This is a truly momentous time in health care. In a health history first, our nation is moving from a fee-for-service model to a more innovative and equitable model based on fee-for-value, which will reward better quality care and avoidance of unnecessary, expensive procedures and hospitalizations. These are principles and platforms that we as geriatrics health care professionals have been advancing all along. Geriatrics is person-centered and team-based. Across disciplines and specialties, we help optimize transitions and coordinate care across settings and among a diverse array of colleagues. And now, this paradigm shift toward rewarding quality will provide greater incentive for the high-value care we already provide.

As the newest President of the American Geriatrics Society (AGS), it was against this backdrop that I helped convene our 2015 Annual Scientific Meeting, which took place May 15-17 in National Harbor, Maryland. The event drew more than 2,600 geriatrics nurses, advanced practice nurses, geriatricians, social workers, family practitioners, physician assistants, pharmacists, internists, and many others from across the country and around the world to just outside our nation’s capital. Through more than 700 research presentations and more than 100 educational sessions and opportunities for connecting with colleagues, experts, and friends, we encountered work that speaks to the depth and breadth of geriatrics expertise and the future of clinical practice and public policy.

Henderson State of the Art Lecturer Robert Palmer, MD, MPH, for example, shared reflections on improving quality of hospital care for older patients based on his four decades of experience working with frail older adults facing hospitalization. Dr. Palmer stressed how the interdisciplinary, “low-tech, high-touch” nature of geriatrics can improve care quality and outcomes for hospitalized older adults by using practical interventions, such as the ACE unit that can help push patients back from the “black hole of frailty” (Palmer, 2015). These considerations are important, as Dr. Palmer illuminated, because older adults comprise approximately 13% of the American population but account for approximately 40% of discharges from acute hospitals and more than 40% of days of care. Whether an older patient is currently hospitalized or transitioning from one care setting to another, Dr. Palmer’s synthesis of interdisciplinary models of care that have helped prevent disability and readmission stresses how the tools, techniques, and templates that already are championed by geriatrics health professionals can do much to prevent geriatrics syndromes, improve patient safety, and advance the field of eldercare overall.

Although research drove much of the conference program, it represents but one facet of the progress on display at the AGS Annual Scientific Meeting. Michael Malone, MD, and AGS Chief Executive Officer Nance E. Lundebjerg, MPA, celebrated milestones in public policy efforts since attendees last convened in 2014. Some milestones—such as the repeal of the sustainable growth rate (SGR) formula for reimbursing health care professionals (e.g., nurse practitioners [NPs]) under Medicare—have been years in the making and represent collaboration across countless organizations. The SGR repeal reflects more than 10 years of advocacy by groups like the AGS. Indeed, frail older adults and the NPs and other health professionals who work with them are among those who will benefit most from the transformation of Medicare into a system focused on primary care, chronic care management, and coordination of care across settings.

Still other policy milestones—such as the call to encourage Congress to support the Medicare Independence at Home Medical Practice Demonstration Improvement Act of 2015—were unfolding within hours of the AGS conference itself. Our guest Public Policy
Lecturers, Shari Ling, MD, Darren A. DeWalt, MD, MPH, and Paul McGann, MD, all from the Centers for Medicare & Medicaid Services, contextualized this dynamism relative to our national health care system. As these speakers stressed, the future of health in the United States very much rests on our ability to transition from a volume-focused approach to one that embraces coordinated care centered on patient goals (DeWalt, Ling, & McGann, 2015).

Speaker handouts are available from GeriatricsCareOnline.org for these and almost all other educational sessions at the AGS Annual Scientific Meeting.

REFERENCES

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