

AGS NEWS

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AGS21 BY the NUMBERS



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AGS WELCOMES 2,800+ ATTENDEES AT ITS FIRST-EVER VIRTUAL MEETING

Over the years, the AGS Annual Scientific Meeting has taken place in various locations and formats, but some similarities almost always remain: an impressive lineup of educational and networking opportunities; a celebration of member accomplishments and breakthroughs in the field; and, of course, a memorable setting. In 2021, those qualities remained—with the setting wherever you wanted it to be!

Attendees of the AGS 2021 Virtual Annual Scientific Meeting (#AGS21) took advantage of the flexibility offered by our first-ever virtual meeting to join us from their homes, offices, backyards, vacation rentals, cars, and everywhere in between. Despite the distance, our community proved it was stronger and closer than ever, convening online to greet each other in our Zoom rooms, chat boxes, and on Twitter and MyAGSOnline. The joy of learning about the latest in geriatrics and connecting with colleagues and friends was felt across the country and around the world, truly making our community more global than ever before.

It was this sense of interconnectedness that defined the AGS Members Business Meeting, one of the first sessions available on the AGS21 Virtual Meeting site when it opened. "This is an important opportunity to celebrate who we are: pioneers in advanced illness care...championing interdisciplinary professional teams, eliciting personal care goals, and treating older people as whole persons," Annual Meeting Program Chair Joe Shega, MD, addressing clinicians, educators, researchers, and health system leaders.

At the business meeting, we welcomed Peter Hollmann, MD, AGSF, to the helm as our newly elected AGS President, while expressing our thanks to outgoing President Annie Medina-Walpole, MD, AGSF, for her year of service to

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AGS POLICY UPDATES: CALLING FOR INCREASED INVESTMENT IN THE HEALTHCARE WORKFORCE, CARE INFRASTRUCTURE, PUBLIC HEALTH, AND AGING RESEARCH

With a new Congress and presidential administration in place since January, AGS has been working hard over the past five months to advance policies that will improve the health, independence, and quality of life of all older adults toward the top of the federal political agenda. As always, our work involves writing letters directly addressed to key government officials and agencies and mobilizing our members to contact their legislators about issues that impact the care we all need as we age.

Our latest advocacy campaign aims to ensure that legislation drafted to address President Biden's call for substantial investments in the nation's care infrastructure in his

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AGS 360° WITH NANCY E. LUNDEBJERG, MPA



Back in 2009, when we first published the AGS Minimum Geriatrics Competencies for Graduating Medical Students, the AGS was located in the Empire State Building, and I was more directly engaged in the day-to-day work of the team that developed 26 competencies across eight domains. That work went on to inform development of geriatrics competencies for residents in internal, family, and emergency medicine as well as general surgery. The competencies also formed the basis for the Partnership for Health in Aging's work on cross-walking minimum geriatrics competencies across graduating competencies for interprofessional team members.

None of this work would have happened without the leadership of Rosanne Leipzig, MD, PhD, who ensured that the field of geriatrics had defined not just what **all** physicians should know as they embark on their careers but also how they should put that knowledge into practice. In 2021, she co-chaired a workgroup of AGS leaders with Andrea Schwartz, MD, MPH, and Mandi Sehgal, MD, that updated the geriatrics minimum competencies. The updated competencies reflect the evolution in how we frame the work of geriatrics health professionals, a greater understanding of frailty, and a greater focus nationally on ensuring that care is person-centered and driven by individual goals.

The team organized its work around the Geriatrics 5Ms, a term first coined by Frank Molnar, MD, Allen Huang, MD, AGSF, and Mary Tinetti, MD, AGSF, (see Table) in 2017, championed by the Canadian Geriatrics Society, and adopted by the AGS to frame our own work. In this framing, multicomplexity describes the person

who would most benefit from geriatrics care and the other 4Ms describe how geriatrics approaches care. The reality is that, as we grow older, care that is guided by the 4Ms can help us to remain healthy—which is why I am excited by the growth of the Age-Friendly Health Systems (AFHS) movement being spearheaded by the John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI). The AGS has long championed the critical importance of ensuring all health professionals are competent to care for older adults and it's exciting

to see 4Ms-informed care infused throughout health systems.

It's also exciting to frame our minimum geriatrics competencies around the 5Ms. This aligns the skills, knowledge, and abilities that we think graduating medical students should have with what we believe is at the heart of high-quality clinical care that

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Medical Student Competencies Workgroup Members

Role	Name
Co-Chairs	Rosanne Leipzig, MD, PHD Andrea Schwartz, MD, MPH* Mandi Sehgal, MD
Work Group Members	Lisa Granville, MD Emily Hajjar, PharmD Becky Powers, MD Amit Shah, MD Lisa Strano-Paul, MD
Work Group Trainee Members	Alison Holliday, MD, MPH Lara Magnabosco, MD, MA
Project EDGE Team	Catherine Dawson, MD Amy Sullivan, EdD

*Also a member of the Project EDGE team

THE GERIATRICS 5Ms

MULTICOMPLEXITY
...describes the whole person, typically an older adult, living with multiple chronic conditions, advanced illness, and/or with complicated biopsychosocial needs



Geriatrics health professionals focus on these 4Ms...

- MIND**
 - Mentation
 - Dementia
 - Delirium
 - Depression
- MOBILITY**
 - Amount of mobility; function
 - Impaired gait and balance
 - Fall injury prevention
- MEDICATIONS**
 - Polypharmacy, deprescribing
 - Optimal prescribing
 - Adverse medication effects and medication burden
- WHAT MATTERS MOST**
 - Each individual's own meaningful health outcome goals and care preferences

MEET THE NEW AGS PRESIDENT

PETER HOLLMANN, MD, AGSF

This year, the AGS is fortunate to have at its helm as president a nationally recognized expert on coding and payment policy. Dr. Peter Hollmann is Chief Medical Officer for Brown Medicine, the largest non-profit, academic, multi-specialty medical group in Rhode Island. He is also an assistant clinical professor in the Department of Family Medicine in the Warren Alpert Medical School at Brown University. AGS News caught up with Dr. Hollmann before the AGS 2021 Virtual Annual Scientific Meeting for an inside look at his vision for our organization in the year ahead.

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

A. I think opportunities present themselves, in part, when you're prepared to take advantage of them. And the American Geriatrics Society has worked hard in so many areas—such as improving the quality of care and gaining recognition of geriatrics' importance in education and in public policy areas. So, by focusing on these goals year after year, we're ready to take advantage of opportunities when they present themselves. We recognize that many major challenges face our country, and that means there's going to be lots of major opportunities for those who are prepared. And I know the American Geriatrics Society is in that category.

Q. What made you choose geriatrics as a career path?

A. At the time I discovered geriatrics, it was just developing as a new specialty in the United States in terms of developing new academic departments. Truthfully, it wasn't my first choice: I was waiting around for the person with whom I'd planned to go into a general internal medicine private practice to get out of the public health service.

My Chairman of Medicine at Brown told me that they were planning to launch a geriatrics fellowship and that Dr. Marsha Fretwell was coming in from Seattle to lead it. She had just finished training with Dr. Bill Hazzard,

an icon of geriatric medicine. My chairman said that since I graduated from Brown Medical School, "You know the community well. You could be her first Fellow and help her understand the hospital and the community—and you could learn something." I decided that if I was going to do general internal medicine, I'd be taking care of a lot of older people. I knew I could do a much better job taking care of them if I had some additional training. Besides which, I wasn't sure what my alternatives would be while I waited for my friend to get out of the public health service.



We need salaries that are fair and allow our eldercare workers to earn a living and support their own families.

Q. Obviously, we've all gone through an especially difficult year. Aside from long-term care, what other challenges do you think the pandemic highlighted for the AGS?

A. Of course, I wouldn't have predicted a year and a half ago that we'd go through a pandemic—I'd like to

say: *gone* through. That is the hopeful mindset I'm feeling right now, because we're in better shape now than we were a year ago. Again, all the preparation work that AGS members have done has helped.

We've always been an organization that recognizes that the care of our patients is highly dependent upon their families being supported. It's also dependent upon our eldercare workforce being supported. And when you're talking about the eldercare workforce, you're talking about people getting paid for a difficult, challenging job that is critical to our society. We need salaries that are fair and allow our eldercare workers to earn a living and support their own families. And we also must focus on the economic aspects of social justice, as well as the frequently racial and ethical aspects of fairness to members of our eldercare workforce. We need to show them the respect that they are due.

Q. What do you do to relax and have fun? Do you have any hobbies?

A. Spending time with my wonderful wife, Vicky, and my son, Mack, are on the top of my list. This past year especially, I've enjoyed making dinner with them. On the weekends, I enjoy getting out and jogging or walking. Truth be told, my hobbies are the things that I love about being involved with the AGS. I find our conversations actually relaxing! ♦

FROM OUR PRESIDENT

PETER HOLLMANN, MD, AGSF

Wow! That's what I said as I walked away from my computer on Saturday afternoon, having learned so much about geriatrics from the presenters at our first-ever virtual annual meeting. #AGS21 is definitely one for the books—attracting over 2,800 attendees who were there to learn from presenters and each other. As a moderator for a number of our plenaries, I was impressed by the collaborative and supportive spirit shown as our community came together to learn in a new environment. Our members didn't miss a beat in kindling the spirit of community that is emblematic of our annual gathering. #AGS21—albeit virtual—was chock full of cutting-edge geriatrics research, state-of-the-art clinical updates, sharing of educational resources, and networking via chat, special interest group, and section meetings.

Our AGS staff team did an incredible job adapting our meeting to the virtual environment and their behind-the-scenes decisions definitely showed in how easy it was to navigate the platform. As with any new technology, there were a few hiccups here and there, but those were handled quickly by our staff team working with our vendors, and the content was simply superb.

Although I very much enjoyed #AGS21, I definitely missed seeing everyone in person this year. There is no substitute for chance encounters on the escalator or by the registration desk, seeing and catching up with friends during receptions, and long conversations about our work over dinner, coffee, or drinks. A year of social distancing has taught us just how precious all these moments of physical togetherness are, even as we

saw how our relationships are as foundational as ever to our annual meeting and to our field.

We were fortunate to enjoy a number of inspiring plenary sessions, concluding with the always entertaining Geriatrics Literature Review presented by Drs. Covinsky, Smith, and Widera. I don't know what others think, but I'm pretty sure that Alex could get a recording contract and Ken and Eric could take their routine on the road. Alex Smith was the recipient of this year's Yoshikawa Award, and he gave an inspiring lecture focused on how we can bring what interests us into our careers and how those careers are the better for having done so.

Ellen Flaherty's brilliant Henderson State-of-the-Art Lecture celebrated interprofessional teams and proposed new mechanisms to support them. In geriatrics, we know that well-coordinated teams provide the highest-quality, patient-centered care, and they function best when all members are working together as equals. As she always does, Ellen reminded us about the joy that comes from working in teams and how our collective commitment to teamwork improves patient outcomes.

Another important plenary reported on our work at the intersection of structural racism and ageism, and I would be remiss if I did not thank the AGS members who participated in our focus groups and the AGS leaders who are spearheading this work. We captured input from the attendees and will incorporate it into our compendium of actionable strategies that can advance this initiative. As Annie Medina Walpole, MD, AGSF, reported in her presentation, we will be working across five broad priority areas: increasing diversity in research;



incorporating diversity into professionalism, education and training; developing our own skills as advocates for anti-racist and anti-ageist policies; and increasing professional and public awareness about these issues. Our path toward achieving our vision of a future where healthcare is free of bias and discrimination will require all of us working together, and we are grateful to be on this journey as a team. We know that this work will strengthen the relationships we all have with our colleagues, our students, and our patients and their families.

Relationships with our patients and their families were a recurring leitmotif throughout #AGS21 symposia, workshops, sections, special interest group meetings, and poster presentations. Threaded throughout the meeting was our collective focus on ensuring that the care we provide is aligned with the goals and values of the people for whom we care. In this regard, we know that we can't achieve this goal without listening carefully to our patients. We were fortunate to hear from Howard M. Russell, who took the virtual podium in our plenary session on starting, stopping, and forgoing dialysis. I am grateful to the team at Boston Medical Center for sharing his voice with us. I learned so much from how he thought about his own prognosis and the decisions that he and his family needed to make throughout the course of his care.

For some patients, that kind of

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our geriatrics community in a uniquely challenging time. We said a special thank you to our outgoing Board members and retiring members, and we sent congratulations to our new AGS Fellows—our colleagues joining the ranks of hundreds with a special AGSF designation to signify their dedication and commitment to geriatrics and our organization.

Before taking a moment of silence to honor those we had lost to the COVID-19 pandemic—colleagues, friends, patients, family members, and other loved ones—Dr. Hollmann noted, “We cannot choose the times in which we live, but we can decide what to do with the time we are given. In this moment we must come together in spirit and in action—perhaps more so than we ever have before.”

Experienced and emerging geriatrics healthcare professionals alike heeded this call, with 2,808 attendees assembling online for #AGS21. Representing a major presence across every aspect of the meeting, more than 770 students, residents, and fellows-in-training joined us to present their research, learn from seasoned experts, and connect over their shared passion for the care of older adults. Over 350 of these trainees received financial support from the Health in Aging Foundation (HealthinAging.org/Donate) to help cover registration costs, thanks to the generous donations of AGS members and colleagues. Our trainee research presentations attracted high interest and attendance at Poster Session D.

We celebrated the accomplishments of both emerging *and* experienced geriatrics healthcare professionals at the AGS Award Ceremony, which honored our more than 30 winners from both 2020 and 2021, and two plenary lectures. (*Read about our 2021 award recipients on page 6.*) Past AGS President Ellen Flaherty, PhD, APRN, AGSF, and *Journal of the American Geriatrics Society (JAGS)*

Executive Editor Alex K. Smith, MD, each delivered speeches as part of the #AGS21 plenary session schedule.

During her Henderson State-of-the-Art lecture on May 13th, Dr. Flaherty shared a lifetime's worth of work on building and leveraging the potential of interprofessional teams in primary care practice.

In his Yoshikawa Award Lecture on Friday, the next day, Dr. Smith described his “multi-focused” philosophy as a geriatrics healthcare professional and his work on projects as varied as the ePrognosis tool, the cultivation of young reviewers for *JAGS*, and the GeriPal podcast. (Dr. Smith’s musical talents were again on display at the 2021 Geriatrics Literature Update, where he performed song parodies based on summaries of 2020 research highlights from Eric Widera, MD, and Ken Covinsky, MD, MPH.)

Of course, our #AGS21 plenary session lineup would have been lacking without our annual plenary paper session to help kick off dozens of symposia. We heard from Caglar Cosarderelioglu, MD, Nancy L. Schoenborn, MD, MHS, and Laura C. Prater, PhD, MHA, who shared findings from their respective research on higher angiotensin II type 1 receptor (AT1R) levels and activity in the post-mortem brains of older persons with Alzheimer’s Disease, life expectancy estimates using comorbidities and frailty to inform preventive care of older adults, and stakeholder perspectives on older adults retiring their firearms.

At our plenary session about lessons learned during the COVID-19 pandemic, Jasmine Travers, PhD, MHS, RN, AGPCNP-BC, discussed strategies to dismantle the structural inequities behind COVID-19 aging-related disparities; Ken Schmader, MD, gave us a behind-the-scenes look at the CDC's COVID-19 Vaccines Work Group; and Tim Farrell, MD, AGSF, shared innovative models for vaccinating older adults against COVID-19.

On May 14th, AGS leaders Annie M. Medina-Walpole, MD, AGSF, Sharon Brangman, MD, AGSF, Ramona Rhodes, MD, MPH, MSCS, AGSF, Lena Makaroun, MD, MS, and Bronwyn Keefe, PhD, MSW, MPH, described the AGS' new multi-year, multi-pronged initiative to address the intersection of structural racism and ageism in healthcare and share findings from a recent series of member focus groups.

Later that day, a popular session featuring a compelling patient case provided a platform for Christine (Chris) K. Liu, MD, MS, Susan Wong, MD, MS, and Molly A. Feely, MD, FAAHPM, FACP, to explore the challenges that clinicians, patients, and families face when deciding whether or not to initiate dialysis, supporting those who forgo dialysis, considering stopping dialysis, and enabling patients on dialysis to receive hospice services.

Among other highlights at #AGS21 were the wide variety of networking sessions for sections and special interest groups, online mentoring opportunities, a top-notch social media presence (easily spotted with the #AGS21 hashtag and the numerous puppy pictures and dance videos posted as responses to our Virtual Challenge), and a rocking “AGS From Home” Spotify playlist full of song recommendations from our members.

As our first opportunity to connect since the start of the COVID-19 pandemic, #AGS21 was a rallying cry to our geriatrics community, reminding us of our own resilience and compassion. While we can’t imagine a better way to have celebrated our geriatrics superheroes in 2021, we can promise the return of our infamous dance party in Orlando, FL at #AGS22! ♦

All 2021 AGS Annual Meeting attendees have access to the meeting website and session recordings through August 15. Visit Meeting.AmericanGeriatrics.org for a link to the site and more information.

CONGRATULATIONS TO OUR 2021 AWARD RECIPIENTS

Every year, the AGS celebrates researchers, clinicians, educators, and trainees who have made outstanding contributions to the care of older people. Please join us in congratulating 2021's award recipients, who were honored at #AGS21.

Arti Hurria Memorial Award for Emerging Investigators in Internal Medicine Who are Focused on the Care of Older Adults

The Arti Hurria Memorial Award for Emerging Investigators in Internal Medicine who are Focused on the Care of Older Adults recognizes the accomplishments of junior and mid-career clinician-investigators in general internal medicine and its specialties. Chosen from hundreds of research presentations submitted to the AGS, the Hurria awardee presents groundbreaking research on the geriatrics aspects of their specialty at #AGS21. This year's awardee is **Megan Huisingsh-Scheetz, MD, MPH**, a geriatrician and epidemiologist with a unique commitment to leveraging new technology to improve the care of frail older adults.



An assistant professor of medicine and Associate Director of the Aging Research Program in the Section of Geriatrics and Palliative Medicine at the University of Chicago, Dr. Huisingsh-Scheetz found her niche at the intersection of geriatrics and technology through formative work at the Successful Aging and Frailty Evaluation (SAFE) clinic at her university. The clinic she co-directs translates research on frailty (the state of increased vulnerability to stress, resulting from aging-associated declines in function across multiple physiologic systems) into clinical practice. While caring for clinic patients and supporting their caregivers, Dr. Huisingsh-Scheetz began to explore the use of wearable sensors to accurately and remotely assess their frailty, and her research using accelerometry data from wearable devices was the first to show that frail adults are less likely to be active in the morning and are less consistent in their activity routines than non-frail adults. Dr. Huisingsh-Scheetz has further solidified her reputation as a leader in the application of new technologies to the care of older adults by developing and implementing a unique program using smart voice devices to encourage frail older adults to stay active and socially engaged in their homes.

Dr. Huisingsh-Scheetz's research presentation at #AGS21, "Normative Reference Data for the SPPB Among U.S. Older Adults Across Two Nationally-Representative

Datasets: NSHAP and NHATS," examines the performance distribution of three components of the Short Physical Performance Battery (SPPB) among age and gender subgroups of older adults in two NIA-funded, national datasets, producing the largest, most current SPPB reference data in U.S. adults ages 65 and older. Dr. Huisingsh-Scheetz worked with colleagues at the University of Chicago and Johns Hopkins University to develop U.S. reference data for three assessments that are fundamental to research on and the clinical care of older adults, especially those who are frail. Using two nationally-representative data sets—the 2015-2016 National Social Life Health and Aging Project (NSHAP) and the 2016 National Health and Aging Trends Study (NHATS)—Dr. Huisingsh-Scheetz and her team generated age and gender subgroup distributions of performance in a three-meter walk, five repeated chair stands, and three different static balance stances. They also examined differences across datasets and birth cohorts. Confirming a gradual decline in physical function with age, study results can help researchers and clinicians standardize research and clinical care protocols and estimate a patient's overall functional risk and relative performance within subgroups.

A member of the AGS since joining as a fellow in 2010, Dr. Huisingsh-Scheetz currently co-leads the Junior Faculty Special Interest Group's work on maintaining a list of funding opportunities and communicating them to AGS members.

AGS Clinician of the Year

The AGS Clinician of the Year Award recognizes exceptional health professionals who deliver outstanding care to older adults and who model the importance of geriatrics for our country. This year's honoree is **Faith Atai, MD**, a skilled clinician and medical administrator with a dedication to teaching geriatrics trainees of all levels. Dr. Atai is an associate professor in the Division of Geriatric and Palliative Medicine at McGovern Medical School at The



University of Texas Health Science Center at Houston (UTHealth), as well as Medical Director of the UT Physicians Center for Healthy Aging and the Bayland Geriatric Health Center.

A board-certified physician in family medicine with a certificate of added qualifications in geriatrics, Dr. Atai has played a vital role in expanding outpatient clinical geriatrics programs at UTHealth, where she helped establish a new outpatient clinic tailored for older adults in 2010. She currently serves as medical director for two UTHealth clinics, as well as Director of the UT Physicians House Calls Program. At these sites, she devotedly teaches medical students, trains clinical fellows and attending physicians, and supervises nurse practitioners, inspiring them to take exceptional care of older adults. For all her documented accomplishments, Dr. Atai's colleagues, mentees, and patients may appreciate her most for her more intangible contributions—her empathetic listening skills and compassionate bedside manner.

Dr. Atai counts among her patients not only those she sees at UTHealth, but the hospice patients she serves as a palliative care physician with VITAS Hospice. From 2012 to 2016, she worked as an attending physician and medical director at New Century Hospice in Houston, TX.

In her various leadership positions, Dr. Atai has set the highest standards for interdisciplinary teamwork and advocated for policy changes that improve clinical care for older adults. At the Bayland Geriatrics Health Center, she championed the Age-Friendly Health Systems movement, encouraging the clinic to adopt the initiative's four evidence-based elements of high-quality geriatrics care.

An AGS member since 2010, Dr. Atai received her undergraduate and graduate education at the University of Port Harcourt in Nigeria and completed her residency in family and community medicine and fellowship in geriatric medicine at the University of Texas Medical School.

Dennis W. Jahnigen Award

The Dennis W. Jahnigen Award recognizes an AGS member committed to working with students and advancing geriatrics education in schools of health and medicine. The AGS has named **Helen Fernandez, MD, MPH**, a national geriatrics education leader focused on improving care



of older people, the winner of this year's Jahnigen Award in recognition of her commitment to building the geriatrics health workforce we all need as we age.

Director of the Geriatrics Fellowship program and a professor of geriatrics in the Brookdale Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine at Mount Sinai, Dr. Fernandez has worked tirelessly on the local, regional, and national levels to enhance the training of healthcare professionals in geriatrics throughout her career. In her capacity as co-director for the HRSA Consortium of New York Geriatrics Education Centers (CNYGEC) from 2007 to 2015, she developed and conducted more than 20 interactive workshops on the overlap of geriatrics and palliative care, cultural and linguistic competency, and health literacy, and helped create an interprofessional faculty training program for nurse practitioners. Since 2011, she has created online geriatrics training modules and mentored about 80 healthcare professionals in the VA Geriatrics Scholars Program, which improves veteran care by integrating geriatrics principles into primary care practices. In recent years, Dr. Fernandez has taught healthcare professionals about rethinking and confronting ageist stereotypes as a "Reframing Aging" trainer.

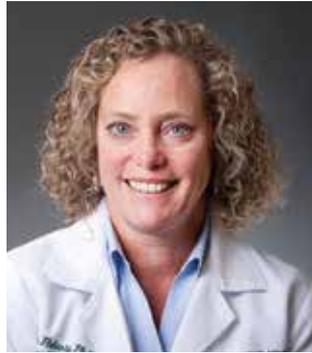
Dr. Fernandez has perhaps accomplished the most significant achievements of her career thus far at her professional home at Mount Sinai, where she first arrived as a geriatrics fellow in 1999. At the Icahn School of Medicine at Mount Sinai, she co-created the first-ever integrated geriatrics and palliative fellowship, the model for which has been disseminated across the country, re-energized the complementary relationship between the two fields, and launched the careers of numerous clinician-scholars. Dr. Fernandez also co-directs a mini fellowship program for non-geriatricians and leads the annual Board Review course in geriatric medicine at the school, where she holds a tenured professorship in the Brookdale Department of Geriatrics and Palliative Medicine.

An AGS member since 1999, Dr. Fernandez has served on the AGS Education Committee since 2015, after serving on the Ethnogeriatrics Committee. In 2019, she became course director of the AGS/Association of Directors of Geriatrics Academic Programs (ADGAP) Leadership and Life Skills Longitudinal Course for Fellows. She is currently Chair of the ADGAP Fellowship Working Group and a member of the ADGAP Board.

Dr. Fernandez earned her medical degree from the Universidad Autonoma de Guadalajara in Mexico in 1993 and her Master of Public Health degree in community and preventative medicine at the Icahn School of Medicine at Mount Sinai.

Edward Henderson Award & State-of-the-Art Lecturer

The American Geriatrics Society (AGS) celebrates **Ellen Flaherty, PhD, APRN, AGSF**, an assistant professor at the Dartmouth Geisel School of Medicine and director of the Dartmouth Centers for Health & Aging, as the recipient of the 2020/2021 Edward Henderson Award. Dr. Flaherty delivered the Society's Henderson State-of-the-Art Lecture at the AGS 2021 Virtual Annual Scientific Meeting (#AGS21) on May 13.



Like the geriatrician for whom her award is named, Dr. Flaherty has selflessly shared her talent and energy with the AGS. With Terry Fulmer, PhD, RN, FAAN, and Mathy Mezey, EdD, RN, FAAN, she served as the lead editor for the first edition of the *Geriatrics Nursing Review Syllabus* (GNRS) and went on to co-edit five subsequent editions. She chaired the AGS 2009 Annual Meeting Program Committee and continues to serve as a member, given her expertise in interprofessional team training. She served as a member of the AGS Nominating Committee before being elected to the AGS Board. She was elected AGS President in 2016—the second AGS nurse member elected to this position. In addition to serving on the annual meeting Program Committee, Dr. Flaherty is the co-principal investigator of The John A. Hartford Foundation GWEP Coordinating Center, which is administered by the AGS.

Dr. Flaherty's trailblazing work on interprofessional teams has built her reputation as a passionate advocate for advancing the art and science of team-based care. As Principal Investigator of the Northern New England Geriatric Education Center (NNEGEC), she has sparked a national conversation about how to maximize the roles of all members of the primary care team to achieve the quadruple aim: improving the health of the population, improving patient experience, reducing costs, and addressing the work life of healthcare providers. Her transformative work allows all team members to practice to the top of their scope.

The roots of her passion for teams lie in her early work as Director of the Adult/Geriatrics Nurse Practitioner Program at the New York University College of Nursing/Hartford Institute for Geriatric Nursing. There she worked with Drs. Terry Fulmer and Mathy Mezey on advancing the Geriatric Interdisciplinary Team Training (GITT) model with funding from The John A. Hartford Foundation.

An AGS member since 1998, Dr. Flaherty earned her doctoral degree in nursing from NYU and her master's in nursing from Stony Brook University in New York. She has published numerous peer-reviewed papers and book chapters, presented at multiple professional conferences, and mentored geriatrics health professionals from a variety of disciplines.

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

The Silverstein Memorial Award recognizes emerging investigators in the surgical and related medical specialties whose research is focused on geriatrics in their specialties and who are committed to a career in research on aging. This year's award recognizes **Lindsay A. Hampson, MD, MAS**, of the University of California San Francisco (UCSF) for her work accelerating research at the intersection of geriatrics and urology.



A board-certified urologist with a background in bioethics and advanced training in clinical research and male genitourinary reconstructive surgery, Dr. Hampson is an assistant professor of urology and Associate Program Director of the Urology Residency Program at UCSF, as well as a current participant in the Grants for Early Medical/Surgical Specialists' Transition to Aging Research (GEMSSTAR) program. Her research focuses on the intersection of urology and geriatrics to improve patient-centered decision-making for older adults with urologic conditions that affect their quality of life. This is based on her own experiences counseling and caring for patients with male stress urinary incontinence (SUI), a leakage of urine during moments of physical activity that increases abdominal pressure, such as coughing, sneezing, laughing, or exercise.

In the study she presented at #AGS21, "Prevalence of Geriatric Conditions in Older Men with Stress Urinary Incontinence," Dr. Hampson and her team at UCSF and the San Francisco VA Medical Center took a first step toward improving the decision-making process around surgery for older men with SUI by understanding the health characteristics and treatment choices of this vulnerable patient population. Dr. Hampson's research suggests that multimorbidity (living with two or more chronic illnesses), dependence on others for help with the activities of daily

living, frailty, and limited life expectancy are common among older men with SU1, and points to the importance of identifying characteristics like multimorbidity and mortality risk, along with patients' goals and values, to provide individualized counseling and promote goal-concordant treatment decisions.

In addition to her credentials as a researcher, Dr. Hampson is also a strong advocate for health systems that meet our needs as we age. She is leading efforts at the San Francisco Veterans Affairs Medical Center (SFVAMC) to incorporate geriatrics principles in urologic care and make the SFVAMC urology clinic the first VA system to earn the Age-Friendly Health System designation from the Institute for Healthcare Improvement (IHI).

Dr. Hampson is the author of 39 peer-reviewed publications, including studies on the impact of frailty on surgery for male stress incontinence and patient-centered decision-making for urethral stricture surgery. She obtained her bachelor's degree in bioethics from Duke University, her medical degree from the University of Michigan Medical School, and her Master of Applied Science from UCSF.

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

The AGS and AGS Health in Aging Foundation awarded **Alexander K. Smith, MD, MS, MPH**, a professor of medicine at UCSF and one of geriatrics' most influential researchers and advocates, the 2020/2021 Thomas and Catherine Yoshikawa Award for Outstanding Scientific Achievement in Clinical Investigation. Dr. Smith delivered his remarks, "Confessions of an Unfocused Researcher," at #AGS21.



In his presentation Dr. Smith described the benefits and challenges of different approaches to a research focus, particularly one that maintains a broad array of interests. The value of a diversity of avenues for scientific inquiry remains key, not only for maintaining intellectual interest and scholarship in multiple areas, but also for mentoring the current and future generations of clinicians, educators, and scientists.

Dr. Smith explained that while researchers have long been taught to have a narrow focus, he has been drawn throughout his academic career to holistic disciplines with central principles that run counter to this reductionist

perspective: primary care, geriatrics, and palliative care. He credited his success to this pull towards complexity, diversity of interests, and the nature of fresh ideas.

Dr. Smith is a prolific researcher while balancing priorities as a clinician, educator, and mentor. The author or co-author of more than 100 peer-reviewed publications, Dr. Smith has also served as principal investigator or co-principal investigator on four grants to UCSF from the National Institutes of Health and the National Institute on Aging. Since 2009, Dr. Smith has additionally co-produced GeriPal, a popular blog and podcast focused on issues of concern to geriatrics and palliative care clinicians. Much of Dr. Smith's work, including his new position as executive editor of the *Journal of the American Geriatrics Society*, helps him not only advance geriatrics expertise but also explore a diverse array of geriatrics questions in new and important platforms, a staple skill for recipients of the Yoshikawa Award.

Dr. Smith completed his undergraduate studies in cellular and molecular biology at the University of Michigan, pursued his masters' degrees in public health from UC Berkeley and Harvard, and obtained his medical degree from UCSF. He joined the UCSF faculty in 2008, three years after completing his residency at Brigham and Women's Hospital in Boston.

Outstanding Mid-Career Clinician Educator of the Year Award

The Outstanding Mid-Career Clinician Educator of the Year Award is given to a faculty member for impressive work in geriatrics education. The AGS is pleased this year to recognize **Jorge Camilo Mora, MD, MPH**, for his extraordinary commitment to building an academic geriatrics medical education program as a founding faculty member of the Florida International University Herbert Wertheim College of Medicine (FIUHWCOM). Dr.



Mora's three-year longitudinal geriatrics curriculum for second, third, and fourth-year medical students is mandatory for all FIUHWCOM students, and the comprehensive program includes special courses related to patient safety, evidence-based complementary and alternative medicine, and nutrition. His innovative "Mini-Fellowship" program, a two-day intensive course, is a unique and effective way to provide training to clinical faculty, residents, physician assistants, and nurses on common geriatric syndromes;

about 220 health care providers have participated in this program to date. With his consistently high course evaluations and service as a lecturer at various South Florida institutions, Dr. Mora's deep commitment to geriatrics education is celebrated by colleagues, students, and mentees.

Outstanding Junior Research Manuscript Award

The AGS Outstanding Junior Research Manuscript Award is presented to a junior investigator for an outstanding peer-reviewed article on a topic in geriatrics. **Jennifer Watt, MD, PhD**, has been honored this year for her work on "Comparative Efficacy of Interventions for Aggressive and Agitated Behaviors in Dementia," published in the *Annals of Internal Medicine* in October 2019. Dr. Watt's



landmark study addresses the knowledge gap around the efficacy of pharmacologic versus nonpharmacologic interventions for reducing agitation and aggression in persons with dementia, showing that nonpharmacologic and multidisciplinary approaches are equally or often more effective than pharmacologic interventions. The findings of her systematic review and network meta-analysis present evidence to support the long-held assertions of many geriatrics professionals that non-pharmacologic interventions can and should be attempted before prescribing medication. The publication received widespread attention within the medical community as well as in popular media, including reports from *Newsweek*, Reuters, *Reader's Digest*, and various other outlets. An assistant professor at the University of Toronto and practicing geriatrician at St. Michael's Hospital-Unity Health Toronto, Dr. Watt has seen her team's findings already informing practice in hospitals and nursing homes across Canada.

Outstanding Junior Clinician Educator of the Year Award

The AGS is pleased to present the 2021 Outstanding Junior Clinician Educator of the Year Award to **Pei Chen, MD**, Assistant Professor and Associate Fellowship Director in the Division of Geriatrics, Department of Medicine at the University of California, San Francisco (UCSF). A Tidswell Scholar and GWEP leader, Dr. Chen has proven her commitment to high-quality care at the local and national levels, and her passion for undergraduate medical education has

been recognized through a variety of teaching awards at UCSF. Dr. Chen has used her clinical and teaching skills in creative ways, often rising to meet the needs of both students and members of her community in challenging situations. During the COVID-19 pandemic, Dr. Chen hosted third- and fourth-year medical clerkship students who were displaced from their clinical rotations. They joined her geriatrics primary care clinic, where she created a phone call program for them to reach out to isolated older adults to assess and address their medical, technological, and social needs, including receiving one-on-one support on the use of a video conference platform. Her work in graduate medical education includes creating a quality improvement and patient safety program for geriatric medicine fellows, and she directs the longitudinal clinical experience for fellows interested in geriatric primary care and ambulatory consultative medicine. Additionally, her development of an interprofessional learners clinic at the UCSF Center for Geriatrics—which brings together professionals in medicine, pharmacy, law, social work and other disciplines—shows true collaborative spirit in a field where team communication provides the best outcomes. We applaud Dr. Chen for these efforts.



Outstanding Junior Clinician Education Manuscript

The Outstanding Junior Clinician Education Manuscript Award is given to a junior faculty member who has been first-author on an important peer-reviewed clinical education article published in a scientific journal. This year, the AGS congratulates **Anna Goroncy, MD**, for a study "Home Visits Improve Attitudes and Self-Efficacy: A Longitudinal Curriculum for Residents," published in the *Journal of the American Geriatrics Society* in 2020. In this study, Dr. Goroncy and her team worked to develop a competency-based, adaptable home visit curricula and clinical framework for family medicine residents. They also examined resident attitudes, self-efficacy, and skills after implementation. Over the course of three years, 43 unique respondents were



surveyed a total of 79 times. The researchers found that most respondents (86%) expressed a desire to incorporate home visits into future practice, plus an improved sense of learner confidence, and raised awareness of and reflection about common themes, such as the social determinants of health, which often affect homebound older adults. Currently Program Director of the Christ Hospital/ University of Cincinnati College of Medicine Geriatric Medicine Fellowship, Dr. Goroncy is a skilled clinician-educator with broad interests across primary care, health equity, clinical education, and mentoring.

Outstanding Junior Investigator of the Year Award

Presented to early-career investigators with a demonstrated focus on geriatrics research, the 2021 Outstanding Junior Investigator of the Year Award honors **Lauren E. Ferrante, MD, MHS**, an assistant professor of medicine in the Section of Pulmonary, Critical Care, and Sleep Medicine at the Yale School of Medicine. Dr. Ferrante's research is centered at the intersection of geriatrics and critical care medicine, with the overarching goal of improving the functional outcomes of older intensive care unit (ICU) survivors. Her work has identified novel factors associated with functional recovery after a critical illness, demonstrated the importance of pre-ICU vulnerability factors (such as frailty) on post-ICU outcomes, and most recently, developed and validated a risk prediction model for persistent functional impairment among older ICU survivors. Dr. Ferrante is also PI of the VALIANT study, which is investigating the long-term outcomes of older adults who survive a COVID-19 hospitalization. Supported by a Beeson Award and the Yale Claude D. Pepper Older Americans Independence Center, Dr. Ferrante's research is making incredible strides toward improving the long-term functional outcomes of critically ill older adults. Dr. Ferrante serves as a national leader in the aging-focused subspecialties, championing interprofessional collaboration and mentoring the next generation of aging-focused investigators across disciplines. She co-chairs both the American Thoracic Society's Aging in Critical Care Group and the AGS Medical Subspecialties Section in 2019, she was the inaugural recipient of the Arti Hurria Memorial Award for Emerging Investigators in Internal Medicine.



Health in Aging Foundation New Investigator Awards

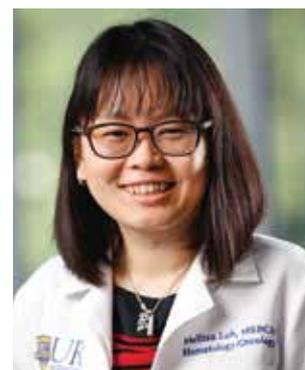
The Health in Aging Foundation New Investigator Awards honor individuals whose original research reflects new insights in geriatrics and a commitment to the discipline's role in academia. This year, four outstanding researchers were recognized for their work.

Scott R. Bauer, MD, ScM is an academic general internist and clinician investigator at the University of California, San Francisco, and the San Francisco VA. With a strong research background at the intersections of primary care, urology, and geriatrics, Dr. Bauer's mission is to improve the lives of older adults with common urologic conditions, especially lower urinary tract symptoms (LUTS). Dr. Bauer's work on the study "Longitudinal Associations Between Physical Frailty and Lower Urinary Tract Symptoms Among Older Men Without Urinary Symptoms at Baseline" found a concurrent increase in severity in physical frailty and LUTS, suggesting a shared underlying mechanism not yet targeted by current interventions. As a recent recipient of a National Institute of Aging (NIA) Grants for Early Medical/Surgical Specialists' Transition to Aging Research (GEMSSTAR) Award, Dr. Bauer continues to investigate this association in both men and women, with a goal to transform the ways we manage LUTS in older adults.



Kah Poh (Melissa) Loh, MBBCh, BAO

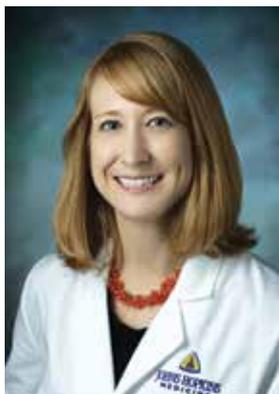
is a geriatric oncologist with board certifications in internal medicine, hematology, oncology, and geriatrics. A senior instructor at the University of Rochester Medical Center, her long-term goal is to become an independent investigator developing and implementing behavioral and supportive care interventions and utilizing digital health technologies to improve outcomes for older adults with hematologic malignancies. Dr. Loh's research, supported by the National Cancer Institute and the Wilmot Cancer Institute, focuses on these patients and their end-of-life care needs, as well as treatment decision-making in acute myeloid leukemia, and the ability of older patients and their caregivers to



understand prognosis. Her study, "Relationships Among Caregiver-Oncologist Concordance in Patient Prognosis, Caregiving Esteem, and Caregiver Outcomes," highlights the need for interventions to improve caregiving esteem and communication between oncologists and caregivers. A 2020 recipient of the AGS' Arti Hurria Memorial Award for Emerging Investigators, Dr. Loh continues to provide essential insight into the unique connections between caregiver optimism, health professional pragmatism, and level of satisfaction with care in geriatric oncology.

Stephanie Nothelle, MD,

is an assistant professor in the Division of Geriatric Medicine and Gerontology at Johns Hopkins University School of Medicine, with a joint appointment in the Department of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health. With a strong interest in understanding and improving the organization of health care delivery for older adults with complex co-morbidities, her goal is to generate evidence that informs improvements in the quality and delivery of care for this population. Dr. Nothelle's study, "Continuity of Care in the Last Year of Life Among Seriously Ill Older Adults by Dementia Status," touches on the ideas that care coordination needs vary based on an individual's specific condition and experience, including their dementia status. Her ongoing research, supported by the NIA's GEMSSTAR program, seeks to build on care management programs to provide interventions improving care for older adults with a variety of complex, chronic conditions. With research presentations across several AGS annual meetings since 2009, we applaud her continued contributions to the field.



Ambarish Pandey, MD, MSCS,

is a physician investigator and an assistant professor in internal medicine at the University of Texas Southwestern Medical Center. His research focuses on not only the development of heart failure with preserved ejection fraction in older adults—including its connection to novel risk factors such as physical



inactivity, obesity, frailty, and other conditions—but how disparities in cardiovascular care can influence outcomes. A NIA GEMSSTAR awardee, Dr. Pandey is studying racial differences in decline in cardiovascular performance and underlying mechanisms, and his additional work with the American Heart Association investigates hospital care patterns and care quality with long-term clinical outcomes. Dr. Pandey's study, "Frailty and Risk of Heart Failure Among Adults with Diabetes—Findings from the Look AHEAD Trial," found that higher baseline frailty was independently associated with a higher risk of heart failure and its subtypes in individuals with type 2 diabetes. At UT Southwestern, he is developing a collaborative program with the physical medicine and rehabilitation department to offer a home-based multi-modality rehabilitation intervention among individuals with heart failure and functional impairment.

Scientist-in-Training Research Award

The Scientist-in-Training Research Award is presented to a pre-doctoral candidate with a promising career as a geriatrics scientist. The AGS is pleased to present this award to **Anabella Pinton**, a public health student completing her master's degree in infectious disease epidemiology at Cornell University. With a background in neuroscience and biology, Ms. Pinton's



research interests are focused on the effects of neurological processes on different public health outcomes across the lifecourse. Her recent study, "Depression and Stress Symptoms Accelerate 5-Year Decline in Physical Function in US Community-Dwelling Older Adults," examines the effects of neurological mental disorders on aging outcomes and highlights the need for mental health interventions to improve symptoms such as frailty. In the future, Ms. Pinton plans to pursue a PhD in epidemiology to gain additional research skills that will assist her studies of the mental and cognitive factors associated with health across the lifespan.

Clinical Student Research Award

The Clinical Student Research Award is presented to undergraduate students who have submitted exceptional research for presentation at the AGS Annual Scientific Meeting. **Linda Phung**, a medical student at Duke University, is

our 2021 recipient for her submission, “Most Common Advance Care Planning Barriers Reported by Older Adults Experiencing Systemic Patterns of Disadvantage.” Ms. Phung’s research works to identify barriers to advance care planning (ACP) in English and Spanish-speaking older adults who are vulnerable to systemic patterns of disadvantage, such as (e.g., limited health literacy and limited English language proficiency). This study found that the most common barriers among these individuals included discomfort with thinking about ACP, feeling overwhelmed with ACP options, and mistrust of clinicians or the healthcare system. A visiting scholar at the University of California, San Francisco Division of Geriatrics over this past year, Ms. Phung has demonstrated a deep commitment to geriatrics research and improving care for vulnerable older adults. ♦



From Our President continued from page 4

communication takes years of our work to build trust; for others, it comes down to us finding a way to be present—physically and emotionally—when we’re needed most.

It’s my hope that, in looking back at an unprecedented year defined by the COVID-19 pandemic and a long-overdue reckoning with structural racism, we take comfort in the renewed energy that #AGS21 has brought us. We will carry forward the new tools we added to our kits, reinforce the strength of our relationships, and build new ones. Then, when #AGS22 arrives, we’ll add all the embellishments: the smiles, the hugs, and, mostly importantly, the dance party. ♦

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Leading Change. Improving Care for Older Adults

KUDOS TO OUR AMAZING BOARD/COMMITTEE LEADERS

At the #AGS21 Member Business Meeting, incoming Board Chair Annie Medina-Walpole, MD, AGSF, and new AGS President Peter Hollmann, MD, AGSF, honored the following outgoing Board and Committee members for their exceptional service.

Our Outgoing Board & Committee Members

We thank **Sunny Linnebur, PharmD, FCCP, BCPS, CGP**, for leading the AGS Board as its chair with grace during this past difficult year. A former AGS president, Dr. Linnebur is a professor in the Department of Clinical Pharmacy at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences. She also serves as a clinical pharmacy specialist for the University of Colorado Hospital Seniors Clinic, a primary care site for patients ages 65 and older. We are thankful she will continue to serve on the Expert Panel for the AGS Updated Beers Criteria®, and we know we can call upon for advice at any time!



We express our gratitude to **Jerome Epplin, MD, FAAFP, CMD, AGSF**, for his service as a member of the AGS Board Audit Committee and as a Board Advisor to the AGS Public Education Committee. In 2018, Dr. Epplin retired from over 40 years of private practice in Illinois. He served on the Alzheimer's Advisory Committee of the Illinois Department of Public Health for 25 years and spent 30 years writing questions for the American Board of Family Medicine. Over the years, Dr. Epplin has sat on the AGS Beers Criteria® and the Step-Wise Approach to Multi-Morbidities in Older Adults expert panels, as well as served in a number of other capacities for the AGS.



We commend **Victor Hirth, MD, MHA, AGSF**, for his service on the Board's Investment Committee and his input as an advisor to the AGS' Health Systems Innovation-Economics & Technology Committee. During his tenure on the Board, Dr. Hirth left his roles as a professor and

Chief of Geriatrics at Palmetto Health-USC Medical Group to start a geriatrics primary care practice in Columbia, South Carolina. Dr. Hirth has served on a number of AGS committees prior to joining the Board, and we are proud of his success in advocating on behalf of a geriatrics loan forgiveness program in South Carolina.



We mourn the recent loss of **Carmel Bitondo Dyer, MD, AGSF, FACP**, who would have stepped down from her role on the Board in May. Dr. Dyer was a wise, passionate leader, dedicated to improving care of older adults and a tireless champion for ethnogeriatrics. In addition to serving on the AGS Board's Audit Committee, she chaired both the Ethnogeriatrics Committee and the Council of State Affiliate Representatives (COSAR). Her thoughtful guidance is reflected in the AGS' newly launched initiative focused on the intersection of structural racism and ageism. She will be missed for her kindness, warmth, and generosity of spirit.



Our outgoing committee members also have given greatly of their time and talents. Our sincere thanks to:

- **Kristin Thorton, MD**, and **Skotti Church, MD**, from the Clinical Practice and Models of Care Committee.
- **Anthony Caprio, MD**, and **Ramona Rhodes, MD, MPH, MSCS, AGSF**, from the Ethics Committee.
- **Nitin Budhwar, MD**, and **Michael Fang, MD**, from the Health Systems Innovation - Economics and Technology Committee.
- **Jacob Blumenthal, MD, FACP**; **Jade Gong, MBA, RN**; and **Kathleen Unroe, MD, MHA**, from the Public Policy Committee.
- **Michael Bogaisky, MD, MPH**; **Jovy Borja, BSN, RN**; and **Netrali Patel**, from the Quality and Performance Measurement Committee.
- **Cynthia Brown, MD, MSPH**; and **Lona Mody, MD**, from the Research Committee.

- **Amy Westcott, MD**, and **Glenda Westmoreland, MD, MPH, AGSF**, from the Education Committee.
- **Kerry Hildreth, MD**, from the Public Education Committee.
- **Dulce Cruz-Oliver, MD; Stephanie Garrett, MD; Joseph Nnodim, MD, PhD, FACP; Mary Beth O’Connell, PharmD, BCPS, FASHP, FACCP; VJ Periyakoil, MD; Vivyenne Roche, MD; and Blythe Winchester, MD, MPH**, from the Ethnogeriatrics Committee.

Our Outstanding Committee Service Awardees

Our Outstanding Committee Service Awardees are members who have made extraordinary contributions through our committees. Congratulations to:

- **Kristen Thornton, MD**, from the Clinical Practice and Models of Care Committee;
- **Halina Kusz, MD**, and **Lisa Strano-Paul, MD**, from the AGS-ADGAP Education Committee;
- **Aruna Josyula, MD, MPH, CMD**, and **Jennifer Muniak, MD**, from the Ethics Committee;
- **VJ Periyakoil, MD**, and **Vivyenne Roche, MD**, from the Ethnogeriatrics Committee;
- **Michael Bogaisky, MD, MPH**, from the Quality and Performance Measurement Committee;
- **Jeannie Lee, PharmD**, from the Public Education Committee;
- **Kathleen Unroe, MD**, from the Public Policy Committee; and
- **Peter Abadir, MD**, from the Research Committee.

AGS Welcomes New Class of Fellows

At #AGS21, the AGS also honored 15 leading health professionals who joined the newest class of AGS Fellows—a select group of experts recognized for their deep commitment to our organization and to advancing high-quality, person-centered care for us all as we age. Congratulations to

- **Nimit Agarwal, MD, AGSF**
- **Kathryn E. Callahan, MD, MS, AGSF**
- **Sevdenur Cizginer, MD, AGSF**
- **Christie Hogue, DDS, AGSF**
- **Hamid R. Okhravi, MD, AGSF**
- **V.J. Periyakoil, MD, AGSF**
- **Aishah Raffee Pirooz, DO, AGSF**
- **Becky B. Powers, MD, AGSF**
- **Bernardo J. Reyes Fernandez, MD, AGSF**
- **Sonja Rosen, MD, AGSF**
- **Christine Seel Ritchie, MD, MSPH, AGSF**
- **Golnosh Sharafsaleh, MD, MS, FAAFP, AGSF**
- **Niranjan Thothala, MD, MRCP(UK), MBA, AGSF**
- **Heidi K. White, MD, MHS, AGSF**
- **Blythe S. Winchester, MD, MPH, CMD, AGSF**



AGS and ADGAP are pleased to provide the Virtual Mentor Match Program, an opportunity for members to connect and explore new collaborations and working relationships. Whether you're looking to connect with a mentor for a short-term consult or to develop a more long-term relationship, Mentor Match is for you!

Virtual Mentor Match is available via MyAGSOnline, our member community forum, and it takes only minutes to join:

- Log in using your member credentials
- Complete your bio page
- Enroll using a Mentor or a Mentee enrollment form (or both!) and click "Save"
- Mentees can then browse the Mentor Directory and send a Mentor request

To enroll, visit MyAGSOnline.AmericanGeriatrics.org/Mentorship

American Jobs and American Families Plans supports the direct care workforce that provides essential services for older adults. The American Jobs Plan allocates \$400 billion to expanding access to long-term care services and proposes creating and supporting well-paying direct caregiving jobs that include improved benefits. The American Families Plan includes a proposal to implement a federally mandated paid family and medical leave program. These investments are long overdue for the largely underappreciated and underpaid direct care workforce, which is largely composed of women and women of color, and they are essential to ensuring we all have access to high-quality, person-centered, affordable, and age-friendly care as we grow older.

The AGS is calling for legislation that ensures direct care workers can depend on: (1) a living wage; (2) health insurance; (3) access to paid family, medical, and sick leave; (4) safe work environments with the proper equipment; and (5) opportunities for advanced roles and educational opportunities to increase skill sets and income potential.

In addition, the AGS is advocating for:

- **Increasing federal investment in the overall geriatrics healthcare workforce and Title VII programs, aging research, and public health**

In letters to the House and Senate Appropriations leadership, the AGS also stated support for increased funding in Fiscal Year (FY) 2022 for the geriatrics workforce training programs, the National Institute on Aging, and the Veterans Affairs Medical and Prosthetic Research Program. The AGS believes these programs will meet the increasing need for training in geriatrics and gerontology and fulfill the necessity of investing more in research on the nature of aging.

In a statement for the Senate Finance Committee's Hearing on "A National Tragedy: COVID-19 in the Nation's Nursing Homes," the AGS emphasized the importance of investing in the direct care workforce, expanding support for the geriatrics health professions programs under Title VII, and investing in public health.

Along with the National Association for Geriatric Education (NAGE) and the Gerontological Society of America (GSA), the AGS sent a letter to multiple committees of jurisdiction asking for supplemental funding to support the Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Awards (GACAs) as the country works to recover from the COVID-19 pandemic. We noted that the GWEPs are assisting states that are grappling with an age-friendly roll out of the COVID-19 vaccine and with vaccine hesitancy. Expanded resources for these programs would help ensure that these two

critical resources are maximally deployed to serve older Americans across the U.S. and would build on the supplemental funding that AGS successfully advocated for in April 2020.

- **Developing a more diverse and inclusive biomedical research workforce and advancing diversity in research**

The AGS submitted its recommendations in response to the National Institutes of Health's (NIH) Request for Information (RFI) on strategies to Advance and Strengthen Racial Equity, Diversity, and Inclusion in the Biomedical Research Workforce and Advance Health Disparities and Health Equity Research.

- **Improving the long-term care infrastructure for older adults and families seeking either home and community-based services (HCBS) or high-quality nursing home care**

In a letter to Representative Dingell and Senators Hassan, Brown, and Casey on their draft legislation requiring coverage of HCBS under the Medicaid program, the AGS stated its support for increased accessibility to HCBS in line with continued promotion of high-quality nursing home care, making both resources appropriate alternatives in our communities; and standardized education about long-term care services and supports, including local HCBS options. We also provided recommendations on making the Money Follows the Person program and HCBS spousal impoverishment protections permanent.

- **Enhancing our nurse and physician workforce by recapturing unused immigrant visas**

In a letter to Congressional leadership, the AGS expressed support for the reintroduced bipartisan Healthcare Workforce Resilience Act, which would enhance our nurse and physician workforce by recapturing unused immigrant visas. This bill would ensure our nation expands the number of International Medical Graduates (IMGs) and other qualified healthcare workers available to care for older Americans during the COVID-19 public health emergency and beyond.

- **Improving communication between Health Insurance Portability and Accountability Act (HIPAA)-covered entities and community care organizations, while protecting patient privacy**

The AGS submitted comments to the Office for Civil Rights (OCR) on the proposed relaxation of existing restrictions on disclosures of protected health information (PHI) to social services agencies, community-based organizations (CBOs), and HCBS providers, collectively

known as community care organizations (CCOs). The AGS is supportive of OCR's initiative to improve communication between HIPAA- covered entities and these types of organizations, but also believes it is an individual's right that they or their proxy should make decisions about the involvement of a CCO in their health care. ♦

Join us and take action today by contacting your members of Congress through our Health in Aging Advocacy Center (<https://cqrcengage.com/geriatrics/>)!

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- Teaching Slides
- Toolkits
- Webinars

AGS 360° continued from page 2

supports us all to remain healthy and independent as we age. Although accreditation bodies for undergraduate and graduate medical education include understanding health equity and health disparity as a competency, given that ageism is still very much present in health care, we thought it was important to add a 27th competency focused on this topic:

- Identify how structural and social determinants of health, including systemic racism, ageism, and sexism, impact health outcomes and healthcare access for older adults and those who care for them, and take steps to overcome one's own biases when addressing issues of health equity.

We believe it is critically important that we highlight that it is not simply enough that physicians understand the impact that ageism and other forms of discrimination can have on the health of older adults; they should also take steps to overcome their own bias when addressing issues of health equity.

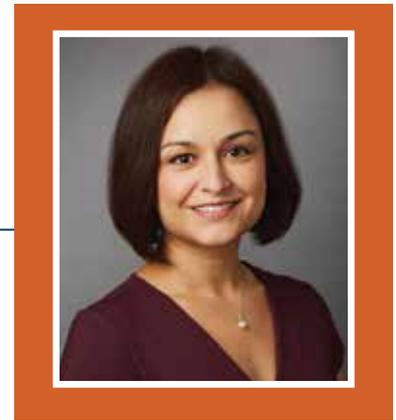
What's next? Having presented their work at #AGS21, the team is writing up a paper describing their methodology and sharing some of the rich insights that were collected from our AGS and ADGAP leaders and members. In the meantime, our updated minimum competencies are available at adgap.americangeriatrics.org/education-training/competencies/geriatrics. The AGS will continue to advocate that the Liaison Committee on Medical Education use these competencies to provide more explicit guidance to medical schools on ensuring that every physician is prepared to care for us as we age. We also will be releasing some educational tools to help educators integrate attention to the new competencies into their programs.

To say that I am #AGSproud of our work to ensure that graduating medical students are competent to provide care that meets our needs and reflects our values and goals would be an understatement. For the AGS staff team, it's always a joy to collaborate with dedicated leaders who are passionate about what they do and this project was no different. We are stronger because of our members' collective commitment to improving care of older adults. ♦

WHY I'M AN AGS MEMBER

LAUREN FERRANTE, MD, MHS

Assistant Professor of Medicine (Pulmonary); Director, Operations Core,
Yale Claude D. Pepper Older Americans Independence Center
Yale School of Medicine



I've wanted to be a doctor ever since I was a little kid. It sounds cliché, I know, but my motivation was that I just wanted to help people. Although I didn't start my career with an interest in aging, it developed when I was a neuroscience major in college studying Alzheimer's disease. I found the topic fascinating and worked in Alzheimer's labs during my undergrad years and before medical school.

Then, when I became an internal medicine resident at Columbia early in my fellowship, I noticed how many older adults there were in the ICU. I became interested in how certain geriatric factors, like frailty and functional dependence, affected the outcomes of these patients—especially those who survived their ICU stay.

I realized that many of them were going home with low levels of physical function, and I hated seeing that happen. I wanted to understand how we can make sure that we're helping older adults stay independent and live their lives in their communities, even if they've been through an illness that put them in the ICU.

What I like best about my work is that, whether I'm doing research or administering clinical care in the ICU, it all has a unified goal: helping people to function better and preserve their quality of life after they've been in the ICU. I love that feeling of being able to help people in ways that matter to them.

For me, the AGS has been an amazing resource over the years. I joined at the very beginning of my career, when I started my geriatrics fellowship in 2013. The AGS provides a forum for specialists of all different

backgrounds who are interested in aging to come together—and that community has been an important part of my career development.

I now co-chair AGS' sub-specialty section, which I joined in my early days as an AGS member. The entire AGS group was very welcoming to me. That hospitality is so important to aging-focused specialists like me, because you need to be part of the geriatrics community when you're trying to raise the visibility of geriatrics and aging in your specialty.



I wanted to understand how we can make sure that we're helping older adults stay independent and live their lives in their communities, even if they've been through an illness that put them in the ICU.

Another great reason to be an AGS member is the Annual Scientific Meeting! Although it was held virtually this year, the AGS staff planned really well for it, pre-recording many of the sessions. The diverse format preserved the excitement of meeting in person. We're all looking forward now to finally meeting in one place next year in Orlando!

When I'm not working, I go on a daily run, and I spent time with my two wonderful children, ages five and seven, and my wonderful husband every day. This year, we've moved our fun times outdoors. We went

hiking every weekend during the fall, and we skied every weekend in the winter. We wanted to be sure we were spending active time together in a safe way.

Here's my message to you: if you're a specialist reading this newsletter, please know that the AGS is a great community for specialists who do aging-focused research, and there's actually quite a large community of specialist members. Come join us—and if you have any questions, please reach out to me! ♦



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Hot Weather Safety Tips for Older Adults

While summer brings us warmth and bloom, prolonged exposure to excessive heat in summer months can be dangerous. This is especially true for older adults. Every summer, more than 600 Americans die of health problems caused by excessive heat and humidity. Older adults and individuals with chronic medical conditions are at high risk of developing heat-related illnesses, because of aging-related physical changes in the body, chronic health conditions, and even effects of taking some medications.

Staying Safe When It's Too Darn Hot

80°

When the temperature climbs above 80°F, older adults need to be proactive and take precautions to avoid ailments due to excessive heat. Keep in mind the following tips when trying to stay cool.

■ **STAY AWAY** from direct sun exposure as much as possible. If possible, plan your outdoor activities either early in the morning or when the sun starts to set.

■ **STAY HYDRATED.** Drink plenty of cool water, clear juices, and other liquids that don't contain alcohol or caffeine. Alcohol and caffeine cause you to lose water in your body by making you urinate more.

■ **DRESS APPROPRIATELY.** Whenever you can, try wearing loose, light-colored clothes. Avoid dark-colored clothes as they may absorb heat. Top it off with a lightweight, broad-brimmed hat and you are dressing like a pro! These simple changes will help you both stay cool and avoid sunburn.

■ **AIR CONDITIONING** is your friend in summer. Spend as much time as possible in air conditioned spaces. If you don't have an air conditioner, go somewhere that is air-conditioned. For example, you may read a book at the library, walk around in indoor malls, watch that new movie at the theater, or meet your friends at the senior center. (Note: The federal Low-Income Home Energy Assistance Program (LIHEAP) helps adults 65 and older who have limited incomes cover the cost of air conditioners and utility bills. To reach your state's LIHEAP program, call 1-866-674-6327.)

■ **DID SOMEONE SAY SUNBURN?** Buy a broad spectrum sunscreen lotion or spray with sun protection factor (SPF) of 15 or higher. Apply the sunscreen liberally to all exposed skin. Also, bugs are abundant in summer, so spray insect repellent when going outdoors.

■ **COOL DOWN!** Take tepid (not too cold or too hot) showers, baths, or sponge baths when you're feeling warm. Don't have the time? Then wet washcloths or towels with cool water and put them on your wrists, ankles, armpits, and neck.

How to Spot and Treat Health Problems Caused by Heat

It's important to recognize when hot weather is making you sick, and when to get help. Here's a list of health problems caused by exposure to too much heat:

Dehydration

What it is: A loss of water in your body. It can be serious if not treated.

Warning signs: Weakness, headache, muscle cramps, dizziness, confusion, and passing out.

What to do: Drink plenty of water and, if possible, sports drinks such as Gatorade™, which contain important salts called “electrolytes.” Among other things, electrolytes play a key role in regulating your heartbeat. Your body loses electrolytes when you're dehydrated. If you don't feel better, call 911. If you feel better after drinking fluids, but have medical conditions like heart failure or take diuretics (“water pills”), you should also call your healthcare provider for a follow-up.

Heat stroke

What it is: A very dangerous rise in your body temperature, which may happen gradually over days of heat exposure in older adults. It can be deadly.

Warning signs: A body temperature of 104°F (40°C) or higher; red, hot, and dry skin; a fast pulse; headache; dizziness; nausea or vomiting; confusion or lethargy; and passing out.

What to do: Call 911 immediately. Move to a cool, shady place and take off or loosen heavy clothes. If possible, douse yourself with cool water, or put cloths soaked with cool water on your wrists, ankles, armpits, and neck to lower your temperature. Try to see if you can safely swallow water or sports drinks while waiting for 911.

Note: If you are caring for someone else who has heat stroke, only give them water or drinks if they are awake and can swallow. Do not try to give fluids by mouth if the person is drowsy, as it could cause choking.

Heat exhaustion

What it is: A serious health problem caused by too much heat and dehydration. If not treated, it may lead to heat stroke (see above).

Warning signs: Heavy sweating or no sweating, muscle cramps, tiredness, weakness, paleness, cold or clammy skin, dizziness, headache, nausea or vomiting, fast and weak pulse, fainting. Body temperature is generally between 98.6°F (37°C) and 104°F (40°C).

What to do: Without delay, move to a cool, shady place, and drink plenty of cool fluids, such as water or sports drinks. Call 911 right away if you have high blood pressure or heart problems, or if you don't feel better quickly after moving to the shade and drinking liquids.

Heat syncope

What it is: Fainting caused by high temperatures.

Warning signs: Dizziness or fainting.

What to do: Lie down and put your feet up, and drink plenty of water and other cool fluids.

