Population Aging

- Fastest growing segment of the population are elders over age 85.
- Life expectancy is increasing.
- Over 60% of a urologists outpatient practice is devoted to caring for those > 65.
- Over 50% of urological surgery patients are > 65.
Aged Population as a Share of Total U.S. Population Continues to Grow

Percent of total population

Population aged 65 and over

1950  1975  2000  2025  2050  2075

Note: Projections based on intermediate assumptions of the 2002 Trustees Report.
Source: The 2002 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Disability Insurance Trust
An Aging America

Number of people age 65 and over, by age group, selected years 1900-2000 and projected 2010-2050

Note: Data for 2010-2050 are projections of the population.
Reference population: These data refer to the resident population.
Source: U.S. Census Bureau, Decennial Census and Projections.
Life Expectancy

Life Expectancy - United States

- United States Average Life Expectancy
- United States Male Life Expectancy
- United States Female Life Expectancy

www.data360.org
Scope of the Problem

Figure 1. Percent distribution of hospital discharges, days of care, and the civilian population, by age: United States, 2005

Hospitalization Rates for Frail Elderly, 2007

## Cost to Care for Elderly Inpatients

<table>
<thead>
<tr>
<th>Characteristics of hospitalizations among non-elderly and elderly populations, 2003</th>
<th>Younger than 65 years</th>
<th>65 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of U.S. population*</td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td>Number of hospital stays (percent)</td>
<td>24,931,800 (65.3%)</td>
<td>13,232,900 (34.7%)</td>
</tr>
<tr>
<td>Mean length of stay, days</td>
<td>4.0</td>
<td>5.7</td>
</tr>
<tr>
<td>Mean charges</td>
<td>$17,000</td>
<td>$24,800</td>
</tr>
<tr>
<td>Mean charge per day</td>
<td>$4,250</td>
<td>$4,350</td>
</tr>
<tr>
<td>National bill (aggregate charges)</td>
<td>$424 billion (56.3%)</td>
<td>$329 billion (43.6%)</td>
</tr>
<tr>
<td>Percentage admitted through the emergency department</td>
<td>36.2%</td>
<td>57.4%</td>
</tr>
<tr>
<td>Percentage died in the hospital</td>
<td>0.9%</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

*U.S. Census Bureau, Population Division, Census 2003.
Complications of Acute Hospitalization

- Functional Decline
- Delirium
- Fall with Possible Fracture
- Nosocomial Infection
- Medication
- Surgical Complication
“One might refer to urologists as the ‘hidden providers’ of geriatric care, ultimately sought out by many geriatric patients.”

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ophthalmology</td>
<td>56%</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>54%</td>
</tr>
<tr>
<td><strong>Urology</strong></td>
<td>46%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>39%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>33%</td>
</tr>
<tr>
<td>Neurology</td>
<td>26%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>26%</td>
</tr>
<tr>
<td>ENT</td>
<td>25%</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>22%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>21%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>10%</td>
</tr>
</tbody>
</table>

Goals of Caring for an Elder Urologic Patient

- Treat based upon functional capacity and not date of birth
- Maintain functional independence
- Improve quality of life
- Minimize risk and adverse outcomes
Geriatrics Education for Specialty Residents Program (GSR) Grant

Funding Source (2008-2011):
- American Geriatrics Society
- John A Hartford Foundation

Purpose:
- Create infrastructure to treat elderly urologic patients, both inpatient and outpatient
- Improve care of the elderly urologic patient
- Incorporate a geriatric curriculum into urology residency program
Geriatrics Education for Specialty Residents Program (GSR) Grant

Goals:

- To create a bridge between urologists and geriatricians.
- Encourage urologists to feel comfortable and to enjoy caring for the elderly.
- Provide the tools necessary for urologists to diagnose and treat a urological problem in the broader context of an elder’s social, cognitive, and emotional life.
- Incorporate functional, cognitive and life expectancy assessment into treatment decisions.
- Understand the hazards of hospitalization.
Achieving Goals Thus Far...

- First Annual Geriatric Symposium, 2009
- Poster Presentation of Symposium Data at American Geriatrics Meeting, 2009
  - 42% improvement in Geriatrics concepts
- Incorporation of Grand Rounds in both Geriatrics and Urology
- Dedicated Quarterly Geriatric Urology Conference
- Geriatric Curriculum Component on Urology Blackboard
- Urology residents rotating with geriatricians at the VA
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 – 10:00 a.m.</td>
<td>Welcome and AGS Grant overview</td>
<td></td>
</tr>
<tr>
<td>10:00 – 10:30 a.m.</td>
<td>“Physiology of Aging”</td>
<td>Dean L. Kellogg, Jr., MD, PhD</td>
</tr>
<tr>
<td>10:30 – 10:45 a.m.</td>
<td>“Executive Function Impairment in Patients with Medical Illness”</td>
<td>Jason Schillerstrom, MD</td>
</tr>
<tr>
<td>10:45 – 11:15 a.m.</td>
<td>“Geriatric Incontinence”</td>
<td>Stephen Kraus, MD, FACS</td>
</tr>
<tr>
<td>11:15 – 11:45 a.m.</td>
<td>“GU Cancers in the Elderly: Overview &amp; Research Priorities”</td>
<td>Anand Karnad, MD</td>
</tr>
<tr>
<td>11:45 – 12:30 p.m.</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>12:30 – 1:00 p.m.</td>
<td>“Perioperative Anesthetic Risk in the Geriatric Patient.”</td>
<td>Susan Noorly, MD</td>
</tr>
<tr>
<td>1:00 – 1:30 p.m.</td>
<td>“Post-Operative Complications”</td>
<td>Elizabeth J. Glazier, MD, MPH</td>
</tr>
<tr>
<td>1:30 – 2:00 p.m.</td>
<td>“Hospice and Palliative Medicine”</td>
<td>Sandra Sanchez-Reilly, MD</td>
</tr>
<tr>
<td>2:15 – 2:45 p.m.</td>
<td>“Prostate Cancer Screening in the Elderly. Should it even be considered?”</td>
<td>Ian M. Thompson, MD</td>
</tr>
<tr>
<td>2:45 – 3:15 p.m.</td>
<td>“Issues in Treating the Elderly GU Cancer Patient”</td>
<td>Joseph Basler, PhD, MD</td>
</tr>
<tr>
<td>3:15 – 3:45 p.m.</td>
<td>Closing Remarks and Course Evaluation</td>
<td></td>
</tr>
</tbody>
</table>
2010 Symposium Agenda

7:00 – 7:30 a.m. Welcome and AGS overview
Joseph Basler, PhD, MD and Elizabeth J. Glazier, MD, MPH

7:30 – 8:30 a.m. "Physiology of Aging"
Dean L. Kellogg, Jr., MD, PhD

8:30 – 9:00 a.m. "BPH Medical Management"
Stephen Kraus, MD

9:00 – 9:30 a.m. "Surgically treating obstructing BPH with the KTP Green light Laser"
Craig Robson, MD – PGY 5 Urology Resident

9:45 – 11:00 a.m. "Geriatrics and Sexuality in 2010; Does it exist?"
LeRoy Jones, MD

11:00 – 11:30 a.m. Working Lunch

11:30 – 1:00 p.m. "Socioeconomic Panel: Current Issues in Medicare Reform"
G. Richard Holt, MD, Jody Rogers, PhD and Arthur Centeno, MD

1:15 – 2:30 p.m. Prostate Cancer Management by Stage
Isam Abdel-Karim, MD and Joseph Basler, PhD, MD

2:30 – 4:00 p.m. System Issues in the Elderly Patient
Elizabeth J. Glazier, MD, Sandra Sanchez-Reilly, MD and Joseph Basler, MD

4:00 – 5:00 p.m. Closing Remarks and Course Evaluation
Joseph Basler, PhD, MD
Goals of Symposium

- Improve understanding of the Geriatric physiology and circumstances around illness and lack of wellness in this group.
- Improve the wellness, treatment and patient-centered outcomes of the elderly.
- Understand the issues related to the new health care reform legislation.
- Develop ideas to help improve the systems of care for the elderly patient.