

# A Proposal to Create a Department of Aging & Geriatric Research in the College of Medicine

## **Introduction**

The discipline of geriatrics uses and integrates the expertise of several disciplines, including health services research, epidemiology, behavioral and social sciences, medical and surgical subspecialties, and basic sciences. The study and management of the outcome of disability differentiates geriatrics from all other disciplines. Geriatric medicine traditionally does not focus on a single organ system but primarily on the functional outcome of disability which encompasses several organ systems. Geriatric medicine is also a unique discipline because it involves the study and management of the effects of co-existing multiple diseases or co-morbid conditions which through mutual interactions determine the resultant condition and outcome of the geriatric patient. We believe that for future development of geriatrics as a discipline at this institution it is critical that it can be promptly and easily identified as a distinctive and unique area from all other disciplines rather than merely a discipline that deals with conditions in older age. The proposed Department of Aging and Geriatric Research will focus primarily on the development of a cutting edge research program and an extensive educational program to address the problems of dealing with the elderly population and the paucity of specialists who are primarily devoting their interests and expertise to the geriatric patient.

The following statistical information provides some insight into the magnitude of this problem as the population of this country ages. Physical and cognitive disability are the most frequent severe health conditions that affect older persons, and their prevention and rehabilitation will have major implications on future health care costs. It is estimated that during the course of their lives about half of all persons ages 65 years or older will become so severely disabled to require nursing home admission. Currently over 6 million older Americans suffer from disabilities including difficulty in instrumental activities of daily living such as shopping and using the telephone and difficulty in basic activities of daily living such as eating, dressing, toileting, transferring and bathing. Of the 6.8 million disabled older Americans, approximately 580,000 live in the state of Florida. This fraction of the population uses most of the health care resources and greatly impacts on the health care expenditure. The remainder of the approximately 2.2 million Florida residents who are more than 65 years of age but not disabled are at risk of disability and are suitable targets for preventive interactions. Thus, one of the major goals of geriatric medicine and this department is to prevent and reduce the health consequences of disability in older persons. Because the U.S. older population is growing rapidly, in the next 30 years the number of disabled persons is expected to further grow and almost double from 6.8 million to 12 million. This increasing trend in prevalence of disabilities is expected to be even more pronounced in the state of Florida where the proportion of persons aged 65 or older is 50% higher compared to the U.S. average, that is 18% vs. 12%.

Currently the discipline of geriatric medicine faces a challenge of serving a rapidly growing population of older and disabled persons with an insufficient number of qualified health care providers. The number of health professionals with formal training in caring for the elderly is woefully inadequate even for today's population. Of more than 690,000 licensed physicians in the United States, only 9,000 or 1.3% are board-certified geriatricians, and 2,400 or .3% are board certified geriopsychiatrists. It is estimated conservatively that more than twice as many geriatricians are needed currently to provide adequate care to the aged population. Because the number of geriatricians is getting smaller with time while the population continues to grow older very rapidly, the future gap between the available and the needed geriatricians is expected to further widen. Thus, it is felt that the creation of this department is critical to help in a special effort to attract, motivate and recruit new trainees in geriatric medicine to fill this gap.

While the prevention and rehabilitation of disability is one of the major goals of geriatric medicine, to date there is no conclusive evidence from randomized control trials that any intervention is effective in preventing or reversing disability in older persons. A lack of such evidence is a major handicap for promoting evidence-based geriatric medicine and for developing cost effective models of preventive and rehabilitative care. Thus, a major focus of this department is research in the elderly that is deemed to be a critical need to address future problems in the aging population. We believe that the proposed Department of Aging and Geriatric Research has the opportunity and the assets to play a pivotal role in addressing challenges in health care education and research as they pertain to the aging population and has the prospect to become a prime leader in the national and international arena of geriatric research and education.

One of the major interdisciplinary programs contained in the University of Florida strategic plan is aging. Previously an Institute on Aging was formed but met eventually with failure in part because of the absence of a extensive geriatric medicine program within the College of Medicine. The leadership of the College of Medicine believes that the creation of the proposed Department of Aging and Geriatric Research will provide significant support to the strategic initiative on aging and greatly augment the efforts of faculty associated with the Institute on Aging that are now largely dispersed about the campus.

### **Mission Statement**

The Department of Aging and Geriatric Research will serve as a major catalyst for developing models and synergisms in the area of health care, education and research across many departments in the College of Medicine, other colleges on campus, and other affiliates to provide regional and national models of health care which will improve the health and quality of life of older adults in the state of Florida and beyond.

## **Leadership**

The College of Medicine will identify a nationally prominent leader in geriatric research and education to chair the proposed department with the anticipation that the individual will commence his or her activities on or before the fall term of 2005.

## **College of Medicine Commitments**

The College of Medicine, with support from the Office of the Provost, has committed resources to permit the initial recruitment of 11 new faculty members including six M.D.s and five Ph.D.s and approximately 30 support staff. It is anticipated that the new chair will recruit established and emerging leaders in their areas of expertise who can independently develop and conduct cutting-edge research programs and serve the clinical and educational needs of the department. The appointments will range from assistant to full professor levels depending on recruitment opportunities. Most will be recruited within a two to three year time frame from the creation of the department. The newly recruited faculty members will represent a critical mass of investigators and serve as a nucleus to attract additional talented investigators in the future to further expand the programs of aging and geriatrics not only in the department but across the University of Florida and its affiliate campuses. The College has identified approximately 6,000 sq. ft. of office space in the 1329 Building to house this department and another 9,600 sq. ft. in the so-called Butler Building where much of the clinical investigation will take place. Another 1,500 sq. ft. of wet lab space has been committed for the creation of this department.

## **Focus Areas**

A catalytic and cross-cutting research program will be developed to emphasize translation between social sciences, health sciences, clinical and basic research. The program will bridge advancements in basic sciences including neurosciences, molecular medicine, physiology and pharmacology to enhance research into mechanisms of cognitive and physical disability to be applied in clinical, social, behavioral, health services, and a population-based research effort. Efforts will also be devoted to develop pre-clinical models for assessing age-related decline and recovery in cognitive and physical function. Such models will then be used for pre-clinical screening of pharmacological interventions as well as for mechanistic studies to be applied in future clinical research.

This research program will collaborate closely with other colleges and with departments in the College of Medicine, the General Clinical Research Center and the Malcolm Randall Veterans Affairs Medical Center, Geriatric Research Education and Clinical Center (GRECC) to develop a clinical research infrastructure to support both randomized control trials and epidemiological studies focusing on the pathways of disability and

rehabilitation with emphasis on mechanistic studies and biological and genetic markers while also providing outcomes analyses of new interventions and models/systems of care.

### **Education**

A guiding principle of the College of Medicine has been to ensure that our students are prepared for medical practice in the 21<sup>st</sup> Century. The demographics of the nation and especially of our state suggest that physicians practicing in the future will require knowledge, skills and attitudes that will allow them to provide the highest quality care for an aging population. The Curriculum Committee of the College has surveyed the geriatric content in the curriculum on two occasions, in 2000 and again during the summer of 2004. In early October 2004 the Curriculum Committee unanimously approved an updated presentation that will expand the current clinical curriculum, providing a four-year longitudinal curriculum based on American Geriatric Society competencies, with newly developed assessment tools.

The educational programs will be developed for pre-doctoral students (medical students) and all levels of post-graduate trainees to provide a broad range of clinical expertise in the care of individuals as well as groups in an increasingly aging society. Trainees will be exposed to geriatric medicine in an integrated model of care and research programs for the elderly which prepares individuals to work in such systems as well as stimulates our future clinicians and health care providers to be involved in leadership of the future development and refinement of these systems. A core curriculum of clinical competencies will be developed for various types and levels of trainees to insure that they emerge with a set of competencies that will enable them to be at the cutting edge of current clinical competence while developing their skills/behavior to continue as life-long learners as well as leaders in establishing new knowledge/programs related to the care of the elderly. It is also the intent of the research and educational program to develop scientists with specific skills devoted to social, health sciences, clinical and basic research on aging with particular attention to the understanding of the physical and cognitive decline experienced by the elderly. The proposal to create a new Department of Aging and Geriatric Research will add immeasurably to our ability to accomplish these educational goals.

### **Issues Related to Existing Faculty and On-going Activities**

We do not believe that there will be any significant duplication between the new faculty to be hired in the proposed department and existing faculty present in other colleges or even in the College of Medicine. The focus will be to hire new faculty with research and educational expertise that is synergistic with on-going activities. There currently are two trained geriatricians in the Department of Medicine and a third individual has been hired to begin work in November 2004. Discussions have been held with these individuals and the chair of the Department of Medicine to ensure that collaborative and cooperative attitudes will prevail. Further, the creation of a proposed department should greatly

enhance the opportunities to collaborate across the campus with individuals in several colleges including the College of Liberal Arts & Sciences, Engineering, Public Health & Health Professions, and Nursing.

*Revised Nov 9, 2004*