



This Holiday Season,  
we are thankful  
for all you do for older adults.

## INSIDE

- 2 AGS 360°
- 4 From Our President
- 6 Major Changes Coming to E/M Coding in 2021—Are You Ready?
- 8 ADGAP Announces New Medicine-Geriatrics Integrated Residency Fellowship Program
- 9 Invitation to 2021 AGS Annual Scientific Meeting
- AGS Congratulates New Trainee Chapters Formed in 2020
- 10 Why I'm an AGS Member
- 11 Avoiding COVID-19 Scams

Cover photo © Nancy Lundebjerg

## AGS COCARE: HELP® PROGRAMS NIMBLY ADAPT DURING THE COVID-19 PANDEMIC

At the University of Utah Hospital in Salt Lake City, Fridays have become a special day for patients in its AGS CoCare: HELP® program. Once a week, a member of the Utah Symphony who volunteers with the evidence-based delirium prevention program plays a cello concert that patients can watch on their iPads. The virtual performances are only one example of the ways in which the Utah program and its counterparts around the country have adapted to the trying circumstances of the COVID-19 pandemic.

### The AGS CoCare: HELP® Program Model

Formerly known as the Hospital Elder Life Program, the AGS CoCare: HELP® program is a well-studied, effective, and innovative model of hospital care designed by Dr. Sharon Inouye (photo) to prevent both delirium and functional decline. AGS CoCare: HELP® integrates the principles of geriatrics into standard nursing and medical care on any hospital unit and brings geriatrics expertise to bear on care decisions that impact not only patients enrolled in the program, but those throughout the institution.



The program provides an organized system to manage the markers of and prevent delirium, from maintaining physical and cognitive function to maximizing independence in the transition from hospital to home. This system includes training for interdisciplinary team members to understand the value and practical implementation of daily patient visits, therapeutic activities, early

continued on page 3

## AGS LAUNCHES NEW INITIATIVE ADDRESSING THE INTERSECTION OF STRUCTURAL RACISM AND AGEISM

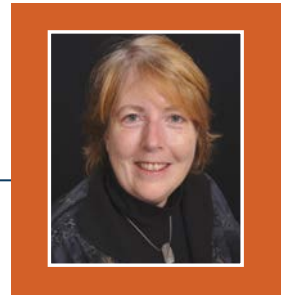
In November, the AGS publicly announced its plan for how the organization will begin to address the intersection of structural racism and ageism, after issuing an updated position statement on discrimination this past summer.

"Since we issued that statement, AGS leaders have spent the intervening time thinking about what that commitment means for a Society that is focused on addressing another big "ism"—ageism—in health care. We've also been in learning mode, working to understand our own implicit bias and gathering ideas for achieving lasting and meaningful change," said AGS CEO Nancy E. Lundebjerg, MPA.

The AGS has committed to three action steps to address racism in

continued on page 7

# AGS 360° WITH NANCY E. LUNDEBJERG, MPA



It's been over a decade since I agreed to serve as co-convenor of the Eldercare Workforce Alliance (EWA), where our first priorities were to get the geriatrics health professions re-authorized in the Affordable Care Act and eliminate the companionship exemption that made direct care workers ineligible for overtime pay. Ultimately, through our work with EWA, the AGS was successful on both fronts, with a large part of that success due to finding common ground with others and working together to achieve change.

In 2020, I've been reminded of what I learned from EWA colleagues during those early days: (1) think strategically; (2) look for common ground and potential allies; (3) speak with one voice; (4) work hard; and (5) play a long game. I think that last point is the most difficult to do in our COVID-19 advocacy, given the urgent need to act now. In AGS' letters to Congress and the Trump administration (12), policy statements (9), and issue briefs (2), our top points were always focused on those immediate priorities: increasing production of personal protective equipment (PPE) and testing supplies; including the direct care workforce in the definition of essential workers and ensuring that all frontline workers had access to paid leave; and investing in our public health workforce.

Sadly, our carefully worded statements seemingly fell on deaf ears. Frankly, it felt a bit like we were yodeling into the void and the echo we heard was the sound of other voices

doing the same. Despite this, we kept at it, recognizing that AGS is an organization that *always* advocates for policies that will support us all as we age. This is where we come to the long game. Even as we advocated for immediate needs, we also talked about longer-term needs—perhaps most importantly ensuring that there would be geriatrics, long-term care, public health, and palliative care expertise involved in planning for future disasters and pandemics.

As I write this column, the media has called the Presidential election for Biden, even as states continue to tally votes and the President's re-election team files legal challenges. With this context in mind, I want to highlight how our advocacy throughout the pandemic is reflected in President-Elect Biden's policy agenda, while noting where that agenda may need some further refinement.

On November 9th, President-Elect Biden announced a COVID-19 Task Force comprised of public health experts and scientists, and the Biden-Harris plan includes invoking the Defense Production Act, which will increase production of PPE and testing supplies. Most importantly, President-Elect Biden and Vice-President Elect Harris are talking *now* about the steps that all Americans need to take in order to protect ourselves, our neighbors, and those who care for us.

Even as I celebrate the adequate supply of PPE for AGS members, testing for everyone, and public health messages that are in our collective

interest, I know we will need to continue to advocate for programs and policies that are important for us all as we age. You see, the other lesson I've learned since the halcyon days of getting legislative language into the ACA is that one can never rest on one's laurels. And with that, I need to put in my own plug for a request that Annie Medina-Walpole makes in her column (page 4), asking each of our members to participate in shaping institutional, local, and state policy by volunteering your expertise. I join Annie in encouraging you to take a minute to reach out to your governor via the AGS Advocacy Center to let them know of your interest in helping states create and implement policies that support all of us as we age.

I am so very grateful to all our members for your dedication to the older adults that you serve. You've risen to the challenges of the COVID-19 pandemic, and it's been inspiring to see your support for each other. Looking ahead to 2021, we hope you will share your thoughts with us when we reach out to you for your input into how we can we can achieve our future vision of a world free of discrimination and bias. As you know from our member alert, our immediate focus will be on addressing the intersection of structural racism and ageism, but our vision is a just healthcare system that is free of discrimination and bias—one that supports us all as we age.

All my best for a peaceful holiday season, and here's to our continued work together on behalf of older adults. We've got this. ♦

Want to learn more? See the following articles from the *Journal of the American Geriatrics Society*:

- "Hard Work, Big Changes: American Geriatrics Society Efforts to Improve Payment for Geriatrics Care" (DOI: 10.1111/jgs.15593): <https://bit.ly/3ImveA1>
- "Putting Complex Older Persons First: How the Centers for Medicare and Medicaid Services 2019 Payment Proposal Fails Older Americans" (DOI: 10.1111/jgs.15651): <https://bit.ly/38ylz4p>

mobilization programs, protocols to optimize sleep, hearing, and vision, and opportunities for smoothing transitions between care settings.

Hospitals across the nation may benefit now more than ever from AGS CoCare: HELP®, with new cases of delirium manifesting in older COVID-19 patients and social isolation—the consequence of strict visitation policies—exacerbating symptoms in all hospitalized older adults. But it has been no easy feat for institutions currently operating the program to adjust and adapt their procedures in unprecedented ways during the pandemic.

### The Resilience of Three AGS CoCare: HELP® Programs during a Public Health Emergency

AGS News is proud to showcase the incredible adaptations that the California Pacific Medical Center (CPMC), the University of Pittsburgh Medical Center (UPMC), and the University of Utah have made to their programs as they continue providing resources for their patients and detecting new cases of delirium.

Despite new social distancing guidelines and hospital visitation policies, these three centers have continued their programs through a combination of virtual volunteer visits, (by phone and video call), and in some cases, by reassigning staff to assume what were previously volunteer roles.

Two centers are employing technology to keep volunteers engaged and patients connected to their families. At the University of Utah Hospital, volunteers are conducting virtual visits on ten units five days a week via iPads, offering therapeutic activities, orienting communication, relaxation techniques, range of motion exercises, and engaging conversation in order to help prevent delirium. At the California Pacific Medical Center, volunteer training — including instruction in patient interaction with the

center's medical clowns—is now conducted through a day's worth of video meetings and presentations, and Elder Life Specialists are planning group virtual meetings to share best practices, encourage ongoing volunteerism, and thank volunteers for their work. Staff at both sites have helped patients use iPads to connect with volunteers and their family members.

All three centers have developed new resources, including activity packets, to keep patients engaged with protocols that can be carried out independently and cognitively active with games, puzzles, and other brain-stimulating exercises.

What fundamentally unites these geographically remote, unique programs is the creativity, innovation, and commitment to the core HELP principles they have embodied in a time of crisis.

They make HELP founder Dr. Inouye proud: "I have been so impressed with the amazing creativity that HELP sites have demonstrated, as they have responded swiftly and adaptively to the epidemic of delirium we are seeing in older adults during the COVID-19 pandemic," she told AGS News. "Through our interest groups, online community, various AGS CoCare: HELP meetings, and my conversations with sites, I have learned about the tremendous breadth of responses. The bottom line: AGS CoCare: HELP® is needed more than ever."

### Advice for their AGS CoCare: HELP® Peers

Each site has words of wisdom to share with other AGS CoCare: HELP® programs working to keep their operations running smoothly as the country manages the current surge in COVID-19 cases:

• **Elder Life Nurse Specialist Miriam Beattie, DNP, GNP, ANP, and Elder Life Specialist Alijana Kahrman, MS-Geron, at the University of**



**Utah** counsel against getting discouraged: "Start somewhere and continue to evolve your program to what works for your institution. HELP at the University of Utah is doing what it can to support our most vulnerable population during this pandemic. It is amazing to experience the impact that HELP iPads," a purchase the program made in April thanks to a generous donation, "have on our hospitalized older adults."

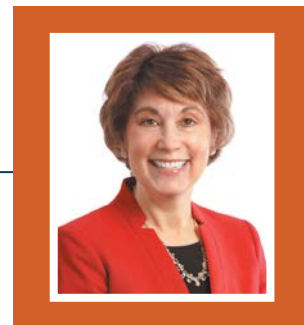
• **Olivia Wendy Zachary, MD, medical director of the AGS CoCare: HELP® program and acute care of the elderly unit at CPMC** says you shouldn't let your hospital forget about the work you do: "Find a presence any way you can, in-person or virtually. Continue to track your data, and, if possible, separate your COVID-era data from your pre- and post-COVID-era data so you can analyze them separately for trends, successes, and opportunities."

• **Department of Medicine Chairman Fred Rubin, MD and AGS CoCare: HELP® Director Phyllis Glass, RN, MSN at the UPMC** echo Dr. Inouye in pointing out that the benefits HELP offers are more relevant now than ever: "The COVID-19 syndrome commonly includes delirium in older patients. Those patients can benefit from HELP. Additionally, all patients are feeling isolated now, with reduced opportunities to interact with other patients or visitors. They can also benefit more than ever from HELP." ♦

► For more information about AGS CoCare: HELP®, visit us at [help.agscocare.org](http://help.agscocare.org) or contact us at [cocarehelp@americangeriatrics.org](mailto:cocarehelp@americangeriatrics.org).

# FROM OUR PRESIDENT

## ANNETTE MEDINA-WALPOLE, MD, AGSF



Among whatever else may remain forever imprinted on our minds from the days leading up to and following Nov. 3, 2020, this we should not forget: More votes (more than 156 million) were cast in this year's presidential election than in any other previous U.S. election, and the turnout rate (66.5%) was the highest in over a century.

This notable showing at the polls is a victory for our democracy, which best represents our interests as Americans when we engage in the civic and political life of our communities. Civic engagement, or working to promote the communal quality of life, takes many forms beyond voting: We can join a book club, volunteer at a soup kitchen or coach our child's tee ball team, volunteer to serve on American Geriatrics Society committees (something I've found incredibly rewarding personally and professionally), and advocate on behalf of older adults in our communities.

Healthcare professionals have engaged in political advocacy, or action that supports a political cause, throughout modern history. In 19th century Germany, the father of cellular pathology, physician and politician Rudolf Virchow, championed the reformation of sewer and water systems because he knew that improvement in health requires improvement in socioeconomic conditions; he assigned significant responsibility for social problems to his fellow doctors, whom he called "natural attorneys of the poor." His British contemporary Florence Nightingale, the mother of modern nursing, focused much of her

efforts as a social reformer on the care of the sick in workhouses, as well as the quality of life in their homes and low-income neighborhoods. In her writings, she emphasized the need for special training for public health nurses and the importance of sanitation and disease prevention.

This long tradition of healthcare professional advocacy is alive and well in the modern-day public square, often facilitated by engagement with professional organizations like the AGS. Our Society has advocated effectively for federal programs and policies that improve the health, independence, and quality of life of older adults because we've identified—and invested in—advocacy as one of our core strategic priorities. The not-so-secret key to our strategic success

**We were the first to talk about the crisis within the public health crisis—the devastating impact of isolation on older adults as lockdown orders limited visitors and congregate activities, leaving too many alone in their rooms and homes for too long.**

is the willingness of our members to champion policies that support us all as we age. Whenever we ask, you answer the call—whether that call is doing something as simple as sending a letter to your Congressperson or as involved as serving on an expert panel. You are an army of advocates who live our mission every day through your own commitment to ensuring quality care for older adults.

This year, from the frontlines of the COVID-19 pandemic, we have all witnessed the devastating toll this virus has taken on older adults, particularly

those frail individuals who live in congregate care settings. We were the first to talk about the crisis within the public health crisis—the devastating impact of isolation on older adults as lockdown orders limited visitors and congregate activities, leaving too many alone in their rooms and homes for too long.

We have yet to understand the full impact this public health crisis will take on AGS members, but we do know that you've been holding hands, working through your own exhaustion, and supporting each other through the sadness that comes from being the experts in care of older adults.

And I believe that our strength in adversity, our lived experiences, our passion, and our geriatrics expertise have prepared us to envision and call for a new status quo.


In response to the pandemic, the AGS has put forward seven principles that should guide allocation of scarce resources. These principles are rooted in our fundamental belief that healthcare systems must be just, that allocation strategies must be free of bias, and that categorical age exclusions are unethical. In this, as in our other COVID-19 advocacy letters and statements, we called on institutions and governments to include public health, geriatrics, long-term care, and palliative care expertise when establishing work groups, task forces, and committees that are focused on protecting the health of the American

public. I'm incredibly proud of the way our members have collectively taken to Twitter, served as informal advisors to their state and local governments, and participated in our advocacy campaigns as part of our federal advocacy efforts during this time of crisis.

As we enter 2021, I want to encourage each of you to consider volunteering to assist your state and local government as they plan ahead for the future. The reality is that there will be much for those of us with geriatrics expertise to do if we are to influence and change scarce resource allocation strategies, ensure a focus on older adults in disaster response planning groups, and help policymakers launch programs and services that support all of us as we age.

Our AGS staff has made it easy for us to reach out to our governors, offer our knowledge, and point to important resources that can inform state-level responses to the current public health emergency and future disasters. The results of simply offering your expertise may surprise you! As an example, Patrick Coll, MD, AGSF, took advantage of a template letter we have posted in our online Health in Aging Advocacy Center (<https://cqcengage.com/geriatrics/home>) and subsequently received an invitation to join Connecticut's new Nursing Home & Assisted Living Oversight Working Group. As a fellow AGS Board member, I know what a great addition Patrick is to a planning group like this; his letter reminded Governor Ned Lamont that there are local geriatrics experts he can call on for advice.

In my own home community of Rochester, New York, several geriatrics health professionals across health systems rose to the challenge and exhibited extraordinary commitment



### **Geriatrics at Your Fingertips®: Building on Over 20 Years of Knowledge**

A timeless classic in the collection of favorite AGS member benefits, *Geriatrics at Your Fingertips®* (GAYF) has become a staple on the bookshelves of geriatrics health professionals everywhere.

Originally conceived by David Reuben, MD, AGSF, *Geriatrics at Your Fingertips®* has evolved from a pocket-sized reference guide into a well-organized handbook of all of the latest updates in clinical recommendations, diagnostic tests, and management strategies. While the text itself has grown, we're lucky that technology has kept up, allowing us to pack more information into our pockets via the GAYF mobile app!

Now in its 22nd edition, we continue to be #AGSProud of this crucial resource — and we are incredibly grateful for the help of the countless authors, editors, reviewers, and users who have provided feedback along the way.

Get your copy of GAYF as a print edition, digital resource, mobile app, or part of a bundle package on [GeriatricsCareOnline.org](https://GeriatricsCareOnline.org) today! ♦

and leadership for our region. They joined a county long-term care COVID-19 task force to establish a streamlined and supportive community response to the pandemic in the post-acute setting. It is examples like these, in each of our communities, that reinforce the invaluable role we can play and the impact we can make with our geriatrics expertise and experience.

On a personal note, my work with the AGS is amongst the most fulfilling of my career, and I remain fully committed to the Society and to all of you

as members. "A world where all older adults receive high-quality, person-centered care" is the vision which embodies the American Geriatrics Society. My goal is to inspire each of you to embrace this vision, as I have done, and use it as an inspiration in your daily work as geriatrics health professionals. Please know that you are all my geriatrics superheroes. ♦

Annie

# MAJOR CHANGES COMING TO E/M CODING IN 2021—ARE YOU READY?

In November 2019, the Centers for Medicare and Medicaid (CMS) finalized extensive changes to the office/outpatient evaluation and management (E/M) visits codes set to take effect on January 1, 2021. CMS also proposed a new G-code and some other changes that may be finalized in December.

Over the past two years, the AGS has worked as part of a coordinated effort—spearheaded by the American Medical Association (AMA)—to simplify coding and documentation for E/M office visits and reduce administrative burden for clinicians. We are also extremely appreciative of CMS’ ongoing work with the AGS and other key stakeholders to refine and improve payment policy for these services.

Effective January 1, 2021, the following key Current Procedural Terminology (CPT) coding changes will apply to E/M office visits:

- Maintenance of five E/M levels of coding for established patients but reduction in the number of E/M levels to four for new patients; this includes the deletion of CPT code 99201 (Level 1 new patient) and revised CPT code definitions for 99202-99215.
- Elimination of history and physical exam from code selection; exam performance will be required only as medically appropriate.
- Permission of clinicians to choose the E/M visit level based on either medical decision making (MDM) or total time on the date of the encounter; this change recognizes the work involved in non-face-to-face services, like care management.
  - o Extensive changes have been made to the guidelines that define the elements of MDM to focus on tasks that directly affect the management of a patient’s condition.
  - o Total time includes non-face-to-face services and clear time ranges for each code.
- Addition of a shorter, prolonged service code (99417) that requires at least 15 minutes or more of total time, either with or without direct patient contact on the date of service.

- A new Medicare-created G-code for visit complexity (GPC1X) that can be reported with all office/outpatient E/M visit levels (see table for the rates under the proposed rule, which includes the proposed reduction to the conversion factor to maintain budget neutrality).
- Increased payment for most office visits; the AGS played a key role in the American Medical Association RVS Update Committee (RUC) survey of these codes, which made this increase possible. ♦



AGS will be hosting a webinar for members in January to review the final coding changes. Check your weekly listserv and the member forum for updates on when and how to register.

## OFFICE/OUTPATIENT SETTING

2021 Proposed Rates for New and Established Patient Visits

Patient	HCPCS Code	2020 Rate	2021 Proposed Rate	2021 Proposed Rate with GPC1X
New	99202	\$77.23	\$69.04	\$84.85
	99203	\$109.35	\$106.14	\$121.95
	99204	\$167.09	\$159.37	\$175.18
	99205	\$211.12	\$210.66	\$226.47
	99211	\$23.46	\$22.26	\$38.07
Established	99212	\$46.19	\$54.20	\$70.01
	99213	\$76.15	\$86.78	\$102.59
	99214	\$110.43	\$122.91	\$138.72
	99215	\$148.33	\$172.27	\$188.08
	Complexity Add-on	GPC1X	n/a	\$15.81

health care, given its impact on older adults, their families, and their communities: (1) affirming the Society's commitment to creating a future where health care is free of discrimination and other forms of bias; (2) ensuring its educational programs and products address the diversity of older adults; and (3) setting an aspirational goal of guaranteeing that all original research published in the *Journal of the American Geriatrics Society (JAGS)* and presented at the AGS Annual Scientific Meeting will take full account of ethnicity, gender, disability, age, and sexual orientation in design, undertaking, and reporting by 2031.

As a first step, the AGS added the following statement to its vision for the future: "We all are supported by and able to contribute to communities where ageism, ableism, classism, homophobia, racism, sexism, xenophobia, and other forms of bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their caregivers."

"We thought it was important to put our commitment front and center in our statement of who we are," AGS President Annette Medina-Walpole, MD, AGSF explained. "This commitment has always been a part of who we are as an organization. Putting it front and center in our future vision reflects our deep commitment to achieving lasting and meaningful change—which we know will require tremendous energy across the AGS for the foreseeable future—so we've also embedded this focus into our strategies for achieving our vision."

To establish a road map for its work going forward, the AGS will be crafting a series of papers that include an issue brief outlining the intersection of structural racism and ageism, and a statement of principles summarizing a series of goals for achieving change, as well as

recommended tactics and strategies for accomplishing those goals. Parallel to this work, *JAGS* will be inviting papers that are focused on the state of science when it comes to the diversity of study populations and that will provide a baseline for future efforts in this area.

The AGS will also take immediate action to combat structural racism and ageism in health care by updating its portfolio of products, including the Geriatrics Cultural Navigator app. "The AGS has long been a leader in supporting cross-cultural communication in health care, having published the first volume of its Doorway Thoughts series in 2004, and our app is based on that earlier work," Lundebjerg noted. "We will be creating companion publication tip sheets for each of the 27 different ethnicities and religions covered in the app. As we update our other programs and products, we will also be assessing how best to integrate attention to the intersection of structural racism and ageism in health care into all our work."

In the coming months, the AGS will be inviting members to share their thoughts on the new initiative and its implementation through a series of listening sessions and focus groups. "We know that our AGS members care deeply about improving the health, well-being, and quality of life in all older adults' lives," Medina-Walpole said. "We are looking forward to getting their input into how we can accomplish our future vision and embarking on this journey together. We recognize that this is difficult work that will take time and are fully committed to staying the course until we have achieved our vision for a healthcare system that is free of structural racism and ageism."

To learn more about these initiatives, visit the "Where We Stand" section of the AGS website at [AmericanGeriatrics.org](http://AmericanGeriatrics.org). ♦

## AGS MEMBERS SHARE #WHYIVOTE

In the week leading up to the 2020 Election on Nov. 3rd, we asked our AGS Twitter followers to tell us why they were voting (and promised brownie points for selfies). Here's what two members said:

**Ryan Chippendale MD** @RZChipMD · Oct 28

I am voting health. Because the scars of this pandemic are far deeper than left by my N95. Too many lives lost, grief, pain, suffering. We will recover. We will heal. Together as a unified country. But we need leadership to do so. #votehealth @AmerGeriatrics #thisisgeriatrics



**Christina Prather, MD** @DocPrather · Oct 28

#WhyIVote I #votehealth @amergeriatrics b/c I couldn't save the man who made me who I am & second guess it everyday, nor any of the others who were loved just as much by someone else. Empty from helplessness & delivering survivors pain. #COVID19=#ageism=#preventable. Miss you Pop



# ADGAP ANNOUNCES NEW MEDICINE-GERIATRICS INTEGRATED RESIDENCY AND FELLOWSHIP PROGRAM

In May 2020, the AGS and the Association of Directors of Geriatrics Academic Programs' (ADGAP) Advancing Innovation in Residency Education (AIRE) Proposal to Establish a Medicine-Geriatrics Integrated Residency and Fellowship was approved by the Accreditation Council for Graduate Medical Education (ACGME). This combined Med-Geri pathway, supported by the American Board of Internal Medicine (ABIM) and the American Board of Family Medicine (ABFM), provides an alternative pathway for training geriatricians by integrating the clinical experiences required in a geriatrics fellowship across an internal or family medicine residency. It meets all geriatrics competencies in an innovative four-year (48-month) program.

"We've been working for a long time on ways to make geriatrics more accessible to trainees, and integrating the fellowship experience into residency sets a foundation of geriatrics principles earlier into training," said Angela Beckert, MD, co-chair of the workgroup that developed the AIRE proposal and now co-chair of the AIRE leadership team. "Trainees can benefit from this integrated approach because they will have early geriatrics clinical experiences and ongoing mentorship and coaching, and they will receive an individualized learning plan with potential flexibility for enhanced professional development in the fourth year."

This competency-based combined training model does not shorten the total training time for either residency or

fellowship, but rather integrates training to allow for early exposure to geriatrics principles of care and enhanced professional development opportunities during the fellowship year. In this training model, internal medicine (IM) or family medicine (FM) residents will continue to meet all their residency requirements in a three-year period and will continue to sit for their IM or FM board certification examination at the usual time. In addition, geriatrics fellows will continue to meet all their fellowship requirements and have a minimum of 12 months of clinical geriatrics experience.

This ACGME-approved pathway, available for the first time for the residence match in March 2021, will mark its inaugural year at three institutions: the Icahn School of Medicine at Mount Sinai in New York, the Medical College of Wisconsin, and the University of Nebraska.

The program will accept new applications from institutions interested in the Combined Med-Geri Pathway in January 2021. This application cycle is for trainees starting in July 2022.

For more information about the program and to learn about applying, visit the "Education & Training" section of the ADGAP website at [ADGAP.AmericanGeriatrics.org](http://ADGAP.AmericanGeriatrics.org). ♦



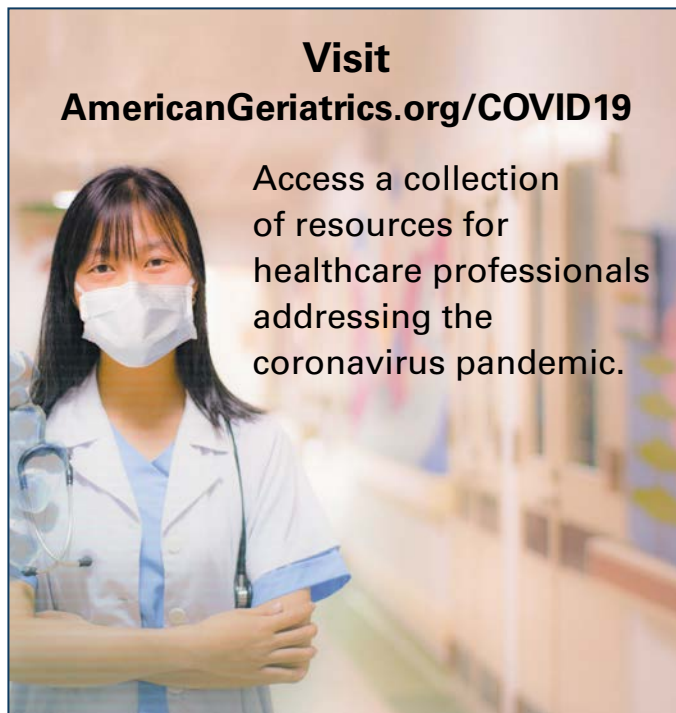
## Subscribe to the AGS YouTube Channel!

Search "American Geriatrics Society" at [YouTube.com](http://YouTube.com) to find all of our latest video updates. Watch our playlists to hear from AGS board members, Health in Aging Foundation award recipients, members, and more!



## Visit [AmericanGeriatrics.org/COVID19](http://AmericanGeriatrics.org/COVID19)

Access a collection of resources for healthcare professionals addressing the coronavirus pandemic.







## AGS 2021 VIRTUAL ANNUAL SCIENTIFIC MEETING ■ #AGS21

**MEETING DATES:** Thursday, May 13—Saturday, May 15 **PRE-CONFERENCE DAY:** Wednesday, May 12

### Mark your calendar to learn from the comfort of your home, office, or wherever you choose!

Although the format will be different, the virtual annual meeting will remain an interactive, engaging, and comprehensive educational program, providing the latest evidence-based clinical practice and scientific information that will improve your ability to care for older adults.

The virtual meeting will offer multiple concurrent sessions with opportunities for Q&A with speakers, networking events, virtual poster sessions, and much more. You will also be able to earn more continuing education credit than ever before! Additionally, the abstract submission deadline has been extended to January 13, 2021.

**Learn more and register at [Meeting.AmericanGeriatrics.org](https://Meeting.AmericanGeriatrics.org).**

## AGS CONGRATULATES NEW TRAINEE CHAPTERS FORMED IN 2020

Student and resident interest groups in geriatrics are vital to the AGS mission of expanding geriatrics education and experience in training programs. AGS student and resident chapters help foster an early interest in geriatrics and supply connections and resources for trainees to learn about interdisciplinary care for older adults.

Despite the unique challenges of the past year, AGS student and resident chapters remained engaged with their communities virtually and kept us #AGSProud of their spirit. We congratulate the following chapters, which applied for AGS support in 2020:

- Baylor College of Medicine
- Dominican University of California
- Geisinger Commonwealth School of Medicine
- University of Connecticut
- University of Nebraska Medical Center
- University of Vermont

***Interested in creating a student or resident chapter, or in registering an existing chapter in order to receive support from the AGS?***

Contact Lauren Kopchik at [LKopchik@AmericanGeriatrics.org](mailto:LKopchik@AmericanGeriatrics.org) to learn about the chapter application process and additional resources for trainees.

A full listing of student and resident chapters can be found on the trainee membership pages of [AmericanGeriatrics.org](https://AmericanGeriatrics.org).

# WHY I'M AN AGS MEMBER

**Kah Poh Loh, B.Med.Sci., M.B.B.Ch., B.A.O.**

I've been a member of the American Geriatrics Society since my first year of residency, so it's been nearly a decade now. I joined as a trainee member because I knew I had an interest in geriatrics and became a full member in 2019—and I've enjoyed wonderful career-boosting benefits ever since.

As just one benefit of my AGS membership, I've met and worked with a diverse group of geriatrics professionals from many different institutions. When I first got involved, I was responsible for the Residents' Sessions. Through that experience, I got to know a lot of trainees who were also interested in geriatrics. During my eight years there, I was able to work and build collaborations with a diverse group of people, and now I'm the Vice-Chair of the Cancer and Aging Special Interest Group. That role allows me to foster collaborations among healthcare professionals who are interested in cancer and aging.

When asked which came first, my interest in oncology or my interest in geriatrics, I'd have to answer that I've been interested in oncology since medical school, when I became involved in cancer research. From there, I developed an interest in the clinical side, and found that seeing patients with cancer really taught me a lot; the advances in research and clinical practice makes the specialty really interesting and challenging.

It wasn't until my residency that I became aware of geriatrics—I hadn't realized that geriatric oncology existed. The field was new, and had only really begun in the early-to-mid 2000s. My residency program at that point was at Baystate Medical Center where I got to work with Dr. Maura Brennan. She's very active in AGS, and she really nurtures residents' interest in geriatrics. Truth be told, when I did a geriatrics

rotation during my intern year, I wasn't sure that it was for me at first, because of the challenges that older patients and their often complex medical problems can present.

But by the end of that rotation, I found that I'd learned a lot of medicine—and the experience taught me a great deal in terms of approaching patients with complex medical problems. I came to see that working with older patients was both challenging and rewarding, but I had a hard time figuring out how to combine geriatrics and oncology. And then I learned about the existence of geriatric oncology as a field

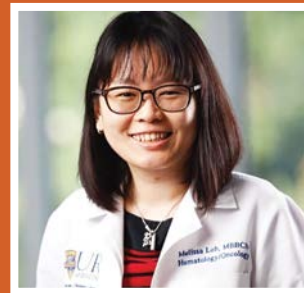


I came to see that working with older patients was both challenging and rewarding, but I had a hard time figuring out how to combine geriatrics and oncology.

and that training in both was possible, which was perfect for me. I ended up applying for and completing both fellowships at the University of Rochester Medical Center, and now I specialize in taking care of older adults with cancer, specifically those with blood cancer.

Recently, I was delighted to receive the Arti Hurria Award for Emerging Investigations in Internal Medicine Focused on the Care of Older Adults, awarded by AGS and the AGS Health in Aging Foundation.

I was especially honored to receive this award, because Dr. Hurria was a close friend of my mentor, the geriatric oncologist Dr. Supriya Mohile. I got to interact with Dr. Hurria quite a bit



Senior Instructor, Dept. of Medicine, Hematology/Oncology (SMD), Patient Care Setting

since meeting her in my third year of residency. I think of her as having been a kind and a fierce advocate for older adults—she had an amazing ability to unite people around her vision. She was a devoted mentor with a passion for raising up the next generation of geriatric oncologists. This has affected me deeply, and I strive to continue her work and live up to the example she set. So, getting this award really means a lot to me, and I hope I can help others realize that taking care of older adults with cancer is important and rewarding work. ♦



## AGS COMMUNICATIONS TEAM

**Nancy Lundeberg**  
CEO

**Elvy Ickowicz**  
Senior Vice President, Operations

**Nicole Levy**  
Senior Manager, Communications

**Lauren Kopchik**  
Senior Membership Communication Coordinator

AGS News is published quarterly by the American Geriatrics Society. For more information or to become an AGS member, visit [AmericanGeriatrics.org](http://AmericanGeriatrics.org). Questions and comments about the newsletter should be directed to [info.amger@americangeriatrics.org](mailto:info.amger@americangeriatrics.org) or 212-308-1414.

@AmerGeriatrics

[Facebook.com/AmericanGeriatricsSociety](https://www.facebook.com/AmericanGeriatricsSociety)

@AmerGeriatrics

## Avoiding COVID-19 Scams

**Unfortunately, some people—including criminals—often look for opportunities to take advantage of others during times of national crisis.** The current coronavirus (COVID-19) pandemic creates a perfect environment for lawbreakers who may be targeting vulnerable victims. Very often, their targets may be older adults.

**Here are some effective defenses to help stop criminals in their tracks.** Arm yourself with these smart strategies to protect yourself and your family against scammers.

### First Step

**Make sure to fact-check all the COVID-19 information you receive.** Don't share any messages about the virus on social media or email—or even in conversation with friends and family—unless you verify the information is from a trusted source.

**Look to government agencies such as:**

- **Centers for Disease Control and Prevention** <https://www.cdc.gov/>
- **Food and Drug Administration** <https://www.fda.gov/>
- **Federal Trade Commission** <https://www.ftc.gov/>
- If you're unsure about a news item or piece of information, use a fact-checking website such as **Snopes** <https://www.snopes.com/>

### Telephone Fraud

**You get a call that seems to be coming from the CDC.** It's a plea for a donation to them during this time of crisis. But in reality, this is "government impersonation fraud," say CDC officials. "Federal agencies do not request donations from the general public."

Other phone frauds include fake coronavirus treatments, vaccinations, work-at-home schemes, or opportunities to provide personal protective gear and cleaning products. Some scammers may also call claiming to be friends or relatives who need immediate financial assistance related to COVID-19.

#### Protect Yourself:

- **Do not take calls from phone numbers you don't recognize.**
- **Never give out your personal information,** banking information, Social Security number, or any other information over the phone or to strangers.
- **Hang up on robocalls. Don't press any numbers.** The recording might say that pressing a number will remove you from their call list or send you to a live operator, but it could lead to even more robocalls.



## Email Scams

**CDC officials are warning consumers about a widespread campaign of “phishing” emails that claim to be from the CDC and mention a flu pandemic.** The email instructs you to open a document that supposedly tells you how to prevent the spread of the disease <https://www.cdc.gov/media/releases/2019/s0322-phishing.html>.

■ **If you get an email like this, know that it comes from hackers** trying to gain access to your personal computer files, as well as files on networks you're connected to. After you open the attachment, you may get a note demanding some type of payment to remove the virus from your computer.

■ **You should also pay careful attention to web links you click or find from search results.** Never trust websites claiming to be from the government if they don't end in **.gov**. Websites using **.org** or **.edu** are also among the safest to use, since those types of links are used by non-profits or educational institutions like universities. Be the most wary of **.com** websites, since these can be set up by almost anyone.

### Protect Yourself:

■ **Never open unsolicited emails** or attachments from people you don't know.

■ **DO NOT CLICK ON ANY LINKS OR ATTACHMENTS** in the email or visit websites that seem unfamiliar or have strange web addresses.

■ **Never share personal information,** especially passwords or account numbers, with anyone via email.

## Beware of Fake COVID-19 Testing

**The FDA is actively and aggressively monitoring for any companies that may be selling products for fraudulent coronavirus (COVID-19) testing,** prevention, and treatment. As a result of these activities, the agency is beginning to see fake test kits being marketed to test for COVID-19 in the home. See <https://www.fda.gov/consumers/consumer-updates/beware-fraudulent-coronavirus-tests-vaccines-and-treatments> for more information.

*At this time, the FDA has not authorized any home test for COVID-19.*

## “Get Your Stimulus Check Early” Scams

**If you haven't received a stimulus check yet,** don't respond to any calls or emails promising an early check. Anyone who tells you they can get your government stimulus check related to COVID-19 early is scamming you, too. See <https://www.consumer.ftc.gov/blog/2020/04/coronavirus-stimulus-payment-scams-what-you-need-know> for more information.



40 FULTON STREET  
18TH FLOOR  
NEW YORK, NY 10038  
212.308.1414 TEL  
212.832.8646 FAX  
Info@healthinaging.org

*DISCLAIMER:* This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other healthcare provider. Always consult your healthcare provider about your medications, symptoms, and health problems. June 2020

©2020 Health in Aging Foundation. All rights reserved. This material may not be reproduced, displayed, modified, or distributed without the express prior written permission of the copyright holder. For permission, contact [info@healthinaging.org](mailto:info@healthinaging.org).

