

AGS NEWS

NEWSLETTER OF THE AMERICAN GERIATRICS SOCIETY

2020
Volume 51
Number 3

AGS Members Sporting PPE to Protect Us All from COVID-19



To submit your own PPE photos for a member #MaskUp feature, contact Lauren Kopchik at lkopchik@americangeriatrics.org.

TOP GERIATRICS RESEARCH & CLINICAL FINDINGS PRESENTED IN #AGS20 VIRTUAL SESSIONS

Although our in-person annual event was cancelled due to COVID-19, key presentations from #AGS20 went ahead full-steam as virtual sessions open to all.

In addition to our webinar on resource allocation strategies and age-related considerations in the era of COVID-19 (profiled in our last edition of AGS News and available as a free recording on GeriatricsCareOnline.org), we also were honored to have expert researchers present on everything from medication management to falls prevention and the intersection of geriatrics and other specialties.

Much of the 2020 AGS Annual Scientific Meeting program will be carried over as updated sessions for our 2021 meeting in Chicago, IL, (May 13-15). However, chosen plenary sessions presented virtually are now available for free on GeriatricsCareOnline.org. Check out recaps below:

#AGS20 Plenary Paper Session: Medication Management

New insights on a host of factors impacting medication use for older adults anchored this special session, presented this summer. Older adults are prescribed medications more than any other age group in the U.S. While these prescriptions often play an important role in health and well-being, they can also lead to other problems when not managed effectively.

Researchers presented related work from the three top studies comprising the meeting's prestigious Plenary Paper Session:

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SUPPORTING ALL AMERICANS AS WE AGE IN #DECISION2020: QUESTIONS FOR CANDIDATES

The AGS is committed to improving the health, independence, and quality of life of all older people. In clinics, classrooms, and communities across the U.S., an important part of that commitment is understanding what programs and policies our elected representatives are championing so that federal, state, and local government support older Americans continuing to contribute to our communities in new and innovative ways.

We believe it is important that Americans ask questions of our candidates so that we all have an understanding of where our candidates stand on issues important to older Americans and caregivers. It is particularly important that presidential candidates articulate their vision

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AGS 360° WITH NANCY E. LUNDEBJERG, MPA

I recently sat in a virtual ADGAP session for the Geriatrics Academic Fellowship Program Directors. The presentation focused on developing an online brand for your fellowship program (a recording is available on GeriatricsCareOnline.org and it's accessible for both AGS and ADGAP members). It's an important topic in the era of #COVID19 given national recommendations that recruiting for fellows, residents, and new faculty be done virtually.

Here at the AGS, we've focused on supporting individual members to become more active on social media (see my trusty Twitter basics guide on p. 3 for some pointers, or go to AmericanGeriatrics.org/SocialMedia to access all our resources). In this AGS 360°, I thought it would be helpful to pass along a few things we've learned as an organization along the way.

- Know your audience:** It's important to identify the audience you want to reach. For AGS, we've identified providing content of value to our members as high priority while at the same time working to reach policymakers, the general public, and other health professionals because those audiences are critically important to ensuring we have policies that support us all as we age. For fellowship programs that are just "getting their social on," we encourage talking to current and past fellows as well as residents and students at your own institution to see what they want and need.

- Establish (and follow!) internal rules of the road:** It's good to have some rules of the road in place so that whoever is in charge of "feeding the social media beast" has

a good sense of what they can post on their own and where they might want to run it by someone for approval. At AGS, we have two rules: (1) steer clear of controversy; and (2) when in doubt, ask for a review by a colleague or supervisor.

- Appearances matter:** It's important to create a "look" that is consistent across social media platforms, and investing a small amount of money in professional design/graphics will stand you in good stead. The images you choose for your profile photo and headers should visually convey something about your organization. The AGS doesn't have a huge visual design budget so we look to maximize investments in larger projects (e.g., redesigns of AmericanGeriatrics.org) so that we are also producing visuals that work on other platforms (e.g., Facebook, LinkedIn, Twitter).

- Stay true to your organization's online personality:** You might have noticed that @AmerGeriatrics most often is sharing information or celebrating something. OK, sometimes, there is a bit of humor (see our #AGS19 tweets where we tried to enlist attendees in ginning up more free donuts for the staff). For the most part, our posts are devoted to: (1) sharing information about the AGS and our members; (2) highlighting news of interest to older adults and those who care for them; and (3) celebrating #geriatrics. If you are scratching your head and thinking, "That sounds like what AGS does across its print outlets?", you'd be correct. We do look to add, as appropriate, an extra little dollop of fun in our online personality.



- Feed the social media beast:** This is one of those "Do as I say, not as I do" pieces of advice. Specifically, it is critically important to be regularly present on these platforms, but also hard to keep that up (see my Twitter account for "Not as I do"). For our team at the AGS, this boils down to repurposing content for use across multiple platforms (we currently manage six websites, six social media accounts, and collaborate on the JAGS accounts).

- Recognize that mistakes happen, and that's OK:** As a case in point, there may have been an instance when the Twitter account of a well-known geriatrics journal for the world's PREMIER geriatrics society accidentally tweeted about cyber threats to U.S. elections because of a glitch switching between Twitter accounts (names have been redacted to protect the innocent). The lesson here is that we all make mistakes, and we're fortunate that they rarely do irreparable damage.

Having been in the vanguard of kicking the tires on Facebook and then Twitter for the AGS, I know that social media can feel like a strange new world and that this is true if you are working to build a presence as an organization or an individual. Keep in mind that like any new skill, it takes practice and humility as we are learning new skills. As with everything else in life, we are in this together and the AGS team is here to answer questions you might have. ♦

A handwritten signature in black ink that reads "Nancy E. Lundebjerg". The signature is fluid and cursive, with "Nancy" and "E." being more stylized, and "Lundebjerg" being more formal and legible.

"WE DENOUNCE RACE-RELATED VIOLENCE & WILL SPEAK OUT AGAINST DISCRIMINATORY POLICIES," SAY AGS LEADERS

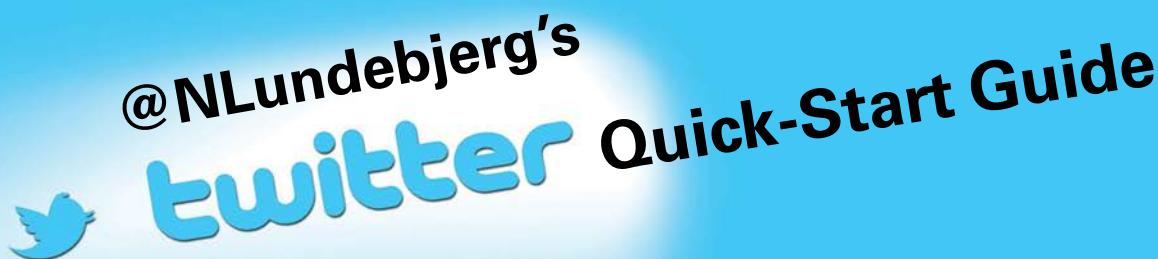
The AGS, which this July issued an updated position statement on discrimination, has joined advocates across the country calling for justice and changes to policies that have allowed racism to persist in our society.

"In the U.S., the coronavirus pandemic alone has only exacerbated devastating impacts on Black and African American communities and many other racial and ethnic groups," explained AGS CEO Nancy E. Lundeberg, MPA. "Today's challenges not only expose racial inequities but also emphasize why action is critical, when many economic and social policies continue to jeopardize health and well-being for people of color."

As noted in our statement, the AGS believes in a just society—one where all people are treated equally regardless of their age, ancestry, creed, cultural background, disability, ethnic origin, gender, gender identity, immigration status, nationality, marital and/or familial status, primary language, race, religion, socioeconomic status, and/or sexual orientation.

"Through our advocacy, ethnogeriatrics work, and tools like our *Doorway Thoughts* series, we have long worked to address systemic bias in health care by highlighting how we, as geriatrics health professionals, can be better partners with our patients from different cultural, racial, and ethnic groups," said Annette Medina-Walpole, MD, AGSF, AGS president. "However, we can and must do more to address systemic racism in health care, given its impact on our patients and their families across their lifespan."

As an organization, the AGS remains committed to improving the health, well-being, and quality of life of all older people. The Society denounces race-related violence, including police brutality, and we will speak out against discriminatory policies and actions with the goal of achieving our collective vision of a nation where everyone is treated equally. For the full AGS position statement on discrimination, first released in 2017, visit AmericanGeriatrics.org/where-we-stand.



1. Understand your employer's #SocialMedia guidelines.
2. Learn more about Twitter basics (or taking your social media game to the next level): AmericanGeriatrics.org/SocialMedia.
3. Sign up for #Twitter at www.twitter.com. Don't forget to include "Opinions are my own" in your profile.
4. Follow, Follow, Follow: Check our @AmerGeriatrics follower lists for #geriatrics friends.
5. While you're at it, be sure to follow @AmerGeriatrics, @AGSJournal, & @HealthinAging.

6. Acclimate yourself to Twitter by reading others' tweets, clicking thru on links, and continuing to follow people.
7. Don't be afraid to use hashtags (#geriatrics #ThisIsGeriatrics), emojis, and #Twitter shorthand (e.g., substitute "2" for "to").
8. Get active! Start slow: Like, reply, and retweet—and make it a daily habit! Advice: Always preview links before retweeting.
9. Start adding your own thoughts to retweets (use "quote tweet" AND start sending original tweets).
10. Be Twitter active: Keep following people and keep tweeting.

FROM OUR PRESIDENT

ANNETTE MEDINA-WALPOLE, MD, AGSF

Most of us know Dr. Atul Gawande for his 2014 best-seller, *Being Mortal*. Recently though, I've been struck by Dr. Gawande's earlier work, *Complications: A Surgeon's Notes on an Imperfect Science*. In it, he observes:

We look for medicine to be an orderly field of knowledge and procedure. But it is not. It is an imperfect science, an enterprise of constantly changing knowledge, uncertain information, fallible individuals, and at the same time lives on the line. There is science in what we do, yes, but also habit, intuition, and sometimes plain old guessing. The gap between what we know and what we aim for persists. And this gap complicates everything we do.

"Complicates" seems like a fitting verb for 2020, and Dr. Gawande's assessment of health care as an "imperfect science" gets to the deceptively simple heart of the matter. What is that gap separating our knowledge and our aims, and how do we confront—and perhaps even leverage—it's complexity?

For us in geriatrics and at the AGS, I'd like to think the answer is clear: It rests in recognizing where we stand.

The past few months have challenged us as professionals—and our Society as a professional home—to soul search whom we stand with, what we stand against, and why those actions matter if we want them to be more than mere words.

And we do.

"Whom do you stand with?" has always been an easy question for me as an AGS member and geriatrics health professional: I stand with older adults, caregivers, and the resilient,

courageous colleagues who protect our care as we age. But we can't just "say it"; we need to mean it, too. And I think our actions these past few months speak volumes about where we stand—and how we stand tall in those truths.

We've stood with science. JAGS has issued more than 70 articles on the COVID-19 pandemic alone, many published with unprecedented rapidity to accelerate the expertise we need to keep older people and health professionals safe. They've included a record number of policy statements and position briefs from the AGS, with kudos to the teams who not only assessed pressing issues for older people but also worked to evaluate ever-evolving research in sharing insights.

We've stood with experts. We've created actionable information hubs for health professionals, older adults, and caregivers. But perhaps more importantly, we've also made it clear that impartial leadership is essential to eradicating this pandemic. From reiterating our support for the World Health Organization to raising concerns about the removal of the Centers for Disease Control and Prevention from COVID-19 data analyses, we aren't afraid to speak out—or speak up—when we know something needs to change.

"What do you stand against?" It's a question that makes many uncomfortable, in part—I think—because it sounds confrontational. But there are times in our lives and our careers when we need to confront injustices...and we need to confront them firmly.

Every year, but in 2020 particularly, we've stood against race-related violence and discrimination. We've long believed in the vibrant diversity of our



health professional workforce—diversity that is ABSOLUTELY ESSENTIAL to caring for an equally vibrant and changing older adult population. We strengthened and re-issued our position statement on racism, and we'll continue to do all we can to expand career opportunities and leadership for all people in all places.

We've stood against inaction and inaccuracy. The COVID-19 pandemic has taught us a great deal about the importance of acting quickly on the science we support so firmly. Whether it's reminding legislators about the importance of primary care in COVID-19 recovery or reiterating our commitment to issues across public policy, public and professional education, and health reform that can't be "put on the backburner," we believe standing against inaction is just as much about standing for the systems, solutions, and supports that can help us all benefit from increased longevity.

Identifying where we stand helps, but it's only the beginning—not the end—of the story. As Dr. Gawande rightly notes: "There is science in what we do, yes, but also habit [and] intuition...The gap between what we know and what we aim for persists." And if we can't find "comfort" in that gap, well then perhaps we can find encouragement—together—recognizing that it's there, and that we're all working in that space between who we are...and who we want to be. ♦

A handwritten signature in black ink that reads "Annette Medina-Walpole MD".

RENOWNED GERIATRICIAN DR. JOSEPH OUSLANDER TO HELM JOURNAL OF THE AMERICAN GERIATRICS SOCIETY

The AGS this August announced that Joseph G. Ouslander, MD, AGSF—a leading figure in geriatrics with decades of experience helming organizations like the AGS, its Health in Aging Foundation, and some of the nation's most prestigious health institutions—will succeed William B. Applegate, MD, MPH, MACP, AGSF, as editor-in-chief of the *Journal of the American Geriatrics Society* (JAGS). Having already served in editorial leadership for JAGS across nearly three decades, Dr. Ouslander now will pilot one of the leading and only academic journals dedicated to the care we all need as we age, with Dr. Applegate's tenure closing at the end of 2020. Dr. Applegate will remain active with the journal, serving as editor emeritus.

"Dr. Ouslander was unanimously endorsed for this position by the AGS Board of Directors," noted AGS President Annette Medina-Walpole, MD, AGSF. "That speaks volumes not only about his prowess, but also about how highly regarded he is among his peers. We're very fortunate to have Dr. Ouslander leading JAGS as we look to showcase a new decade of innovative research, care models, and education."

"Our journal has evolved tremendously since its inception, as has geriatrics. One constant across more than 25 years of that progress has been Joe Ouslander," remarked Dr. Applegate. "Dr. Ouslander has an unmatched ability to keep us rooted in excellence even as we strive to remain restless in pursuit of innovation. I'm pleased to pass the journal into Joe's capable hands at a time when high-quality, person-centered care needs to build continued momentum for us all."

"It's an honor to continue my work with JAGS," noted Dr. Ouslander. "In



the past few years we've taken significant strides toward expanding the journal's impact with streamlined production and a keen eye towards new forums like social media. My vision is to continue that innovation while also expanding where, how, and why we reach our audiences—not just geriatricians, specialist physicians, surgeons with interest in the care of older adults, and other members of the interdisciplinary healthcare team, including nurses, pharmacists, psychologists, social workers and others; but also the older adults and caregivers who benefit from our insights."

Across his career, Dr. Ouslander has published more than 200 original articles and book chapters and is co-author or editor for many of geriatrics' most influential textbooks. Having lectured extensively throughout Asia, Australia, Europe, Israel, and the U.S., Dr. Ouslander is currently Professor of Geriatric Medicine, Senior Advisor to the Dean for Geriatrics, and former chair of the Integrated Medical Science Department at the Charles E. Schmidt College of Medicine at Florida Atlantic University in Boca Raton, FL.

A graduate of Johns Hopkins University and the Case Western Reserve School of Medicine, Dr. Ouslander served as a geriatrics medicine fellow and subsequently a professor at the UCLA School of

Medicine, where he spent 15 years developing clinical, educational, and research programs serving the needs not only of older adults but also of the burgeoning workforce committed to their care. From 1996 to 2008, he served as a Professor and Director of the Division of Geriatric Medicine and Gerontology at the Emory University School of Medicine, where he also served as a Research Scientist at the Atlanta VA Medical Center and clinical consultant for the Medicare Quality Improvement Organization in Georgia.

From 1999 to 2001, Dr. Ouslander presided as president and then board chair of the AGS. In recognition of his efforts, Dr. Ouslander received the AGS's prestigious Nascher/Manning Award in 2012 for a distinguished career and life-long achievement in clinical geriatrics, including research on urinary incontinence, falls, and other geriatrics conditions. Dr. Ouslander remains an active member of the board for the AGS Health in Aging Foundation, committed to bringing the expertise of the AGS's more than 6,000 members to older adults and caregivers through public education, public policy, and efforts to recruit and retain more professionals in care for older adults.

As for his plans for JAGS, Dr. Ouslander has a clear vision for the road ahead: "We plan to continue to enhance current sections of the journal, including those dedicated to Education and Training, Models of Care, Quality and Dissemination, Public Policy, and Ethnogeriatrics, while also adding a section on Humanities and Aging. We'll be working to improve the format and appearance of our articles, making notifications of online publications more timely, and further disseminating JAGS through social media." ♦

- **Angiotensin-II Stimulating Antihypertensives are Associated with Lower Incident Dementia Rates in Community-Dwelling Older Adults (presented by Zachary Marcum, PharmD, PhD, MS)**

In this study, an international team from the U.S. and the Netherlands tested whether certain hypertension medications could lead to a lower dementia risk based on whether they increased or decreased activity at two angiotensin “receptors” (which play a role in how our body responds to certain changes). The team analyzed dementia diagnoses for more than 1,900 people between the ages of 70 and 78 who were prescribed medications that either increased or decreased angiotensin-II activity at certain receptors.

- **Time to Benefit for Stroke Reduction After More Intensive Blood Pressure Control in Older Adults (presented by Vanessa Ho, MS)**

Even as hypertension treatment improves a range of health outcomes, many experts still struggle to strike the right balance for addressing high blood pressure safely and effectively. In this study, researchers looked critically at the time it took for hypertension treatment to begin delivering one of its most important benefits: reducing the risk for stroke.

- **Acceptability of a Deprescribing E-Consult for Older Veterans at Risk for Falls (presented by Kristin Smith, PharmD, BCPS)**

An increased risk for falls is a common, costly issue associated with several medications that older adults use. Deprescribing, the medical term for attempting to reduce or eliminate medications as much as safely possible, represents an important opportunity for decreasing the risk for falls. In this study, researchers evaluated a pilot program, Falls Assessment of Medications in the Elderly (FAME), to determine whether it offered a useful option for deprescribing as part of an older person’s health care.

published in the *New England Journal of Medicine*! The webinar included comments from study authors David A. Ganz, MD, PhD; Thomas M. Gill, MD; Nancy K. Latham, PhD, PT; and David B. Reuben, MD, AGSF.

Each year, 1 in 3 older adults falls. A third of those falls result in moderate to severe injuries, which can exacerbate declines in health and begin a slippery slope toward loss of independence. The STRIDE study set out, ambitiously, to make a difference. A clinical trial conducted in 10 sites and 86 primary care practice settings across the U.S., STRIDE evaluated evidence-based strategies to reduce serious falls-related injuries with individually tailored interventions.

In their work presented to the AGS, the team reported on a multifactorial intervention that included risk assessment and individualized plans administered by specially trained nurses to prevent fall injuries. Participants were community-dwelling adults, 70 years of age or older, who were at increased risk for fall injuries. The primary outcome, assessed in a time-to-event analysis, was the first serious fall injury.

Hypothesizing that the event rate would be lower by 20% in the intervention group versus the control, STRIDE researchers interestingly found that a first adjudicated serious fall injury did not differ significantly between the groups. The rate of a first participant-reported fall injury was 25.6 events per 100 person-years of follow-up in the intervention group and 28.6 events per 100 person-years of follow-up in the control group. The rates of hospitalization or death were similar in the two groups. As the researchers described during their presentation, however, more information and a more refined analysis may point to additional useful findings about where and how targeted interventions may be put to best use.

CLINICAL SCIENTISTS TRANSDISCIPLINARY AGING RESEARCH (Clin-STAR) PAPER SESSION



Tues., Sept. 15 • 4-5pm ET

Clinician Scientists Transdisciplinary Aging Research (Clin-STAR) Paper Session

The Clin-STAR Paper Session, presented on September 15, reviewed the latest geriatrics research from four leading experts in gynecology, nephrology, oncology, and trauma surgery, followed by a question-and-answer session. Those presentations—and the expertise behind them—are key, since Clin-STAR and programs like it are helping to accelerate a broader focus on careers in aging research. Our thanks to the following experts for their tremendous contributions.

PREVENTING SERIOUS FALL INJURIES: PRIMARY FINDINGS FROM THE STRIDE STUDY



Wednesday, July 15 ■ 6 – 7:15 pm Eastern ■ 3 – 4:15 pm Pacific

#AGS20 Plenary Session: Preventing Serious Fall Injuries: Primary Findings from the STRIDE Study

The Strategies to Reduce Injuries and Develop Confidence in Elders (STRIDE) Study findings also were presented in a virtual session in July, the first since study findings were

You can access all their presentations for free at GeriatricsCareOnline.org:

• **Rasheeda K. Hall, MD, MBA, MHS**

Assistant Professor of Medicine, Duke University

Potentially Inappropriate Medications (PIMs) and Risk of Adverse Outcomes in Older Adults with Chronic Kidney Disease (CKD)

• **Vanessa P. Ho, MD, MPH**

Associate Professor of Surgery, Associate Professor of Population and Quantitative Health Sciences, Case Western Reserve University School of Medicine

Multimorbidity in Patients with Emergency General Surgery Conditions

• **Kah Poh (Melissa) Loh, MBBCh BAO**

Senior Instructor - Department of Medicine, Hematology/Oncology (SMD), University of Rochester

Association between Caregiver-Oncologist Discordance in Length of Life Estimates for the Patient and Caregiver Satisfaction

• **Nazema Y. Siddiqui, MD, MHSc**

Associate Professor of Obstetrics and Gynecology, Duke University

Urinary Microbiome in Menopausal Women with Recurrent Urinary Tract Infections

To access these #AGS20 recordings, as well as a variety of additional webinars covering COVID-19, leadership development, telehealth, and other topics, visit GeriatricsCareOnline.org. ♦

**Connect with fellow members
and colleagues at**



MyAGSOnline.AmericanGeriatrics.org

SUSTAINED SUPPORT FOR WHO “VITAL TO US ALL AS WE AGE,” SAY AGS EXPERTS

The AGS this summer joined organizations across health care, international development, and science in criticizing the Trump Administration’s move to withdraw the U.S. from the World Health Organization (WHO).

“Simply put: The WHO is vital to who we are—and who we can become—as we age,” notes AGS President Annette Medina-Walpole, MD, AGSF. “At a time when so many hard-won victories for creating age-friendly communities and health are jeopardized by crises like COVID-19, we need to stand indivisible and support international cooperation critical to high-quality, person-centered care for us all.”

As the United Nations agency responsible for public health, the WHO has played a key role in improving health, safety, and independence for us all as we age. Founded after World War II, the WHO employs more than 7,000 workers spread across 150 offices that alert the world to threats, fighting diseases, developing policy, and improving access to care, including for older adults.

The WHO has dedicated this decade (2020-2030) to healthy aging, and will be bringing governments, civil society, international agencies, professionals, academia, the media, and the private sector together for ten years of “concerted, catalytic, and collaborative action to improve the lives of older people, their families, and the communities in which they live.” In years past, the WHO also has been instrumental in ensuring that the needs of older people are factored into sustainable development plans and that priorities like increased longevity and chronic disease management remain at the forefront of health and care.

In 2019, the U.S. contributed more than \$550 million to the WHO, whose biennial budget exceeded \$6 billion in 2018-2019. Eliminating that funding jeopardizes health both in the U.S. and abroad, as American investment powers the WHO to ensure the health and safety of the public worldwide by:

- Eradicating polio.
- Responding to outbreaks and health crises.
- Addressing vaccine-preventable diseases.
- Responding to HIV and hepatitis.
- Promoting treatment and prevention for tuberculosis.
- Developing country health emergency preparedness and international health regulations.
- Orchestrating infectious hazard management.
- Powering emergency operations in health settings.
- Propelling reproductive, maternal, newborn, child, and adolescent health.
- Ensuring access to medicines and health technologies.

“In our interconnected world,” Dr. Medina-Walpole noted, “withdrawning from the WHO will risk the health of older adults worldwide, including here at home in the United States.” ♦

for a United States that supports all generations, and we have developed a compendium of questions with the 2020 presidential election in mind.

Review our top questions below. Want more information about why these questions matter, what policy

solutions might work, and what's at stake for 2020 and beyond? Visit AmericanGeriatrics.org/Decision2020 for our complete, comprehensive guide and interactive resources to make your voice heard. ♦



Topics & Questions Important to Supporting All Americans as We Age

Issue 1: Ensuring Access to Geriatrics Health Professionals

If elected, what policies and programs would you champion that would increase access to geriatrics health professionals for older Americans?

Issue 2: Expanding Title VII Geriatrics Training Programs

If elected, how would you work to expand the reach of federal training programs so that all older people have access to health professionals who are competent to meet our needs as we age?

Issue 3: Ensuring Our Workforce is Competent to Care for Older Americans

If elected, how would you reform graduate medical education (GME) to address the gap between training requirements and our nation's need for a workforce to care for us as we age?

Issue 4: Reducing the Toll and Impact of Chronic Diseases

If elected, how would you prioritize aging research across federal agencies and institutions so that we can address the human and economic toll of chronic diseases on older Americans?

Issue 5: Ensuring Access to Adequate Pain Relief for Older Americans with Advanced Illness

If elected, what policies would you champion to ensure frail older Americans living with advanced illness (typically those 85+ with multiple chronic conditions) have access to adequate pain relief?

Issue 6: Supporting American Women

If elected...

- What will you do to ensure women receive equal pay for equal work?
- What are your plans for ensuring women and other traditionally underrepresented groups are vibrant parts of your Administration?

Issue 7: Supporting American Families

If elected, how would you ensure that all Americans, including all those employed by the federal government, have access to paid family leave?

Issue 8: Addressing Complexity in Caring for Older Americans

If elected...

- How would you work to improve the quality and efficiency of care delivered to the increasing number of Medicare beneficiaries with multiple chronic and complex conditions?
- How would you improve care and care coordination across healthcare settings important to individuals who have dual eligibility for both Medicare and Medicaid?

AGS EXPERTS DIVE INTO 2021 MEDICARE PHYSICIAN FEE SCHEDULE PROPOSED RULE

As they do every summer, the Centers for Medicare and Medicaid Services (CMS) this August released the Medicare Physician Fee Schedule (MPFS) Proposed Rule, which outlines updates to Medicare reimbursement and payment policies for the next calendar year.

Reviewing and responding to the MPFS is a significant undertaking, and one of our top policy priorities at the AGS—for good reason! Our comments over the past few years have been instrumental in ensuring the needs and expertise of geriatrics health professionals inform CMS plans and guide how those plans take shape in care for us all as we age.

As this newsletter went to press, AGS experts, staff, and consultants were still reviewing the 1,300+-page proposed rule for 2021 and developing our feedback. The proposed changes include:

- An extension of telehealth and licensure flexibilities beyond the public health emergency
- Updates to Evaluation and Management (E/M) coding guidance
- Updates for the Quality Payment Program (QPP) and Merit-based Incentive Payment System (MIPS) Value Pathways
- Updates to substance use disorder provisions

Look for a deeper dive in the Q4 edition of *AGS News!* ♦

IN A SUMMER OF VIRTUAL LEARNING, ADGAP BRINGS INNOVATIVE RESOURCES TO ACADEMIC GERIATRICS

As the COVID-19 pandemic continues to modify how we live and learn, leaders at the Association of Directors of Geriatrics Academic Programs (ADGAP) have set to work reconsidering the ways we can connect within fellowship programs to provide a robust geriatrics curriculum.

Fellowship Directors Group Webinar Series

The ADGAP Fellowship Directors Group Planning Committee held a webinar series to discuss pressing issues affecting programs during the COVID-19 pandemic, including:

- Teaching in the era of Zoom
- Incorporating learning and evaluating fellows' milestones via telehealth
- Developing an online presence for your program
- Conducting online interviews
- Adapting rotations during the pandemic
- Achieving board requirements within adapted rotations

Webinar recordings are available to ADGAP members via the "Resources" section in the ADGAP community on MyAGSOnline.

Geriatic Medicine Fellowship Program Director's Guide

The new Fellowship Program Director's Guide is filled with resources to assist with starting and running a fellowship program. In this guide you'll find checklists, a calendar of events for the program year, and valuable information for recruiting, onboarding fellows, and pursuing accreditation.

The guide is available to all ADGAP members on GeriatricsCareOnline.org.

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- Guidelines & Position Statements
- Journals
- Mobile Apps
- Virtual Patient Cases
- Patient Resources
- Pocketcards
- Teaching Slides
- Toolkits
- Webinars



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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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AS WE LOOK FORWARD, HERE'S A LOOK BACK AT AGS ACTION ON COVID-19...

The COVID-19 pandemic has changed just about everything in health care—particularly how we protect health, safety, and independence for older adults. Our clinics, classrooms, and communities look different—but so too does our public policy.

Indeed, one of the oft-overlooked fronts packing a big punch in response to COVID-19 rests on the footsteps of Capitol Hill, where experts at the AGS have been hard at work promoting and protecting health and care as we age. Let's take a look back at our timeline through the end of July, including many of the milestones that helped make the U.S.'s COVID-19 response more age-friendly.

Want a deeper dive into any of the actions below? Visit AmericanGeriatrics.org/where-we-stand/COVID-19 for our full letters, position statements, and more.

- World Health Organization (WHO) announces mysterious coronavirus-related pneumonia in Wuhan, China (January 9, 2020)
- U.S. Centers for Disease Control & Prevention (CDC) announces first laboratory-confirmed case of COVID-19 in the U.S. (January 21, 2020)
- U.S. public health emergency declared in response to COVID-19 (February 3, 2020)
- First U.S. death due to COVID-19 confirmed (February 29, 2020)
- COVID-19 declared a pandemic by the WHO (March 11, 2020)
- Elevating the nation's response to COVID-19 beyond that of a "public health emergency," the Trump Administration declares a national emergency due to the pandemic (March 13, 2020)
- In sweeping letters to both houses of Congress and Trump Administration officials, the AGS offers strategic recommendations to keep the nation's response to COVID-19 age-friendly. They include ensuring access to needed medical supplies and medications, further expanding telehealth services, protecting financial relief for primary care, expanding paid leave and support for caregivers, supporting charitable organizations, empowering other health professionals to play leadership roles in response to COVID-19, and expanding the availability of geriatrics experts (March 23, 2020)
- President Trump signs H.R. 748, the Coronavirus Aid, Relief, and Economic Security (CARES) Act. In addition to supporting Americans in response to COVID-19, the CARES Act brings momentum for important bright spots in geriatrics with the inclusion of earlier dedicated proposals championed in the House and Senate to reauthorize the Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Awards (GACAs) (March 27, 2020)
- In a policy brief published in our namesake journal, the AGS offers a roadmap to guide federal, state, and local governments addressing COVID-19 concerns for a critical—and critically impacted—group: Older adults in nursing homes and long-term care. The brief outlines recommendations based on the latest research and guidance, encompassing actions on resource needs, patient transfers, priorities for public health, and opportunities to better empower health workers on the frontlines of COVID-19 care (April 8, 2020)
- As legislators prepare for the next round of the COVID-19 stimulus, the AGS urges Congress and the Trump Administration to continue supporting access to needed

- medical supplies, expanded telehealth services, improved financial relief for primary care, paid leave and support for caregivers, support for charitable organizations, the leadership role of direct care workers and other health professionals, and the availability of geriatrics experts (April 16, 2020)
- As federal and state officials announce plans for reopening the U.S., the AGS reiterates important priorities for reopening a country where more individuals than ever before are older adults—those most at risk for the serious consequences of COVID-19 (April 22, 2020)
 - The AGS commends the Health Resources & Services Administration for supporting crucial efforts to enhance the GWEPS. The assistance comes through supplemental funds of \$4.35 million for telehealth services as part of the CARES Act (April 27, 2020)
 - In another policy brief published in our namesake journal, the AGS again offers a roadmap to guide federal, state, and local governments addressing COVID-19 concerns in an important but overlooked arena: Assisted living facilities (April 28, 2020)
 - As the COVID-19 pandemic continues to place unprecedented pressure on societies worldwide, the AGS releases a new position statement to address the pressing question of how society should allocate scarce resources during a crisis. The statement focuses primarily on whether age should be considered when making decisions to allocate scarce resources, with a related article addressing ethical considerations regarding older adults when rationing limited healthcare resources (May 6, 2020)
 - In written testimony for a hearing conducted by the Senate Special Committee on Aging, the AGS shares insights from the frontlines of nursing homes, hospitals, long-term care, and private practices responding to COVID-19 (May 21, 2020)
 - The AGS commends legislators on the Healthcare Workforce Resilience Act, a bipartisan bill to enhance our nurse and physician workforce during the COVID-19 crisis by recapturing unused immigrant visas (May 26, 2020)
 - U.S. COVID-19 deaths pass the 100,000 mark (May 28, 2020)
- In a letter to the Centers for Medicare and Medicaid Services (CMS), the AGS addresses the future of policy and regulatory revisions in response to the COVID-19 public health emergency. We suggest retaining improvements to coverage and payment for telehealth services, maintaining coverage and separate payment for audio-only telephone evaluation and management services, continuing other flexibilities related to interactive telecommunications, evaluating the “3-day qualifying stay” rule for skilled nursing facilities (SNFs), and considering changes to conditions of participation for SNFs to address workforce issues (June 1, 2020)
 - As part of a letter to the Assistant Secretary for Preparedness and Response (ASPR) regarding the Technical Resources Assistance Center & Information Exchange (TRACIE), the AGS outlines healthcare systems considerations for the recovery and resumption of services during COVID-19. We suggest including a firm recommendation that health systems establish permanent committees to engage with state regulators developing plans for responding to future pandemics. We also recommend a more holistic approach to move health systems to a “new normal” by including other settings where health systems are delivering care (June 2, 2020)
 - U.S. COVID-19 cases reach 2 million (June 10, 2020)
 - Addressing the U.S. Department of Health and Human Services (HHS) Secretary Alex Azar, the AGS stresses the importance of funding to primary care practices and physicians from the Provider Relief Fund. Among other challenges, we note how primary care providers continue to struggle meeting the needs of patients and maintaining operations while facing significant reductions in patient volume and practice revenue and increases in expenses related to COVID-19 (June 15, 2020)
 - The AGS joins the American College of Physicians in encouraging CMS to adopt changes focused on the Quality Payment Program in the wake of COVID-19. These include automatically holding eligible clinicians harmless for 2020 Merit-based Incentive Payment System (MIPS) penalties; delaying mandatory implementation of the new MIPS Value Pathway until 2024; freezing removal and introduction of new mandatory MIPS measures for 2021; adjusting measure specifications, benchmarks, MIPS performance thresholds, risk adjustment, patient attribution, financial benchmarking, and target pricing methodologies; holding Alternative Payment Model

(APM) participants harmless from downside risk for 2020; avoiding the use of flawed 2020 data to adjust APM payments; allowing all APM participants to extend their current contracts by one year; and developing more APMs, particularly those that offer fixed, prospective payments (June 25, 2020)

- The AGS submits comments to the Senate Health, Education, Labor, and Pensions (HELP) Committee on preparing for the next pandemic. Our recommendations rest on investing in solutions to address health, social, and economic disparities for people of color, who remain among those hardest hit by COVID-19; ensuring that all settings of care are included in planning for how to address future pandemics; and involving state and local public health planning in how we approach “next steps” (June 26, 2020)

- In a broad letter to members of the U.S. Senate Committee on Finance, the U.S. House Committee on Energy and Commerce, and the U.S. House Committee on Ways and Means, the AGS reiterates the critical importance of supporting primary care practices responding to COVID-19. Our recommendations focus primarily on reinstating the Primary Care Incentive Payment Program, which was authorized for a five-year period by Section 1833(x) of the Social Security Act and ended in 2015 (June 24, 2020)

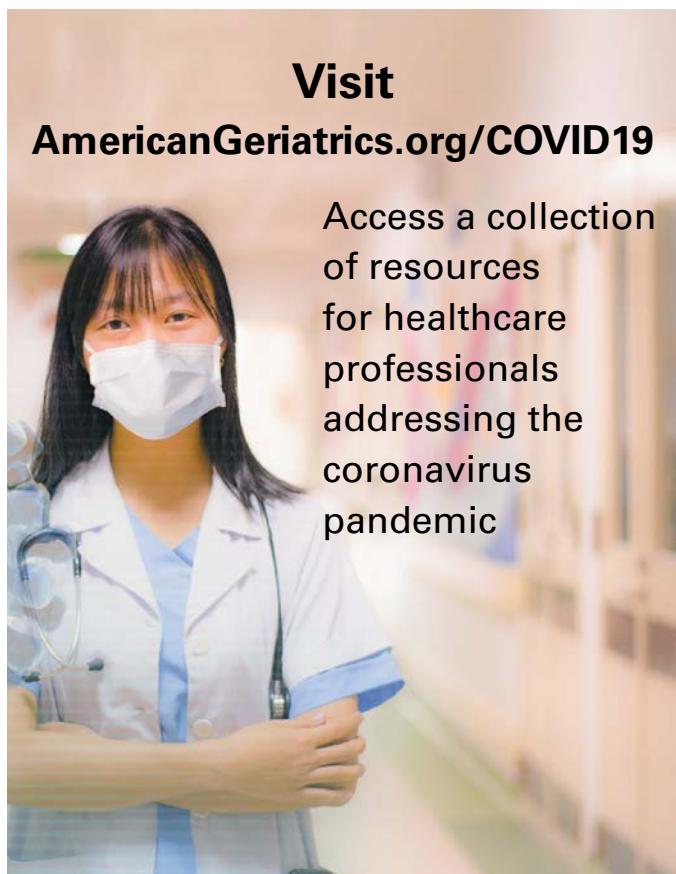
- The AGS commends leaders in the U.S. Senate and House of Representatives for advancing important protections in nursing homes and long-term care. These include proposals in both chambers of Congress to provide billions in emergency funding to states, territories, and Indian tribes; require HHS to develop guidance on patient cohorting; and facilitate collecting and publishing data on COVID-19 cases and deaths in nursing homes, intermediate care facilities, and psychiatric hospitals (July 2, 2020)

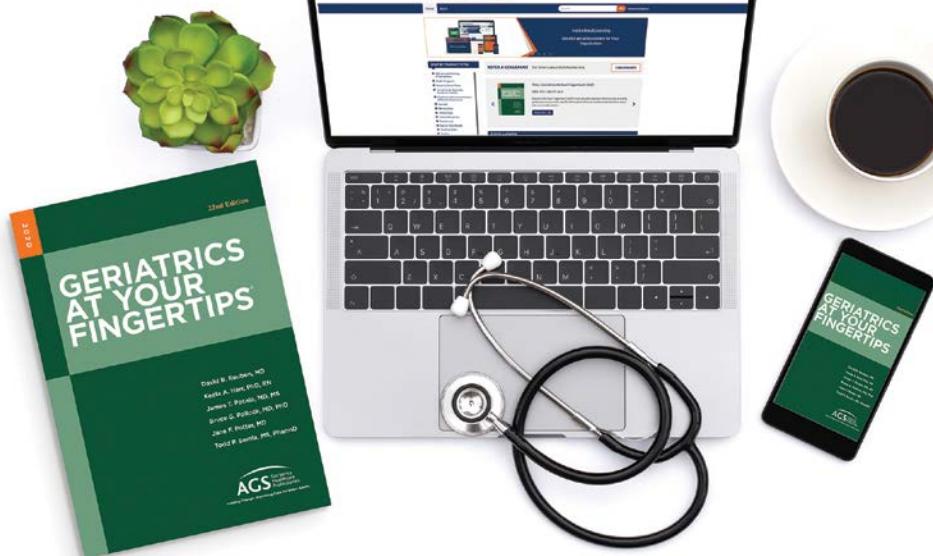
- The AGS joins organizations across health care, international development, and science in criticizing the Trump Administration’s move to withdraw the U.S. from the World Health Organization, which has been critical to care for us all—especially older adults (July 9, 2020)

- The AGS provides comments to the Coronavirus Commission for Safety and Quality in Nursing Homes,

reinforcing the importance of focusing on workforce issues, including staffing, training, wages, and medical leave; infection control, including training and adequate personal protective equipment and testing; caregivers and surrogates, including appropriate visitation protocols; advance care planning to determine what matters to patients; transfers between hospitals, nursing homes, and emergency departments based on CDC guidance; and public health, including investment, appropriate resource allocation, interdisciplinary planning, and data analysis (July 17, 2020)

- The AGS expresses concern that a new process for sharing COVID-19 data risks fragile progress in our hard-fought national response to the pandemic. The AGS notes that the new process, which changed the role of the CDC, does not provide public access to the data at a time when the agency’s impartial expertise has never been needed more (July 20, 2020) ♦





Geriatrics at Your Fingertips is an annually updated reference that provides quick, easy access to the specific information clinicians need to make decisions about the care of older adults.

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GeriatricsCareOnline.org!**



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Trusted Information. Better Care.

BLOG

Help older adults stay informed! The blog at HealthinAging.org takes the latest research studies from the *Journal of the American Geriatrics Society* (JAGS) and summarizes them in quick, easy-to-read blog posts so that older adults, family members, and caregivers can stay up-to-date on the most recent findings informing their care. Check out some of our most recent updates below:

Don't Let Social Isolation Keep You from Being Active
As we work to keep ourselves safe from COVID-19, we also need to be sure we're not falling into physical inactivity. Researchers from the University of Sao Paulo in Brazil recently reported on the dangers of physical inactivity for older adults during the pandemic.

When You're 84...What Should Life Look Like as We Age?

Have you thought about what you'd like your life to look like when you're 84? Lewis A. Lipsitz, MD, AGSF shares his vision for his ideal future as he ages, including thoughts on housing, health care, and staying engaged within a community.

Does Having Alzheimer's Disease and Dementia Affect Severity of Delirium?

Researchers published findings from the Better Assessment of Illness (BASIL) study, examining delirium in relation to Alzheimer's disease and related dementias.

Get the details on these studies and more at HealthinAging.org/blog. Be sure to subscribe so you never miss a post!

BETWEEN TWO FELLOWS



A conversation on the
joys of #GeriTwitter &
#MedTwitter

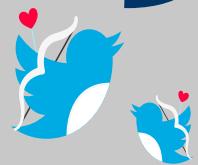
featuring



Chitra Hamilton, MD
@ChitraHamilton



Mariah Robertson, MD
@MLRobertsonMD



While I consider myself up-to-date on social media, I was recently educated on the power of Twitter and its impact in the medical world from my co-fellow and friend, Dr. Mariah Robertson. To be honest, I felt that yet another social media outlet would be more cumbersome than beneficial during my time in fellowship. I have since changed my mind!

Dr. Robertson has found great benefits on Twitter, both personally and professionally. We recently sat down to do a Q&A in hopes that her knowledge could help other fellows-in-training begin their journey on #medtwitter and #geritwitter and experience the same benefits!



WHY DID YOU JOIN TWITTER?

You are much kinder in your description of what you thought about Twitter before joining. I thought it was for angry politicians and famous stars to post on a whim and I was not about to jump into something that felt like it might waste my time. But then some of my favorite people in medical education were posting incredible pearls and bite-sized teaching. I decided to join when I was a Chief resident. I realized I only had to follow people I wanted to hear from and that I was learning something new every day. I was immediately hooked.



WHAT'S THE DIFFERENCE BETWEEN TWITTER & OTHER OUTLETS?



Twitter only allows 280 characters and is designed for bite-sized pieces of information. I keep Twitter as a more professional platform for myself. I don't post pictures from my family and I have an open account, which means anyone can engage with me. I find this beneficial because that allows me to meet professionals from other disciplines, but also patients or caregivers who are struggling with things I talk about in my tweets. It is pretty cool!

Get involved with AGS trainees!

Find out more about volunteer opportunities for students, residents, & fellows-in-training. Email membership@americangeriatrics.org to join the trainee leadership groups!

WHAT HAVE YOU ENJOYED MOST ABOUT USING TWITTER AS A TRAINEE?



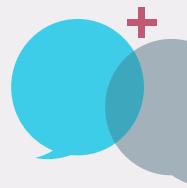
I have been able to learn from and connect with the greatest minds in medicine across the globe. When you pick a training program, there's worry you are missing out on meeting people at other institutions. Twitter can be an incredible way to connect. It also eliminates some of the fears you feel when you're meeting someone for the first time at a conference and you might think you don't know what to say. You get to start the conversation on Twitter, and it naturally feels easier to meet them in person! I have already met a few of my Twitter idols and it has been so inspiring when they tell ME they like my content. Say WHAT!?

Follow the
Journal of the
American
Geriatrics
Society:
@AGSJurnal



HOW DO I GET STARTED?

AGS has some great #tweetorials at AmericanGeriatrics.org/SocialMedia. But my tip is to just go for it! Don't be discouraged if people don't "like" or "retweet" everything you say. It shouldn't be about that. And also, you don't have to tweet at all; you can just follow people and get a lot out of what they post. My engagement ebbs and flows. Some days I engage a lot and others I just follow along and learn a ton. As far as who to follow goes, start finding a few people you're interested in and it'll lead to a snowball effect!



@MLRobertsonMD's Recommended Follows:
(subscribe to the @AmerGeriatrics list "Friends to Follow" for more!)

@nlundebjerg

Nancy Lundebjerg, AGS CEO

@RZChipMD

Dr. Ryan Chippendale

@CchristmColleen

Dr. Colleen Christmas

@jesscolburn

Dr. Jessica Colburn

@EWidera

Dr. Eric Widera

@dochitect

Dr. Diana Anderson

@geri_doc

Dr. Kevin Covinsky

@LPerrytheGeriMD

Dr. Laura Perry

@DrNakhleh

Dr. Rasha Nakhleh

@AlexSmithMD

Dr. Alex Smith

@msehgalmd

Dr. Mandi Sehgal

@Jouslander

Dr. Joe Ouslander

@shisadoctor

Dr. Sandra Shi

@DrMariu

Dr. Mariu Duggan

@liz_phung

Dr. Elizabeth Phung

@ChitraHamilton

Dr. Chitra K. Hamilton

@sharon_inouye

Dr. Sharon Inouye

Coping With COVID-19: Managing Stress and Anxiety

It's hard to escape news updates about the coronavirus disease (COVID-19). The constant headlines may make some people anxious. In particular, older adults, people with chronic health conditions, and caregivers are likely to be at higher risk for increased stress and anxiety, since they face a higher risk of illness if they contract the virus.

According to the Centers for Disease Control and Prevention (CDC), here's what stress during an infectious disease outbreak can look like:

- **Fear and worry about your own health and the health of your loved ones**
- **Changes in sleeping or eating habits**
- **Difficulty sleeping or concentrating**
- **Worsening of chronic health problems**
- **Increased use of alcohol, tobacco, or other drugs**

You may not be able to control the virus, but you can help control your emotional reaction to it.

Here are some smart strategies from the CDC to help you manage your anxiety:

Take breaks.

Take breaks from watching, reading, or listening to news stories, including on social media. Hearing about the pandemic over and over can be upsetting.

Take care of your body.

Take deep breaths, stretch, or meditate. Here's a free guide on how to meditate from Mindful magazine: <https://www.mindful.org/how-to-meditate/>

Eat healthy, well-balanced meals.

Read this helpful guide from the CDC on how to create a nutritious diet plan: <https://www.cdc.gov/nccdphp/dnpao/features/national-nutrition-month/index.html>

Exercise regularly.

For older adults, the CDC recommends aiming for 150 minutes a week of moderate intensity activity such as brisk walking. Do walk outside on nice days but avoid crowded places and make sure to maintain a six-foot distance between you and others. Wash your hands when you get home.

Get plenty of sleep.

Following these simple sleep tips can help you relax into a good night's sleep:
https://www.cdc.gov/sleep/about_sleep/sleep_hygiene.html

Relax by doing activities you enjoy.

Try crossword or jigsaw puzzles, get outside and garden if you can, cook healthy meals and freeze some for later, and seek out TV shows to watch that give you pleasure. Explore your library's online offerings.

Connect with others.

You may not be able to socialize in person for a while, but many older adults are turning to video chat options such as FaceTime visits on their smartphone, Skype calls, and Zoom calls. These virtual visits are the next best thing to spending time in person with friends and family.

If you already have issues with your mental health or substance use, you may find it even harder to cope right now. Many in-person groups are holding online meetings to provide each other with mutual support:

■ **Alcoholics Anonymous**

<http://aa-intergroup.org/>

■ **SMART Recovery**

<https://www.smartrecovery.org/smart-recovery-toolbox/smart-recovery-online/>
(for any substance use or addictive behavior)

■ **Depression and Bipolar Support Alliance (DBSA)**

https://www.supportgroupscentral.com/groups_detail.cfm?cid=18
(for any mental health condition)

■ **Anxiety and Depression Association of America (ADAA)**

<https://adaa.org/adaa-online-support-group>
(for any mental health condition)

Find virtual support.

If your stress reactions are interfering with your life for 2 weeks in a row or longer, call your healthcare provider.

If you are feeling overwhelmed, the CDC recommends using the **Substance Abuse and Mental Health Services Administration's (SAMHSA's) Disaster Distress Helpline:**

<https://www.samhsa.gov/find-help/disaster-distress-helpline>

Phone: 1-800-985-5990

Text: text TalkWithUs to 66746.

TTY: 1-800-846-8517

If you feel like you want to harm yourself or others, **call 911.**

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DISCLAIMER: This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other healthcare provider. Always consult your healthcare provider about your medications, symptoms, and health problems. June 2020

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