

# AGS NEWS

NEWSLETTER OF THE AMERICAN GERIATRICS SOCIETY

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## AGS MEMBERS GATHER IN LONG BEACH TO SHARE CUTTING EDGE RESEARCH AND HONOR OUTSTANDING SERVICE AND SCHOLARSHIP BENEFITING OLDER ADULTS

The #AGS23 Annual Scientific Meeting in Long Beach, CA was a welcome reminder of the fellowship and camaraderie we enjoy as AGS members. To get a sense of the meeting, look for our annual meeting hashtag #AGS23 on a social media platform near you or follow the AGS on Instagram, Facebook, LinkedIn, or Twitter. From groundbreaking research presentations to tweets of gratitude for our AGS community, to networking, virtual-backslapping, and even a sing-along—it's obvious that this meeting brought a bounty of experiences to participants.

We covered a lot of ground at the AGS Members' Business Meeting on Thursday morning: Annand Naik, the Annual Meeting Program Chair, previewed highlights of the meeting, AGS treasurer Mark Supiano provided an update on the AGS finances, and outgoing AGS Board Chair Pete Hollman thanked members for their support of the AGS Health in Aging Foundation. Outgoing AGS President Mike Harper recognized outgoing committee members including Pete Hollman, who received a well-deserved standing ovation for his service to the Society. He then welcomed our new President, Donna Fick, to the stage, where she reflected on her own experiences as an AGS member and how the Society has supported her throughout her career. She reiterated her commitment to the field of geriatrics and her hopes for the year to come.

### Enthusiasm, commitment, and scholarship: Hallmarks of #AGS23

The members' enthusiasm and commitment to working together to improve care for all of us as we age echoed throughout the meeting while students, residents,

continued on page 6

## INSIDE

- 2 AGS 360°
- 3 Meet the New AGS President
- 4 From Our President
- 5 AGS Welcomes Class of Fellows
- 7 Views From #AGS23 Long Beach
- 8 Congratulations To Our 2023 Award Recipients
- 17 AGS President Poster Award Winners
- 18 Why I'm an AGS Member
- 19 Patient Resource: 10 Medications Older Adults Should Use With Caution

## KUDOS TO OUR AMAZING BOARD/ COMMITTEE LEADERS

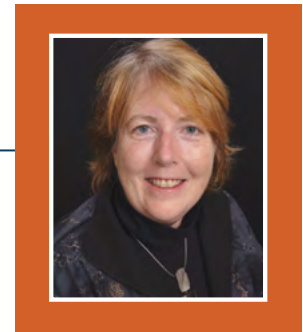
At the #AGS23 Member Business Meeting, incoming Board Chair **G. Michael Harper, MD, AGSF**, and new AGS President **Donna M. Fick, PhD, GCNS-BC, AGSF, FGSA, FAAN**, honored the following outgoing Board and Committee members for their exceptional service.

### Our Outgoing Board & Committee Members

We thank **Peter A. Hollmann, MD, AGSF**, for leading the AGS Board as its chair and his extraordinary work developing the next generation of leaders with his expertise in Medicare reimbursement, which he will continue to do so even as he steps away from the AGS board. He currently serves as Chief Medical Officer at Brown Medicine, as Vice Chair of the American Medical Association/Specialty Society RVS Update Committee (also known

continued on page 17

# AGS 360° WITH NANCY E. LUNDEBJERG, MPA



What keeps you awake at night?

When I am not passing a kidney stone (I kid you not, I passed one on the flight home from #AGS23), it's usually something related to AGS. Sometimes that's a good thing as we work to stand up new programs (our *Older Adult Vaccine Initiative*, the new *MCC Research Core Curriculum*) but sometimes it's for hard choices needing to be made for the organization. A recent case in point is the decision to pilot an alternating face-to-face (F2F) and completely virtual AGS Annual Meeting schedule from 2023-2026.

**Table 1. Alternating Schedule**

2023	Long Beach, CA
2024	Virtual
2025	Chicago, IL
2026	Virtual

That decision resulted from staff taking a hard look at the long-term financial stability of AGS in 2022. In our analysis, we stripped out all grant funding, related expenses, and ran some different budget scenarios focused on our core operating revenue. We considered external factors already impacting our budget (open access movement in academic journal publishing) and those that we believe will impact our revenue (the launch of the American Board of Internal Medicine Longitudinal Knowledge Assessment). A brief pause to note that we have already reduced our operating costs significantly and so there is not enough fat on the bone to cut without then cutting into member benefits and services.

Before going into the top-level results of our analysis, a quick tutorial on our finances. Our operating reserve is comprised of funds that we maintain in cash or cash equivalents

to support future year operations. As of our 2022 audit, this reserve stood at \$2,346,057. Our fund balance is comprised of funds we have invested in equities and bonds and, as of the 2022 audit, it stood at \$6,146,268. The general standard for a nonprofit is that you should have enough funds on hand in your reserve so that if all other revenue ceased, you could continue to operate for six months. The AGS satisfies that standard.

Back to the numbers. Running the AGS at status quo with annual small increases in member dues and meeting registration produced so much red in our annual operating budgets that we would run through our operating reserve by 2029 and through almost the entirety of the fund balance by 2032. With an alternating schedule, there is still red in the annual operating budget, but we reduce it by reducing meeting-related expenses. In 2032, under the alternating scenario, we would have over \$1 million in our operating fund and the fund balance would stand at just over \$4 million.



In the **virtual** years, our footprint for the meeting is reduced by 94%.

Before presenting our findings to the AGS Board, we also looked at member ratings of the 2021 virtual meeting which, content-wise, was rated on par with 2022 and our other meetings. In addition, we looked at the pressures on academic travel budgets, younger member preferences,

and what our peer societies were seeing with their attendance. As we have been doing across our portfolio of programs and products, we considered the environment. It turns out that eliminating annual face-to-face conferences is the single most impactful step that we could take to reduce our carbon footprint. In the virtual years, our footprint for the meeting is reduced by 94%.

When we met with the Board, we discussed the opportunities that virtual might open up for reaching our international geriatrics colleagues and also for potentially reaching other audiences that we would like to reach but haven't yet (e.g., primary care colleagues who have their own meetings but might be more likely to attend a virtual gathering). We thought about whether the alternating year approach might grow attendance at the F2F meetings, resulting in more AGS members in attendance at the same time. It is with all of this data in hand and serious discussion that the Board reached the same conclusion that the staff had, that we should embark upon this pilot of the alternating schedule and monitor feedback and results.

I hope the take-away here is that the AGS Board and staff take our fiduciary responsibilities to our members very seriously. Our goal is to ensure we have the resources now and, in the future, to support the vibrant, wonderful community of geriatrics health professionals that is the AGS.

We are you and you are us. ♦

# MEET THE NEW AGS PRESIDENT

**DONNA FICK, PHD, GCNS-BC, AGSF, GSAF, FAAN**

Elouise Ross Eberly Professor, Director Of The Center Of Geriatric Nursing Excellence, Pennsylvania State University

**Q. What would you like the AGS Membership to know about you?**

**A.** AGS has always been a welcoming place for me. I love caring for older adults and I feel like I have the best job in the world, even after doing it for over 35 years.

In addition to being an advanced practice nurse, I'm also a clinical researcher. I work mostly in hospital and nursing home settings on the problem of detection and management of delirium. I've been conducting research since the 1990s.

Plus, I teach doctoral students in a college of nursing, and I teach undergrad nursing students about caring for older adults. I also interact with nursing students in one of our projects called the "Revisiting Teaching Nursing Home."

I want AGS members to know that I am here for them. I want them to feel the same sense of community and passion that I do in my career. They should also know that the AGS Board supports them and wants to hear about their joys and their challenges.

**Q. Your bio notes that you have expertise related to UN Sustainable Development Goals, specifically in the areas of "good health and well-being" and "climate action." Could you please elaborate a bit?**

**A.** Sure. Although I'm not an expert in climate action or sustainability, I think it's something we should all keep top of mind. I had an opportunity to write papers with Michael Mann from Penn State, one of the world's leading climate scientists; Villanova's Ruth McDermott-Levy, director of Mid-Atlantic Center for Children's Health and the Environment; and Ann

Kolanowski, Professor Emerita at Penn State. We focused our articles on older adults, who are much more vulnerable to climate change and extreme weather events, and may experience things like delirium from dehydration or lack of access to medications during weather events.

I hope to encourage AGS to continue its pro-environmental efforts, including piloting virtual meetings every other year, reading *JAGS* digitally, and promoting the use of more sustainable healthcare products whenever possible.

**Q. What inspired you to become a geriatric advanced practice nurse?**

**A.** In my childhood, my father brought me to nursing homes regularly. He was president of the St. Vincent de Paul Society, whose mission was to serve the poor. He took me into county-owned nursing homes, which in the 1970s were often poorly run and staffed. What I saw there left a lasting impression on me.

But it took a while for me to find my path. In my early career, I was an ICU nurse and I thought acute care or med-surg was the place to be. I wasn't thinking about geriatrics. One day, I was caring for an 80-plus year-old woman in the ICU who wouldn't eat and was confused, so the staff inserted a feeding tube and had her in physical restraints her whole stay. I tried advocating for them to listen to her care goals—which back in the 1980s was a radical concept. I was in a master's program at the same time to be a clinical nurse specialist in the med-surg area—and then I took a course, "Psychosocial Aspects of Aging." And it changed me. I knew then that I wanted to enter geriatrics and improve

the care of older adults in acute care and in the community.

**Q. What do you hope to accomplish during your first year as AGS President?**

**A.** Now that we're coming out of the pandemic—though it's not over yet—I see both opportunities and challenges for the AGS.

As this public health emergency ends, we need to look at the things that worked and the things that didn't. Things like visitation policies and the expansion of telehealth. We need to understand what happened to our workforce during the pandemic and what's still happening.

As a clinical nurse specialist, I saw a hike in complex consultations for neurological issues with older adults. I saw antipsychotic use going up. We need to focus on this. We need to support research that helps us understand how to care for people with delirium and dementia, and to learn how we can decrease antipsychotic use with interprofessional team care and non-drug approaches. We cannot do this complex care alone.

I also see myself continuing the work that Mike Harper and others did in contending with structural racism, ageism, classism, and homophobia. There's much AGS can contribute to help address injustice wherever we find it.

**Q. Once of the issues that emerged for our workforce during the pandemic was self-care. What do you do to take care of yourself?**

**A.** Family time is important to me. I have three adult children. They all fill me with joy, and they don't let me

continued on page 5

# FROM OUR PRESIDENT

DONNA FICK, PHD, GCNS-BC, AGSF, GSAF, FAAN

I have just returned from #AGS23 where I had the honor of congratulating our awardees for their contributions to improving the health and well-being of all of us as we age (see article page 8). Personally, I was delighted to join 15 other AGS members in being recognized as AGS Fellows for our service to the Society and our communities (see page 5). Another #AGS23 highlight for me was meeting our younger members who are just embarking on careers in geriatrics. They are inquisitive, enthusiastic, strategic, and clearly love the work that they do and the older people they serve. I have no doubt that our future will be in good hands.

At the meeting, I was reminded of my own early days as an AGS member and emerging investigator with an interest in aging research. I made many national connections through my membership in AGS – a number of whom would go on to become life-long colleagues, mentors, and friends. One of those people was the late Mark H. Beers, MD, a geriatrician pioneer who spearheaded development of a list of medications that might be inappropriate for older adults. Mark was a gracious and incredibly generous colleague who dedicated his career to improving the care of older adults and mentoring the next generation. As a new nurse investigator in the late 90s, I reached out to Mark about updating the Beers Criteria and was fortunate to be mentored by him to update the criteria with a small research grant in 2001. Now over twenty years later, my engagement continues through the AGS, serving as Co-Chair of the expert panels that AGS convened for the 2012, 2015, and 2019 updates of what is now known as the AGS Beers Criteria® and as a member of the expert panel for the most recent 2023

update (<https://doi.org/10.1111/jgs.18372>) that was published in the *Journal of the American Geriatrics Society (JAGS)* in late April.

As the steward of the criteria, the AGS and its expert panels have retained Mark's pragmatic acknowledgement that medications have an important role in supporting all of us as we age to remain active in our communities. Like Mark, we view the AGS Beers Criteria® as a tool that is based on the best available evidence that supports person-centered decision-making, takes into account what matters to an older person, and considers both drug and non-drug approaches to care. AGS shares Mark's belief that we all should be aware of the potential risks of medications and work with the older adults in our care to avoid potentially inappropriate medications when considering treatment options.

In light of data from the National Center for Health Statistics (NCHS) that more than 88% of older people use at least one prescription and more than 66% use three or more in any given month, I believe the AGS Beers Criteria® is a vital resource for clinicians and older adults as they develop individualized treatment plans. The AGS Beers Criteria® includes lists of certain medications that may not be the safest or most appropriate options for older adults. Though not an exhaustive catalogue of inappropriate treatments, the



five lists (see Table 1) describe particular medications where the best available evidence suggests they should be avoided or used with caution.

## So, what's new in 2023?

For the 2023 update, the AGS expert panel reviewed more than 1,500 clinical trials and research studies published between 2017 and 2022. The resulting 2023 AGS Beers Criteria® include:

- Over three dozen individual medications or medication classes to avoid for most older people.
- 40+ medications or medication classes to use with caution or avoid when someone lives with certain diseases or conditions.
- Several changes to medications previously identified as potentially inappropriate.

The expert panel also moved several medications to different categories or revised guidance based on new evidence. To simplify and increase usability of the five lists comprising the criteria, the panel moved a number of medications to a separate list given

Table 1. The AGS Beers Criteria® Lists

1. Should be avoided by most older adults (outside of hospice and palliative care settings).
2. Should be avoided by older adults with specific health conditions.
3. Should be used with caution because of the potential for harmful side effects.
4. Should be avoided in combination with other treatments because of the risk for harmful "drug-drug" interactions.
5. Should be dosed differently or avoided among older adults with reduced kidney function, which impacts how the body processes medicine.



that they have low usage or are no longer available in the United States. We still consider these medications as being potentially inappropriate for use in older adults as outlined in the 2019 update of the AGS Beers Criteria® (<https://doi.org/10.1111/jgs.15767>).

A modified version of the Beers Criteria had already been adopted as a quality metric by the Centers for Medicare and Medicaid Services (CMS) when AGS took over stewardship of the list following Mark's death in 2009. Adaptation for that use continues today and we are pleased that each of our AGS expert panels has been joined by non-voting representatives from CMS, National Committee on Quality Assurance (NCQA), and Pharmacy Quality Alliance (PQA). AGS, with its wider communications channels and expertise in creating, disseminating, and sustaining products, has been able to increase attention to the AGS Beers Criteria® in ways that we could not have envisioned when we first embarked on this journey with Mark.

The 2023 update of the AGS Beers Criteria® is published in its entirety in *JAGS* and the AGS has also created a mobile app and a pocket card to help clinicians implement the prescribing recommendations in their practice (both are available from [GeriatricsCareOnline.org](https://www.geriatricscareonline.org)). The 2019 *JAGS* article on the criteria has been cited by over 1,400 papers and we estimate that the pocket card and mobile app have reached over 90,000 people. The AGS Health in Aging Foundation has developed a portfolio of public education materials that are published on [HealthinAging.org](https://www.healthinaging.org). These are among the most visited resources on the site.

Mark was a very humble colleague, but I like to think that he is proud of the ways in which his early attention to identifying potentially inappropriate medications for older adults has impacted how we care for older adults today. I know I am. ♦

## AGS WELCOMES NEW CLASS OF FELLOWS

The AGS also recognized 16 leading health professionals who have been awarded AGS Fellowship over the past year – a distinction that recognizes AGS members for their deep commitment to the AGS and to advancing high-quality, person-centered care for us all as we age. They include:

- Dawn Butler, JD, MSW, AGSF
- Donna M. Fick, PhD, GCNS-BC, FGSA, FAAN, AGSF
- Renee J. Flores, MD, AGSF
- Esteban Franco Garcia, MD, AGSF
- Ardeshir Z. Hashmi, MD, FACP, FNAP, AGSF
- Luke D. Kim, MD, Med, AGSF
- Philip A. Kithas, MD, PhD, AGSF
- Sowmya S. Kurtakoti, MD, CMD, FAAFP, AGSF
- Lisa N. Miura, MD, BSN, FACP, AGSF
- Sandeep R. Pagali, MD, AGSF
- Mriganka Singh, MD, AGSF
- Liron Sinvani, MD, AGSF
- Michael Steinman, MD, AGSF
- Heather E. Whitson, MD, AGSF
- Lynn M. Wilson, DO, AGSF
- Melisa Wong, MD, MAS, AGSF

**Meet the New AGS President** continued from page 3

take myself too seriously. My oldest son has Down Syndrome—he really grounds me. You expect your kids will grow up and move away, but he's with me at home. And he's always teaching me something new—he works at a local hotel, and he keeps me on my toes.

I'm also really into nature. I have a little garden where I grow asparagus, lettuce, and tomatoes. And I run—it's my main source of relaxation. I compete in lots of 10 to 25K races.

Finally, I believe in the power of ritual. I have two: I started using an app called Headspace to meditate during the pandemic. And I do a short run every single morning. So far, I've run 1,940 days outside in nature without missing one! ♦

**AGS24 VIRTUAL**

**SAVE THE DATE**

**AGS 2024 VIRTUAL ANNUAL SCIENTIFIC MEETING**

MEETING DATES: Thursday, May 9 – Saturday, May 11  
PRE-CONFERENCE DAY: Wednesday, May 8

and fellows-in-training presented their research to each other, senior colleagues, and experts. Approximately 68 of these trainees were supported by travel stipends made possible through donations to the AGS Health in Aging Foundation ([HealthinAging.org/donate](https://HealthinAging.org/donate)). Many of these trainees were able to network and make connections while taking advantage of the meeting's many learning opportunities for the first time in their careers. Their excitement was infectious at sessions such as the Fellows-in-Training Breakfast, Residents Breakfast & Fellowship Fair, and Student Section, covering a wide array of topics, from the first year as a healthcare professional, to the needs of LGBTQ+ older adults.

On Friday, Dr. Donna Fick opened the #AGS23 Awards Ceremony, where we celebrated excellence across the AGS, highlighting the outstanding work of award recipients from a variety of disciplines and career stages. (You can learn more about our 2023 awardees on Page 8.) Dae Hyun Kim, MD, this year's Thomas and Catherine Yoshikawa Award recipient, gave a memorable lecture titled "Unleashing Frailty from Laboratory to Real World." He spoke of his work developing a claims-based frailty score that has been widely adopted by pharmacoepidemiologists and health services researchers in the United States and incorporated by CMS into their data warehouse. Dr. Kim also discussed his web-based comprehensive geriatric assessment-based frailty index calculator, which demonstrates how the

preoperative assessment of frailty can predict recovery and functional status after aortic valve replacement.

Keeping the momentum going, the highly anticipated #AGS23 Plenary Paper Session was standing room only. Dr. Donna Fick opened the session by welcoming Nancy Schoenborn, MD, MHS to the stage for a presentation of her work on when to end cancer screenings for older adults. She was followed by Cameron Gettel, MD, MHS, a recipient of the 2023 Health in Aging Foundation New Investigator Award, who presented his work comparing geriatric vs. non-geriatric emergency departments. Lillian Min, MD, MSHS closed things out with a presentation that explored life expectancy in people with dementia versus those with normal cognition. The plenary paper session was but a small taste of the many excellent papers and poster presentations at the meeting – you can access all of the abstracts at <https://meeting.americangeriatrics.org/program/jags-abstract-supplement>.

A highlight of the meeting was the Henderson State of the Art Award Lecture by Deb Saliba, MD, MPH, AGSF, the recipient of the 2023 Edward O. Henderson Award. This award honors a distinguished clinician, educator, or researcher who has made significant contributions to the field. In her introduction, AGS President Donna Fick noted Dr. Saliba's continuing humility towards her work and pointed to the enormous impact she has on the quality of care of older adults. In her lecture, Dr. Saliba walked the packed audience

through her career, which has focused on advancing assessment protocols that give voice to frail older adults so that the care and services they receive are more targeted to their needs and goals. From the VES13 to the minimum data set to implementation of the IMPACT Act, Dr. Saliba has been able to influence the care we all receive as we age through both research and policy.

Yet another highlight of the meeting for many attendees is the geriatrics literature review session which is held on the final morning of the meeting. This year did not disappoint with a song catalogue drawn from Elvis to the musical *Hamilton*, and topics ranging from hospice and health equity to homelessness in older adults. There were a few surprise guest appearances, and a great deal of fun was had by all. Our thanks, as always to Ken Covinsky, Alex Smith, and Eric Widera. We know how much work goes into a session like this and we appreciate your returning to the main stage at AGS.

If you missed the meeting, it's not too late to sign up for our on-demand offering featuring our major clinical sessions and plenaries! Visit [meeting.americangeriatrics.org](https://meeting.americangeriatrics.org) to register for and access on-demand programming, available through August 31, 2023. Anyone who attended the in-person event can also access our on-demand content. CME/CE Evaluations are due August 31, 2023.

Until next year, that's a wrap! ♦



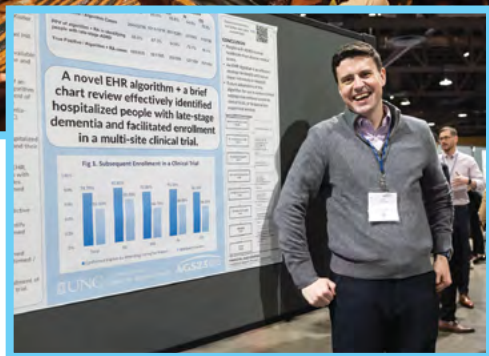
*What happens at the dance party stays at the dance party – just know that our AGS members have moves.*







# VIEWS FROM #AGS23 LONG BEACH



# CONGRATULATIONS TO OUR 2023 AWARD RECIPIENTS

Each year, the AGS celebrates researchers, clinicians, educators, and trainees who have made outstanding contributions to the care of older adults. Please join us in congratulating 2023's award recipients, who were honored at #AGS23 in Long Beach, California.

## Thomas and Catherine Yoshikawa Award and Lecture for Outstanding Scientific Achievement in Clinical Investigations

The 2023 Thomas and Catherine Yoshikawa Award for Outstanding Scientific Achievement in Clinical Investigation is awarded to **Dae Hyun Kim, MD, MPH, ScD**, Associate Professor of Medicine at Harvard Medical School, Associate Scientist at the Marcus Institute for Aging Research at Hebrew SeniorLife, and Attending Geriatrician at Beth Israel Deaconess Medical Center.

Dr. Kim delivered his lecture, *Unleashing Frailty from Laboratory to Real World*, at #AGS23.

A geriatrician, epidemiologist, and large database researcher, Dr. Kim is an internationally recognized leader in the field of frailty research. He has developed a claims-based frailty score that has been widely adopted by pharmacoepidemiologists and health services researchers in the United States. Following his service as a member of an Advisory Task Force convened by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the RAND Corporation in 2020, CMS incorporated his frailty claims-based index into their data warehouse. Dr. Kim has also developed a web-based comprehensive geriatric assessment-based frailty index calculator, which demonstrates how the preoperative assessment of frailty can predict recovery and functional status after aortic valve replacement. The calculator has been incorporated into the electronic health record at Beth Israel Deaconess Medical Center and is now disseminated for research and clinical applications at several healthcare systems in the United States.

"Dr. Kim's work in frailty is directly impacting clinical care, including care provided by large primary care groups who use the claims-based frailty index to risk stratify the patients they serve. This enables them to predict costs and track utilization and outcomes," said AGS Chair G. Michael Harper, MD, AGSF. "He has catalyzed advances in decision-making around drug therapy, surgical procedures, and the use of health services in frail older adults. His focus on moving

research from the laboratory into the real world exemplifies the Yoshikawas' commitment to diffusing new knowledge into practice through his commitment to mentoring the next generation to grow and flourish as frailty investigators."

A recipient of the Paul Beeson Scholar Award from the National Institute on Aging (NIA) at the National Institutes of Health (NIH), he has been the principal investigator on three R01 awards and a co-investigator on 10, as well as a co-investigator on an R21. Dr. Kim is committed to developing and supporting the next generation of investigators who wish to focus their research on frailty. Through the Frailty Research Program that he founded at Hebrew SeniorLife Marcus Institute for Aging Research, he has mentored over thirty students, research fellows, and junior faculty, including six NIH K or similar career development awardees. He currently holds a K24 Mid-Career Mentoring Award for Patient-Oriented Research in Frailty and Health Outcomes.

An active member of the Society since 2006, Dr. Kim has served on several AGS committees, including the AGS Junior Faculty Interest Group Steering Committee and the AGS Research Methods Subcommittee of the AGS Research Committee. He serves on the editorial boards of the *Journal of the American Geriatrics Society* and *Gerontology*, and as an Associate Editor for the *Journal of Gerontology Medical Sciences*.

## The Dennis W. Jahnigen Memorial Award

**Kathryn Denson, MD**, was honored with the 2023 Dennis W. Jahnigen Memorial Award for her many contributions to improving the knowledge, competence, and skills of all health professionals who care for older adults. Dr. Denson is recognized for her lasting innovation and exceptional teaching expertise and is celebrated for her many important contributions to the advancement of geriatrics education.

This award is bestowed annually on an AGS member who has provided leadership to train students in geriatrics and recognizes significant contributions to the progress of geriatrics education in health professions schools. Teaching expertise, as well as educational program development, is valued in the selection of the recipient for this honor.





Dr. Denson, a Professor of Medicine, is Chief of Geriatric and Palliative Medicine at the Medical College of Wisconsin (MCW) and Chief of Geriatrics at the Milwaukee VA Medical Center. A 2003 recipient of a Geriatrics Academic Career Award (GACA) from the Health Services and Resources Administration (HRSA), she is known for developing innovative approaches to educating the healthcare workforce and for disseminating these approaches and materials widely through publications and presentations. One example of this impact is her work as chief editor and co-creator of GeriatricsFastFacts.com, an internationally accessed online resource containing over 100 brief, clinically actionable reviews of geriatrics topics.

In addition to the GACA Award, Dr. Denson has been funded by the Donald W. Reynolds Foundation, The John A. Hartford Foundation, and has also served as a Co-Investigator for a Geriatric Workforce Enhancement Program (GWEP) award from HRSA. Currently, she is the Principal Investigator for an Advancing Healthier Wisconsin award to educate interprofessional health professions students from medicine, nursing, and pharmacy to serve as geriatrics champions in their respective disciplines and to advocate for improved dementia caregiver support.

“Dr. Denson is a beloved member of the AGS community who is known for her quiet, effective leadership and for her passion for spreading geriatrics knowledge and expertise to other specialties and disciplines,” said AGS Chair G. Michael Harper, MD, AGSF. “She has a laser-like focus on improving the knowledge and skills of the entire healthcare workforce, so everyone is prepared to care for all of us as we age. We are truly fortunate that she chose a career in geriatrics. Her warmth, passion, and approach to teaching embody the spirit of the late Dennis W. Jahnigen, MD, for whom this award is named.”

Throughout her career in geriatrics, Dr. Denson has been a pioneer in using innovative teaching strategies such as team-based learning, case-based learning, standardized patients, and gaming. At the Medical College of Wisconsin, she has led Geriatrics Education Teams (GETs) in Trauma Surgery, Cardiology, Emergency Medicine, Psychiatry, and Hematology-Oncology. These teams collaboratively identified specialty-specific educational gaps, then created, delivered, and disseminated curricular materials. In 2007, Dr. Denson assumed leadership of the Med-Ger fellowship program – an innovative four-year combined residency and fellowship program that offers internal medicine residents an opportunity to complete geriatrics fellowship requirements during their residency, creating time in their fellowship year to undertake projects or develop additional skills. This training model is now being disseminated nationally, with leadership through the Medical College of Wisconsin, AGS, and its Association of Geriatric Academic

Program Directors (ADGAP). Thus far, eight institutions are participating, creating combined programs approved by the Accreditation Council for Graduate Medical Education (ACGME), the American Board of Internal Medicine (ABIM), and the American Board of Family Medicine (ABFM).

At AGS, Dr. Denson is a member of the AGS/ADGAP Education Committee and the Co-Chair of the AGS Resident Activities Sub-committee. She also serves as an Associate Editor for Aquifer Geriatrics, the AGS national online curriculum, and contributes significant time and expertise to trainee programming at the AGS Annual Meeting.

### The David H. Solomon Memorial Public Service Award

The AGS recognizes **Alan Lazaroff, MD, AGSF**, as the recipient of the 2023 David H. Solomon Memorial Public Service Award, for his passionate advocacy to better align Medicare payment to meet the unique healthcare needs of older adults and to improve care coordination for patients with chronic conditions.

“Dr. Lazaroff has been involved with the work of the American Geriatrics Society for over 25 years,” said AGS Chair G. Michael Harper, MD, AGSF. “When the AMA/RUC created a seat for geriatrics in 2012, he became the first occupant. In this role he effectively articulated the work of caring for older adults. His deep knowledge of the physician payment system has helped the AGS advocate to CMS for changes in how geriatrics health professionals are paid to prioritize reimbursement for services that improve care for older adults with multiple complex and chronic conditions. Like Dr. David Solomon, for whom this award is named, Dr. Lazaroff gives the AGS the gift of his time and expertise and I can think of no one more deserving of this award.”

At AGS, Dr. Lazaroff has been a member of the AGS Health Care Systems Committee, the AGS Public Policy Committee, and served on the Board from 2013-2019. He recently stepped down from the seat on the RUC but continues to be an active participant in our monthly payment subcommittee calls and in our larger public policy efforts. Over the years, he has also served as an AGS-nominated member of multiple expert panels, most recently participating in a CMS effort to develop care episode and patient condition groups for use in costs measures to meet the requirements of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). He is known as a collaborative member who works to build consensus on how best to design a health care system that supports us all as we age. He has been a key contributor to the development



of new codes for transitional care management, chronic care management, assessment and planning for cognitive impairment, advance care planning, and most recently, the revision and re-valuation of the office visit evaluation and management codes.

Dr. Lazaroff recently retired from a full-time career focused on providing clinical care to older adults across settings, including office-based care, hospitals, and skilled nursing and rehabilitation facilities. He is the founder of one of the original PACE replication sites in 1989, and as Board Chair of that organization helped to grow it into one of the largest and most successful PACE programs. In collaboration with other primary care physicians, he built a primary care IPA and related management company which was one of the 32 Pioneer Accountable Care Organizations chosen by the Center for Medicare and Medicaid Innovation (CMMI). Together with colleagues, he was able to create a model where geriatricians could demonstrate exceptional cost-effectiveness and quality and be appropriately reimbursed for delivering high quality, person-centered care to the older adults they serve.

### Clinician of the Year Award

**Shelley R. McDonald, DO, PhD, MCG**, is the recipient of the 2023 Clinician of the Year Award. Dr. McDonald is an Associate Professor of Internal Medicine at Duke University School of Medicine.

“Our 2023 clinician of the year, Dr. Shelley McDonald, is a national champion for improved perioperative care of older adults undergoing surgery,” said AGS Chair G. Michael Harper, MD, AGSF. “She is the Geriatrics Medical Director of the Perioperative Optimization of Senior Health (POSH) program at Duke. In that role, she exemplifies the team-based approach to care that is the hallmark of geriatrics practice, always putting the older person at the center of care with a focus on their goals and needs. An extraordinary geriatrician, she has collaborated with surgical champions to reach across disciplines and specialties to build POSH in a way that is inspiring others to implement it at their own institutions.”

A seasoned clinician with a background in research, Dr. McDonald has been a champion for building the evidence base for POSH, seeking out every opportunity to collaborate with Duke investigators to ensure that it will become a recognized and reproducible model of care for older adults. This has produced numerous high-profile publications,



internal and external grants, and notable outcomes that include shorter lengths of stay, fewer complications, and fewer hospital readmissions. VA funding allowed POSH to be developed at the Durham VA Medical Center. Similar programs have been implemented in Madison, WI and Boston, MA, as well as at UT Southwestern Medical Center in Dallas, TX (by Duke Geriatric fellowship alumni and a Duke surgeon who transitioned there but did not want to leave his POSH experience behind).

Dr. McDonald is an advocate for all who are marginalized. She and the POSH team address the non-medical factors that influence health outcomes, such as limited health literacy, food insecurity, lack of transportation, financial distress, household stress, or inadequate social connections. Additionally, she lends her time and expertise to her community through service at the local food banks and has organized first aid stations for annual memory walks for the Alzheimer's Association. An avid gardener and cook, she connects especially well with the people of North Carolina who come from rural communities to seek specialty care and surgery at Duke. These connections build bridges and trust at a time when many people become overwhelmed yet need to understand their options and how to fully participate in a system that may be out of their comfort zone.

Dr. McDonald received her undergraduate degree as well as a Master of Clinical Gerontology from Baylor University, her PhD from the University of North Texas Graduate School of Biomedical Sciences, and her DO from the Texas College of Osteopathic Medicine. She completed residency training at the Scott & White Hospital/Texas A&M Health Science Center/College of Medicine and was a three-year geriatrics fellow at Duke University Medical Center.

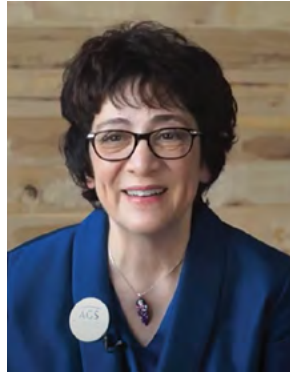
An AGS member since 1999, Dr. McDonald is active in our Geriatric-Surgical Co-Management Special Interest Group and has mentored many AGS members who wish to emulate POSH at their own institutions. AGS is delighted to honor her with the Clinician of the Year Award in recognition of how she has brought her numerous talents and skills to bear during an exceptional clinical career with a focus on ensuring that we all have access to person-centered, high quality surgical care as we age.

### Edward Henderson Award

The AGS honored **Debra Saliba, MD, MPH, AGSF** with the 2023 Edward Henderson Award for her lifelong focus on giving voice to frail older adults so that the care and services they receive better reflect their needs and goals. She delivered the Society's Henderson State-of-the-Art Lecture at #AGS 2023.

Dr. Saliba has more than 25 years of experience leading geriatrics research across the continuum of care. Among noteworthy career highlights is her work to develop and test

the Vulnerable Elders 13-item Survey (VES-13), a survey that uses individuals' reports of function and health to efficiently identify older adults at risk for decline or death. The VES-13 has been translated into eight languages and is used in clinical practice, research, and health systems around the world. A second highlight is her leadership of a nationwide team that



developed a new Minimum Data Set (MDS) assessment—a tool used more than 14 million times a year to identify the needs of persons in nursing homes and to guide their care planning. CMS also uses MDS to generate care quality measures and to inform reimbursement for post-acute care in US nursing homes. Dr. Saliba and colleagues pioneered the use in MDS of patient self-report questions to identify patient needs. This work laid the foundation for inclusion of patient reported symptoms in other post-acute care settings to improve coordination and care quality. Dr. Saliba's research has also explored home and community-based services and supports, the relationship of staffing patterns to care quality, and interventions to decrease the need for and adverse consequences of hospitalization.

“Dr. Saliba's career embodies her commitment to working with colleagues, older adults, and caregivers on improving our collective health and quality of life as we age,” said G. Michael Harper, MD, AGSF, Chair of the AGS. “She is passionate about giving voice to older adults so that the care that they receive is more targeted to their needs and goals. The AGS has benefited from her wisdom, passion for older adults, and generous spirit during her more than two decades of service to the Society. Like Dr. Henderson for whom this award is named, Dr. Saliba exemplifies how geriatrics health professionals can significantly impact public policy and clinical practice and I am delighted that we are honoring her with this award.”

Dr. Saliba, a Professor of Medicine, holds the Anna and Harry Borun Endowed Chair in Geriatrics and Gerontology at UCLA. She is the Director of the UCLA/JH Borun Center for Gerontological Research. At the VA Greater Los Angeles Healthcare System, she is a Physician Scientist in the Geriatric Research, Education, and Clinical Center (GRECC) and serves as the Associate Director for Education at the HSR&D Center for the Study of Healthcare Innovation, Implementation and Policy. Dr. Saliba is also a Senior Natural Scientist at RAND. Dr. Saliba has authored more than 200 publications and chapters in aging and continues to work with older adults and caregivers as a physician with the VA. She was a co-author of the National Academies of Sciences,

Engineering, and Medicine's 2022 report “*The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff.*”

Like the geriatrician for whom her award is named, Dr. Saliba has selflessly shared her talent and energy with AGS. She has served on multiple committees, work groups, and the AGS Board. Dr. Saliba was AGS President from 2017-2018 and Board Chair from 2018-2019. She currently serves as an Executive Editor for the *Journal of the American Geriatrics Society* and is the JAGS liaison to our Public Policy and Quality and Performance Measurement Committees. She has represented the Society in a number of external venues, mentored many of our younger members, and served on multiple AGS writing groups for Society white papers, position statements, and guidelines.

### Jeffrey H. Silverstein Memorial Award

**Elizabeth L. Whitlock, MD**, an Assistant Professor in the Department of Anesthesia and Perioperative Care at the University of California, San Francisco (UCSF), is the 2023 recipient of the Jeffrey H. Silverstein Memorial Award for Emerging Investigators in the Surgical and Related Medical Specialties. The award recognizes Dr. Whitlock for her cross-cutting work in geriatrics, anesthesiology, and epidemiology.



“Since its inception, the AGS has worked to advance the care of older adults and to ensure that all clinicians are skilled in delivering person-centered health care to all of us as we age.” said AGS Chair G. Michael Harper, MD, AGSF. “Dr. Whitlock's research is explicitly geared towards helping older individuals make decisions about surgical care that consider their cognitive and physical outcomes. Her emerging body of evidence embodies what Dr. Silverstein, for whom this award is named, and other leaders of the Geriatrics-for-Specialists Initiative hoped for when they set out to support and mentor early-career investigators to pursue research at the intersection of geriatrics and their own specialty.”

Dr. Whitlock is the recipient of a GEMSSTAR R03 award, which was funded by the NIA and the Foundation for Anesthesia Education and Research (FAER), and a UCSF KL2 Award. For her GEMSSTAR Award, Dr. Whitlock sought to bridge the fields of anesthesiology, geriatrics, and epidemiology, taking a population-level view towards measuring long-term cognitive outcomes after surgery and surgically relevant conditions. With her GEMSSTAR funding, she identified a unique opportunity for causal inference in understanding whether major heart surgery differentially affects cognition



compared to minimally invasive coronary revascularization. The major conclusion of this work, which was published in *JAMA* in 2021, was that average cognitive outcomes were equivalent, suggesting that clinical needs—and not concerns about the cognitive impact of major heart surgery—should drive revascularization decisions for older adults.

In 2022, NIA awarded her an R01, which is focused on predicting long-term cognitive outcomes after major noncardiac surgery for older adults. Dr. Whitlock's long-term goal is to build the evidence base that will allow clinicians to predict adverse neurocognitive sequelae of surgery for older adults. This would allow clinicians to include potential cognitive outcomes in their discussion of the risks and benefits of surgery in the same way that they currently discuss outcomes like relief of pain and prevention of metastatic disease.

An AGS member since 2016, Dr. Whitlock has presented her research at several AGS Annual Scientific Meetings, received the Presidential Best Abstract award for Epidemiology in 2020, and has volunteered as an AGS Annual Scientific Meeting abstract reviewer since 2018. At #AGS23, she presented her research on cognitive outcomes after total joint arthroplasty using population-based data and explored novel data on patient-centered definitions of postoperative cognitive dysfunction. These lines of inquiry are crucial to support patient-centered shared decision making for older adults considering surgery and for potential efforts to prevent and treat postoperative neurocognitive disorder when it occurs.

Board-certified in anesthesiology, Dr. Whitlock received her MD from the Washington University School of Medicine in St. Louis, MO. She completed her internship, residency, and fellowship at University of California San Francisco, where she is an Assistant Professor. Like Dr. Silverstein, Dr. Whitlock is working to bring attention to the unique health care needs of older adults by taking on national leadership roles within professional organizations representing anesthesiology and surgery. She is a member of the Anesthesia Research Council's Steering Committee, the American College of Surgeons' Geriatric Surgical Verification Program's Education and Feedback Task Force, the American Society of Anesthesiologists' Geriatric Anesthesia Task Force, and recently completed a term on the Association of University Anesthesiologists' Leadership Advisory Board. She is an Associate Editor at the *British Journal of Anaesthesia* and has been Associate Editor for the Geriatrics section of the journal *Anesthesia and Analgesia* since 2019.

### Outstanding Junior Clinician Educator of the Year Award

The AGS is pleased to present the 2023 Outstanding Junior Clinician Educator of the year award to **Jennifer Ouellet, MD**, an innovative clinician and Assistant Professor at the Yale University Section of Geriatrics. Dr. Ouellet is a skilled

educator who has developed curricula for health professional trainees based on the Age Friendly Health System 4M's Framework, anchored by the Geriatrics 5Ms, which includes multicomplicity.

Dr. Ouellet provides care for older adults on an inpatient Geriatrics Acute Care of the Elderly (ACE) Unit and consultations in the inpatient and outpatient settings. She has several educational leadership roles including the Coordinator for Interprofessional Education at the Yale Geriatrics Workforce Enhancement Program (GWEP) and the director of the curriculum for the ACE unit at Yale New Haven Hospital. Through these roles, she works with trainees at all levels, lecturing to, leading workshops with, and supervising ambulatory and inpatient clinical activities with PA students, APRN students, and medical students, residents, and fellows. In 2019, Dr. Ouellet was named to the Tideswell Emerging Leader in Aging Program, where she collaborated with experts in geriatric medicine and education to develop a patient priorities aligned decision making curriculum for Geriatric Medicine fellows across the country. This curriculum has since been adapted for clinicians, educators, and trainees at all levels, including medical students, APRN students, and Internal Medicine residents.

She has been honored with several teaching awards, including the prestigious Edwin Cadman Teacher of the Year Award in 2020, which recognized her for her clinical and educational excellence. An active member of the AGS since 2015, Dr. Ouellet is a member of multiple AGS Special Interest Groups, the Teachers section, regularly presents her work at AGS Annual Scientific Meetings, and served as a slide editor for the *Geriatric Review Syllabus Teaching Slides* in 2021. A passionate and nationally recognized leader in geriatric education and priorities aligned decision making, Dr. Ouellet is celebrated for her many contributions to the field of geriatrics.



### The Outstanding Junior Clinician Education Manuscript Award

The AGS recognizes **Susan Glassburn, PhD, MSW** as this year's Outstanding Junior Clinician Education Manuscript Award recipient for her work on "Preparing advanced learners for geriatric team care: A short-term curricular model that works" published in *Gerontology & Geriatrics Education* in 2022. Researchers predict that by 2025 there will be approximately a 45% increase in demand for full-time geriatricians in the country, and yet despite this clear growing need, the

number of certified geriatricians has not grown significantly since 1994. This concerning trend carries across various professions: fewer than one percent of nurses and three percent of advanced practice nurses are certified in geriatrics, and research indicates that social work students show a lack of interest in the care of older adults.



Funded by a Geriatrics Workforce Enhancement Program (GWEP), Dr. Glassburn and an interprofessional team of educators developed a short-term geriatrics experience with content focusing on medication management, dementia, depression, falls, and myths about aging. This innovative geriatrics curriculum provided an entry-level geriatrics exposure for medical students and graduate students in nursing and social work and showed a marked increase in student knowledge about the needs of older adults as well as improvements in student attitude towards older adults.

An Assistant Professor at the Indiana University School of Social Work with 20+ years of experience in the home healthcare and hospice settings, Dr. Glassburn aims to prepare competent and critically reflective advanced level social worker practitioners and has a research focus on curriculum development, interprofessional engagement, and the scholarship and practice of teaching.

### The Outstanding Junior Investigator of the Year Award

The Outstanding Junior Investigator of the Year Award this year honors **Halima Amjad, MD, PhD, MPH**, an Assistant Professor of Medicine in the Division of Geriatric Medicine and Gerontology at Johns Hopkins University. A junior clinician investigator with a passion for dementia care, Dr. Amjad works to inform and improve the care of older adults with dementia through health services research and care delivery interventions that can be implemented in real world settings. Dr. Amjad is an accomplished researcher who has built an impressive body of work including 34 peer-reviewed publications, including 13 first- or senior-author research manuscripts, five invited commentaries, and seven oral abstract presentations. She has received an impressive seven internal and external research and career development awards, including a KL2 award, Johns Hopkins Alzheimer's Disease Resource Center for Minority Aging



Research pilot award, NIA R03 award, and most recently a NIA K23 award. Through these grants, Dr. Amjad has researched potentially unsafe activities and healthcare utilization in older adults living undiagnosed or unaware of dementia and now uses her findings to develop a practical intervention to facilitate high quality, comprehensive post-diagnosis care for dementia in primary care settings.

An active member of the AGS, Dr. Amjad has served as the Chair of the Fellows-in-Training section, participated in the first cohort of the JAGS Junior Reviewer Program, currently sits on the JAGS Editorial Board, and in 2017 was awarded the Junior Research Manuscript Award for her paper on continuity of care and health services utilization in dementia. A rising star in aging and dementia care research, Dr. Amjad has built an impressive record of research accomplishments and has demonstrated a deep commitment to a career in aging research.

The Outstanding Junior Investigator of the Year Award this year also honors **Tim Anderson, MD, MA, MAS**, an Assistant Professor of Medicine at Harvard Medical School in the Division of General Medicine at Beth Israel Deaconess Medical Center. An experienced early-stage investigator with more than 35 first and senior-authored publications, Dr. Anderson co-directs the BIDMC Prescribing Wisely Lab where his research portfolio studies the prescribing and deprescribing of older adults' chronic medications and the impact of hospitalization on older adults' chronic disease trajectories. Dr. Anderson has received substantial external grant funding, including an NIA K76 Paul B. Beeson Emerging Leaders Career Development Award in Aging, an American Heart Association Career Development Award, an NIA GEMSSTAR R03 grant, an American College of Cardiology Bellows Geriatric Cardiology Award, a Boston OAIC Pepper Center Research and Education Core Pilot Award, and two pilot awards from the US Deprescribing Research Network. Dr. Anderson's research has influenced both public discourse, with press coverage in *The New York Times* and other media outlets, and clinical practice, with his work recognized in the *New England Journal of Medicine's* Journal Watch as a "Top Clinical Practice Changing Article" of the year. He has been an active member of the AGS since first attending the Annual Scientific Meeting as a fellow, and since then has delivered a plenary paper presentation at #AGS18, participated in two AGS/ACC/NIA-sponsored U-13 conferences, written and served as a peer-reviewer for JAGS, and co-organized an #AGS22 symposium. A talented



emerging investigator at the intersection of aging, prescribing, and transitions of care, Dr. Anderson is commended for his highly innovative and impactful research that will improve care for hospitalized older adults.

### The Outstanding Junior Research Manuscript Award

The Outstanding Junior Research Manuscript Award was presented to **Lauren Hunt, PhD, RN, MSN** for her study, “A

*national study of disenrollment from hospice among people with dementia,”* published in the *Journal of the American Geriatrics Society* in October 2022. Dr. Hunt’s observational study of over 800,000 people with dementia enrolled in the Medicare Hospice Benefit found substantially higher rates of hospice disenrollment associated with patient characteristics including minoritized race, gender, and age. These findings raise important questions about whether and how the Medicare Hospice Benefit could be adapted to reduce disparities and better support the growing number of people dying with dementia. Dr. Hunt’s study also found substantial variation in hospice agency disenrollment rates, highlighting growing concerns about a hospice industry that is increasingly shifting from non-profit, mission-driven organizations to for-profit, corporate organizations. The publication, funded by a National Institute on Aging Beeson K76 Award, exemplifies Dr. Hunt’s research goal to build an evidence base to drive policies and care model delivery to ensure that older adults, especially those with dementia, receive the best possible care as they approach the end of life.

A PhD-trained hospice and palliative care nurse-researcher and Assistant Professor of Physiological Nursing at the UCSF School of Nursing, Dr. Hunt is celebrated for her important contributions to our understanding of hospice use and quality for people with and without dementia.



### The Outstanding Mid-Career Clinician Educator of the Year Award

The 2023 Outstanding Mid-Career Clinician Educator of the Year Award recognizes **Todd James, MD, AGSF** for his exceptional track record of effective leadership of geriatrics and interprofessional educational programs across multiple settings of care and levels of trainees.

An Associate Professor of Medicine at the UCSF Division of Geriatrics, Dr. James serves as a co-investigator for the UCSF Geriatric Workforce Enhancement Program (GWEP) and co-leads the Interprofessional Education Strategies

session at the UCSF Center for Faculty Educators Teaching Certificate Program. Through his role in the UCSF GWEP, he serves as site director for geriatrics education and has created numerous online modules and live symposiums for community providers and trainees. A former recipient of a Geriatrics Academic Career Award, Dr.



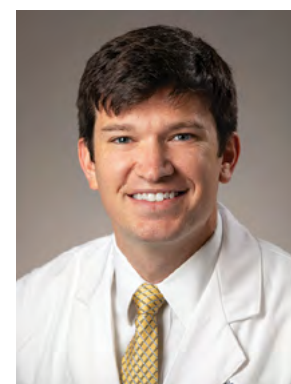
James has transformed the care for older adults in the UCSF Emergency Department through the co-creation of the Age Friendly Emergency Department. He has contributed to the ABIM Geriatric Medicine Item-Writing Task Force, setting standards for the profession, and creating test questions which are used in the certification pathways for geriatric medicine. A champion of dynamic teaching, Dr. James previously coached a winning interprofessional team of pre-licensure health professional students at the University of Minnesota Interprofessional Geriatric Case Competition.

An active member of the AGS community, he serves as co-chair for the Interprofessional Education and Practice (IEP) Special Interest Group, and recently helped initiate a new AGS Special Interest Group for Geriatric Emergency Departments. A leader of local and national interprofessional education both in the classroom and in clinical practice, Dr. James has demonstrated a profound commitment to the training of future generations of health professionals to provide high-quality, team-based care for older adults.

### Health In Aging Foundation New Investigator Awards 2023 Recipients

**Cameron Gettel, MD, MHS** is an Assistant Professor in the Yale University Department of Emergency Medicine

and a Clinical Investigator at the Yale Center for Outcomes Research and Evaluation. Dr. Gettel’s research focuses on addressing care transitions, falls, patient-centered outcomes, and Medicare payment policy for the acute care of older adults. His AGS Annual Meeting abstract entitled “*An outcome comparison between geriatric and non-geriatric emergency departments*” assessed patient-centered outcomes of older adults visiting geriatric and non-geriatric emergency departments. The study provides foundational data that may yield new important insights to help inform the care of





older persons seeking emergency care. An active member of the AGS, Dr. Gettel serves as a reviewer for the *Journal of the American Geriatrics Society* and is a member of both the Care Transitions and the Geriatric ED (GER-ED) Special Interest Groups. Funded by the NIA GEMSSTAR Program, the Alzheimer's Association, and the NIA IMPACT Collaboratory among others, Dr. Gettel has distinguished himself as an outstanding investigator and is celebrated for his work at the intersection of emergency medicine and geriatrics.

**Kaley Hayes, PharmD, PhD** is an Assistant Professor of Health Services, Policy and Practice at Brown University and an Investigator in the Brown Center for Gerontology and Healthcare Research who researches the effects of medications for older adults, specifically in treatment of osteoporosis, diabetes, and hypertension. A rising star in geriatric pharmacoepidemiology, Dr. Hayes recently was awarded an NIA R01 grant to study the benefits and harms of long-term osteoporosis therapies in older adults. Her submitted research abstract for #AGS23, "COVID-19 booster vaccination by race, ethnicity, and frailty among 11.3 million older adults," identified racial and ethnic disparities in COVID-19 booster vaccinations among US Medicare beneficiaries and suggests additional outreach to address inequalities. A first author of 18 peer-reviewed journal articles and poster presenter at #AGS22, Dr. Hayes has demonstrated a commitment to a career in aging through her impressive track record of research.



**Sara C. LaHue, MD** is an NIA Butler-Williams Scholar, Assistant Professor of Clinical Neurology at the University of California San Francisco, and visiting scientist at the Buck Institute for Research on Aging. She investigates the ways biological mechanisms of aging and neurodegeneration drive the development of delirium and subsequent dementias. A prolific author of 35+ publications, including the first major COVID-19 delirium prevention and management recommendations in the *Journal of the American Geriatrics Society* which inspired a symposium that she presented at #AGS22, Dr. LaHue has quickly established herself a leader in



delirium research. Her submitted abstract for 2023 entitled "Accelerated biological age is associated with increased delirium prevalence and plasma neurofilament light in acute geriatric hip fracture pilot" suggests that mechanisms of biological aging may indeed be higher in patients with delirium. Supported by an NIA GEMSSTAR R03 and Larry L. Hillblom Foundation (LLHF) Start-Up Grant among other leadership roles, Dr. LaHue is celebrated for her extensive research experience, interdisciplinary collaborations, and passion for improving the care of vulnerable older populations.

**Brian E. McGarry, PT, PhD** is a physical therapist, health services researcher, and Assistant Professor in the Division of Geriatrics and Aging at the University of Rochester. His research focuses on the effects of Medicare policies on patient access and care quality, long-term care quality, and most recently, the impact of the COVID-19 pandemic on nursing homes. His submitted abstract entitled "Treatment of COVID-19 in Nursing Home Residents with Monoclonal Antibodies (mAbs)" found that nursing homes affiliated with geriatricians were more likely to use monoclonal antibodies to treat residents with COVID-19, suggesting that expertise in the care of older adults may be an important determinant of initiating antiviral treatment for skilled nursing facility residents with COVID-19. An AGS member since 2019 who serves on the Quality Performance and Measurement Committee, Dr. McGarry has published as first-author of over 35 peer-reviewed journal articles and has been cited in amicus briefs submitted to the US Supreme Court in the support of federal COVID-19 vaccine dates. A national leader with research expertise that lies at the center of aging, public policy, and the US health and long-term care systems, Dr. McGarry is celebrated for his achievement.



#### Clinical Student Research Award

**Matthew Cosmai** is the 2023 Clinician Student Research Award recipient for his submission, "Educational Videos to Inform Older Adults About Medication Safety," which he completed with Team Alice, an interdisciplinary research and advocacy team focused on patient safety for older adults at the University at Buffalo. Through a qualitative analysis



of open-ended survey questions, Mr. Cosmai found video-based interventions for older adults to be an effective method of improving patient knowledge of medication safety. In his final year of completing his Master of Social Work at the University at Buffalo School of Social Work, Mr. Cosmai has demonstrated a deep commitment to expanding knowledge of the healthcare aspects of social work and is celebrated for his accomplishments.

### The Scientist-in-Training Research Award

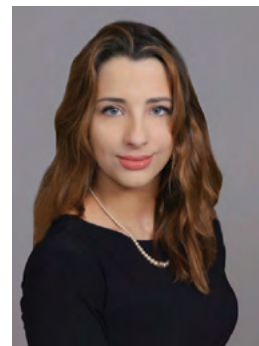
This year's recipient of the Scientist-in-Training Research Award is **Helen Omuya**, a PhD candidate at the University of Wisconsin–Madison School of Pharmacy. Informed by her career in pharmacy, Ms. Omuya's research work is focused on creating tools that enable older adults to effectively communicate their medication needs to providers.



In her recent study, “*Systematic Review of Deprescribing Outcomes in Older Adults with Polypharmacy*,” Ms. Omuya conducted a systematic review on the evidence from RCT studies on deprescribing in older adults with polypharmacy across multiple healthcare settings. She is currently working with the Veteran Affairs Hospital on a Quality Improvement project to evaluate describing interventions with older veterans in hopes that the model can be adopted by other VA sites. A demonstrated emerging pharmacy health services research scientist, Ms. Omuya and her important research contribute greatly to an ongoing body of evidence to inform clinicians and policymakers on the benefits of deprescribing.

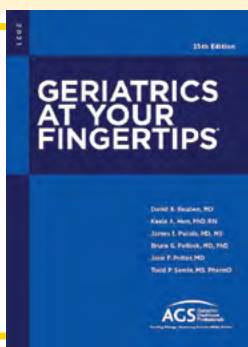
### The Edward Henderson Student Research Award

The 2023 Recipient of The Edward Henderson Student Research Award is **Victoria Kozar**, a third-year medical student at the University of Connecticut School of Medicine. Ms. Kozar is recognized for her extensive community involvement, significant leadership skills, record of academic excellence, and strong commitment to geriatrics care.



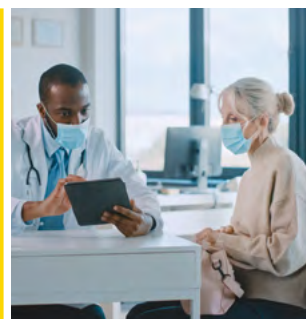
As an undergraduate student, Ms. Kozar was a pioneering participant of a first-of-its-kind program where she spent a year residing in an assisted living community, developing intergenerational programs and sharing her skills with neighbor residents. Since that time, Ms. Kozar has participated in numerous other educational initiatives including founding and serving as president of the AGS Student Chapter at UConn, delivering a TEDx talk on intergenerational relationships to combat ageism, and as a student representative for the UConn Curricular Advisory Committee where she spearheaded new editions to the UConn Medical School curriculum to promote understanding of the care of older adults. Her research study, “*Pandemonium: How COVID-19 Has Impacted Emotional Experience in Older Adults*,” examined how various life domains affected by COVID-19 related to emotional experiences among groups of older adults with or without a history of major depressive disorder was presented at #AGS23. An accomplished leader and vocal advocate for the needs of older adults, Ms. Kozar has demonstrated a deep commitment to the field of geriatrics. ♦

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as the RUC), and as physician lead for the Operations Division of University Medicine in Rhode Island. In addition to his work as Treasurer, President, and Board Chair, Dr. Hollmann has advised the AGS on the development of CPT codes, served as a member of the Quality Advisory Group, and served as member and chair of the Public Policy Committee.

We express our sincere gratitude to **Diane Chau, MD, FACP** for her passion about the transformation of healthcare using technology, and her valuable contributions to the AGS. A member of the AGS Board as a COSAR Co-chair since 2017, Dr. Chau currently serves as Project Director for the San Diego Geriatrics Workforce Enhancement Project.

Our outgoing committee members also have given greatly of their time and talents. Our sincere thanks to:

- **Christian Furman** from the Board of the Association of Directors of Geriatric Academic Programs
- **Nina Blachman** from the Ethnogeriatrics Committee
- **Steven Buslovich** and **Jonathan Flacker** from the Health Systems Innovation and Technology Committee
- **Alicia Arbaje** and **Gretchen Orosz** from the Public Education Committee
- **Linda DeCherrie** from the Public Policy Committee
- **Lloyd Roberts** from the Quality & Performance Measurement Committee
- **Zachary Marcum** from the Research Committee

### Our Outstanding Committee Service Awardees

Our Outstanding Committee Service Awardees are members who have made extraordinary contributions through our committees. Congratulations to:

- **Ariel Green** from the Clinical Practice & Models of Care Committee
- **Ravi Ramaswamy** from the Education Committee
- **Ursula Braun** from the Ethics Committee
- **Laura Byerly** and **Anushka Tandon** from the Ethnogeriatrics Committee
- **Alison Holliday** from the Health Systems Innovation & Technology Committee
- **Alicia Arbaje** from the Public Education Committee
- **Gina Upchurch** from the Public Policy Committee
- **Sonja Rosen** and **Paul Tatum** from the Quality & Performance Measurement Committee
- **Christine Kistler** from the Research Committee

## AGS PRESIDENT POSTER AWARD WINNERS

The AGS presented awards to posters in 12 categories during the #AGS23 Awards Ceremony on Friday, May 5th, 2023. Congratulations to the following winners:

- Case Series & Case Studies: Yu Shindo
- Clinical Innovation: Koshy Alexander
- Clinical Trials: Catherine Sarkisian
- Epidemiology: Victoria M. Lee
- Ethics & Qualitative Research: Mikayla Gordon Wexler
- Geriatric Bioscience: Sawyer Peralta
- Geriatric Education: Alaine Murawski
- Geriatric Medicine in Other Specialties: Eduardo Baluyot Biala
- Geriatric Syndromes: Iriana S. Hammel
- Health Services & Policy Research: Matthew E. Growdon
- Neurologic & Behavioral Science: Rejoice F. Dhliwayo
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# WHY I'M AN AGS MEMBER

Zaldy Tan, MD, MPH

The interdisciplinary nature of geriatrics provides the opportunity for physicians to learn from and collaborate with nurses, social workers, pharmacists, therapists, and gerontologists, thereby broadening our clinical perspectives and enriching our professional experience. I have encountered no other medical specialty with such scope and breadth, or colleagues with such intellectual curiosity and deep humanity. In turn, our patients, many of whom have multiple medical, functional, behavioral, and psychosocial issues, benefit from the comprehensive care that only geriatricians have the expertise to provide. These unique aspects of the practice of geriatrics have sustained my passion, curiosity, and interest in our field for the last 20 years.

Since fellowship, my interest has consistently gravitated towards the brain and memory disorders. To me, the brain is a fascinating organ whose inner functioning remains a mystery to modern medicine. It seems that the more answers we get, the more questions arise. The more discoveries we make, the deeper its mysteries get. For decades we have generally accepted that amyloid plaques are the cause of the progressive neurodegeneration and loss of cognition and function in Alzheimer's disease. Now that we have a way to effectively clear amyloid from the brain and yet the disease continues to march forward, we accept that there are other processes—inflammation, atherosclerosis, tau, microglia—that are involved. The same can be said about other conditions like frailty and delirium. The complexity of age-related diseases keeps geriatrics researchers busy and clinicians humble in accepting that there will always be mysteries whose solutions are just beyond our reach. Indeed, 'to cure sometimes, to relieve often, to

comfort always' still holds true for the treatment of age-related conditions.

With my interest in memory, I chose geriatrics over other related specialties like neurology and psychiatry because it is only with the broad scope of geriatric medicine that I can address the entirety of my patient's challenges. When I see a patient for a memory evaluation, as a geriatrician I can unravel the functional, psychological, and social challenges that often dwarf the challenges from their cognitive deficits. From gait and balance to medications and sleep, being a geriatrician memory specialist provides me with a whole-person view of the challenges of my patient that have their root in the brain but extend well beyond it. I consider my patients and caregivers as dyads whose health and outcomes are closely intertwined, making it possible for me to form lasting relationships with my patient's entire family.

As I reflect on my AGS membership experience thus far, I can't help but look back at the first meeting I attended in Chicago when I was a research fellow. Besides the inspiring plenary talks, the stimulating research presentations, and the rows upon rows of posters, an indelible memory was the air of friendship and collaborative spirit that pervaded the hallways and the conference center. Everywhere I looked, I saw signs of a community coming together. The small group huddled in a discussion, the one-on-one meetings between junior and senior geriatricians, and most of all the tight hugs and huge smiles akin to the meeting of long-lost friends impressed upon me the reason why I need to be part of AGS. All these years of being a member has only reinforced that decision. Thanks to AGS, I have had the privilege of being mentored by some of the geriatrics research greats—Inouye, Lipsitz, Kiel, Reuben—but it's the geriatrics *mentoring* greats—Fabiny, Gillick,



Mosqueda, and countless others—who had the greatest impact in my career path. By gentle nudging, thoughtful questioning, and intent listening, these geriatrics mentors have helped me discover my interests and explore my true passions. Now I am doing the same for more junior geriatricians, hopeful that I can impart some wisdom and provide guidance in their journey.

Why am I a member of AGS? It's been my professional home for decades—a constant community beyond the four walls of my current institutional home. It's where I met my mentors, teachers, mentees, and friends. This is why now—over 20 years later—I continue to look forward to every AGS meeting with a similar degree of curiosity and excitement of the new things I will learn, the novel ideas I will hear, and the friends—new and old—that I will have the opportunity to meet. ♦



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## Ten Medications Older Adults Should Avoid or Use with Caution

Because older adults often experience chronic health conditions that require treatment with multiple medications, there is a greater likelihood of experiencing unwanted drug side effects. Older people can also be more sensitive to certain medications. To help you make better informed decisions about your medications, and to lower your chances of overmedication and serious drug reactions, the American Geriatrics Society Health in Aging Foundation recommends that older people be cautious about using the following types of medications, including some that can be purchased without a prescription (over-the-counter).

▶ **If you are taking any of these medications, talk to your healthcare provider or pharmacist.**

▶ **Do not stop taking any medication without first talking to your healthcare provider.**

### Medication

### Reasons

#### Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Used to reduce pain and inflammation.  
AVOID regular, long-term use of NSAIDs

**USE WITH CAUTION**

- When good alternatives are not available and NSAIDs are necessary, use a proton pump inhibitor such as omeprazole (Prilosec) or misoprostol (Cytotec) to reduce bleeding risk.
- Use special caution if you are at higher risk of developing bleeding stomach ulcers. Those at higher risk include people more than 75 years old, people taking oral steroids, and people taking a blood-thinning medication such as apixaban (Eliquis), aspirin, clopidogrel (Plavix), dabigatran (Pradaxa), edoxaban (Savaysa), rivaroxaban (Xarelto), or warfarin (Coumadin).
- Also use special caution if you have kidney problems or heart failure.

NSAIDs can increase the risk of bleeding stomach ulcers. They can also increase blood pressure, affect your kidneys, and make heart failure worse.

#### Aspirin (for certain people - see below)

Used to prevent heart attacks and strokes

**USE WITH CAUTION**

- If you have NEVER had heart problems or a stroke, the harms of aspirin can outweigh its benefits.
- If you HAVE had heart problems or stroke, aspirin is usually recommended to prevent future heart problems or strokes.
- Talk with your healthcare provider if aspirin is right for you.

Aspirin can increase the risk of stomach bleeding.

#### Digoxin (Lanoxin)

Used to treat heart failure and irregular heartbeats.

**USE WITH CAUTION**

- For most older adults, other medications are safer and more effective.
- Avoid doses higher than 0.125 mg per day. Higher doses increase toxicity and provide little additional benefit.
- Be particularly careful if you have moderate or severe kidney problems.

It can be toxic in older adults and people whose kidneys do not work well.



## Medication

## Reasons

### Certain Diabetes Drugs

**USE WITH CAUTION**

- Glyburide (Glynase), glipizide (Glucotrol), glimepiride (Amaryl), gliclazide.

These can cause dangerously low blood sugar.

### **AVOID** Muscle Relaxants

- Such as cyclobenzaprine (Flexeril), methocarbamol (Robaxin), carisprodol (Soma), and similar medications.

They can leave you feeling groggy and confused, increase your risk of falls, and cause constipation, dry mouth, and problems urinating. Plus, there is little evidence that they work well.

### **AVOID** Certain Medications used for Anxiety and/or Insomnia

- Benzodiazepines, such as diazepam (Valium), alprazolam (Xanax), and chlordiazepoxide (Librium).
- Sleeping pills such as zaleplon (Sonata), zolpidem (Ambien), and eszopiclone (Lunesta).

They can increase your risk of falls, as well as cause confusion. Because it takes your body a long time to get rid of these drugs, these effects can carry into the day after you take the medication.

### **AVOID** Certain Anticholinergic Drugs

- Antidepressants amitriptyline (Elavil) and imipramine (Tofranil).
- Anti-Parkinson drug trihexyphenidyl (Artane).
- Irritable bowel syndrome drug dicyclomine (Bentyl).

They can cause confusion, constipation, dry mouth, blurry vision, and problems urinating (in men).

### **AVOID** Certain Over-the-Counter (OTC) Products

- AVOID products that contain the antihistamines diphenhydramine (Benadryl) and chlorpheniramine (AllerChlor, Chlor-Trimeton). These medications are often included in OTC remedies for coughs, colds, and allergies.
- AVOID OTC sleep products, like Tylenol PM, which contain antihistamines such as diphenhydramine.

Although these medications are sold without a prescription, they are not risk-free. They can cause confusion, blurred vision, constipation, problems urinating, and dry mouth.

### **AVOID** Estrogen Pills and Patches

- Typically prescribed for hot flashes and other menopause-related symptoms.

They can increase your risk of breast cancer, blood clots.

### If you are NOT being treated for psychosis

**USE WITH CAUTION**

- Use antipsychotics such as haloperidol (Haldol), risperidone (Risperdal), or quetiapine (Seroquel) WITH CAUTION. These medications are commonly used to treat behavioral problems in older adults with dementia.

They can increase the risk of stroke or even death in older adults with dementia. They can also cause tremors and other side effects, as well as increase your risk of falls.