

AGSNEWS

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#AGS17 DRAWS MORE THAN 2,100 ATTENDEES FOR 75TH ANNIVERSARY OF AGS

*"Preventive care."
"Geriatrics training for ALL HCPs."
"The future of AGS!"*

These probably aren't the first sentiments you'd think of when someone says "graffiti"—that is, unless you were an attendee at #AGS17!

To commemorate the AGS's 75th anniversary of improving care and leading change for older adults, #AGS17 attendees were asked to share wish lists for the next 75 years on a "graffiti wall" adorning our Annual Scientific Meeting space (pictured on page 4). The responses above are just a few of the diverse promises our 2,100+ attendees hope to pursue in the future—and the present, as the depth of the #AGS17 program proved.

Nowhere was that commitment more apparent than in the AGS 75th Anniversary Lecture, where Past AGS

President James T. Pacala, MD, MS, AGSF, took us through a decade-by-decade history lesson—replete with costume changes and mood music reflecting nearly eight decades of AGS expertise. The lecture ended with a flash mob performance led by Miguel Paniagua, MD, based on an original song written by geriatrics paragon David Reuben, MD, AGSF. To quote just a snippet of Dr. Reuben's lyrics: "Though the quest for success leads to victory, AGS never rests on its history—and with each new endeavor, we're stronger than ever!"

That strength is certainly reflected in the depth of our leadership, which remains a hallmark for the diversity of our members. #AGS17 saw us welcome Debra Saliba, MD, MPH, AGSF, as the next AGS President, for example. In her opening remarks for the meeting, Dr. Saliba focused on

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CONGRATULATIONS TO OUR 2017 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 2017's award recipients, who were honored at this year's Annual Scientific Meeting.

Clinician of the Year

The AGS named **Fatima Sheikh, MD, CMD, MPH**, Medical Director at FutureCare in Maryland and Assistant Professor at Johns Hopkins University School of Medicine, the 2017 AGS Clinician of the Year. In her work across post-acute and long-term care, Dr. Sheikh is recognized not only as a skilled physician serving the needs of particularly frail older adults in the Baltimore area but also as a dedicated mentor for a diverse and growing interprofessional team.

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AGS 360° WITH NANCY E. LUNDEBJERG, MPA

I can't speak for all of our #AGS17 attendees, but I can speak for 25 of us from the AGS office: We had a *blast* celebrating with you, and we learned a lot thanks to the hard work of our program team.

What I learned came from seeing your commitment to older adults on display at #AGS17. It is inspiring. That's one reason I was happy to unveil a new AGS video at the meeting showcasing why members chose to pursue geriatrics. Thanks again to all who contributed to the video (available at <http://bit.ly/geriatricsvid>) and to other highlights—like those below—that still have me #AGSProud:

Expanding Expertise. I started my AGS career working on the Geriatrics-for-Specialists Initiative (AGS-GSI). This multi-specialty, multi-organization collaboration remains near and dear to my heart. It has been an honor to partner with The John A. Hartford Foundation, the Atlantic Philanthropies, and multiple specialty societies on this initiative, which serves our goal of ensuring the workforce is prepared to care for older adults. We recently published four papers in the *Journal of the American Geriatrics Society* reporting on how this initiative has tackled workforce development, clinical care, and supporting specialists who want to pursue research related to geriatrics. Our AGS-GSI Council met during #AGS17, and they unanimously wanted to continue meeting and working together on our shared goals.

One important outgrowth of this work has been the Geriatric Emergency Medicine Pod (GEM POD), which includes Jahnigen and GEMSTAR Scholars and our Geriatrics-for-Specialty Residents Awardees. These colleagues are tireless champions of

geriatrics emergency medicine, and past accomplishments include publishing Geriatrics Emergency Department Guidelines (a multi-stakeholder effort) and developing a Geriatric Emergency Department Collaborative (or GEDC, which now will create a data structure and research collaborative to help us improve emergency care). Last April, I was particularly pleased when the American College of Emergency Physicians (ACEP)—a long-standing AGS-GSI partner—unveiled a new Geriatric Emergency Department Accreditation (GEDA) program. The GEDA will offer a “transparent and minimally disruptive mechanism that assesses and publicly recognizes a hospital’s commitment to optimal geriatrics emergency care.” We look forward to supporting ACEP’s efforts and continuing our work together.

Leading Public Policy. Our policy team has been working overtime, too, to shape legislation and regulations impacting your work. I’ve profiled these updates in my MyAGSOnline blog, and we also saw them highlighted in the policy lecture at #AGS17. In particular, our seven-year effort to shape CPT codes got a standing ovation! That’s because our payment champions—Pete Hollmann, Alan Lazaroff, Bob Zorowitz, Paul Rudolf, and earlier unsung heroes like Megan Gerety and Holly Stanley—expertly wove an initiative to vastly improve reimbursement for geriatrics. The next time an older adult benefits from your transitional care management, chronic care management, Advance Care Planning, complex chronic care management, or cognitive assessment and care planning—all codes shaped by AGS expertise—please think fondly of our CPT champions!



Changing Hearts & Minds. I’m happy I saw several of you at the #AGS17 session on changing hearts and minds through conversations on aging. This session provided an overview of our work with members of the Leaders of Aging Organizations (LAO) and the FrameWorks Institute. It introduced new tools developed through our collaboration, all available for free at FrameWorksInstitute.org/Toolkits/Aging. The AGS and our LAO partners will continue to offer more training and tools to help you make the most of this research. One of those efforts is even profiled here (see page 18).

We really do owe thanks to many people for making #AGS17 such a success, but particularly to all our members for defining our 75-year legacy. In the even more immediate past, we owe a deep debt to Jim Pacala for the hours he put into researching that history for his anniversary lecture. We couldn’t have made the meeting as memorable without Jim’s lecture and its accompanying flash mob, led by our lyricist (yes, there was an AGS song!), David Reuben; lead singer, Miguel Paniagua; and a host of members who sang and threw rally towels (yes, there were rally towels!). With highlights like that, how could you NOT be #AGSProud? ♦

A handwritten signature in black ink that reads "Nancy E. Lundebjerg". The signature is written in a cursive, flowing style.

Nancy
Chief Executive Officer

WASHINGTON UPDATE

"We provide leadership to healthcare professionals, policymakers, and the public by implementing and advocating for programs in patient care, research, professional and public education, and public policy."

That, in a nutshell, is the mission of the AGS—and in clinics, communities, classrooms, and labs across the country, it's pretty easy to see how that leadership is impacting high-quality, person-centered care. But the legislative floor is an equally important forum for making geriatrics expertise known—and it's one we've returned to with increasing frequency here at the AGS.

Want to know what advocacy for your profession looks like? Check out highlights below from our recent actions on the issues impacting your work (and be sure to bookmark the "Where We Stand" section of AmericanGeriatrics.org for the latest AGS news from Washington, D.C.—and beyond!).

Educating New Leaders

A transition in Administration or a new Congress offers an opportunity to reiterate our core priorities. Following the 2016 election, we sent letters to President Trump and to House and Senate leadership focused on programs that are critical to the clinical care of older Americans and their families. We also stressed efforts to ensure we have a workforce with the skills and competence to care for us all as we age. Our key points were summarized in an article published earlier this year in the *Journal of the American Geriatrics Society*.

Addressing Medicare, Medicaid, and Health Reform

The future of Medicare, Medicaid, and health reform is an important



bellwether for the AGS and older adults—and an area where we have leveraged our expertise to shape law and influence regulatory policies.

The AGS has expressed continued opposition to the American Health Care Act (AHCA), for example—legislation designed to repeal and replace the Affordable Care Act (ACA), and legislation our experts believe would harm older adults as originally written and continually revised. With the AHCA narrowly passing the House of Representatives this Spring, the AGS continues to encourage the U.S. Senate to reject the present proposal and focus instead on reforms that would prevent lawmakers from cutting benefits, increasing costs, or jeopardizing the quality of our care.

Additionally, the AGS has worked to shape early successes by commenting extensively on legislation like the Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017. This legislation would make payment for the Independence at Home Demonstration permanent (among other objectives).

Shaping Coding and Payment for Geriatrics Services

A key indicator of how the new Administration will impact our core priorities will likely be the proposed 2018 Medicare Physician Fee Schedule (MPFS, due out at the beginning of

July), which determines reimbursement for providers. For several years now, the AGS has led a coalition of more than a dozen medical specialty societies that has been working to improve reimbursement for key services not previously payable by Medicare, specifically new codes for professional work and for collaborative care. Our efforts have led to the inclusion of several new billing codes in the MPFS in recent years, including cognitive assessment and care planning (2017), complex chronic care management (2017), Advance Care Planning (2016), chronic care management (2015), and transitional care management (2013).

Looking to the future, we plan to advocate that the Centers for Medicare and Medicaid Services (CMS) pay for a code we developed covering physician time spent on chronic care management, and we are discussing opportunities with other stakeholders to develop additional codes for other key services (for example: acute care management and medication review and management).

Making the Most of MACRA

The AGS launched an online toolkit offering resources from CMS and other key stakeholders for navigating MACRA, the Medicare Access and CHIP Reauthorization Act of 2015. Updated continually with the latest

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defining characteristics of the AGS community, particularly our interprofessional breadth and the family of healthcare professionals who stand behind it. “You are more than colleagues,” Dr. Saliba observed, “You care, you question, you advocate.”

Thanks to generous donations from Health in Aging Foundation supporters, those more equipped to care, question, and advocate this year included more than 50 trainees who received funding to attend the meeting and expand their geriatrics expertise. With more than 100 educational sessions and events comprising the #AGS17 program, the meeting certainly offered much to learn.

At the Plenary Paper Session, Rebecca Sudore, MD; Kevin Biese, MD, MAT; and Phillipe Martin, MSc, presented research on everything

from new web platforms for Advance Care Planning to telephone follow-up for older adults discharged from the emergency department, as well as deprescribing practices for reducing reliance on benzodiazepines.

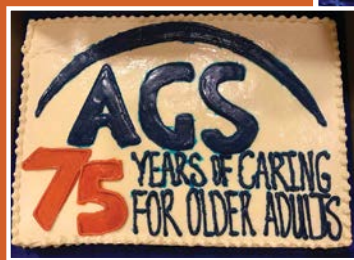
Sei Lee, MD, MAS, recipient of the inaugural Thomas and Catherine Yoshikawa Award for Outstanding Scientific Achievement in Clinical Investigation, delivered a presentation on individualizing preventive care for older men and women. Dr. Lee’s work represents more than 10 years of scholarship examining how personal health status can be used to maximize benefits and minimize harms. Richard M. Allman, MD, Henderson State-of-the-Art Lecturer for #AGS17, also explored such concepts at the macro level, describing ways to build, sustain, and promote age-friendly health

systems across the U.S. and around the world.

Throughout the conference, experts reflecting a range of backgrounds, specialties, and organizations shared insights on issues and opportunities impacting older adult care. Michael H. Perskin, MD, moderated a symposium on using the AGS Beers Criteria to promote deprescribing, while Richard Besdine, MD, FACP, AGSF, moderated a session on building a co-management platform to position geriatrics professionals as co-leaders in care. And for those looking for assistance with professional development and the latest in clinical care, Paul E. Tatum, MD, MSPH, CMD, AGSF, FAAHPM, led a symposium on productivity skills for geriatrics faculty, while Eric Widera, MD, and Ken Covinsky, MD, MPH, delivered their wildly popular—and wildly funny—recap of the top research studies of 2016.

With our eyes now fixed on Orlando, FL, for the 2018 AGS Annual Scientific Meeting (#AGS18; May 3-5, 2018), we’re excited to see how our graffiti moves from paper to practice in the next 365 days, and on the road to better care for all older adults. ♦

➤ *Presenter handouts and slides from #AGS17 are available for free on GeriatricsCareOnline.org.*



MORE THAN A FRESH COAT OF PAINT...

You may have noticed over the past few months that the AGS has been updating its look with a fresh coat of (digital) paint.

First, we released a new 75th-anniversary logo, complete with an orange-and-blue color scheme. Next came an updated MyAGSONline—the virtual home for all AGS members—featuring enhanced navigational settings and site structure.

In March, an improved GeriatricsCareOnline.org gave members and non-members alike new opportunities to explore geriatrics resources. And we ended April 2017 with the release of our updated Career Connections website, a valuable resource for job seekers as well as employers.

This progress has now culminated with a major redesign of AmericanGeriatrics.org—the public face of our community dedicated to high-quality, person-centered care for all older adults.

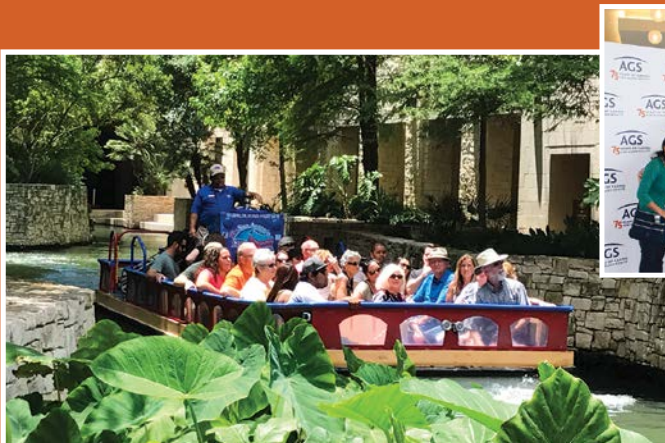
On the new AmericanGeriatrics.org, you'll find all the same great resources in an easy-to-navigate, mobile-responsive format:

- You can log in to renew your membership and access benefits.
- You can browse publications and tools in our product catalog.
- You can take action on advocacy efforts.
- You can peruse our new AGS Annual Scientific Meeting home: Meeting.AmericanGeriatrics.org.

Our web presence has changed not only to reflect enhanced technology but also to match our expertise on the cutting-edge of care. While our look is different, our 75-year-strong commitment to promoting high-quality, person-centered care is as vibrant as ever—now with a website to match! ♦



➤ Questions on how to find a resource? Feedback on the new AGS website? Contact us: info.amger@americangeriatrics.org or 212-308-1414.



INCREASED FUNDING FOR GERIATRICS EDUCATION ESSENTIAL, JAGS STUDY

Without a substantial increase in federal funding for geriatrics education and research we risk further decimating a workforce that is essential to training health professionals on the unique needs of older adults, so say researchers reporting on the impact that Geriatrics Academic Career Awards (GACAs) have had on health professional training and the care of older adults. In an article for the *Journal of the American Geriatrics Society (JAGS)*, interprofessional experts looked at the impact of the GACA program, which served as a vital resource for more than 200 geriatrics clinicians and educators before it was eliminated as part of a consolidation of several geriatrics training programs in 2015.

Qualitative and quantitative results from the research team's survey of GACA recipients point not only to a growing need for geriatrics skills but also to the importance of dedicated time and financial support to develop emerging geriatrics faculty:

- More than 80 percent of respondents reported leveraging the GACA to "protect" dedicated time for developing courses, workshops, publications, and other training activities that would not have been possible without GACA support.
 - Respondents firmly believed that their GACA work enhanced care quality for older adults and caregivers across the U.S. More than 50 percent of the GACA awardees surveyed reported an improvement in their provider skills and education. Nearly a quarter of respondents also were confident their efforts tangibly improved clinical care, satisfaction with the health system, and health outcomes for older men and women.
- Against this backdrop, it is becoming clear that eliminating this separate funding stream in support of academic career development has had consequences for geriatrics clinician-educators. One consequence reiterated by several GACA awardees was that it had become "incredibly
- The 220 GACA recipients have trained between 41,000 and 65,000 health professional colleagues since 1998.
 - Ninety-six percent of survey respondents cited GACA-supported opportunities for educational and academic development, professional development, and leadership development as being primary contributing factors to their career success.
 - More than 90 percent of respondents noted that the award improved their teaching, leadership, and collaborative skills. More than 80 percent of the respondents also were promoted during or after receiving GACA funding.

challenging for new faculty to have the time and financial means to engage in curriculum development, teaching, program leadership, [and] professional development." Put more bluntly by one survey respondent: "The GACA in many ways made my career possible. As a minority female, it gave me entrance into an academic world that often seems unattainable and closed."

"The GACA program is an important parallel effort to the current Geriatrics Workforce Enhancement Program (GWEP), a newer initiative that has funded 44 centers in 29 states," notes Nancy E. Lundebjerg, MPA, AGS Chief Executive Officer. "The GWEP is focused on helping to transform primary care for older adults by providing geriatrics training. The GACA program focuses on developing the geriatrics academic workforce that is required to ensure our entire health-care workforce has the competency to care for older Americans. The AGS believes that both programs must be funded in the 2018 federal budget if all Americans are to have access to high-quality, person-centered care." ♦



TAKE ACTION!



Email, call, tweet, or text your legislators to let them know that—when it comes to federal funding—**#GeriatricsMatters**.



Visit the Health in Aging Advocacy Center (cqrcengage.com/geriatrics) to learn more.



MEET THE NEW AGS PRESIDENT

DEBRA SALIBA, MD, MPH, AGSF

At #AGS17, AGS News tracked down Debra Saliba, MD, MPH, AGSF, our new AGS President, to find out more about her career, her legacy as an AGS leader, and her commitment to the future of high-quality, person-centered care for older adults. Dr. Saliba is the UCLA Anna & Harry Borun Endowed Chair in Geriatrics and Gerontology; a physician with the Los Angeles VA GRECC; Associate Director for Education, Los Angeles VA Health Services Research and Development Service (HSR&D) Center for the Study of Healthcare Innovation, Implementation and Policy; and Senior Scientist, RAND Corporation.

Q. How did you choose geriatrics as your professional home?

A. It started with a challenge from my college advisor! I was an economics major, and he double-dared me to take chemistry. To my surprise, I enjoyed chemistry and followed it up with other science classes. Soon, I was volunteering at an emergency room and doing my dissertation on the economics of health care. As a medical student and resident, I loved internal medicine and went on to practice as a primary care provider. As my practice grew, I saw many families struggling to access not only high-quality medical care for older adults but also high-quality community-based long-term services and supports. I believed it shouldn't be that hard to find integrated person-centered care, and I decided to enter a general medicine research fellowship to study it. During that fellowship, I came to understand that geriatrics offered what I was looking for, so I applied for a UCLA geriatrics fellowship.

Q. What would you like our members to know about you?

A. I want AGS members to know that we really want to hear about the issues, concerns, and challenges that are important to them and their practices. I remember back in the early days of my AGS membership, I'd go to the Annual Scientific Meetings and was unsure if it was OK for an early career professional like me to approach leaders with my questions. I hope that members know they're always welcome to come to me or



Dr. Debra Saliba, 2017-2018 AGS President, with her mother and father at #AGS17.

any of our Board Members with questions and feedback. I look forward to getting to know as many members as I can—and having them get to know me, too.

Q. What kinds of opportunities do you see for the AGS in the coming year?

A. I think it will be a busy time for policy, because many changes are on the table for health care and social services. We must be at that table to represent older adults, caregivers, and all our colleagues who can and should receive training in principles of geriatrics. I also believe that the AGS can play a leading role in studying the communities where older adults are thriving, so that we can help make longevity matter—that's what our field is all about.

Q. What do you see as some of the challenges facing the AGS today?

A. As we celebrate our 75th anniversary,

we can look back and see how much we've accomplished. The challenge now is how we prepare ourselves for the next 75 years. Clearly, we need to continue supporting and promoting geriatrics education, inter-professional geriatrics collaboration, and geriatrics research. We need to be sure that our members on the frontlines of delivering care have the tools and support they need to do hands-on work. We also need a multi-pronged approach toward education, policy, and opportunities to support our professionals in practice.

Q. What do you do to relax?

A. When I'm not cheering on the Dodgers, I enjoy music and spending time with family and friends. You might find me at the Los Angeles Philharmonic or the Hollywood Bowl. I also like exploring neighborhoods in LA and, whenever I travel, I try to make time for off-the-beaten-track walks. ♦

FROM OUR PRESIDENT

DEBRA SALIBA, MD, MPH, AGSF

Many standout events drew acclaim at #AGS17, the Annual Scientific Meeting that marked our 75th year. One was Dr. Jim Pacala's highly entertaining (and informative) 75th Anniversary Lecture. Other highlights were exemplary presentations of research; informative clinical and policy updates; recognition of new AGS Fellows; our dancing through the night at the 75th anniversary celebration; and conversations with students, residents, and new and senior AGS members.

In this 75th-anniversary year, how does our diverse AGS membership best plan for the next 75 years? How do we position ourselves to make humanity's increased longevity

deep level that we are incredibly privileged to see the person within *every* patient—a person with many decades of life experiences to share. We have been advocating to improve the health of older adults, and we have been teaching person-directed care.

During my own 25 years of AGS membership, I have particularly appreciated my relationships with our interprofessional members. I draw inspiration from our diversity. AGS members stand at the bedside, hear stories, evaluate care delivery, develop new approaches to care, and build better person-directed healthcare systems.

For our interprofessional teams to achieve the best outcomes for older



future. As strange as it may sound, I find that comforting—it ties us to our past and to our future. We must continue to find creative ways to navigate change in uncertain times. We have done so before; we will again. In doing so, we'll continue to insist that geriatrics principles be wisely applied to achieve high-quality, person-directed care—not because that's a novel concept but rather because it's something we've known all along. It's who we are, a part of our DNA. It is the defining characteristic that makes AGS members optimistic about the future of care for older adults.

Our field has never been more essential, and the AGS allows us to take collective action. Each of us has a contribution to make. Whether you are a doctor, nurse, social worker, pharmacist, physician assistant, researcher, advocate, or trainee, your work is not just an occupation; it's a calling. I know that because I know that we love what we do—and we value one another for doing it, together. ♦

Best,

Debra Saliba, MD, MPH, AGSF

Each of us understands at a deep level that we are incredibly privileged to see the person within *every* patient—a person with many decades of life experiences to share.

matter, and to build an age-integrated society? Looking back on my own career—and hearing so many of you share similar reflections at #AGS17—I want to focus on several themes critical to the past, present, and future of our work.

I believe we geriatrics healthcare professionals are the archetype of what medicine must become. Our commitment to older adults, their families, and caregivers is our True North Star. This is about more than recognizing that 10,000 Americans turn 65 each day. Each of us understands at a

adults, we must promote scientific research and science-based interventions. We must support training in geriatrics. We aim for healthcare systems that enable all of us to age with dignity. We need policies that support us in providing high-quality care and that weave geriatrics principles into healthcare systems. We want to create communities where all persons are included regardless of physical or cognitive limitations.

Healthcare stands at a pivotal crossroads. This has been said before and undoubtedly will be said in the

information available to AGS experts, the toolkit is available for free at AmericanGeriatrics.org.

The AGS also has participated in CMS's "MACRA Episode-Based Cost Measures" project. The project's overall objective is to develop episode-based cost measures suitable for potential use in the Quality Payment Program proposed under MACRA.

The AGS responded to a related request for comments stemming from a recent listening session, noting that an approach to evaluating cost performance that looks at the cost of treating people rather than diseases would better align with the mission and goals of geriatrics care. The AGS also submitted a comment letter to CMS on its patient relationship categories and codes required by MACRA. Our letter will aid in evaluating the resources used to treat older adults and provide a more effective method for attributing costs to healthcare professionals.

Propelling Geriatrics Education & Geriatrics Research

On May 1, lawmakers reached an agreement on a spending bill to fund the government through September 2017. The bill includes \$400 million for Alzheimer's disease research and a \$2 billion budget increase over 2016 for the National Institutes of Health (which includes the National Institute on Aging, or NIA).

The AGS is pleased to see that Congress is prioritizing the importance of research, specifically aging-related research. We continue to advocate and educate Congress on the same through written testimony to House and Senate appropriators and via annual in-person meetings with senior staff from NIA and the Veterans Health Administration. These meetings are an opportunity to learn about funding, research programs, training and development activities, and other areas of interest. One of the outcomes of the Hill visits, in fact,

was the submission of draft report language to the House Appropriations Military Construction, Veterans Affairs, and Related Agencies Subcommittee for inclusion in its appropriations bill. The language encouraged maintaining or increasing support for research involving older veterans, citing the Geriatric Research Education and Clinical Centers (GRECCs) and the value of their integrated research-clinical models.

Sadly, the bi-partisan spending package to fund the federal government offered only flat-funding for Title VII and VIII geriatrics health professions programs, which support the Geriatrics Workforce Enhancement Program (GWEP). Negotiations are

already underway for 2018 funding, and these programs—along with major cuts to the Health Resources and Services Administration's health workforce programs—were eliminated in the President's full budget proposal released in mid-May. The AGS continues to work through the Eldercare Workforce Alliance (EWA) and in partnership with other key stakeholders, such as the National Association of Geriatric Education (NAGE), on advocating for expanded funding in the 2018 budget. Our shared goals are to increase the number of GWEPs, for example, and to provide funding to each GWEP for supporting a Geriatric Academic Career Award (GACA) recipient. ♦

NEW AGS TOOLS OFFER GPS TO SAFE DRIVING FOR OLDER ADULTS, CAREGIVERS

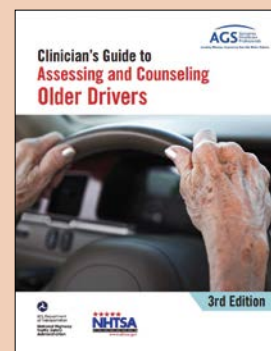
With support from the National Highway Traffic Safety Administration (NHTSA), the Health in Aging Foundation kicked off a public information campaign earlier this year focused on helping older adults and caregivers access resources for safely navigating the open road. The campaign features a toolkit providing actionable safe driving tips, advice on how to have important conversations with older adults about driving limitations, and ways to continue being mobile and independent when personal driving is no longer a safe option.

With the number of older adult drivers rapidly increasing—already up 34 percent in 2012 versus 1999—the need for resources to help us all practice safe driving as we age has never been greater.

"For older adults, driving is not only a means of transport but also a reflection of independence and mobility," said Alice Pomidor, MD, MPH, AGSF, chair of the editorial board that developed the AGS-NHTSA guide (the basis for the new public education campaign) available on GeriatricsCareOnline.org.

"Older adult driving safety remains a critical public health concern that resonates beyond just older drivers and caregivers. Keeping older adults safe on the road helps keep all of us safe from preventable crashes. With help from NHTSA, the AGS is committed to helping us all feel independent as we age."

The toolkit of resources for the general public includes tip sheets on testing driver safety, discussing when to stop driving, staying safe as an older driver, and finding transportation alternatives for non-drivers. To learn more, visit HealthinAging.org. ♦



With a professional interest in improving long-term care for residents of skilled nursing facilities, Dr. Sheikh has championed several programs at FutureCare for managing multiple chronic conditions and transitions to and from the hospital. In 2012, for example, Dr. Sheikh played a key role establishing the Johns Hopkins Community Partnership Skilled Nursing Facility Collaborative, one of five Johns Hopkins University community health projects funded by the Centers for Medicare and Medicaid Services Innovation Center.

And as these programs enhance the broader setting for geriatrics expertise, Dr. Sheikh has remained equally committed to high-quality care as a clinician and a mentor. Dr. Sheikh is recognized for her skill in conducting Advance Care Planning—an innovative service for documenting care preferences and one only recently recognized for Medicare beneficiaries. She continues to work with colleagues and fellows from the Johns Hopkins University School of Medicine on the nuances of geriatrics care, particularly when it comes to navigating cultural competency for diverse older adults and their families.

David H. Solomon Public Service Award

Barbara Resnick, PhD, CRNP, FAAN, FAANP, AGSF, a Past President of the AGS and a pillar for geriatrics research, education, and clinical practice, was honored this year with one of our highest accolades: the David H. Solomon Public Service Award.

The Sonya Ziporkin Gershowitz Chair in Gerontology at the University of Maryland School of Nursing, Dr. Resnick has achieved national and international renown for her research on exercise and mobility. Yet Dr. Resnick is perhaps most well-known as a mentor to countless students, faculty members, researchers, and clinicians who now

form the base for the burgeoning healthcare professional workforce.

Dr. Resnick's career in higher education has spanned more than two decades, and includes a focus on clinical work as a geriatrics nurse practitioner and on education for future healthcare professionals. Her clinical work includes providing primary care to older adults across all long-term care settings, as well as work in senior housing to facilitate healthy aging. Among other contributions to educational excellence, Dr. Resnick is Editor of *Geriatric Nursing*, Associate Editor of numerous other journals related to research on aging, and Editor of the *Geriatric Nursing Review Syllabus*, which provides current, comprehensive, and clinically relevant information to nurse practitioners preparing for certification exams. A researcher, clinician, faculty member, and mentor, Dr. Resnick is a steadfast champion for interdisciplinary research and practice, and for assuring that older adults receive the best care possible based on current evidence and clinical expertise. Nowhere does this commitment shine more clearly than in Dr. Resnick's influential role guiding the AGS, where she has served as a member and volunteer leader for more than 20 years.

Dennis W. Jahnigen Award

The AGS awarded the 2017 Dennis W. Jahnigen Award to **Maura Brennan, MD, AGSF, FACP, FAAHPM, HMDC**, a champion of education in geriatrics and Chief in the Division of Geriatrics, Palliative Care, and Post-Acute Medicine at Baystate Health in Springfield, Mass.

Dr. Brennan's impact as an educator has been felt far beyond Massachusetts and Baystate Health, where she supports older adults and trainees in a variety of roles, including as director of the geriatrics medicine fellowship. Dr. Brennan also developed and ran the country's first geriatrics track in an internal medicine residency program, which later became the first residency-based chapter of the AGS. Dr. Brennan has been the driving force behind numerous AGS initiatives to engage health professions students in geriatrics expertise. These efforts have included leadership of a task force that became the Resident Activities Subcommittee of the AGS Education Committee. She continues to support clinical skills workshops, the AGS Residents Section Meetings, and the Residents Poster Sessions at AGS Annual Scientific Meetings.

"It is difficult to put into words the respect, admiration and gratitude I have for Dr. Brennan," said Sheryl Ramdass, MD, one of Dr. Brennan's 2017 fellows in geriatrics at Baystate Health. "She is truly inspirational and has a genuine passion for teaching even outside her role as a geriatrician. Dr. Brennan is an exceptional mentor who has been so influential in my career and professional development."



Dr. Barbara Resnick, recipient of the 2017 Solomon Public Service Award, joined by AGS President Dr. Debra Saliba and AGS Board Chair Dr. Ellen Flaherty.

Edward Henderson Award and 2017 Henderson State-of-the-Art Lecturer

The AGS was pleased to welcome **Richard M. Allman, MD**, Chief Consultant for Geriatrics & Extended Care Services, Department of Veterans Affairs (VA), to deliver the prestigious Henderson State-of-the-Art Lecture at #AGS17. Dr. Allman's lecture, "Building, Sustaining, and Promoting Age-Friendly Health Systems," focused on the role of leadership, research, education, and quality improvement in developing and maintaining better systems for older adult care.



#AGS17 attendees pose with Dr. Richard Allman, 2017 Henderson State-of-the-Art Lecturer, following his talk on developing better health systems for older adults.

As Chief Consultant for the VA's Geriatrics & Extended Care Services since 2014, Dr. Allman is responsible for developing policy and planning programs and services to meet the needs of veterans facing the challenges of aging, disability, or serious illness. Nearly half of the more than 9 million veterans enrolled in the Veterans Health Administration, the nation's largest integrated healthcare system, are age 65 and older. Dr. Allman's career has focused on improving care for older adults at the local, state, and national levels. His research has informed these efforts as he has focused on a multitude of pressing issues that face us all as we age, particularly with regard to mobility, cardiovascular health, and health disparities among older adults.

Before his current role, Dr. Allman was founding director of the Birmingham/Atlanta VA Geriatric Research, Education, and Clinical Center (GRECC). He also was the Parrish Endowed Professor of Medicine and Director of the Division of Gerontology, Geriatrics, and Palliative Care and the Comprehensive Center for Healthy Aging at the University of Alabama at Birmingham.

Thomas and Catherine Yoshikawa Award for Outstanding Scientific Achievement in Clinical Investigation

The AGS awarded **Sei Lee, MD, MAS**, Associate Professor in the Division of Geriatrics at the University of California, San Francisco (UCSF), the 2017 Thomas and Catherine Yoshikawa Award for Outstanding Scientific Achievement in Clinical Investigation. A Senior Scholar with the San Francisco VA Quality Scholars fellowship and rising research leader in targeting health care for older adults, Dr. Lee delivered the inaugural Yoshikawa plenary presentation on individualizing preventive care for older men and women.

Dr. Lee's presentation at #AGS17 represents more than 10 years of work examining how the status of our personal health can be used to maximize benefits and minimize harms when it comes to treatments and preventive care. Among other novel approaches to wellness, Dr. Lee has worked to incorporate life expectancy predictions into prioritizing interventions for older people—a critical need for the healthcare professionals who treat us all as we age.

Dr. Lee's groundbreaking contributions started with a 2006 publication in *JAMA* describing a mortality prediction index, now widely known as the "Lee Index." The Lee Index demonstrated that measures of function for older adults were as important to determining mortality as were disease-specific measures traditionally used in health assessments. The Lee Index served as the genesis for Eprognosis, a free web platform developed with colleagues at UCSF that helps to link health status to future clinical care decisions.



Dr. Sei Lee discussing individualized preventive care as the Yoshikawa Awardee for Outstanding Scientific Achievement in Clinical Investigation.

AGS Choosing Wisely® Champion

The *Choosing Wisely* Champion program helps expand the *Choosing Wisely* campaign by highlighting stories of individual clinicians whose leadership in choosing tests and

treatments wisely has inspired others to promote high-quality, person-centered care. The AGS congratulates **Eric Anthony Lee, MD**, on being named our *Choosing Wisely* Champion for 2017.

Dr. Lee is a general internist working at Kaiser Permanente West Los Angeles and a firm believer in healthy aging across the continuum of one's life. As co-chair of the High Risk Drugs in the Elderly Committee for Kaiser Permanente, Southern California, Dr. Lee is a recognized authority on appropriate prescribing for older men and women. Dr. Lee helped update his institution's diabetes testing reference range and also developed delirium prevention protocols, among several noteworthy contributions to Kaiser Permanente representing the depth and breadth of *Choosing Wisely* guidance from the AGS.

Clinical Student Research Award

The Clinical Student Research Award is presented to undergraduate students in medicine, dentistry, nursing, social work, pharmacy, occupational therapy, or physical therapy who have submitted exceptional research for presentation at the AGS Annual Scientific Meetings and who embody a promising future in geriatrics. This year, the AGS is pleased to present this award to **Laura Hatchman** and **Jessica Rizzuto, MPP**. Laura Hatchman, a medical student at the University of Connecticut School of Medicine, is dedicated to developing interventions to address the unique healthcare needs of underserved and impoverished older people in rural and urban settings. Ms. Hatchman was recognized for her #AGS17 presentation on measurement of unobtrusive gait velocity in geriatrics outpatient clinics. Jessica Rizzuto is a second-year medical student at the Icahn School of Medicine at Mount Sinai and an MSTAR scholar. She received a Masters of Public Policy before starting medical school and has devoted her studies to racial disparities in healthcare, with particular emphasis on end-of-life care. Ms. Rizzuto presented her work on racial disparities in hospice care at #AGS17.

Edward Henderson Student Award

The Edward Henderson Student Award is presented to a student pursuing a career in geriatrics with unique distinction. **Thom Ringer, JD, MPhil**, our 2017 awardee, is currently completing his medical degree at the Michael G. DeGroote School of Medicine at McMaster University in Canada, and has been working within the Geriatric Education and Research in Ageing Sciences (GERAS) Centre at St. Peter's Hospital/Hamilton Health Sciences in Ontario since 2014. A Rhodes Scholar with a juris doctorate from Yale Law School, Mr. Ringer has been recognized as one of McMaster University's "most accomplished and productive medical students," with a true passion for geriatrics and older adult well-being. Mr. Ringer's scholarly work

has focused on caregivers and frailty. He recently published a cross-sectional study of caregivers for frail older adults, as well as a related systematic review of evidence regarding the relationship between frailty and caregiver burden. He will be joining the family medicine residency program at the University of Toronto in July 2017. In Mr. Ringer's own words: "In clinical training, I was struck not just by the vulnerability of older adults, but of their families...I believe there is no sustainable future for ageing societies that do not care for caregivers."

New Investigator Awards

The New Investigator Awards honor individuals whose original research reflects new insights in geriatrics and a commitment to the discipline's role in academia. This year, four outstanding colleagues were recognized for their work.

Andrew Cohen, MD, DPhil, is an Assistant Professor in Geriatrics at the Yale School of Medicine. A GEMSSTAR scholar and a Yale Pepper Scholars awardee, Dr. Cohen's work focuses on vulnerable older adults and addresses the determinants of care that are independent of health status or care preferences. This includes examining non-clinical factors that may influence treatment decisions.

Lorena Gonzalez, MD, is a vascular surgeon and Assistant Professor of Surgery at the State University of New York (SUNY) Upstate Medical University and the Syracuse VA Medical Center. Dr. Gonzalez hopes to improve surgery patient selection, surgical outcomes, function, and quality of life through preoperative interventions for frail older adults with peripheral vascular disease.

Benjamin Han, MD, MPH, an Assistant Professor at New York University School of Medicine, is a geriatrician with an interest in substance use among older adults. His research focuses on integrating the evidence-based principles of geriatrics care into the field of substance use disorder treatment, and understanding the impact of substance use on morbidity and mortality for older adults with chronic disease. He is a geriatrician at Bellevue Hospital, an affiliated researcher at the Center for Drug Use and HIV Research at NYU Rory Meyers College of Nursing, and collaborates with the Bureau of Alcohol and Drug Use Prevention, Care, and Treatment at the New York City Department of Health and Mental Hygiene.

Supakanya Wograkpanich, MD, graduated first-in-class from Chulalongkorn University in Thailand. She is a current internal medicine resident at the Albert Einstein Medical Center in Philadelphia. She elected to pursue a geriatrics fellowship at Beth Israel Deaconess Medical Center in Boston next year. Her research focuses on the impact of

dementia on older adults with solid organ tumors—work previously presented at #AGS16—and rhabdomyolysis in the elderly (which she presented at #AGS17).

Outstanding Junior Clinician Educator of the Year Award

The AGS is pleased to present the 2017 Outstanding Junior Clinician Educator of the Year Award to **Kristen Thornton, MD, FAAFP, AGSF, CWSP**, Assistant Professor of Family Medicine & Medicine at the University of Rochester School of Medicine and Dentistry. Dr. Thornton provides mentorship and clinical supervision to geriatric medicine fellows at Monroe Community Hospital, and serves as an instructor to family medicine residents in a two-year longitudinal long-term care rotation. She has developed a rehabilitation curriculum for geriatric medicine fellows that was distributed nationally to fellowship directors. She has developed various local programs and also has created a geriatric medicine curriculum and rotation for family medicine residents at the University of Rochester, establishing new experiences in stroke medicine, wound care, rheumatology, the metabolic bone clinic, and inpatient and outpatient geriatric psychiatry. Dr. Thornton has served on several AGS committees and has presented her work at every AGS Annual Scientific Meeting since 2010. She remains known as a dedicated mentor to her trainees, and in 2015 was chosen by the University of Rochester family medicine residents as Teacher of the Year, as well as the Division of Geriatric Medicine & Aging's Educator of the Year.

Outstanding Junior Investigator of the Year Award

Presented to junior investigators with a demonstrated focus on geriatrics research, the Outstanding Junior Investigator of the Year Award recognizes a record of academic accomplishments, including journal publications, poster or oral presentations, and grant publications for aging research. Our 2017 awardee is **Dae Kim, MD, MPH, ScD**, Assistant Professor of Medicine at Harvard Medical School, whose publications continue to represent innovation in aging, epidemiology, and care for cardiovascular diseases. Dr. Kim has authored 39 peer-reviewed papers and two book chapters, most focused on improving evidence to guide treatment decisions for frail older adults. Dr. Kim also has explored the effectiveness and safety of prescribing for older adults who are under-represented in clinical trials. Dr. Kim lectures on the epidemiology of frailty and runs discussions for clinical investigators in the Clinical Effectiveness Program of the Harvard T. H. Chan School of Public Health. Dr. Kim has been a member of the AGS Junior Faculty Research Special Interest Group and the AGS Research Methods Subcommittee, among his other contributions to the AGS.

Outstanding Junior Research Manuscript Award

The Outstanding Junior Research Manuscript Award is given to a junior investigator for an outstanding peer-reviewed geriatrics research article with the potential to influence clinical practice, public policy, or future scholarship. **Halima Amjad, MD, MPH**, has been honored this year for her work as first author on "Continuity of Care and Health Care Utilization in Older Adults with Dementia in Fee-for-Service Medicare," published in *JAMA Internal Medicine*. Dr. Amjad's study examined the association between medical clinician continuity and healthcare utilization, testing, and spending for older adults with dementia. Dr. Amjad and colleagues found that lower continuity of ambulatory care was associated with higher rates of hospitalization, emergency department visits, and testing, which amounted to a higher spending than was reported in the "high-continuity" group. Dr. Amjad is an Assistant Professor in the Division of Geriatric Medicine and Gerontology at Johns Hopkins University and Attending Physician at the Johns Hopkins Bayview Medical Center.

Outstanding Mid-Career Clinician Educator of the Year Award

The Outstanding Mid-Career Clinician Educator of the Year Award is given to a junior faculty member for an impressive body of work in geriatrics education, with significant contributions to training students and advancing geriatrics education in health professions schools. The AGS is pleased to recognize **Lisa Walke, MD, MHSA, AGSF**, this year for her extensive work as a teacher and mentor locally, nationally, and internationally. An Associate Professor at the Yale School of Medicine, Dr. Walke created the inpatient-outpatient geriatrics consultative service and geriatrics-surgery co-management program at the Yale-affiliated Veterans Administration Medical Center (VAMC). In addition to clinical and teaching responsibilities, Dr. Walke also initiated and continues to direct the Yale-INTEC Practice-Based Learning Exchange with the INTEC School of Medicine in Santo Domingo, Dominican Republic. The program fosters educational and cultural exchange visits for medical students in the U.S. and the Dominican Republic, enhancing international experiences and learning opportunities for those involved. As the director of the Connecticut Older Adult Collaboration for Health (COACH) program, Dr. Walke also integrates geriatrics training into the educational curriculum for interprofessional healthcare trainees.

Scientist-in-Training Research Award

Andrea E. Daddato, MS, a research assistant at the University of Colorado Denver School of Medicine, received this year's Scientist-in-Training Research Award. A gerontology doctoral candidate at the University of Massachusetts Boston, Mrs. Daddato's dissertation, *The Influence of*

Medicare Insurance Type –Traditional Fee-For-Service v. Medicare Advantage–on Rehospitalizations for Heart Failure Patients in Skilled Nursing Facilities, is an addition to the SNFConnect Study–A Randomized Trial of Heart Failure Disease Management in Skilled Nursing Facilities. Mrs. Daddato has developed a niche research specialty in post-acute care and its intersection with health policy, ranging from explorations of hands-on interactions with older adults to assessments of medical records. Her blend of policy and clinical expertise is a staple of the future for careers across aging.

Jeffrey H. Silverstein Memorial Award for Emerging Investigators in the Surgical and Related Medical Specialties

The Jeffrey H. Silverstein Memorial Award recognizes emerging investigators in the surgical and related medical specialties who research the role of geriatrics within their specialties and who are committed to careers in geriatrics scholarship. **Anne M. Suskind, MD, MS**, is the 2017 recipient of the Silverstein Memorial Award.

An Assistant Professor of Urology at the University of California, San Francisco, Dr. Suskind's clinical interests include urinary incontinence, vaginal mesh complications, urinary fistulas, interstitial cystitis, overactive bladder, neurourology, bladder dysfunction due to neurologic disease, and other forms of lower urinary tract dysfunction. Her clinical approach integrates surgical and nonsurgical management of these conditions, especially when working with older adults. In particular, Dr. Suskind's work on functional outcomes after minor urologic surgery among nursing home residents speaks to the importance of expanding geriatrics expertise across other medical specialties. ♦

NEW COLLABORATION LOOKS FOR TRANSATLANTIC COMMON GROUND IN GERIATRICS

Healthcare professionals across the Atlantic and around the world need to think beyond single-disease guidelines as they look to provide high-quality, person-centered care for more and more older adults living with multiple chronic conditions, so say editors from the *Journal of the American Geriatrics Society* (JAGS) and the British Geriatrics Society's (BGS's) *Age and Ageing* in the first of a series of joint editorials launched earlier this year. The series will look for common ground in geriatrics "across the pond," beginning with the U.K.'s National Institute for Health and Care Excellence (NICE) guideline on multimorbidity, the medical term for those living with several chronic health concerns.

As noted by William B. Applegate, MD, MPH, AGSF, Editor-in-Chief of JAGS and author of commentary from the AGS: "These editorials quite literally cross an ocean to expand our expertise. We hope they will broaden dialogue on shared priorities today, and so shape better care and policies tomorrow."

AGS and BGS experts commend the U.K.'s guidance as both "comprehensive and compelling." It embraces a growing trend in Europe and North America for eliciting "person-centered care goals" that account for individual preferences across care for several different conditions. The guideline also transcends traditionally limited organ-specific approaches to care, balancing the benefits and burdens of recommendations across the whole of an older person's well-being. According to the AGS-BGS experts: "The aim is to give the recipients of care control over decisions and actions affecting their health...a philosophy of clinical practice that should be integral to the management of all patients, multimorbid or not."

Editorial board members from *Age and Ageing* and JAGS hope to publish additional collaborative commentary with increasing frequency in the months and years to come. ♦



WHY I'M AN AGS MEMBER

MIEKE DESCHODT, RN, PhD

Nursing is my family's tradition. My mom, three aunts, and two nieces are nurses; two aunts and a niece are social workers; and another niece is a nurse's aide. No wonder I knew I'd be a nurse when I was 16!

I studied acute care in college and got a master's in nursing because I wanted to teach. I evaluated nursing curricula for my thesis to learn how much geriatrics content the nursing bachelor's degree in Flanders (the Dutch-speaking part of Belgium) offered students. I was shocked to discover that content related to geriatrics care was very limited, especially since most nurses end up caring for older people in hospitals, homes, or nursing homes.

My promotor, Koen Milisen, PhD, RN, took me on as a research assistant on a trial studying the impact of geriatrics consultation teams for older

team. Now I'm a full-time post-doctoral researcher studying models of care for older people. Currently, I'm working halftime in Belgium on the G-COACH (geriatric co-management for cardiology patients in the hospital) project, and halftime in Switzerland on a new project called "INSPIRE: Implementation of a Nurse-led Long-term Care Model in Senior Citizens" for the University of Basel and Kanton Basel-Landschaft, a government entity.

I've been an AGS member since 2010 when I attended the Annual Scientific Meeting in Orlando, FL—it was my first international conference.

I was so impressed with the number of attendees, the quality of their work, and the opportunity to talk to researchers and clinicians whom I'd only known from their papers. I felt so inspired after hearing presentations from these passionate people.



Mieke Deschodt, RN, PhD
Post-doctoral research fellow
Department of Geriatrics
University Hospitals Leuven,
Belgium

gave me helpful insights for my doctoral study on geriatrics consultation for older people at the Emergency Department.

He also supported my application for the AGS New Investigator Award, which I won in 2012. We stayed in contact: I interviewed him as part of a study on the international implementation of geriatrics models of care for the Belgian Health Care Knowledge Center, and I meet with him every year at the AGS Annual Scientific Meeting.

I met Michael Malone, MD, at the 2015 meeting, too. We're both working on the implementation of new models of care for older people. He introduced me to Daniel Ari Mendelson, MD, MS, FACP, CMD, AGSF, and Susan Friedman, MD, MPH, AGSF, of the University of Rochester—and, in 2015, I went to Rochester, NY, for three months to work on aspects of the G-COACH project. I think that explains the added value of AGS membership: networking. And before you know it, you end up in places you never expected! ♦



As a junior researcher, membership helps me connect with top researchers and keeps me current with research and clinical projects.

adults with hip fractures. I also held an appointment on the acute geriatrics ward in the University Hospitals Leuven.

During my doctoral studies, I researched the structure, processes, and outcomes of geriatrics consultation teams, and also served as a geriatrics nurse on the hospital's consultation

For me, AGS membership opens doors! As a junior researcher, membership helps me connect with top researchers and keeps me current with research and clinical projects.

At that first AGS Annual Scientific Meeting, I signed up for the mentorship program and I connected with Kenneth Covinsky, MD, MPH. He

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NEW AGS FELLOWS AND OUTGOING BOARD AND COMMITTEE MEMBERS HONORED AT #AGS17

At this year's Member Business Meeting, Ellen Flaherty, PhD, APRN, AGSF, incoming Board Chair, and AGS President Debra Saliba, MD, MPH, AGSF, honored the following outgoing Board and Committee members for their exceptional service, as well as the Outstanding Committee Award recipients and the 18 new AGS Fellows recognized for their contributions to geriatrics and active participation in Society activities.

Outgoing Board Members

Steve Counsell, MD, AGSF

Dr. Counsell joined the AGS in 1989, became a Fellow in the Society in 1997, and has served the AGS since in a variety of leadership capacities, most notably and most recently as Board Chair and AGS President. Across his tenure with the Society, Dr. Counsell's contributions to AGS work in the fields of health professional education and public policy have placed him at the forefront of the AGS's mission to ensure high-quality, person-centered care for all. For this reason, we recognized Dr. Counsell in 2007 with our prestigious Dennis W. Jahnigen Memorial Award, which celebrates a geriatrics leader who has made significant contributions to the progress of geriatrics education in health professions schools.

James Powers, MD, AGSF

An AGS member since 1984 and a representative on the AGS Board since 2011, Dr. Powers has been essential to our work on everything from our Council of State Affiliate Representatives (COSAR) to Annual Scientific Meeting programs, AGS membership, fundraising, and the shifting landscape of geriatrics education. Among many career highlights here at the AGS, Dr. Powers co-founded the Tennessee chapter of

the AGS and sat for the very first geriatrics certification exam in 1988. Dr. Powers is a clinical expert in accidental falls, delirium, dementia, geriatrics consultation, geriatrics syndromes, hospital care of older adults, interdisciplinary care teams, and long-term care, among other areas of focus. He has developed geriatrics programs for more than 25 years and remains one of our Board's most vibrant contributors.

Outgoing Committee Members

AGS/ADGAP Education Committee

- Anna Chang, MD
- Susan Parks, MD

Ethics Committee

- Christina Bell, MD, PhD
- Manuel Eskildsen, MD, MPH, CMD, AGSF
- Joseph Shega, MD
- Alexia Torke, MD, MS

Ethnogeriatrics Committee

- Thuan Ong, MD, MPH

Health Systems Innovation-Economics and Technology Committee

- Jeffrey Farber, MD
- Lee Meyer, PharmD

Professional Education Executive Committees

- Annie Medina-Walpole, MD, AGSF
- Matthew McNabney, MD, AGSF
- James Pacala, MD, MS, AGSF

Public Education Committee

- Chandrika Kumar, MD, FACP
- Lynn McNicoll, MD, FRCP, AGSF

Public Policy Committee

- Michael Wasserman, MD

Quality and Performance Measurement Committee

- Nicole Brandt, PharmD, MBA, CGP, BCPP, FASCP

Research Committee

- Barbara Carlson, PhD, RN, MSN

Outstanding Committee Member Award Recipients

- Susan Parks, MD, for the AGS/ADGAP Education Committee
- Heidi White, MD, MHS, MEd, CMD, for the Clinical Practice and Models of Care Committee
- Eric Widera, MD, for the Ethics Committee
- Mary Beth O'Connell, PharmD, for the Ethnogeriatrics Committee
- Swati Gaur, MD, MBA, CMD, for the Health Systems Innovation-Economics and Technology Committee
- Quratulain Syed, MD, for the Public Education Committee
- Judith Beizer, PharmD, CGP, FASCP, AGSF, for the Public Policy Committee
- Lloyd Roberts, MD, for the Quality and Performance Measurement Committee
- George Kuchel, MD, FRCP, AGSF, for the Research Committee

New AGS Fellows

- Veronica E. Adoun, MD, AGSF
- Cynthia M. Boyd, MD, MPH, AGSF
- Anthony James Caprio, MD, CMD, AGSF
- Cathleen Colon-Emeric, MD, MhSc, AGSF
- Dulce M. Cruz-Oliver, MD, AGSF
- Suzanne M. Gillespie, MD, RD, CMD, FACP, AGSF
- Todd H. Goldberg, MD, CMD, FACP, AGSF
- Holly M. Holmes, MD, MS, AGSF
- Jessica Kalender-Rich, MD, CMD, AGSF

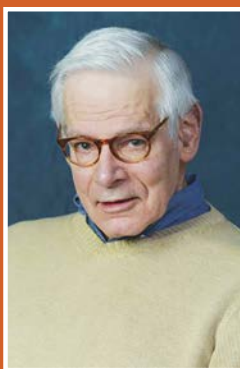
- Michael A. LaMantia, MD, MPH, AGSF
- Michael C. Lindberg, MD, FACP, AGSF
- Donald O. Mack, MD, FAAFP, CMD, AGSF
- Alison A. Moore, MD, MPH, FACP, AGSF
- Shirley M. Neitch, MD, FACP, AGSF
- Ravishankar Ramaswamy, MD, AGSF
- Amit Shah, MD, FACP, AGSF
- Niharika N. Suchak, MBBS, MHS, FACP, AGSF
- Michi Yukawa, MD, MPH, AGSF



The newest AGS Fellows being recognized at #AGS17. Fellows are AGS members who have demonstrated a professional commitment to geriatrics, contributed to the progress of geriatrics care, and are active participants in AGS activities. To learn more, visit AmericanGeriatrics.org/membership.

REMEMBERING BOB KANE

Among the leaders and visionaries geriatrics lost this year was **Robert Kane, MD**, whose career spanned more than 50 years improving the health and well-being of older adults. Dr. Kane first joined the AGS in 1974 and later became an integral member of the *Journal of the American Geriatrics Society* team as a Section Editor and member of the Executive Editorial Board. Dr. Kane was a steadfast contributor to AGS advocacy efforts and an ardent champion for the field of geriatrics. He was Professor and Chair in Long-Term Care and Aging, Health Policy, and Management at the University of Minnesota, and served as Director for the Center on Aging. Dr. Kane's legacy as a "pioneering visionary" of geriatrics, as one colleague described his influence, remains recognized the world over and will live on through the students, mentees, and millions of older adults and caregivers who have benefitted from his work. Dr. Kane is greatly missed by those who received his guidance, and his accomplishments remain lasting testaments to the field. ♦



CONGRATULATIONS TO THE #AGS17 PRESIDENTIAL POSTER AWARD RECIPIENTS

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

Case Series and Case Studies

Christian Bergman, MD

Clinical Innovation and Quality Improvement

Neema Sharda, MD

Clinical Trials

Erika Ramsdale, MD

Epidemiology

Cathleen Colon-Emeric, MD,
FACP, MHSc, AGSF

Ethics & Qualitative Research

Elizabeth Bloemen

Geriatrics Bioscience

Mariann Gabrawy, MS

Geriatrics Education

Katherine Bennett, MD

Geriatric Medicine in Other Specialties

Pasithorn Suwanabol, MD

Geriatrics Syndromes

Karishma Patel, MD

Health Services and Policy Research

Kathleen Unroe, MD, MHA,
AGSF

Neurologic & Behavioral Science

Mary Ehlman, MD

WHEN IT COMES TO OLDER ADULTS, LANGUAGE MATTERS (AND SO DO FRAMES)

In geriatrics, we're no strangers to the misperception that aging is a "personal fate" to avoid, not a challenge and opportunity we all share. So how can we as advocates navigate these public misperceptions while working to spark dialogue, shift perceptions, and build support for necessary changes in public policy and clinical care?

For several years now, the AGS has partnered with seven other leading age-focused organizations (joined together under the Leaders of Aging Organizations, or LAO) to understand how experts, policy makers, and the general public think about (and act upon) aging in this context. Through anthropological studies and social science research conducted with our partner, the FrameWorks Institute, the LAO has concluded that language (even down to specific word choices) has been a significant obstacle to conveying the advances we've made in health care and aging services.

A new LAO-FrameWorks Institute toolkit, *Gaining Momentum*, takes that research one step further by

making it actionable for advocates like our AGS members. The toolkit is a collection of resources to help drive a more productive narrative about how to capture the benefits of an increase in the average lifespan. As a resource for our members, the toolkit can help you refocus discussions based on provocative insights and practical recommendations like the highlights below:

- **Aging needs to be redefined.** Wide-spread negative assumptions about "getting old" have led the public to take a fatalistic stance that there's not much to be done about aging.
- **A call for justice beats a plea for sympathy.** A controlled experiment found that one of the most effective ways to build support for greater inclusion of older people is a reminder that a just society treats all as equals.
- **Names matter.** An experiment that probed associations with current terms of reference led to some

surprising findings and the recommendation that the field shift to the term "older people."

The suite of LAO-FrameWorks tools is now available for free at http://bit.ly/aging_toolkit. "It's important to remember that this is not a typical 'press kit,'" notes AGS CEO Nancy E. Lundebjerg, MPA, who represented the AGS on the LAO. "You will notice that the materials are designed for use within our community, to help researchers and clinicians build framing concepts and skills. That is intentional. While you will not find 'turnkey' phrases that will revolutionize how you position your work, you will find examples and guidelines that can help you—with practice and over time—continue to work more intentionally and strategically to advance the conversation about older people in the U.S." ♦

Instead of These Words and Cues:	Try:
"Tidal wave," "tsunami," and similarly catastrophic terms for the growing population of older adults	Talking affirmatively about changing demographics: "As Americans live longer and healthier lives..."
"Choice," "planning," "control," and other individual determinants of aging outcomes	Emphasizing how to improve social contexts: "Let's find creative solutions to ensure we can all thrive as we age..."
"Seniors," "elderly," "aging dependents," and similar "other-ing" terms that stoke stereotypes	Using more neutral ("older people") and inclusive ("we" and "us") terms
"Struggle," "battle," "fight," and similar conflict-oriented words to describe aging experiences	Using the Building Momentum metaphor: "Aging is a dynamic process that leads to new abilities and knowledge we can share with our communities..."
Using the word "ageism" without explanation	Defining ageism: "Ageism is discrimination against older people due to negative and inaccurate stereotypes..."
Making generic appeals to the need to "do something" about aging	Using concrete examples like intergenerational community centers to illustrate inventive solutions

From *Gaining Momentum: A FrameWorks Communications Toolkit* (2017)



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Top Tips for Discussing When it's Time to Stop Driving

As someone you care for ages, you may become worried about their ability to continue to drive safely. Some people can drive competently well into their 80's and even beyond, while other people may have difficulties in their 60's or even younger.

When you're responsible for an older adult's safety, you may wonder when it's appropriate to start talking about how safe they are behind the wheel.

Your first step in this process is to observe them while driving. The following situations can indicate possible driving problems:

- Getting lost, even when driving short, familiar routes
- Failing to obey traffic signs or signals
- Cutting off other drivers, straddling lanes, or making wide turns
- Reacting slowly to emergencies
- Falling asleep behind the wheel or appearing inattentive
- Becoming easily angered or agitated
- Using poor judgment, such as not yielding right-of-way
- Forgetting to use mirrors or turn signals or check for blind spots
- Having trouble judging distances

It's important not to comment on or to criticize the older driver's behavior during the drive. Instead, have a chat once you're both out of the car, and review any problems you observed. Be sure not to sound judgmental or angry. Just calmly state any unsafe actions you witnessed. Be specific.

If you observe that the older driver had problems like the ones mentioned above, consider taking these steps:

Take them to see their healthcare provider for a check-up.

A healthcare professional can tell you whether the older adult is physically able to drive safely. The provider can also advise you as to whether the older adult is taking any medications that could affect their ability to drive safely.

Get their vision tested.

An eye care professional, such as an optometrist or an ophthalmologist, should test the older driver's vision to make sure they are visually able to drive safely.



Have a professional evaluate the older adult's driving skills.	The best person for this is typically a qualified driving instructor or an occupational therapist who specializes in elder driving issues, says C.T. Scialfa, PhD, and Emeritus Professor of Psychology at the University of Calgary in Alberta, Canada. Recently, Dr. Scialfa published a study about older drivers and safety in the <i>Journal of the American Geriatrics Society</i> .
Know when to have the conversation.	Ask yourself: Do you feel comfortable letting the older adult drive you somewhere? The answer may be a signal that it is time to start the conversation.
Enlist support.	Talk to others in the older driver's circle. Ask them if they share your concerns about the older adult's ability to drive safely. Rehearse the discussion with them so you can be calm and caring. Depending on the circumstances, you may even want one or more of them to be present when having the conversation with the older adult about driving.
Make it a compassionate conversation.	You don't want to make the older adult feel like "everyone is ganging up on them," so make certain to frame the conversation in a supportive, concerned way. Don't let your anxiety or fear about having this conversation let you sound angry.
Discuss specifics, but avoid blame.	Explain to the older adult why you're worried about their driving. Cite examples: "Dad, you went right through a stop sign last time we drove together. And you forgot to use your turn signals." Or, "You got lost on the way to the supermarket."
Be prepared for their anger.	A healthcare professional can tell you whether the older adult is physically able to drive safely. The provider can also advise you as to whether the older adult is taking any medications that could affect their ability to drive safely.
Schedule time for another talk.	If the older adult resists what you're saying or gets agitated, gently end the conversation. Let them take in what you've said, then revisit the topic a day or two later.
Ask for their opinion.	Make sure to take the time to hear what the older person thinks about their driving ability. Ask them how secure they really feel behind the wheel. It's very possible that if you've noticed problems, they have too, and may feel vulnerable.
Enlist the older driver's sense of responsibility.	If the medical professionals and the driving instructor you consulted agree that it's time for the older adult to stop driving, appeal to their sense of responsibility. Remind the older driver that they're not the only one at risk. They could potentially injure others – or worse – should they have a crash. Ask them to think about how they would feel if they were to cause an injury.

