AGSNEWS

NEWSLETTER OF THE AMERICAN GERIATRICS SOCIETY

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Number 1

FOUNTAIN OF THE FAIRS WITH THE UNISPHERE IN THE BACKGROUND, FLUSHING MEADOWS CORONA PARK, QUEENS, NY. PHOTO BY N. LUNDEBJERG

INSIDE

AGS/ADGAP GERIATRICS BENCHMARKING SURVEY UPDATE

Thank you to all of our AGS and ADGAP geriatrician members who participated in the *2025 AGS/ADGAP Benchmarking Survey*. Your participation is essential in building the rich dataset that makes up the Physician Value Exchange: Career & Specialty Data Platform, designed to help geriatricians and geriatrics programs convey their value. For a snapshot of the data collected in 2025, see page 6.

We are excited to announce that we plan to launch the 2026 Benchmarking Survey in March, which will introduce new features that will make participation easier and enhance the data collected. These include:

- Single sign-on that enables eligible AGS members to log in using their AGS credentials.
- New questions in the survey to collect additional data on the unique contributions of geriatricians (e.g., work relative value unit (wRVU), average daily census).
- An AI chatbot on the Physician Value Exchange: Career & Specialty Data Platform to help you navigate the data collected more easily and get answers to your questions faster.

We need you! While we had our highest numbers of participation in 2025, we hope that even more will complete the Benchmarking Survey in 2026. Remember, the greater the participation, the more meaningful and valuable the data will be. We encourage all AGS geriatrician members to take 10-15 minutes to complete the 2026 survey and contribute to this important resource. Once completed, you will have instant, real-time access to the rich databank of filterable, aggregate specialty information that you can use to discretely:

- Compare your compensation, productivity, and practice characteristics with those of your peers.
- Conduct informed negotiations of employment terms for you, your division, department, or practice.
- Explore different job opportunity scenarios (location, practice type, scope of practice) and understand how this may impact compensation, benefits, and other work/life elements you care about.
- Much more!

The survey is quick and easy to complete, and the data always remains anonymous. Please note that even if you have completed the survey in prior years, you must complete this year's to access the most up-to-date data on the Physician Value Exchange platform.

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CMS'S NEW AGE-FRIENDLY HOSPITAL MEASURE & AGS COCARE®: HELP: WHAT YOU NEED TO KNOW

The CMS Age-Friendly Hospital Measure released in 2025 requires hospitals paid under the Centers for Medicare & Medicaid Services (CMS) Inpatient Prospective Payment System (IPPS) to report whether they have structures in place that align with five domains of Age-Friendly care. This new 2025 CMS Age-Friendly Hospital Measure is part of Medicare's Hospital Inpatient Quality Reporting (IQR) Program, which ties quality reporting to reimbursement and makes performance information publicly available through Medicare's Care Compare website. The measure assesses hospitals' commitment to safe, high-quality care for older adults through a programmatic composite approach, evaluating whether systems and processes are in place across the continuum of care.

Where AGS CoCare®: HELP Fits In

The AGS CoCare®: HELP program, formerly known as The Hospital Elder Life Program, is an innovative model of hospital care designed to prevent both delirium and functional decline. By means of a small interdisciplinary staff

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AGS 360° WITH NANCY E. LUNDEBJERG, MPA

Our wonderful AGS staff alerted me that I typically devote the Q1 newsletter column to, big gulp, a federal policy wrap-up when they sent me the due date for said column (February 4th if anyone is interested). Before diving into that update, I have a small confession to make. When we launched *Last Week in Washington (LWiW)* back on January 29, 2025, I was the person behind the reference to the Fast and Furious movie franchise. Even though I am not an acolyte of the franchise, that reference just fit the pace of how federal policy was being rolled out following Inauguration Day 2025. Since then, I've been the author of most of the pop culture and historical content that we've included in *LWiW*.

Which brings me to the confession – learning about new things or refreshing my memory about old things brings me joy. And, as AGS members know, it is incredibly important that we seek out those things that bring us joy even in our darkest hours. This means that you will continue to see arcane and not so arcane trivia references in *LWiW* going forward. Hopefully, they bring you joy or spark your own curiosity to learn more. One of my favorite entries from the past year was when I figured out how to reference a Chinese proverb ("A journey of a thousand steps begins with a single step") and Dora the Explorer (One Step at a Time) in the same issue.

Now back to why I gulped when the staff reminded me that I typically do a public policy wrap up for the Q1 issue of the newsletter. Because we've been keeping up with the news via *LWiW*, I find myself hard pressed to figure out what would be new and different to report here. Rather than attempt the impossible and summarize 2025 policy news of interest to AGS members, I will simply encourage members to review the bolded topics when *LWiW* arrives in your inbox (the archives can be found here.) We also publish a semi-annual summary of the AGS policy activities which we post to our *Where We Stand* page.

I would be remiss if I did not highlight the significant impact that AGS member advocacy and education have had on federal policy in the past year. Perhaps this is best exemplified in the government funding package that the House of Representatives passed, and President Trump signed into law in early February, following approval in the Senate on January 30. Your efforts played an instrumental role in ensuring the following:

- The Administration-proposed cuts to the National Institutes of Health (NIH) were blocked and the package did not reflect the administration's proposed reorganization of NIH.
- The GWEP/GACA programs were funded through the end of this fiscal year (9/30/2026).
- Medicare telehealth flexibilities were extended through 2027.
- CMS's hospital-at-home program was extended through September 30, 2030.

We are grateful to our AGS members for their interest in learning about and advancing public policy that benefits all of us as we age. Thank you!

We also had some success on the regulatory side with our efforts that are led by AGS staff, consultants, and policy leaders. In June 2025, AGS joined amicus briefs (see sample brief) filed in support of plaintiffs in 3 lawsuits challenging NIH's flattening of indirect cost rates to 15% regardless of the actual cost to institutions of undertaking research. We were delighted to see that the Court of Appeals for the First Circuit, on January 5, unanimously affirmed the nationwide permanent injunction ruling issued in all the 3 cases. We continue to monitor NIH proposals and to work with partners to advocate for policy that supports gold standard scientific research. On the physician payment front, we were successful with our request to the Centers for Medicare and Medicaid Services (CMS) that, as of January 1, 2026, allows clinicians to bill G2211, the visit-complexity add-on code with the home and residence evaluation and management visits code family. To learn more about this and other updates to the 2026 physician fee schedule, watch the AGS Coding Updates for 2026 webinar here.

I find myself with a wee bit of space left to shed some light on how we develop online-only content. It's a question that we frequently get when transitioning a program or product to online-only. In a nutshell, we follow the same content development processes regardless of how a product is being delivered. Take our AGS Annual meeting (where we are experimenting with alternating face-to-face and virtual meetings). When it comes to developing the educational content of the meeting, our process is the same. We invite member proposals for symposia and workshops, issue a call for scientific abstracts and award nominations, and review prior year evaluations for suggested topics and ways we can improve our content. I am so grateful to our AGS leaders and members who contribute their time, talent, and expertise to ensuring the educational and scientific content that we deliver meets our members' needs.

For something like the annual meeting, virtual delivery actually offers some advantages over a live meeting. One of these is that there is more interaction between speakers and attendees via the chat feature than is possible at a live meeting. All those attending sessions during the #AGS26 virtual meeting dates (April 30 – May 2, 2026; preconference days April 27 – 29) will be able to ask clarifying questions, debate the science, and engage with speakers, poster presenters, and fellow attendees throughout the session's scheduled time. Another advantage is that you have access to more sessions than you would at an in-person event, given that the recorded sessions are available on the virtual meeting platform though the end of the year. Paul Mulhausen has enumerated other advantages he sees in his *From the President* column as well as calls out some of the great educational content coming your way at #AGS26.

Now, let's address the elephant in the room which is something I heard from some (but definitely not all) attendees

at AGS 2025. The lack of opportunities for chance encounters, to meet colleagues over a cup of coffee, or otherwise engage with other attendees. Please know that AGS staff, me included, also miss the opportunity to connect with members, colleagues, and friends. I want to share something here about a shift in my own thinking that has occurred over the five years since I made the call to shut down the office due to COVID-19 in March of 2022. In the year that followed, I spent a lot of time alone in my apartment or walking the streets of NYC with my camera (if interested, see this series). During that time, I realized that (1) I rather like my own company (yes, I am an introvert); and (2) my professional connections needed to be nurtured in ways that did not involve happenstance encounters at meetings.

As we round the corner to this year's meeting, I am reminded of that second lesson and how important it is that I take the time to drink from the reservoir of knowledge and creativity of my colleagues at AGS and beyond and not limit myself to those chance encounters that occur simply because we are in the same hotel at the same time. My goal for this year will be to return to the intentional calls to colleagues and friends from near and far that marked the early days of the pandemic. It will be great to catch up but I anticipate that we will share ideas for how we can continue to support all of us to age in good health and maintain our independence for as long as possible. I have no doubt that all of my conversations will come with a hefty dollop of joy. ✦

CMS'S NEW AGE FRIENDLY HOSPITAL MEASURE continued from page 1

and targeted intervention protocols, the AGS CoCare®: HELP program has been demonstrated to improve patient outcomes and lower costs - the ideal combination.

The AGS CoCare®: HELP program protocols deliver care that is aligned with the Age-Friendly 4Ms framework—What Matters, Medication, Mentation, and Mobility. Because of this, and its emphasis on initial assessment, intervention, and ongoing monitoring, the AGS CoCare®: HELP program is well aligned to help satisfy the CMS Age-Friendly Hospital Measure attestation domains. The Elder Life Nurse Specialist (the key clinician on the interdisciplinary team) carries out protocols for delirium prevention and early mobilization. This role, coupled with the HELP volunteer intervention protocols, is particularly well aligned to satisfy the domain requirements. AGS CoCare®: HELP capitalizes on a volunteer workforce, which also contributes to cost effectiveness of the intervention.

HOW AGS COCARE®: HELP PROTOCOLS ALIGN TO THE CMS 2025 AGE-FRIENDLY HOSPITAL MEASURE REQUIREMENTS

CMS Domain Requirement	AGS CoCare®: HELP Protocol or Element
Elicit Patient Healthcare Goals: Ensuring that What Matters to the patient informs shared decision-making.	"What Matters" to the patient captured during Patient Screening, Assessment & Treatment Planning
Responsibly Manage Medications: Optimizes Medication Management to avoid inappropriate drugs for older patients.	• Psychoactive Medications Protocol • Medication Review against AGS Beers Criteria®
Implement Frailty Screening & Intervention: Screening includes Mentation, Mobility and Nutrition.	Screening and Interventions for: • Mentation • Mobility • Malnutrition
Assess Social Vulnerability: Recognizes and addresses social issues that may be impacting the care of older adult patients.	• Patient Screening & Enrollment • Interdisciplinary Interventions • Interdisciplinary Rounds • Discharge Planning Protocol
Designate Age-Friendly Care Leadership: Dedicated program champion to oversee the integration of the 4Ms, ensuring that these elements are effectively implemented to fulfill the domain requirements and deliver age-friendly care.	• AGS CoCare®: HELP Program Champion – Elder Life Specialist • Data Collection for AGS CoCare®: HELP track metrics that address the 4M's of Age-Friendly Care including: What Matters, Medication, Mentation, & Mobility.

This table has been adapted from the "How the AGS CoCare®: HELP Protocols Align to the CMS Age-Friendly Hospital Measure Requirements" table on the AGS CoCare®: HELP website. The full table can be found here and is part of a portfolio of resources regarding the CMS Age-Friendly Hospital measure. The full portfolio of resources can be found here.

Each domain includes detailed attestation statements addressing timing, interventions, and the use of validated assessment tools.

For hospitals without AGS CoCare®: HELP, the new CMS measure may serve as timely motivation to adopt the program, which not only supports CMS reporting but also delivers well-documented benefits, including delirium prevention, shorter lengths of stay, lower costs, fewer falls, and improved patient satisfaction. You can access a curated portfolio of free resources focused on the new CMS Age-Friendly Hospital Measure, including guidance on how AGS CoCare®: HELP protocols can support you in meeting the requirements at help.agscocare.org. ✦

FROM OUR PRESIDENT

PAUL MULHAUSEN, MD, MHS, FACP, AGSF

I am excited for this year's Annual Scientific Meeting which will be held virtually from April 30th-May 2nd (with pre-conference days from April 27th-29th). While I will miss being with you in person, our experience with the alternating virtual and face-to-face annual meeting pilot has been that the virtual format supports broad participation and engagement, particularly by reducing barriers related to travel, cost, time away from work, and personal responsibilities. In a year where we are seeing the impacts of cuts in funding on institutional travel budgets, I am pleased that #AGS26 will offer lower costs for all of us while providing the same excellent educational content that we have come to expect from our Society. Whether you're joining from your office, your kitchen table, or between patient visits, #AGS26 is designed to meet you where you are. And let's not forget that a fully virtual meeting also reduces our carbon footprint and helps ensure the long-term financial stability of the Society.

> Thank you.
> It has been an honor and a joy to serve as your President.

At its core, #AGS26 will do what AGS meetings have always done best: bring our community together to share the latest science, exchange practical ideas, and learn from one another. Like many of you, I will miss the in-person of the in-person meeting. At the same time, I am excited about being able to access more sessions than I am typically able to at an in-person meeting, with the ability to revisit the full content of the Annual Meeting offerings through the end of 2026. It's a model that supports learning at your own pace, which is something many of us can appreciate amid busy professional and personal lives. Just as importantly, this model allows the Society to engage health care professionals who might otherwise be unable to attend, including international colleagues and our colleagues from non–geriatrics-focused specialties.

From thoughtful discussions and collaborative sessions to moments of inspiration, connection, and shared purpose, #AGS26 will reflect the strength of this community and our collective dedication to older adults. I hope you'll join us online and be part of the conversations that continue to shape the future of geriatrics.

Sessions I am most looking forward to:

Artificial Intelligence in Geriatrics Primary Care: Practical Tools for Diagnosis and Clinical Efficiency
Artificial intelligence is no longer theoretical in geriatrics primary care. This symposium will demonstrate how primary care geriatricians can integrate artificial intelligence (AI) into daily practice to improve diagnostic accuracy and clinical efficiency. Through practical demonstrations and real-world examples, participants will learn actionable strategies for using AI tools to support differential diagnosis, streamline documentation, and reduce administrative burden while maintaining patient-centered care.

Alzheimer's Disease: What A Geriatrician Should Know About New Treatments and Tests
In this session, Drs. Esther Oh, MD, PhD and Heather Whitson, MD, MHS, two geriatricians and AGS Board members who specialize in the diagnosis and treatment of memory disorders, will discuss recent advances in Alzheimer's disease diagnosis and care options. Current evidence and care recommendations for anti-amyloid antibody therapy and blood-based biomarkers will also be addressed. The speakers will share their experiences with how new diagnosis and treatment modalities are impacting providers and patients and their families. Bring your questions—this session will include a 15-minute Q&A!

Henderson State-of-the-Art Lecture: Pharmacotherapy for Older Adults: A Historical and Futuristic Look at Progress
The 1968 Task Force on Prescription Drug Use was the U.S. government's first ever report on prescription drug use by older adults. Using the Task Force's findings and recommendations as a beginning, our #AGS26 Henderson State-of-the-Art Lecturer, Todd P. Semla, MS, PharmD, FCCP, AGSF will chronicle the progress in pharmacotherapy for older adults. Areas of impact include advances in pharmacology, interventions to improve medication use, and the expanded roles and responsibilities of pharmacists. Lastly, a look to the future, and what might be possible.

An Update on Sleep Apnea and Sleeping Pills in Older Adults: Navigating New Evidence and New Sleep Medicines
This symposium will provide an evidence-based, clinically focused update on three common and important sleep management issues we face in helping our older patients -- the recognition and ongoing management of sleep apnea, effective methods for deprescribing potentially inappropriate sleep medications, and evidence on the use of newer classes of sleep medicines in older adults.

Detailed information is available on the AGS Annual Meeting website at meeting.americangeriatrics.org.

Thank you

It has been an honor and a joy to serve as your President. I am constantly inspired by the dedication, compassion, and expertise of our members, who show up every day to advance geriatrics care, education, research, and policy.

Together, we have faced challenges, celebrated successes, and, most importantly, made a meaningful difference in the lives of older adults. As I prepare to pass the baton to our incoming President, Alison A. Moore, MD, MPH, FACP, AGSF, I look forward to our Society's continued growth, leadership, and innovation in the care of older adults.

Now, a little about your incoming President. Alison is a geriatrician and a public health researcher whose work focuses principally on older adults who use alcohol, cannabis, and other substances. She also has interests in gerontechnology, health equity, and aging and HIV. Alison has a passion for research training and mentorship and in 2019, she was awarded the UC San Diego Health Sciences Faculty Excellence in Mentoring Award. She is also deeply committed to caring for older adults and mentoring others to do the same.

I'm excited to continue my work with Alison in my new role as Board Chair. While roles evolve and leadership transitions, the mission of AGS remains the same, as does our members' commitment to the health and well-being of older adults. I look forward to supporting this work, fostering growth, and helping our community thrive together in the year ahead. ✦

WHY ATTEND #AGS26?

- **Because learning should fit into real life.** #AGS26 makes it easier to stay current without stepping away from your patients, learners, or family. Attend live to participate in Q&A sessions with our renowned speakers and engage with poster presenters or catch up later with on-demand access to session recordings after the meeting.

- **Because the science matters.** From emerging research to practical clinical insights, #AGS26 will feature evidence-based sessions that support better care for older adults across settings. Whether your focus is clinical practice, education, research, or policy, you'll find essential updates you need to care for your older adult patients.

- **Because access matters.** A fully virtual meeting removes many of the barriers that can make attending professional meetings challenging. No travel, no hotel costs, and no time away from home—just easier access to high-quality geriatrics education for more people.

- **Because connection doesn't require a convention center.** #AGS26 will offer opportunities to engage with colleagues from across the country through Q&A at the live sessions, discussions at Special Interest Group (SIG) meetings, interacting with poster presenters using the chat features, and forming mentor relationships through the AGS Online Mentor Match program. The format may be virtual, but the sense of community remains very real.

AGS26

AGS ANNUAL SCIENTIFIC MEETING

VIRTUAL

MEETING DATES:
April 30—May 2

PRE-CONFERENCE DAYS:
April 27—29

Register for the Meeting today!
Our program covers the gamut of geriatrics in today's challenging environment. For an agenda, course descriptions, and registration, scan this QR code.

AGS Geriatrics Healthcare Professionals

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AGS News is published quarterly by the American Geriatrics Society.
For more information or to become an AGS member, visit AmericanGeriatrics.org.
Questions and comments about the newsletter should be directed to info.amger@americangeriatrics.org or 212-308-1414.

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HOW IT WORKS

The Physician Value Exchange: Career & Specialty Data Platform provides geriatricians insight into their value with high-quality, real-world data that captures the heterogeneity of modern-day geriatrics practices while making it easier to explore different job opportunity scenarios and understand how it impacts different work/life elements you care about.

Step 1: Activate or Log in To Your Account

Step 2: Complete the 10-15 Minute Survey

Step 3: Access the Data

If you have any questions about your Phairify account or the Geriatrics Compensation & Productivity Benchmarking Tool, please reach out to Anna Kim at akim@americangeriatrics.org. For more information, including video tutorials and a recorded webinar to assist you in completing the survey and accessing the data, visit https://bit.ly/3ZIFdLC.

GERIATRICS BENCHMARKING SNAPSHOT

Preliminary Preview of the 2025 AGS/ADGAP Benchmarking Survey Data

Below is a preliminary preview of the 2025 AGS/ADGAP Benchmarking Survey data.[1] AGS/ADGAP members who complete the AGS/ADGAP Benchmarking Survey have real-time access to all data collected through the Physician Value Exchange: Career & Specialty Data Platform, a tool that you can use to compare and understand that data better for your purposes.

DEMOGRAPHICS[2]

278 Geriatricians participated in the 2025 AGS/ADGAP Benchmarking Survey.

Specialty	N (%)
Geriatric Medicine (Internal Medicine)	224 (80.6%)
Geriatric Medicine (Family Medicine)	54 (19.4%)

GERIATRICS PRACTICE SETTINGS

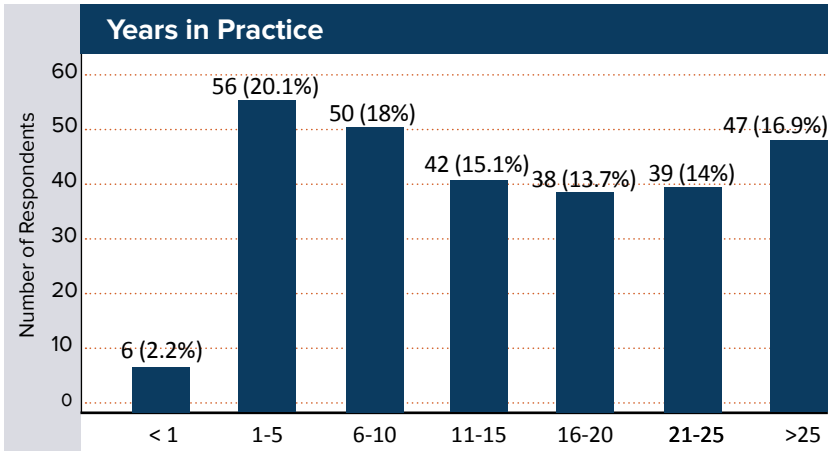
- Most responding geriatricians reported working at least some portion of their professional time in academic/medical school-sponsored settings (48.2%) or in a hospital/health system/integrated health system (24.1%).
- The biggest overlap in practice types is academic/medical school-sponsored settings and government (7.2%).
- About 59.7% of participants were in practice for more than 10 years.

Practice Type	N (%)
Academic/Medical School-Sponsored	134 (48.2%)
Academic/Health System-Sponsored	67 (24.1%)
Hospital/Health System/Integrated Health System	48 (17.3%)
Government	48 (17.3%)
Private (Physician-Owned)	11 (3.9%)
Academic/Non-Medical School-Sponsored	10 (3.6%)
Physician-Owned (Health System Foundation Model)	8 (2.9%)
Other	7 (2.5%)
Private Investors/ Publicly Traded Corporation/Retail	6 (2.2%)
Insurance Company	5 (1.8%)
Independent Non-profit Foundation	5 (1.8%)

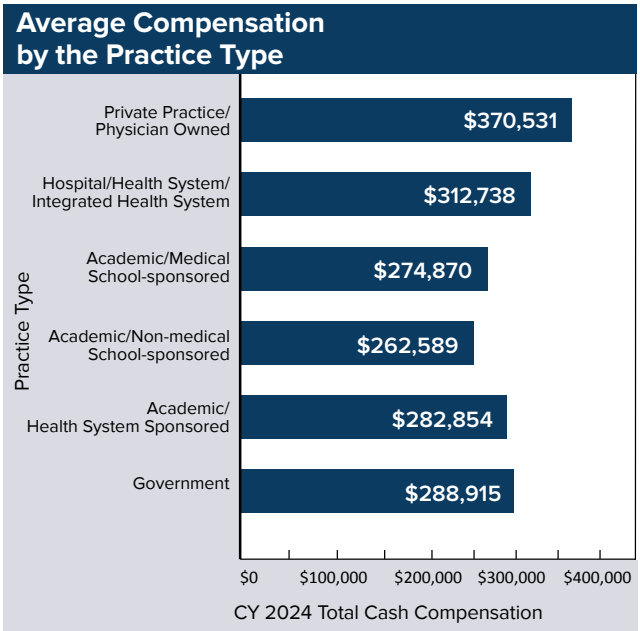
[1] Some of the data may differ on the Career & Specialty Data Platform once the data audit is complete.

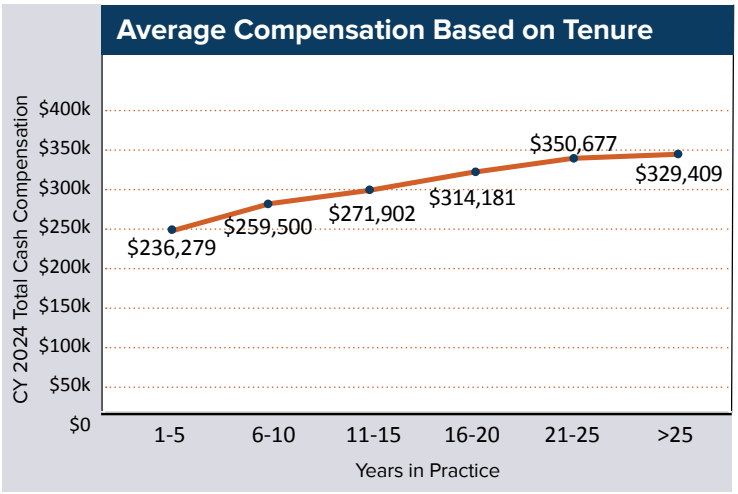
[2] Phairify does not report data with fewer than 10 responses.

Care Setting	N (%)
Acute Care	147 (52.9%)
Ambulatory Care	205 (73.7%)
Home Care	82 (29.5%)
Long-term Care	104 (37.4%)



COMPENSATION



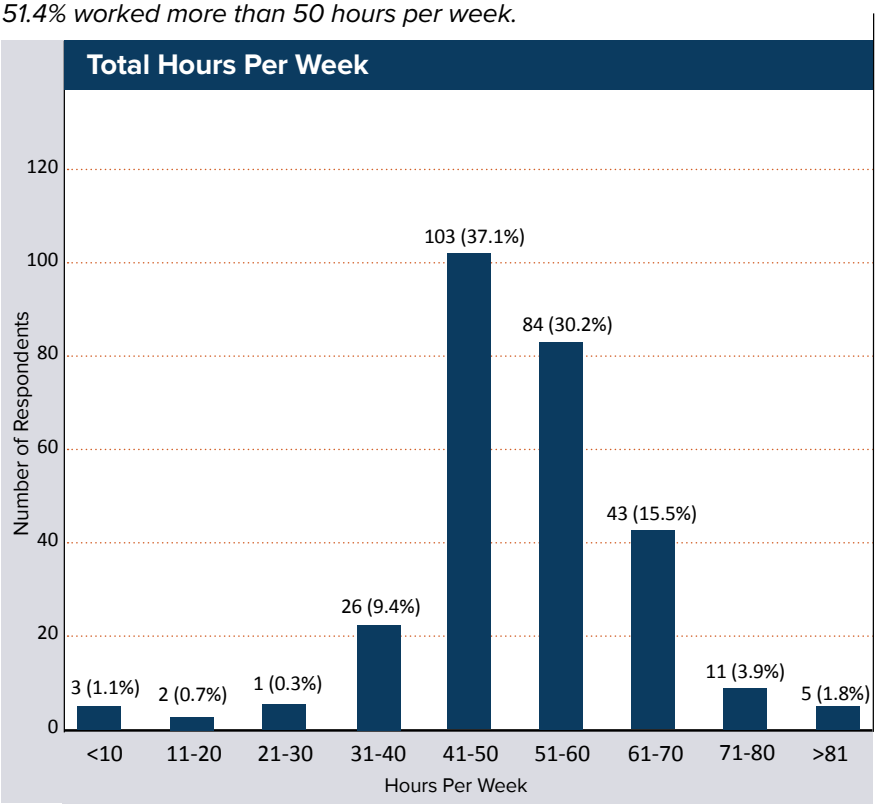


PRODUCTIVITY

Time spent on professional functions.

Professional Function	Median % Time Spent
Clinical-Patient Care	50%
Administrative or Management	20%
Teaching – Patient Care	10%
Teaching – Didactic	10%
Research	10%

51.4% worked more than 50 hours per week.



TOP 10 JAGS Studies of 2025

What were the most-downloaded geriatrics articles in *The Journal of the American Geriatrics Society (JAGS)* in 2025? Check out our list of the year's most popular highlights below and access the full content by visiting the DOI link.

1 Alternative Treatments to Selected Medications in the 2023 American Geriatrics Society Beers Criteria® - (Steinman et al)

https://doi.org/10.1111/jgs.19500

The AGS Beers Criteria® is one of the most frequently cited reference tools in geriatrics, identifying drugs whose risks often outweigh their benefits in older adults. Recognizing that clinicians also need practical guidance on what to use instead, the American Geriatrics Society convened a multidisciplinary, interprofessional panel to update and expand recommendations for safer alternative treatment strategies. Building on earlier work published in 2015, this *JAGS* special article presents evidence-based pharmacologic and non-pharmacologic alternatives to potentially inappropriate medications commonly prescribed to older adults. Designed for front-line clinical use, the recommendations are organized around common clinical scenarios and are supported by clinician, patient, and caregiver-focused resources to facilitate shared decision-making and implementation at the point of care.

2 Managing Hypercholesterolemia in Adults Older Than 75 years Without a History of Atherosclerotic Cardiovascular Disease: An Expert Clinical Consensus From the National Lipid Association and the American Geriatrics Society – (Bittner et al)

https://doi.org/10.1111/jgs.19398

The risk of atherosclerotic cardiovascular disease increases with age, and elevated LDL- and non-HDL cholesterol levels remain predictive of cardiovascular events in adults older than 75. Risk assessment in this population is challenging, as commonly used calculators are not well validated for older adults and do not account for multimorbidity, frailty, functional status, or cognition. This *JAGS* article reviews available evidence on lipid-lowering therapy for primary prevention, suggesting that statins may reduce cardiovascular events and that potential benefits generally outweigh risks such as muscle symptoms and diabetes mellitus. Although some studies raise concerns about incident cognitive impairment, the majority of evidence suggests neutral or potentially protective cognitive effects. The authors emphasize shared decision-making, individualized care, and consideration of deprescribing in select older adults with life-limiting illness.

3 Long-Term Exposure to Non-Steroidal Anti-Inflammatory Medication in Relation to Dementia Risk – (vom Hofe et al)

https://doi.org/10.1111/jgs.19411

This study explores the relationship between non-steroidal anti-inflammatory drug (NSAID) use and dementia risk. Using data from the population-based Rotterdam Study, researchers included more than 11,700 dementia-free adults (average age 66) and tracked their NSAID use through pharmacy records. Researchers found that long-term NSAID use (more than two years) was associated with a lower risk of dementia, while short and intermediate-term use were linked to a small increase in risk during an average follow-up period of 14.5 years. Cumulative NSAID dose was not associated with decreased dementia risk, but long-term NSAID use was, suggesting that duration of use may be more important than intensity in dementia prevention. The association was strongest for NSAIDs without known effects on amyloid-β than for amyloid-lowering NSAIDs. The findings highlight the relationship between inflammation and dementia risk and suggest that targeting inflammation may hold promise for preventing dementia. However, they do not justify the recommendation of long-term NSAID use for this purpose, given potential harms and NSAIDs' classification as potentially inappropriate for older adults under the Beers Criteria, underscoring the need for further research.

4 Comparative Safety of Medications for Severe Agitation: A Geriatric Emergency Department Guidelines 2.0 Systematic Review – (Casey et al)

https://doi.org/10.1111/jgs.19485

This systematic review evaluates the comparative safety of medications used to manage severe agitation in older adults in prehospital and emergency department settings. Reviewing nine studies involving more than 800 older adults, researchers found that adverse drug events were common, occurring in nearly 17% of patients receiving antipsychotic or anxiolytic medications. Midazolam, a benzodiazepine, was associated with the highest rate of adverse events and a significantly increased risk compared with haloperidol. In contrast, oral medications, especially quetiapine, demonstrated a more favorable safety profile. These findings underscore the importance of prioritizing nonpharmacologic strategies when possible and, when medication is necessary, favoring oral agents at the lowest effective dose while avoiding benzodiazepines to reduce harm in older adults.

5 Diverticulitis in Older Adults: A Review of Etiology, Diagnosis, and Management– (Hall et al)

https://doi.org/10.1111/jgs.19388

This review highlights the unique challenges of diagnosing and managing diverticulitis in older adults. Diverticulitis is a common, age-related condition that often presents atypically in older adults, with variable laboratory findings and a higher risk of complications than in younger patients. Assessment and treatment decisions can be particularly challenging in this population, in part because older adults with multimorbidity and geriatric syndromes are frequently excluded from clinical studies. Antibiotics remain the

mainstay for uncomplicated cases, while surgical management should carefully balance potential benefits with risks, symptom burden, and patient goals. The authors emphasize an age-friendly approach, focusing on what matters most to the patient to achieve meaningful outcomes in the context of multimorbidity and overall quality of life.

6 Treatment of Inappropriate Sexual Behavior in Persons With Dementia: A Systematic Review – (Lane et al)

https://doi.org/10.1111/jgs.19489

This systematic review examines strategies to manage inappropriate sexual behavior (ISB) in people with dementia, which affects up to one in four individuals and can be distressing for patients and caregivers. The review included 74 studies, most of which were case reports or case series, with only one small randomized trial. Nonpharmacologic interventions—such as distraction, environmental modification, and caregiver education—were frequently effective, though in many cases they were used alongside pharmacotherapies. Within pharmacologic approaches, hormonal therapies such as progestins and antiandrogens were more effective in reducing ISB in men than antipsychotics, antidepressants, or anticonvulsants. The authors urge that nonpharmacologic strategies should always be prioritized to minimize the risk of harm, even when pharmacotherapy is necessary, and higher-quality evidence—including randomized trials of both nonpharmacologic and pharmacologic interventions—is urgently needed to guide safe and effective management of ISB in people with dementia.

7 Home-Based Comprehensive Geriatric Assessment for Community-Dwelling, At-Risk, Frail Older Adults: A Systematic Review and Meta-Analysis– (Hayes et al)

https://doi.org/10.1111/jgs.19402

This systematic review and meta-analysis evaluates the effectiveness of home-based comprehensive geriatric assessment (CGA) for at-risk, community-dwelling older adults. Analyzing data from 22 trials involving more than 7,200 participants, the authors found that home-based CGA was associated with meaningful improvements in functional status, health-related quality of life, and patient satisfaction, as well as reductions in hospitalizations and mortality over longer follow-up periods. No significant differences were observed in nursing home admissions, emergency department presentation, or adverse events compared with usual care. Despite variation in how CGA was delivered across studies, these findings support home-based CGA, led by multidisciplinary teams, as an effective model of integrated care that can improve outcomes for community-dwelling at-risk older adults.

8 Updating STEADI for Primary Care: Recommendations From the American Geriatrics Society Workgroup – (Johnson et al)

https://doi.org/10.1111/jgs.19378

To support more effective fall prevention in primary care, the American Geriatrics Society led an effort to update recommendations for the CDC's STEADI (Stopping Elderly Accidents, Deaths and Injuries) toolkit. An AGS workgroup reviewed recent evidence and gathered input from more than 400 stakeholders to identify practical strategies to increase STEADI uptake in busy primary care settings. Key recommendations include reframing fall prevention around patients' ambulation and mobility goals, engaging the full interdisciplinary care team, and addressing time constraints by focusing on feasible STEADI activities during each visit and completing assessments over time. The group also recommended streamlined screening and assessment approaches, such as using the Three Key Questions first and using screening to guide efficient, targeted assessment and intervention. These updates aim to make STEADI easier to implement and position fall prevention as a chronic condition deserving of continuous attention and care.

9 Models of Care for Older People: A Scoping Review – (Dadich et al)

https://doi.org/10.1111/jgs.19371

This scoping review examines the current landscape of models of care for older adults, highlighting gaps in evidence and implementation. Drawn from more than 21,000 publications, 276 relevant studies were identified. Key findings include wide variation in how models of care are defined, limited stepwise guidance for implementation, and a strong emphasis on multidisciplinary approaches, though carers were rarely involved. Very few studies were conducted in rural settings, and none included Indigenous populations. The authors emphasize the need for further research to clarify definitions and reporting standards, identify factors that influence effectiveness, ensure carer involvement, and adapt models to meet the needs of priority populations.

10 Low Social Engagement and Risk of Death in Older Adults – (Abugroun et al)

https://doi.org/10.1111/jgs.19511

This study examines how social engagement influences mortality risk in adults aged 60 and older. Using data from the Health and Retirement Study, researchers found that higher social engagement was associated with a lower rate of all-cause mortality over a four year follow-up period. Participants with high social engagement also had a lower median biological age, healthier behaviors, and fewer depressive symptoms compared with those with lower engagement. Mediation analyses suggested that the protective effect of high social engagement was partially explained by increased physical activity and decelerated biological aging, while other factors such as alcohol use, tobacco use, and high depressive symptoms did not show significant mediating effects. These findings highlight biological and behavioral pathways through which social engagement may promote healthy aging and support health interventions and policies aimed at fostering social participation in older adults.

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Learn more about the AGS CoCare®: HELP program and how it is transforming care for older adults by visiting help.agscocare.org or scanning this QR code.

AGS26 VIRTUAL

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GUIDE TO GETTING THE MOST OUT OF THE #AGS26 VIRTUAL MEETING

Power Up

Start each day ready to go by charging your devices in advance. Keep your laptop and phone chargers within arm's reach so you can stay logged in, engaged, and uninterrupted throughout your sessions.

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Approach the virtual meeting the same way you would an in-person event. Add sessions to your calendar, set an out-of-office message, and let colleagues know when you'll be unavailable. Minimizing distractions will help you fully engage with the content that matters most to you.

Get Comfortable

One of the perks of attending virtually is being able to set up your ideal learning environment. Dress for comfort (professional, casual, or somewhere in between), grab your favorite snacks, and keep water nearby so you can stay hydrated throughout each session. Wherever you're joining from, we want your #AGS26 experience to be enjoyable and stress-free.

Poster Presentations

Poster presenters will be online during poster sessions to answer questions in real-time in the chat. You will also be able to browse poster video galleries on the virtual platform at your leisure, so that you can see them all.

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Our 30+ Special Interest Groups (SIGs) offer an easy way to connect with colleagues who share your interests. Attend multiple SIG sessions to expand your network, exchange ideas, and build community.

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Play our #AGS26 BINGO social media game for the chance to win some awesome prizes. Stay tuned—more information will be coming soon at meeting.americangeriatrics.org.

Your Meeting On Your Schedule

Revisit the sessions anytime at Meeting.AmericanGeriatrics.org. All attendees will have access to session recordings through December 31st, so you can view more sessions and obtain even more CME.

Engage, Connect & Keep the Conversation Going!

Annual meeting presenters will be available during their scheduled session time, allowing you to interact with session speakers and other participants through the chat feature.

Plenary Session speakers will answer questions that attendees posted in the chat feature live on-screen at the end of their sessions.

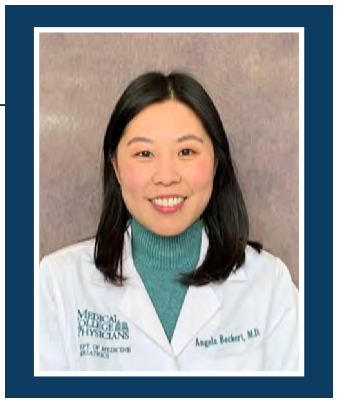
Visit MyAGSOnline.americangeriatrics.org to connect beyond the sessions. The AGS Member Forum is a great place for speakers and attendees to continue discussions, network, and collaborate with peers before, during, and after the meeting.

Participate in the AGS/ADGAP Mentor Match Online Program

Whether you're looking for guidance, exploring new career paths, or ready to mentor others, the recently refreshed platform helps AGS members build meaningful connections across geriatrics—on your schedule.

MEMBER PROFILE

Angela Beckert, MD



Tell us a bit about your journey and how you became interested in geriatrics.

Mentorship really shaped my career path. During my residency at the University of Chicago, I worked closely with Kate Thompson, a geriatrician who was part of the residency program leadership and someone I truly admired. She encouraged me to consider a geriatrics fellowship, and that suggestion ended up being pivotal. I'd always had positive experiences working with older adults—volunteering at senior centers throughout college and during medical school—but I didn't immediately know I wanted to go into geriatrics. Having a mentor who championed geriatrics for me and encouraged me to explore that path made all the difference.

What is your favorite part of working with older adults?

My favorite part of working with older adults is listening to people's stories and really getting to know who they are. I really enjoy connecting those stories with what matters most to them and using that to create individualized plans of care based on who they are and what they want. Every person is different, and there's so much variation in how people age and what they value as they get older. That means that this work always involves getting to know people as individuals and matching care to their goals, interests, and how they want to write the last chapter of their lives. That process of understanding what people want and aligning care with their values is what I find most meaningful.

What are you most proud of in your career?

I'm most proud of the relationships I've built over the course of my career—with learners, colleagues, and patients and their families. Those relationships have been incredibly impactful for me and, I hope, for them as well. When I look back, much of my career has really been built on making connections with other people, and that's what I'm most proud of.

What are you working on now?

Right now, much of my work is focused on my role as Program Director of the Medicine–Geriatrics Combined Residency and Fellowship Program at the Medical College of Wisconsin. I'm also involved with the AGS/ADGAP Med-Geri Leadership team, where we're working to expand the number of combined med-geri programs and support other institutions in getting started. Alongside running our own program, I've been focused on sharing what we've learned and writing about our experience developing this combined training model.

What's been especially meaningful to me is the opportunity to mentor trainees early in their careers and help build a training pathway that emphasizes mentorship and individualized career development—something that had a huge impact on my own career. Trainees really enjoy the program, and because we work with them over four years, we build deep, lasting connections. It's been incredibly rewarding to watch their interests take shape, see their careers evolve, and stay connected long after they graduate.

Piece of advice to share with someone who is considering a career in geriatrics or just starting out?

My biggest piece of advice is to seek out mentorship. At every stage of my career—whether as a trainee, early faculty member, or now mid-career—mentorship has been essential. It's always better to do things together. I owe a lot to my mentors Dr. Kathryn Denson and Dr. Edmund Duthie. I'd also encourage people to stay open to opportunities and remember that career choices don't have to be forever. You can try something, see what that season of your career brings, and adjust as you go. Geriatrics is a wonderful field, and if you focus on what you truly care about, you'll have a great experience. Think about the things you absolutely need in a career, and try to stay a little flexible about the rest.

What is your favorite AGS memory?

I have so many positive memories of AGS, but one that really stands out goes back to 2018, when we started a workgroup focused on expanding Medicine–Geriatrics training. AGS convened a workgroup in their New York office, and it really showed me the power of bringing together a group of people with shared goals and missions to make an impact on a larger scale.

Many of my favorite AGS memories are from AGS gatherings and events, like that meeting in New York City. Working together with that group via Zoom and then meeting in person and being in the same room felt energizing and even a little surreal – like meeting a celebrity. I left that meeting feeling inspired and recharged.

Another thing I really love about AGS is the networking opportunities it provides. It's been amazing to connect with other program directors and colleagues from across the country who share similar roles and goals, offer mentorship, and who share new ideas. AGS provides the chance to collaborate, learn from others, and contribute to initiatives that make a real impact on geriatrics. The AGS creates a space for its members to have a voice nationally and provides opportunities for us all to help make an impact whether in education, policy or training.✦

MEET THE NEW

AGS/ADGAP MENTOR MATCH ONLINE PROGRAM

A MORE ENGAGING MENTORSHIP EXPERIENCE

Have you checked out the recently redesigned AGS Virtual Mentorship Site? Whether you are an experienced geriatrics health professional looking to share your experience, a mid-career professional exploring new opportunities, or a trainee just beginning to navigate your career, the new Mentor Match platform offers AGS members an easy and effective way to engage and support one another.

What's New?

Smarter Matching for More Meaningful Connections. The AGS Mentor Match platform uses a weighted matching system to suggest matches based on a percentage compatibility score. This score considers preferences, career goals, areas of expertise, and other important factors to help mentees find mentors whose experiences and interests closely align with their own goals.

The intuitive new mentor directory layout makes it easier than ever to review the list of available mentors with filters, visual match indicators, and organized profiles.

A Full-Service Mentorship Workspace
Once a match is made, each mentorship pair enters a private, interactive mentorship workspace, designed to support meaningful, goal-driven mentorship.

Through that workspace, each mentorship pair can:

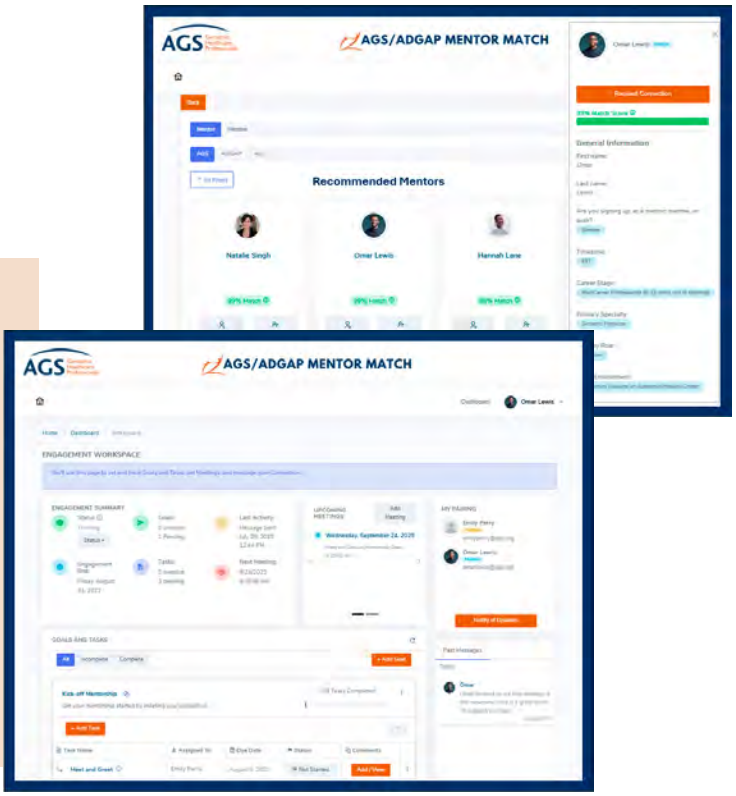
- **Schedule Meetings**
- **Stay Connected through Messaging & Sharing Resources/Files**
- **Sets Goals & Tasks to help you define objectives together**
- **Track Progress**

Ready to Get Matched?

Enroll as a mentee, mentor, or both. Participating in the AGS/ADGAP Mentor Match program is simple:

1. Log in to mentorship.americangeriatrics.org with your AGS account.
2. Enroll as a mentee, mentor, or both and specify your mentorship goals and communication preferences.
3. Browse your suggested matches and send a mentorship request.
4. Once your mentor request is accepted, access your mentorship workspace and begin your mentorship journey!

Or scan this code to get started!



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