee of about \$150 a month for primary care services. For this they get physical examinations, diagnostic tests, consulting and other perks, including LaGrelus' cell phone number for after-hours problems or questions.

The personal relationships are one aspect of the field that Dr. Catherine Bannerman, who recently left geriatrics, said she misses most. With two small children, she left private practice for an administrative position with regular hours at Torrance Memorial Medical Center.

"Intellectually it was very challenging," said Bannerman, who now serves as medical director for the hospital's transitional care unit. "In elderly patients, illnesses don't present themselves in the classic way. You have to be a detective."

The long hours, however, and low reimbursement rates from insurers made the job difficult, she said.

Physicians say Medicare has failed to keep up with inflation, and politicians propose deeper cuts to the program nearly every year. This year, Congress considered slashing rates by more than 10 percent - a measure that was narrowly

overturned this month.

Most physicians survive these cuts by limiting the number of Medicare patients they will accept; a recent survey by the American Medical Association showed 60 percent of doctors planned to cap their number of Medicare patients. But for geriatricians, their entire patient base typically relies on government insurance because they are all over 65.

Bill Larson, executive director of South Bay Senior Services, said he spoke to one doctor who didn't want to advertise his training in geriatrics for fear it would attract too many Medicare patients.

"Most doctors want to maintain more of a general practice to balance things out," he said.

Lack of understanding Difficult choices Help on the way

For their part, politicians have recently proposed measures to entice more students into the field. A bill now before the California State Assembly by Rep. Patty Berg, D-Eureka, would reward students with up to \$105,000 in loan forgiveness if they agree to work at least three years in geriatrics.

A similar program at the federal level has also been proposed by Democratic Sen. Barbara Boxer of California.

The California Student Loan Assistance Program of 2008 would also apply to other health

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professionals who specialize in gerontology, including nurses and social workers.

It's often a tough sell, even to students and health workers who are intellectually drawn to the field, said Barbara White, associate professor of gerontology and nursing at California State University, Long Beach.

"You can make a lot of money in other professions of medicine," she said. "You have to be very dedicated and passionate about something that is a lot less money and a lot more work."

Reuben, the head of UCLA's geriatric program, said the school is now working to incorporate aging issues into general study for a medical license.

As the 65-and-over population balloons over the next few years, "Whether they want to or not, all doctors are going to be treating seniors," he said.

UCLA also began a summer fellowship program for medical students around the country to do research and shadow geriatric doctors.

Andrawis, one of this year's participants, is working on research into Alzheimer's disease.

This area of medicine attracted him, he said, precisely because of the challenges. Though he hasn't kept up with politics surrounding Medicare and other issues, he considers primary care the most important area of medicine.

"You build these relationships with patients, and that's a big reason I went into it," said Andrawis, a medical student at the University of Chicago. "That's one of the things I love most about medicine."

melissa.evans@dailybreeze.com

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