



- Medical care provided by a PACE physician familiar with the history, needs, and preferences of each participant
- Home health care and personal care
- All necessary prescription drugs
- Social services
- Medical specialists such as audiology, dentistry, optometry, podiatry, and speech therapy
- Respite care

When necessary, PACE participants are admitted to the hospital or nursing home. These services are provided under the auspices of the PACE program as part of the care package, and the program bears full financial risk. The benefits of care for older adults, particularly those of limited means, appear to be substantial.

### Geriatric Care

In caring for frail older adults with complex care needs, consultation with a geriatrician or geriatrics-focused team can often provide highly useful information. The geriatrician can assist in the assessment and management of the specific conditions or situations described earlier. He or she can help with difficult decisions regarding treatment options in the context of multiple comorbidities and limited life expectancy, and offer advice on appropriate level or setting of care for an older adult. Geriatricians complete a minimum of 1 year of fellowship after residency training in internal medicine or family practice. After training they are eligible for board certification and qualified to work in a number of different settings, including the hospital, long-term care, home care, and outpatient clinics. Comprehensive assessment by a geriatrician or geriatrics team includes components detailed previously, including evaluation of the patient's medical condition, function, and social support. Normally the consultant will work with an interdisciplinary team that may include a nurse case manager, physician's assistant, social worker, physical or occupation therapist, pharmacist, psychologist and others. The outcome of the geriatric assessment is a comprehensive plan for safely restoring the patient to optimal function with mutually agreeable and realistic goals of care.

In the setting of acute illness, geriatricians also provide important services. As described earlier, acute-care-for-elders units can improve patient care and prevent iatrogenic complications. Similarly, once patients are medically stable, transfer to a specialized geriatrics care unit, often termed a geriatric evaluation and management unit, may be possible, to provide a comprehensive medical assessment and plan for transition of care. Early consultation with a geriatrician and an interdisciplinary team in the acute care setting can help in the management of complex medical illness and with communication with patients and caregivers about post-hospitalization options. Subsequent to hospitalization, locating facilities or services that offer comprehensive care by a geriatrician and interdisciplinary team would be ideal, including a coordinated approach that uses specific strategies to manage transitions of care.

For a deeper discussion on this topic, please see Section IV, "Aging and Geriatric Medicine," in Goldman-Cecil Medicine, 25th Edition.

### SUGGESTED READINGS

- American Geriatrics Society 2012 Beers Criteria Update Expert Panel: American Geriatrics Society Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults, *J Amer Geriatr Soc* 2012. [http://www.americangeriatrics.org/files/documents/beers/2012BeersCriteria\\_JAGS.pdf](http://www.americangeriatrics.org/files/documents/beers/2012BeersCriteria_JAGS.pdf).
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