

## Coming of (old) age in America: Boom or Bust?

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Alice is 62 years old and preparing to retire in 2011. She is divorced, paid off her mortgage six years ago, has participated in her company's retirement plan for over 30 years, and calculates that she will be able to live comfortably in her golden years.

She has two daughters who live within an hour's drive and with whom she is very close. Unfortunately, her 87-year-old mother was just admitted to a nursing home in Cleveland following a fall that resulted in a hip fracture. Her mother had been the caregiver for her 89-year-old father, who has Alzheimer's disease. Alice's brother has moved Dad to his home temporarily. Alice has high blood pressure, which she has controlled well with medication, and diabetes, for which she takes one pill twice a day.

Alice's story is not unusual. I work with patients like Alice nearly every day, and I'm seeing more and more every year. They are part of the first big wave of baby boomers turning 65 in 2011, and they will play a role in an unprecedented event: the doubling of the number of Americans over 65, from 36 million today to 72 million by 2030. Alice, like many of my other patients and a large proportion of the baby boom generation, expects to maintain health and function well into her eighties and nineties, but

she already has two chronic diseases. Currently, 20 percent of Medicare beneficiaries have five or more chronic diseases. I wonder how Alice will fare when she is 70 or 75. Will she still have access to health care and social service professionals who can balance the effects of her multiple medical and neuropsychiatric conditions with the physiologic changes associated with aging, all the while taking into account her functional status, quality of life, and advance care directive?

A recent report by the Institute of Medicine suggests that Alice and millions of other baby boomers may find the health care system unprepared for what some have called the "silver tsunami." The report, *Retooling for an Aging America: Building the Health Care Workforce*, recommends specific steps we can take to ready ourselves for the coming demographic shift: 1) enhance geriatric competencies; 2) recruit and retain workers who will care for older adults; and 3) redesign models of care delivery.

The medical school is already addressing the first recommendation. The Association of American Medical Colleges (AAMC) recently published a set of geriatric competencies for medical students. These competencies will be incorporated across

our curriculum during the next four years. As for the second recommendation, in collaboration with Premier Health Partners and the Dayton Veterans Affairs Medical Center, and with support from the Oscar Boonshoft family, we now have an accredited fellowship in geriatric medicine. Two fellows started the program on July 1 and will be eligible to take the boards in geriatric medicine in autumn 2009. However, the American Geriatrics Society and others have suggested that there will never be enough geriatricians to care for America's older adults. That is why it is so important to incorporate the principles of geriatric medicine into the medical school curriculum and residency training programs for internists, family physicians, surgeons, and emergency medicine physicians.

The third recommendation is difficult and will require medical schools, physician organizations, and individual physicians to work with policy makers to create change. Simply increasing the number and competence of physicians who care for older adults is not enough. At the same time, we must make a commitment to improve the efficiency and coordination of care delivery. A number of studies suggest that we could do a better job of helping older patients and their families identify and access community resources to help them remain safe and relatively

independent in their own homes longer. Alice could use that kind of assistance with her parents right now. And Alice and her daughters will probably need it late in Alice's life as well.

I am encouraged by demonstration projects in progress to test new models of care, but I have to believe there is more we can do right now. For physicians who want to improve the health of their communities as well as provide person-centered care for people like Alice, working locally to redesign care delivery for older adults is one promising approach. County commissions, city councils, and organizations such as the Area Agency on Aging and the local chapter of the Alzheimer's Association need physician input as they plan services. We can also work to incorporate principles of geriatric medicine into our own practices. Many of us will likely care for baby boomers directly, but all of us can expect to work with patients whose older family members may play a significant role in their lives or care.

We, as physicians, have a chance to make a difference as America faces this historic demographic challenge, and I hope we will embrace the opportunity to do so. Alice and millions of people like her are depending on us, and they deserve no less.

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