Programs Are Major Source of Pride

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The demographics of aging are now familiar to most of us. There are 900,000 adults aged 65 and older living in the State of Indiana. In another 30 years, this number will nearly double. Although older adults comprise about 12% of our state population, they account for nearly 40% of all health care expenditures. Internal Medicine physicians will spend about 50% of their professional time in the care of older adults.

In the mid-1990s, the leadership at Indiana University recognized the implications of this aging imperative. Led by faculty in the Department of Medicine, the university initiated a new Geriatrics Program in the Division of General Medicine, now known as the Division of General Medicine and Geriatrics and headed by William M. Tierney, M.D. This program, now in its fifth year, has produced a dramatic expansion in our efforts to improve the quality of health care for older adults.

Through collaborative funding from the University, the Health Schools, Wishard Health Systems, the Regenstrief Institute for Health Care, local philanthropy, and extramural grants, the Department of Medicine is now home to a nationally recognized and innovative program in Geriatric Medicine. The program has developed state-of-the-art clinical venues on campus, integrated a network of skilled nursing facilities and home health care initiatives with our campus-based programs, and built a sizeable cadre of interdisciplinary specialists in geriatric care. These clinical venues and faculty are being used to provide a greater and more structured education in Geriatrics for our students, residents, fellows, and faculty.

Furthermore, the entire program is closely dovetailed with the health services research activities in the Center for Aging Research. This Center was started with the assistance of the Indiana University Strategic Directions Initiative and major support from the Regenstrief Institute for Health Care. Additional philanthropic support established three endowed chairs—the Cornelius and Yvonne Pettinga Chair in Aging Research, the Mary Elizabeth Mitchell Chair in Geriatrics, and the Richard M. Fairbanks Chair in Aging Research.

The development of these twin programs is a major source of pride for our Department, School, University and State. I look forward to the continued leadership of the Geriatrics Program and Center for Aging Research as they help us all to provide higher quality care to older adults.

It is mandatory for us to advance knowledge about aging through research, and translate those findings into better care of aging patients in our educational activities.
Readers of the Indianapolis Star had the opportunity to meet Indiana University geriatrician Dr. Robin Beck when an edition of the newspaper focused on the House Calls for Seniors program. The paper shadowed Beck last winter as she called on her patient and his wife in their city home.

The main goal of the House Calls program is to reach the homebound who otherwise would not receive needed medical care. A team consisting of a geriatrician, a geriatric nurse practitioner, and a social worker all make home visits and spend time together each week reviewing their patients.

Operated by Wishard Health Services and IU Medical Group, the program is limited to elderly patients who live near Wishard. House Calls tries to keep seniors living in their homes as independently as possible. The need for home care in Indiana cannot be disputed—about 250,000 Hoosiers over age 65 have difficulty with activities of daily living such as bathing, getting dressed and walking.

Beck, the director of House Calls, returned to the Indiana University School of Medicine as a geriatrician in the fall of 1999 with the goal of starting the service for seniors. She completed an Internal Medicine Residency at IU, followed by a Geriatrics Fellowship at the University of Wisconsin. Beck is board certified in Internal Medicine and Geriatrics.

In addition to performing clinical duties for House Calls, Beck spends a portion of her time supervising and teaching geriatric fellows, housestaff, and medical students about key areas of senior care such as osteoporosis, dementia, and drug prescribing. As a member of the IU Geriatrics core faculty, she provides inpatient care in Wishard’s Acute Care for Elders (ACE) Unit and outpatient care at the Geriatric Health Centers and the IU Center for Senior Health.
While researchers await the final patient outcomes, clinical geriatrics providers hope the IMPACT project will make a difference in the lives of seniors who are patients in Wishard’s Adult Medicine Clinical Practice.

IMPACT—Improving Care for Late Life Depression—tests the cost effectiveness of a multifaceted disease management program to improve the care of older adults with major depression or dysthymia. The project will determine if a primary care-based collaborative program will improve patient outcomes such as depressive symptoms, health related quality of life, quality of care for depression, and satisfaction with depression care when compared to care as usual.

Funded by the John A. Hartford Foundation and the California HealthCare Foundation, the clinical trial is conducted in 7 primary care systems around the country. Christopher M. Callahan, M.D., is the principal investigator for the Indiana site.

After a patient’s recruitment into the study, the depression clinical specialist (DCS) conducts an initial assessment and provides patient education, activation, follow-up and case management. The DCS supports antidepressant medication therapy treatment by primary care providers and is trained to deliver a form of Problem Solving Therapy in primary care.

The collaborative team consists of a geriatric psychiatrist, a geriatrician, and the DCS who coordinates all care for depression with the patient’s primary care physician. The team uses clinical judgment to ensure that patients enter a stepped care algorithm at the correct step and that each patient has a treatment plan that is best suited for his or her clinical circumstances and treatment preferences.

“While there is ample evidence that depression in late life can be successfully treated,” notes Callahan, “few older adults receive an adequate dose and duration of treatment in the primary care setting. With IMPACT we have the expectation that our collaborative team will achieve guideline-level care.”

Hendrie Joins Center for Aging Research

The IU Center for Aging Research is pleased to announce the appointment of Hugh C. Hendrie, M.B., Ch.B., as Center Scientist. He joins the Center after seven months as its visiting professor.

Hendrie is professor of psychiatry and co-director of the Center for Alzheimer’s Disease and Related Neuropsychiatric Disorders at IUPUI. He led the Department of Psychiatry as chairman from 1975-2000.

The Center for Aging Research is located at the Regenstrief Institute for Health Care where Hendrie is also a Research Scientist.

IU Center for Aging Research Core Faculty

Christopher Callahan, M.D., Director
Neil Oldridge, Ph.D., Associate Director
Dan Clark, Ph.D., Director of Behavioral Sciences Research
Steven Counsell, M.D., Director of Clinical Programs
Siu Hui, Ph.D., Director of Biostatistics
Amna Buttar, M.D., Center Scientist
Teresa Damush, Ph.D., Center Scientist
Hugh Hendrie, M.B., Ch.B., Center Scientist
Faryle N othwehr, Ph.D., Center Scientist
W anzhu Tu, Ph.D., Center Scientist
Michael Weiner, M.D., M.P.H., Center Scientist
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Learn the Latest in Clinical and Research Findings

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Geriatric faculty & guest speakers
First & third Wednesday
Presentations by Residents
Fourth Wednesday
7:30-8:30 am

Literature Review
Abstracts reviewed by Clinical & research faculty
Second Wednesday
7:30-8:30 am

Located in T2008 A&B Wishard Hospital
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Third Monday
12-1 pm

Fellows’ Core Lecture Series
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First, second, fourth Monday
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Located in West Outpatient Bldg—M200 Wishard Hospital
Call 630-6145 for information

IU GERIATRICS

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IU Geriatrics welcomes your comments and ideas for articles.
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