Geriatric Medicine: A Brief History

Mary Ann Forciea MD
Clinical Professor of Medicine
Division of Geriatric Medicine
UPHS
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Aging and Antiquity

In Ancient Egypt, median length of life was:

A. 10  
B. 20  
C. 30  
D. 40
Aging through the Ages
Ritch JR Col Phys Edin 2012

• Philosophy
  – Is old age a natural or pathologic condition?
  – Is old age an illness in its own right?
  – Is aging unalterable or amenable to control?
  – Are diseases occurring in old age peculiar to old people or common at all ages?
300 BCE- 1000 AD

• Hippocrates/Aristotle
  – Aging resulted from the gradual loss of heat generation from the body
    • Increased susceptibility and resistance to disease
    • “fevers are not so acute in old people”

• Galen
  – The heat loss of aging could be delayed by attention to diet and exercise
  – “Gerocomy”: the care of the aged
Middle ages

- Gradual movement towards old age as a disease
  - Francis Bacon: ageing due to unequal repair rates in different organs
  - Germany – ‘hardening’ of fibers and arteries
- Persistent interest in rejuvenation
Which of the following has NOT been used as a rejuvenation technique?

A. Bathing in breast milk
B. Sex with virgins
C. Injections of pig testicles
D. Stem cell injections
E. Caloric restriction
Aging and Rejuvenation

• Driving interest through the ages in rejuvenation
  – Mythology – common concepts:
    • Dietary strategies: Bible -tree of life, Gilgamesh-underwater plant of immortality
    • Magical waters: Fountain of youth, rivers of youth, bathing in water or milk
    • Sexual encounters, especially with virgins

• Hindered real scientific enquiry until the last century
18\textsuperscript{th}/19\textsuperscript{th} Century views

- Rise of ‘science’, pathology
- Aged persons died of disease(s)
- Benjamin Rush (1793)
  - “Few people die of old age”
Geriatric Medicine

• Nacher – 1914
textbook- definition

  ‘Geriatrics, from geras, old age, and iatrikos, relating to the physician, is a term I would suggest as an addition to our vocabulary, to cover the same field that is covered in old age that is covered by the term pediatrics in childhood, to emphasize the necessity of considering senility and its disease apart from maturity and to assign it a separate place in medicine.’
Roots of Geriatric Medicine and Assessment

- In America and Great Britain, care of the Elderly in 3 situations - 1700-1940
  - Their own home or homes of their families
  - Grouped with the poor ("Poor Homes")
  - Grouped with the mentally ill (Asylums)
- Often no evaluation other than economic
Roots 2

- In the period between WW1 and WW2
  - Increase in professionalism of
    - Medicine
    - Nursing
    - Social Work
  - Large number of young wounded who need chronic care
  - Large numbers of conscientious objectors
  - Increase in numbers of elders
- Led to concept of initial evaluation and specialized care
Great Britain

- Reclassification of Chronic Hospitals
- Training in Geriatrics
- Post WW2, Geriatricians represented in the new NHS- 1946 (and creation of BGS)
  - Networks of care: acute hospital units, home care services in addition to chronic hospitals
- Leader: Marjory Warren
In which type of health facility did Marjory Warren make her initial contribution?

A. Home care (‘home visiting’) program
B. Day hospital
C. Nursing home
D. Acute care hospital wing
E. Village office practice

A. 0%  B. 0%  C. 0%  D. 0%  E. 0%
Initial assessment  
Margory Warren 1943

• 1935 – took over responsibility for patients in a ‘chronic sick’ hospital

• Assessed all residents, classified
  – Chronic up-patients (ambulatory)
  – Chronic continent bed bound
  – Chronic incontinent bed bound
  – Senile, quietly restless (not noisy or annoying)
  – Senile dementia (noisy and/or annoying)
Warren Recommendations

• Specialized accommodations near Hospitals
• Specialized training for medical students
• Goals:
  • “These worthy people, whose lives have been every whit as useful as we would like to believe our own, are ill housed with younger folk who are irritated by them, and in turn annoy them..”
Geriatric Medicine in the US

• History
  – Facilities
  – Professional societies
  – Public policy
When was Medicare established?

A. 1933
B. 1946
C. 1950
D. 1964
E. 1972
Which professional society was established first?

A. AMDA

B. AGS

C. GSA

D. AAHCP

E. ASGPsyc
US Public Policy Changes

- Civil war 1861-65
  - Chronic hospitals: Walt Whitman
  - Military pensions
- Social Security Act – 1935
- Medicare and Medicaid – 1965
- Professional Societies
  - AGS 1942
  - GSA 1945
- First ‘Specialty Examination’ 1988
The National Institute on Aging

• Initial efforts
  – 1940 – Unit on Aging in the Division of Chemotherapy
  – 1941- Unit moves to Baltimore City Hosp(Nathan Shock)
    • Baltimore Longitudinal Study begun in 1958
  – 1959-Section on Aging, NIMH (James Birren)
  – 1974-National Institute on Aging(Robert Butler)
    • 1983 T Franklin Williams
    • 1993 Richard Hodes
Veterans Administration

• 1976 – first grants for Geriatric Research, Education, and Clinical Centers (GRECC)
• 1976 – first fellowships in Geriatric Medicine
  – Subsequently, fellowships in GeriPsychiatry
• 1980s Geriatric Evaluation and Management Units
• 1980s Home Based Primary Care teams
• 1980s Teaching Nursing Homes
Significant Foundation/Philanthropic Support

• John A Hartford Foundation
  – Career Development support
  – Centers of Excellence
  – Home care

• Donald W Reynolds Foundations

• Bureau of Health Professions
  – GACA, GIF, GEC programs
Home care visits

In what year was the first medical publication about house call practices for geriatric patients appear?

A. 1938
B. 1949
C. 1955
D. 1960
Home Care

• 1949. Martin Cherkasky. The Montefiore Hospital Home Care Program.
  – Similar in home care as today
  – Costs: $3/day compared with the inpatient daily charges of $15/day.
First Description of an Office-based Geriatric Assessment Program

Location:

A. Glasgow, Scotland
B. Baltimore MD
C. Boston MA
D. Philadelphia PA
E. Seattle WA
Fellowship Training in Geriatric Medicine

- 1966 – Leslie Liebow opens first fellowship at Long Island Jewish Hospital
  - 1967 – first ‘teaching nursing home’
- 1978 – NIA – first post doctoral fellowship awards
- 1982 – first Academic Awards for junior faculty
- 1988 – first examination for a Certificate of Added Qualifications
  - Jointly offered by ABIM and AAFP
Challenges/Controversies

• Recruitment
• Reimbursement
  – Team care
• Clinical niche
  – Academic vitality
• Length of training
Geriatric Medicine at the U of Pa

- 1981 – Jerry Johnson – RWJF Scholar
  - Opens a Geriatric Assessment Unit at VAMC
    - Andrea Millman, Jack Coffey
    - Academic Program within Section of General Medicine
- 1982 – Mary Ann Forciea – NIA Academic Award (Wistar Institute)
  - Joins VA group
- 1983 – open HUP service
  - EB Foerderer Geriatric Assessment Program
    - Gary Gottlieb, Eileen Sullivan, Annette Harmon
Local History - 2

• Initial programs at both hospitals –
  – Outpatient assessment and primary care
  – Unusual at that time

• Second stage – inpatient consult services at both hospitals
  – Shortly led to inpatient primary care services

• GEM (inpatient Geriatric Evaluation and Management unit) - VAMC
Local History - teaching

• 1984 – first fellows
  – VA – Patricia Baccash, Raymond Cogen
  – HUP – RWJF Scholars
    • Marian Alessandroni, Risa Lavizzo-Mourey, Gary Gottlieb
Local History - Research

• Vincent Cristofalo PhD
  – Professor at the Wistar Institute
    • Cell Biology of Aging

• Founding Director of the Institute on Aging, University of Pa
  – Cross ‘Schools’ Center
  – Triple Mission: foster
    • Research, Clinical Care, Teaching
IOA

• First grant: Teaching Nursing Home Award
  – Initial round – NIA funded
  – Cooperative with MCP
  – Second round – MCP leader Ira Katz, MD

• By third round, transformed to Geriatric Education Centers
  – Schools of Medicine and Nursing
    • Mathy Mezey, Neville Strumpf, Lois Evans
  – 6 rounds of consecutive funding
    • Hiatus of federal funding
1990s

- Clinical Division Growing
  - Faculty recruitment from fellows
    - Jerry Johnson (RWJ), Mary Ann Forciea (NIA), Edna Schwab, Bruce Kinosian (Kaiser), Bob Pignolo, Nalaka Gooneratne, Amy Corcoran, Rachel Miller
  - Faculty recruitment from outside
    - Charles Spencer, Jason Karlawish, John Bruza, David Cassaret, Joshua Uy, Lynsey Brandt
  - Faculty recruitment from neighborhood
    - Lesley Carson, Joan Weinryb, Sefi Knoble, Bill Kavesh, Phil Taylor, Deborah Wei
    - NPs:
      - Kathy Witta, Jean Yudin, Bill Edwards, Johanne Louis, Stephanie Johnson
  - Social work
    - Jeanette Gallagher,
  - Research faculty: Ravi Jayadevappa, Gala True
Divisional Growth

• Too large for General Internal Medicine
  – John Eisenberg, Division Chief

• Divisional Status
  – Larry Beck – first Section Chief
  – Truman(Nipper) Schnabel
  – Risa Lavizzo-Mourey
  – Jerry Johnson
Clinical Programmatic Growth

• First NH relationship
  – VA CLC
  – Elmira Jeffries NH
    • 5 years
    • Bill Edwards – NP at Elmira
  – Penn Center (‘New Ralston’)
  – Trial period of faculty expansion into NH Care
    • 58th Street, Broomall, Park Pleasant
  – Continuing Care Retirement Communities
    • Pennswood Village, Presbyterian Inspired Life
Inpatient Care

- VA, HUP services – ‘private patients’
- UPHS acquires Presbyterian Medical Center
  - ACE unit
    - 36-bed acute medical/surgical floor
    - Resident rotation
    - Close ties to 20-bed SNF unit
    - Bill Kavesh the initial Medical Director
    - John Bruza, current Med Director
Home Care

• VA – Home Based Primary Care
  – Bruce Kinosian, initial Med Director

• Truman Schnabel In-Home Primary Care Program
  – Jean Yudin, Executive Director
  – Medical Directors: Genie Siegler, Grace Cordts, MAF
Day Hospital

- School of Nursing – Comprehensive Outpatient Rehabilitation Program (CARE)
  - Lois Evans, Joanna Yerkow, Mary Ann Forciea
- Funding discontinued in Washington
- Transformed into the LIFE program
  - Bruce Kinosian, initial Medical Director
  - Jean Yudin, Jeanette Gallagher, initial LIFE at home
  - Charles Spencer, LIFE faculty
Lessons Learned

• Start in area of strongest administrative support
  – Inpatient services, Outpatient services, Home Care, Nursing Home practices, Palliative Care
• Add programs with faculty
• Negotiate for administrative and research time for faculty
• Ensure collaboration with Nursing, Rehab, sympathetic consultants
Lessons learned - 2

- Diversify clinical practices
- Make sure that revenue counted broadly
  - All income generated for system
    - Admits, referrals, testing
  - Watch for shared overhead problems with grants – clarify before submission
- Keep good fellows!
Conclusion

• Assessment is critical to effective care
• Geriatrics professionals must
  – Master their own discipline
  – Collaborate with colleagues
  – Be committed to teaching
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Jeopardy – wide world

• 10 – In what country did the clinical development of Geriatric Medicine occur? - GREAT BRITIAN
• 20 - She published criteria for geriatric assessment of elderly chronically ill patients - M Warren
• 30 – This country has the world’s longest mean lifespan - Japan
• 40 - This country does not have a national system of health care for the elderly - US
• 50 - Alois Alzheimer practiced in this country - Austria
Jeopardy - USA

• 10 – This federal program supports care for the acutely ill elderly - **Medicare**
• 20 – The 3 disciplines most commonly included in Geriatric Assessment - **Medicine, Nursing, SW**
• 30 - Trainees from these Medical disciplines may sit for the Board Examination in Geriatric Medicine - **Int Med, Family Med**
• 40 - This site of care for older patients has the longest history in the US - **Nursing Homes**
• 50 - The first Director of the NIA - **Robert Butler**
Jeopardy - Local

• 10-This health system sponsored the initial Geriatric Medicine program at the U of PA - VA
• 20- The number of residents trained yearly on the ACE unit at Penn Presbyterian -78
• 30 Name five of the Disciplines(or Schools) participating in Geriatric Assessment in the past 25 years – Med, Psych, Rheum, Neurology, Podiatry, SW, Nursing, Oral Med
• 40-The location of the furthest geographical practice site of a former fellow of our Division New Zealand
• 50 The name(or acronym) of the first inpatient Geriatric Unit in our Division - GEM
Final Jeopardy

• This US city is the site of the most influential longitudinal study of aging-Baltimore