

AGSNEWS

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A LITTLE BIRDIE SAYS: AGS MEMBERS ARE FUELING EXCITEMENT FOR #AGS20

Do you consider Twitter as you're planning for #AGS20? It might be worth a peek so you don't miss any of the excitement #AGS20 attendees are generating on social media. The meeting hashtag allows your geriatrics colleagues to share plans for presentations and what they'll be attending at #AGS20, as well as stories, medical information, and professional tips.

In fact, both on and off Twitter, AGS members are dropping hints and sharing insights about what they're planning to bring to the field's premier conference.

We spoke to a few members to learn more about what they're presenting, what they're expecting to see, and how they'd suggest getting the most out of the meeting if you're a newbie to AGS or our annual conference.

To learn more about #AGS20 in its planning stages, we first turned to Joe Shega, MD, this year's Annual Scientific Meeting Program Chair. “This is really a unique opportunity to work with an interdisciplinary group of professionals and friends as we aim to meet the professional and educational needs of our members,” he said. “It's something we all take very seriously—many, many hours go into trying to make the best meeting possible.”

Asked what he's most excited about for #AGS20, Dr. Shega has a quick answer: “It's the opportunity to unite with colleagues to focus on mutual passion: The care of older adults. We all spend so much time advocating for and advancing their rights, so it's refreshing, energizing and inspiring to be with others who share that passion. It's also great to catch up with your friends and share news about your career and your family,” says Dr. Shega.

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WITH AGS COCARE: HELP™, AGS SEEKS TO EXPAND THE REACH OF A SEMINAL PROGRAM THAT PUT DELIRIUM PREVENTION ON THE MAP

A seminal program for preventing delirium and loss of function for hospitalized older adults stands poised for a major expansion thanks to the AGS. As the soon-to-be newest addition to the AGS “CoCare” portfolio, a suite of programs helping embed geriatrics expertise in broader care for older adults, AGS CoCare: HELP™ represents a new step forward for a program that has already taken significant strides.

“Empowering health systems to recognize, manage, and prevent delirium is one of the hallmarks of geriatrics, one that put the specialty on the map,” notes Sharon K. Inouye, MD, MPH, who developed the original

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AGS 360° WITH NANCY E. LUNDEBJERG, MPA

December always seems like a time for lists. With our November Board Meeting in the books, AGS staffers have to-do lists for end-of-year (They also have a not-so-secret list *for me*: Cookies to bake, my end-of-year tradition.).

So many December lists focus on the future. Perhaps it's the spirit of the season (or the spirit of geriatrics), but I think it's also important to list—and celebrate—all we've already accomplished. We're lucky: 2019 didn't disappoint. Here are 5 things we rocked in 2019:

We rocked a record-breaking #AGS19. More than 2,950 experts joined us in the Pacific Northwest. That made our 2019 gathering the hottest ticket in AGS history!

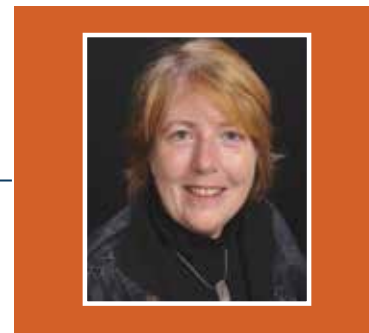
We rocked trend-setting designs... for a good cause. Our custom-designed #AGS19 flannels kept us Portlandia chic (and warm in that ever-cool convention center climate) while also serving a greater purpose. Shirt sales (We sold out!) contributed thousands to the Health in Aging Foundation, keeping us on track to meet our 2019 fundraising goal of \$120,000. Over 800 AGS members have donated to the Health in Aging Foundation, and their donations went a long way. We were not only able to support 79 trainees to attend our annual meeting but also continued our tradition of recognizing leaders in the field (with awards like those recently named in honor of Arti Hurria, Thomas & Catherine Yoshikawa, and Jeffrey H. Silverstein) and launched a newly redesigned HealthinAging.org. Really, what other professional society can make a shirt *and* a website look so chic?

We rocked the glass ceiling with our newest position statement on gender equity. I'll let the position statement (see p. 8) speak for itself. Suffice it to say: This is such important work. It makes me #AGSProud that we're standing *against inequity*...but perhaps #AGSProuder that we're also standing up for what greater equity itself can do for us all as we age.

We rocked recommendations for combatting ageism. For several years, the AGS has partnered with the FrameWorks Institute and Leaders of Aging Organizations (LAO) to understand how experts and the public think about and act upon age. In April, we signed on for the Sustaining Reframing Aging Initiative, the next phase of the LAO movement.

As part of that work, the AGS successfully advocated this year for changes to age descriptors in the *American Medical Association Manual of Style* and the *American Psychological Association Publication Manual*. We also took to the pages of *JAGS* to connect FrameWorks insights to the words and visuals we use for depicting age. As I noted in my editorial, we need to both present a more optimistic view of aging while also ensuring an accurate reflection of "the true diversity of how we age." That will continue to be at the core of our Reframing collaboration.

We rocked the future of the workforce. Since January, we've been working with Congressional leaders on important legislation to build the geriatrics workforce. That work came to fruition with not one but two bipartisan proposals: One from Sens. Sue Collins and Bob Casey, and another more recent bill in the House from



Reps. Jan Schakowsky and Michael Burgess.

In October, the House bill—the EMPOWER for Health Act (HR2781)—passed overwhelmingly among Representatives and was on its way to the Senate, where we expect equally swift passage. The bill's meteoric rise is encouraging *and* mission-critical: EMPOWER will reauthorize and fund both the Geriatrics Workforce Enhancement Program (GWEP), which provides grants for local solutions to the national workforce shortage, and the Geriatrics Academic Career Awards (GACAs), which are key to developing a cadre of clinician-educators.

The introduction of EMPOWER followed announcements about a new round of GWEP and GACA grants. We're #AGSProud that this new funding also came with a renewed commitment from The John A. Hartford Foundation to continue powering the GWEP Coordinating Center (GWEP-CC) here at the AGS.

The GWEP-CC supports grantees by bringing them together for national meetings; providing access to resources and networking opportunities; and accelerating advocacy training. Now, the GWEP-CC also will host an Age-Friendly Health Systems Action Community for GWEP grantees in partnership with the Institute for Healthcare Improvement. The action community is a great connection to our mission and the mission of The John A. Hartford Foundation, which is helping move our health system toward age-friendly care.

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Hospital Elder Life Program (HELP), now known as AGS CoCare: HELP™. “With this critical expansion of a key program that made delirium prevention possible, we now have bandwidth through the AGS to demonstrate to more health systems than ever before how collaborating with geriatrics leads to improved health, safety, and independence for us all,” Dr. Inouye concluded.

Through AGS CoCare: HELP™ (available at help.agscocare.org), more health systems than ever before will have access to tools and hands-on guidance for making delirium prevention actionable locally and for individual patients. Institutional subscriptions offer access to a comprehensive implementation toolkit, an online educational curriculum for HELP staff and volunteers, a certification program, scheduling for routine coaching calls, and access to an online community available 24-7.

Perhaps more importantly, they also help standardize best practices while supporting work to keep these practices at the cutting-edge of science. The program ultimately promotes a growing trend toward “age-friendly health systems” in the U.S.—so named because they help promote unique expertise on geriatrics focal points, such as care for the mind, medications, mobility, and what “matters most” to patients as people.

And behind it all is an evidence-based program with decades of experience and proven results improving the health and care of hospitalized older adults.

For millions of older adults, HELP has made health systems safer—and health care more effective. Delirium affects more than 2.6 million older adults per year in the U.S., accounting for more than \$164 billion annually in excess Medicare expenditures. HELP set out to change that—and did so with resounding success. On average, delirium cases dropped by



more than 30% among the more than 200 hospitals employing HELP, which also reduced costs by more than \$7 million annually at participating hospitals (a savings of more than \$1,000 per patient).

According to Dr. Inouye, **HELP’s success rests on its streamlined, stepwise approach**, particularly when it comes to embedding fundamental geriatrics principles into the fabric of existing care structures.

Delirium affects more than 2.6 million older adults per year in the U.S., accounting for more than \$164 billion annually in excess Medicare expenditures.

“To the untrained eye, delirium can happen without warning—but there are tell-tale signs that point to risk, and proven interventions to reduce its likelihood,” Dr. Inouye observes. “Health systems just need to know *how*, which is where HELP offers critical assistance.”

HELP does so by providing an organized system to manage markers of delirium and delirium prevention—from maintaining physical and cognitive function to maximizing independence in the transition from hospital to home. This system includes training to understand the value and practical implementation of daily patient visits, therapeutic activities, early mobilization programs, protocols to optimize sleep and hearing/vision, and opportunities

for smoothing transitions between care settings. Using comprehensive HELP resources and training, whole health systems can implement delirium prevention protocols, provider education, and audio-visual tools, while individual HELP staff and a network of specially trained volunteers can work with patients one-on-one to reduce personal risks and prevent lengthier stays.

Available at help.agscocare.org, AGS CoCare: HELP™ joins an established roster of AGS programs to increase collaboration between geriatrics experts and their colleagues. AGS CoCare: Ortho™, the first in the AGS CoCare series, for example, has been implemented at health systems across the U.S. to improve health outcomes for older adults hospitalized with hip fractures. ♦

AGS 360° continued from page 2

We rocked *a lot* more this year, but the Comms Team seemed worried when I proposed “2,019 things we rocked” (unclear whether it’s because of space constraints or concerns about cutting into cookie-baking time). As we roll into a new year and a new decade though, I’m optimistic the list of accomplishments we’ve rocked will only continue to grow (and the staff can rest assured: Cookie baking will always be a priority!). ♦

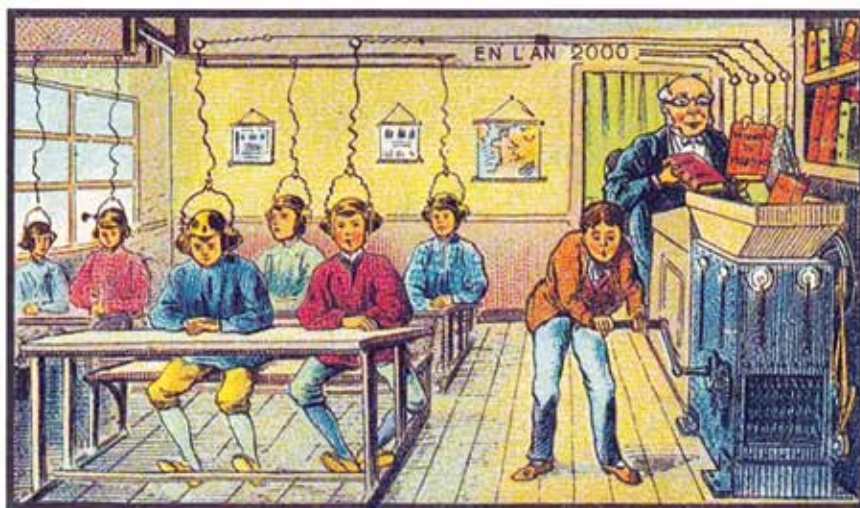
Marcy E. Ambler

FROM OUR PRESIDENT

SUNNY LINNEBUR, PHARMD, FCCP, FASCP, BCGP, BCPS

It's hard to believe this letter will find us not just on the cusp of a new year but also a new decade! That got me (and the AGS team) thinking about our visions for the future—and how those visions have evolved over time. Not surprisingly, we're not alone.

In 1899, for example, cartoonists in Paris created a series of vignettes for the upcoming World Exhibition. They drew what they thought France would look like "in the year 2000," and they were not too far off! Everyone is "connected" electronically to their learning...



At School

Just as our French predecessors dreamed about the future, we too continue looking forward, dreaming and *doing*. Even in the few short months since #AGS19, we've celebrated some significant milestones that point to progress not just for geriatrics but for society as a whole. One of the updates that has me #AGSProudest is our new position statement on achieving gender equity (see p. 8 of this newsletter).

As we celebrate the concrete steps we've identified to promote greater inclusivity in geriatrics, I think it's also important that we remember the rich history that's brought us to

this moment. Today's calls for gender equity may be louder and stronger than in the past, but the role of female leaders in health care is nothing new; we need to remember that.

The first recorded reference to a prominent female physician, in fact, dates all the way back to 2,700 B.C.E. Her name was Merit-Ptah, in case you were wondering, and she was "chief physician" to the pharaoh's court in Egypt (though sadly, probably not the earliest geriatrician: Life expectancy in those days barely reached 30!). It's more than likely that women played a

significant role in health care before Merit-Ptah; it goes without saying that they've played a very significant role since.

What makes today's calls for equity unique isn't necessarily the presence of female leaders. They've been there from the start! Perhaps instead, it's the fact that we're recognizing how integral equity is to the fabric of progress. Equity regardless of gender, race, religion, marital status, orientation, and any other characteristic isn't just a "nice to have" or an "add-on." It needs to be part-and-parcel of every system, every decision, and every experience—not just in geriatrics but



across every facet of health care and society, too. We recognize that's a big ask, but it's our hope at the AGS that drawing a line in the sand for our own work can help geriatrics build momentum for an even more expansive socio-cultural tide that lifts all ships.

And as we put power behind that potential, it's good to know so many of our projects, programs, and priorities already reflect the diversity we want to see moving forward. Across the pages of this newsletter alone, for example, we have insights from Mariah Robertson, a geriatrics fellow at Johns Hopkins (see p.18), and updates from our U13 conference series targeting participants in the National Institute on Aging's Grants for Early Medical/Surgical Specialists Transition into Aging Research (GEMSSTAR) program (see p.5). GEMSSTAR has been mission-critical to getting more specialists—including more female leaders—into careers caring for older adults. We're proud that insights from this program are poised to help shape the future of care, and perhaps even prouder that those insights come from a diverse group of experts and professionals working together to improve care for us all as we age.

So as we approach a new decade advancing care for older people, please accept my thanks for all you've helped us accomplish in the past... and my enthusiasm for the future vision we're working to make a reality—today and tomorrow. ♦

Best,

Sunny A. Linnebur

THINK DECLINING MENTAL SHARPNESS “JUST COMES WITH AGE”? THINK AGAIN, SAYS A PRESTIGIOUS NIH-FUNDED CONFERENCE

Declining mental sharpness “just comes with age,” right? Not so fast, say geriatrics researchers and clinicians gathered at a prestigious 2018 conference hosted by the AGS with support from the National Institute on Aging (NIA). In a report published in the *Journal of the American Geriatrics Society* (JAGS), attendees at a conference for the NIA’s Grants for Early Medical/Surgical Specialists Transition into Aging Research (GEMSSTAR) program describe how increasing evidence shows *age-related diseases*—rather than age itself—may be the key cause of cognitive decline. And while old age remains a primary risk factor for cognitive impairment, researchers believe future research—and sustained funding—could illuminate more complex, nuanced connections between cognitive health, overall health, and how we approach age.

“We’ve long been taught that cognitive issues are ‘just part of aging,’” explains Christopher R. Carpenter, MD, MSc, who helped coordinate the conference. “But contemporary medical research shows how bodily changes that lead to diseases like dementia appear long before the symptoms we associate with ‘old age.’ This begs the question: Is it really age that causes cognitive decline, or is it ultimately the diseases we now associate with age—in large part because we see them with increasing frequency now that we live longer? That’s what we wanted to tackle coming together for this meeting.”

Hosted by the AGS and NIA in 2018 as the third conference in a three-part series for GEMSSTAR scholars, the NIA “U13” conference brought together NIA experts and more than 100 scholars, researchers, and leaders representing 13 medical specialties to explore experiences with

cognitive impairment across health care. Conference findings, published in *JAGS* (DOI: 10.1111/jgs.16093), detail early thinking on the two-way relationship between cognitive health and the health of other organ systems, as well as opportunities for moving science and practice forward.

According to attendees, several themes emerged:

- **Researchers and clinicians from across health care noted the critical relationship between two of their top concerns: Dementia and delirium.** Research now suggests delirium and dementia are mutually inclusive risk factors, with cases of one prompting risks for the other. Thus, prevention of delirium may offer the unprecedented opportunity to prevent or lessen future cognitive decline.
- Still, as one of the conference attendees noted, “[T]he brain is not an island.” Because the conference focused on the impact of cognitive impairment across specialties, a **critical focal point for scholars was the complex, bi-directional relationship between cognition and the rest of the body.** Cognitive impairments can serve as indicators or influencers in the course of other diseases and conditions. For example, cognitive impairment is perhaps “the strongest independent predictor” of hospital readmission and mortality for older people living with heart failure.
- As the field progresses, however, a major barrier remains: **A dearth of research owing to the exclusion of potential study participants who are cognitively impaired.** Though obtaining informed consent remains challenging, researchers pointed to data that willingness to participate



remains high. Suggestions for tailoring consent safeguards to the types of studies and potential participants hold promise for protecting against exploitation while continuing to move cutting-edge care principles forward.

As the GEMSSTAR conference attendees concluded, “The aging of the U.S. population and the growing burden of dementia make this an area of critical research focus... [U]nderstanding and addressing cognitive health and its relationship with the health of other organ systems will require multidisciplinary team science...[and new] study designs...”

The NIA’s GEMSSTAR program awards support to early-career physicians trained in medical and surgical sub-specialties to conduct aging research across other disciplines. The AGS serves as a central coordinating body for applicants in particular specialties interested in applying for professional development support, and connects these awardees with their specialty societies. Additional funds support a Professional Development Plan to complement research projects. ♦

If #AGS20 is your first meeting, or even your second or third, leaders like Dr. Shega want you to know that AGS members are very invested in the next generation of clinicians who will be caring for older adults. In fact, they're all ears when it comes to your ideas and interests. "Take the initiative and be comfortable and confident reaching out to potential mentors or people who inspire you," Dr. Shega advises. "You may feel shy making contact with them at first, but AGS members are particularly helpful and want you to succeed," he concluded.

A Game Changing Presentation on Blood Pressure

Last January, Dr. Mark Supiano (@Aging_MD) posted a dramatic Tweet: "Study Offers Hint of Hope for Staving Off Dementia in Some People," calling attention to the *JAMA* publication of the SPRINT MIND results. At our 2020 meeting, Dr. Supiano will moderate a symposium discussing the provocative new treatment guidelines behind that trending Tweet and the SPRINT MIND study.

SPRINT MIND found that regulating blood pressure to a more intensive 120 mmHg relative to then standard levels of 140 mmHg lowers the risk of developing mild cognitive impairment in hypertensive adults. "This is a game-changing new paradigm for approaching blood pressure management," said Dr. Supiano.

In the symposium, "Do More, Do Nothing, or Do Less: Decision-Making About Blood Pressure Control in Older Patients," a panel of experts will outline the risks and benefits of this new approach. Clearly, it's a must-see session!

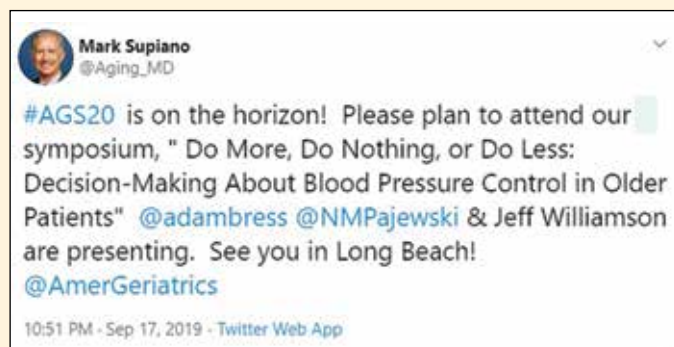
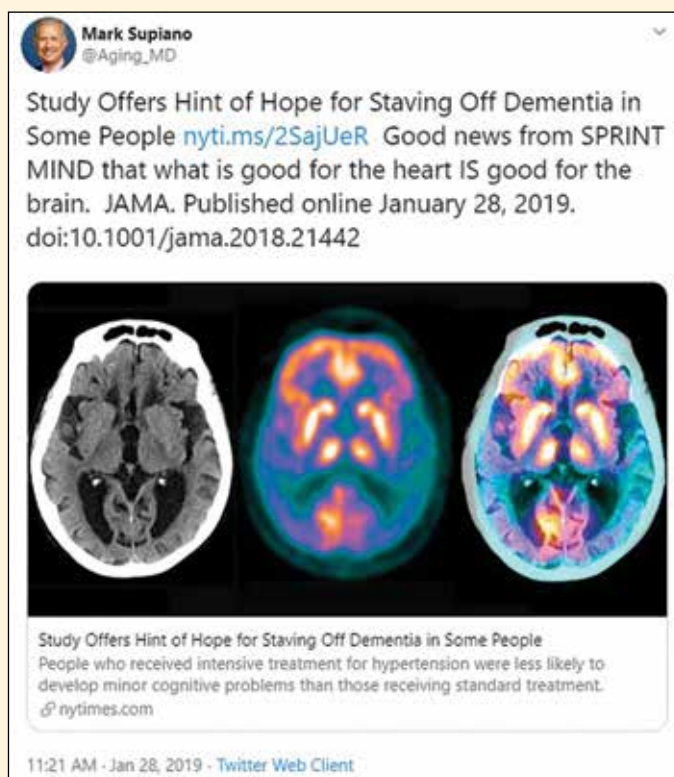
Though Dr. Supiano considers himself a dabbler when it comes to Twitter, he recognizes its importance as a communications tool: "I tweet out papers I work on when they're published because it's a great way to gain visibility for our work," he notes.

Decision-Making for the Older Cancer Patient

In older adults, cancer is the second most common illness after cardiovascular disease, notes Armin Shahrokni, MD (@MSK_GeriOnc), a geriatric oncologist specializing in colorectal cancer at Memorial Sloan Kettering Cancer Center in New York. Now, Dr. Shahrokni and his team will present new information at #AGS20 aimed at integrating geriatrics assessments into decision-making when it comes to chemotherapy and other cancer treatments.

"These assessments play an important role—they help inform surgeons and oncologists as to whether an older person will benefit from surgery, radiation, chemo and/or supportive care—all these treatment decisions should start with a geriatrics assessment," he notes.

As his part of the presentation, Dr. Sharokni will



focus on work at Memorial Sloan Kettering, where his team uses tablets that allow for a more systematic data review. "We have data for researchers that include more than 6,000 patients whose average age is 80. In my part of the presentation, I'll share lessons we've learned and how we overcome challenges," Dr. Shahrokni observes.

When asked what he thinks is an important but perhaps overlooked part of the #GeriOnc conversation, Dr. Shahrokni says, "A lot! I think for me the fundamental issue that needs to be solved in the #GeriOnc interest group is coming up with a language that's understood by both geriatricians and oncologists." Dr. Shahrokni believes that both disciplines need to come to the table to start a dialogue about their points of view when it comes to people living with cancer. "If these two disciplines don't understand each other and where they're each coming from, nothing will move forward. I hope this #AGS20 symposium will be part of that initiative," says Dr. Shahrokni.



I think for me the fundamental issue that needs to be solved in the #GeriOnc interest group is coming up with a language that's understood by both geriatricians and oncologists.

— Armin Shahrokni, MD

Recognizing the amount of teamwork that goes into a proposal, Clark DuMontier, MD (@cdumonti), one of Dr. Shahrokni's fellow presenters and a geriatrician and research fellow at Brigham and Women's Hospital in Boston, spoke to the importance of getting an AGS Special Interest Group (SIG) involved in the process early.

"The AGS Cancer and Aging SIG helped kickstart and sponsor our proposal," he said. The group had started brainstorming ideas for proposals related to geriatric oncology using MyAGSOnline almost immediately after #AGS19 ended. As Dr. DuMontier notes, it was a great tool for capitalizing on early enthusiasm while also working with colleagues across the U.S.

Spotlight on Geriatric Training

Carrie Rubenstein, MD (@Carrie_Ruby), is the program director for the geriatric medicine fellowship at Swedish Medical Center in Seattle. Her team's #AGS20 presentation will highlight interprofessional geriatrics teaching programs. "Having enough geriatricians to reach our ever-growing population of older adults is still a long way off, so training is how we can extend our reach and recruit more professionals to the field," she says. "If we can train people and get them involved in interprofessional geriatric practices, it can lead to joy in practice that's critical and really important," notes Dr. Rubenstein.

You won't want to miss her session, says Dr. Rubenstein, because it's a great illustration of how a multidisciplinary team can work together to problem solve in a practical way. The workshop will include a prosecuting attorney from King County, WA, who works with an elder abuse team to care for people impacted by financial and physical abuse and neglect.

"This professional collaboration allows not only for better responses to cases but also teaches geriatrics fellows to work with professionals outside of medicine, optimizing the expertise of multiple different professional team members to address complex situations in an effective way," Dr. Rubenstein notes. "It's a crucial way to get training in this critical content area, where we need more skilled providers," says Dr. Rubenstein.



The AGS 2020 Annual Scientific Meeting (#AGS20) takes place May 7 to 9 (pre-conference day: May 6) in Long Beach, CA. The year's premier educational event in geriatrics, #AGS20 will provide the latest information on clinical care, research on aging, and innovative models of care delivery thanks to hundreds of presentations, events, continuing education sessions, symposia, workshops, and meet-the-expert opportunities. Find more information and register today to take advantage of early-bird discounts at Meeting.AmericanGeriatrics.org.♦

Interested in getting more involved in the #geriatrics conversation on social media? Don't miss the AGS guide for stepping up your social media game, featured on page 12 of this newsletter.

GERIATRICS EXPERTS ON ACHIEVING GENDER EQUITY IN HEALTH CARE: “WHEN WOMEN RISE, WE ALL RISE”

Putting power and potential behind gender equity in health care isn't just common sense. It's critical to the future of health, safety, and independence for us all as we age, so says the AGS in a new position statement. The statement outlines strategic objectives that can help us achieve a simple truth: “When women rise, we all rise.”

“Gender discrimination isn't just ‘wrong.’ It has real and alarmingly negative public health consequences,” said Sunny Linnebur, PharmD, FCCP, FASCP, BCPS, BCGP, president of the AGS. “At a time when more of us than ever before are poised to contribute to our communities thanks to longer lifespans, we need the whole of society—irrespective of gender, race, religion, and sexual orientation—to stand against discrimination as we stand up for women. Because when women rise, we all rise.”

In the new position statement published in the *Journal of the American Geriatrics Society* (JAGS; DOI: 10.1111/jgs.16195), the AGS Women in Geriatrics Section and Public Policy Committee reviewed evidence, position statements from other organizations, and recommendations for addressing gender inequity from other professional groups. The resulting statement focuses on four recommendations for ending gender discrimination across fields:

- **Address discriminatory practices:** Discrimination based not just on gender but also on any number of personal characteristics stymies critical workforce growth and prevents diverse perspectives from improving our care. From establishing inclusive task forces for reviewing policies to encouraging individual practitioners to identify and “speak out...when you observe implicit or explicit gender bias,” the AGS position statement takes direct aim at biases that harm individuals and society as a whole.
- **Address pay discrepancies:** Across the U.S. workforce, women continue to earn 85% of the compensation provided to men in similar positions. Discrepancies in pay not only make it more challenging to make ends meet but also reinforce a culture that sees women frequently passed over for major assignments, leadership opportunities, senior mentoring, and promotions. The AGS position statement suggests a host of solutions, from systemic reviews of compensation and benefits to empowering both women and men to advocate for pay parity and build equity into hiring decisions.
- **Address family and medical leave:** The federal Family and Medical Leave Act (FMLA) entitles eligible employees

to as many as 12 weeks of annual unpaid leave to recover from a serious illness or care for a newborn, newly adopted child, or seriously ill family member. However, roughly 40% of workers—including many health professions trainees in geriatrics—remain ineligible for FMLA coverage, and millions who are eligible still struggle to afford unpaid time off. The AGS position statement calls not only for making paid family and medical leave a priority but also for offering flexible arrangements that can help the whole of our workforce balance personal and professional priorities equitably.

- **Advance women in leadership positions:** In the past decade, women leaders have made significant strides aimed at shattering the “glass ceiling.” At the AGS alone, the percentage of female presidents increased to 70% between 2009 and 2019, with women now comprising 60% of the AGS membership overall. Still, women in the workforce continue to receive less leadership recognition than their male counterparts, in part because women often are passed over for management positions but also because a culture of discriminatory harassment and “micro-aggressions” (indirect statements or actions that reflect subtle or even unintentional bias against members of a marginalized group) can make leadership feel out-of-reach.

To make these priorities a reality, the AGS position statement also offers specific recommendations for groups critical to future progress. These include:

- **Employers**, who are key not only to ending existing bias and discrimination but also to putting better policies, processes, and programs in place to help women rise.
- **Health leaders**, who are critical in advocating for change and modeling best practices.
- **Male colleagues**, who also have a deeply vested interest in gender equity as a key factor contributing to health, education, and financial stability for us all.
- **Women across the workforce**, who must work together as allies, particularly as they make gender equity—and equity overall—the rule rather than the exception.

For more information on ways you can support women in the workforce—particularly the women clinicians, educators, researchers, and advocates we need as we age—visit AmericanGeriatrics.org/Where-We-Stand or bit.ly/WhenWomenRise. ♦

YOUR NEW MEMBER EXPERIENCE AWAITS AT [ACCOUNT.AMERICANGERIATRICS.ORG](https://Account.AmericanGeriatrics.org)!

The AGS is constantly working to improve your member benefits, and after more than a year of behind-the-scenes planning and implementation, we're #AGSProud to bring you the latest and greatest in membership technology!

This past fall, AGS transitioned to a new member management system to enhance your membership experience. Our new membership database and software will make it easier for you to edit your account information, opt into specific communications subscriptions and the Geriatrics Healthcare Professional Referral Directory, access digital member resources such as GeriatricsCareOnline.org or [MyAGSOnline](https://MyAGSOnline.org), and renew your membership. New features in the system include the option to store a payment method for membership renewal, as well as enhanced ability to view your history of interactions with AGS.

If you haven't seen your enhanced member account, go to Account.AmericanGeriatrics.org to get started today! Please note that when logging into the new system for the first time, you'll need to reset your password. If you need assistance, our membership team is always here for you at membership@americangeriatrics.org or 212-308-1414. ♦

NEW SECTION ON [HEALTHINAGING.ORG](https://HealthinAging.org) SERVES AS A ROADMAP TO NAVIGATING DRIVER SAFETY

We all know that driving a car represents freedom and independence, which helps many feel more satisfied and in control. But that can make conversations about driving safety and the transition to alternate transportation methods difficult.

Thanks to the same cooperative agreement between AGS and the U.S. Department of Transportation's National Highway Traffic Safety Administration (NHTSA) that brought you the *Clinician's Guide to Assessing and Counseling Older Drivers* (available for free on GeriatricsCareOnline.org), the AGS Health in Aging Foundation has released a variety of public education materials that will help you assist patients and caregivers in their own driving decisions.

With a number of new features such as an interactive driving safety questionnaire, printable tip sheets for older drivers, expert advice, and other resources, the Driving Safety section on HealthinAging.org will provide you with the tools you need to advise older adults about their safety. ♦



AGS CONGRATULATES NEW TRAINEE CHAPTERS FORMED IN 2019

Student and resident interest groups in geriatrics are vital to the AGS mission of expanding geriatrics education and experience in training programs. AGS student and resident chapters help foster an early interest in geriatrics and supply connections and resources for trainees to learn about interdisciplinary care for older adults.

We congratulate the following chapters, which applied for AGS support in 2019:

- Loyola Stritch School of Medicine
- University of Pennsylvania
- Medical College of Wisconsin
- Touro University Nevada College of Osteopathic Medicine
- University of Wisconsin-Madison School of Nursing

A full listing of student and resident chapters can be found on the trainee membership pages of AmericanGeriatrics.org. ♦

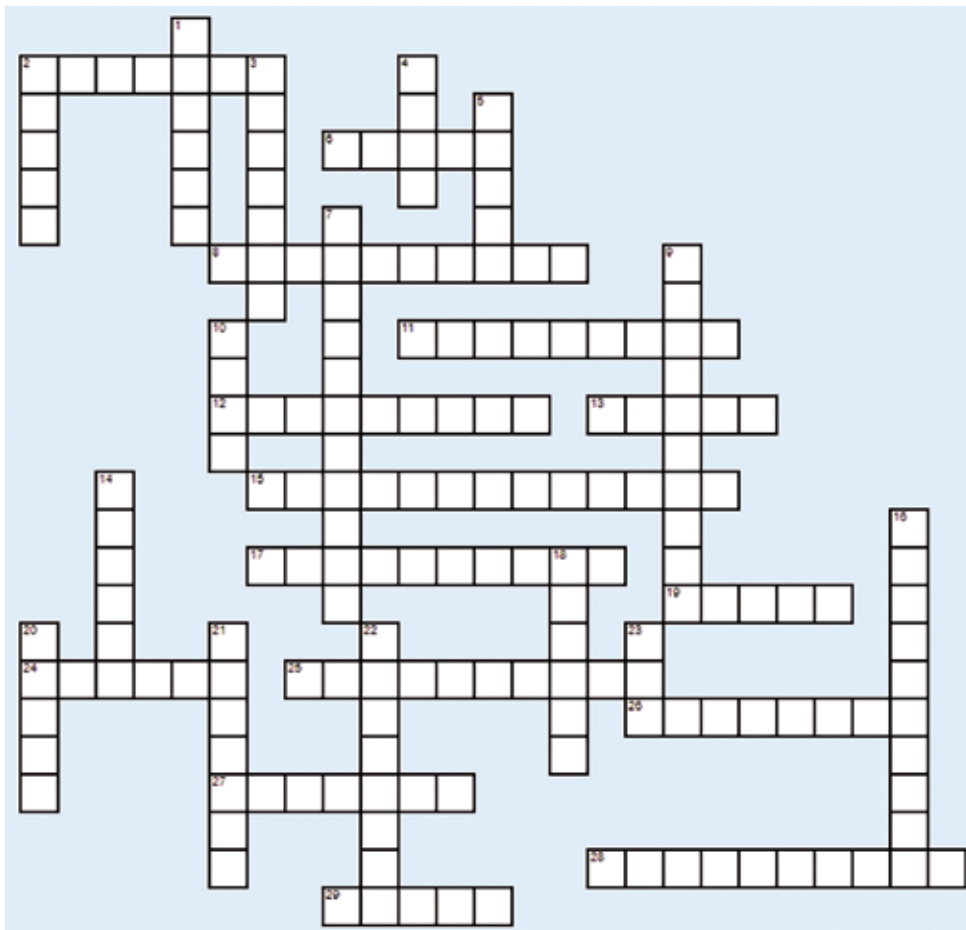
Interested in creating a student or resident chapter, or in registering an existing chapter in order to receive support from the AGS? Contact Lauren Kopchik at lkopchik@americangeriatrics.org to learn about the chapter application process and additional resources for trainees.

Buckle up, and visit HealthinAging.org/Driving-Safety to learn more!

SPOTLIGHT ON GERIATRICSCAREONLINE.ORG: A ROUNDUP OF NEW RESOURCES RELEASED IN 2019

It's been a banner 2019 for GeriatricsCareOnline.org. Want proof? Try your hand at our crossword puzzle to learn more about all the resources we launched this year. And once you're well versed in all we have to offer, why not visit GeriatricsCareOnline.org to take advantage of your member discounts, benefits, and more.

- We kicked off January with our ever-popular webinar on **1 DOWN** changes for 2019, a key resource to help AGS members manage billing changes in the year ahead.
- The much-anticipated **29 ACROSS** edition of the *Geriatrics Review* **26 ACROSS**, all **16 DOWN (No Hyphen)** updated chapters of it, kept us strong through the end of January.
- In February, we released the 2019 Updated AGS **13 ACROSS** Criteria®. This marks our **20 DOWN** AGS-led update to one of the field's most frequently cited references for addressing the use of potentially **15 ACROSS** medications by older adults. Need insights on-the-go? AGS members get a free **3 DOWN** pocketcard of the Criteria, which published in its entirety in **4 DOWN**.
- March saw big changes to our public education web presence on **24 ACROSS** inAging.org. With it came fresh patient handouts to assist older adults and **8 ACROSS** in your practice.
- In April, the **19 ACROSS** edition of the *Geriatric* **27 ACROSS** **18 DOWN** *Syllabus* became available. Authored by more than 150 interdisciplinary experts, the *GNRS* this year included a brand-new chapter on prognostication.
- Just in time for #AGS19, May brought us the field's ultimate quick-reference text: *Geriatrics At Your* **9 DOWN**. AGS members receive a **10 DOWN** copy annually, accompanied this year by an AGS Beers Criteria® **17 ACROSS**!
- June saw us launch the updated 4th edition of our *Clinician's Guide to* **11 ACROSS** and **25 ACROSS** *Older Drivers*. In September, we also debuted a related safe older driver section of Healthin **2 DOWN**.org, as well as a safe driver app for **5 DOWN** and **2 ACROSS** devices.
- In August, we welcomed our new Faculty Development Feedback Toolkit to GeriatricsCareOnline.org. Developed by the **23 DOWN/6 ACROSS** Education Committee, the toolkit is a compendium of articles and tools meant to offer guidance on conveying **7 DOWN** feedback to learners across multiple settings.
- We haven't slacked this fall, either. Our recently released **12 ACROSS** *Medicine and* **14 DOWN** *Specialist's Quick Guide for Assessing and Counseling Older Drivers* was custom built to help key partners in care address concerns about older driver safety.
- We also recently unveiled an AGS-AGING Initiative webinar on Decision Making for Older Adults with **22 DOWN** **21 DOWN** **28 ACROSS**. Leveraging our previously released action steps, the webinar is based on actual encounters between patients and clinicians and is designed to model and teach skills needed to participate in an effective approach to decision-making and care for older people with unique health needs. ♦



THE 2020 MEDICARE PHYSICIAN FEE SCHEDULE FINAL RULE: WHAT HAS US #AGSHAPPY, AND #AGSINTRIGUED

The Centers for Medicare and Medicaid Services (CMS) issued the final rule for the 2020 Medicare Physician Fee Schedule (MPFS) this November. As a quick refresher, the MPFS outlines how physicians and other qualified health care professionals (QHPs) will be paid by Medicare in the next calendar year.

The final rule is 2,400+ pages long, so at the time this newsletter went to print, AGS experts were hard at work churning through what's been finalized, with plans for a winter webinar to help you prepare for these changes.

In general, we're #AGSHappy to see continued work to improve Medicare payment policy and address instances when policies or requirements have created undue administrative burden (including recent changes to finalize proposed updates to the outpatient office visits codes).

We also appreciate CMS finalizing proposals addressing gaps in coding and payment for care management services.

So what has us #AGSIntrigued (with some #AGSProud highlights along the way...)?

• **Finalized Changes to E/M Coding (and a Bump in E/M visit values thanks to input from the AGS):** CMS finalized extensive changes to the office/outpatient evaluation and management (E/M) visit codes. **These changes apply to office visits only and will be implemented in 2021.** E/M services are the "bread and butter" of geriatrics (and were a central point of concern for the AGS last year, when CMS proposed collapsing E/M coding in a way that would have jeopardized care for us all as we age. For more information, see "Putting Complex Older Persons First: How the Centers for Medicare and Medicaid Services 2019 Payment Proposal Fails Older Americans," in the *Journal of the American Geriatrics Society*, DOI: 10.1111/jgs.15651). Since then, the AGS has worked as part of a coordinated effort spearheaded by the American Medical Association (AMA) to provide extensive input aimed at building a better system. The new changes outlined in the final rule (and set to take effect in 2021) would:

- Retain 5 E/M levels of coding for established patients but reduce the number of E/M levels to 4 for new patients. The code definitions have also been revised.
- Revise the time and medical decision-making process and require performing history and exam only as medically appropriate.
- Allow clinicians to choose the E/M visit level based on either medical decision making or time.

- Adopt a new add-on CPT code for prolonged services.
- Adopt the AMA RVS Update Committee (RUC)-recommended values for E/M visits, which would increase payment for these codes.

#AGSProud Highlight: The AGS played a key role in the survey of these codes, which made this increase possible.

- **Increased Payment for TCM (Effective January 1, 2020):** CMS is increasing payment for Transitional Care Management (TCM) services, which reimburse qualified healthcare professionals for coordinating Medicare beneficiaries' transitions from inpatient to outpatient settings. CMS is also promoting greater use of TCM by removing several services that, if reported, preclude use of TCM.

#AGSProud Highlight: The AGS was instrumental in getting TCM recognized by CMS in 2013 (See "Hard Work, Big Changes: American Geriatrics Society Efforts to Improve Payment for Geriatrics Care," in the *Journal of the American Geriatrics Society*, DOI: 10.1111/jgs.15593).

- **Revisions to CCM Services (Effective January 1, 2020):** CMS also finalized several revisions to Chronic Care Management (CCM) services and created a new pair of codes that match CCM for persons with a single serious condition. These new rules no longer require revision of the care plan to report Complex CCM. There is a new G code that can be used when CCM by clinical staff is 40 minutes or longer. There are two new G code services to reimburse clinicians for providing care management to patients with a single serious, high-risk condition: One for physician time similar to 99491 and one for staff time similar to 99490.

#AGSProud Highlight: CCM services were recognized for reimbursement by Medicare in 2015 thanks in part to hard-fought victories at the AGS (See "Hard Work, Big Changes," referenced above).

- **On line digital E/M services (Effective January 1, 2020):** CMS will now pay for online visits with established patients that do not occur proximate to an E/M face-to-face service. All nonface-to-face services have been made easier to use by CMS allowing a once-a-year beneficiary authorization. ♦

► Bookmark [AmericanGeriatrics.org/Where-We-Stand](https://www.american geriiatrics.org/Where-We-Stand) for more policy updates on all issues affecting the care of older adults and the geriatrics workforce.



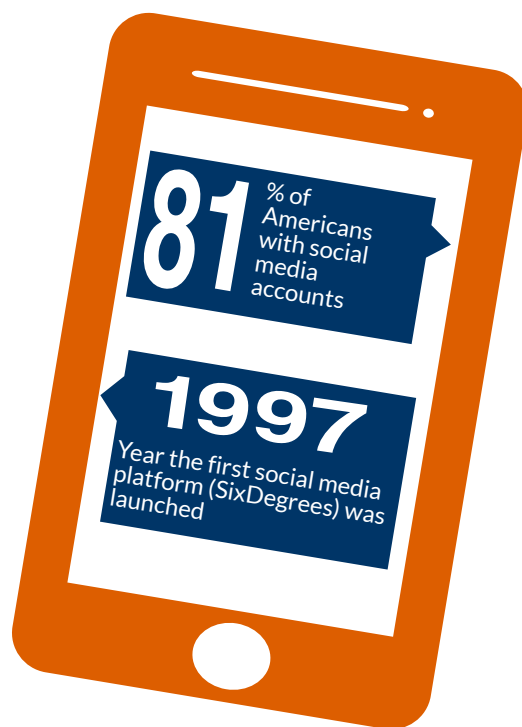
Stepping Up⁺ Your Social Media

Moving into the Fast Lane

Social media has become an integral part of our personal and professional lives. In part, that's because social media can help us:

- Discover new ideas.
- Connect with audiences important to our interests.
- Raise awareness for our work and its importance.
- Build our identity as leaders and influencers.

Even if you still consider yourself a #SoMe newbie, there are easy but important steps you can take to move your social media game into the fast lane. Here are some key things to know and do as you move from a Twitter-, Facebook-, Instagram-, or LinkedIn-novice to pro...



MAP YOUR NEXT STEPS



MASTER THE BASICS

Use tips from the JAGS beginners guide to understand what #SoMe is and how you can use it.



BUILD YOUR NETWORK

#SoMe is about making connections. Make it a habit to find **3 new accounts** to follow each week.



ENCOURAGE OTHERS

As you become a pro, help others find their footing. **Encourage a colleague new to #SoMe to join the community...and the conversation!**



MAKE #SoMe A HABIT

Commit to taking time as often as you can to review social media posts and create some of your own. Consider adding a reminder to your calendar to keep yourself honest.



MONITOR THE SPACE

Frequently check in with accounts you follow and admire to see what they're discussing. Use those conversations to find topics you may want to search and explore.

There can be pros and cons to creating accounts that are public (meaning anyone can view them) versus private (meaning only your friends or those you specify can see them). Here are some things to keep in mind...

PUBLIC ACCOUNTS

- Help you make connections faster (because you're easier to find)
- Generate more interest for what you have to say (because the whole community can see and interact with your posts)
- Mean you need to think carefully about what you say (since everyone will see it) and with whom you want to interact

PRIVATE ACCOUNTS

- Make it easier for you to "practice" in an environment you're able to control as much as possible (though never completely)
- Make it harder for you to be found by "trolls" (but also friends and colleagues)
- Are good for beginners...but may not give you what you need long-term

*To be private or public...**THAT** is the question!*



REMEMBER...

If you need a private space to ask questions, share concerns, or get feedback on ideas (or even social media posts), MyAGSOnline is a great place to get what you need in a community exclusively for AGS members.



WHY POST TYPES MATTER



"LIKING" OR "FAVORITING"



- + Sends the message that you enjoyed a post or found it useful.
- + Stops short of helping share a message with other #SoMe users.
- + Can be helpful when you want to show support but might phrase your own opinion differently.

VS



ORIGINAL POSTS & RE-POSTS OR RE-TWEETS



- + Takes engagement to the next level. Re-tweeting/posting another user's message not only shows support for what they had to say but also gives you the chance to help spread the word (often with an opportunity to add your thoughts, too).
- + Can help enhance how you use social media, because it gives you a chance to share insights AND engage with others.

DID YOU KNOW...

Different post types can impact rankings for your work?

For example: Altmetric scores (measures of an article's impact based on how frequently it appears on social media, in news articles, etc.) for research articles **INCREASE** when you share an original post or re-tweet an existing post that links to the article.

"Liking" or "favoriting" doesn't have an impact on the article's score.

KNOW YOUR DEMOGRAPHY

Getting to know the habits of your community can help you stay engaged. Geriatrics health professionals and researchers, for example:



SURF THE TRENDING WAVES

Once you're comfortable using social media, you can start making the most of its many features, including those that help you find and contribute to trending conversations and topics.

Looking for popular hashtags is a great place to start. Another option for more advanced users? Put your storytelling skills to the test by using social media posts to share powerful stories, anecdotes, and examples that can grab your audiences' attention.

Popular Hashtags

- #MondayMotivation (posts that share some positivity to help other users get through the beginning of the work week)
- #TBT ("Throw Back Thursday," for sharing memories or "throw back" updates from the past)
- #FridayFeeling (posts that share anticipation for the end of a hard work week)
- #Geriatrics
- #ThisIsGeriatrics
- #IAmGeriatrics
- #AGSProud





SHARING

STORIES

Stories are powerful communication tools, and there are great ways you can use social media platforms like Twitter to share stories of your own...

- Use Twitter Moments to collect and curate multiple Tweets so you can tell a story around a topic or conversation.
- Tweets with video attract up to 10-times more engagement than Tweets without video.
- By posting a Tweet thread, you can create a sequence of Tweets that will be read together as one. This allows you to break a larger story into digestible chunks, while also giving followers the ability to retweet and comment on specific parts of the story they find engaging.



ALWAYS BE PREPARED

Just like any community, social media offers a forum for meeting and connecting with lots of different people. Determining how you want to build relationships--and with whom--will be key to making the most of your experience on Twitter, Facebook, Instagram, LinkedIn, and all other places where #SoMe is expanding our reach.

KNOW WHO TO ENGAGE... AND WHO TO AVOID



FRIENDS

Are people you know and trust. These include people from your social circle, colleagues, etc.



INFLUENCERS

Are people who have a major impact on #SoMe or a particular topic. These include individuals but also organizational accounts.



"TROLLS"

Are accounts that create discord on the Internet by starting quarrels or upsetting people through inflammatory or off-topic messages.

While most #SoMe users are genuine, it's important to trust your gut when things seems off...

- If someone is tweeting 24/7, then it could be a person who drinks a lot of coffee, but more likely it's a bot (a fake account).
- Trolls aren't interested in building a community; they're interested in breaking it down. Be a bigger person by ignoring, blocking, or reporting accounts trying to do harm.

**For more tools and tips, visit
AmericanGeriatrics.org**



WHY I'M AN AGS MEMBER

MARIAH ROBERTSON, MD, MPH

As with many geriatricians, Mariah Robertson's career inspiration came from a grandparent—in this case her grandmother, who lived with her and her mother, a single mom. Her grandmother had Alzheimer's disease. "I was so fortunate to have these two inspiring women in my life—my mother taught me how to be a good caregiver," says Dr. Robertson, now a first-year Clinical Education Fellow in Geriatric Medicine at Johns Hopkins. Sadly, Dr. Robertson's mother also developed Alzheimer's disease in her late 50s, which gave Dr. Robertson invaluable insights into our health care system. "I saw the good—and the bad—in the system," she says.



I'm new to Twitter...
It's important to me to follow the "greats" of the geriatrics world and be able to interact with them.

Once she decided on a career in medicine, Dr. Robertson recognized that she wanted to take care of frail older adults, those who deal with complex health problems. "I wanted to care for people who our health care system struggles—and often fails—to serve. These older adults have complicated health issues and our system just isn't set up to care for them, which sadly leaves them feeling alone and marginalized."

Dr. Robertson joined the AGS while she was a medical student and has been reaping its many benefits ever since. Although juggling her residency with her infant children didn't leave much time for membership activities, she became more involved as a Fellow. "I've been very

excited about what I can gain from my membership—and what I can contribute!"

Last year, as a chief resident, Dr. Robertson's schedule allowed her to attend #AGS19. "It was so much fun to be there! I was in the mentorship program and was paired with the amazing Dr. Sarah Berry from Harvard. It was a wonderful opportunity to discuss my career goals with her," recalls Dr. Robertson.

As an avid, if newish, member of the Twitterati (follow her @MLRobertsonMD), Dr. Robertson has shared some inspiring personal stories on the platform. "It's so funny—I'm new to Twitter, but I find it so incredible how much I can learn every day. I get medical knowledge, educational tips and personal stories about communicating with patients. It's important to me to follow the "greats" of the geriatrics world and be able to interact with them," says Dr. Robertson. (Follow #ThisIsGeriatrics).

"It's exciting when some of the greatest people in geriatrics medicine respond to something I've posted," she notes. "We are the storytellers of medicine, and it's wonderful to share short bits (anonymously, of course) of our patients' reminiscences—they are living history."

Dr. Robertson believes that having a Twitter presence amplifies her professionally. "I'm very thoughtful about what I post, and doing so helps me focus on and share what I'm most passionate about."

One of those passions is home care for older patients. Dr. Robertson has rotated through the Johns Hopkins home-based medicine program and has been able to follow the same patients for four years.

"I get to see my patients every month. I find it incredibly fulfilling to care for people who need labs and imaging, among all their other medical



needs, and be able to deliver it to them at home. It's also humbling to provide that care in their own space. It puts our dynamic on a different level, and I get to see first-hand how they live their lives," says Dr. Robertson.

Dr. Robertson balances her hectic work schedule with an equally hectic home schedule. "I have two little boys, ages 4 and 2, and I love seeing life through their eyes," she says. She and her husband make time to see live concerts every couple of weeks—and she's also dedicated to exercising regularly, which helps keep her focused. ♦



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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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Top 10 Healthy New Year's Resolutions for Older Adults

Making New Year's resolutions to eat better, exercise, watch your weight, see your healthcare provider regularly, or quit smoking once and for all, can help you get healthier and feel better for many more years to come. The American Geriatrics Society's Health in Aging Foundation recommends these top 10 healthy New Year's resolutions for older adults to help achieve your goal of becoming and staying healthy.

Eat fruits, vegetables, whole grains, fish, low-fat dairy and healthy fats

In later life, you still need healthy foods, but fewer calories. The USDA's Choose My Plate program ([choosemyplate.gov](https://www.choosemyplate.gov)), and your healthcare provider, can help you make good choices.

Eat at least five servings of fruits and vegetables daily. Choose a variety with deep colors: dark green, bright yellow, and orange choices like spinach, collard greens, carrots, oranges, and cantaloupe are especially nutritious. Include nuts, beans, and/or legumes in your daily menu. Choose fiber-rich whole grain bread, brown rice, and whole grain pasta. Pick less fatty meats like chicken or turkey. Have heart-healthy fish, like tuna, salmon, or shrimp, twice a week. Include sources of calcium and Vitamin D to help keep your bones strong. Two daily servings of low-fat milk, yogurt, or cheese are a good way to get these nutrients. Use healthier fats, such as olive and canola oils, instead of butter or lard. Use herbs and spices to add flavor when cooking, which reduces the need to add salt or fat.

Consider a multivitamin

Consult your healthcare provider about any nutrition issues that may need over-the-counter vitamins or nutrition supplements.

Be active

Physical activity can be safe and healthy for older adults—even if you have heart disease, diabetes, or arthritis! In fact, many of these conditions get better with mild to moderate physical activity. Exercises such as tai chi, water aerobics, walking, and stretching can also help you control your weight, build your muscles and bones, and improve your balance, posture, and mood. Check with your insurance plan to see if you are eligible for the SilverSneakers program, which can provide access to local fitness centers.



See your provider regularly

You should schedule an annual Medicare wellness visit with your healthcare provider around your birthday month to discuss health screenings and any changes in your advance directives. Screening tests might include checking your vision, hearing, and for other conditions such as breast cancer, colon cancer, or osteoporosis. At each visit, talk to your provider about all the medications you're taking, and whether or not you still need them. Find out if you should be getting any new or booster immunizations/shots.

Toast with a smaller glass

Excessive drinking can make you feel depressed, increase your chances of falling, cause trouble sleeping, interact with your medications, and can contribute to other health problems. One drink = 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of hard liquor. The recommended limit for older men is 14 drinks per week and for older women, 7 per week.

Guard against falls

One in every three older adults falls each year — and falls are a leading cause of injuries and death among older adults. Exercises such as walking or working out with an elastic band can increase your strength, balance, and flexibility and help you avoid falls. Also ask your healthcare provider to check that you're not taking any pills that can make you more likely to fall. Eliminate items in your home that are easy to trip over, like throw rugs. Insert grab bars in your bathtub or shower, and install night lights so it's easier to see at night.

Give your brain a workout

The more you use your mind, the better it will work. Read. Do crossword puzzles. Try Sudoku. Socializing also gives your brain a boost, so join a bridge club or a discussion group at your local library or senior center. Or take a course at your local community college — some offer free classes for adults 65 and older.

Quit smoking

Did you know that cigarette smokers are twice as likely to develop heart disease as non-smokers? It is never too late to quit. You can still reduce your risk of many health problems, breathe easier, have more energy, and sleep better if you quit smoking. You can access the National Cancer Institute's website (www.smokefree.gov) for resources. Additionally, ask your healthcare provider for help. Don't lose hope if you failed to quit in the past. On average, smokers try about four times before they quit for good.

Speak up when you feel down or anxious

About 1 in 5 older adults suffers from depression or anxiety. Some possible signs of depression can be lingering sadness, tiredness, loss of appetite or pleasure in doing things you once enjoyed. You may also have difficulty sleeping, worry, irritability, and wanting to be alone. If you have any of these signs for more than two weeks, talk to your healthcare provider and reach out to friends and family.

Get enough sleep

Older adults need less sleep than younger people, right? Wrong! Older people need just as much — at least 7 to 8 hours of sleep a night. Avoid daytime naps, which can keep you up in the evening. Visit the National Sleep Foundation's website (www.sleepfoundation.org) for more tips on how to sleep better.

