

Health Care and Policy: Center Stage for Geriatric Research

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Medical research and clinical science are continuously developing highly technical and specialized solutions to treat and cure disease. We in the fields of geriatrics and gerontology, however, realize the tremendous challenge of trying to turn the medical machine's attention to the care of people with multiple conditions that are long-standing and frequently associated with physical and cognitive functional decline. We struggle to treat older adults with chronic conditions requiring longitudinal care that spans multiple sectors (medical and social), in a system designed for conditions that can be resolved in a 20-day episode centered on hospitals. This failure of fit comes with a high burden to patients, their families and the healthcare providers and organizations who are trying to meet the needs of older adults in a system not designed for them.

While consideration of how healthcare systems can enhance or impede the delivery of best care is not new, geriatrics and gerontology have provided a clarion call for attention to function and goal-concordant care in the environments where older adults live. Four evolutionary pressures have created an alignment between what geriatrics has always stood for and what healthcare systems and policy initiatives are now trying to achieve. First, the science of understanding systems, quality measurement, quality improvement and social drivers of health has advanced and become mainstream. Second, growth of the older adult population is creating pressure for policy makers and health systems to address the specific needs of people with chronic illness and functional limitations in a cost-effective way. Third, in the last two decades, the purchasers of healthcare increasingly have shifted their focus toward value-based

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payment models and population management. Fourth, consumers increasingly expect person-centered care.

These four forces mean that we in the field of geriatrics have an opportunity to provide critical insights that are more likely to be heard today. There is a happy alignment between the push for better care for older adults and health reform activities targeting improving the value of the medical care we provide. For example, older adults typically prefer avoiding institutional stays, whether that be in a hospital or nursing home. As attention turns to providing goal-concordant care, we geriatricians and gerontologists have an opportunity to provide evidence favoring approaches that enhance the delivery of community-based long-term services and supports in lower cost environments. Similarly, reducing risk of iatrogenic injury through avoidance of aggressive treatment is central to our clinical teaching, because our patients often have low homeostatic reserve and cannot withstand error. The broader healthcare community can learn from our studies how to strike a balance of risk and benefit when margins are small. This process is facilitated by research that uses better measures of quality and outcomes to provide evidence of best practices and systems approaches for delivering consistent and reliable goal-directed care for older persons.

Geriatrics and gerontology bring a viewpoint that incorporates care beyond the walls of hospitals and clinics and embraces the home, neighborhood, long-term care facilities and community-based organizations on which older adults rely to support their medical, functional and social needs. This viewpoint is gradually being adopted in other specialties where traditional education, training and research have too often been limited to considering only the clinic or hospital setting. Our broader view that the best outcomes for older adults will be achieved through integration and collaboration across sectors is now a message that finds a receptive audience with C-suite leaders and policy makers.

To capitalize on this opportunity, the Journal of the American Geriatrics Society has committed to bringing attention to the critical voice of geriatricians and gerontologists by encouraging the publication of studies of and commentaries on healthcare quality, health system interventions, and policy. To that end, we (J.B and D.S.) have joined JAGS as Deputy Editors with the goal of soliciting and publishing the best health services and policy work that illuminates the unique challenges of our aging population so as to inform the actions of health system leaders and policy makers in the years to come.

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