

Geriatric

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salary survey by the American Geriatric Society using 2009 figures shows that geriatricians make about \$180,000 a year; only hospice and palliative care specialists earn less. At the other end of the earnings spectrum are gastroenterologists and urologists, who earn about \$465,000 and \$390,000, respectively. For young doctors graduating with student debt, this is a significant consideration.

Other, related, factors, according to Dr. Roger Renfrew, medical director for geriatric systems at MaineGeneral Health Care in Augusta, include low professional status and a certain lack of professional zeal associated with treating the elderly compared to other, more clinically exciting, disciplines, Renfrew said.

But the underlying culprit, he said, is an outdated medical payment model that rewards doctors and their practices for seeing as many patients as possible each day and for ordering diagnostic procedures, treatments and medicines. By contrast, the “slow-med-

icine” approach that benefits many seniors just doesn’t bring in as much money.

“These are complex patients,” Renfrew said. “It takes time to care for them, and the payment system doesn’t recognize that.”

Many elders suffer from chronic disorders such as heart disease, lung disease and diabetes. But they also typically require fewer and less aggressive medical interventions and more attention to normal, age-related changes in skin condition, bowel and bladder function, balance, joint discomfort, mobility and emotional and mental processes. These conditions are often more effectively managed with education and changes in daily routines than with medications or other quick fixes. Doctors and other providers often find it necessary to meet with family members and other caregivers as well as with the patients themselves to ensure consistent care.

Given the way things are, Renfrew, who practiced geriatric medicine for many years in Skowhegan before “retiring” to his new position at MaineGeneral, is working with primary care practices in the Augusta area to improve the way

they manage their older adult patients, even when they don’t have a certified geriatrician on staff.

“Most primary care practices, especially in rural areas, have a significant number of geriatric patients,” he said. “Primary care providers are doing a pretty good job now, and with a bit more support, they can do an excellent job.”

At MaineGeneral practices, that means taking a more structured, “team” approach to caring for older adult patients, such as beefing up office staff with medical assistants, nurses and other skilled employees who can screen for changes in cognition, mobility, family support and other factors with each visit. By the time the patient gets to the physician, important changes have been identified and flagged for further discussion.

“Everyone wants to do this job well,” Renfrew said. “Our goal is to think about how we organize the care of these patients in our system and build in the support the primary care provider needs to do this work successfully.”

Training the next generation of providers

The University of New England, with campuses in Biddeford and Portland, is home to Maine’s only medical school. The UNE College of Osteopathic Medicine graduates about 120 students from its four-year program each year. Although doctors don’t choose a medical specialty until after they graduate, most UNECOM graduates — about 60 percent — go on to practice in primary care settings, including family medicine, internal medicine and pediatrics. UNECOM grads comprise about 15 percent of Maine’s primary care physician workforce.

“We ensure a great deal of exposure to geriatrics in the classroom and through clinical experiences,” said professor Kathryn Brandt, D.O., chair of primary care and interim chair of geriatrics for the medical school. “Especially in rural areas, where we practice across the age spectrum, it is really important that any doctor know these things.”

But the school has made a name for itself by incorporating geriatrics across the curriculum, not only for medical students but in other health disciplines as well. Students in occupational and physical therapy, nursing, dentistry, social

work and other disciplines all study principles of geriatrics and aging, she said, and those who are interested find opportunities to learn more through experiential partnerships in the larger community.

For second-year medical student Scott Morin, 26, it was participating in the school’s Elder Buddies program during his first two years that got him thinking seriously about a career devoted to geriatric practice. He got paired up with a 90-year-old man who lives in a nearby assisted living facility, and who speaks only French. Visiting his buddy has allowed Morin to brush up on his own French and given him a glimpse into life at 90, while challenging some of his assumptions about the aging process and care at the end of life.

Geriatricians don’t make as much money as their counterparts in other specialties, Morin said, but he read recently that they rank near the top in job satisfaction, and that’s perhaps more important to him.

“I’m a second-year medical student and there’s a lot I don’t know yet,” Morin said, “But geriatrics feels like where my path is taking me, and it’s a feeling that’s becoming stronger by the day.”

Taxes


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“About two-thirds of the clients we see each year are repeat customers, and that’s great because we have their tax information on file,” Jung said.

For people whose circumstances have not changed significantly, he said, the average consultation can last between 15 minutes and an hour, depending on the complexity of their finances. New clients or those who have experienced life changes such as marriage, divorce or the death of a spouse can take longer, but bringing all the necessary documents makes the time shorter.

Last year, Tax-Aide volunteers helped more than 24,000 Mainers file their tax returns. The program runs out of more than 70 sites in Maine, with at least one site in each county. Sites are located in libraries, community centers, senior centers and churches. Clients do not need to be a member of AARP or a retiree to use this service.

To find a location near you, visit www.aarp.org/freetaxhelp or call 888-227-7669 or 211 and ask for the AARP Foundation Tax-Aide site nearest your home.



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