



A long-time resident of Syracuse and graduate of Upstate Medical University, Sharon A. Brangman MD first focused on geriatrics while she was a resident at Montefiore Medical Center in the Bronx. She realized these patients had rich experiences to share — and a universal desire not to become a burden. After a geriatrics fellowship at Montefiore, Brangman joined the Upstate faculty and University Geriatricians in 1989. She is also widely recognized as director of the CNY Alzheimer's Disease Assistance Center, which serves 13 counties.

Upstate's Sharon A. Brangman MD Leading the Nation's Geriatricians

At a sobering intersection in health-care history, Upstate's Professor and Chief of Geriatrics Sharon A. Brangman MD is stepping into a very challenging national role. This spring — as the nation's geriatric population surges to its highest point in history — Brangman takes over as president of the American Geriatrics Society (AGS).

When she pauses to think about the enormity of the phenomenon that's being called 'a silver tsunami,' Dr. Brangman shuts her eyes and shakes her head. "This country is not ready for this challenge," she concludes. "As a culture, we are so afraid of getting older that we are in denial. It's so overwhelming, we don't want to think about it."

In the United States, life expectancy is now 78 years — an all-time high. Its death rate, meanwhile, has

dropped to an all-time low, at 760 deaths per 100,000 people. Just 50 years ago, Americans were dying at almost twice that rate.

Collision of Realities

One might assume that a longer life expectancy and lower death rate would be cause for celebration. Not when the new numbers collide with trends such as soaring health costs, a lack-luster economy, a care-giving crisis and — especially distressing to Brangman and the AGS — an extreme shortage of geriatricians.

"The silver tsunami is especially acute in Central New York, where the elderly population is dense," Dr. Brangman notes. "The explanation is simple. The younger people leave to look for jobs. The older people stay and need increasingly more specialized care."

By the Numbers

70 million:	projected elderly population in the year 2030, when the last Baby Boomers turn 65	7,345:	number of board-certified geriatricians in 2009
50 percent:	increase in total elderly population since 2000	15,766:	number of geriatricians needed to meet current demand
-5.4 percent:	decrease in number of board-certified geriatricians since 2000	167:	number of residents who entered geriatric medicine fellowship programs in 2003
		91:	number of residents who entered geriatric medicine fellowship programs in 2007

The good news, for Central New York and for the nation, is that Brangman and the AGS have a straightforward strategy for addressing this crisis.

Across the Board

“Medical schools and hospitals – the places where physicians train – must make medical students and residents more aware of basic geriatric principles,” Dr. Brangman says. “At Upstate, we have some geriatric exposure in each year of medical school, but still not enough. Every resident – surgical, orthopedic, psychiatric, every specialty except pediatrics – also needs an understanding of the elderly and their unique medical needs.”

Unique Skill Set

Geriatrics has been a board-certified medical specialty for more than 20 years. “In 1988, I took the first exam given to be board-certified in geriatrics,” Dr. Brangman reports.

“Geriatric medicine looks at the entire patient – and the patient’s environment – rather than at one disease or organ,” she explains. “Geriatrics is very time-intensive and labor-intensive. A primary-care physician generally has seven to ten minutes to evaluate a patient.

“At University Geriatricians, we take about an hour to do a thorough, patient- and family-based assessment on a new patient. It takes a long time to do an evaluation of an older patient – and then to coordinate their care in the community.

“Not every older patient requires the care of a geriatrician,” Dr. Brangman adds. “But an estimated

30 percent of Americans over the age of 65 need this caliber of care, in order to properly manage their chronic and complex conditions.

“Our health-care system today is helping patients live longer but ignoring the implications – the complex care and multiple services they require,” Dr. Brangman concludes. “Our health care system doesn’t adequately support or reimburse for the time-consuming care that older people need. But one of the many benefits of comprehensive geriatric care is that it actually saves money, by keeping elderly patients out of the hospital, or by reducing their length of stay in the hospital when geriatric principles are applied in the hospital setting.”

Moving Target

“The AGS has always been focused on the medical needs of older adults,” notes Dr. Brangman, who moves from the organization’s president-elect to president this spring. “But the AGS also has to address the issues affecting geriatricians, because we may soon be extinct.

“Geriatrics is one of the lowest reimbursed specialties in medicine, so we tend to attract fewer graduates,” she reports. “That’s unfortunate, because recent surveys have shown that geriatricians have the highest level of job satisfaction among all physicians.”

Will health-care reform improve the appeal of geriatric practice? “At this stage,” says Dr. Brangman, “there are proposals to improve reimbursement for cognitive specialties such as geriatrics. But the pie isn’t getting any bigger. It’s just getting sliced differently.” ■