

AGS NEWS

NEWSLETTER OF THE AMERICAN GERIATRICS SOCIETY

2024
Volume 55
Number 1

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



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PARTICIPATE IN THE AGS/ADGAP VIRTUAL MENTORSHIP PROGRAM TODAY!

Available for members across all disciplines and career stages, the AGS Mentor Match is designed to pair mentees with mentors based on schedules, goals, and preferences - all through the easy online platform on MyAGSOnline!

Launched in 2020, the AGS Virtual Mentor Match program provides a seamless sign-up experience that serves the needs of mentees while making it as easy as possible for mentors to participate as well. The program was developed with flexibility in mind, allowing for mentors and mentees to specify the type of mentor relationship they wish to have (whether a one-time consultation, a longitudinal relationship, or something in between) as well as the ability to opt into and out of the program as needs arise.

Program Benefits for Mentees	Program Benefits for Mentors
<ul style="list-style-type: none">• Get the support you need to feel confident and uplifted as you navigate your career• Build your network and gain new perspective• Thrive from a mentoring relationship focused on your goals, tailored to your needs	<ul style="list-style-type: none">• Develop your leadership and teaching skills• Gain a new perspective to your work and discover new questions or ideas• Experience the fulfillment of contributing to a mentee's professional development

Login to MyAGSOnline.AmericanGeriatrics.org/mentorship to enroll in Mentor Match program today!

AGS Members can sign-up to serve as a mentor, participate as a mentee, or both if you would like to learn while also giving back. ♦

AGS OLDER ADULTS VACCINE INITIATIVE UPDATE

We are pleased to provide a quick update on how our seven health system partners are tackling the work that they are doing as a part of our AGS Older Adults Vaccine Initiative. All of our teams have been working on gaining a baseline understanding of vaccination rates in their own system, designing quality improvement (QI) interventions, and working collaboratively with the Council of Medical Specialty Societies (CMSS) and its vendor (SoftDev) on identifying what data they will report into the centralized database of the work that is ongoing across the seven partner specialty societies and their health system partners (see call out box for a brief description of the SSAI). We are #AGSProud of the work that they have accomplished to date and wanted to provide AGS

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FROM OUR PRESIDENT

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

I believe it was Heraclitus, the Greek philosopher who said, “the only constant in life is change.” How true that is. Over the past few years, we have seen how our professions, education, and lifestyles have changed because of world events. At times, it can feel like I’m juggling so much change that everything begins to feel a bit impermanent. That’s one of the things that I’ve appreciated about the viewpoint AGS has when it comes to embracing change and innovation.

As an example, since I joined the AGS, there has always been a Geriatrics Review Syllabus (GRS) and there still is a Geriatrics Review Syllabus. What has changed is that a core text for our field which used to be available only in paper is now available in multiple formats. I can remember when Geriatrics at Your Fingertips for Palm Pilots was released (I had one!). Our AGS Annual Scientific meeting is no different – we have evolved from paper program books

meeting was born out of necessity, at a time when COVID-19 was at its peak and still wreaking havoc in our professional and personal lives, our community of geriatrics professionals all came together virtually to share knowledge and innovations, to talk about how we were navigating a changing workscape, and to inspire and be inspired. As an organization we learned that virtual meetings can be very effective and do have some very specific benefits. The flexibility that virtual meetings offer is a benefit according to many of our attendees who could attend more sessions overall –some even reported attending every session! Many members appreciated not having to leave their families, the lower cost of meeting attendance, and the opportunity to encourage colleagues who might not normally attend to join them.

This year, we are offering an entirely virtual meeting which puts us on the cutting edge of how professional



virtual with face-to-face meetings. I’m excited about the content that the AGS Program Committee and AGS Research Committee have put together for #AGS24. As with the GRS and GAYF, AGS is innovating how it delivers content but the final product has the same great essence that you will not want to miss. Over the course of the meeting, we will be presenting the latest in geriatrics research, education, and clinical care with a focus on ensuring that we are providing our attendees with content that improves our collective ability to care for older adults.

In addition to the great array of symposia, paper, and poster sessions (some of which I highlight below), here are just a few of my top reasons why I am excited for #AGS24 (and why you should be too!):

“ This year, we are offering an entirely virtual meeting which puts us on the cutting edge of how professional societies are experimenting with meeting members needs, while taking into account the ways in which we can reduce our environmental footprint...

and JAGS abstracts supplements to an app on our phones that puts all that same information in an easily searchable database that allows us to build our own schedules. In 2021, the AGS adapted to COVID-19, when the pandemic was still making it too dangerous for us to gather in large crowds, by learning how to throw an entirely virtual meeting for the first time in AGS history. While that year’s

societies are experimenting with meeting members needs, while taking into account the ways in which we can reduce our environmental footprint and also with an eye to ensuring that the AGS has the financial resources to remain the vibrant community that we have come to know and love throughout the years. This is the first virtual meeting year in a four-year pilot that will have us alternating fully

- **#AGS24 is going to be comfy!** You’ll be able to learn from the comfort of your home, office, or anywhere else you choose (that has wi-fi). If you want to learn about tele-geriatrics or pain management and opioid use disorder in older adults in your bunny slippers – you can!

- **#AGS24 will be more accessible and inclusive than ever!** Without the physical restriction of location, we hope to reach more people than ever before. Attendees will be able to join more sessions because of the virtual format and as usual have access to all virtual education post-meeting recordings for three months after the meeting! I have

already heard from colleagues who are able to join this year due to its virtual format and closeness to other meetings. I hope you can spread the word to those who may benefit from increased accessibility or may be able to attend for the first time.

- **#AGS24 will be easier on your travel budget!** A virtual meeting means reduced pressure on personal or academic travel budgets. Attendees will not have to worry about travel or lodging expenses associated with in-person meetings.
- For leaders of geriatrics academic, fellowship, and research training programs, **#AGS24 will allow you to support more trainees to attend our meeting.** As a nurse educator, I know how hard it can be to bring trainees to a national meeting given classes, exams, and clinical rotations. Being fully virtual means that I can encourage our trainees to attend and the fact that the meeting registration is greatly reduced for all full-time students greatly helps with that. Even though we are virtual, AGS will be offering a one-on-one mentoring program through our online mentoring program and all of our usual affinity sessions for trainees.
- **#AGS24 will be green!** AGS has taken a series of actions to reduce its impact on the environment including going paperless with *JGN* and *JAGS*. Eliminating annual face-to-face conferences is the single most impactful step that we could take to reduce our carbon footprint. In the virtual years, our footprint for the meeting is reduced by 94%.

Like always, I am also excited for the Annual Scientific Meeting because of all of the opportunities there are to learn about emerging clinical issues, current research in geriatrics,

education, health policy, and delivery of geriatric health care. This year's program is chock-full of sessions that I am looking forward to attending, including:

Henderson Lecture: The Geriatric Surgery Verification Program: A Journey to Improve the Surgical Care of Older Adults.

Ronnie A. Rosenthal, MS, MD will moderate this year's highly anticipated Henderson lecture which will describe the efforts of the American College of Surgeons (ACS), together with the AGS and the John A. Hartford Foundation, to improve care for older adults considering and having surgery by developing a structured program and measures that address the goals and needs of each individual older adult.

Geriatrics Literature Update: 2024

Led by Alex Smith, MD, Kenneth Covinsky, MD, MPH, and Eric Widera, MD, the highly popular Geriatrics Literature Update: 2024 will offer a witty recap of the most important papers published in 2023 through musical parodies based on their summaries. Discussions will cover the significance of study findings and their application to geriatric practice.

New Era of Alzheimer's Disease Diagnosis and Therapeutics

Moderated by Esther S. Oh, MD, PhD & Noll L. Campbell, PharmD, MS, this session will provide health professionals with information about anti-amyloid monoclonal antibody (mab) for treatment of early symptomatic Alzheimer's disease (AD), with focus on lecanemab. (Presenters will also discuss donanemab if it is FDA approved by May 2024.)

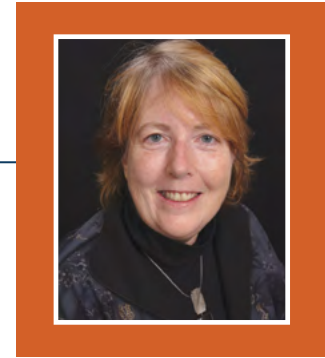
For more tips on how to make the most out of this year's virtual meeting check out "The AGS Guide to Get the Most Out of #AGS24" on pg. 15.

I am so proud to be part of an organization that has such a legacy of leading change and improving care for older adults and that continues to make decisions to ensure future generations of geriatrics professionals have not only the same opportunities, but that they have more equitable accessibility to take part in opportunities like our Annual Scientific Meeting. Serving you as the President of the AGS, working towards better care for all of us as we age, has been such an incredible experience and although I am sad to pass the torch, there is nobody more deserving than Mark Supiano to pick it up!

Mark Supiano, MD, AGSF is the Chief of the Geriatrics Division at the University of Utah, where he also serves as the Executive Director of the university's Center on Aging. An AGS member since 1985, Dr. Supiano has held many leadership roles within the Society, including: Program Chair of the 2006 AGS Annual Scientific Meeting, Associate Editor of the *JAGS* Editorial Board (2000-2005), and as a Board Member of the ADGAP Board of Directors (2007-2017), ultimately serving as both its President and Board Chair. I am looking forward to seeing Mark's demonstrated dedication to geriatrics and the AGS in action as he steps into his new role as President. Please join me in welcoming Mark!

Truly it has been an honor and a privilege to have served as your President this past year. I hope that you will join me (from wherever you may be) at #AGS24 from May 9-11 (preconference days May 7 & 8) to continue working and collaborating for a better future for geriatrics health-care and us all. ♦

AGS 360° WITH NANCY E. LUNDEBJERG, MPA



Back in 2019, I penned an editorial for the *Journal of Geriatric Oncology*, “[Leadership in Action: Emulating Arti Hurria](#).” In it, I discussed the special gifts that I thought made the late Arti Hurria a truly exceptional leader. Among the themes I touched upon was her ability to bring joy to our shared work, here is what I wrote: “Arti thought that we could change the world. She did not believe in magic wands but knew warmth, smiles, and hugs were the “secret in the sauce” when it came to achieving success. She was well aware that achieving our goals would take a lot of elbow grease, yet she made sure we all took joy in what has been the ride of a lifetime.” To be able to spread joy, you need to take joy in the work that you do, which is something that was intrinsic and effortless in the way that Arti moved through the world. Her mantra was “do what you love, love what you do.”

In my own life, I can remember the time I was offered a position working on Wall Street. That offer came as I was rethinking my priorities for my working life while enjoying a respite from the need to work full time that only a generous severance package can provide. I honestly don’t remember what the salary offer was, but I will never forget the pitch, “you’d be surprised at how fulfilling it is to get a piece of the action when a company is going public.” I owe whoever said that a cup of coffee since that statement really crystallized for me that I would thrive best in an environment where the work that I was doing was aligned with things that I care about. Ultimately, I took a position with AGS because I was passionate about improving care for older adults.

As I write this, I’m coming up on my 26th anniversary with AGS and thinking about the joy that I’ve derived from working at AGS because an exceedingly large chunk of my daily joy comes from how our AGS members support each other and the passion that you have for the work that you do. This kind of joy comes in small doses and can be easily overlooked in the rush of a busy day but here goes:

- **MyAGSONline:** Among my daily go-to reads are digests from the various AGS online communities that I am subscribed to. These quick reads give me joy because they are often a reminder of how our members are there for each other. I appreciate how you share your expertise and experience with others and how often I see offers to speak with someone personally if that would help. You are amazing.
- **Your Successes:** I confess that I do a mental happy dance every time I hear or see good news about an AGS member or group of members. I think I am subscribed to every list serv where one of you might pop up for having won an award, received a grant, or have been recognized for the great work that you do. I am 100% team #AGSmember in the same way that #swifties are 100% team Taylor Swift.

Perhaps my biggest doses of joy comes from hearing from members about why they chose careers in geriatrics. Here I want to highlight the various places in our AGS ecosystem that you can drink from—or contribute to—which highlight our growing compendium of geriatrics health professionals sharing why they chose a career in geriatrics (and sometimes

what they love about being an AGS member).

- **Profiles in Geriatrics:** This section of our website has a series of interviews with AGS members that offer up their perspective on why they chose a career in geriatrics and what they love about caring for older people.
- **Member Profiles:** This is the home of personal essays from our AGS members that touch upon many of the same themes found on our Profiles in Geriatrics page with a specific emphasis on what they love about our AGS community. A common thread is the joy that they take at being in a community of like-minded individuals that come together to advance care of older adults.
- **I am Geriatrics:** At the beginning of 2024, we rolled out the first in a series of short videos from some of the newest members of our community of geriatrics health professionals—fellows-in-training—who completed their fellowship in 2023. We filmed these with the goal of highlighting why geriatrics is a rewarding career choice for the next generation. A huge thank you to our fellowship program directors who connected us with their fellows and to the fellows who took time away from the AGS Annual meeting to make these films.

In our AGS communities, the Chairs of the AGS Teachers Section have been coordinating submission of profiles by members of that

community. They have developed a series of prompts that members are asked to answer (see call out box), and the resulting profiles are then published in the Teachers Section online community. As we establish online communities for all our special interest groups, I am hoping to see more of these types of profiles in my daily digests—they are a lovely way for members with a common interest to get to know each other and to identify potential collaborators.

A personal shoutout to the many AGS members who are not represented in these profiles but who are living Arti's mantra by doing what you love and loving what you do. You are an inspiration for the next generation of health professionals who are considering what career path they should take. They see the ways in which you honor and respect those in your care and the joy that you take in the work that you do. For those trainees who are considering how to balance their passions with the work that you do, your joy may just be the tipping point for more serious consideration of a career in geriatrics. You are the best. ♦



Getting to Know You: Teachers Section Prompts

Best part of job:

Currently working on:

What I would like to collaborate on:

One thing I have learned from my patients:

One thing I have learned from my learners:

One thing you want your learners to know:

Advice for junior faculty:

Favorite geriatric pearl of wisdom:

Favorite geriatric syndrome:

What's saving your life right now?

Where can we find you online?

AGS/ADGAP BENCHMARKING SURVEY ONE YEAR UPDATE

Thank you to those AGS/ADGAP geriatrician members who participated in the *Calendar Year 2022 (CY22) AGS/ADGAP Benchmarking Core Survey* powered by our partners at Phairify—we are off to a great start in our data collection. Your participation is essential to building this rich new data asset that helps geriatrics academic programs and AGS members learn and convey their value.

We launched the *CY22 AGS/ADGAP Benchmarking Core Survey* in partnership with Phairify in February 2023 to collect data from CY22. We are grateful to the 266 AGS members who participated in the CY22 Core Survey. **▶ Please see next page for a snapshot of the data that we collected.**

We are excited to announce that we have just rolled out the modular surveys for those who practice in acute care, ambulatory, home care, and long-term care settings. Together with the core benchmarking survey, these setting-specific surveys will allow us to anonymously aggregate geriatrician data on compensation, productivity,

and practice characteristics across the numerous settings where geriatricians provide care. AGS/ADGAP members who participate in these surveys have access to Phairify's specialty-specific professional practice information and career management platform rich with geriatrics-specific compensation and productivity data that they can then use to manage their career opportunities.

In addition to launching the setting-specific survey modules, we have also launched the *CY23 AGS/ADGAP Benchmarking Core Survey* to collect data from CY23. All members who are eligible to participate in the surveys should have received an email with instructions on how to complete the *CY23 AGS/ADGAP Benchmarking Core Survey* and modular surveys. Members will have immediate access to the additional modular surveys upon completion of the CY23 Core Survey.

We Need You!

Remember that the more AGS/ADGAP members that participate in the

surveys, the richer and more meaningful the data will be. We urge you to support geriatrics and your peers by taking the time to complete the surveys. Once completed, you will have instant real-time access to the rich databank of information that you can use to discreetly:

- Access national level specialty-specific data which allows you to compare your compensation, productivity, and practice characteristics with those of your peers.
- Explore different job opportunity scenarios (location, practice type, scope of practice) and understand how this may impact compensation, benefits, and other work/life elements you care about.
- Conduct informed negotiations of employment terms for you, your division, department, or practice.
- Much more!

If you have any questions about your Phairify account or the surveys, please reach out to Anna Kim at akim@americangeriatrics.org. ♦

GERIATRICS BENCHMARKING **SNAPSHOT**

AGS/ADGAP Benchmarking Core Survey Data for Calendar Year (CY) 2022

Below is a preview of the Geriatrics Benchmarking CY 2022 data in hand. AGS/ADGAP members who participate in the AGS/ADGAP Benchmarking Surveys have real-time access to all data collected through Phairify’s practice information and career management platform.

DEMOGRAPHICS¹

266 Geriatricians have participated in the CY22 AGS/ADGAP Benchmarking Core Survey

Specialty	N (%)
Geriatric Medicine (Internal Medicine)	211 (79.3%)
Geriatric Medicine (Family Medicine)	54 (20.3%)
Geriatric Psychiatry	< 10

Gender	N (%)
Female	174 (65.4%)
Male	88 (33.1%)
Preferred not to answer	< 10
Gender Variant / Non-Conforming	< 10

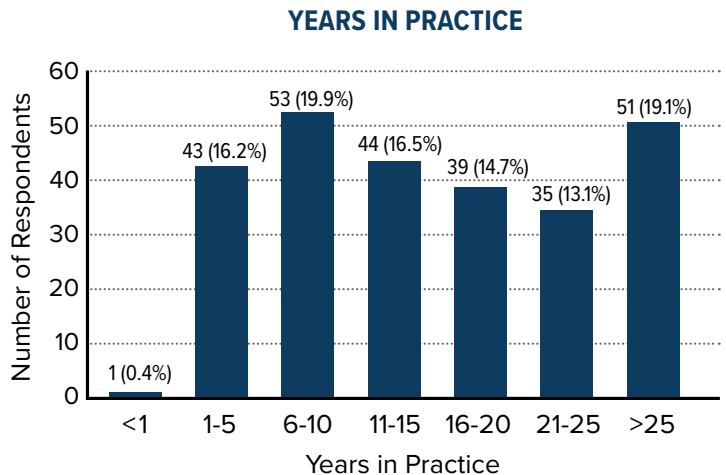
Race and Ethnicity	N (%)
White	162 (60.9%)
Asian	60 (22.6%)
Preferred not to answer	15 (5.6%)
Black or African American	14 (5.3%)
American Indian or Alaska Native	< 10
Hispanic, Latino/Latina, Spanish – Cuban, Mexican, Mexican Am, Chicano, Puerto Rican, or Other	< 10
Middle Eastern or North African	< 10
Native Hawaiian or Other Pacific Islander	< 10
Other	< 10

¹Phairify does not report data with fewer than 10 responses.

GERIATRICS PRACTICE SETTINGS

- Most responding geriatricians reported working at least some portion of their professional time in academic/medical school-sponsored settings (47.3%) or in a hospital/health system/integrated health system (24.8%).
- The biggest overlap in practice types is academic/medical school-sponsored settings and government (9%).
- About 63% of participants were in practice for more than 10 years.

Practice Type	N (%)
Academic / Medical School-Sponsored	125 (47.3%)
Hospital / Health System / Integrated Health System	65 (24.8%)
Academic / Health System-Sponsored	52 (19.8%)
Government	51 (19.5%)
Other	36 (13.5%)
Private (Physician owned)	17 (6.5%)
Independent Non-profit Foundation	14 (5.3%)

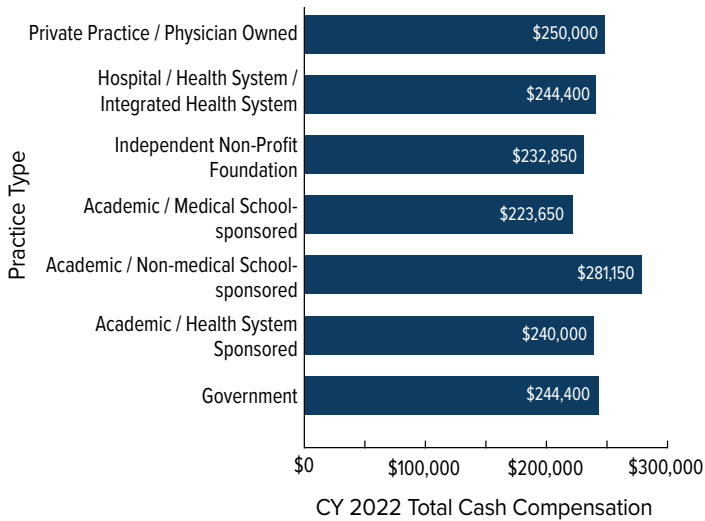


GERIATRICS BENCHMARKING SNAPSHOT (continued)

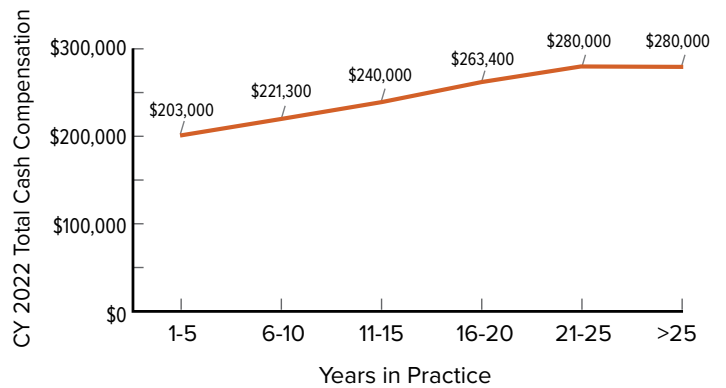
COMPENSATION

- Overall median compensation was \$240,000 (CY 2022) [interquartile range (IQR): \$83,750]
 - Minimum: \$89,100
 - Maximum: \$755,000

AVERAGE COMPENSATION BY PRACTICE TYPE



AVERAGE COMPENSATION BASED ON TENURE

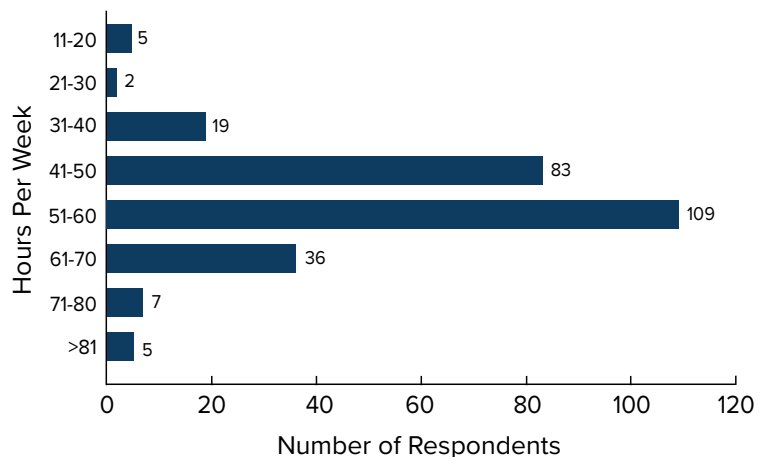


PRODUCTIVITY

- Time spent on professional functions.
 - 59% worked more than 50 hours per week.

Professional Function	Median % Time Spent
Clinical-Patient Care	40%
Administrative or Management	20%
Teaching – Patient Care	10%
Teaching – Didactic	5%
Research	<5%

TOTAL HOURS PER WEEK



**We
Need
You!**

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

All members who are eligible to participate in the surveys should have received an email with instructions on how to complete the CY23 AGS/ADGAP Benchmarking Core Survey and modular surveys. If you have any questions about the surveys, please reach out to Anna Kim at akim@americangeriatrics.org

10 Top

JAGS Studies of 2023

What were the most-downloaded geriatrics research updates in 2023? The *Journal of the American Geriatrics Society (JAGS)* has the answer! Check out their list of top research highlights below and get the full content by visiting the DOI link.

1 **American Geriatrics Society 2023 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults – (2023 American Geriatrics Society Beers Criteria® Update Expert Panel)**

<https://doi.org/10.1111/jgs.18372>

The American Geriatrics Society (AGS) Beers Criteria® guides geriatrics healthcare professionals in identifying Potentially Inappropriate Medications (PIMs) for older adults. At its core, the AGS Beers Criteria® is an explicit list of PIMs that are typically best avoided by older adults in most circumstances or under specific situations, such as in certain diseases or conditions. Updated regularly since 2011 by the AGS, this latest version incorporates evidence published since the last update in 2019, featuring new criteria, modifications of existing criteria, and improved formatting for enhanced usability. Applicable to adults aged 65 and above in various care settings, excluding hospice and end-of-life care, it's important to use the AGS Beers Criteria® thoughtfully, supporting shared clinical decision-making.

2 **Association of sulfonylureas with the risk of dementia: A population-based cohort study – (Wu et al)**

<https://doi.org/10.1111/jgs.18397>

This population-based retrospective cohort study investigates the association between sulfonylurea use and the risk of dementia compared to dipeptidyl peptidase-4 (DPP4) inhibitors among adults aged 66 and above using administrative data from residents in Ontario, Canada. By analyzing data from over 144,000 new users, the researchers found that sulfonylureas, particularly glyburide, are linked to a higher risk of dementia compared to DPP4 inhibitors. This research addresses the mixed evidence on sulfonylureas and dementia risk and suggests that their use, especially glyburide, may not be optimal for cognitive longevity in older adults. Because type 2 diabetes is a risk factor for dementia, these findings underscore the importance of selecting glucose-lowering drugs carefully to mitigate cognitive risks.

3 **Internet usage and the prospective risk of dementia: A population-based cohort study – (Cho et al)**

<https://doi.org/10.1111/jgs.18394>

This study investigates the long-term cognitive impact of internet usage among older adults, revealing that regular users face about half the risk of dementia compared to non-regular users, a finding that persists across demographic factors. Over a span of up to 17.1 years, this study, utilizing the Health and Retirement Study, researchers followed dementia-free adults aged 50–64.9, investigating the relationship between various measures of internet usage and dementia. Notably, a U-shaped relationship emerged when exploring estimated daily hours of usage, with the lowest dementia risk observed among adults with 0.1–2 hours of usage, though the results were non-significant due to small sample sizes. The findings highlight the potential cognitive benefits of moderate online engagement in old age and found no evidence that the internet contributed to socioeconomic disparities in the burden of dementia.

4 **Social isolation and 9-year dementia risk in community-dwelling Medicare beneficiaries in the United States – (Huang et al)**

<https://doi.org/10.1111/jgs.18140>

This research investigates the link between social isolation and incident dementia among older adults in the United States, drawing upon a representative sample of community-dwelling older adults from the National Health and Aging Trends Study. In a cohort of 5022 community-dwelling older adults tracked over 9 years (2011–2020), 23.3% were identified as socially isolated. Adjusting for demographic and health factors, researchers found that socially isolated individuals faced a 1.28 times higher hazard of incident dementia compared to their non-isolated counterparts. Importantly, this elevated risk was consistent across racial and ethnic groups. The research underscores the pervasive nature of social isolation among older adults in the U.S., affecting 1 in 4 individuals, and emphasizes its association with higher hazard of incident dementia over an extended period. The study's insights suggest social

isolation as a modifiable risk factor, providing a foundation for targeted interventions aimed at reducing dementia risk across diverse populations.

5 Development and validation of the Montreal cognitive assessment for people with hearing impairment (MoCA-H) – (Dawes et al)

<https://doi.org/10.1111/jgs.18241>

This study addresses the prevalent challenge of hearing impairment among older adults, a factor that significantly influences cognitive assessments utilized for dementia identification. Recognizing the impact of compromised hearing on traditional assessments such as the Montreal Cognitive Assessment (MoCA), the researchers developed and validated a tailored version, the MoCA-H, specifically designed for individuals with hearing impairment. Adaptations included modified instructions and stimuli to a written rather than spoken format as well as the substitution of certain items. The final MoCA-H demonstrated reliability in identifying dementia among adults with acquired hearing impairment. This research not only addresses the issue of hearing impairment affecting cognitive screening tests but also introduces MoCA-H as the first fully validated, sensitive, and reliable tool for cognitive screening for people with hearing impairment.

6 Nocturnal hypoglycemia is underdiagnosed in older people with insulin-treated type 2 diabetes: The HYPOAGE observational study – (Boureau et al)

<https://doi.org/10.1111/jgs.18341>

This study addresses the gap in real-life data on the frequency and predictive factors of hypoglycemia in older patients with type 2 diabetes (T2D) undergoing insulin treatment. The 155 patients aged 75 years and older who participated in this prospective multicenter study underwent a geriatric and diabetic assessment and received ambulatory blinded continuous glucose monitoring (CGM). Results reveal that around one-third of insulin-treated older patients with T2D experience hypoglycemia based on self-monitoring of blood glucose, while CGM uncovers that 65% of patients encounter nocturnal time below range. Risk factors for nocturnal hypoglycemia include cognitive impairment and heart failure. The study emphasizes the underdiagnosis of nocturnal hypoglycemia by self-monitoring methods and underscores the potential of CGM as a powerful tool to detect a nocturnal time in hypoglycemia and for personalized diabetes management, particularly for those with cognitive impairment.

7 Association of early acute phase rehabilitation initiation on outcomes among patients aged ≥ 90 years with acute heart failure – (Ueno et al)

<https://doi.org/10.1111/jgs.18283>

This retrospective analysis delves into a relatively unexplored domain – the potential benefits of acute-phase rehabilitation initiation in very old patients (aged ≥ 90) with acute heart failure (AHF). Drawing upon a nationwide inpatient database in Japan, the researchers analyzed data from 41,896 patients hospitalized for heart failure from January 2010 to March 2018. The findings show the positive impact of early rehabilitation, revealing lower in-hospital mortality, a shorter median length of stay, reduced 30-day readmission rates due to heart failure, and better improvement in activities of daily living (ADL) in patients with acute-phase rehabilitation initiation. Because acute phase rehabilitation initiation was associated with improved short-term clinical outcomes, the researchers suggest the potential benefit of early rehabilitation in very old patients with AHF.

8 Limited physician knowledge of sarcopenia: A survey – (Guralnik et al)

<https://doi.org/10.1111/jgs.18227>

This survey sheds light on the current landscape of sarcopenia awareness and integration into clinical practice among 253 practicing U.S. physicians. Despite the rapid development of research on sarcopenia in recent years, the findings of this survey reveal a gap in physicians' familiarity with the term and little use of diagnostic criteria. Less than 20% of internists and family medicine practitioners reported being very familiar with sarcopenia, contrasting with higher familiarity among geriatricians and physical medicine and rehabilitation specialists. The survey also found that participants substantially overestimated the prevalence of sarcopenia in older adults and that 75% of participants did not typically use specific diagnostic criteria. Only 8% of physicians indicated using the term "sarcopenia" in medical charts for patients with significant muscle mass and strength loss. The findings suggest the need for improved physician familiarity with sarcopenia and consensus on diagnostic criteria to enhance screening and treatment practices for this condition.

continued on page 12

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\$7,500 pledge commitment

- | | | | |
|----------------------|----------------------|----------------------------|-------------------------|
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| Richard Besdine* | Peter Hollmann* | Joseph and Lynn Ouslander* | Eric G. Tangalos* |
| Sharon A. Brangman* | Jerry C. Johnson* | James and Kara Pacala* | Mary E. Tinetti* |
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Top Ten *JAGS* Studies continued from page 9

9 Factors associated with recurrent emergency department visits among people living with dementia: A retrospective cohort study – (Jones et al)

<https://doi.org/10.1111/jgs.18457>

This population-based retrospective cohort study examines associations between the individual characteristics of older adults living with dementia in Ontario, Canada and recurrent emergency department (ED) visits. By analyzing health administrative databases, the researchers included 175,863 community-dwelling older adults aged 66 or older with dementia who visited the ED between April 1, 2010, and March 31, 2019 in this study. The research reveals that a history of ED visits in the year preceding baseline had the strongest association with recurrent visits. Results also showed that older adults in higher risk groups included those who had higher use of anticonvulsants, antipsychotics, and benzodiazepines and were more likely to live in rural and low-income areas. The researchers conclude that ED visit history may be useful in identifying individuals who may benefit from additional interventions and supports.

10 Depression in older adults during the COVID-19 pandemic: A systematic review – (Silva et al)

<https://doi.org/10.1111/jgs.18363>

The factors associated with depressive symptoms as well as the diagnostic assessment instruments and interventions used to evaluate and treat depression in older adults since the onset of the COVID-19 pandemic were investigated in this study. The researchers screened 832 articles for this systematic review, uncovering factors contributing to depressive symptoms, both pre-existing and newly emerged due to pandemic-related changes. Known factors such as sociodemographic characteristics, loneliness, and limitations in daily functioning were found, while new pandemic-related factors including stress and worries related to the pandemic, information access, and direct links to COVID-19 were unveiled. The Geriatric Depression Scale Short Form emerged as a frequently used diagnostic tool, and remote interventions during the pandemic showed promise in reducing depressive symptoms. The study concludes that improved understanding of pandemic-associated risk factors can inform person-centered care and that ensuring continuous mental health care for older adults is of the utmost importance. ♦

members with a brief synopsis of what they are up to:

- At **Advocate Aurora Health, Inc.**, the team, led by Ariba Khan, MD, PI, has incorporated motivational interviewing in their patient visits, created a new intake form to include vaccine options, started offering the COVID-19 vaccine in their clinic, and developed flyers for all vaccines, including RSV.
- At **Emory University**, the team, led by Camille Vaughan, MD, PI, is planning on disseminating Vaccine Ambassador buttons to staff, hosting staff vaccine luncheons to discuss the importance of vaccinations for older adults, disseminating HealthinAging.org public education resources, implementing reminders to get the COVID-19/flu vaccines, and have added a column to their daily triage tracking sheet asking patients if they are interested in receiving the flu vaccine.
- The **Oregon Health & Science University** team, led by Elizabeth Eckstrom, MD, MPH, PI, created codes to help report demographic data for each of the measures they are collecting, is developing plans to implement home visits by pharmacists to vaccinate homebound patients, created a report to identify all administered vaccines for patients in their clinic, and displayed their vaccine posters around their clinic to encourage vaccinations.
- At **SUNY Upstate Medical University**, the team, led by Dona Varghese, MD, PI, finalized a Best Practice Alert (BPA) for influenza and COVID-19 in their rooming tab to make vaccine query, vaccine reconciliation, and vaccine administration parts of the regular rooming process (currently pending approval). They have also held a meeting with EPIC trainers to start training their nurses and are creating smart sets to better capture baseline data.
- At **University of Texas Health Science Center at Houston (UTHealth Houston)**, the team, led by Aanand Naik, MD, PI, initiated a system-wide mass patient outreach intervention to collect the ImmTrac2 disaster retention consent among patients receiving COVID-19 vaccines and is distributing an ImmTrac consent brochure in their clinic.
- The **University of Pennsylvania** team, led by Lisa Walke, MD, MSHA, PI, received complete historical influenza and COVID-19 vaccination rates from their EPIC Clinical Research team and are using the Pareto Chart tool to explore the reasons a small sample of patients provided are not receiving the COVID-19 and/or influenza vaccinations.
- The **University of Utah Health** team, led by Megan Puckett, MD and Mark Supiano, MD, PIs, developed an in-depth master spreadsheet of each measure they are collecting with the corresponding numerator/denominator, strata, and exemptions, to provide clarity for their IT data analyst and reduce cost. They are developing a workflow analysis study (using interviews, focus groups, and direct observation) to understand the current procedures for USIIS query, immunization reconciliation, care gap identification, immunization counseling, ordering, administration, and documentation. ♦

SPECIALTY SOCIETIES ADVANCING ADULT IMMUNIZATION INITIATIVE (SSAAI)



AGS is one of seven specialty medical societies participating in the Specialty Societies Advancing Adult Immunization (SSAAI) initiative led and funded by the CMSS, through a cooperative agreement with the Centers for Disease Control and Prevention (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 and fatigue, and overcome barriers to vaccination. We plan to share these learnings more broadly so that AGS members can draw on the learnings from this group. Each healthcare system has been charged with assessing baseline immunization practices, identifying strategies for improving immunization rates, and submitting data on their quality improvement measures.

In addition to supporting our seven health systems partners under this initiative, AGS has developed [free professional and public education resources](#) on vaccinations for older adults. These free resources include an online education curriculum, a podcast, teaching slides, patient education materials, a mobile app, webinars, and more. The Society has also implemented a Real Time Learning Network (RTLN) to facilitate networking and sharing best practices and knowledge across the seven systems.

The Older Adults Vaccine Initiative is funded through the Centers for Disease Control and Prevention Cooperative Agreement (1 NH23IP922656-01-00) to the Council of Medical Specialty Societies.

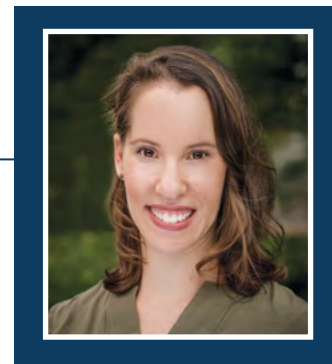
WHY I'M AN AGS MEMBER

Yael Zweig, NP

I was fortunate to be exposed to positive experiences with older adults through spending a lot of time in skilled nursing facilities in my youth, as well as growing up with 3 grandparents and 2 great grandmothers. Despite that, it wasn't until a very unsatisfactory part time job at Pizza Hut in high school that I decided to become certified as a nursing assistant. At 17 years old, I started working 3-11 PM shifts after school at a local assisted living facility, without fully understanding the ways in which it would change my life. I learned first-hand about patient centered care from Franny who I would visit in her ALF apartment on my lunch break. She would tell me how much she wanted to sit and talk about her life, but it was often too hard with the water pill causing her to go to the bathroom every 5 minutes and her terribly dry mouth. Another gentleman who packed his bag to go home at the same time every evening taught me how to use nonpharmacologic techniques for agitation without even knowing what that meant. Using a Hoyer lift on my own at 5'0 will forever give me infinite respect for the physical toll of nursing assistant work. I was fortunate that through the hard work I was able to develop a love of geriatrics and knew after the first few weeks at ALF that I would go to nursing school. It is also not fair to say I discovered all this passion completely on my own. I have an incredible geriatrics mentor always in my corner, my mom, Barbara Resnick (AGS president 2011). I grew up to the late-night sounds of (very loud) phone consultations with her beloved CCRC residents, and dinner table conversations of hot topics in geriatrics. She gave me the space and wisdom to discover a love of geriatrics on my own and has been helping me nurture that passion ever since.

My nursing career started in hospital med-surg and telemetry, but everyone I worked with always knew to assign me the complicated older adults! After completing a NP degree in Adult Primary Care and Geriatrics in 2009, I decided to explore other settings including sub-acute rehabilitation. I then transitioned to an outpatient memory disorders clinic where I was able to develop more of an expertise in dementia care. This role transition prompted me to become a member of the American Geriatrics Society in 2010, and the membership has been so practical and helpful across all of my practice settings. In 2015 I returned to acute care where I have a clinical role providing inpatient geriatric consultation.

I joined the American Geriatrics Society because the educational opportunities are invaluable. AGS resources like *Geriatrics At Your Fingertips® (GAYF)* which is an annually updated reference that provides quick, easy access to specific information clinicians need to make decisions about the care of older adults and the AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults (PIMs) are very useful, clinically. Another benefit of being a part of the American Geriatrics Society is having access to their online communities and being able to interface with geriatrics professionals around the country. The Daily Digest emails from the online communities make it easy to see when people post questions or announcements to the forums that I am a part of, such as the Dementia Care and Caregiver Support SIG. And of course, the annual meetings are such an incredible opportunity to collaborate and meet people from all different clinical backgrounds who are passionate about geriatrics.



One of my favorite experiences of being an AGS member has been serving on the Ethics Committee. I have been a member of this committee since 2019. It has been such a valuable experience collaborating with geriatrics professionals with diverse backgrounds and perspectives as well as a great learning opportunity to partner with them on all of the committee's various projects and initiatives.

I think that aging is an incredible gift and I find geriatrics to be very rewarding professionally. I appreciate AGS supporting geriatric professionals from interdisciplinary backgrounds to disseminate best practices and look forward to many more years of AGS membership. ♦



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AN AGS GUIDE TO GET THE MOST OUT OF #AGS24

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Log into MyAGSOnline.AmericanGeriatrics.org to check out the AGS Member Forum and continue the conversation outside of conference sessions. Speakers and attendees can use our community forums to discuss their favorite topics, network, or collaborate on new ideas.



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