



Gathering the Right Medical Team

Let's turn our attention to another way to be proactive when focusing on your healthcare: whom you select for your medical team.

There are two major categories to understand when building your ideal medical team.

- ▶ Look into the options provided **inside the Insurance System**.
These include Board-Certified Geriatricians and other Geriatric Specialists.
- ▶ Explore the world of options **outside the Insurance System**.
We refer to this as Private Pay, and it includes options that are focused on preventative care and wellness science.

When you look at the healthcare professionals you have on your team, you likely have a primary care physician or provider who is the quarterback of your medical team, supported

by various specialists you may see for specific issues. The primary care physician is likely trained and board-certified for the adult population.

For children under 18, however, there is the pediatrician, because the physiology of children is different. Medicine and interventions appropriate for adults may often be harmful for children. A pediatrician, because of his or her education, is better suited to handle these nuances, and we do not hesitate to seek out a pediatrician for our children.

So even though we know that the physiology of adults over age 65 is different than the rest of the population, why do we make little attempt to try and seek out the specialist who may better understand these nuances?

There is an area of practice of specialists trained to better care for those people over 65—and it is called **Geriatrics**.

Chances are you already have a doctor with whom you have spent a considerable amount of time. They know you and your health history and you're comfortable with them. So why should you consider changing your doctor?

Consider these statistics for retirees who have switched to a Geriatrician as their primary physician:

- *56% fewer incidents of depression*
- *40% lower use of home health services*
- *33% less likelihood of becoming disabled*

These statistics reinforce the idea that as you age, you should seek the care of a Geriatrician as opposed to a traditional physician. As you age, there are many changes in your own body that you need to be aware of, and Geriatricians are knowledgeable about these changes. Geriatrics specialists are available to you

after you turn age sixty-five. These physicians are covered by your insurance policy, so you will not need to spend any additional money seeking out their skill set.

Make it your business to seek out professionals who are better suited to help you with preventative and management of care needs.

Are you still unsure if you need a Geriatric Specialist?

The American Geriatrics Society (AGS) established the Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults as guidelines for healthcare professionals to help improve the safety of prescribing medications.

Each year, the AGS publishes a list of medications that should not be given to seniors on a routine basis, unless absolutely necessary. It is called the Beers Drug List¹. The drugs are classified into categories based on what they treat, such as blood pressure, pain, depression and insomnia. If these medications are prescribed to seniors, they should be under the strict supervision of a physician, such as a Geriatrician or an internist with a specialty in

Geriatrics. And yet, each year, doctors who are unaware of the adverse effects on geriatric-age patients routinely prescribe these medications without any supervision.

A study from Brown University's Warren Alpert Medical School found that physicians prescribed drugs time and time again to older patients who were specifically advised not to take these drugs due to severe side effects, such as dizziness and falls, or the tendency of the drugs to stay in their systems far longer than prescribed.²

The study, which looked at six million men and women enrolled in Medicare Advantage plans, found that one out of five seniors were prescribed medications from drugs listed as high-risk for this age group³.

That's 1 in 5...

And that's another good reason to find a Geriatrics Specialist.

- 1 American Geriatrics Society. (2018). American Geriatrics Society 2015 updated Beers Criteria® for potentially inappropriate medication use in older adults. Retrieved from <https://www.guidelinecentral.com/summaries/american-geriatrics-society-2015-updated-beers-criteria-for-potentially-inappropriate-medication-use-in-older-adults/#section-420>
- 2 Orenstein, D. (2013). <p>21% of U.S. elderly take high-risk medicines</p>. News from Brown, 401:863-1862. Retrieved from <https://news.brown.edu/articles/2013/04/risk>
- 3 Johns Hopkins Medicine. (n.d.). Specialists in aging: Do you need a Geriatrician? Retrieved from https://www.hopkinsmedicine.org/health/healthy_aging/healthy_connections/specialists-in-aging-do-you-need-a-geriatrician