

The effect of geriatric care on health care use

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Abstract: Health care for older adults with chronic conditions is costly and often of suboptimal quality. The quality of health care for geriatric conditions such as dementia and incontinence may be considerably poorer than for chronic disease such as diabetes and hypertension. Geriatricians have extensive training in and experience with physical, mental, cognitive, and social issues related to aging. Many elders might benefit from geriatric care; however, the current and projected future supply of geriatricians is limited. An understanding of the use and effects of geriatric care will help to ensure that the existing supply of geriatricians is used efficiently and provide information about possible benefits of expanding supply. The purpose of this dissertation is to describe the use of geriatric care, to evaluate whether geriatric care reduces emergency department use, and to determine whether geriatric care is typically used in lieu of or in combination with care from other types of physicians.

Using Medicare claims data for a national sample of elders who had a recent hospitalization for acute coronary syndromes and subsequent diagnosis of a geriatric condition, we found that very few patients received geriatric care. Use of geriatric care was closely tied to metropolitan status and nursing home residency. Geriatric care was associated with reduced emergency department use for both community and nursing home residents. Geriatric consultative care was associated with a reduction in emergency department use that was not statistically different from the reduction associated with geriatric primary care. Geriatric care was associated with fewer visits to family and internal medicine physicians and in some cases with fewer visits to specialists. Although our results suggest that geriatric care reduces emergency department use, the total clinical impact of geriatric care is likely to be very small because of the low supply of geriatricians. Because of the lack of existing literature on the topic, additional studies are needed to elucidate the use and effects of geriatric care in real-world clinical settings. However, for geriatric medicine to have a population-level impact on the health and health care of older adults, its focus may need to be on teaching, research, and advocacy/policymaking.

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