

Geriatrics Fellowship Recruiting Series: Field-tested Strategies that Work, Part 2

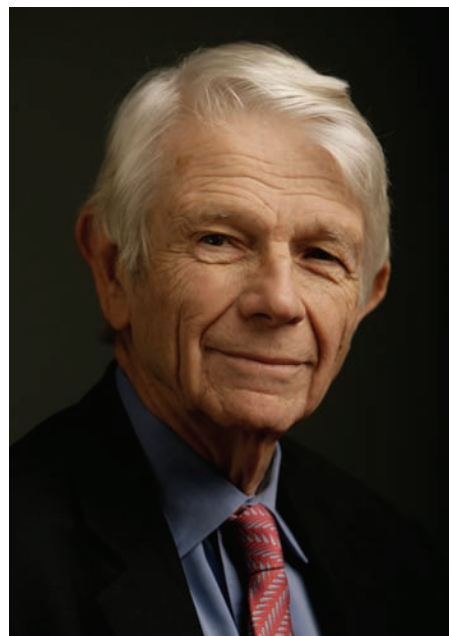
Just four years after completing a fellowship in geriatric medicine at Boston University Medical College (BUMC), Serena Chao, MD, has quite an impressive CV.

An assistant professor of medicine at BUMC, Dr. Chao is also Associate Program Director of the medical school's fellowship program. With BUMC's Home Care Program, she makes house calls and provides primary care to 90 homebound elderly Bostonians. She's also the primary care physician for another 130 or so elderly patients who get care through the institution's Geriatrics Ambulatory Practice, and she runs its Consultation Geriatric Assessment Clinic. Dr. Chao also teaches medical students, internal medicine residents and geriatric medicine fellows, has played an integral role in curriculum development for all levels of trainees, and is a key faculty member for

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American Geriatrics Society's Foundation for Health in Aging's 2008 Lifetime of Caring Gala Slated for January 28

Event to Benefit Foundation and its Work and Honor Dr. Robert Butler, Evercare, and AstraZeneca



Robert Butler, MD to receive the 9th Annual Lifetime of Caring Gala

The AGS Foundation for Health in Aging's 9th annual Lifetime of Caring Gala will honor National Institute on Aging founding director and International Longevity Center President and CEO, Robert Butler, MD. The Gala, slated for January 28 at the Plaza Hotel in New York City, will recognize others whose work has contributed to the health and well-being of older people, and celebrate the accomplishments of the FHA. The nonprofit organization advocates on behalf of older adults and their special healthcare needs; supports elder health research; and provides public education programs for older people and their caregivers.

Hosted by Hugh Downs, former anchor of 20/20 and past host of *The Today Show*

and *Concentration*, among others, the Gala will be capped by a performance arranged by Bargemusic, the city's celebrated "floating concert hall. The FHA's 2008 *Lifetime of Caring Award* will go to Dr. Butler, who has dedicated his life's work to the health of the aging. Dr. Butler chartered new territory through his roles as founding director of the NIA, and as founder of the nation's first department of geriatrics, at Mount Sinai School in New York City. He was the principal investigator of one of the first interdisciplinary, comprehensive, longitudinal studies of healthy, community-living older adults—a landmark study finding that many things attributed to old age are in fact a function of disease and socioeconomic and other factors. The winner of the Pulitzer Prize for his landmark *Why Survive? Aging in America*, he has also authored and coauthored more than 300 books, medical and scientific articles on aging and health. The Foundation's *Lifetime of Caring Award* recognizes significant contributions to the care and well-being of older adults, and individuals whose life and work are testimony to the potential for extraordinary creativity, accomplishment and validity throughout life.

For its leadership in geriatric healthcare and for its significant contributions to improving the health of older persons and enhancing their quality of life, the Foundation will also present Evercare with its 2009 *Impact Award* during the Gala. Evercare is one of the nation's largest care coordination programs, and is renowned for its emphasis on preventive care and a culture that values

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From the President

As a family physician and geriatrician I, like many in the field, have resisted giving up the very ambitious position of being both a generalist and specialist. But a series of articles examining how to make the most effective use of the nation's scarce supply of geriatricians—a series in October's *Journal of the American Geriatrics Society*—has convinced me that it's time to refine the scope of geriatrics.

In commentary he contributes to the *JAGS* series, William Hazzard notes that, from the beginning, we geriatricians have staked out a potentially “schizophrenic” position. “[We] proclaim that we are both consummate generalists (for older adults) and, indeed, also experts—specialists, if you will—in understanding, managing and coordinating the health care of patients with the most complex, chronic, progressive, and interacting diseases and syndromes,” he writes.

True. But now, with the eldest of the nation's 77 million baby boomers reaching retirement age in less than three years, it's time to make some choices. As the AGS noted in “The Future of Geriatric Medicine” in 2005 and the Institute of Medicine confirmed in “Retooling for an Aging America” this spring, there simply aren't enough of us to care for everyone.

Roughly 12% of Americans are now 65 or older, and that figure will reach 20% by 2030. So how to best deploy available geriatricians to optimally meet the healthcare needs of this rapidly growing group? Gregg Warshaw and colleagues begin the *JAGS* series with an article reporting the results of a 2007 Association of Directors of Geriatric Academic Program (ADGAP) survey that put this very question to the directors of U.S. geriatric academic programs (DGAPs). The online survey went out to the DGAPs at all 145 American allopathic and osteopathic medical schools and garnered a near 75% response rate. The strong consensus among respondents: Given the shortage, geriatricians should focus on the most complex and most vulnerable older adults. “The findings offer the beginning of a consensus statement as to the role of geriatricians in the continuum of American medical care,” Warshaw et al conclude.

In a subsequent paper, Christopher Callahan and co-authors offer an example and potential model of an academic urban public health system where geriatricians do just this, and complement the care that primary care practitioners provide to healthier older patients. The Indiana University health system serves a large and diverse population of older adults, offering a wide range of outpatient, inpatient, and related services. In the IU system, geriatricians play key roles in healthcare administration—thereby affecting the care of all older patients via system design and redesign. They also assist generalists in the care of a large number and broad range of older patients. In

addition, geriatricians and their interdisciplinary teams focus on a relatively small number of older adults who are frail, or have geriatric syndromes. Primary care physicians at IU, Callahan notes, “tend to cede” these patients to geriatrician colleagues when their care becomes more complex.

Findings from a study by Elizabeth Phelan and colleagues that appears in the *JAGS* series appear to support having geriatricians both focus on older patients at “greatest need” and assist generalists in the care of other older patients. The study finds that the care provided by geriatricians and generalists differs, with geriatricians assessing patients for geriatric syndromes and taking steps to avoid improper prescribing slightly more often than generalists in ambulatory settings. This difference, though slight, would be of greater concern with the most complex patients, who are more likely to have geriatric syndromes and to take more medications.

Capping the *JAGS* series, “Leading on Behalf of an Aging Society,” an accompanying editorial by Linda Fried and William Hall, recommends next steps for the field. As “a first step, we should preferentially target training adequate numbers of geriatricians to be primary care providers or co-managers of care for the 25% to 30% of older adults who [are defined as] “most vulnerable,” they write. At the same time, the primary care internists and family physicians responsible for caring for healthier and better functioning older patients should be taught basic geriatrics principles and “when and how to involve a subspecialist geriatrician in care.”

Getting to Step 1 and beyond, however, will require testing care models like IU's and others in a variety of settings, Hazzard points out. It will also require reaching consensus as to *exactly* which older patients should be under geriatricians' care, securing greater investment in geriatrics training, ensuring better financial reimbursement for elder healthcare (to improve recruitment and retention), and designing and implementing new coordinated systems of care, among other things. All of that of course, will require advocacy work and considerable leadership.

Geriatrics healthcare professionals, with their training and experience in elder care, and their expertise with an interdisciplinary team approach, are in a prime position to provide such leadership, Fried and Hall argue. And I agree. It's time to chart a better defined course for our field. We must lead.

To Ensure Society a Seat on Highly Influential AMA Panels, AGS Urges Its Physician Members to Join AMA

By Peter Hollmann, MD

AGS' seat in the American Medical Association's (AMA's) House of Delegates (HOD)—the representative policy-setting body for America's broadest medical professional organization—is in jeopardy. That threatens to weaken the ability of AGS to influence decisions regarding Medicare reimbursement, the development of clinical performance measures, and outcomes reporting tools for physicians.

At least 1,000 of AGS' physician members must belong to the AMA for the Society to retain its seat in the HOD. The Society just makes the cutoff for its HOD seat, which Charles Cefalu, MD, now holds. (See related story, p 10, "Cefalu Follows Keenan as AGS' Member of AMA House of Delegates") The association will review the Society's eligibility for its HOD seat at its interim 2010 meeting and it is crucial that the AGS continue to have 1,000 AMA members.

The benefits of a seat in the HOD are tremendous. In a variety of ways, representation on the HOD enhances AGS' ability to advocate for policies and initiatives that support quality healthcare for older adults.

Why it matters:

HOD membership is required for a society to nominate members to the RUC and influence CPT

The Centers for Medicare and Medicaid Services (CMS) regularly considers recommendations from the AMA's Resource-Based Value Scale Update Committee (RUC) when creating the physician fee schedule for new and revised Current Procedural Terminology (CPT) codes. CMS has historically accepted 90% or more of the RUC's recommendations. CPT creates new and revised service descriptions, a process that is important in creating payment methodologies for the evolving healthcare system.

Our memberships have played important roles

Geriatrics has occupied a RUC rotating "medicine" seat in four of the last six years and will be eligible again in 2010. Meghan Gerety, MD, held the seat and also chaired the five-year review that resulted in the greatest boost in evaluation and management (E/M) code valuations since their creation. Dr Gerety is now the RUC advisor (a nonvoting position) and Alan Lazaroff, MD, is alternate advisor

In 2003, I, became the first AGS nominee appointed to the CPT Editorial Panel. I was subsequently appointed the panel's Vice Chair. Thanks to AGS' seat on the HOD, the society also gets a spot on the CPT Advisory Committee, which supports and advises the Editorial Panel. Robert Zorowitz, MD, is a member of

How Seats on the RUC Are Allocated

Twenty-three of the 29 members of the American Medical Association's (AMA's) Resource-Based Value Scale Update Committee (RUC) are appointed by major national medical specialty societies. These societies include: those recognized by the American Board of Medical Specialties; those with a high percentage of physicians in patient care; and those whose members provide services that account for a high percentage of Medicare expenditures. The remaining six seats are held by the RUC Chair, the Co-Chair of the RUC Health Care Professionals Advisory Committee Review Board, and representatives of the AMA, American Osteopathic Association, the Chair of the Practice Expense Review Committee and Current Procedural Terminology (CPT) Editorial Panel.

Of the 23 RUC seats to which major national medical specialties appoint representatives, three seats rotate every two years. Two of these three "rotating seats" are reserved for an internal medicine subspecialty, and the other is open to any other specialty. Geriatrics will next be eligible for a seat on the committee in 2010.

the CPT Advisory Committee. CPT recently revised the nursing facility codes to better recognize the work of caring for more complex nursing facility patients.

A seat on the HOD affords AGS yet another benefit—a seat and a vote on the AMA's Physician Consortium for Performance Improvement (PCPI). The Consortium is charged with developing both clinical performance measures and outcomes reporting tools for physicians. The PCPI created geriatric measures with AGS leadership.

We need to be part of the process

By participating, AGS helps improve the processes involved in payment. We learn how to succeed and make important partnerships that increase the influence of our smaller specialty. AGS' work with the Academy of Homecare Physicians—to understand how the CMS review processes could be used to improve payment to homecare—provides a good example. Reforming payment is a long-term process and takes a long-term investment, which AGS and its volunteers are making. That investment is already paying off, with AGS members annually benefiting from these recent changes at a level that is far higher than the cost of their AGS memberships and the cost of an AMA membership.

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Marie A. Bernard, MD, Named Deputy Director of National Institute on Aging

NIA's New Second-in-Command Credits Hartford Leadership Scholars Programs With Helping Her Prepare For Role

For Marie A. Bernard, MD, who took over as Deputy Director of the National Institute on Aging in October, the decision to apply for the No. 2 post at the agency that leads federal aging research efforts came after considerable deliberation.

"I really had to think about it because I was very happy at Oklahoma; I had opportunities to be very creative developing the department there," said Dr. Bernard, who was the founding Chairman of the Reynolds Department of Geriatrics at the University of Oklahoma College of Medicine, and viewed her role with the department as her most significant professional accomplishment to date. When tapped for the NIA position, she'd been at Oklahoma for 18 years and was not only the chair and a professor in the geriatrics department, but also the Associate Chief of Staff for Geriatrics and Extended Care at the Oklahoma City Veterans Affairs Medical Center.

Colleagues in the field, however, urged her to consider the NIA post. And, while participating in the Hartford Geriatrics Senior Leadership Scholars Program last year, she began giving it careful thought. The senior leadership program is one of two companion leadership programs funded by the John A. Hartford Foundation and administered by the Association of Directors of Geriatric Academic Programs (ADGAP). Dr. Bernard completed both programs.

"Being in the senior leadership program really helped me think it through," Dr. Bernard recalled in an interview prior to starting her new job at the NIA. "It made me think: 'Am I going to be in Oklahoma in the next 15 to 20 years, and if so, where will I be?'" Ultimately, it was the opportunity to have a wider impact at the NIA that led her to apply for and accept the Deputy Director's post, she explains.

At the NIA, Dr. Bernard takes the place of Judith Salerno, MD, who left the agency to become Executive Officer of the Institute of Medicine. Reporting to NIA Director Richard J. Hodes, MD, Dr. Bernard "will take a major leadership role in directing the nation's research program on aging and on age-related cognitive change," the agency announced in October, shortly before this issue of *AGS News* went to press.

"Throughout her career, Dr. Bernard has sought to support and improve the evidence base which forms the foundation for geriatrics and the care of older people," Dr. Hodes noted, announcing the appointment. "I look forward to bringing her expertise and energy to the NIA, as we continue our efforts to address the needs of the aging population."

The daughter of two physicians, Dr. Bernard graduated cum laude from Bryn Mawr College with honors in chemistry, and earned her MD at the University of Pennsylvania School of Medicine. In 1980, she completed her residency at Temple University Hospital, where she was chief resident. Dr. Bernard held several positions at Temple's School of Medicine. Starting as an Instructor in Medicine, she then served as Associate Professor of Medicine in the Division of General Internal Medicine, Director of Medical Clinics, and Assistant Dean for Admissions. Early in her medical career, she recalls, she found she was more interested in older patients, who had more complex health problems and more life experiences than younger adults. This growing interest led her to complete a mini-fellowship at the Geriatric Education Center (GEC) of Pennsylvania in 1987.

"The mini-fellowship was an epiphany for me," Dr. Bernard says. "Prior to doing the mini-fellowship I thought that I knew geriatrics, because I was skilled in diagnosing and treating hypertension, diabetes and other conditions common among older adults. The training at the GEC opened my eyes to the fact that there is a lot more to the care of the elderly—particularly the focus on function and quality of life, geriatric syndromes and interactions within interdisciplinary teams."

In 1990, Dr. Bernard was recruited by the University of Oklahoma, which then had a geriatrics program in its Department of Internal Medicine. Seven years later, when Oklahoma's Department of Geriatric Medicine launched with the support of a \$11.2 million grant from the Reynolds Foundation and \$10 million from the state of Oklahoma, it was only the third department of geriatrics in the nation. As its founding director, Dr. Bernard led efforts that, among other things, greatly expanded the geriatrics faculty, and instituted a required four-week geriatrics rotation for all third year medical students and geriatrics training for trainees at all levels. Oklahoma has had a geriatrics fellowship program since 1995, and the geriatrics department has been home to the Oklahoma Geriatric Education Center (GEC), established in 1989, since the department's founding in 1997. Dr. Bernard became director of the GEC in 1992. In 2007, the geriatrics department received an additional \$7.5 million from the Reynolds Foundation to further enhance its research work, with a focus on neurodegenerative problems of aging and sarcopenia.

"The Hartford Scholars programs really helped me hone in and focus on personal and organizational skills needed to make all

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The AGS Foundation for
Health in Aging's

Safe (and Enjoyable!) Sex for Seniors:

More older adults are having sex—and enjoying it more.

That's the conclusion of several recently published studies. New data from Swedish surveys of 70-year-olds conducted in 1971, 1976, 1992 and 2000, for example, show that the number reporting that they're sexually active increased considerably over the 30-year period. While 52% of married 70-year-old men reported having sex in 1972, that number was 68% in 2000. For married women, the figures were 38% in 1972, and 56% in 2000. The number of sexually active unmarried 70-year-old men and women also increased. What's more, the 30-year stretch saw both men and women reporting greater satisfaction with sex and fewer sexual problems.

The Swedes aren't alone. Research also finds that most older Americans are sexually active into their 70s. A study of more than 3,000 older Americans published in the *New England Journal of Medicine* found that 73% of those aged 57 to 64 were sexually active, as were 53% of those 65 to 74, and 26% of those 75 to 85. More open attitudes toward sexuality, better health among older adults, Internet dating, and the availability of medications like Viagra are all likely contributors to these trends, experts say.

Additional studies, unfortunately, have also found that growing numbers of older adults are being diagnosed with sexually transmitted diseases (STDs). The most common are herpes and the human papilloma virus (which can cause genital and anal warts and cervical cancer). Other STDs include gonorrhea, Chlamydia, syphilis, and the human immune deficiency virus (HIV), which causes AIDS.

According to the Centers for Disease Control and Prevention (CDC), adults 50 and older account for 10% of all new AIDS cases and 14% of those living with the disease in the U.S. Although effectiveness of condom use in older adults has yet to be studied, wearing a condom has been shown to protect against HIV via sex in other populations. Despite this, a recent University of Chicago survey of single women ages 58 to 93 found that about 60% hadn't used a condom the last time they were intimate with a partner.

This is particularly worrisome because some age-related changes make older people more vulnerable to STDs than younger adults. Declining immunity is one such change. In women who've gone through menopause, decreased vaginal lubrication and a gradual thinning of the vaginal walls also boost risks of contracting HIV and other STDs.

Here, from the experts, some advice on having, and enjoying, safe sex, no matter your age:

Know your partner's sexual background before having oral, vaginal or anal sex. (All types of sex can spread STDs.) Talk about your sexual histories, and tell one another whether you've ever been tested for STDs, what the results of testing were, and whether you've ever injected illegal drugs. HIV can also be spread via shared hypodermic needles, though the most common risk factor for older women is sex with an infected man.

Consider getting tested first

The best way to protect yourself and your partner is for the two of you to get tested for HIV and other STDs before you start having sex. STDs don't always cause obvious symptoms. And some symptoms of STDs or HIV, such as fatigue, can be mistaken for age-related health problems.

Use a condom and a lubricant

every time you have sex until you are in a monogamous relationship and know your partner's sexual history and HIV status. The CDC advises all older adults to ask potential partners if they have recently been tested for HIV and to encourage partners who have not been tested to get tested. Lubricants such as KY Jelly are important because they can lower the odds of getting a sore or tiny cut on the penis or inside the vagina. These sores and cuts can boost risks of getting STDs.

Talk to your healthcare provider

He or she can offer additional advice about protecting yourself from STDs. Your healthcare provider can also recommend treatments for common sexual problems such as vaginal dryness and erectile dysfunction (ED).

Nearly 40% of postmenopausal women experience vaginal dryness, but there are effective treatments. These range from over-the-counter moisturizers and lubricants to estrogen creams, tablets and rings that you insert vaginally.

Though ED is more common with age, it isn't an inevitable part of growing older, either. Rather, it's often due to underlying medical or emotional problems such as heart disease or diabetes, anxiety, or medication side effects. Because ED may be the first sign of an underlying medical condition, it's particularly important to talk to your healthcare provider if you experience this problem. Medications for ED—which aren't recommended for people with certain heart and other health problems or those taking blood-thinning and other drugs—aren't the only option. Others include hormone replacement therapy (for men with low testosterone levels), implants, surgery, hormone-like medications, and counseling.



Foundation for Health in Aging

Established by the American Geriatrics Society

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The Foundation for Health in Aging builds a bridge between the research and practice of geriatrics health care professionals and the public. The Foundation advocates on behalf of older adults and their special needs through public education, clinical research, and public policy.

The American Geriatrics Society is dedicated to improving the health and well-being of older adults. With a membership of over 6,000 health care professionals, the AGS has a long history of improving the health care of older adults.

AGS, Foundation for Health in Aging, and ADGAP Now Accepting Applications for Leading 2009 Awards

Hartford Geriatrics Health Outcomes Research Scholars Award

Deadline: December 5, 2008

The award supports physician-scientists committed to improving healthcare for older adults while making the critical transition from junior faculty to independent researcher. Research must be focused on older adults and address clinical strategies and effectiveness, innovative outcomes measures, or quality of life. Up to four winners will receive \$200,000 each in salary and research support over two years. For more information, please visit <http://www.healthinaging.org/hartford/award.asp>.

Dennis W. Jahnigen Career Development Scholars Award

Deadline: December 9, 2008

These awards support junior faculty in the specialties of: anesthesiology, emergency medicine, general surgery, gynecology, ophthalmology, orthopedic surgery, otolaryngology, physical medicine and rehabilitation, thoracic surgery, and urology. Up to 10 Jahnigen awards will be awarded with each awardee receiving \$150,000 over two-years. Each recipient's home institution must provide a minimum of \$25,000 in additional support each of the two years. For more information, please visit <http://www.americangeriatrics.org/specialists/jahnigen/apply/>.

T. Franklin Williams Research Scholars Award

Deadline: January 7, 2009

The award supports the academic career development of a promising geriatrician-scientist who is a junior faculty member devoting 75% of his or her time to research, in collaboration with a sub-specialist in internal medicine, concerning a subspecialty-related health problem of older patients. One awardee will receive \$75,000 over two years (\$37,500 per year). For more information, please visit http://www.healthinaging.org/franklin_Williams/.

Chief Resident Immersion Training Program in the Care of Older Adults

Deadline: January 30, 2009

CRIT focuses on providing chief residents with training to improve their understanding of geriatrics principles and their leadership and teaching skills. Up to two two-year grants of \$114,000 (\$59,000 in Year 1 and \$55,000 in Year 2) will be offered to participating institutions to implement this program. For more information, please visit <http://www.americangeriatrics.org/adgap/crit/default.asp>.

Geriatrics Education for Specialty Residents Program Grants

Deadline: March 3, 2009

GSR grants support collaborative efforts between specialty faculty and geriatrics programs at their home institutions that develop, initiate and evaluate model educational programs integrating geriatrics into surgical and related specialty residency training. As many as 15 two-year grants of \$20,000 per year over the two year period (\$40,000 total) will be awarded to institutions submitting promising proposals. For more information, please visit http://www.americangeriatrics.org/specialists/gsr_program.shtml

Why I'm an AGS Member

Rebecca Conant, MD
Associate Clinical Professor
Division of Geriatrics, Department of Medicine
University of California, San Francisco

I am a geriatrician whose professional life is focused on providing house calls to frail patients. I became a geriatrician because I am passionate about improving care for older people. I have been a member of the AGS since fellowship because the AGS fulfills a variety of needs that let me act on this passion: professional development, expertise, networking, setting standards and providing a public "face" for our field.

I appreciate the clinical and research focus on excellence. As a clinician, I am eager to provide the best possible care to my patients, and AGS helps to foster the development and distribution of best practices, guidelines, information, and support for providers, caregivers, and families.

I also appreciate the educational focus. As a teacher, I try to convey my passion for geriatrics to my trainees. As the Institute of Medicine report makes so clear: the workforce to care for elders is inadequate. I see this as a call to action: we all should be teaching our colleagues how to provide high quality care to elders. AGS provides a

place for educators to gather and to share content and process with each other.

The sense of camaraderie and collaboration between members of AGS is wonderful. Senior members are welcoming and always seem happy to have a conversation with a junior member, fellow, or student. This is clearly evident in the mentoring program and in the variety of educational offerings during the annual meeting.

I have become increasingly aware of the role of advocacy in AGS. The sense of urgency for change has grown as the dysfunction of our broken medical system is colliding with the increasing number of frail elders who are not well-served by the discontinuity of care. This was particularly evident during our annual meeting in Washington this year, as members lobbied Congress. I am currently on the front lines, trying to provide care to frail homebound elders. I appreciate being part of a larger movement to improve the whole system of care, perhaps even fundamentally changing how medical care is delivered in the United States. ☀

Marie A. Bernard, Named Deputy Director of National Institute on Aging

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of that happen,” at Oklahoma, says Dr. Bernard, who participated in the first of the two Hartford Scholars programs—the Hartford Geriatric Leadership Scholars Program—from 2001 to 2004. The program offers newly appointed directors of geriatric academic programs intensive leadership training. Participating in the companion Senior Leadership Scholars Program—designed to guide senior geriatrics academic program leaders as they advance to nationally prominent positions and prepare them to serve as role models for future leaders in the field—was also invaluable, Dr. Bernard says. “Both Hartford leadership scholars programs were pivotal in my ending up in the new position,” at the NIA, she adds.

“Sometimes leadership training can help people take full advantage of their natural talents; Dr. Bernard is a clear example of such a talented geriatrician,” says David B. Reuben, MD, one of the directors of the scholars programs and head of the UCLA Multicampus Program in Geriatric Medicine and Gerontology. “The Hartford-ADGAP Leadership Scholars and Senior Leadership Programs are extremely proud of Dr. Bernard and her advancement to this national leadership role.”

Though she has been tapped, increasingly, for administrative roles over the course of her career, research is one of Dr. Bernard’s key interests. Her own research has focused on nutrition and function in older adults, with particular emphasis on ethnic minorities. She has written numerous journal articles and chapters on geriatric care, nutrition,

medication issues and health problems among minorities.

From 2002 to 2005, Dr. Bernard was a member of the NIA’s National Advisory Council on Aging, during which time she chaired the Minority Task Force. She has also been a member of the AGS Board of Directors, and President and Chair of the Board of ADGAP. She was a member of the Institute of Medicine (IOM) committee that wrote the groundbreaking “Retooling for an Aging America: Building the Health Care Workforce,” which was released in April. In addition, Dr. Bernard has chaired the Department of Veterans Affairs’ National Research Advisory Council; and been a member of Board of Directors of the Alliance for Aging Research and of other organizations dedicated to improving healthcare for older adults.

“The work that comes from the Institute serves as the basis of much of what we do in geriatric medicine,” Dr. Bernard noted in a statement released the day her appointment was announced. “It is a great privilege for me to join the NIA team and help in developing future directions for that research. There is quite a bit yet to do, particularly as we face the “silver tsunami” of baby boomers that will start turning 65 in 2011. There will be particular challenges, since there will be even greater diversity in this population as a result of increased numbers of minority and ethnic elders.” ☀

Dr. Bernard was interviewed for this story prior to assuming her new role as Deputy Director of the NIA.

Look for Your Guide to AGS’ 2009 Annual Scientific Meeting in the Mail Next Month

The AGS Annual Meeting Program Committee has put together an exciting and educational program designed to improve the care of older adults. For detailed information about the 2009 Annual Scientific Meeting—slated for April 29–May 3 in Chicago—look for your advance program guide in the mail during the second week of January. The guide includes registration information and highlights of the 2009 meeting, including symposia, workshops and meet-the-expert presentations that are not to be missed! We look forward to seeing you in Chicago.

To Ensure a Seat on Panels, AGS Urges Physician Members to Join AMA

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Can we trust the AMA?

AGS is not asking members to trust anyone, but it is important to recognize how far the AMA has come in more recent years. The HOD has strong representation by women, young physicians and international medical graduates. Addressing the needs of an aging population is part of the AMA's strategic plan. AGS regularly partners with the AMA in efforts to prevent ill-advised regulation and to eliminate the Sustainable Growth Rate formula and continuous threats of Medicare fee cuts. AGS has achieved positions of influence in the AMA and will work with the AMA to promote the importance of all members of the healthcare team.

AGS' Board leads the way:

Many physician members of the AGS Board have shown their commitment by joining the AMA, some, for the first time. "Having representation on the RUC and other AMA panels benefits our patients and our field," says AGS President John Murphy, MD. "So I urge our members who are physicians, and therefore eligible to join the AMA, to do so in order to ensure that AGS retains its seat in the House of Delegates and the many benefits that accompany it." ☀

Lifetime of Caring Gala

the care of older adults. Evercare's revolutionary Care Model, for example, provides highly individualized care for nursing home residents and community-dwelling older adults who have special needs as a result of chronic, advanced illness or disability. Evercare Chairman John Mach, MD, will accept the *Impact Award*, which recognizes organizations that have helped empower older adults and caregivers and support successful aging.

"We're so pleased to honor Evercare with this award, in recognition of their pioneering initiatives that ensure that older adults enjoy healthier lives," said FHA Executive Vice President Linda Hiddemen Barondess.

In recognition of AstraZeneca's commitment to the health and well-being of older adults, their families and the communities in which they live, the FHA will honor the pharmaceutical firm, under the

stewardship of CEO Tony Zook, with its *Discovery Award* on January 28. One of the world's leading investors in biopharmaceutical research and development, AstraZeneca is involved in vital research concerning the treatment of Alzheimer's disease, arthritis, diabetes, and other health conditions common among older adults.

Former Senator John Glenn and Annie Glenn, recipients of the FHA's 2007 *Lifetime of Caring Award*, will be Honorary Chairs for the 2008 Gala. The event will be capped by a performance arranged by Bargemusic, the city's celebrated "floating concert hall."

Co-Chairs for the 2008 FHA Gala are: David Y. Norton, Company Group Chairman, Johnson & Johnson; Simon Stevens, CEO, Ovations/UnitedHealth Group; Anwar Feroz, Director of Customer Development, Johnson &

Johnson Health Care Systems, Inc.; and Michael E. Kafrissen, MD, MSPH, Chief Scientific Officer, Ortho-McNeil Janssen Scientific Affairs, LLC.

In addition to former Senator John Glenn and Annie Glenn, past recipients of FHA awards include former President Jimmy Carter and Rosalynn Carter, Dr. Sidney Katz, Maya Angelou, Ambassador Corinne "Lindy" Boggs, Dr. Dorothy I. Height, Doris Roberts and Jane Freilicher.

Proceeds from the Gala will help support the important work of the FHA. As the population of older Americans continues to grow, this work becomes ever more critical. ☀

The Gala begins at 6:30 P.M. on January 28. For ticket information, please visit www.healthinaging.org or contact Li Chia Ong at (212) 308-1414.

Cefalu Follows Keenan as AGS' Member of AMA House of Delegates

Charles Cefalu, MD, was appointed the AGS' representative to the American Medical Association's (AMA's) House of Delegates (HOD) in May. Dr. Cefalu took the reins from Joe Keenan, MD, who represented the Society on the highly influential panel for the preceding nine years.

On behalf of AGS, Dr. Cefalu presented a resolution during the HOD's June meeting calling on the AMA to join specialty societies in reviewing the recent Institute of Medicine (IOM) report recommending immediate action to prepare the US workforce for the coming Age Boom. The HOD approved the resolution, which also calls on the AMA to work with specialty societies to draft suggestions, this year, for supporting and implementing key recommendations in the IOM's *Retooling for an Aging America: Rebuilding the Healthcare Workforce*. AGS thanks both Drs. Keenan and Cefalu for their time and efforts representing AGS on this important panel. We know the strong voice of Dr. Cefalu will help to positively shape the debate that occurs on issues of importance to us when they are discussed in the House.

Geriatrics Fellowship Recruiting Series

BUMC's pioneering Chief Resident Immersion Training (CRIT) program. If that weren't enough, she was a 2007 recipient of a federal Geriatrics Academic Career Award, which ensures her protected time for academic and educational work. She's using that time to develop initiatives that improve care and transitions of care for older hospitalized patients and better prepare other healthcare professionals to do the same.

Though she's already leaving her mark on the field, Dr. Chao wasn't planning to pursue a career in geriatrics when she started medical school. In fact, if it hadn't been for the aggressive recruitment efforts of the geriatrics faculty at Tufts University School of Medicine's Baystate Medical Center – where Dr. Chao did her residency – she might have followed her initial plan and become a primary care physician.

"I developed an interest in geriatrics in the process of working with Maura Brennan, who was a role model for the type of physician I aspired to become," says Dr. Chao, referring to her mentor at Baystate. Dr. Brennan, Associate Director of the fellowship program, is also Director of Baystate's Geriatrics Consultation Program, Associate Professor of Medicine at Tufts, the founder of Baystate's geriatric medicine track, and co-chair of the AGS Education Committee's Recruitment Subcommittee. Thanks to Dr. Brennan's mentoring, Dr. Chao says, "I began to see that there were many opportunities in the field of geriatrics."

At a time when new medical school graduates are staying away from geriatrics in droves, Baystate has an enviable record of placing promising residents like Dr. Chao in geriatric fellowships. Its own geriatric fellowship program, which accepts two fellows each year, hasn't had a single unfilled slot since its 1999 launch.

"This year alone, three of our graduating residents are doing geriatrics fellowships – two of them in our own fellowship program and the third at Mount Sinai in New York," Dr. Brennan says.

What are the secrets to Baystate's recruitment success? Ongoing resident exposure to geriatrics is one contributor. At the same time that Baystate launched its geriatric fellowship program it also created a geriatrics track for residents. "We have the residents with an interest in geriatrics get together with our geriatrics fellows on a regular basis for journal club and topic review, and involve the residents in a "teaching team" with the geriatrics fellows, medical students, and geriatrics nurses and social workers when possible," says Dr. Bellantonio. "The residents are also exposed to healthier older adults in a retirement community where I have a practice." In addition, the medical center has a large and active inpatient geriatric consultation service, and house officers regularly consult with the service's geriatricians, thereby getting a better sense of what geriatrics is all about.

"But I think that the most critical part of our recruiting efforts has been a very aggressive and personal style of mentoring that we've adopted and has largely worked through our geriatric medicine track," Dr. Brennan says.

Mentoring begins before interns even arrive on campus. Dr. Brennan and Sandra Bellantonio, MD, Director of the fellowship

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program, and co-chair of the AGS Recruitment Subcommittee, review incoming interns' personal statements. Then, during orientation, they seek out those who've expressed even the slightest interest in caring for older adults.

Recruitment efforts don't end there. Geriatrics faculty at Baystate meet informally with residents who've expressed interest in the field, and share and discuss recent journal articles and topics in the field over meals. They encourage residents to organize and get involved in geriatrics journal clubs, and give talks concerning geriatrics to medical students and at local senior centers and nursing homes. Faculty members also encourage residents to devote projects and posters to interesting geriatrics cases and issues, and provide suggestions for and assistance with these.

Faculty also strongly encourage potential recruits to submit posters to and attend AGS' annual meeting, another important venue for getting a sense of the breadth and depth of the field, and the opportunities it affords.

Dr. Chao and fellow Baystate graduate Julie Phillips, MD, both cite mentoring and their experiences at the annual meeting as key determinants in their decisions to pursue careers in geriatrics.

"In my first year, Maura noticed in my entry essay that I mentioned leaning toward geriatrics, and from that point on she actively recruited me," says Dr. Phillips, now a Clinical Assistant Professor of Medicine at Albany Medical College and a geriatrician and hospice physician at the city's Stratton VA Medical Center. Taking Dr. Brennan's advice and attending AGS' annual meeting was seminal. "I was really impressed," Dr. Phillips recalls. "I thought, "Wow! A whole group of people who feel the same way as I do about the elderly!" It was a great experience."

As Associate Program Director of BUMC's fellowship program, Dr. Chao now makes use of the same recruitment strategies her Baystate mentors employed.

"When I've identified residents who have an affinity for geriatrics, I make myself available for teaching, advice, and support, much like Dr. Brennan did for me during my residency days at Baystate," says Dr. Chao.

Active in AGS' Resident Recruitment Subcommittee, Dr. Chao is also helping residents in programs throughout the US establish resident chapters of the AGS, and is the faculty advisor to the BUMC resident chapter of the Society. "Just like Dr. Brennan, I believe that trainees respond to attending physicians who demonstrate that they truly care about the trainees' personal and professional development," she says, with conviction. 🌟

The American Geriatrics Society (AGS) is also taking steps to boost recruitment. AGS' annual meeting includes a one-on-one mentoring program for residents and other trainees, a residents-only poster session, a students' poster session, a residents' luncheon, and a student special interest group. AGS has also started offering residents and students free online memberships, and offers trainees the opportunity to start a resident or student chapter at their institution.

AGS Welcomes Two New Staffers ... and a Baby

The American Geriatrics Society is pleased to announce the addition of two new members to its staff. AGS counts 30 staff in its New York City office. Staff further the Society's mission by helping develop, implement and advocate for programs and public policy that advance patient care, research, and professional and public education, and ensure high quality healthcare for older adults.

AGS' new staff members are:

Erin Corley, Coordinator, Membership

Erin Corley joined the AGS in September. Previously an elementary school teacher, Corley is shifting gears to work on behalf of older adults. After graduating with a Bachelor of Arts in elementary education and psychology from the University of Rhode Island in 2005, Corley taught in schools in New Jersey and Rhode Island. Joining AGS, with its historic commitment to improving elder healthcare and wellbeing through advances in research, education, and advocacy, was appealing, she says, "because of my commitment to education and to improving people's quality of life."

"As the daughter of a nurse, I've always had an interest in healthcare," she says. "I have also personally encountered the joys and the difficulties that accompany caring for an elderly family member," she adds. Her grandmother has early stage Parkinson's disease, dementia, hypertension, and arthritis that necessitates her using a walker, explains Corley, and her mother is in charge of her care.

Corley says she looks forward "to establishing relationships, bringing insight and a new perspective to my position, and working hard to advance the goals and mission of the American Geriatric Society." Reporting to Membership and Governance Manager Elaine Louis, she will assist with all membership requests and aspects of member service, including communications, retention and recruitment. Corley will also work on marketing and other special projects.

Caitlin Connolly, Senior Coordinator

After earning her Graduate Certificate in politics and public policy from the University of Massachusetts two years ago, Caitlin Connolly worked in Boston as a resident coordinator for facilities housing older adults and people with disabilities. Reading a feature in *The New Yorker* detailing the growing shortage of geriatrics healthcare professionals in the US, she says, made her realize just how unprepared the nation is for the upcoming wave of seniors. "While I loved providing direct service, I knew working for an advocacy organization would bring me closer to the systemic changes needed to eventually provide *my* parents with appropriate care," she says.

"The AGS inspired me, not only by its bold and thoughtful mission, but also by its inclusive approach to improving the health and independence of older people," she adds. "I know AGS is the right place for me. It is fueled by the commitment and intellect of its members and by its



AGS Staff News

AGS Assistant Deputy Executive Vice President Elvy Ickowicz and husband Peter welcomed their second child, Alex Peter, on Friday, October 3. Weighing in at 9 pounds, 13 ounces, Alex is doing well, as are Elvy, Peter, and big brother Joey.

dedicated and thoughtful staff. I am regaining my faith that when my parents get there, they will have the care they deserve."

Connolly, who earned a Bachelor of Arts degree, in human services with a concentration in political science, from The George Washington University, recently completed a course focusing on mental health issues and substance abuse at the Boston Institute for Geriatric Social Work. She joined the AGS staff in September and is working on sponsorship opportunities and industry support for symposia for the Annual Scientific Meeting. She will report to Elvy Ickowicz, AGS' Assistant Deputy Executive Vice President.

AGS welcomes its new staffers.

AGS Says Farewell to Christine Campanelli

Christine Campanelli, AGS' Senior Coordinator, Professional Education and Special Projects, has decided to pursue her passion for baking. Campanelli, who had been with the AGS since May 2006, recently accepted a position as an apprentice baker at the renowned Carlo's bakery in Hoboken, NJ. "I can't thank AGS enough for the opportunities for professional development that working here has provided me," she says.

We wish her the best. 🍩

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