

AGS NEWS

NEWSLETTER OF THE AMERICAN GERIATRICS SOCIETY

2023

Volume 54

Number 4



May 2024 bring us all time to pause and take in the world around us like Flaco the escaped Eurasian Eagle Owl does from wherever he is perched. Our best for a happy and healthy New Year – the AGS team.

INSIDE

- 2 What We Do: A Look Back at 2023 Highlights From Our Work This Year
- 4 Congratulations to Our Newest AGS Fellows
- 8 AGS 360°
- 11 Why I'm an AGS Member

Photo by N. Lundebjerg

To learn more about Flaco, follow David Lei on Instagram. @davidlei

FROM OUR PRESIDENT

DONNA FICK, PHD, GCNS-BC, AGSF, GSAF, FAAN



My early morning runs are a time for quiet reflection and essential to renewing my energy for the day ahead. When I am traveling, I get to see the world just as the sun is rising over the horizon (for those of you worried about falls, I wear a headlamp). Often, the only sound is my feet hitting the pavement and a city waking up. Such was the case on the morning of the AGS Board meeting this past November. The hotel where we stay offers easy access to the Hudson River where there is a wonderful running/walking path that

circumnavigates lower Manhattan. Having reviewed the AGS Board materials the prior evening, my thoughts on this run turned to some highlights of the past year for me as President of the Society and I thought I would use this column to highlight some of the work that AGS does on behalf of its members (see page 2 for our Look Back at 2023).

Diversity, Equity, and Inclusion

In March, the American Geriatrics Society (AGS) and the *Journal of the American Geriatrics Society (JAGS)* developed specific [guidance for terminology](#) to use when reporting on age, race, and ethnicity. This guidance is one of the actions that AGS and JAGS are taking to ensure that the Society and Journal are integrating attention to diversity, equity, and inclusion across AGS programs and publications. This guidance has been rolled out to the editors and authors of other AGS products (e.g., the *Geriatrics Review Syllabus*) and plans are underway to expand the guidance to include terminology specific to the LGBTQ+ community.

continued on page 5

ATTEND #AGS24 FROM WHEREVER YOU ARE!

The Annual Scientific Meeting of the American Geriatrics Society (AGS) will be entirely virtual in 2024. We invite you to join us, from May 9th – May 11th (with pre-conference days on May 7th & 8th) to connect with geriatrics healthcare professionals from around the world without ever leaving your home or office. World-renowned geriatrics experts will present the latest information on clinical care, research on aging, and innovative models of care delivery.

Like the field of geriatrics, this premier educational event has evolved to better meet the needs of our community. The transition to a fully virtual meeting every other year offers numerous advantages, such as enhanced flexibility for attendees to engage in a broader array of sessions, reduced financial strains on travel budgets, and the potential to extend our reach to a wider

continued on page 6

WHAT WE DO: A LOOK BACK AT

2023

Highlights From Our Work This Year

JANUARY 2023

- The [AGS/AGING LEARNING Collaborative](#) released its first [podcast](#) on Multiple Chronic Conditions in Research.
- The American Geriatrics Society (AGS) met with leadership from the Centers for Medicare and Medicaid Services (CMS) to outline our recommendations and priorities for the 2024 Medicare physician fee schedule proposed rule.

FEBRUARY 2023

- The AGS [outlined in writing our recommendations](#) on Medicare Payment Policies for the 2024 Medicare physician fee schedule proposed rule around visit complexity, caregiver training codes, “incident to” visits for new patients, identification of substantive portion of split (or shared) visits, prolonged services, and specialty classification for nonphysician practitioners (NPPs).
- In partnership with Phairify, AGS/ADGAP launched the first of a series of brief [benchmarking surveys](#) to gather compensation, productivity, and practice characteristics across the numerous settings in which AGS members provide care.
- The AGS published a clinical tool focused on immunization in older adults: [Geriatrics Evaluation & Management \(GEMS\): Immunization](#). This tool was developed by AGS as part of the Centers for Disease Control and Prevention (CDC) & Council of Medical Specialty Societies (CMSS) [Advancing Adult Immunization](#) initiative.

MARCH 2023

- The AGS Health in Aging (HiAF) Foundation released a new [public education video](#) addressing the importance of vaccines. The video provides information on vaccines for COVID-19, influenza, pneumonia, shingles, and tetanus/diphtheria.
- The AGS and the *Journal of the American Geriatrics Society* (JAGS) developed specific [guidance for terminology](#) to use

when reporting on age, race, and ethnicity. This guidance is one of the actions that AGS and JAGS are taking to ensure that the Society and Journal are integrating attention to diversity, equity, and inclusion across AGS programs and publications.

- The AGS [submitted recommendations](#) in response to a request from the Senate Health, Education, Labor and Pensions (HELP) Committee to address the healthcare workforce crisis. In follow-up, AGS leadership met with Senate HELP committee staff to emphasize the support needed for the geriatrics workforce programs as well as direct care workers.
- The AGS hosted a Virtual Advocacy Week with 21 offices of members in Congress and met with four offices in person to advocate for increased funding of the Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Award (GACA) Program.
- The AGS [submitted a written testimony](#) for the record to the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies requesting increased funding in Fiscal Year (FY) 2024 for the geriatrics education and training programs, the GWEP and GACA Programs, and aging research within the National Institutes of Health (NIH).
- The AGS [responded](#) to the NIH Request for Information (RFI) on a proposed revised framework for evaluating and scoring peer review criteria for NIH research project grant applications.

APRIL 2023

- The paper “[Complexities of care: Common components of models of care in geriatrics](#)” was published in JAGS. The article, a product of an AGS work group, defines care complexity in older adults, reviews common components of healthcare models, and identifies potential gaps that require attention to reduce the burden of care complexity in older adults.

MAY 2023

- More than 2945 geriatrics healthcare professionals, researchers, and advocates met in Long Beach, CA, for the AGS 2023 Annual Scientific Meeting (#AGS23). More than 1071 research abstracts were submitted for the meeting!
- The AGS welcomed 16 members to our newest class of AGS Fellows—colleagues who have taken their commitment to geriatrics and the AGS to new heights across their careers.
- The 25th edition of *Geriatrics At Your Fingertips*, our go-to tool for clinicians who care for older people, was published.
- The AGS published The [2023 Updated AGS Beers Criteria® for potentially inappropriate medication use in older adults \(DOI: 10.1111/jgs.18372\)](#) and created a stand-alone app for the Criteria.
- The [iGeriatrics mobile app](#) was re-released with a brand-new look and expanded content, including the AGS Quick Guides on the Geriatrics 5Ms and Diabetes Management, as well as updated information on Essential Immunizations in Older Adults and newly updated Cultural Navigator. Available for free on GeriatricsCareOnline.org and in the Apple and Google App stores.
- “[Complexities of care: Common components of models of care in geriatrics](#)” was awarded the 2023 JAGS Editor's Choice Award.
- In letters to appropriators, AGS advocated for increased appropriations for the [National Institute on Aging](#) and for the [Veterans Affairs \(VA\) Medical and Prosthetic Research Program](#).

JUNE 2023

- The AGS Older Adults Vaccine Initiative website (vaccines.agscocare.org) went live, offering free access to a comprehensive suite of resources for geriatrics health professionals seeking to enhance immunization in their practice. [Resources](#) include a self-directed online educational curriculum (with CME available), patient education handouts & videos, and tools including a Geriatrics Evaluation & Management Tool (GEMS) on Vaccinations in Older Adults and a mobile app.
- AGS [submitted comments](#) expressing our support for the inclusion of the Geriatrics Hospital Measure and the Geriatrics Surgical Measure in the CMS Hospital Inpatient Quality Reporting program.

JULY 2023

- AGS [expressed support](#) for the CMS decision to require the collection of evidence for monoclonal antibodies directed against amyloid for the treatment of Alzheimer's disease that receive traditional approval from the Food and Drug Administration (FDA) to better understand how these drugs will work in the real world.
- AGS commented in support of a CMS proposal to remove the national coverage determination, ending coverage with evidence development for beta amyloid positron emission tomography for Medicare beneficiaries.

AUGUST 2023

- AGS [submitted comments](#) on the draft National Institute on Aging-Alzheimer's Association (NIA-AA) Revised Clinical Criteria for Alzheimer's Disease (AD), an update of the [2018 NIA-AA Revised Clinical Guidelines for Alzheimer's](#). AGS expressed concern about the proposal to expand the guidelines to include usage in clinical care and highlighted that the current evidence base is underdeveloped to support the expansion.
- The [HealthinAging.org](#) content review and update was completed. HealthinAging.org is the HiAF's public education portal, providing older adults and caregivers with up-to-date information on health and aging—as well as access to a network of geriatrics healthcare professionals.

SEPTEMBER 2023

- The AGS [submitted extensive comments](#) in response to the Centers for Medicare and Medicaid Services (CMS) Calendar Year (CY) 2024 proposed rule updating the Medicare Physician Fee Schedule (PFS) and Quality Payment Program (QPP).
- The John A. Hartford Foundation's Board of Trustees approved a renewal grant to AGS for Phase 3 of the [Geriatrics Workforce Enhancement Program Coordinating Center](#) (GWEP-CC). This grant will support GWEPs in achieving all of the Health Resources and Services Administration (HRSA) aims and objectives by providing programming and resources that are tailored to their needs and are focused on preparing the health care workforce to care for older adults.

NOVEMBER 2023

- The GWEP-CC concluded their second GWEP-CC Age-Friendly Health Systems Action Community, which consisted of 247 participants representing 43 GWEPs and 115 of their partners. Since the GWEP-CC's first action community in 2020, the GWEPs and their partners have continuously strived towards Age-Friendly recognition and implementing the 4Ms. To date, IHI has awarded Level-1 recognition to 270 sites and Level-2 recognition to 142 sites. The sites who received Level-1 recognition are partnered with all 48 GWEPs and the Level-2 sites represent 31 GWEPs.
- The third cohort participating in [AGS/ADGAP Leadership & Life Skills Curriculum](#) (LLSC) began the program. The LLSC is available for free exclusively to AGS Fellows-in-Training and Early Career Professional members. It focuses on developing a broad range of practical leadership, life and career related knowledge and skills.

OCTOBER 2023

- The final module of the [The Multiple Chronic Conditions \(MCCs\) Research Core Curriculum](#) was published. The complete curriculum, available for free, includes eight self-directed educational online modules focused on the science of MCCs for emerging investigators who seek to include older adults with MCCs in their study populations.
- A new [AGS CoCare®:HELP informational video](#) was published, showcasing the program's goals, benefits, and importance for implementation.
- The AGS holds its Virtual Career Fair, connecting prospective candidates with potential employers across the US.
- AGS [submitted recommendations](#) in response to a request from the House Committee on Ways and Means on improving access to health care in rural and underserved areas.

- The University of Arizona College of Medicine – Phoenix and University of Texas Southwestern Medical Center were approved by ACGME to offer the Combined Med-Geri Pathway program to students interested in pursuing a career in Geriatrics. The [AGS/ADGAP AIRE Medicine-Geriatrics Integrated Residency and Fellowship](#) (Combined Med-Geri Pathway) provides an alternative pathway for training by integrating the clinical experiences required in a geriatrics fellowship across the internal medicine or family medicine residency and meeting geriatric competencies in an innovative four-year (48 month) program.
- AGS [submitted comments](#) on a CMS proposal to revise minimum staffing standards for long-term care facilities.
- AGS submitted comments to the Office for Civil Rights on its proposed rule to strengthen protections against discrimination based on disability.
- AGS submitted comments in response to the revised NIA-AA Clinical Criteria for Alzheimer's Disease. We previously provided comments on an earlier iteration of the criteria in August 2023.
- AGS published an educational piece for members entitled "Lecanemab: What Clinicians Should Know".

DECEMBER 2023

- The GWEP-CC published 21 additional case studies to their GWEP-CC Age-Friendly Health Systems Case Studies collection, for a grand total of 33 case studies.

CONGRATULATIONS TO OUR NEWEST AGS FELLOWS

In August 2023, ten leading health professionals were recognized for their deep commitment to the AGS and to advancing high-quality, person-centered care by achieving fellowship status with the AGS. AGS Fellows are a select group of experts who have demonstrated commitment to the field, contributed to advances in care, and are active participants in AGS activities. Our newest class of fellows reflects the dedication to geriatrics education, clinical care, and research indicative of our

Society's commitment to quality care for us all as we age. They include:

- Candice R. Coffey, MD, AGSF
- Clifford F. Feiner, DO, AGSF
- Ariel Green, MD, MPH, AGSF
- Megan Huisingsh-Scheetz, MD, AGSF
- Ecler Jaqua, MD, AGSF
- Neela K. Patel, MD, MPH, AGSF
- Leonard Powell, DO, MS, FACOPP, CMD, AGSF
- Nancy L. Schoenborn, MD, MHS, AGSF
- Cassandra Vannes, NP, AGSF
- Sarah Wingfield, MD, AGSF

Each year, highly qualified AGS members earn fellowship status following a rigorous application process, which includes assessments covering a wide range of criteria from continuing education to public service and geriatrics scholarship.

➔ Applications are accepted twice yearly, with more information available at <https://www.americangeriatrics.org/membership/fellowship-agfs>.

In AGS 360^o, our CEO Nancy Lundebjerg shares our second annual report on how the diversity of our leadership compares to our membership. This year, her report also shares comparison data from our 2024 annual meeting with a focus on comparing the diversity of our faculty and that of our attendees.

Policy

The AGS has a long history of working to influence payment policy through regulatory comments, participation in the groups that create and value payment codes, and advocacy on the hill. In 2023, the AGS pursued improved payment for those caring for older adults via regulatory comments, meetings with agencies, and legislative advocacy. In February, following a meeting with the Centers for Medicare and Medicaid Services (CMS), the AGS [shared a letter](#) with CMS on Medicare payment policies for the Calendar Year (CY) 2024 Medicare Physician Fee Schedule (MPFS) Proposed Rule. The letter included our recommendations around visit complexity, caregiver training codes, “incident to” visits for new patients, and identification of substantive portion of split (or shared) visits. We were pleased to see a number of our recommendations reflected in the CMS proposed 2024 MPFS while continuing to work to shape the final rule by [submitting extensive feedback](#) on proposals important to geriatrics. The final rule was released on November 2nd, and we were again pleased to see many of our recommendations finalized including payment for caregiver training, a new payment code for visit complexity, a revised definition of “substantive portion” of a split (or shared) visit, and implementation of telehealth flexibilities that waive geographic and originating site requirements under Medicare through 2024. The AGS continues to work in coalition with other organizations to ensure that Congress passes legislation to stop

an impending reduction in Medicare payments in 2024 and also addresses a long-term fix to the Medicare physician payment system.

AGS also continued to advocate for [increased appropriations](#) for the geriatrics health professions programs that are offered by the Health Resources and Services Administration (HRSA) and to co-lead the Eldercare Workforce Alliance, a multi-stakeholder coalition that is focused on ensuring that the healthcare workforce is prepared to care for older people. In separate letters, AGS advocated for increased appropriations for the [National Institute on Aging](#) and for the [VA Medical and Prosthetic Research Program](#).

I encourage our AGS members to review the full report of [AGS policy activities](#) that can be found online and to keep an eye on the AGS Week in Review for frequent updates on our work on behalf of older adults and our members who care for them.

Grants

In September, The John A. Hartford Foundation’s Board of Trustees approved a renewal grant to AGS for Phase 3 of the [Geriatrics Workforce Enhancement Program Coordinating Center](#) (GWEP-CC). This grant will support GWEPs in achieving all of the Health Resources and Services Administration (HRSA) aims and objectives by providing programming and resources that are tailored to their needs and are focused on preparing the health care workforce to care for older adults.

In June, the AGS Older Adults Vaccine Initiative website ([vaccines.agscocare.org](#)) went live, offering free access to a comprehensive suite of resources for geriatrics health professionals seeking to enhance immunization in their practice. [Resources](#) include a self-directed online educational curriculum (with CME available), patient education handouts & videos, and tools including

a Geriatrics Evaluation & Management Tool (GEMS) on Vaccinations in Older Adults, and a mobile app.

I am delighted to report that the AGS/AGING LEARNING collaborative published the final module of the [Multiple Chronic Conditions \(MCCs\) Research Core Curriculum](#) earlier this fall. The complete curriculum, available for free, includes eight self-directed educational online modules focused on the science of MCCs for emerging investigators who seek to include older adults with MCCs in their study populations. The collaborative also offers an online community for investigators who are pursuing research focused on multiple chronic conditions, which includes access to the 24/7 AGS online mentoring program.

Congratulations

My congratulations go out to the following...

- Our [2023 awardees](#) and to the 20 AGS members who, like me, became [AGS Fellows](#) in 2023. This status reflects their commitment to geriatrics and to advancing care of older adults through service to the society and their local communities. I encourage members to consider nominating someone for a [2024 award](#) and to consider [applying](#) for AGSF fellowship themselves.
- The GWEP teams that have successfully led efforts to achieve Age-Friendly Health Systems recognition. Their commitment has resulted in 270 partner sites achieving level 1 age-friendly designation and 142 partner sites achieving level 2 designation from the Institute for Health Care Improvement (IHI). The GWEPs are leading the way in implementing the 4Ms (What Matters, Medications, Mentation, and Mobility) into primary care.
- The University of Arizona College of Medicine – Phoenix and University of

continued on page 7

demographic. Not to mention, having a completely virtual annual meeting in 2024 reduces our carbon footprint by 94%. It is with these multifaceted considerations and other compelling factors in mind that AGS has thoughtfully elected to embrace the virtual format for this year's Annual Scientific Meeting.

"The 2024 meeting is the first virtual meeting in a four-year pilot (2024-2027) that will alternate virtual (2024, 2026) and face-to-face meetings (2025, 2027). The Board approved this pilot after looking at long-term financial projections for the Society and determining that the Society would be at the forefront of health professional society organizations that are exploring ways to ensure financial stability as they emerge from the COVID-19 pandemic," commented Anna Chang, MD, Program Chair. "The 2024 Virtual Annual Meeting Program Committee has carefully selected sessions that will address the diverse educational needs of geriatrics professionals across various disciplines. Physicians, nurses, pharmacists, physician assistants, social workers, long-term care and managed care providers, health care administrators, and other allied healthcare experts will find the same state-of-the-art educational sessions and groundbreaking research presentations that AGS is known for. Personally, I will miss seeing national colleagues, but am also looking forward to being able to attend all of the sessions I am interested in asynchronously and also to using this opportunity to connect with colleagues here at home in ways that we are all too often too busy to do over the course of the year."

Sessions Sneak Peek

Unique learning opportunities offered at #AGS24 include:

NEW ERA OF ALZHEIMER'S DISEASE DIAGNOSIS AND THERAPEUTICS

Esther Oh, MD, PhD & Noll Campbell, PharmD, MS will co-moderate this engaging program that is intended to provide the latest information about the diagnosis and therapeutics for those with Alzheimer's disease. Participants will learn more about the anti-amyloid monoclonal antibody (mab) for treatment of early symptomatic Alzheimer's disease (AD) with presenters focusing on lecanemab. The evidence and controversies surrounding the new mab AD medications will be discussed as well as how best to choose appropriate patient population, determine therapeutic dose/frequency/duration and monitor for adverse events. Presenters will review CMS's approach to addressing access to FDA approved medications and FDA cleared diagnostics for Medicare beneficiaries with Alzheimer's disease. Inequity is rampant within many sectors of the United States, including health and medicine. Thus, this session will provide insight into current brain health inequities in the United States and

how beta anti-amyloid monoclonal antibody treatment will exacerbate these inequities without additional changes to our AD/ADRD prevention, diagnosis and care paradigms and the healthcare delivery and economic implications of the FDA approval of medications, such as lecanemab, that target a broad population of people at risk or with Alzheimer's disease.

Panelists will also discuss donanemab if it is FDA approved by May 2024.

Panelists

Use of Anti-Amyloid Therapy for Alzheimer's Disease in Clinical Practice

Esther Oh, MD, PhD

Coverage of FDA Approved Medications and FDA Cleared Diagnostics for Medicare Beneficiaries with Alzheimer's Disease

Shari Ling, MD

It's Not Just the \$26,500: How Existing Brain Health Inequities Will Be Exacerbated by Beta Anti-Amyloid Monoclonal Antibody Treatment and Real-World Opportunities and Solutions to Address These Challenges

Ab Brody, PhD, RN, FAAN

Population and Economic Implications Treatment of People with or at Risk for Alzheimer's Disease

Julie PW Bynum, MD, MPH

GERIATRICS LITERATURE UPDATE: 2024

Kenneth Covinsky, MD, MPH, Eric Widera, MD, & Alexander Smith, MD, MS, MPH will lead the 2024 Geriatrics Literature Update, one of the most highly rated sessions at the annual meeting. The session will focus on the year's most important published papers. Discussion includes the significance of findings and application to patient care. Not only will they identify areas in clinical medicine where new strong evidence has been uncovered that should affect geriatric practice and describe the results of a critical appraisal of this evidence, they will discuss clinical advances in caring for older adults from a review of approximately 30 peer-reviewed journals from January-December, 2023.

ARTIFICIAL INTELLIGENCE AND GERIATRIC MEDICINE: THE FUTURE IS NOW

Amit Shah, MD, AGSF will moderate this discussion about Artificial Intelligence (AI) and related technologies that will change medicine. Like the contents of Pandora's box, AI has been released into society and there is no way to put it back. Learning the basics of AI technology, and how to leverage it in the fields of clinical practice, medical education, and

research will enable participants to not only understand, but also benefit from this type of technology. Examples of current and potential uses of AI in clinical practice as well as medical education and research will be reviewed during this session. As with all new technology, the ethics must be considered and the ethical considerations in integrating AI technology in medicine, potential for propagation of biases, and the potential impact of these on healthcare inequity and health disparities will be discussed.

Panelists

Potential Clinical Applications of AI in Geriatrics

Elissa Kozlov, PhD

Current and Potential Applications of AI in Medical Education and Research

Carmen Quatman, MD, PhD

Potential Biases and Ethical Consideration Regarding the Use of AI in Geriatric Medicine

Aruna V. Josyula, MD, MPH, CMD

Best of Both Worlds

“I remember our courage, at the start of the COVID-19 pandemic, that led to new virtual ways to advance our missions. There were so many things that we never imagined could be done differently, and then we tried something new, and did it well. As the immediate dangers of this pandemic subside, thanks to our scientists, other serious structural struggles continue to challenge us. I’m grateful to AGS leaders for making the best decisions on our behalf in the face of current realities and continuing to innovate towards our shared goals of impact and sustainability. I am as excited as ever to see you next spring from the comfort of our own homes, enabled by the magic of technology. And, I will look forward eagerly to gathering with you in person in 2025,” shared Anna.

Follow #AGS24 for Updates!

Use the tags #AGS24 and #AGSProud to spread the word about your meeting plans and connect with other attendees online. Look for updates from @AmerGeriatrics, @AGSJournal, @HealthinAging, and AGS CEO @NLundebjerg to remain in-the-know about all things #AGS24. Plus, remember to follow meeting updates on MyAGSOnline, the exclusive online forum for AGS members. Log in at [MyAGSOnline](https://myagsonline.americangeriatrics.org). [AmericanGeriatrics.org](https://americangeriatrics.org) and view the AGS Member Forum to learn about the sessions that already have your colleagues talking. ♦

➔ Visit Meeting.AmericanGeriatrics.org to register, view a program schedule, and check on other updates. Visit the site often for news about #AGS24.

From Our President continued from page 5

Texas Southwestern Medical Center for being approved by ACGME to offer the Combined Med-Geri Pathway program to students interested in pursuing a career in Geriatrics. The [AGS/ADGAP AIRE Medicine-Geriatrics Integrated Residency and Fellowship \(Combined Med-Geri Pathway\)](#) provides an alternative pathway for training by integrating the clinical experiences required in a geriatrics fellowship across the internal medicine or family medicine residency and meeting geriatric competencies in an innovative four-year (48 month) program.

Thank You

The work I have highlighted here is but a small sampling of the work that AGS does – none of which would be possible without the many AGS members who volunteer to serve on our committees, assist us with drafting comments, call on Congress for change, and contribute to the [AGS Health in Aging Foundation](#). Your donations support trainees attending our annual meeting and our efforts to educate the public via HealthinAging.org. As I plan my own end of year contributions this is at the top of my list.

On behalf of the AGS Board and staff, a huge thank you to the many AGS members who contributed to the Society’s work in 2023. I am continually amazed by and grateful for the work our members do to improve the care of older adults. We appreciate every member’s dedication to ensuring that all older adults have access to high quality care that is centered around what matters to them. ♦

AGS24 VIRTUAL

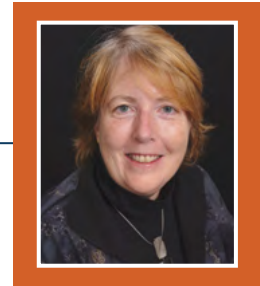
AGS 2024 VIRTUAL ANNUAL SCIENTIFIC MEETING

MEETING DATES: Thursday, May 9 – Saturday, May 11

PRE-CONFERENCE DAYS: Tuesday, May 7 & Wednesday, May 8

Learn more and register at Meeting.AmericanGeriatrics.org

AGS Geriatrics Healthcare Professionals
Leading Change. Improving Care for Older Adults.



We are on the cusp of Thanksgiving as I write this (our newsletter goes to bed about a month before it is mailed) which means it is that time of year where I review the list of organizations that I am supporting in advance of making year-end donations. Like many people, my charitable giving changes from year to year and this year is no exception given the number of non-profits working in areas that I care deeply about.

One organization that is perennially on my list is our own AGS Health in Aging Foundation which I have happily supported since circa 2003, which was the first time we held an Evening with Friends. I made my first major (for me) donation in 2014 and was in the first wave of donors committing to three years of giving at the [Founders Circle level](#) (2015), maintaining that level of giving since then. For a full list of our supporters, visit: <https://bit.ly/Thank-You-Supporters>.

Why do I support the foundation?

I'm taking off my AGS CEO hat for a minute here. Fundamentally, I support the Foundation for the same reason I joined the AGS staff in 1998. Simply put, I believe in geriatrics health professionals and the ways in which you support all of us as we age. Through the foundation's public education programs (www.healthinaging.org), older adults and their caregivers can tap into your knowledge in ways that can help them to advocate for their own care. I also believe that our AGS members are enthusiastic about choosing a career in geriatrics and that our support for trainees to participate in our meeting (whether it be virtual or face-to-face) provides an early exposure to just how great a career focused on older adults can be. I know from my

work with our Geriatrics-for-Specialists Initiative that this type of exposure can influence someone to integrate a focus on aging into their career regardless of whether someone goes on to specialize in geriatrics.

It gives me great joy that over 1,000 of our AGS members also donate to the AGS Health in Aging Foundation – no gift is too small, and every donation helps us to advance our mission. Because AGS staff support the work of the Foundation, we can commit 90% of every donation going towards programs. If you haven't already given a gift this year, please consider a [donation](#) as a part of your own end-of-year charitable gift planning. Donations can be made at <https://bit.ly/HiAF-donate-today>.

I know that our AGS Health in Aging Foundation, like much of what we do, relies on the generous gift of time and energy from our AGS leaders and members. Whether it is planning for our trainee poster session during our AGS Annual Meeting, participating in our trainee mentoring programs, reviewing public education materials, or simply serving as an ambassador for geriatrics with trainees in your own community, you are sharing your expertise and your joy in your career. Please know that we see you and are grateful for all that you do every day on behalf of all of us as we age.

AGS Census Update

As AGS CEO, I am often asked about the diversity of our leadership and whether it is comparable to the diversity of our membership. As a part of our efforts to embed attention to diversity, equity, and inclusion in all that we do, we committed to publishing a report card annually that would give our members a summary of the

demographic data that we have been asking all AGS members to share. I am pleased to share our second annual report in this column. Tables 1, 2, and 3 report our findings, as of October 30, 2023, on gender, Hispanic, Latinx or Spanish origin, and race & ethnicity. As we noted in 2022, our respondent numbers differ from table to table because we changed our census questions in 2021 which means that we have a mix of older and newer data for some of our questions.

This year, we also asked our 2023 annual meeting attendees to share their demographic data so that we could provide a comparison of who is presenting at the meeting to attendees. Our presenter category is inclusive of moderators and speakers at invited sessions and paper/poster presenters. Tables 4, 5, and 6 report our findings, as of October 30, 2023, on gender, Hispanic, Latinx or Spanish origin and race & ethnicity.

As always, we are grateful to our members and annual meeting attendees who completed our demographic questions. Having demographic data helps us to identify where we might have gaps across the work that we do and having a rich member data set to which we can compare helps to inform our selections. We have also published this report on our website.

We encourage all members to become engaged with the Society by joining special interest groups and sections, participating in abstract reviews, and being on the lookout for other opportunities to get to know us. Most of our Board and Committee members started their society leadership journey

by taking these initial steps which also helped them to grow their national network of colleagues and potential collaborators.

Looking Ahead to 2024

We are closing out November of 2023 with publication of an educational piece for members focused on Lecanemab: What Clinicians Should Know (visit GeriatricsCareOnline.org to access this new resource). It's been a privilege to serve on the authoring team for this new piece and we will use it to inform a parallel public education piece through the AGS Foundation for Health in Aging as well as development of a downloadable check list for use in clinical practice. Given the pace of innovation on monoclonal antibodies for Alzheimer's disease (AD), we plan to keep an eye on the data and update our materials as new evidence is published in peer-reviewed journals. Looking ahead to #AGS24, I am beyond excited that our own Esther Oh and Noll Campbell will be moderating a session, *New Era of Alzheimer's Disease Diagnosis and Therapeutics*, that will provide the latest information about diagnosis and therapeutics for those with AD. Learn more about this and other sessions in our article about the meeting on page 1 of this issue of AGS News.

I frequently hear from members about the pilot the Board approved that has AGS alternating virtual (2024, 2026) and face-to-face (2025, 2027) meetings. Anecdotally, some members are against the idea and others are for the idea. I may be biased but I think the AGS Annual Meeting is the premier meeting for up-to-date clinical content and cutting-edge research that is focused on care of older adults. One of the things that I think we learned during COVID-19 is that virtual meetings can be very effective and that many attendees appreciate the access to all sessions. Some training program directors have told me that a virtual meeting offers them the opportunity to support

Table 1. Gender, AGS Members & Leadership

Response	AGS Members (Dues-Paying)	AGS Board and Committee Leaders
Female	2,801 (61%)	118 (69%)
Male	1,754 (38%)	50 (29%)
Non-Binary	7 (<1%)	0 (-%)
Prefer not to answer	50 (1%)	2 (1%)
Respondents:	4,612	170

Table 2. Hispanic, Latinx or Spanish Origin, AGS Membership & Leadership

Response	AGS Members (Dues-Paying)	AGS Board and Committee Leaders
No , not of Hispanic, Latinx or Spanish origin	2,390 (89%)	153 (96%)
Yes , another Latin or Spanish origin	106 (4%)	2 (2%)
Yes , Mexican, Mexican Am, or Chicano	56 (2%)	0 (-%)
Yes , Puerto Rican	38 (1%)	2 (1%)
Yes , Cuban	11 (<1%)	0 (-%)
Prefer not to answer	85 (3%)	2 (1%)
Respondents:	2,686	159

Table 3. Race & Ethnicity, AGS Membership & Leadership

Response	AGS Members (Dues-Paying)	AGS Board and Committee Leaders
White—For example, German, Irish, English, Italian, Polish, French	1,415 (55%)	89 (52%)
Asian—For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese	618 (24%)	40 (25%)
Hispanic, Latino or Spanish Origin—For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian	171 (7%)	4 (2%)
Black or African American—For example, Jamaican, Haitian, Nigerian, Ethiopian, Somalian	164 (6%)	13 (8%)
Middle Eastern or North African—For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian	73 (3%)	4 (2%)
Some other race, ethnicity or origin	46 (2%)	3 (2%)
American Indian or Alaska Native—For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community	11 (<1%)	0 (-%)
Native Hawaiian or Other Pacific Islander—For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese	7 (<1%)	0 (-%)
Prefer not to answer	197 (8%)	10 (6%)
Respondents:	2,596	158

*Respondents were allowed to select more than one option on this question.

more trainees to present their work because they do not have travel costs. We've heard from members who are torn between attending our meeting and meetings of other organizations that this AGS pilot means that they will be able to attend our meeting in virtual years. The voices on the other side worry that a virtual meeting does not offer the same opportunity to network that a face-to-face meeting offers and that we may lose ground in recruiting new members and trainees into geriatrics. These members appreciate the spirited debate that can occur as people come to mics to ask questions in our plenary sessions. I appreciate all this feedback and am hopeful that members attending the 2024 meeting—on both sides of the divide—will complete our meeting evaluation forms to let us know what they thought went well with the virtual format and what they thought we could do better in 2026.

One of the things that we promised to do when we launched the alternating pilot was to look at additional ways to bring our members together. We are doing that with our special interest groups (SIGs) and sections, supporting them to meet more frequently, and providing them with the tools & training to use the Online Communities to facilitate networking and communications between meetings. The rate limiting factor on this is—and will continue to be—the small size of the AGS staff. Having said that, we have modified our meeting guidelines for both SIGs and sections so that staff will be available to support a second virtual meeting in the fall. In addition, we are working with our SIG and section chairs on ensuring that we have a dedicated online forum for every SIG. If you are a SIG or section member, stay tuned for more information on this effort. If not, please consider signing up as these smaller affinity groups are a great way to connect with other AGS members who share your interests.

On behalf of the AGS staff team, our best to all of our members as we close out 2023 and we are looking forward to supporting you in 2024. ♦



Table 4. Gender, #AGS23 Attendees & Presenters

Response	#2023 Attendees	#2023 Presenters
Female	1,800 (68%)	811 (71%)
Male	796 (30%)	306 (27%)
Non-Binary	58 (2%)	20 (2%)
Prefer not to answer	6 (<1%)	2 (0%)
Total:	2,660	1,139

Table 5. Hispanic, Latinx or Spanish Origin, #AGS23 Attendees & Presenters

Response	#2023 Attendees	#2023 Presenters
No , not of Hispanic, Latinx or Spanish origin	2,352 (88%)	999 (88%)
Prefer not to answer	94 (4%)	49 (4%)
Yes , another Latin or Spanish origin	98 (4%)	53 (5%)
Yes , Mexican, Mexican Am, or Chicano	69 (3%)	19 (2%)
Yes , Puerto Rican	37 (1%)	16 (1%)
Yes , Cuban	10 (<1%)	2 (0%)
Total:	2,660	1,139

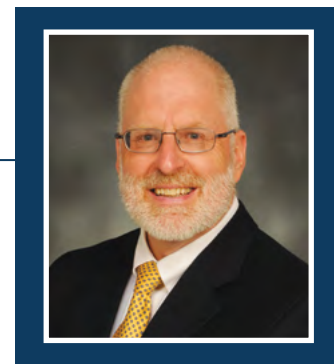
Table 6. Race & Ethnicity, #AGS23 Attendees & Presenters

Response	#2023 Attendees	#2023 Presenters
White—For example, German, Irish, English, Italian, Polish, French	1,273 (48%)	541 (47%)
Asian—For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese	741 (28%)	372 (33%)
I prefer not to answer.	252 (9%)	10 (6%)
Hispanic, Latino or Spanish Origin—For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian	191 (7%)	78 (7%)
Black or African American—For example, Jamaican, Haitian, Nigerian, Ethiopian, Somalian	168 (6%)	66 (6%)
Middle Eastern or North African—For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian	101 (4%)	50 (4%)
Some other race, ethnicity or origin	57 (2%)	20 (2%)
American Indian or Alaska Native—For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community	10 (<1%)	6 (1%)
Native Hawaiian or Other Pacific Islander—For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese	0 (0%)	6 (1%)
Total:	2,660	1,139

*Respondents were allowed to select more than one option on this question.

WHY I'M AN AGS MEMBER

David Elliott, PharmD, FASCP, AGSF, BCGP



It wasn't until I was an adult that I discovered the people I really enjoyed interacting with the most were older adults and that the area I found most intellectually challenging was the chronic conditions that older adults are often faced with. Through conversations with colleagues and others who work in geriatrics, I found that many people who decided to go into geriatrics have a long history of exposure to older adults or have been impacted by older adults in some special way. But that really wasn't the case for me.

In the 1970's, I was an undergraduate, trying to decide what I wanted to do professionally. As a pragmatic young man, I felt drawn to pharmacy because of my interest in the hard-core sciences, biology, and chemistry. It also didn't hurt that at the time, you were employable as a pharmacist after completing a bachelor's degree in pharmacy and although I loved school and loved education, I was not sure if I would get tired of it.

During the later stages of my undergraduate years, I realized that I did, in fact, want to pursue post graduate education. An emerging field at the time that caught my attention was clinical pharmacy. While these programs were available mostly across the United States, they were not in Western Canada, where I grew up and was pursuing my undergraduate degree.

So, I applied to programs in the United States and enrolled in a program at the University of Texas, based in San Antonio. There, I completed my PharmD program and met my wife. Our first jobs were in Chicago and we loved Chicago, but then we decided we wanted to settle down in a smaller area so we ended up in Charleston, West Virginia, where I was hired by West Virginia University and worked

in acute care for a few years. It was at this time that I realized that the people I really enjoyed interacting most with were older adults in the hospital.

I joined The American Geriatrics Society in 1999, after being introduced to the organization by Todd Semla. I've always belonged to professional organizations, although early in my career they were mainly pharmacy organizations. One of the professional organizations I was and still am a part of is the American Society of Consulting Pharmacists because of their focus on long-term geriatric care through a pharmacist's lens. I met Todd through the geriatrics interest group within another pharmacy organization and he was the person who suggested that the AGS might be a good fit for me.

Through a little research of my own, I saw that the AGS membership was comprised of the same folks that I was already working with, and so I decided to join. After I attended my first Annual Meeting, I truly felt like I belonged and could tell immediately that it fit my professional needs. I believed it would help me better serve the needs of older adults while also helping me grow as a better educator and scholar in the field of geriatrics. (It did!)

My favorite part of being an AGS member is the networking experience and the people I have had the pleasure to meet and work with. I have been fortunate enough to have served on several committees over the years and have really enjoyed working with fellow AGS members. Building a network of people that I can turn to when I have questions or need support has been invaluable.

I also really value the educational components the AGS provides to its members including at the Annual Meeting as well as their many products, such as the Geriatrics At Your

Fingertips and the AGS Beers Criteria. I browse *JAGS*, the *Journal of the American Geriatrics Society*, cover to cover each month that it is published.

Now that I am in the later stages of my career, I want to ensure that the University and Health system that I work for continues to have a pharmacy presence in the practice setting when I choose to retire. It is important to me that the work I am doing now helps future patients as well as pharmacy and medical learners who are interested in geriatrics. AGS has helped me in my journey as I am sure they will help others in theirs. ♦




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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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AGS | OLDER ADULTS VACCINE INITIATIVE

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Work to improve vaccination rates
among older adults in your community

THE ONLINE
CURRICULUM
INCLUDES
CONTENT ON:

Older Adult Vaccinations:
COVID19, flu,
pneumonia, shingles

Quality Improvement
(including EHR,
Immunization Information
System [IIS])

Coding Guidance

Vaccine Hesitancy

Settings of Care



vaccines.agscocare.org

FREE RESOURCES AVAILABLE



AGS Policy Statement



Self-directed Online Educational
Curriculum on Vaccines in Older Adults
(Free CME Available!)



Essential Vaccines Mobile App



Geriatrics Evaluation and Management
Tool (GEMS) On Vaccinations in
Older Adults



Patient Education Resources



AGS Older Adults Vaccine Initiative Podcast

The American Geriatrics Society (AGS) is one of seven specialty medical societies with a subaward under a Council of Medical Specialty Societies (CMSS) contract with the CDC to increase adult vaccination rates (across all vaccines) in this country, called Specialty Societies Advancing Adult Immunization (SSAAI).

AGS is supported through a subaward under a Council of Medical Specialties Societies contract with the Centers for Disease Control and Prevention (CDC).

CMSS



SSAAI
SPECIALTY SOCIETIES ADVANCING
ADULT IMMUNIZATION

AGS Geriatrics
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