

# Geriatric care: An urgent need



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### Abstract

Geriatric care is now more crucial than ever. Geriatric care focuses on the psychological, social, and medical facets of aging with the objective of enhancing the 'life quality of older individuals. It strengthens the multidisciplinary approach and provides preventive, diagnostic, therapeutic, and rehabilitative services to the older individuals. Geriatric care includes chronic condition coordination among a number of providers and addressing the determinants of social health. Age-related diseases like dementia, CVS disorders, etc. require state-of-the-art care and resources, including the support of family members, and skilled geriatric medical staff.

**Keywords:** Geriatric, Old, Care

### 1. Introduction

Gerontology is the study of aging, which includes biological, social, and psychological changes. It is a challenging field to define. "Old" is more accurate than "new," but it's still advisable. Although there is no set age to define older age, > age 65 is often used because this is the age that determines eligibility for Medicare insurance in the United States. However, some people with medical conditions require geriatrics expertise at a younger age. For example, the Program of All-Inclusive Care for the Elderly (PACE) sets the age for eligibility beginning at 55 for people who meet the need for nursing home level of care. The percentage of the US population that was  $\geq 65$  increased from 5% in 1920 to almost 17% in 2020. That percentage is projected to increase further (1). The older generation has become the fastest growing segment of the population. The global share of the elderly (>60 years) has increased from 9.2% in 1990 to 11.7% in 2013 and is projected to reach 21.1% by 2050. India is yet to catch up with this global trend. According to a 2011 United Nations Development Program report, from 2002 to 2006, only four states (Kerala, Karnataka, Maharashtra, and Tamil Nadu) had life expectancy above 65 years at birth (2). From 313/1000 elderly in rural areas to 297/1000 elderly in urban areas, the reliance on the elderly has grown. Seventy-five percent of elderly people have kids or grandchildren (3). Over 70-year-olds make up 50% of the population with several chronic conditions requiring lifelong medication (4).

#### 1.1. Geriatric human health services (HHS)

Quarterly the strategic plan modifies the goal and mission of the US Department of Health and Human Services (The HHS Plan for 2022–2026). It is composed of the following five goals (5):

- To increase and preserve availability of high-quality, reasonably valuable medical treatment.
- Maintaining and enhancing health outcomes and conditions at the national and international levels.
- Enhance economic resilience, egalitarianism, and social welfare.
- To quicken development by fostering trust in science and research
- Enhance management systems to achieve reliability, transparency, and accountability.

The Centers for Medicare and Medicaid Services (CMS) then develops its revised strategy based on the HHS Strategic Plan and establishes its strategic optimization for the next 5 to 10 years. The 2022 CMS Strategic Plan has the following pillars (6):

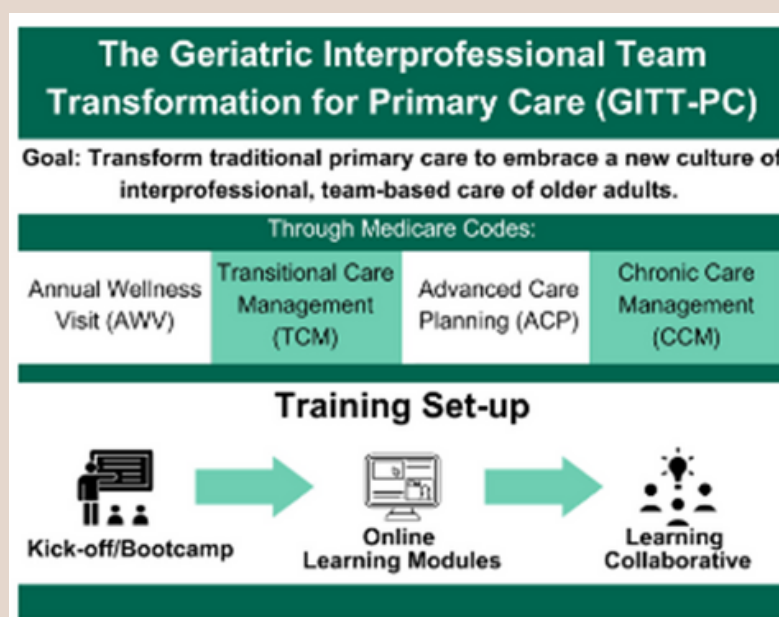
- Incremental equity
- Expand access
- Connect with partners
- Stimulate innovation
- Protect systems
- Promote excellence

The older adults have multiple chronic, cognitive, social, or functional problems, have high health care needs, and also tend to underutilize many health care resources. People who are aged ≥ 65 years have the highest average hospital stay, 2.5, compared to those aged 45 to 64 years. Medicare has consistently increased its share of non-maternal and neonatal inpatient coverage by 25.1% for people ages 45 to 64 and by 97% for those age 65 and older (7). Age 65 and over is the highest use per capita of the body.

### 1.2. Acute geriatric care

An interdisciplinary team led by a geriatrician provides "Initial Rehabilitative Geriatric Complex Care," ≥ 7 treatment days and 10 therapeutic sessions (OPS code 8-550.0). ≥ 14 treatment days and 20 therapeutic sessions (OPS code 8-550.1) AGC model for clinical settings in which is severely, or ≥ 21 treatments for 30 days and treatment sessions (OPS code 8-550.2). An average therapy session lasts thirty minutes. A multifaceted treatment plan that is based on patient-centered goals and based on a comprehensive geriatric assessment and specific needs, including at least two of the following treatments for the patients as recognized by it, viz., neuropsychology, speech/oral, pathway therapy, or both. Each week, an interdisciplinary team conference is held with all medical specialists involved in the treatment process to assess past treatment outcomes and discuss future goals and actions (11).

Supplementary offers a systematic description of the early rehabilitative geriatric complex treatment using the Template for Intervention Description and Replication (TIDieR) checklist as well as a structured description of complex geriatric interventions in early rehabilitation using the Intervention Description and Replication Template (TIDieR) checklist (12).



**Figure 1. The geriatric inter-professional team transformation for primary care (13)**

## 2. Discussion

Meeting the evolving and increasing requirements of the aging population is typically referred to as the "geriatric care need of the hour." As life expectancy of the people is on the rise, there is an increasing need for special care for the old. This need consists of various essential components.

- 2.1. Prevention:** Health & quality of life giving require preventive measures on prior basis.
- 2.2. Supportive services:** Number of supportive services include i.e. adult day programs, home care, respite care and also available to help old age people stay safe in their homes or in public places.
- 2.3. Technology integration:** Using telemedicine, remote monitoring technologies, and assistive equipment, can improve treatment and good quality of life. Ensuring old age people receive the care and support they need to live healthy, dignified, and satisfying lives is the goal of attending to these requirements.
- 2.4. Advocacy and policy:** Developing the policies like support older adults, including affordable care, housing, and transportation, are critical for addressing the systemic needs (14,15).

## 3. Future consideration

- 3.1. Chronic disease management:** With the prevalence of chronic illnesses like diabetes, cardiac disorders, and neurological diseases, it entails better monitoring, preventative measures, and individualized treatment programs.
- 3.2. Mental wellness and cognitive support:** For critical mental health and cognitive decline in the future, cutting-edge drugs, enhanced screening, supportive environments may be used to treat conditions like anxiety, depression, and Alzheimer's disease.
- 3.3. Support systems:** A spectrum of long-term care models will be needed to manage varied needs of different conditions, ranging levels from assisted living and skilled nursing facilities to in-home care including community-based projects.
- 3.4. Age-friendly environments:** These environments support aging people. This comprises housing made to suit the requirements of the elderly and enhance their quality of life, accessible transportation, and communal areas.
- 3.5. Development of the healthcare workforce:** The healthcare personnel must be trained in geriatric care, multidisciplinary teamwork, and the management of complicated health conditions linked with aging in order to fulfil the demands of an aging population (14,15).

## 4. Conclusion

In summary, the increasing demand for geriatric care underscores the pressing need for targeted interventions and institutional changes to guarantee older individuals receive the all-encompassing compassionate care they are entitled to.

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