#AGS15 Highlights Latest in Geriatrics for 2,600 Attendees

“We have a lot to be proud of and much to look forward to, which should make us and the older adults we serve very happy!” With these poignant remarks, accompanied by an uplifting video rendition of Pharrell Williams’ song “Happy” filmed with older adults in New Zealand, Steven R. Counsell, MD, AGSF—new President of the AGS—set the tone for #AGS15. It was a tone carried by more than 2,600 attendees across more than 700 research presentations and more than 100 educational sessions and opportunities for connecting with colleagues, experts, and friends. Indeed, three days after Dr. Counsell’s address, the energy forming and informing this premier educational event was still palpable—and it certainly doesn’t show signs of stopping!

At the Plenary Paper Session, Joshua Chodosh, MD, MSHS; Stephen Kritchevsky, PhD; and Sarah Pan, BS, kicked off the #AGS15 program with presentations of top-ranked research on dementia care in a managed care environment, physical activity and lifestyle interventions for obese older adults, and new insights on muscle decline in an animal model of influenza. These researchers’ work speaks to the depth and breadth of geriatrics studies that can inform future clinical practice.

Henderson Award recipient Robert Palmer, MD, MPH, and Lecturer in Outstanding Scientific Achievement for Clinical Investigation Rebecca L. Sudore, MD, demonstrated how research has impacted two important areas of geriatrics care. Dr. Palmer stressed how the interdisciplinary, “low-tech, high-touch” nature of geriatrics can improve care quality and outcomes for hospitalized older adults, using practical interventions to help push patients back from the “black hole of frailty.” Dr. Sudore explored the need for a paradigm shift in how we approach advance

AGS Unveils Revised List of Topics to Talk About with Older Adults as Part of Choosing Wisely® Campaign

As AGS members and the expert geriatrics community prepared to convene in National Harbor, MD, to push science and innovation forward for older adult care, the Society took an additional important step toward fostering high-quality, person-centered care with the release of its updated Choosing Wisely® list of treatments and tests to question and discuss when working with older adults.

“Providing high-quality care to older adults means recognizing and responding to the evolving challenges and opportunities we all face as we age,” said Paul Mulhausen, MD, MHS, FACP, AGSF, who chaired the AGS Choosing Wisely Workgroup responsible for the list. “We are grateful to the ABIM Foundation for this opportunity to share timely recommendations that will help patients avoid unnecessary tests and procedures and support their overall well-being.”

The AGS’s updates reflect an expert review of new research on several important conditions impacting older adults, including agitation, certain types of cancer, delirium, dementia, diabetes, insomnia, unintended weight loss, and other health concerns that...
It’s a tremendous honor and privilege to have been named AGS President for the coming year. I’m especially excited about representing such a vibrant organization and its members, who are so committed to improving health, independence, and quality of life for all older adults via patient care, teaching, research, administration, and work in health policy.

It’s been 25 years since I finished my geriatrics fellowship in 1990. My daughter Elizabeth was born that same summer, and now, a generation later, she’s due to give birth to our first grandchild! It’s fitting that, as I become the AGS President, I’ll also become a grandfather.

In my first “From the President” column, I’d like to take a moment to salute three people. First, our outgoing President, the eminent Wayne C. McCormick, MD, MPH, AGSF, who has worked tirelessly on a number of key fronts. Among these is the Partnership for Health in Aging. This coalition of 30 organizations represents healthcare professionals who are involved in every aspect of eldercare. This is such a momentous time in health care. Our nation is moving from fee-for-service to fee-for-value payment models that will reward better quality and avoidance of unnecessary, expensive procedures and hospitalizations. Striving to provide higher value care is what we geriatrics healthcare professionals have been doing all along! By definition, geriatrics is person-centered and team-based. We help optimize transitions and coordinate care across multiple providers and care settings. Thankfully, these new payment models will provide greater incentive for the high value care we already provide, and will better reward geriatrics healthcare teams.

As an organization, we can be proud that our members have played a key role in developing, testing, and disseminating models of care that help improve the health of older adults. In addition, our Society has championed several initiatives advancing eldercare. These include:
• Clinical practice guidelines;
• Our Choosing Wisely list;
• Recommendations for medication safety (Beers Criteria);
• The Geriatrics Review Syllabus;
• The Geriatric Nursing Review Syllabus;
• Geriatrics At Your Fingertips;
• The Geriatrics for Specialists Initiative;
• The Health in Aging Foundation; and
• The Eldercare Workforce Alliance, just to name a few.

Of course, our members and our Society have also significantly contributed to basic and clinical research, education, and many other aspects of geriatrics. I eagerly look forward to helping further the contributions our Society makes to the care of older adults in the coming year.*

Steven R. Counsell, MD, AGSF
President
Steven R. Counsell, MD, AGSF, Welcomed as New AGS President

After his geriatrics fellowship, Steven R. Counsell, MD, AGSF, had been practicing as an adult primary care physician who taught geriatrics principles. “When I realized that geriatrics focuses on the whole patient and helps optimize quality of life and independence—and that the best way to accomplish that is through an interdisciplinary approach—I changed my path,” he noted. Now, says Dr. Counsell, he’s found that, via geriatrics team-based care, “[w]e can almost always help an older adult improve his or her quality of life and independence. To me, there are few things more gratifying in life.”

Dr. Counsell was named the new AGS President at the organization’s recently concluded Annual Scientific Meeting. He is the Mary Elizabeth Mitchell Professor and Chair in Geriatrics, Founding Director of the IU Geriatrics program, and Scientist, IU Center for Aging Research, at the Indiana University School of Medicine.

Dr. Counsell looks forward to helping AGS continue to clarify and communicate the clinical niche for geriatrics team-based care. “I anticipate working with AGS members and members of related organizations to refine evidence-based models of care for older adults, and to help develop health policy and payment mechanisms that provide stronger incentives for national implementation,” says Dr. Counsell.

An active AGS member since 1989, Dr. Counsell was elected an AGS Fellow in 1997. He has regularly presented papers at the AGS Annual Scientific Meeting on clinical care (such as the ACE unit implementation), health services research (including the GRACE clinical trial), geriatrics education, and health policy.

Dr. Counsell has been married to his high school sweetheart, Carol Counsell, for 34 years. They have two sons and a daughter, who is expecting their first grandchild a week or two after the AGS meeting. “My daughter is making me a ‘grandpa’ just as I’m becoming President of our amazing geriatrics society,” he notes with delight.

“Some of the greatest opportunities for geriatrics will be continuing to develop, implement, and study models of healthcare delivery for vulnerable, high-risk elders,” says Dr. Counsell. “Through continued advocacy and strategic involvement in initiatives such as accountable care organizations, the Dual Eligible and Independence at Home demonstration projects, and the CMS Health Care Innovation Awards programs, we can play a key role in shaping the health care of older adults in the U.S.”

Meet Our CEO

This past April, Nancy E. Lundebjerg, MPA, took the helm of the Society as successor to Jennie Chin Hansen, RN, MSN. Most recently, Nancy served as Chief Operating Officer under Jennie and, in announcing her appointment, then-Board Chairperson Cathy Alessi, MD, AGSF, noted: “Nancy has a long history with the AGS and is a tireless advocate for geriatrics professionals…[Board members] were unanimous in our selection of Nancy to lead us.”

Taking a cue from Barbara Walters, the AGS Newsletter stopped by Nancy’s office to find out more about our new leader and her vision for the future of geriatrics and the AGS.

AGS News: You’ve spent almost two decades with AGS. Can you tell us a little bit about why you started working here?

Nancy: I had an early experience as a family caregiver for my Aunt Sheila. It was a classic caregiver trajectory—starting with paying some bills and checking in on her weekly and ending with me serving as her guardian until her death in 2001. Simply put, I had a lot of help from geriatrics health professionals in those early days and, when I had a chance to work on their behalf, I never looked back.

AGS News: Can you tell us about your professional history before you came to the AGS?

Nancy: I joined the staff of a small non-profit in 1981 called the National Fund for Medical Education (NFME), and, coincidentally, worked for David Solomon’s medical school roommate (small world). After NFME, I earned my Master in Public Administration and then moved to New York, where I worked for Columbia University—first as a foundation development officer and then as an administrator for the Center for the Study of Society and Medicine at the College of Physicians and Surgeons. These roles were great foundations for my early work with the AGS, and the Society itself offered me so many opportunities to learn about membership, public policy, grants management, and finances. I love learning new things, and that’s something I’m looking forward to in the CEO position.

*continued on page 6*
AGS Unveils Updated, Online Guide for Redesigning Spaces and Places Where Older Adults Seek Care

Pop quiz: What type of examination table is best for older patients? How large should exam rooms be? Who should be involved in the care coordination process? These questions may seem obvious, but being conscious of where care happens is just as important as recognizing the “when,” “why,” or “how” of working with older patients. And now, an updated e-guide from the AGs is helping healthcare professionals better understand the ins-and-outs of designing and managing effective geriatrics practices.

*Geriatrics Care by Design* walks through basics for building—quite literally—a health practice grounded in high-quality, person-centered care. That process begins with a thorough assessment of everything from space negotiation and furniture selection to scheduling, staff development, and opportunities for collaborating with peers in other settings and other specialties.

“Recognizing the spaces and places where we’re caring for older adults is critical to healthcare success,” notes Audrey Chun, MD, editor-in-chief of the updated AGs guide. “This revised e-book is a cohesive resource for understanding practical design choices and care coordination tips for facilitating better, more respectful, and more responsive patient care.”

Formatted with easy-to-use bullet points, checklists, and resource links, *Geriatrics Care by Design* was originally produced by the American Medical Association and was acquired by the AGs in 2013. An AGs-convened panel of doctors, nurses, pharmacists, and other healthcare specialists recently reviewed existing recommendations for environmental and practice redesign. As Dr. Chun succinctly observes, the end result “explores how we as healthcare professionals can make conscious decisions to support not only a welcoming patient environment but also one that extends our person-centered, coordinated-care approach.”

*Geriatrics Care by Design* was re-released as an all-digital reference available from GeriatricsCareOnline.org.

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Why I’m an AGS Member

James Mayle, MD

I became an AGS member during my fellowship training back in 2008. But unlike most fellows, I was a quarter century into my first career as a gastroenterologist when I became a geriatrician.

For years, both my wife and I had been family caregivers for all four of our parents. We were lucky enough to have the same fantastic geriatrician, Mark Ensberg, MD, care for each of them, and he was partly responsible for inspiring me to switch specialties.

I was moved by his attitude and by how thoughtful and passionate he was about his work, which I saw in action with our parents. I wanted that same sense of purpose in my own career, and that’s why I started to think about making a transition.

I was able to join a unique Geriatrics Fellowship Program under Dr. Ensberg’s direction at Sparrow Hospital in Lansing, MI. During my fellowship, I worked with older adults in different settings and with mentors from several different disciplines. Becoming a student again at this stage of my career was both interesting and harder than I’d imagined. The young medical students I met during my fellowship were supportive and seemed to think it was pretty cool that I’d made the switch. Interestingly, many of the physicians who helped train me were people I’d trained years ago—they were residents when I was junior faculty; it was role reversal at its finest!

One aspect of geriatrics that I find so appealing is actually similar to what attracted me to gastroenterology—it’s the “touchy feely” psychosocial elements of caring for patients that is particularly rewarding to me. Since I’ve become a geriatrician, I’ve found that caring for older adults is a sheer joy. I particularly enjoy working with patients who are in long-term care. I enjoy the feeling of being a guest in a patient’s home—it’s like visiting a friend—and I love the intimacy of human interaction.

Being a member of the AGs is especially important to someone like me who’s made a mid-career change. First, the AGs offered invaluable resources as I prepared for taking my geriatrics board exam. And I still enjoy attending the Annual Scientific Meetings—not only for the scientific presentations, but also for the social and political perspectives we attendees get to experience. Finally, the *Journal of the American Geriatrics Society* is the best source of clinical research information available.
Managing Multiple Chronic Conditions in Older Adults? There’s an AGS App (and Much More) for That

Ask any geriatrics expert to name one of his or her most significant clinical concerns, and caring for an older population with multiple chronic conditions is likely to make the list. But now, expert assistance is just an iPad, iPhone, or Android touch away, thanks to Multiple Chronic Conditions: Geriatrics Evaluation and Management Strategies (MCC GEMs) Mobile Application—a new, free app developed by the AGS with support from the Agency for Healthcare Research and Quality (AHRQ).

The app is an interactive rendering of AGS Guiding Principles for the Care of Older Adults with Multimorbidity: An Approach for Clinicians. This guide, first devised by an AGS expert panel in 2011, helps healthcare professionals effectively coordinate care for older adults managing multiple health problems. It offers a roadmap for resolving conflicting guidance on individual diseases or conditions while also helping practitioners account for and respect patient needs and expectations.

Now, by responding to four simple questions on a smartphone or tablet, app users can walk through principles and priorities for optimizing care by exploring existing clinical guidance, important patient needs and expectations, and the care coordination process that brings these considerations closer together.

To support these conversations, the app also encompasses a wealth of additional resources, including a search interface for guidelines included in the AHRQ National Guideline Clearinghouse and direct links to other assessment tools. It will accompany a comprehensive AGS “multimorbidity toolkit” launched on GeriatricsCareOnline.org to give medical and surgical specialists even more exposure to principles of excellence when working with older patients.

“The AGS multimorbidity app affords us real-time access to tips, guidance, and insights for customizing care with patients who are people and not the sum total of individual conditions or health concerns,” said Cynthia M. Boyd, MD, MPH, who, along with Matthew K. McNabney, MD, co-chaired the AGS workgroup responsible for the app.

“As part of a larger educational toolkit that encompasses guidelines, reference materials, teaching slides, case studies, and much more, this app adds to a suite of resources that will make geriatrics a more integral part of health education,” Dr. McNabney added.

Free Guide from the AGS and AARP Helps Older Chinese Americans Understand and Manage Health During National Minority Health Month

To commemorate National Minority Health Month this past April, the AGS and AARP partnered on a new compact guide that packed a big punch for confronting health disparities among a particular group of minority individuals: older Chinese Americans.

“Chinese American Older Adults: A Guide to Managing Your Health” is a free resource that highlights the most common health concerns in the Chinese American older adult community. It offers guidance for individual patients and caregivers who can work with healthcare providers to address particularly heightened risks for hepatitis B infections, cancer (especially liver, head, and neck cancers), depression, tuberculosis, cardiovascular disease, diabetes, genetic diseases (including thalassemia and glucose-6-dehydrogenase deficiency), and alcoholism in the Chinese American community.

At a higher level, the new guide also goes a long way toward recognizing what cultural sensitivity means in the communities where geriatrics experts live and work. Traditional medicines and remedies, for example, reflect important aspects of cultural identity for Chinese Americans (and for many other patient populations), but they may interact poorly with certain pharmaceuticals. Now, Chinese American patients and their caregivers have a guide for talking with healthcare providers to adjust traditional remedies and other treatment plans to suit personal needs, wishes, and expectations.

“We know that people from different backgrounds can have different health risks,” said Nancy E. Lundebjerg, MPA, AGS CEO. “With AARP’s support, guides like this will help ensure that older Americans and their healthcare providers can engage in meaningful, actionable, and personal conversations about healthcare needs, expectations, and decisions. We are grateful to AARP for helping us develop such an impactful tool.”

One of several resources the Health in Aging Foundation released in April in honor of National Minority Health Month, “Chinese American Older Adults: A Guide to Managing Your Health” is available for free download in English and Chinese at HealthinAging.org.
A new FrameWorks Institute report from the eight members of the Leaders of Aging Organizations (LAO) proposes to reclaim the social narrative on what aging really means by building better perceptual connections between healthcare experts, advocates, and the thousands of Americans who turn 65 every day.

Breaking with traditional public opinion research, *Gauging Aging: Mapping the Gaps between Expert and Public Understanding of Aging in America* used methods from psychological anthropology to identify and assess the deep, underlying cultural models that people routinely access when they think about aging. The report uncovers an important disconnect between pessimistic public opinion and more hopeful reflections from experts and advocates like AGS members. This critical disconnect is important because it may hold the key for reframing (and reclaiming) how we think and talk about the universal process of getting older.

According to the report, public perceptions of aging describe a process that is:
- Someone else’s problem;
- Undesirable;
- Inevitable;
- Isolating;
- Fatalistic; and
- Out of sight and out of mind.

At the other end of the spectrum, however, experts like AGS members believe that longevity has opened the flood gates to a world of possibilities for personal, social, and economic contributions by a fast-growing segment of the population. These contributions can be leveraged for the benefit of all, but that means adjusting public institutions, policies, and infrastructure by chipping away at outdated ways of thinking that don’t reflect reality.

“Ensuring that the story we all share when it comes to aging is one that’s accurate, supportive, and empowering will help build a foundation for other important improvements, such as expanding the geriatrics knowledge base for all health workers, recruiting more professionals into geriatrics careers, guiding public policy to support older adults, and raising public awareness about the need for high-quality, culturally sensitive, and person-centered care,” explained AGS CEO Nancy E. Lundebjerg, MPA, who represents AGS at the LAO.

As a first step toward getting the public and professionals to see the same future through a reframed conversation, LAO members—the AGS, AARP, the American Federation for Aging Research, the American Society on Aging, The Gerontological Society of America, Grantmakers in Aging, the National Council on Aging, and the National Hispanic Council on Aging—unveiled findings in an online town hall with stakeholders from across the aging field. Efforts also are ongoing to secure support for subsequent FrameWorks research to design and test specific strategies that will take report findings from paper to practice in the U.S.

LAO efforts are supported by grants from AARP, the Archstone Foundation, The Atlantic Philanthropies, the John A. Hartford Foundation, the Fan Fox and Leslie R. Samuels Foundation, The Retirement Research Foundation, and Rose Community Foundation. The project is managed by Laura A. Robbins Consulting, LLC.*

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**Meet Our CEO / continued from page 3**

**AGS News: What’s kept you connected to the AGS?**

**Nancy:** I am wholly committed to the AGS vision that we can build a world where everyone has access to high-quality, safe health care that’s consistent with personal goals and preferences. To do that, we need to nurture and support our own trainees but we also need to make sure we are helping the entire healthcare workforce to care for older adults. I think we’ve made great progress through our Geriatrics for Specialists Initiative, but we still have a ways to go.

**AGS News: What do you do for fun?**

**Nancy:** Anyone who saw me at #AGS15 probably figured out that I’m an avid photographer. I do photo walks pretty much every day with my iPhone, and, on weekends, you’ll find me with my camera off exploring the city. I love to write and travel. And I’m still a family caregiver for my mom. It reminds me daily how much of a difference geriatrics health professionals make in the lives of older adults. *
AGS360° with Nancy E. Lundebjerg, MPA
(Anderson Cooper sent his regrets)

It’s hard to believe #AGS15 has come and gone. It was my 18th AGS meeting but my first as CEO. I still get butterflies as the meeting begins and always leave inspired by our diverse and talented membership. I am already looking forward to #AGS16 in Long Beach, CA!

I plan to use these columns to delve into topics that we may not be covering elsewhere in the newsletter. Every once in a while, I might even throw in a fun fact or two (you probably didn’t know that we drank more than 300 gallons of coffee at #AGS15)!

True to my word, I won’t rehash our Leaders of Aging Organizations (LAO) efforts covered elsewhere in this newsletter, but suffice it to say the next phase of our work is already underway. A second report from the LAO and FrameWorks Institute—Aging, Agency, and Attribution of Responsibility: Shifting Public Discourse about Older Adults—was released as this edition of the AGS Newsletter was headed to print. Similar work by FrameWorks on issues as diverse as children’s health, criminal justice, climate change, and immigration has made a meaningful impact on how we all think and talk about these important topics. That’s an exciting prospect for aging, for the eldercare community, and especially for the AGS, our members, and the older adults we support.

We have begun planning for a celebration of the AGS’s 75th anniversary in 2017. We’ve grown a great deal since 1942 but we remain the professional home for a diverse group of geriatrics health professionals. You are a community of individuals who live our mission of improving the health and quality of life of older adults. That is inspiring. In these early stages of planning, we’re focused on how to highlight the work of our Health in Aging Foundation, which will be celebrating its own 20th anniversary in 2017. The Foundation has grown to embody our commitment to public education and, through HealthinAging.org, continues to reach an ever-growing number of older adults and caregivers with the tools, tips, and guidance they need to make healthy aging possible.

As those of you who attended #AGS15 know, we’ve been doing some fundraising under the Foundation’s umbrella and I’m so pleased to report that we’ve raised $220,000 from AGS leaders and members! I’m particularly grateful to those leaders who made three-year pledges of $7,500 at the Founders Circle level before this newsletter hit the presses. This commitment to advancing our core principles is important to external funders. I hope you will consider making a pledge as well.

Finally, we’re working hard to identify the next Editor-in-Chief of the *Journal of the American Geriatrics Society (JAGS)*. It’s going to be difficult to replace our outgoing editor, Thomas T. Yoshikawa, MD, AGSF—who has made invaluable contributions to the caliber, quality, and focus of *JAGS*—but we’re excited by the inquiries we’ve received thus far.

I’d like to close by thanking my predecessors in the AGS CEO post—Linda Hiddemen Barondess and Jennie Chin Hansen. They are both remarkable women who believe that we can make a difference in the lives of older adults. It’s an honor to be walking in their footsteps and I’m deeply grateful for their mentoring.

Here’s hoping that you all have a great summer and find some time for rest and relaxation.

Nancy E. Lundebjerg, MPA
Chief Executive Officer

Visit HealthinAgingFoundation.org/donate to pledge your support.

**Prefer to donate by mail or by phone?**

Send a check made out to “The Health in Aging Foundation” to the address below, or contact us (info@healthinaging.org; 212-755-6810) to discuss how you can help support healthy aging for older adults.

**Supporters who join the Founders Circle now become Charter Members in perpetuity.**

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**HEALTH IN AGING FOUNDATION**

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At this year’s Business Meeting, Wayne C. McCormick, MD, MPH, AGSF, incoming Board Chairperson, and new AGS President Steven R. Counsell, MD, AGSF, honored the following outgoing Board and committee members for their exceptional service, as well as the Outstanding Committee Award recipients and the 19 new AGS Fellows recognized for their contributions to geriatrics and active participation in Society activities.

### Outgoing Board Members

**Cathy Alessi, MD, AGSF**
Over more than two decades, Dr. Alessi has lent her expertise, passion, and enthusiasm to the AGS member base, the Society’s Audit and Public Education Committees, and its Board. She has been a vital contributor to AGS leadership as Treasurer, President, and most recently as Board Chair. Among many career highlights, Dr. Alessi was editor of the second edition of the Health in Aging Foundation’s much-lauded Eldercare at Home, and she is a frequent contributor to the Geriatrics Review Syllabus and the Society’s educational programs. Her commitment to members as “our greatest asset”—in Dr. Alessi’s own words—remains a hallmark of AGS’s identity and a tribute to the sense of spirit that Dr. Alessi has instilled in our work and our identity.

**Adrienne Mims, MD, MPH, AGSF**
Dr. Mims has been an active member of the AGS since 1988—and has attended almost every Annual Scientific Meeting since joining the AGS ranks. In addition to her service to the Board, Dr. Mims has served on eight different Society committees—including the Ethnogeriatrics Committee, which she helped establish—and has contributed significantly to the cultural sensitivity that is now a staple of AGS programs and policies. Her roles as AGS’s external liaison and as a geriatrics expert for diverse public and private entities are as much a testament to Dr. Mims’ dedication as they are a tribute to the legacy she leaves behind.

### Outstanding Committee Member Award Recipients

- Arthur Hayward, MD, MBA, for the Clinical Practice and Models of Care Committee
- Amy Corcoran, MD, for the AGS/ADGAP Education Committee
- Aanand Naik, MD, for the Ethics Committee
- Irene Moore, MSW, LISW-S, AGSF, for the Ethnogeriatrics Committee
- Wen Dombrowski, MD, MBA, and Steven Buslovich, MD, MSHCPM, for the Health Systems Innovation-Economics and Technology Committee
- Maryjo Cleveland, MD, and Alicia Arbaje, MD, MPH, for the Public Education Committee
- Craig Rubin, MD, AGSF, for the Public Policy Committee
- Heidi Wald, MD, MSPH, for the Quality and Performance Measurement Committee
- Heather Whitson, MD, MHS, for the Research Committee

### Outgoing Committee Members

**Annual Meeting Program**
- David Elliott, PharmD, CGP, AGSF
- Annette Medina-Walpole, MD, AGSF
- Laurence Solberg, MD, AGSF

**AGS-ADGAP Education**
- Sandra Bellantionio, MD
- Jennifer Merritt-Hackel, NP

**Ethnogeriatrics**
- Rosaly Correa-de-Araujo, MD, MSc, PhD
- Pushpendra Sharma, MD, CMD, CCHP, AGSF

**Health System Innovation-Economics and Technology**
- Michael Gloth, MD, AGSF
- Steven Handler, MD, PhD, CMD
- James Mittelberger, MD

**Public Education**
- Reba Cornman, MSW, LCSW-C
- Andrew Dentino, MD, FACP, FAPA, FAAHPM, AGSF

**Public Policy**
- Victor Hirth, MD, MHA, AGSF
- John Eugene Lammers, MD, MPH, AGSF
- Craig Rubin, MD, AGSF

**Quality and Performance Measurement**
- Patrick Coll, MD, AGSF
- Lisa Walke, MD, AGSF

**Research**
- Cathleen Colon-Emeric, MD, FACP, MHS
- Susan Friedman, MD, MPH, AGSF
- Jeffrey Silverstein, MD, AGSF
New AGS Fellows

- Laurie Archbald-Pannone, MD, MPH, AGSF
- Bashar Attar, MD, PhD, AGSF
- Seki Balogun, MBBS, FACP, AGSF
- Rachelle Bernacki, MD, MS, AGSF
- Cynthia Brown, MD, MSPH, AGSF
- Sara Espinoza, MD, MSc, AGSF
- Timothy Farrell, MD, AGSF
- Kathy Frank, RN, PhD, AGSF
- Rachelle Gajadhar, MD, AGSF
- Robert Kaiser, MD, MHSc, FACP, AGSF
- Reena Karani, MD, MHPE, FACP, AGSF
- Paul Mulhausen, MD, MHS, FACP, AGSF
- Luz Ramos-Bonner, MD, FACP, CMD, AGSF
- Manish Shah, MD, MPH, AGSF
- Winnie Suen, MD, AGSF
- Theodore Suh, MD, PhD, MHS, AGSF
- Bruce Troen, MD, AGSF
- Kathleen Unroe, MD, MHA, AGSF
- Glenda Westmoreland, MD, MPH, AGSF

Congratulations to the #AGS15 Presidential Poster Award Recipients

The Presidential Poster Session featured some of the most highly rated abstracts reviewed by the #AGS15 Program Committee. Congratulations to top presenters recognized in each of the following categories.

**Body Composition**

**John Batsis**
Normal Weight Central Obesity in Older Adults and Mortality: Data from the National Health and Nutrition Examination Survey III

**Case Studies from Clinical Practice**

**Stephanie Rogers**
A Wandering Pacemaker: The Importance of Cognitive Screening

**Clinical Trials**

**Meera Agar**
Phase III Randomized Double-blind Controlled Trial of Oral Risperidone, Haloperidol, or Placebo with Rescue Subcutaneous Midazolam for Delirium Management in Palliative Care

**Emergency Medicine**

**Ula Hwang**
Emergency Department Femoral Nerve Blocks for Acute Hip Fracture Pain: A Randomized Controlled Trial

**Epidemiology**

**Ariela Orkaby**
Statin Use is Not Associated with a Lower Rate of Major Cardiovascular Events in Older Men: The Physicians’ Health Study

**Ethics**

**Andrew Cohen**
Court-appointed Guardians for Adults with Impaired Capacity

**Geriatric Bioscience**

**Kelsey Ward**
Braden Score Can Predict Outcomes for Inpatients with Heart Failure

**Geriatric Education**

**Caroline Harada**
Beers Run: An Interactive Workshop on Polypharmacy for Medical Students

**Geriatric Syndromes**

**Kaveh Hemati**
Geriatric Conditions and Living Environment among Older Homeless Adults

**Health & Healthcare Disparities**

**Vyjeyanthi Periyakoil**
No Easy Task: A Mixed Methods Study of Doctor-reported Barriers to Conducting Effective End-of-life Conversations with Diverse Patients

**Health Information Technology**

**Caroline Stephens**
“They Don’t Trust Us”: The Influence of Perceptions of Inadequate Nursing Home Care on ER Transfers and Potential Role for Emerging Health Technologies

**Health Services & Policy Research**

**Barbara Trautner**
National Survey Reveals Gaps in Nursing Home Providers’ Understanding of Asymptomatic Bacteriuria

**International**

**Elliot Lass and William Silverstein**
The Impact of Choosing Wisely

**Models of Geriatric Care**

**Soumya Bollampally**
Home-based Primary Care Significantly Reduces Costs for Frail Elders Using Independence at Home Criteria

**Neurological & Behavioral Sciences**

**William Deardorff**
The Antidiabetic Drug Metformin Improves Learning and Memory in Streptozotocin-induced Diabetic CD1 Mice

**Organ Specific & Systemic Disorders**

**Madhvi Deol**
Clinical Value of Corneal Hysteresis in Glaucoma and Cataract Surgery

**Preventive Medicine**

**Jie Cao**
MDROs on Resident Hands: Should We Refrain from Shaking Hands?

**Quality of Life**

**Benjamin Scherban**
Why Do Home Hospice Patients Return to the Hospital? Hospice Provider Perspectives

**Rehabilitation**

**Alcinto Guirand**
Neuromuscular Impairment, Mobility, and Chronic Pain among Older Adults at Risk for Disability

**Surgery in Older Patients**

**Jennifer Lai**
Short Physical Performance Battery Score Predicts Mortality in Older Liver Transplant Candidates: From the Functional Assessment in Liver Transplantation (FrAILT) Study

**Congratulations to the #AGS15 Presidential Poster Award Recipients**

The Presidential Poster Session featured some of the most highly rated abstracts reviewed by the #AGS15 Program Committee. Congratulations to top presenters recognized in each of the following categories.

- Laurie Archbald-Pannone, MD, MPH, AGSF
- Bashar Attar, MD, PhD, AGSF
- Seki Balogun, MBBS, FACP, AGSF
- Rachelle Bernacki, MD, MS, AGSF
- Cynthia Brown, MD, MSPH, AGSF
- Sara Espinoza, MD, MSc, AGSF
- Timothy Farrell, MD, AGSF
- Kathy Frank, RN, PhD, AGSF
- Rachelle Gajadhar, MD, AGSF
- Robert Kaiser, MD, MHSc, FACP, AGSF
- Reena Karani, MD, MHPE, FACP, AGSF
- Paul Mulhausen, MD, MHS, FACP, AGSF
- Luz Ramos-Bonner, MD, FACP, CMD, AGSF
- Manish Shah, MD, MPH, AGSF
- Winnie Suen, MD, AGSF
- Theodore Suh, MD, PhD, MHS, AGSF
- Bruce Troen, MD, AGSF
- Kathleen Unroe, MD, MHA, AGSF
- Glenda Westmoreland, MD, MPH, AGSF

Dr. Robert Palmer mentoring a poster presenter at #AGS15.
care planning when working with individuals who may have a hard time translating medical expertise into something tangible. Her work using patient experiences and stories to make care discussions easier and more accessible was informed by mentors and supporters she’s encountered through the years at AGS Annual Scientific Meetings.

While research drove much of the conference program, it represents but one facet of the AGS DNA on display at AGS15. Michael Malone, MD, and AGS CEO Nancy E. Lundebjerg, MPA, celebrated milestones in AGS’s public policy efforts since members last convened in 2014. Some—like the repeal of the SGR formula—have been years in the making with a host of collaborating organizations, while still others—like the call for AGS members and stakeholders to encourage Congress to support the Medicare Independence at Home Medical Practice Demonstration Improvement Act of 2015—were unfolding within hours of the conference itself. Shari Ling, MD; Darren A. DeWalt, MD, MPH; and Paul McGann, MD, (all pictured below and all of the Centers for Medicare & Medicaid Services) contextualized this dynamism against the backdrop of our national healthcare system, which continues to move toward rewarding quality as opposed to quantity of care. As these speakers stressed, the future of health and care in the U.S. very much rests on our ability to transition from a volume-focused approach to one that embraces coordinated care centered on patient goals.

Elsewhere at the conference, colleagues from different specialties, public and private entities, and national and international locales shared insights on the latest trends and topics guiding elder care. Donna M. Fick, PhD, RN, GCNS-BC, FGSA, FAAN, joined some of those responsible for updating the Beers Criteria to present a preview of revisions and changes to come this summer, with additional information on why the Beers Criteria was developed and how it should be used to enhance high-quality, person-centered care. Sharon K. Inouye, MD, MPH, moderated a plenary symposia on the AGS clinical practice guideline for postoperative delirium, which included an overview of a new report and recommendations from the Institute of Medicine focused on cognitive health and aging. Cynthia Boyd, MD, MPH, and Michael W. Rich, MD, FACC, FAHA, AGSF, moderated a presentation summarizing a two-day workshop sponsored by the AGS, the American College of Cardiology, and the National Institute on Aging addressing the need for a coordinated research agenda on multimorbidity in patients with cardiovascular disease. The program also featured the inaugural AGS Technology Innovations Pavilion, which brought 12 expert-selected start-ups to the convention for a unique opportunity to interact with geriatrics health professionals.

Fittingly, William J. Hall, MD, MACP, helped close the AGS15 program by delivering his last Geriatrics Literature Update on emerging themes for everything from treatment of diabetes and dementia to the burden of changes in pill appearance for patients receiving generic medications. His presentation ended with impromptu appearances by Doc Emmett L. Brown and Marty McFly (OK—the AGS equivalents), who helped bring us “back to the future” with an eye towards reconvening in Long Beach, CA, for AGS16. With beach balls abounding and the sounds of Huey Lewis’ “Power of Love” resounding, it was a fitting end to a meeting meant to spotlight fundamentals, fellowship, forward-thinking, and—yes—even the fun that form the bedrock of high-quality, person-centered care for all. Presenter handouts from AGS15 sessions are available on GeriatricsCareOnline.org.*

Choosing Wisely / continued from page 1

may warrant deeper discussion based on new insights and information regarding appropriate healthcare choices.

For example, the AGS expanded its rationale for recommending against the use of cholinesterase inhibitors (CIs) to manage dementia without periodic evaluations to determine mental health benefits and gastrointestinal problems associated with treatment. Although some clinical trials suggest that CIs may improve cognitive testing results, it is now unclear whether these changes are “clinically meaningful” based on available data.

The Society also added lung cancer screenings to a list of oncological screenings (which already includes breast, colorectal, and prostate cancer screenings) that should not be recommended for older adults without first considering life expectancy and the risks associated with testing, over-diagnosis, and over-treatment. New evidence from a screening of 1,000 people for lung cancer found that the screenings would reduce the death toll by four over a six-year period, but also would yield abnormal results for 273 individuals, 36 of whom would undergo invasive procedures and nearly 10 of whom would suffer unnecessary complications as a result.

The revised AGS Choosing Wisely list is available from GeriatricsCareOnline.org.*
Congratulations to Our 2015 Award Recipients

Annually, the AGS celebrates researchers, clinicians, educators, and trainees who have made outstanding contributions to the care of older adults. Please join us in congratulating 2015’s award recipients, who were honored at this year’s annual meeting.

Outstanding Scientific Achievement for Clinical Investigation Award

This award is presented to an investigator actively involved in direct patient care. Among other values, the award acknowledges independence of thought and originality in research—all values embodied by the 2015 award recipient, Rebecca Sudore, MD, an Associate Professor of Medicine at the University of California, San Francisco.

With a focus on improved advanced care planning and informed decision making, particularly for older adults with limited health literacy, Dr. Sudore’s scholarship speaks to the heart of high-quality, person-centered care for all older patient populations. Dr. Sudore began her training working with homeless adults at a student-run clinic. Since then, she has helped design a wealth of patient-friendly resources including a modified informed consent process, an easy-to-read advance directive, and an innovative, person-centered advance care planning website (prepareforyourcare.org). Dr. Sudore has been locally, nationally, and internationally recognized as an expert and constructive voice for advance care planning and clear health communication.

Outstanding Junior Clinician Educator of the Year Award

The AGS bestows this award upon a junior faculty member who has advanced an impressive body of work in geriatrics training and education. This year’s recipient, Shaida Talebreza Brandon, MD, Assistant Professor of Geriatrics at the University of Utah School of Medicine, is a rising star in comprehensive, end-of-life care. As a young clinician, Dr. Talebreza Brandon championed the development of (and now serves as lead editor for) the Geriatrics Evaluation & Management Tools—topic-focused resources offering guidance to clinicians and trainees caring for older adults. She also has devised a number of other curricula for educating medical residents, fellows, and nursing students on hospice principles, care team collaboration, and person-centered care planning.

Outstanding Mid-career Clinician Educator of the Year Award

This year, the AGS is pleased to recognize Susan Parks, MD, for her contributions to enhancing geriatrics education. Dr. Parks joined the Department of Family and Community Medicine in the Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia in 1997. Appointed Director of the Geriatrics Fellowship Program in 2002, Dr. Parks helped double the number of available fellowship openings while also enhancing the popularity and prestige of the program. Since 2006, Dr. Parks has led the development of palliative care services at Thomas Jefferson University Hospitals. Through various AGS and ADGAP leadership roles focused on fellowship education and training, Dr. Parks has helped advance the caliber of geriatrics fellowship programs across the country.

New Investigator Awards

The New Investigator Awards honor individuals whose original presented research reflects new insights in geriatrics and a commitment to academics in aging. This year, five outstanding colleagues were recognized for their work.

Jennifer Lai, MD, MBA, is a Board-certified gastroenterologist and transplant hepatologist on faculty as Assistant Professor of Medicine at the University of California, San Francisco. Her work focuses on integrating geriatrics concepts into the fields of hepatology and liver transplantation to improve the care of the rapidly expanding population of older adults with end-stage liver disease.

Michael LaMantia, MD, MPH, an Assistant Professor of Medicine at the Indiana University Center for Aging Research, focuses on delirium evaluation in emergency departments and developing new models of care to serve vulnerable older adults across the health system. His involvement in projects on delirium identification rates, collaborative dementia and depression programs, and improved quality of care is helping to address key unmet needs in geriatrics.

Una Makris, MD, an Assistant Professor of Internal Medicine and Clinical Sciences, Division of Rheumatic Diseases, at the UT Southwestern Medical Center and the VA North Texas Health Care System, is committed to patient-centered research to improve outcomes in medically complex older adults with chronic back pain. Through her research, Dr. Makris hopes to develop and implement interventions that have a meaningful impact on older adults with chronic musculoskeletal conditions.

John Newman, MD, PhD, is a geriatrician, basic scientist, and Assistant Professor in the Division of Geriatrics at the University of California, San Francisco. His exploration of ketone bodies is one facet of a growing body of work on how environmental signals—like diet or fasting—might provide potential therapeutic targets for the effects of aging.
Ryota Sakurai, PT, PhD, is a Postdoctoral Fellow in the Gait and Brain Lab at Parkwood Hospital and the University of Western Ontario in Canada. His explorations of gait, cognition, and neuroimaging are informed by training as a clinical physical therapist. Dr. Sakurai hopes to uncover the relationships between gait and cognitive function to advance effective intervention and prevention strategies for cognitive decline.

Clinical Student Research Award

The 2015 outstanding student abstract award recipient, Justin Yamamoto, BS, is a second-year medical student at John A. Burns School of Medicine in Hawaii with a BS in Biology from Claremont McKenna College in Claremont, CA.

Moved by the experiences of his grandfather, a World War II veteran, Yamamoto expressed an early interest in geriatrics and has participated in several programs to fuel this passion. These include the Wellness Initiative for Seniors in Hawaii (WISH), which offers students the opportunity to work with residents from local care homes and residential communities, as well as the Medical Student Training in Aging Research (MSTAR) program at the University of California, San Diego. His MSTAR work focused on evaluations of spine curvature associated with muscle quality and lean mass, and included rigorous data collection and analysis overseen by Deborah M. Kado, MD, MS.

Edward Henderson Student Award

This year’s recipient, Meng Ni, PhD, recently earned her doctoral degree in exercise physiology at the University of Miami, where she has been instrumental in advancing research on physical ability and strength in older adults. Most recently, Dr. Ni helped co-lead an assessment of power and yoga training on functional ability for people living with Parkinson’s disease. Assuming roles with increasing responsibility and reflecting her growing expertise, Dr. Ni plans to extend her experience in physical and cognitive functions in older adults with neurological disorders, the effectiveness of different exercise techniques, and medical rehabilitation in the context of highly prevalent and disabling diseases.

Scientist-in-Training Award

Camilla B. Pimentel, MPH, a doctoral student in Clinical and Population Health Research at the University of Massachusetts Medical School, is this year’s Scientist-in-Training Award recipient. With research interests in medication use and health outcomes among older adults, Pimentel’s dissertation represents an independent evaluation of analgesic medication patterns in U.S. nursing homes and the potential impact of Medicare Part D on opioid use in long-term care settings. She has authored more than 10 peer-reviewed articles on topics ranging from pharmaceutical marketing to future research avenues for cancer. Much of this scholarship is based on Pimentel’s tenure as a Public Health Advisor for the Division of Cancer Control and Population Sciences at the National Cancer Institute. In this capacity, she helped coordinate scientific workshops and curate a database of descriptive characteristics of genetic associations for cancer risks.

Outstanding Junior Investigator of the Year Award

Presented to a junior investigator in the early stages of a career in research with a demonstrated focus on geriatrics, this award recognizes a record of accomplishment in academic scholarship, including journal publications, poster/oral presentations, and grant applications for aging research.

Micah Drummond, PhD, the 2015 awardee, is an Assistant Professor in the Department of Physical Therapy at the University of Utah and an active leader at the University’s Center on Aging, where he helped secure grant funding and contributed to nearly 60 peer-reviewed articles on aging, physical function, and muscle metabolism. He recently received a pilot grant to study rehabilitation in older adults following hip fracture, as well as new funding from the National Institute on Aging for a deeper exploration of muscle loss and decreased functioning in hospitalized older patients.

Outstanding Junior Research Manuscript Award

Helena M. Blumen, PhD, Assistant Professor in the Department of Medicine (Geriatrics) and Neurology at Albert Einstein College of Medicine in the Bronx, NY, received this year’s award for her manuscript, “Behavioral and neural correlates of imagined walking and walking-while-texting in the elderly,” published online in February 2014 in Human Brain Mapping. Her work employed functional magnetic resonance imaging to explore connections between brain activity, locomotion, and declining mobility. Initial findings from this study of older adults suggest that certain aspects of brain activity integral to human mobility increase as the difficulty of a walking task also escalates. This work could chart a course forward for future research to address an unmet need in brain imaging and intervention design for cognition and locomotion.

Congratulations to these award recipients, and to awardees recognized in earlier editions of AGS News:

- **Thomas Cornell, MD**: Arnold P. Gold Foundation Humanism in Medicine Award
- **Ronald S. Deumler, MD, MS, CMD**: Clinician of the Year Award
- **Jennie Chin Hansen, RN, MSN**: David H. Solomon Memorial Public Service Award
- **Robert Palmer, MD, MPH**: Edward Henderson State-of-the-Art Lecture Award
- **Barbara Resnick, PhD, RN, CRNP, FAAN, FAANP, AGSF**: Dennis W. Jahnigen Memorial Award
1. #AGS15 Program Committee Chair Dr. Matthew McNabney convenes the official conference program.
2. AGS President Dr. Steven R. Counsell.
3. AGS Washington Representative Chris Cushing, AGS Staffer Carol Goodwin, and Health in Aging Foundation supporter Lynn Ouslander enjoying a reception at #AGS15.
4. Past AGS Presidents enjoying each other’s company at their annual gathering.
5. Dr. Wen Dombrowski, AGS CEO Nancy E. Lundebjerg, Dr. Steven Buslovich, and Dr. Michael Fang enjoying the Technology Innovations Pavilion.
A Fellowship, and a Fork-in-the-Road, For Educating New Geriatrics Leaders

A policewoman. A fireman. A doctor. A geriatrician. Some people know quite early exactly what they want to “be” when they grow up. Still for others, the real fun comes on the road toward finding out; the challenge is determining how.

That is part of the rationale behind a unique Geriatrics Fellowship program at Sparrow Hospital in Lansing, MI. Developed in collaboration with the College of Human Medicine at Michigan State University (MSU), the fellowship is a one-year training program in principles of geriatrics. Through work with older adults across the care continuum, in several different settings and with mentors from several different disciplines, fellows learn the fundamentals of working with older adults and are empowered not only to deliver high-quality care but also to train colleagues, write grants, perform research, and present at meetings like the AGS Annual Scientific Meeting.

And importantly, the Sparrow Hospital/MSU fellows represent the unique, increasing draw of geriatrics for health professionals from different generations, walks of life, and medical specialties, all united by a common goal—a desire to support high-quality, person-centered eldercare. Now in its 11th year, the program has welcomed more than 18 fellows—some fresh out of residency, but others with decades of experience in medical practice.

For example, James Mayle, MD—an AGS member, fellowship graduate, and now part of the MSU College of Human Medicine faculty in the Geriatrics Division, Department of Family Medicine—practiced gastroenterology and taught at MSU for more than 25 years before enrolling in the Sparrow Hospital/MSU fellowship program. He recalls finding inspiration in the work of Mark Ensberg, MD, a geriatrician who cared for Dr. Mayle’s parents and in-laws and who also directed the fellowship program at the time. “Dr. Ensberg had a great demeanor and you could tell how thoughtful and passionate he was about his work,” Dr. Mayle explains. “I wanted that same sense of purpose in my own career, which is why I started thinking about a transition into geriatrics.”

Like other fellowship graduates, Dr. Mayle completed a series of month-long rotations offered across several facets of geriatrics, from sub-acute rehabilitation and long-term care to inpatient geriatrics, hospice care, and geriatric psychiatry. Five years after completing his fellowship and entering his new specialty, he is still impressed—and inspired—by what he saw in Dr. Ensberg and other mentors who helped guide his fellowship course of study: “I was given the opportunity to explore so many different aspects of geriatrics, and it really left an impression. I have a good, positive feeling about my work, and that’s something I haven’t experienced in quite this way before. That says a lot about what I’m doing.”

Young or old, veteran clinician or student just beginning to explore a possible career in medicine, emerging geriatrics professionals like Dr. Mayle are essential to addressing the health needs of America’s growing older population. Opportunities like the Sparrow Hospital/MSU Geriatric Fellowship will help to open the field to a new generation of health professionals, while also sustaining the interest and support of men and women like Dr. Mayle, whose mid-career shift proves that taking the fork in the road really can make all the difference.

For more information on the Sparrow Hospital/MSU Geriatric Fellowship, contact Kevin Foley, MD, FACP, Director of Geriatric Education and Clinical Operations at the MSU College of Human Medicine (Kevin.Foley@hc.msu.edu). *
More than half of all adults 65 and older have three or more chronic (ongoing) medical problems, such as heart disease, diabetes, cancer, or arthritis. Caring for older patients with multiple health problems can be tricky, even for healthcare professionals who specialize in caring for older people. For example, prescribing medications for a patient with multiple health problems is more difficult than it is when the patient has one health problem. A drug may be useful in treating one of the patient’s health problems, but it might make another worse.

Here are some tips for working with your healthcare provider when you have several chronic health problems:

**Get as much information about treatment options as possible**

You should work with your healthcare professional to understand all of your options for care and take an active role in deciding what kind of care you would like. For example, you should ask your provider to tell you how long each treatment option may take to work because some treatments may take longer than others to show benefits.

You should also decide if you want to make all of your care decisions on your own or include others—such as spouses, family members, or friends—in the decision-making process. And you should always let your healthcare providers know right away if you have questions or concerns, want to stop treatment, or want to try something new.

**Make sure your healthcare provider understands your priorities for care**

Decide what treatment outcomes are important to you. For example, you may want to remain as independent as you can for as long as possible. Because of this, you may prefer a treatment with fewer side effects, even if this treatment may not prolong your life as long as other treatments. This is just one example—you should ask your healthcare professional how different treatment options will affect the aspects of your life that are most important to you, such as your level of independence, stamina, or pain.
Most medications and other treatments have both benefits and risks. Talk with your healthcare provider about possible benefits of each treatment, as well as possible drawbacks such as increased risks of disability, new health problems, and poorer quality of life. Understanding all of the pros and cons of each treatment will help you decide which option is best for you.

Since there isn’t a lot of research examining how older adults with complex health problems respond to treatments, your healthcare provider may not be able to predict exactly how a treatment will affect you. Because of this, it’s very important for you or your caregiver to tell your healthcare provider—right away—if a treatment doesn’t seem to be working or is causing side effects.

Studies have found that the more complicated treatment instructions are, the more likely patients are to stop following them. Let your healthcare provider know if your treatment becomes too complicated or difficult for you to follow. And make sure you understand all instructions before you leave your healthcare provider’s office. Ask him or her to work with you to make instructions as simple and easy-to-follow as possible.

Your healthcare providers should make the most important and effective treatments the highest priority. Your treatment plan should fit your needs and preferences, while getting you the most benefits and least amount of risks. Among other things, your healthcare professional should be able to tell you about non-medication treatment options—and how to use those when possible—to avoid potentially dangerous interactions between medications as well as other potential side effects. Ask your healthcare professional if there are non-medication options for at least some of your symptoms.

For Caregivers: If you help someone make healthcare decisions—or if you make healthcare decisions for someone who is unable to make their own—you should keep these same tips in mind as you work with their healthcare professionals.

Reflect on conversations you’ve had with the person you care for about their wishes and opinions, and consider all of the potential benefits and burdens of the options presented to you.

Disclaimer: This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other healthcare provider. Always consult your healthcare provider about your medications, symptoms, and health problems. August 2012