

Decision



Updated questions for candidates to support all Americans as we age

SUPPORTING ALL AMERICANS AS WE AGE IN #DECISION2024: QUESTIONS FOR CANDIDATES

The American Geriatrics Society (AGS) is committed to improving the health, independence, and quality of life for all Americans as we age. We believe it is important that Americans understand how elected officials and candidates for office view federal, state, and local programs that support older Americans. What programs and policies are they championing and what is their vision for the future of aging in the United States?

Our electoral process allows opportunities for all of us to ask questions of candidates for public office. Learning about a candidate's commitment to older Americans *now* can help us elect leaders who are committed to our collective health, safety, and independence as we age.

To assist our members and others seeking to learn more about where candidates and elected officials stand on issues important to older adults, we created this compendium of questions. In addition to suggesting questions, our compendium shares programs and policies that are aimed at improving care of older adults. As election season approaches, we hope you utilize this guide to engage with candidates, ask informed questions, and advocate for the causes you care about. The full guide can be found at AmericanGeriatrics.org/Where-We-Stand.

Our compendium shares programs and policies that are aimed at improving care of older adults.

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SPOTLIGHT ON AGS VACCINE AMBASSADORS

As we reported in this year's [Q1 edition of AGSNews](#), our seven health system partners are busy tackling the goals and objectives of our AGS Older Adults Vaccine Initiative. Each team has been designing and implementing quality improvement (QI) interventions and collaborating with the Council of Medical Specialty Societies (CMSS) to submit data on their vaccination rates into a centralized database that tracks the ongoing efforts across the six partner specialty societies and their health system partners (see call out box on page 7 for a brief description of the SSAAI).

We are now pleased to provide a quick update on how some of our AGS Vaccine Ambassadors are also working to enhance vaccination rates among older adults within their own communities. We hope by sharing their accomplishments broadly, members can draw on them as well as find

AGS 360° WITH NANCY E. LUNDEBJERG, MPA



It's August 2024 and the upcoming national elections are very much top of mind for all of us. In the [last issue](#) of the AGS Newsletter, I focused this column on some strategies for communicating about age given the intense focus on the age of our two presidential candidates at the time. With President Biden dropping out of the race and Vice President Harris quickly confirmed as the Democratic nominee, the focus on age has shifted a bit but the topic is still one we hope all AGS members are prepared to address and here are a couple of additional resources to help you to frame your own responses: (1) Jim Pacala was on [MPR News](#) and fielded a number of questions focused on aging; and (2) Alex Smith and Eric Widera hosted an [episode](#) of GeriPal featuring Louise Aronson and Ken Covinsky with the conversation centering around ageism and elections. Images are another way that we communicate about aging, and I'm delighted to be featuring the work of a high school friend in a sidebar to this column.

For me, it can be easy to lose sight of the down ballot candidates during a presidential election year and to not focus on understanding where they stand on issues that are important to me. The reality is that local/state elections matter as much as federal elections when it comes to the programs and policies that impact our daily lives. Because of that, we've developed our Questions for Candidates with an eye to our members and others using them to gauge all candidates' positions on programs and policies important to the health and well-being of all of us as we age (see full article on page 12).

Even as we work to highlight and develop resources for members

that can be helpful when evaluating candidates, it's that time of year when the Centers for Medicare and Medicaid Services (CMS) releases the [Medicare Physician Fee Schedule \(MPFS\) Proposed Rule](#) for our collective review and comments. Once finalized, the MPFS will set payment rates for Calendar Year 2025 (CMS provides a high-level summary [here](#)). As AGS payment and quality leaders, together with our consultants and AGS staff, develop our comments on the proposed rule, I want to thank CMS for its recognition of the critical role that primary care plays in the larger health care system and the intentional focus on payment as a powerful policy lever for supporting primary care clinicians. Highlighted below is a brief description of the CMS proposal to establish an advanced primary care bundle along with a few other proposals of interest:

- **Bundled Payments for Advanced Primary Care:** CMS proposes to create three new codes for advanced primary care management services that bundle elements of several existing care management and communication technology-based services, including principal care management, transitional care management, and chronic care management.
- **Add-on Code for Visit Complexity (G2211):** CMS proposes to expand payment for G2211 by allowing it to be billed when an evaluation and management (E/M) service is performed on the same day as an annual wellness visit, vaccine administration, or any Medicare Part B preventive service furnished in the office or outpatient setting.
- **Caregiver Training:** CMS proposes new payment for caregiver training

services related to direct care services and supports (e.g. techniques to prevent ulcer formation, wound dressing changes, and infection control) and would allow caregiver training services to be provided virtually, as clinically indicated. The existing caregiver training codes are related to behavior management/modification or techniques to facilitate the patient's functional performance in the home or community and do not describe such training.

As always, as we develop our comments, I am reminded how fortunate we are to have such talented leaders, staff, and consultants with their collective knowledge of payment and quality metrics.

I opened my last column with a celebration of the National Institute on Aging (NIA) on its 50th anniversary (see our JAGS virtual issue [here](#)). Shortly thereafter, I was reminded of why we need to keep our eye on everything when it comes to policy when the House Committee on Energy and Commerce (E&C Committee) released a [framework for discussion](#) that proposed a broad reorganization of the National Institutes of Health (NIH). Among other changes (see Figure 1 of the framework), the proposal replaces the National Institute on Aging (NIA) with a new National Institute on Dementia. I encourage you to join our efforts and [TAKE ACTION](#) to write to your legislators to express your concerns about the proposed reorganization, emphasize the need for NIA to continue with its broad and whole

person approach to aging research, and encourage nonpartisan engagement with the scientific community on a restructuring of such magnitude. Read AGS's response to the E&C Committee's request for input on the proposed framework [here](#) and Mark Supiano's [recent column](#) in the *Journal of Gerontological Nursing* may also be of interest.

I encourage members to head on over to Mark Supiano's *From the President* column (page 4), which is a celebration of all things Geriatrics Workforce Enhancement Program (GWEP) as we transition from a focus on supporting Cohort 2 (2019-2024) to Cohort 3 (2024-2029) at the GWEP Coordinating Center (GWEP CC). We are delighted to be partnering with The John A. Hartford Foundation (JAHF) to support our outgoing GWEPs to remain engaged with the coordinating center and have access to our resources and the GWEP community. We have long advocated for increased funding for the geriatrics health professions programs and the transition between cohorts is a reminder of the importance of that increase if we are to ensure access to a primary care workforce with geriatrics expertise in all states and communities (please see our [joint letter](#) with the Eldercare Workforce Alliance (EWA), National Association for Geriatric Education (NAGE), and the Gerontological Society of America (GSA). For AGS members who are so inclined, Congress is still considering appropriations bills for fiscal year 2025 and there is still time to voice your support – our AGS staff team has made it really easy – so head on over to [this campaign](#) and make yourself heard. Speaking of appropriations, please also consider taking action on these two campaigns to support increased funding for the [NIH and NIA](#) and for the [Department of Veterans Affairs Research Program](#).

If you want to learn more about our legislative and regulatory activities this year, our [April 2024 summary](#)



Dance Class #3

Photo by Amy Selwyn

Speaking of how we communicate about aging, there is that old adage about a picture being worth a thousand words. I've written about this in *JAGS* from the perspective of someone who does photography as a mindfulness practice that brings me joy and also as someone who worries about being sure we are also capturing the heterogeneity of aging in the images we use in our work (When It Comes to Images: Let's Not Crop Frail Older Adults Out of the Frame can be read [here](#)). Today I stumbled upon this most amazing image, *Dance Class #3*, from my high school friend Amy Selwyn (<https://amyselwyn.photography>) who is reinventing herself as a photographer and artist. Amy is committed to photography as an art form in and of itself but also to seeing where photography can take us. She's had an ongoing collaboration with DALL-E that is at once breathtaking and thought-provoking. In this issue, we feature one of Amy's photos of a dance class for people living with Parkinson's Disease. The class, known as Dance for PD, was initially developed by David Leaventhal, a former principal dancer with the Mark Morris Dance Group in Brooklyn. Today, under David's leadership, there are more than 10,000 participants in 28 countries. The joy of the photo is all Amy – catching with her camera what others might miss which is that dance is for all of us regardless of our age and abilities. Thank you, Amy, for sharing that joy with our AGS members and for capturing so perfectly the limitless possibilities that all of us have as we age. ♦

provides a great overview of our work. As always, please keep an eye on AGS News (our weekly listserv) for policy updates and advocacy alerts. ♦

FROM OUR PRESIDENT

MARK A. SUPIANO, MD, AGSF



When the AGS staff asked me to focus on celebrating the outgoing Cohort 2 Geriatrics Workforce Enhancement Programs (GWEPs) in this column, I was torn between my personal regret that the Utah Geriatric Education Consortium (UGEC) GWEP was among this group and being #AGSproud of the 42 GWEPs that were selected for the [new cohort](#). With that, I want to extend my heartfelt congratulations to the 42 GWEPs that comprise Cohort 3 – I am confident you will do great work advancing the principles of age-friendly care across settings, developing innovative apprenticeship programs, and in developing new tools and approaches to training our healthcare workforce so that all are competent to care for us as we age. I look forward to continuing to be involved in these efforts through my role at AGS and also as the UGEC continues to advance age-friendly care and train geriatric health professionals across the state of Utah and beyond.

For our outgoing cohort, there are so many things to celebrate and be proud of and sometimes these accomplishments get lost in the transition into the next phase of our work to improve care of older adults. Here are some things I am particularly proud of from our work together in Cohort 2:

- **Responding to COVID-19:** The Cohort 2 GWEPs were just hitting their stride when the pandemic struck, and the world shut down. The GWEPs rose to the occasion, pivoting to collaborating virtually with partners, incorporating attention to COVID-19 into their teaching, and supporting a workforce that was adapting to delivering care

virtually while simultaneously coping with a deadly pandemic. I know how appreciative the UGEC leadership team was with how effectively HRSA collaborated with us to incorporate COVID-19 into our workplans.

- **Building Community:** Despite the challenges of being fully virtual from 2020–2022, the Cohort 2 GWEPs built a community that was engaging, caring, and supportive of each other. Collaborations sprung up across the GWEPs. Our coaching calls were always lively and whenever someone had a question in our online community, other GWEPs were there to share their own experiences, expertise, and skills.



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- **Achieving Age-Friendly Health Systems Recognition: Our Age-Friendly Health Systems (AFHS) Achievements:** Despite the pandemic, we exceeded our goals for achieving AFHS Level One and Level Two designation. At the completion of the Cohort 2 GWEPs grants, IHI had awarded Level 1 recognition to 273 sites and Level 2 recognition to 145 sites. The sites who received Level 1 recognition were partnered with all forty-eight of the Cohort 2 GWEPs and the Level 2 sites represented 31 of the

Cohort 2 GWEPs. An Age-Friendly Health System Participant (Level 1) is recognized for being on the journey to becoming an Age-Friendly Health System and has submitted a description of how it is putting the 4Ms into practice. Once a site is recognized as Level 1, they can apply for Level 2 recognition as an Age-Friendly Health System Committed to Care Excellence. Level 2 is the highest recognition that a site can receive, and it is for being an exemplar in the movement based on having a description of how the 4Ms are being operationalized and having submitted at least three months’ count of older adults reached with evidence-based, 4Ms care.

In the spring of this year, the Cohort 2 GWEPs participated in a celebration session during which they shared moments that they were most proud of. This is by no means an exhaustive list, but I want to highlight a few things that our outgoing GWEPs shared that exemplify the breadth and depth of their work. The first was obtaining buy-in from their health systems in ways that will ensure that their work will be sustained beyond the grant funding. Examples of this include integration of new types of clinicians into clinics; developing long-term partnerships that will continue long after grant funding has ended; working in unexpected places (e.g., dental clinics and corrections institutes);

expanding age-friendly care, education, and resources; and developing innovative ways to engage with their communities and to connect trainees to older adults. One theme that was a constant throughout the celebration was how the GWEPs had worked to build enduring partnerships and their commitment to sustaining those partnerships regardless of whether their grant was renewed.

Although getting a notice that you were not refunded is never easy, I have been impressed by the resilience of my colleagues here in Utah and across the country. The UGEC is committed to sustaining its high-quality, interprofessional, tribal, and rural-focused initiatives in partnership with the Cohort 3 GWEPs and advancing geriatrics-focused educational and age-friendly health-care system endeavors. Collectively, there is a commitment to continuing the work that outgoing Cohort 2 GWEPs have begun, which is why I am so delighted that that The John A. Hartford Foundation and the American Geriatrics Society have partnered to offer some support to this group so that we can stay connected to this work through the online community and attendance at meetings. It is wonderful to be a part of such a warm and supportive community and I look forward to continuing our collective work through the GWEPs and the AGS.

In closing, I would like to echo Nancy's encouraging all AGS members to take action in the AGS Advocacy Center (page 3) – please ask your members of Congress to support increased funding for the GWEPs and the Geriatrics Academic Career Awards [here](#) as well as on our other advocacy campaigns [here](#). These programs are critically important to ensuring that our healthcare workforce is prepared to care for all of us as we age. ♦

GERIATRICS WORKFORCE ENHANCEMENT PROGRAM (GWEP) AWARDEES - COHORT 3 (2024-2029)

- Alabama A & M University
- Azusa Pacific University
- Board of Regents of Nevada System of Higher Education
- Dartmouth-Hitchcock Clinic
- Delaware State University
- Emory University
- Florida State University
- Jessie Trice Community Health System, Inc.
- The Johns Hopkins University
- Lake Erie College of Osteopathic Medicine
- Louisiana State University
- Marquette University
- New York University
- Northeast Ohio Medical University
- Oregon Health & Science University
- Regents of the University of Minnesota
- The Research Foundation for the State University of New York
- Rowan University School of Osteopathic Medicine
- Saint Louis University
- The Trustees of the University of Pennsylvania
- University of Arizona
- University of Arkansas for Medical Sciences
- University of California, San Diego
- University of Chicago
- University of Hawaii
- The University of Iowa
- University of Kansas Medical Center Research Institute, Inc.
- University of Louisville
- University of New England
- University of North Carolina at Chapel Hill
- University of North Dakota
- The University of North Texas Health Science Center at Fort Worth
- University of Oklahoma
- University of Rhode Island
- University of Southern Indiana
- The University of Texas at El Paso
- University of Washington
- University of Wyoming
- Vanderbilt University
- Virginia Commonwealth University
- Wayne State University
- Yale University

CELEBRATING EXCELLENCE IN GERIATRIC CARE: RECOGNIZING OUR AGS COCARE®: HELP CENTERS OF EXCELLENCE AND RECOGNIZED SITES

AGS first launched [AGS CoCare®: HELP](#) (formerly known as Hospital Elder Life Program) in 2020, pivoting its support for health systems implementing the program to our new virtual reality. More health systems than ever before have access to online tools and resources through the AGS CoCare®: HELP website, as well as individual guidance through coaching calls and access to the online community where sites network and connect to learn from each other.

Developed by Dr. Sharon K. Inouye, MD, MPH, over 20 years ago, the HELP program model has been clinically proven to reduce delirium, prevent functional disease, and lower hospital costs—all while improving the overall quality of hospital care and

satisfaction for older patients. AGS CoCare®: HELP continues to be at the forefront of improving hospital care for older adults.

The AGS CoCare®: HELP program promotes “age-friendly health systems,” with its protocols focused on the 4Ms of age-friendly care – What Matters, Mentation, Medications, and Mobility. From cognitive stimulation and exercise programs to sleep enhancement and the practical implementation of daily patient visits, these protocols amongst others ensure that older adults receive comprehensive, holistic care. Using AGS CoCare®: HELP resources and training, whole health systems can implement delirium prevention protocols and provider education while individual HELP staff and a network of specially trained

volunteers can work with patients one-on-one to improve patient outcomes. The program is intended to integrate the principles of geriatrics into standard nursing and medical care in any hospital unit. Its protocols and tools are built on a commitment to interdisciplinary teamwork, where healthcare professionals collaborate to address the unique needs of older adults.

With over 70 institutional subscribers, AGS CoCare®: HELP is being implemented across the US and Canada as well as in Australia, Austria, China, and Qatar. AGS CoCare®: HELP sites can achieve two levels of recognition based on certain criteria in demonstrating a commitment and excellence in carrying out the program protocols. ♦

We are proud to recognize the following institutions for their dedication to implementing AGS CoCare®: HELP.



AGS CoCare®: HELP Centers of Excellence

AGS CoCare®: HELP Center of Excellence recognition is granted to institutions who have consistently demonstrated an exceptional commitment to the AGS CoCare®: HELP program. These exemplary sites have not only sustained and expanded the program within their institutions but have obtained this recognition for their expert implementation and proven success of leading-edge knowledge and competency of the program.

- [Allegheny Health Network](#) – Pittsburgh, Pennsylvania
- [Aurora St. Luke's Medical Center](#) – Milwaukee, Wisconsin
- [California Pacific Medical Center](#) – San Francisco, California
- [Maine Medical Center](#) – Portland, Maine
- [University of Pittsburgh Medical Center Shadyside Hospital](#) – Pittsburgh, Pennsylvania
- [University of Utah Hospital](#) - Salt Lake City, Utah

AGS CoCare®: HELP Recognized Sites

AGS CoCare®: HELP Site Recognition is granted to institutions who have demonstrated a commitment to the AGS CoCare®: HELP program and have excelled in carrying out the protocols to improve care for hospitalized older patients.

- [Community Health Network](#) – Indianapolis, Indiana
- [Foothills Medical Centre](#) – Calgary, Alberta, Canada
- [Grampians Health Ballarat](#) – Ballarat Central, Victoria, Australia
- [MaineGeneral Medical Center](#) – Augusta, Maine
- [UnityPoint Health – Meriter](#) - Madison, Wisconsin

► **Learn more about the AGS CoCare®: HELP program and how it is transforming care for older adults by visiting help.agscocare.org.**

SHAPE AGS'S FUTURE: APPLY FOR A LEADERSHIP POSITION TODAY

Nominations for the AGS Board due Monday, October 7th.

The AGS Board provides fiduciary oversight for the Society and works collaboratively with the CEO and staff to advance AGS priorities. The Board is responsible for setting the strategic direction for the society, responding to emerging issues, interpreting the organization's mission to the public, and establishing and maintaining programs relevant to the Society's strategic vision. AGS Board members typically will serve on one of the two standing Board Committees (Investment and Audit) and serve as a liaison to one of the AGS Standing Committees which meet twice a year. Other roles that AGS Board members may be asked to fulfill include: (1) serving as spokesperson for the American Geriatrics Society; (2) serving as an expert liaison to external groups in areas where their interest, expertise, and/or experience are a fit with the request from the external group; and (3) serving on ad hoc committees/work groups of the Board that align with their interests and expertise. Candidates for the AGS Board typically will have a record of service to the Society and a strong commitment to the AGS mission and vision for the future.

AGS is currently seeking nominees to stand for election to the Board by the AGS membership with a preference for geriatrics health professionals from all disciplines. AGS also seeks to identify an individual who can provide the perspective of members who are primarily in clinical practice (this seat will be appointed by the Board upon a recommendation from the Nominating Committee). Nominations are also open for the ex-officio Early Career Professional seat, which is for those with at least two years of active AGS membership who are less than three years out of formal training.

Nominations to serve as an AGS Board member are open through **Monday, October 7th**. Learn more about the nominations process [here](#).

Apply to Serve on an AGS Committee, Applications due January 6, 2025

Committee service is an opportunity to strengthen and grow your national network, work on projects that you are passionate about, learn new leadership skills, and so much more. Our committee members are leading writing groups, developing toolkits, improving payment for geriatrics health professionals, and participating in efforts to improve diversity in the research that is presented at the AGS Annual Scientific meeting. Committees meet virtually, twice a year (March/April and September/October).

LEARN MORE ABOUT OUR COMMITTEES and how to apply [here](#). Ready to apply? Log into MyAGSOnline and apply before January 6, 2025. Applicants for committees are asked to rank committees in terms of preference and so here is a quick snapshot of the work that our committees do:

- The **AGS/ADGAP Education Committee** – Current committee projects include updating the geriatrics competencies for internal medicine and family medicine residents, overseeing and engaging trainees, leading faculty development projects, and collaborating with the Teachers Section, ADGAP Fellowship Directors Group, and other AGS Committees.

SPECIALTY SOCIETIES ADVANCING ADULT IMMUNIZATION INITIATIVE (SSAAI)

AGS is one of six specialty medical societies participating in the Specialty Societies Advancing Adult Immunization (SSAAI) initiative led and funded by the Council of Medical Specialty Societies (CMSS), through a cooperative agreement with the Centers for Disease Control (CDC). AGS is collaborating with our seven health systems partners on testing approaches to improve vaccination rates in the older adult populations that they serve. The goal for this work is to increase our understanding of how we can address vaccine hesitancy, fatigue, and overcome barriers to vaccination.

Visit vaccines.agscocare.org for more information on the initiative and to access free AGS professional and public education resources on vaccinations for older adults.

The AGS Older Adults Vaccine Initiative is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award to the Council of Medical Specialty Societies (CMSS), with 100 percent funded by CDC/HHS. In this initiative, AGS leverages existing resources and ongoing investments in content and technology. ✦

The goal of the AGS Older Adults Vaccine Initiative is to increase immunization rates in older adults who are eligible for routine vaccinations in the United States.

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WHY I'M AN AGS MEMBER

Ryan Chippendale, MD

How did you become interested in geriatrics?

Growing up in Connecticut with both parents working full-time, my grandmother played a significant role as one of my primary caregivers. I remember spending every summer with my grandparents and their friends sitting outside in their yard, playing cards, and sharing stories. This early exposure to older adults, coupled with their wisdom and life experiences, naturally drew me towards them.

When I entered college and began considering career options, I became interested in medicine. Seeking clinical opportunities as a college student was challenging, but I was fortunate to secure an internship at Yale New



During medical school and residency, I explored various specialties but consistently gravitated back to geriatrics.

Haven Hospital in Dr. Sharon Inouye's delirium prevention program (now known as AGS CoCare®: HELP). As an eager 20-year-old, I had the opportunity not only to work closely with hospitalized older adults and see the complexity of their care but also to join team meetings and hear discussions about treating the whole person. I was deeply inspired by the lead geriatrician, and recall thinking to myself, "I want to be just like her."

During medical school and residency, I explored various specialties but consistently gravitated back to geriatrics. I was fortunate to do residency at Boston Medical Center where there is a very robust and invigorating section

of geriatrics AND to have had some outstanding role models, including Dr. Serena Chao and Dr. Sharon Levine, whose careers as geriatrics leaders continue to inspire me today.

What has been your experience as an AGS member? Do you have any favorite AGS benefits, resources, or activities?

I honestly can't imagine being a geriatrician without the AGS community. Collaboration is such an integral part of our work, and AGS helps us to connect and learn from our colleagues' expertise. For example, in the online community, I often find questions I wouldn't have thought to ask myself, and though I'm more of a lurker, I absorb an incredible amount of information from my colleagues who post discussions through that forum. I start my day with the AGS Daily Digest and my morning coffee, which keeps me informed and connected.

As a fellowship program director, I encourage my fellows to use the many resources on GeriatricsCareOnline, such as the toolkits, pocketcards, and other digital publications available to members free of charge. Special Interest Groups (SIGs) have also provided me with close-knit communities and collaborators within the AGS network. Our work is so interprofessional and community-oriented, both my role at Boston Medical Center and nationally have benefited through the relationships I've built. Not to mention, I've met some of my best friends through the AGS community.

Having a strong community and being able to rely on each other is invaluable and proved especially important during the pandemic, during which a few other program directors and I pooled resources to create "Geri-A-FLOAT" to support our fellows when they were pulled from essential



training sites like nursing homes. Being able to connect with trainees all over the world and learn together has been one of the highlights of my career - and I wouldn't have known any of those fellowship program directors so early on in my career if it wasn't for the AGS and ADGAP.

Of course, the annual meeting is a favorite because it is so invigorating to connect with others and share what we are passionate about. I have seen some very unique places by attending the AGS Annual Scientific Meeting - I never thought I would go to Grapevine, Texas - but I did! I'm especially looking forward to the next Annual Scientific Meeting in Chicago. No matter where the Annual Meeting is held, or whether it is in-person or virtual, it's always a fun and enriching experience.

What is important to you in your career now?

Having been mentored by some incredible geriatricians early in my career, I now find it crucial to mentor others as I reach the mid-career phase of my own journey. My goal is to expose as many trainees as possible to geriatrics, regardless of whether they ultimately become ophthalmologists, orthopedic surgeons, general internists, cardiologists, etc. Dr. Chao called it "geriatricizing"—infusing geriatrics principles into the training of future doctors and interprofessional team members across all specialties -- to ensure they are prepared to provide comprehensive care to older adults. Through Geri-A-FLOAT, my role as a program director, and my teaching

roles locally and nationally, it has been a joy and pleasure to spread the love for geriatrics.

It's incredibly meaningful when former trainees come back and tell me they remember something I taught them on home visits or in the classroom. That's the greatest honor of my career—making a lasting impact on others.

Any advice to share with other AGS members?

My advice centers around the importance of community. AGS offers a wealth of resources and ways to connect through various platforms, committees, and interest groups. Despite our busy clinical, professional, and personal lives, immersing yourself in this community can be incredibly rewarding and enhance your experience practicing geriatrics. So, take the time to get involved and experience all that AGS has to offer. It's a unique and enriching community that makes practicing geriatrics even more special. Clearly, I'm an AGS fangirl! And I can't wait to see all of my friends and colleagues in Chicago for the next Annual Meeting. You won't want to miss it! ♦



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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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LEADERSHIP POSITIONS continued from page 7

- **Clinical Practice and Models of Care (CPMC) Committee** members review guidelines and clinical documents from other organizations, serve as expert responders in quarterly webinars on new research in geriatrics models of care, and work with the AGS Research Committee to review Case Series & Case Studies abstracts for the AGS Annual Scientific Meeting.
- The **Ethics Committee** is currently developing a statement on advanced directives and feeding tubes in patients with dementia and updating the AGS Unbefriended Position Statement.
- Our **Ethnogeriatrics Committee** oversees the development of the Geriatrics Cultural Navigator and the members of this Committee serve as liaisons to the other committees where they provide important perspectives on our efforts to ensure that all the Society's programs and products reflect attention to diversity, equity, and inclusion.
- The **Health Systems Innovation & Technology Committee** is currently finalizing an AGS position statement on telehealth policy for older adults to be published in *JAGS*. They review emerging technologies of interest to geriatrics health professionals as well as older adults' access to technology using a DEI lens.
- Our **Public Education Committee** works to keep the public education resources on HealthinAging.org up-to-date and is currently working with the Ethnogeriatrics Committee to complete a compendium of public education resources based on the Cultural Navigator.
- Our **Public Policy Committee** oversees the Society's public policy efforts. To learn more about what we have been up to in 2024, please visit: <https://bit.ly/AGS-Policy-Highlights-April-2024>.
- Members of the **Quality and Performance Measurement Committee** (QPMC) review quality measures proposed for use in CMS programs and other organizations and are often nominated to serve as members of technical expert panels, workgroups, and committees convened by the National Quality Forum, Battelle's Partnership for Quality Measurement, and other CMS contractors (e.g., Mathematica, Acumen).
- Our **Research Committee** oversees the abstract submission and selection process for the AGS Annual Scientific meeting which includes making recommendations to our Awards Committee for some of our key awards. Members of this committee also participate in subcommittees focused on highlighting geriatrics research, increasing diversity in research presented at the AGS Annual Meeting, and commenting on requests for comment from NIA and other agencies that support research.

Learn more about our Board and Committees and how to apply [here](#). If you have questions on the Board Nominations or Committee Applications process, contact Mary Jordan Samuel (mjsamuel@americangeriatrics.org). ♦

AGS PROVIDES RECOMMENDATIONS TO CDC FOR UPDATING STEADI IN ALIGNMENT WITH RESPONSE TO THE WORLD FALLS GUIDELINE (WFG)

Early this year, AGS convened an expert workgroup to provide practical recommendations to the Centers for Disease Control and Prevention (CDC) for a planned update to the STEADI (Stopping Elderly Accidents, Deaths, and Injuries) suite of falls prevention materials funded by the National Network of Public Health Institutes (NNPHI) under a Cooperative Agreement with the CDC. The CDC, in consultation with national falls experts, created the STEADI suite of materials in 2011 to encourage screening, assessment, and intervention to prevent falls in community-dwelling older adults in response to a falls prevention guideline created jointly by the American Geriatrics Society (AGS) and the British Geriatrics Society (BGS).

The focus of our recommendations was to help update and simplify STEADI with the goal of increasing its usability in primary care settings. As such, the AGS workgroup, led by Dr. Elizabeth Eckstrom, focused on creating opportunities to facilitate feedback from primary care practitioners with and without geriatrics training to inform its recommendations. They used the following six major activities to develop their recommendations:

1. Compared the current version of STEADI to the [World Falls Guidelines](#) (WFG) and AGS's response to the

WFG (published in the Journal of the American Geriatrics Society (JAGS) [here](#)) and identified best-evidence, feasible recommendations for consideration to add, modify, or omit elements of STEADI.

2. Conducted a workshop and a symposium at the 2024 AGS Annual Scientific Meeting to gather feedback on the current version of STEADI and solicit recommendations to increase their use in clinical practice implementation.

3. Met with primary care clinicians to gather feedback on the usability, acceptability, and feasibility of current fall prevention practices in primary care (STEADI and non-STEADI).

4. Using findings from steps 1-3, drafted a report to CDC with recommendations to update the STEADI suite of materials, including an overall approach to falls risk screening, assessment, and intervention.

5. Solicited feedback from the AGS Executive Committee and leaders of the AGS Clinical Practice & Models of Care Committee, CDC, NNPHI, and other interested parties on the draft report.

The AGS submitted the recommendations to the CDC in July and is currently working on submitting a report to JAGS for publication.

We would like to thank the members of this workgroup for their work and dedication on this project.

Thank you to:

- Elizabeth Eckstrom, MD, MPH
- Colleen M. Casey, PhD, ANP-BC, CNS
- Bryanna De Lima, MPH
- Shelly Gray, PharmD, MS
- Theodore M. Johnson II, MD, MPH
- Siobhan K. McMahon, PhD, MPH, GNP-BC
- Elizabeth A. Phelan, MD, MS
- Jennifer L. Vincenzo, PhD, MPH, PT
- Blythe Winchester, MD, MPH, CMD, AGSF

Another thank you is to Jamie Caulley, DPT for assisting Colleen M. Casey, PhD, ANP-BC, CNS with the updating of AGS's public education materials on falls prevention. Our recently updated resources on falls prevention can be found on [HealthinAging.org](#).



Apply for Fellowship with the AGS!

AGS Fellow Status (AGSF) is awarded to AGS members who have demonstrated a professional commitment to geriatrics, contributed to the progress of geriatrics care, and are active participants in the Society's activities. Their dedication and longstanding commitment to AGS is recognized by this mark of distinction.

Learn more at <https://bit.ly/AGS-Fellowship> and **apply by November 15th** to be included AGS's next cohort of fellows!

inspiration and best practices to implement into their own work.

To date, 78 individuals have enrolled to become AGS Vaccine Ambassadors, with eight clinicians earning the title so far. All our ambassadors have been following the National Vaccine Advisory Committee's (NVAC) Standards of Adult Immunization Practices (SAIP) in their own practices and promoting the importance of vaccinations in their own communities through various activities.

We are #AGSProud of the work they are doing to enhance vaccination rates among older adults. Here are some of their recent efforts:

- **Bernardo A. Acevedo-Mendez, MD, Northwell Health:** Dr. Acevedo-Mendez conducted a quality improvement project for pneumococcal vaccination in older adults (age >65) in an academic practice. He presented his abstract about his QI project, "Optimizing Pneumococcal Immunization Rates in an Academic Geriatrics Practice with a Multifaceted Intervention", during the Presidential Poster Session B at this year's #AGS24 Annual Scientific Meeting.
- **Sanjay Kedarmalji Bajaj, MD, PGDGM, CCIP, Laxmidevi Bajaj Geriatric and Preventive Research, Centre PVT Ltd:** Dr. Bajaj is authoring a book titled, "VED (Vaccine, Exercise, Diet) Mantra," using AGS vaccine resources as references. He actively shares these resources on his social media platforms and in presentations. This past summer, Dr. Bajaj presented "Shingles Prevention: Time is Now," to physicians at the Railway Hospital in Nagpur, M.S., India.
- **Melanie Beehler, BS, University of Arkansas Medical Sciences (UAMS):** Ms. Beehler conducted outreach to inform fellow medical students in the geriatrics interest group at UAMS about the AGS Older Adults Vaccine Initiative, including the Vaccine Ambassador program.
- **Edward Dzielak, DO, FACP, The Wright Center:** Dr. Dzielak presented on the AGS Older Adults Vaccine Initiative to geriatric service line members at The Wright Center and shared information about the initiative with their CMO and CEO.

- **Jordi Esquirol, PhD, MD, Centro Medico Teknon (Barcelona, Spain):** Dr. Esquirol met with geriatricians and primary care physicians at a nursing home to explain the herpes zoster vaccine. She also recently conducted a small conference focused on vaccines for older adults and immunosuppressed patients at her hospital, in which she also discussed the official recommendations of the hospital's administration, including advocating for the herpes zoster vaccine to adult patients.

- **Muhammad Ishaq, Fellow Physician in Geriatric Medicine, The Wright Center for GME:** Dr. Ishaq initiated a QI project with colleagues to boost vaccination rates among older adults in their various clinics. They set a SMART goal for the project and plan to conduct two types of interventions to improve the vaccinations rates:

1. Integrating EMR changes to alert healthcare providers about the vaccine status of patients whenever they open a patient's chart.
2. Increasing educational awareness through social media and other didactics for both patients and healthcare providers.

- **Philip A. Kithas, MD, PhD, University of Utah:** Dr. Kithas conducted a team meeting with first-year medical students to review the indications for vaccines in older adults and showcased the resources and information from the AGS Vaccine website, vaccines.agscocare.org, as well as the CDC and ACP websites.

- **Meera Sheffrin, MD, Stanford University School of Medicine:** Dr. Sheffrin presented on the flu, RSV, and herpes zoster vaccines to an interdisciplinary geriatric primary clinic, including geriatricians, advanced practice providers, clinic staff members, and RNs. She used resources from the AGS Annual Scientific Meeting, including the "Staying Up to Date and Making Sense of CDC Vaccination Guidelines." Dr. Sheffrin also shared the PCV20 shared decision-making handout from CDC with her clinic providers in geriatric primary care and house calls practice. ♦

Become an AGS Vaccine Ambassador

Becoming an AGS Vaccine Ambassador is a great opportunity for those who are interested in working to improve vaccination rates among older adults in their own community or at their institution. Ambassadors will have access to the full suite of tools and resources available on the AGS Vaccine Initiative website, as well as support and guidance to help promote the importance of vaccines in older adults. This includes access to:

- Teaching Slides
- Public Education Tools
- The AGS Vaccine Real Time Learning Network (RTLN) - a virtual online community to connect, network, and strategize to improve immunization practices

- The Ambassador Facilitator Guide - a resource for Vaccine Ambassadors filled with tips and tools on how to promote vaccinations for older adults
- Team Webinars & Ambassador Workshops - exclusively for all Health System Partners and Vaccine Ambassadors are educational sessions that focus on understanding the different pieces of the Vaccine Initiative & resources

Ambassadors who successfully report activity throughout the year will earn a Vaccine Ambassador badge and earn the Vaccine Ambassador title that they can include on their academic CVs, along with the listing of presentations that they have led.

Join the AGS team and help increase immunization rates for vaccine-preventable diseases in older adults – sign up to be a Vaccine Ambassador on vaccines.agscocare.org.



TOPICS & QUESTIONS IMPORTANT TO SUPPORTING ALL AMERICANS AS WE AGE

Achieving Equity in Health Care

- How do you plan to address the significant impact racism and other types of discrimination have on the health and well-being of diverse older Americans?
- How will you ensure federally funded research appropriately reflects the diversity (including age, ethnicity, gender, race) of the American population?
- What are your plans for ensuring that historically underrepresented groups are vital parts of your administration?

Ensuring Access to Geriatrics Health Professionals

- What policies and programs would you champion that would increase access to geriatrics health professionals for older Americans?

Expanding Title VII Geriatrics Training Programs

- How would you work to expand the reach of federal training programs like the Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Awards (GACAs) so that all older people have access to health professionals who are competent to meet our needs as we age?

Ensuring Our Workforce is Prepared to Care for Older Americans

- How would you reform graduate medical education (GME) to address the gap between training requirements and our nation's need for a workforce that is prepared to care for us all as we age?
- How would you ensure that diversity, equity, and inclusion policies are maintained in health care and health professional education?

Reducing the Toll and Impact of Chronic Diseases

- How would you prioritize aging research across federal agencies and institutions so that we can address the human and economic toll of chronic diseases on older Americans?
- What will you do to ensure that Americans trust scientists and experts in other disciplines?

Supporting American Families

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

Addressing Complexity in Caring for Older Americans

- How would you work to improve both the quality and efficiency of care delivered to the increasing number of Medicare beneficiaries with multiple chronic and complex conditions?
- Additionally, how would you improve care and care coordination across health care settings particularly for individuals who have dual eligibility for both Medicare (controlled by the federal government) and Medicaid (largely controlled by the states)?

Addressing Public Health Emergencies

- What will you do to ensure we have adequate public health infrastructure and an expanded role for public health workers—particularly those with geriatrics expertise—in addressing future public health emergencies?

**ATTENTION AGS
GERIATRICIAN MEMBERS:**

PARTICIPATE IN THE AGS/ADGAP BENCHMARKING SURVEYS

FREE CAREER DATA FOR MEMBERS



Leading Change. Improving Care for Older Adults.

Access national level specialty-specific data

- Distribution of professional time
- Clinical patient service types
- Locum tenens clinical services
- Productivity measure
- Total number of wRVUs
- Compensation plan/method
- Number of beds/panel size
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- And more!

Anonymously participate in the Core Survey and practice site-specific modular surveys for immediate and unlimited access to specialty-specific professional practice information and career management platform.

BENEFITS



**UNDERSTAND
YOUR TRUE
MARKET
VALUE**

Compare compensation, productivity, and practice characteristics with those of your peers.



**EXPLORE
DIFFERENT JOB
OPPORTUNITY
SCENARIOS**

By location, practice type, and scope of practice, and understand how this impacts compensation, benefits, and other work/life elements.



**CONDUCT
INFORMED
NEGOTIATIONS**

For employment terms for you, your division, department, or practice.

The more AGS geriatrician members complete the surveys, the more robust the data will be to support contract negotiations, manage career choices, and support geriatrics academic programs.

**TAKE THE BENCHMARKING
SURVEYS NOW**

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PHAIRIFY

AGS partners with Phairify to help geriatricians build their best careers.

For more information about the surveys: americangeriatrics.org/programs/making-business-case-geriatrics-project

Addressing Common Concerns on Flu, COVID-19, and RSV Vaccines

It's normal for patients to have questions and concerns about vaccines. Use this fact sheet to help address common concerns you might hear from your patients about influenza (flu), COVID-19, and respiratory syncytial virus (RSV) vaccines.

Helpful Tips:

- Your patients may have inaccurate information about vaccines or feel strongly about them. Listen to their questions and comments with empathy. Validating their emotions helps build connection and trust.
- Ask open-ended questions to explore how your patients feel. This encourages two-way conversation and helps you understand their concerns.
- Give your patients a strong recommendation to get vaccinated. Use the talking points below to help your patients understand why you are recommending vaccines and to give them the facts they need to find their own reasons to get vaccinated.
- Remind patients of the vaccine benefits: Vaccines help them risk less and do more.

COMMON CONCERNS	TALKING POINTS
Flu vaccines cause the flu.	<ul style="list-style-type: none"> ■ You can't get the flu from a flu vaccine because flu vaccines either use a dead form of the virus or no virus at all. ■ Some people who are vaccinated still get the flu. Even if you get the flu, being vaccinated helps your symptoms stay milder.
I got a flu vaccine last year. Why do I need one again?	<ul style="list-style-type: none"> ■ Flu viruses change from year to year, so the flu vaccine is updated annually to help target the current strains of flu. ■ You should get a flu vaccine every year so that you're protected against the latest flu viruses spreading in your community.
I never get the flu, so why should I get the flu vaccine?	<ul style="list-style-type: none"> ■ Some types of flu viruses spread more easily than others, and the most common flu viruses infecting people change each year. Getting vaccinated makes sure you're more protected from new or changing virus strains. ■ If you do get the flu, there's no way to predict how bad your symptoms might be. But if you're vaccinated, your risk of getting severely ill is cut nearly in half.
I already got a COVID-19 vaccine.	<ul style="list-style-type: none"> ■ The COVID-19 virus has changed a lot. The 2024–2025 COVID-19 vaccines were updated to target the newest variants. ■ If you're up to date with the vaccines, you're more protected from severe illness even if you get COVID-19.

**RISK LESS.
DO MORE.**
Get this season's vaccines



A campaign to increase awareness and uptake of vaccines for flu, COVID-19, and RSV in at-risk populations.

COMMON CONCERNS	TALKING POINTS
<p>COVID-19 vaccines cause long-term side effects.</p>	<ul style="list-style-type: none"> ▪ Most people have either mild side effects or no side effects at all after getting a COVID-19 vaccine. ▪ Like with any medicine, rare but serious reactions to vaccines can happen. Data show that in every one million people who get a vaccine, five or fewer have a severe allergic reaction, depending on which vaccine they get. ▪ Some people have been concerned about heart inflammation after a COVID-19 vaccine, but the risk of heart inflammation is higher after getting COVID-19 than after getting the vaccine. ▪ The benefits of the vaccines outweigh the risks of COVID-19's long-term health effects, or Long COVID, which is much more common than serious vaccine side effects.
<p>I thought COVID-19 was over! Why should I keep getting COVID-19 vaccines?</p>	<ul style="list-style-type: none"> ▪ COVID-19 is still around and still making people seriously ill, especially if you're 65 years old or older; pregnant; if you have a health condition such as heart disease, obesity, or asthma; or if you have a weakened immune system. COVID-19 vaccines help protect you from COVID-19's worst outcomes.
<p>RSV vaccines are too new and haven't been studied enough.</p>	<ul style="list-style-type: none"> ▪ RSV vaccines were proven to work well to protect people from getting really sick from RSV in clinical trials. The most common side effects are a sore arm, lack of energy, and headache, and those symptoms don't last long. Severe allergic reactions are rare. ▪ RSV can be very dangerous for older adults. It can make you have trouble breathing or develop an infection deep in your lungs. The RSV vaccine helps protect you from serious symptoms. ▪ The benefits of getting vaccinated outweigh the risks of severe RSV. ▪ Infants are also at higher risk for severe RSV disease. Pregnant people can pass protection to their babies for their first 6 months by getting an RSV vaccine during pregnancy.
<p>Can I get more than one of these vaccines at the same time?</p>	<ul style="list-style-type: none"> ▪ You can get the flu and COVID-19 vaccines at the same time. If you are eligible for an RSV vaccine, then you can get it at the same time you get either or both flu and COVID-19 vaccines. ▪ If you choose to get a flu, COVID-19, and RSV vaccine at different times, then you don't need to wait a certain amount of time before getting another vaccine. ▪ You may have more side effects if you get more than one of these vaccines at the same time, but symptoms will likely be mild and should not last long. Some of the most common side effects are arm pain or swelling, headache, and fatigue.



Find more resources at [RiskLessDoMore.hhs.gov](https://www.hhs.gov/risklessdo-more)

**RISK LESS.
DO MORE.**
Get this season's vaccines



A campaign to increase awareness and uptake of vaccines for flu, COVID-19, and RSV in at-risk populations.

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AGS25 ANNUAL SCIENTIFIC MEETING

Chicago, IL



Join us for
the AGS 2025
Annual Meeting!

Thursday, May 8 –
Saturday, May 10
Pre-Conference Day:
Wednesday, May 7

IMPORTANT DATES

Abstract submission site opens – September 2024

Call for Abstract Reviewers closes – November 25, 2024

Abstract submissions and Award nominations due – December 2, 2024

Registration opens – December 11, 2024