

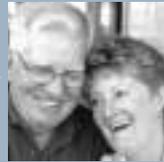
American

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in patient care, research, professional and public



education, and public policy.

Geriatrics Society

2 0 0 3 A N N U A L R E P O R T





The American Geriatrics Society (AGS) is a nationwide, not-for-profit association of geriatrics health care professionals, research scientists, and other concerned individuals dedicated to improving the health, independence, and quality of life of all older people.

The AGS promotes high quality, comprehensive and accessible care for America's older population, including those who are chronically ill and disabled. The organization provides leadership to health care professionals, policy makers and the public by developing, implementing and advocating for programs in patient care, research, professional and public education, and public policy.

Letter from the President

FROM THE DESK OF RICHARD W. BESDINE, MD, FACP, AGSF



2003 has been a fruitful year for the AGS, filled with growth and achievement in several areas including geriatrics education and clinical practice, advances in aging research, and public policy victories that benefit geriatrics care providers and the patients they serve. The continued success of AGS programs and services throughout the year propels not only the work of the Society, but also focuses welcome attention on the field of Geriatric Medicine.

For example, good news came our way in July when the American Board of Internal Medicine (ABIM) appointed AGS board member David Reuben, MD, to represent Geriatric Medicine on the ABIM board of directors. The ABIM is one of the 24 certifying boards of the American Board of Medical Specialties and comprises a distinguished board of nationally recognized leaders in medical education, clinical practice and research. Clearly, it is crucial for those who care for our nation's aging population to have a voice in decisions affecting the quality of healthcare in the U.S., and Dr. Reuben's appointment to the board of ABIM is an important and historical achievement for AGS and Geriatric Medicine.

In another victory for AGS, Peter Hollmann, MD, was elected to the CPT Editorial Panel of the American Medical Association. The Panel has agreed to establish a working group with several other specialty societies and Center for Medicare and Medicaid Services (CMS) representatives to determine if an accurate definition of standard services inherent in the geriatrics team approach and a non-specialty specific code would be viable.

In the public policy arena, we were successful in our efforts to rally members across the country to fight for provisions of the Geriatric Care Act (GCA) to be included in the Medicare Prescription Drug, Improvement and Modernization Act of 2003. Because of member efforts, the legislation superseded a scheduled 4.5% physician fee reduction by providing a 1.5% fee increase effective January 1, 2004 through 2005. AGS strongly supported the fee update, arguing that further cuts in physician fees would threaten beneficiaries' access to care. AGS members joined forces around this issue by contacting their Representatives and Senators, urging them to block the fee reductions.

Working together, AGS members and our representatives in Washington demonstrated that we can make a difference. I invite you to join in celebrating these and other important achievements of the AGS in 2003, and I extend my sincere gratitude to the AGS membership for their continued dedication and support of our work on behalf of our nation's older adults.

AGS PROFESSIONAL EDUCATION PROGRAMS AND PRODUCTS

AGS Annual Scientific Meeting

The 2003 annual meeting was the Society's largest and most successful meeting to date. More than 2,700 attendees came together in Baltimore, Maryland to sharpen their skills and knowledge in geriatrics and aging research. The annual meeting addressed the profes-

sional and educational needs of geriatrics professionals from all disciplines. It also provided many opportunities for attendees to network and exchange ideas and information with colleagues from across the country and around the world.

Attendees participated in over 80 continuing education sessions, including symposia, workshops and meet-the-expert sessions addressing such topics as dementia, depression, hip fracture overactive bladder and pressure ulcers. The 2004 Henderson State-of-the-Art lecture was given by Vincent Mor, PhD, and addressed health care quality in nursing homes.

Among the most popular sessions was the release of the AGS diabetes guidelines and a timely, informative session on the impact of SARS in Canada. Other popular sessions included

a pre-conference session on educating providers in end-of-life care geriatrics, and a two-part symposium on practical strategies for reducing adverse events among older patients transferring between sites of care.

AGS Launches GEMS Program: Geriatric Education for Emergency Medical Services

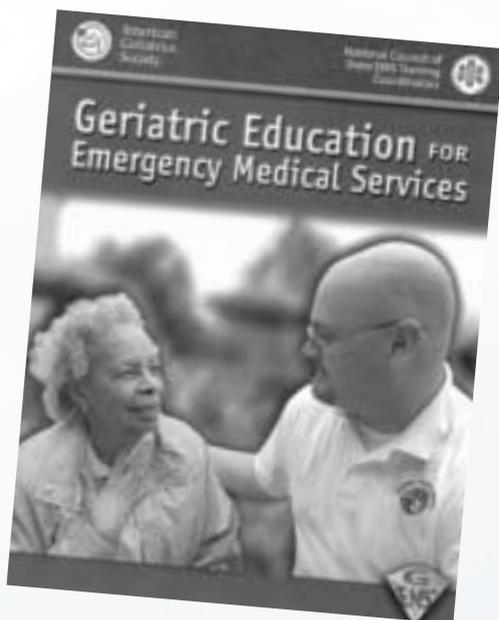
According to national statistics, nearly 34 percent of all calls for emergency medical services involve older patients; yet until now, the one million medical personnel called "first responders" have received less than one percent of their training on treating the elderly. In response to these alarming numbers, the AGS joined forces in 2003 with the National Council of State EMS Training Coordinators (NCSETC) to establish the first national continuing education

curriculum that trains first responders on how to handle emergency cases involving older adults.

Eight GEMS rollouts were held across the country in 2003, resulting in a total of 316 certified ALS GEMS course coordinators. These course coordinators have begun disseminating both the ALS and BLS GEMS courses in their states, which has resulted in certification of an additional 890 course coordinators.

[To learn more about the GEMS Program, visit the GEMS Web site at: www.gemssite.com.](http://www.gemssite.com)

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AGS PROFESSIONAL EDUCATION PROGRAMS AND PRODUCTS *continued*

AGS Teaching Tools Strengthen Geriatric Care

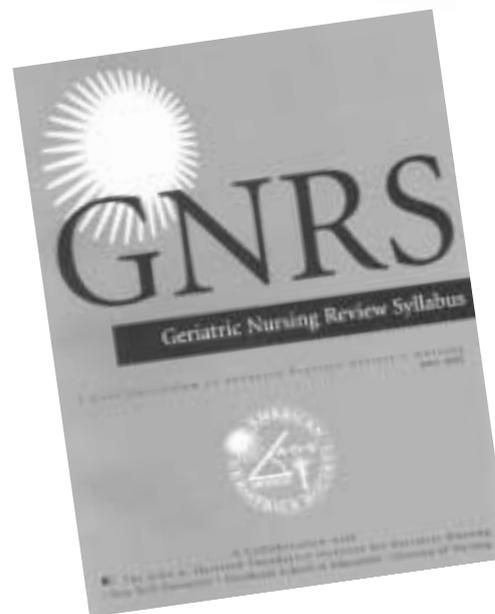
In keeping with its mission to improve the health and well-being of older adults, the American Geriatrics Society released two essential products in 2003 for geriatric health professionals: the *Geriatric Nursing Review Syllabus: A Core Curriculum in Advanced Practice Geriatric Nursing (GNRS)* and the *Geriatrics Review Syllabus, 5th Edition - Teaching Slides, Volume 1*.

Developed in collaboration with the John A. Hartford Foundation Institute of Geriatric Nursing at New York University and based on the *GRS5*, *GNRS* targets advanced practice geriatric nurses who attend to the health needs of older adults, offering an indispensable tool for mastering the complexities of geriatric care while allowing them to sharpen

the skills required for professional advancement in the field.

The AGS also developed a series of one-hour presentations based on *GRS5* called *GRS5 Teaching Slides, Volume 1*. The first in the series, this teaching tool includes slide presentations in Microsoft PowerPoint™ on topics such as osteoporosis, delirium, palliative care, dementia and preventive care. Each presentation is designed to provide one-hour seminars for use with faculty, fellows, residents, or students. Case studies and answers are also included in the set. ✨

GNRS is available through Fry Communications at (800) 334-1429, ext. 2529. The *GRS5 Teaching Slides* can be ordered online at: www.americangeriatrics.org/products



CLINICAL PRACTICE TOOLS

American Geriatrics Society Sets New Care Standards for Older Adults with Diabetes

The AGS broke new ground at its annual scientific meeting in May with the release of clinical guidelines that call for individualized assessment and treatment plans for older patients with diabetes.

The AGS and UCLA researchers based the creation of the **Guidelines for Improving the Care of the Older Person with Diabetes**

Mellitus on assessing a patient's functional status rather than relying simply on age, an approach that is critical to providing appropriate care. These guidelines emphasize the development of individualized goals and treatment plans and pay special attention to the potential impact of treatment decisions on both immediate and long-term quality of life.

The guidelines recommend that health providers screen for geriatric syndromes such as depression and urinary inconti-

nence, and to look for diseases like hypertension that can increase the risk for heart attacks and strokes in patients with diabetes.

An overriding goal of the AGS in producing the diabetes guideline is to give health providers the tools they need to help prevent increasing disability and death in older persons with diabetes. AGS is proud of its efforts to set new standards of care for older adults, and, in doing so, to help older adults

achieve better function and health in their day-to-day lives. In conjunction with the guideline's release, the AGS Foundation for Health in Aging (FHA) published several consumer education resources to help patients and caregivers better manage their diabetes.

The following brochures are available free-of-charge through the FHA Web site and through its toll-free number (800) 563-4916.

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[Know Your Diabetes Medications](#), a resource on safe use of insulin and other drugs used to treat Diabetes and related complications;
[Diabetes Patient Education Forum](#), a physician-authored Q&A that answers common questions older patients may have about diabetes;
[Diabetic Neuropathy](#), a pamphlet designed to help patients and caregivers understand and manage neuropathic pain;
[Lifestyle Changes for Living with Diabetes](#), a brochure that addresses glycemic control, blood sugar monitoring, nutrition, diet, exercise, and lifestyle modifications;
[Managing the Complications of Diabetes](#), a series of resources addressing management of hypertension, overactive bladder, falls, depression, and cognitive impairment



CLINICAL PRACTICE TOOLS *continued*

Geriatrics Experts Spotlight Mental Health Treatment for Nursing Home Residents

In 2003, the AGS and the American Association for Geriatric Psychiatry (AAGP) released a consensus statement to contribute to the national discussion on improving the quality of mental health care in nursing homes. The AGS/AAGP Panel that developed the consensus statement included representatives from 15 stakeholder organizations and was endorsed by 13 of these organizations. The Panel found that nursing home protocols for the screening and assessment of depression and behavioral symptoms in residents with dementia are inadequate and in need of an overhaul.

The group published the consensus statement *Improving the Quality of Mental Health Care in U.S. Nursing Homes: Management of Depression and Behavioral Symptoms Associated with Dementia* in the September 2003 issue of the *Journal of the American Geriatrics*

Society. Recommendations called for routine and regular screening for depression in every resident using improved screening instruments and first-line treatment of major depression with medications in combination with nonpharmacologic interventions.

Dissemination efforts included a presentation by former AGS President and Panel Co-Chair Joseph Ouslander, MD, who provided testimony in Washington, D.C. before a town hall meeting of the Center for Medicare and Medicaid Services (CMS) on mental health in nursing homes. Dr. Ouslander explained that the constraints of the current system do not allow nursing home staff to develop optimal, individualized care plans for residents.

"Improving the quality of care for residents with mental health problems will require enhanced training and staffing in nursing homes, complemented by greater availability of mental health consultation services."

Joseph Ouslander, MD

The project was supported by unrestricted grants from Eli Lilly and Janssen Pharmaceutica.

AGS Publishes 5th Edition Of *Geriatrics At Your Fingertips*

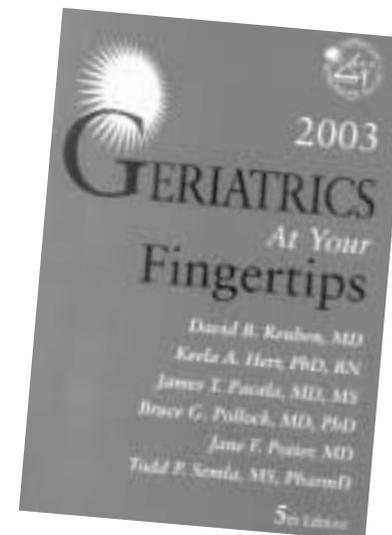
Geriatrics at Your Fingertips (GAYF) contains the most current, state-of-the-art information on caring for older adults. In the 5th edition, authors included recommendations on cross-cultural geriatrics based on the work of the AGS Ethnogeriatrics Committee. A "Brief Pain Inventory" was added to the assessment tools, and the chapter on Preoperative and Perioperative Care contained a new algorithm on reducing cardiac risk in noncardiac surgery. The medication tables provide the most up-to-date drug information for appropriate prescribing and include special caveats and cautions to be observed when using medications in older persons.

For the first time since its initial publication five years ago, GAYF became available for free online in 2003 at

www.geriatricsatyourfingertips.org. Plans are also underway to release GAYF for PDAs in May 2004.

GAYF is an excellent tool for all practicing clinicians, including physicians, nurse practitioners, nurses, physician assistants, and pharmacists, as well as professionals-in-training in all of these disciplines. ✨

To order *Geriatrics at Your Fingertips*, please call Blackwell Publishing at (800) 216-2522. Individual copies are \$12.95 each. You can also order online at:
www.blackwellscience.com.



GERIATRICS RESEARCH AND NEWS

JAGS Celebrates Its 50th Year As A Leading Peer-reviewed Journal in Geriatrics

The Journal of the American Geriatrics Society (JAGS) reached a milestone in 2003—50 years of extraordinary success and excellence! Over the last half century, the journal has evolved, matured, and achieved excellence through the leadership of its early editors, Drs. Paul Beeson and Gene Stollerman, and more recently under the sharp guidance of Drs. David Solomon, William Applegate, and current editor-in-chief Thomas Yoshikawa.

Since publishing its first articles in 1953, *JAGS* has become a leading peer-reviewed journal in the field of aging and is rated in the top five of the ISI Science Citation Index for geriatrics and gerontology publications.

To mark this golden anniversary, the journal printed a series of "best" papers throughout 2003 that were published in *JAGS* in each of the past five decades. Editors assigned to each decade provided brief editorial comment on their "best" paper. By publishing these papers, readers could note the great strides and advances in the care of older adults made with each succeeding

decade of research, education, training, and systems of care.

AGS hopes the next 50 years of *JAGS* will be as productive, rewarding, and stimulating as the last half century.

"The Journal of the American Geriatrics Society continues to strive to publish the highest-quality papers to assist the clinician in improving the delivery of care to older adults, the educator in developing better ways to train and teach students, the researcher in exploring new avenues of aging research, and the administrator in implementing the best systems of health care for our older population."

Thomas Yoshikawa, MD, Editor-in-Chief.

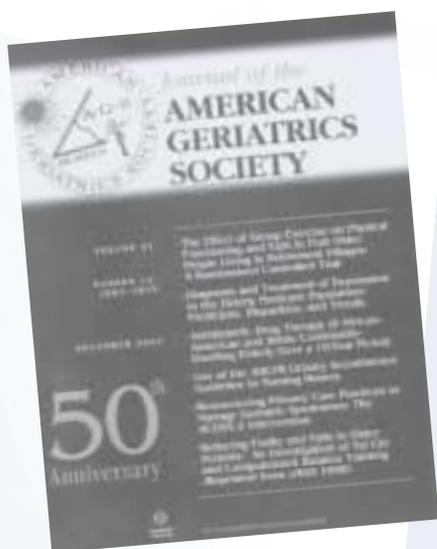
Annals of Long-term Care: Clinical Care and Aging

The *Annals of Long-Term Care: Clinical Care and Aging (ALTC)* is a monthly medical journal that

focuses on the clinical and practical issues related to the diagnosis and management of long-term care patients. This AGS publication presents the highest quality clinical reviews, analysis, and opinions that impact the present and future of long-term care, and is the premier source of information for professionals in the long-term care market.

In addition to the valuable review articles prepared by AGS members throughout 2003, the August issue highlighted presentations from the AGS annual scientific meeting in May. As an added special feature, each month the *ALTC* publishes abstracts from *Journal of the American Geriatrics Society* believed to be of special interest to community-based health care professionals.

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GERIATRICS RESEARCH AND NEWS *continued*

Clinical Geriatrics

Clinical Geriatrics (CG) focuses on both the clinical and practical issues related to the treatment and management of the older patient. *CG* is committed to publishing superior, detailed, up-to-date information for clinicians who diagnose and treat the elderly, while also serving as a practical resource for all health care providers. Clinical review articles discuss a wide range of medical conditions designed to educate clinicians about the clinical differences found in older patients and to help accurately diagnose and treat this rapidly expanding patient population. *CG* provides continu-



ing medical education for its clinician readership in each issue.

For more information about AGS Journals, please visit the AGS Web site at: www.americangeriatrics.org/products.

My AGS Online: Caring for Older Adults

More and more members signed onto *My AGS Online: Caring for Older Adults* in 2003 to take advantage of the fantastic resources offered through this exclusive AGS members' only portal Web site.

The Legislative News section of *My AGS* provides bi-weekly updates and breaking news on legislative issues affecting the field of geriatrics and the broader health care community. Members involved in grassroots activities and visits to Capitol Hill find the "AGS Legislative Toolkit: Communicating with Members of Congress" extremely useful. Updated each year, this online manual pro-

vides members with the nuts and bolts of effective communication with members of Congress.

In addition, other features such as the Clinical Resource Center, Health Links, and CME & Continuing Education sections on *My AGS* were enhanced this year to expand members' ability to communicate with each other and with AGS. For example, members could tap into the new AGS Filing Cabinet, which houses the mission and goals, action plans, and minutes for all AGS committees. Members can also post messages, committee business items, and Power Point™ presentations in the cabinet to support communication between face-to-face meetings with other members.



For more information about *My AGS Online*, please visit: www.myagsonline.org.

Blackwell Science Tapped as Publisher of AGS Newsletter

Beginning with the 2003 2nd quarter newsletter, AGS began producing *The AGS Newsletter* through Blackwell Science, the publisher of *Journal of the American Geriatrics Society*. Four times per year, AGS members receive a little extra news packaged in with their scientific journal. Along with the switch to Blackwell Science, AGS staff revamped the look and feel of the newsletter to reflect a more current image. Each quarterly newsletter is also posted as a PDF on the AGS Web site. ✨



AGS CONTINUES FIGHT IN WASHINGTON D.C. ON BEHALF OF CARE PROVIDERS AND PATIENTS

Proving once again that there is power in numbers, AGS members reached out to their local and state representatives to garner support in Washington for public policy initiatives spearheaded by the Society.

The most successful campaign of the year rallied members across the country to fight for provisions of the Geriatric Care Act (GCA) to be included in the Medicare Prescription Drug, Improvement and Modernization Act of 2003. Achieving this

victory was no small feat and we cannot thank our members enough for helping to persuade legislators to include provisions that will have a positive impact on all geriatric care providers.

This legislation superseded a scheduled 4.5% physician fee reduction by providing a 1.5% fee increase effective January 1, 2004 through 2005. AGS strongly supported the fee update, arguing that further cuts in physician fees would threaten beneficiaries' access to care. We expressed our concerns about physicians who rely almost entirely on Medicare being able to sustain their practices. AGS members rallied around this issue by contacting their Representatives and Senators, urging them to block the fee reductions. Working together, the AGS members and our representative in Washington demonstrated that we can make a difference.

In addition, two provisions of the **Geriatric Care Act** were included in the Medicare legislation. First, the bill provides an exception to the initial residency period for geriatric residency or fellowship programs, giving the Secretary of HHS the authority to clarify that geriatric training programs are eligible for two years of fellowship support under Medicare.

Second, the legislation includes a three-year Medicare Care Management Performance Demonstration, loosely based on another provision of the GCA that would have authorized Medicare to cover geriatric assessment and care coordination services. Under the bill, the HHS Secretary is required to set up projects in four sites, with at least two in urban areas and one in a rural area. One of the sites must be in a state with a medical school with a geriatrics department that manages rural

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AGS IN THE NEWS

The Washington Times

"ENTERING THE AGE OF LONGEVITY"

The field of aging is booming—not only because of the growing older population, but also because of the nature of the organizations working on older American's behalf.

December 16, 2003



AGS CONTINUES FIGHT IN WASHINGTON D.C. ON BEHALF OF CARE PROVIDERS AND PATIENTS *continued*

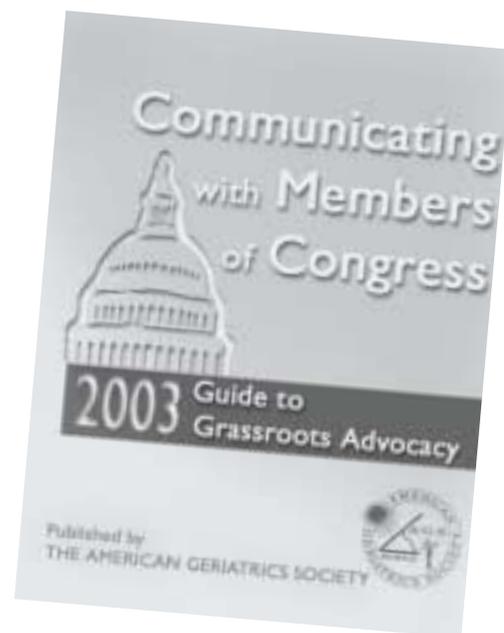
outreach sites and is capable of managing patients with multiple chronic conditions, one of which is dementia.

Physicians who provide care to a specified minimum number of eligible beneficiaries may participate if they agree to use health information technology, report electronically on clinical quality and outcomes measures, and manage the care of patients. Eligible beneficiaries must have one or more chronic medical conditions as specified by the Secretary.

These victories help bolster our momentum and strength in the public policy arena, and we pledge to continue fighting for the rights of geriatric care providers and the patients they serve.

In other policy news, for the third year in a row, CMS selected an AGS member to participate in its

Medicare Health Policy Scholars Program. Dr. Richard Stefanacci began his one-year term in July at CMS' offices in Baltimore in order to learn the challenges and opportunities of the Medicare program. In turn, CMS benefited from the perspective and knowledge of a geriatrics specialist as Dr. Stefanacci worked with CMS staff on policy related to the health of older adults and those who care for them. ✨



AGS IN THE NEWS

The New York Times

"ELDERLY PATIENTS WHOSE FINAL WISHES GO UNSAID PUT MANY DOCTORS IN A BIND" CHOOSING A FINAL CARE PLAN

"In order that patients get the health care they want if illness prevents them from making decisions, doctors and organizations like AARP, the American Medical Association and the American Geriatrics Society recommend that people develop care plans."

July 19, 2003

AGS AFFILIATES

Letter Writing Campaign Brings Affiliate Concerns to Congress

In an effort to educate members of Congress about geriatrics and the challenges in delivering quality care to older adults, the Co-Chairs of the Council of State Affiliate Representatives (COSAR), Barney Spivack, MD, and Thomas Jackson, MD, along with AGS Washington representative Susan Emmer, challenged the AGS state affiliates to a letter writing campaign to discuss issues pivotal to geriatric medicine and to build support for the Society's legislative agenda.

In January 2003, the state affiliates, as well as individual AGS members, were asked to contact members of Congress about the Geriatric Care Act. Talking points were provided in advance, and affiliates earned points for each letter and email sent, and every visit made. As a reward, the state affiliate that received the most points would win a free registration to the 2004 annual meeting.

Twenty-two affiliates participated in the letter writing campaign and at the conclusion of the challenge, the California Geriatrics Society received the most points, followed by the Florida Geriatrics Society. In recognition of their efforts, our friends in California were given one free registration to the 2004 AGS Annual Meeting in Las Vegas and a decorative plaque.

Three Affiliates Hold Evening Symposia on Persistent Pain

This winter, with support from Janssen Pharmaceutica, state affiliates in California, Ohio and Illinois hosted continuing medical education dinner symposia on the 2002 AGS Clinical Practice Guideline, *The Management of Persistent Pain in Older Persons*.

In addition to funding direct expenses, Janssen also provided an unrestricted educational grant of \$2,500 to each affiliate in support of its education and program

activities. State affiliate representatives moderated the events, and core faculty groups were drawn from the panel that developed the guideline in 2002. The symposia were a tremendous success for all three affiliates. The California Geriatrics Society reported 69 attendees, the highest turnout of the three.

Both of these efforts by the AGS affiliates have successfully increased the visibility of geriatric medicine throughout the country, worked to improve the quality of geriatrics education among health providers, and ultimately have contributed to shaping healthcare legislation at the state and national level.

[For more information about the 24 state affiliates of the AGS, please visit the AGS Web site at \[www.americangeriatrics.org/affiliates/index.shtml\]\(http://www.americangeriatrics.org/affiliates/index.shtml\).](http://www.americangeriatrics.org/affiliates/index.shtml)

Public Policy Grassroots Program Award

The California Geriatrics Society received the 2003 Public Policy Grassroots Program Award for their exceptional dedication to educating legislators about geriatric medicine and the need for policy changes to support the field. Through this initiative, state affiliates become better grassroots advocates on behalf of their members and help increase visibility among Congressional leaders. The California Geriatrics Society will be honored during the May 2004 Annual Meeting. ✨

SECTION OF SURGICAL AND RELATED MEDICAL SPECIALTIES AND SUBSPECIALTIES OF INTERNAL MEDICINE INITIATIVE

2003 Winners of the Jahnigen Career Development Scholars Awards Announced

As a part of the Society's ongoing efforts to enlist, encourage, and support specialists in improving the care of older adults, the AGS, with generous funding from the John A. Hartford Foundation and the Atlantic Philanthropies, Inc., awarded ten individuals \$200,000 each to conduct geriatric research in emergency medicine, general surgery, gynecology, ophthalmology, orthopaedic surgery, otolaryngology, physical medicine & rehabilitation, and thoracic surgery. The scholarships assist individuals in initiating and sustaining a career in geriatrics-oriented research and education within the surgical and related medical specialties.

AGS Helps Specialty Residents Hone Geriatric Care Credentials

In July, as part of its Hartford Foundation-funded project Increasing Expertise in Geriatrics for

Surgical and Related Medical Specialties, AGS named the Geriatrics Education for Specialty Residents (GESR) grant recipients. The GESR program provides \$32,000 over two years to specialists with detailed, workable plans for collaboration between a geriatrics department and a specialty residency program, one that buttresses geriatric expertise by increasing education for residents in the geriatrics aspects of their specialties.

The **Council of the Section of Surgical and Related Medical Specialties** held its second official meeting in May as part of the AGS annual meeting in Baltimore. The goal set in 2003 is to enhance the exchange of information between specialists and geriatricians and to disseminate favorable attitudes toward the care of older patients throughout the specialties.

The group also completed its work on a research agenda that will assist faculty in the specialties who have decided to pursue academic careers focused on the geriatric

aspects of their specialty by clarifying the state of knowledge at present and pointing out opportunities for valuable research. The final manuscript entitled *New Frontiers in Geriatrics Research: An Agenda for Surgical and Related Medical Specialties* will be released in 2004.

Integrating Geriatrics into the Subspecialties of Internal Medicine

Under the direction of Drs. William Hazzard and Kevin High, this initia-

tive seeks to integrate geriatrics into the subspecialties of medicine, including: cardiology, pulmonology, nephrology, gastroenterology, general internal medicine, rheumatology, infectious diseases, immunology, and endocrinology. In the past, the project has conducted Geriatrics Education Retreats to bring together leading geriatricians with subspecialty leaders to introduce them to geriatrics and engage them in our efforts to incorporate geriatrics in subspecialty training,



SECTION OF SURGICAL AND RELATED MEDICAL SPECIALTIES... *continued*

research, and clinical practice. The John A. Hartford Foundation and the Atlantic Philanthropies, Inc. are currently funding this effort.

Through a grant to the Association of Subspecialty Professors, the Atlantic Philanthropies, Inc. is funding the T. Franklin Williams Scholars Program, which provides funding to subspecialty junior faculty within each of the targeted subspecialties. To date, the Program has funded 14 Williams Scholars.

In 2003, Dr. High also led an effort in partnership with the Hartford Foundation, the Merck Institute for Aging & Health, Atlantic Philanthropies, Inc. and the American Board of Internal Medicine Initiative (ABIM) to develop geriatrics questions for the ABIM subspecialty recertification process. Continuous Professional Development (CPD). Eight

subspecialties participated in this effort (cardiology, oncology, nephrology, infectious diseases, pulmonary/critical care medicine, gastroenterology, rheumatology, and endocrinology).

The Society of Hospitalist Medicine (SHM) Initiative

Also added in 2003 is the Society of Hospitalist Medicine (SHM) Initiative, which seeks to create



and maintain a Geriatrics Task Force to guide educational and advocacy efforts; produce a timely, high quality electronic educational module on geriatric inpatient care for Hospitalists; conduct sessions at SHM Annual Meetings related to improving the quality of geriatric inpatient care; and create a Leadership Task Force to develop a curriculum that mentors Hospitalists to become system leaders and agents for change. Drs. Evelyn Granieri and Robert Schreiber are serving as the AGS representatives for this initiative. ✨

AGS IN THE NEWS



"ELDERLY PATIENT BOOM FACES SHORTAGE"

"For now, the American Geriatrics Society is trying to work with Congress to pass the Geriatric Care Act that would help improve payment for doctors who care for senior citizens."

August 28, 2003

AGS IN THE NEWS

2003 proved to be a stellar year for AGS in print, radio, television and Internet news. The release of *Guidelines for Improving the Care of the Older Person with Diabetes Mellitus* combined with diverse offerings of scientific presentations attracted noteworthy attention from media organizations across the country during and following the 2003 Annual Scientific Meeting.

The *Wall Street Journal* provided an in-depth look at diabetes in older adults, based on the AGS guidelines. The article, entitled "New Thinking on Diabetes Means Changes for Elderly," ran in the local and national editions of the *Journal* and was picked up in syndication by several high-circulation dailies.

The guidelines also received favorable placement in local

television and national radio outlets in several states. Experts such as Carol Mangione, MD, and Arlene Brown, MD, helped AGS reach listeners through radio interviews with national outlets such as CNN and the Associated Press.

Findings from the *Journal of the American Geriatrics Society* have been a constant presence in newspapers and Internet sites across the country as a result of the ongoing AGS press release program that highlights JAGS findings each month. You may have noticed the following articles featured throughout this report highlighting important news coverage for the AGS, a direct result of the efforts of the AGS Communications department:

Capital News 9 TV, Albany, NY
"Geriatrics Specialists Dwindling"

Wall Street Journal, New York, NY
"New Thinking on Diabetes Means Changes for Elderly"

New York Times, New York, NY
"Elderly Patients Whose Final Wishes Go Unsaid Put Many Doctors in a Bind: Choosing a Final Care Plan"

CNN
"Elderly Patient Boom Faces Shortage"

The Washington Times, Washington, D.C.
"Entering the Age of Longevity"

AGS IN THE NEWS



"NEW THINKING ON DIABETES MEANS CHANGES FOR ELDERLY"

"Between 13% and 15% of people age 65 or older currently have diabetes, and the numbers are rising as obesity spreads...[according to] a group of doctors affiliated with the American Geriatrics Society and the California HealthCare Foundation who recently wrote a guideline for doctors treating older patients with diabetes."

June 22, 2003

AGS FOUNDATION FOR HEALTH IN AGING

FHA marked another year of research and educational outreach that enriches the lives of older adults through programs in education, advocacy and clinical research.

FHA Encourages Talent in the Field and on the Microphone

In 2003 FHA created An Evening With Friends, an event filled with music, sing-a-longs, and skits performed by AGS members to raise funds for the FHA Student Researcher Fund, a program that provides stipends for students presenting research findings at the AGS Annual Meeting. Thanks to proceeds from an Evening with Friends, the fund enabled 60 students to attend the meeting and present individual research during paper and poster sessions. Students also participated in a special poster session and round-table luncheon that offered an opportunity to meet senior leaders in geriatrics.

PFIZER/FHA Junior Faculty Scholar Awards

In partnership with Pfizer Global Pharmaceuticals, the FHA presented the 2003 Pfizer/FHA Junior Faculty Scholar Awards for Research on Health Outcomes to Peifeng Hu, MD, PhD, of the David Geffen School of Medicine at UCLA and Jennifer Tjia, MD, from the University of Pennsylvania. Both scholars were awarded \$130,000 for a two-year pursuit of original outcomes research in geriatric medicine, with the specific goal of improving the quality-of-life of older adults.

Pfizer, an enthusiastic partner in the FHA's endeavors to identify and support future leaders who will advance the quality of care for older adults through geriatric research, has sponsored AGS/FHA research initiatives for nearly two decades.

Dr. Hu's study on "Antioxidants and Inflammation Markers as Risk Factors for Adverse Health Outcomes in High-Functioning Older Persons" will help formulate a

rational approach for new intervention options that will bring about improvements in the health and functional status of older persons. Dr. Tjia is studying "Prescription Drug Coverage and Health Outcomes in Elders" to investigate new therapies for older patients and how clinicians can best utilize them in practice. Dr. Tjia also hopes to learn how research can guide policy development, in particular Medicare prescription drug benefits, to improve medication management in older adults.

FHA Receives Anonymous Grant to Develop Online Geriatrics Tools for Patients and Caregivers

FHA received an anonymous gift in 2003 that will support a new FHA Web-based resource presenting health information for the public. This new Web site will present easy-to-read information on the common diseases and disorders of older adults both online and in printer-friendly formats. New materials being created for this online resource include a new

"What to Ask" series that will assist older adults and their caregivers to navigate the health care system by providing questions to ask health care providers on common diseases and disorders of older adults. This new Web resource will also serve as a portal, linking users to other reliable organizations, resources and additional in-depth health information.

Look for the launch of this exciting new Web resource in Fall 2004! ✨

For further information on this and other FHA publications, visit the FHA Web site at: www.healthinaging.org.





4TH ANNUAL LIFETIME OF CARING GALA

Ambassador Corinne “Lindy” Boggs joined past recipients President Jimmy Carter and Rosalyn Carter, Dr. Maya Angelou, and Dr. Sidney Katz as the recipient of the 2003 *Lifetime of Caring Award*. A Louisiana luminary who has worked with Presidents John F. Kennedy, Lyndon B. Johnson, Jimmy Carter and Bill Clinton, the former Ambassador to the

Vatican and Louisiana Congresswoman was feted for her decades-long commitment to public service.

Lindy Boggs’ daughter Cokie Roberts lent her talent as the evening’s host, sharing with the crowd the inspiration and pride she drew from her mother’s long service to the nation.

The Foundation also paid tribute to Merck & Co., Inc. with the 2003 *Discovery Award*.

Raymond Gilmartin, Merck’s Chairman, President and CEO, accepted the Discovery Award, highlighting Merck’s longstanding commitment to aging issues and research, to its continued partnership with the AGS and FHA, and to the work of young researchers through the

Merck/AGS New Investigator Awards.

The gala successfully raised \$400,000 for Foundation programs and services.



***I am honored beyond measure to receive
the Lifetime of Caring Award from the
Foundation for Health in Aging..."***

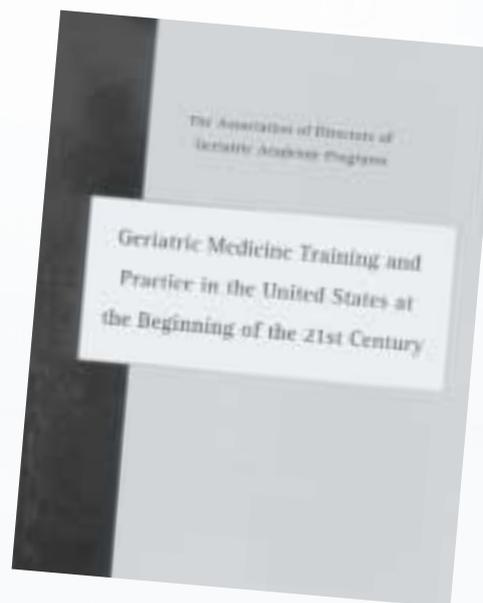
Ambassador Corinne "Lindy" Boggs

ASSOCIATION OF DIRECTORS OF GERIATRIC ACADEMIC PROGRAMS (ADGAP)

Since ADGAP was founded in 1990 it has created and fostered new methods of facilitating the development of leadership skills among academic geriatricians. Over the last year, ADGAP expanded its services to include convening a special interest group (SIG) for fellowship program directors. This group has met to discuss national issues that affect directors, such as funding for geriatric fellowships, resident cap issues and research. ADGAP has added the services of AGS Washington Representative, Susan Emmer, to address issues related to both SIG and ADGAP, including pursuing regulatory and legislative avenues to resolve the issue of second-year geriatric fellowship payments, the general medical education (GME) cap-extension, and increasing the funds for the health professions programs.

ADGAP's ongoing projects include:

- *The Hartford Geriatrics Leadership Scholars Program*, funded by the John A. Hartford Foundation, helps young academics develop leadership skills through intensive, formal training and mentoring by senior geriatrics leaders. ADGAP hosted a retreat in January where attendees participated in leadership skills training sessions, evaluations, and individual counseling on action plans for geriatric academic programs.
- *Developing a New Generation of Academic Programs in Geriatrics*, also funded by the John A. Hartford Foundation, helps support geriatrics programs that have demonstrated a commitment to geriatrics, but have not yet been recognized as centers for excellence.
- *Longitudinal Study of Training and Practice in Geriatrics Medicine*, led by Gregg Warshaw, MD, and funded by the Donald W. Reynolds Foundation, this study continues to collect and publish data on trends in geriatrics training, building upon the original report *Geriatric Medicine Training and Practice in the United States at the Beginning of the 21st Century*, published in 2002.
- *ADGAP/Reynolds Geriatrics Education Coordinating Center*, funded by the Donald W. Reynolds Foundation, is developing a clearinghouse for educators to use for finding and sharing educational tools geared toward increasing knowledge of topics related to aging and care for older adults. This project also convenes an annual meeting of the Donald W. Reynolds grantees under its Geriatrics education initiative. ✨



A MESSAGE FROM PAUL KATZ, MD, AGS TREASURER

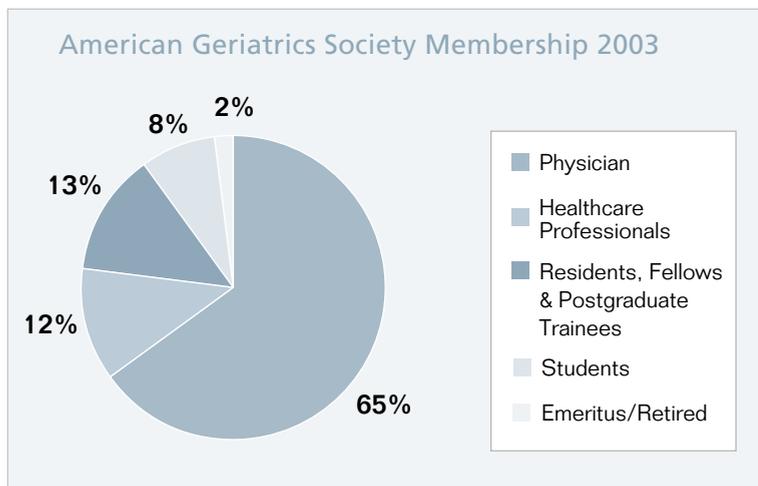


I am pleased to report that the AGS is currently in a healthy financial position. The Society's unrestricted fund balance represents a net worth of \$1.171 million. Current Assets exceed Current Liabilities by \$800,000, reflecting a positive cash position from AGS activities.

The continued growth in AGS membership, the sales of publications such as the *GRS* and *GAYF*, and strong participation in the Society's annual meeting has brought about growth in revenues over the past two years that will allow AGS to continue expanding its programs and services for the membership.

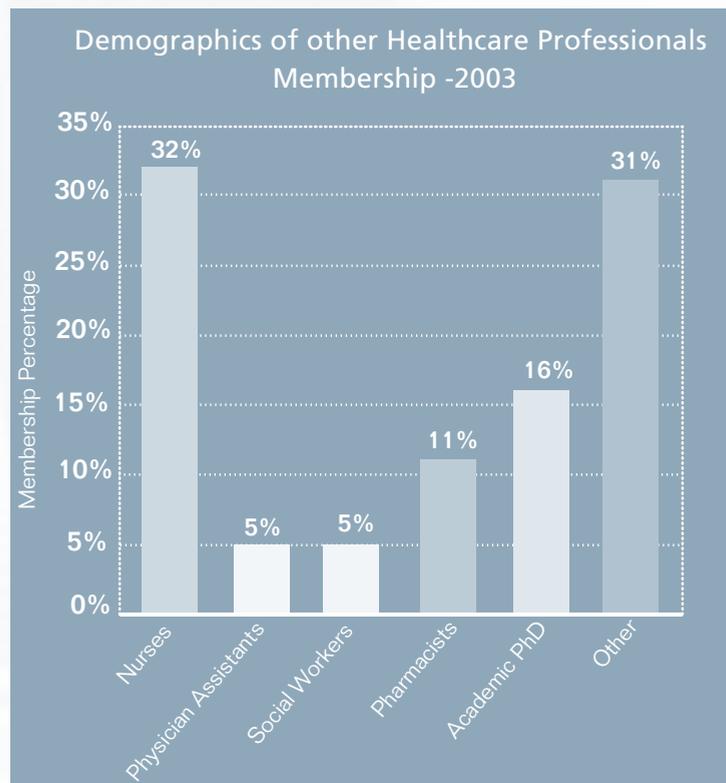
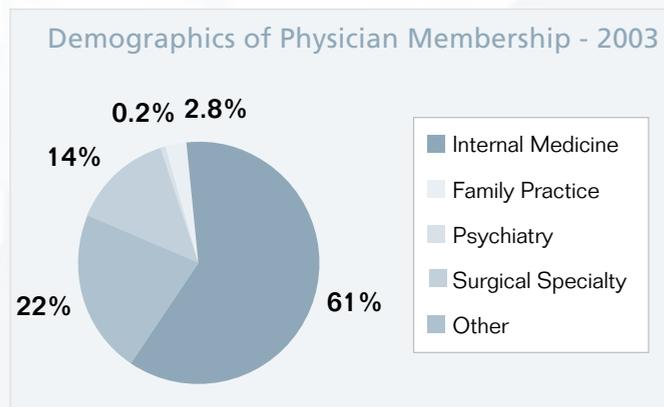
We will continue careful monitoring of the budget to ensure that all proposed projects are approved upon merit and financial impact for the Society, and for the benefit of our members.

Paul Katz, MD



AGS MEMBERSHIP and FINANCIAL POSITION

This year was one of the best in AGS membership history. More than 1,000 new members joined the AGS, with the biggest increase at the Student and Associate levels. These groups represent the future of caring for older adults and we welcome them to our ranks. We look forward to serving them as they embark on their careers in geriatrics.



AGS IN THE NEWS



"GERIATRICS SPECIALISTS DWINDLING"

For many seniors, a primary care physician is fine, but the American Geriatrics Society said the oldest and frailest generally need a doctor who specializes in aging. But there are only about 9,000 left in the country and the number is declining.

August 28, 2003

FINANCIALS

The American Geriatrics Society Statement of Position December 31

	<u>2003</u>	<u>2002</u>
ASSETS		
Current assets:		
Cash & cash equivalents	\$ 1,024,284	\$1,232,478
Marketable securities	835,091	623,124
Receivables	1,390,907	1,176,047
Prepaid expenses	<u>26,098</u>	<u>3,799</u>
Total current assets	<u>3,276,380</u>	<u>3,035,448</u>
Leasehold improvements, net of accumulated amortization of \$162,677 in 2003 and \$121,258 in 2002	241,517	282,936
Property & equipment, at cost, net of accumulated depreciation of \$124,026 in 2003 & \$91,558 in 2002	<u>129,987</u>	<u>152,359</u>
Total assets	<u><u>3,647,884</u></u>	<u><u>3,470,743</u></u>
LIABILITIES AND FUND BALANCES		
Current liabilities:		
Accounts payable and accrued expenses	\$ 313,569	\$139,614
Deferred membership	1,080,026	935,026
Deferred revenue - grants	864,584	1,240,555
Deferred revenue - other	<u>217,875</u>	<u>385,393</u>
Total current liabilities	2,476,054	2,700,588
Unrestricted Fund Balance	<u>1,171,830</u>	<u>804,355</u>
Total liabilities and fund balances	<u><u>\$ 3,647,884</u></u>	<u><u>\$3,504,943</u></u>

FINANCIALS
The American Geriatrics Society
Statement of Activity
Year Ended December 31

	<u>2003</u>	<u>2002</u>
Revenue		
Membership	\$ 1,333,078	\$ 1,235,582
Annual meeting	1,231,522	1,172,210
Geriatric training materials	448,195	418,454
Publications	1,245,796	1,167,312
Grants	3,425,748	3,307,907
Investment income/(loss), including net investment gains/(losses)	73,137	(74,507)
Other	<u>283,085</u>	<u>296,810</u>
Total revenue	<u>8,040,561</u>	<u>7,523,768</u>
EXPENSES		
Program Services:		
Member services	1,044,789	1,073,700
Annual meeting	1,381,149	1,110,164
Geriatric training materials	571,998	469,065
Publications	1,077,527	1,225,794
Grants	<u>2,917,176</u>	<u>2,886,865</u>
Total program services	<u>6,992,639</u>	<u>6,765,588</u>
Support services:		
General administration	559,574	515,477
Direct board and committee	<u>120,873</u>	<u>127,599</u>
Total support services	<u>680,447</u>	<u>643,076</u>
Total expenses	7,673,086	7,408,664
Net excess/deficiency revenue		
Over fund balances	367,475	115,104
- January 1,	<u>804,355</u>	<u>689,251</u>
- December 31,	<u>\$ 1,171,830</u>	<u>\$ 804,355</u>

AGS/FHA 2003 CORPORATE AND FOUNDATION CONTRIBUTORS

The following organizations supported the AGS and the AGS Foundation for Health in Aging in 2003:

Platinum

Aventis Pharmaceuticals
Forest Laboratories, Inc.
Janssen Pharmaceutica Inc.
McNeil Consumer Products Co.
Merck & Co., Inc
Organon Inc.
Pfizer, Inc

Silver

Eli Lilly and Co.
Novartis Pharmaceuticals Corporation

Bronze

Abbott Laboratories
Alchemy
American Express TRS Company, Inc.
Amgen Inc.
Blackwell Publishing, Inc.
CommonHealth LP
Fisher Scientific International Inc.
GlaxoSmithKline
JP Morgan Chase & Co.
London Towncars, Inc.
Mass Mailings, Inc.
Merck Institute of Aging & Health
Ortho-McNeil Pharmaceutical, Inc.
Ortho Biotech Products, Inc.

Purdue Pharma L.P.
Quintiles Transnational Corporation
Sanofi-Synthélabo Pharmaceuticals
Schering-Plough Corporation
SENSI Health & Innovative Science
Solutions
Solvay Pharmaceuticals
The Pretesting Company, Inc.

Foundation Funders

The Atlantic Philanthropies, Inc.
The John A. Hartford Foundation
The Donald W. Reynolds Foundation



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