# Medical education and an aging population



# Training for Medical Students and Residents in Senior Care Communities

#### Issue:

The number of geriatricians in the physician workforce has decreased while the number of baby boomers moving into care communities has increased. This is in addition to the current population of seniors already living in these settings. This situation calls for creative strategies to educate all medical students and trainees regarding this population and their health care needs.

### **Background:**

According to the 2020 U.S. census, one in six Americans is over the age of 65. Approximately 9.5 million seniors live in a long-term or post-acute care facility for some length of time each year. The number of seniors living in care communities (nursing homes, assisted living, independent living retirement communities) is on the rise. Yet, geriatricians represent only 1.9% of all primary care physicians. The Health Resources and Services Administration issued a report in 2017 on "National and Regional Projections of Supply and Demand for Geriatricians: 2013-2025," which further illuminated the problem. Also, there are not enough geriatricians in academia to drive high-quality curricular content regarding the care of older adults. Some medical schools have begun teaching all students how to care for an aging population. Such education seems to vary among medical schools. Updated in 2021, the American Geriatrics Society developed the Minimum Competencies in Geriatrics for Medical Students. These competencies summarize what the graduating medical student, in the context of a specific older adult patient scenario, must be able to demonstrate in collaboration with an interprofessional team when appropriate. Research published in 2022 found that 76% of medical schools provided an optional clinical experience in geriatrics and only 45% required a geriatric rotation for all students.

LCME Standards do not specify education on the geriatric population and do not specify clinical settings; rather, they simply state that a school needs to ensure an adequate mix of different settings to meet its stated objectives. Further, Standard 6.6 Service-Learning/Community Service states that "The faculty of a medical school ensure that the medical education program provides sufficient opportunities for, encourages, and supports medical student participation in service-learning and/or community service activities." Some schools use this opportunity to expose students to senior care communities. The Accreditation Council for Graduate Medical Education issued Geriatric Medicine Milestones in 2021. These milestones were developed as graduation goals rather than requirements. They also do not require that students and trainees spend time in senior care communities for real-world exposure. Given an aging population and a physician shortage, some hospitals are creating geriatric collaborations to manage patients and raise the elder care skills of all doctors.

Medicaid is the primary payer of long-term care, while Medicare only covers limited post-acute care. Yet, Medicare is the largest explicit funder of graduate medical education (GME), with GME payments primarily linked to inpatient care provided to Medicare patients at teaching hospitals. Medicaid covers 6 in 10 nursing home residents. Medicaid already funds GME in many states. Much as Medicare funds GME for the care of Medicare patients in teaching hospitals, federal and state governments should fund GME related to long-term care through Medicaid to ensure an adequate physician workforce to provide for seniors requiring care.

### **Potential Strategies:**

- Support community-based collaborations in senior care communities to provide real-world exposure for medical students and trainees.
- Encourage medical schools and appropriate residency and fellowship programs to provide opportunities for trainees to build their competencies providing geriatric care to long-term care patients and increase opportunities for trainees in geriatric rotations.
- Support physician-led care teams in senior care communities to provide high-quality supervision and education to medical students and trainees on geriatric rotations.
- Encourage development of loan repayment programs for students and trainees wishing to pursue geriatric care as their field of study.
- Encourage federal and state governments to fund GME performed in the course of providing care for long-term care patients.
- Improve career opportunities in geriatrics for trainees and practicing physicians to meet the needs of the growing senior population.

## **Moving Forward:**

The AMA is very committed to the health of seniors, the education of medical students and residents/fellows, and the needs of the physician workforce. <u>Policy</u> adopted at the AMA's 2022 Annual Meeting "encourages the development of opportunities for medical students and resident/fellow physicians to train in senior living communities, as appropriate to the educational objectives of the program."

Additional relevant policies include:

- Geriatric and Palliative Care Training For Physicians D-295.969
- Training Physicians in Non-Traditional Sites H-310.946
- Principles of and Actions to Address Primary Care Workforce H-200.949
- Geriatric Medicine H-295.981
- Service Learning in Medical Education H-295.880
- Senior Care H-25.993
- Health Care for Older Patients H-25.999
- Policy Recommendations in the Field of Aging H-25.998
- A Guide for Best Health Practices for Seniors Living in Retirement Communities H-25.987
- Elder Mistreatment H-515.949
- Promoting and Ensuring Safe, High Quality, and Affordable Elder Care D-280,982
- The Preservation, Stability and Expansion of Full Funding for Graduate Medical Education D-305.967

#### **AMA Resources:**

- ChangeMedEd
- Council on Medical Education
- Health Care Advocacy
- Medical Student Section
- AMA EdHub™
- Policy Finder