AGS Board Adopts Public Policy Priorities for Coming Year Based on Discussions at Annual Meeting and Results of First Annual Public Policy Meeting

Promoting a more comprehensive, less fragmented healthcare system; advocating for needed Medicare reforms and for practice redesign; addressing the shortage of academic healthcare professionals specializing in geriatrics; and supporting research to improve healthcare design should be top public policy priorities for the American Geriatrics Society for the coming year, the Society’s Board of Directors agreed during AGS’ May annual scientific meeting in Seattle.

AGS 2007 Annual Meeting A Crowd Pleaser

A near record 2,700 geriatrics health care providers, researchers and educators gathered in Seattle in May for the AGS’ 2007 Annual Scientific Meeting.

“It’s great to be here with all of you at this very successful meeting!” said 2007 Annual Scientific Meeting Program Committee Chair Steven L. Phillips, MD, opening the session.

More than 600 geriatrics researchers and clinicians presented cutting-edge scientific papers and posters, symposia, core curriculum sessions, and workshops during the meeting, which ran May 2 through 6.

Highlights of the event included the State-of-the-Art, Outstanding Scientific Achievement for Clinical Investigation Award, and Public Policy lectures.

Dr. Joseph Hanlon, winner of the 2007 Henderson State-of-the-Art Award, delivered the first, on medication-related adverse events in older patients. Outstanding

AGS Elects New Board Members; COSAR Elects New Co-Chair; Thank you to Outgoing AGS Board Members

The American Geriatrics Society (AGS) members elected Sally L. Brooks, MD, AGSF and Peter V. Rabins, MD, MPH, to the Society’s Board of Directors. In addition, AGS’ Council of State Affiliate Representatives (COSAR) members elected Jeffrey E. Escher, MD, Co-Chair of the Council. Election results were announced during the AGS Annual Scientific Meeting.

AGS members tapped Drs. Brooks and Rabins in the first election that allowed electronic balloting—setting a record for participation—casting two-times as many votes as compared to last year’s election. COSAR tapped Dr. Escher in its first electronic election as well.

Dr. Brooks, the Central Region Medical Director of Evercare in Ohio, has been an active member of the AGS since her first health services research abstract—later published as a pair in the Archives of Internal Medicine—was accepted for paper presentation at the 1992 Annual Scientific Meeting. A member of the Society for 18 years, Dr. Brooks has served as Chair of the AGS Teachers’ Section (1995–1998), Vice-Chair of the Education Committee (1997–1999)
Among the noteworthy developments during AGS’ 2007 annual scientific meeting this May was the Board of Directors’ move to adopt a slate of public policy priorities—and strategies to achieve these priorities—for the coming year. (See related story, p. 1)

AGS has been involved in policy advocacy aimed at enhancing healthcare for older Americans for much of its history. The Board’s efforts to identify and endorse a strategic lineup of policy priorities, however, are important steps toward increasing AGS’ role in the policy arena. As you know, the Society’s new strategic plan places increased emphasis on raising public awareness of the need for quality healthcare for an aging populace and on advocating for policy supporting such care. Both are integral to effecting legislative and regulatory changes that benefit the field and our older patients.

As I noted while making my first remarks as President during the annual meeting, this increased emphasis on policy does not come at the expense of the Society’s other core goals—building the geriatrics knowledge base; encouraging healthcare professionals to employ geriatrics principles when caring for older patients; and recruiting promising candidates into geriatrics. To the contrary, more effective advocacy will enhance our ability to meet these goals as well. Addressing reimbursement concerns via enhanced advocacy, for example, may help improve recruitment into the field, since below-market rate compensation remains an obstacle to recruitment. Overall, a higher profile public advocacy role helps establish the AGS as an issues-based, rather than a special interest, organization. This boosts our influence.

Based on discussions during the annual meeting and during a two-day public policy planning session in New York City this past March, AGS’ Board of Directors voted unanimously in May to focus the Society’s advocacy efforts in several areas. These include:

• working toward a more comprehensive and less fragmented healthcare system;
• identifying and advocating for needed Medicare reforms, including reforms in how Medicare pays for services provided to patients;
• addressing the shortage of academic healthcare professionals specializing in geriatrics who are involved in research and training;
• pursuing research concerning, and efforts toward, improved healthcare design

and

• advocating for and supporting needed practice redesign.

The Board also endorsed several strategies for effecting improvements in each of these areas. Strategies for moving from a fragmented to a more comprehensive healthcare system, for example, include educating legislators about flaws in the current system and offering possible solutions; engaging all stakeholders in efforts to redesign healthcare for older adults; and advocating for Medicare coverage for preventive screening and care coordination, among other key services.

Obviously, turning these priorities into realities won’t be easy. During the March session, participants—which included both AGS and Association of Directors of Geriatric Academic Programs (ADGAP) board members and policy leaders—ranked more than a dozen possible priorities by impact and difficulty. The top priorities, listed above, ranked high in terms of impact and difficulty.

That said, there’s reason for optimism. During the March meeting, Chris Cushing, a representative of Wolf Block Public Strategies, AGS’ new bipartisan Washington lobbying firm, noted that recent changes in the Capitol are likely to work to AGS’ advantage. He cited, among other things, increased interest in expanded health coverage at the state and federal levels. Cushing and other Wolf Block staff can lend a hand by identifying select legislative and regulatory initiatives where AGS advocacy can make the greatest difference. Because the firm is bipartisan, it can work both sides of the aisle. This gives our policy efforts a boost. In addition, AGS’ policy team—headed by Director of Public Affairs and Strategic Alliances Director Jennifer Mercurio, Esq.—has been expanded and now includes two additional staffers. That’s another boost.

To achieve our policy goals, it will be increasingly important for AGS to continue working with other organizations that share our commitment to quality care. Maintaining close ties with the American Medical Association, for example, is central to our work on behalf of adequate compensation, among other things. (See related story, p. 14) It will also be increasingly important for our membership to work together toward our policy goals. Some recent changes in the structure of our committees should help. Leading up to the annual meeting, the Board of Directors approved recommendations submitted by the Task Force on Committee Restructuring that restructured AGS committees, continued on page 13
During Annual Meeting Business Session, Society Members Recognize Accomplishments, Contributions, Endorse Changes

AGS members gathered to review the Society’s activities over the past year, its financial status, and the results of its recent election, and to consider changes to organization bylaws and to recognize colleagues’ contributions during their annual business meeting on May 3. The AGS Members’ Business Meeting was part of AGS’ 2007 Annual Scientific Meeting in Seattle, which ran May 2 through 6.

“It’s great to be here with all of you,” said 2007 Annual Scientific Meeting Program Committee Chair Steven L. Phillips, MD, convening the annual meeting. He went on to note that “we’re looking forward to an informative educational program as well as lots of opportunities for attendee networking.”

After incoming Board of Directors Chair Jane F. Potter, MD, reviewed key accomplishments of the AGS and its Foundation for Health in Aging over the past year, members heard a report from outgoing Treasurer John B. Murphy, MD.

“The AGS is currently in a very healthy financial position,” Dr. Murphy reported, noting that the AGS ended the fiscal year with a fund balance increase of more than $620,000, an unrestricted fund balance of nearly $3.54 million, and assets that exceed current liabilities by more than $3.17 million.

Following the announcement of the results of the 2007 Board of Directors Election (see related story, p. 1) members considered several proposals for changes to the AGS bylaws. Members endorsed most of the proposals but tabled a proposed measure to amend the protocol for selecting the AGS’ President-Elect (see related story, p. 3).

In a tribute to outgoing Board Chair David B. Reuben, MD, Dr. Potter noted the many leadership roles he had held in the Society over more than a decade. She hailed his invaluable contributions to a wide range of AGS initiatives, including the launch and continued publication of new editions of the Geriatrics Review Syllabus and Geriatrics at Your Fingertips.

“He’s been a constant inspiration—illustrating how we can always grow as colleagues and providers,” Dr. Potter said. “He will continue to be an important leader and mentor for this organization,” she added, noting that Dr. Reuben is now serving on the Institute of Medicine (IoM) task force that is examining the US healthcare workforce’s readiness to meet the needs of an aging populace.

Dr. Potter also recognized outgoing Board and committee members and committee members honored for providing outstanding service and introduced AGS’ new President, Todd Semla, PharmD. Dr. Semla’s inaugural address focused on the importance of AGS’ expanded public policy advocacy goals. (See related story, p. 4)

“I look forward to working toward these goals with all of you this coming year,” Dr. Semla concluded. “Thank you for giving me this opportunity.”

In addition to recognizing 14 new Fellows of the AGS, Dr. Semla awarded the Louisiana Geriatrics Society (LGS) AGS’ 2007 Affiliate Achievement Award. Thanks to an ambitious campaign to recruit and retain full and student members, the LGS boosted its membership from 80 to 156 over the past two years, despite the havoc Hurricane Katrina wrought in the region.

“Truly impressive—and a real inspiration,” Dr. Semla noted, presenting the award to LGS Executive Director Charles Cefalu, MD.

New Editions of AGS’ Geriatrics at Your Fingertips and Geriatric Nursing Review Syllabus, Debut at Annual Meeting

The newly revised 2007–2008 print edition of Geriatrics at Your Fingertips (GAYF), and the 2nd edition of the Geriatric Nursing Review Syllabus: A Core Curriculum in Advanced Practice Geriatric Nursing (GNRS2), were released during the American Geriatrics Society’s Annual Scientific Meeting in May.

The new, 9th edition of GAYF—AGS’ acclaimed, compact guide to the health care needs of older adults—has been completely revised. Among other things, it includes new information based on current clinical guidelines; medications recently approved by the FDA; and the revised Centers for Medicare and Medicaid Services’ Guidance on Unnecessary Drugs in the Nursing Home, released in December 2006. Other new features include information on abdominal aortic aneurysm; dyspepsia; Euthyroid Sick Syndrome; knee pain; prostatitis; communicating bad mews; and updates on treatment of deep vein thrombosis and pulmonary embolism.

During AGS’ Annual Meeting, AGS member, Fred Kobylarz, MD, MPH, Associate Professor at Florida State University College of Medicine, led a Meet-the-Experts session that focused on using the new GAYF as a teaching tool.

The new edition of GNRS2—a comprehensive text, self-assessment program and teaching resource developed by the AGS and The John A. Hartford Foundation Institute of Geriatric Nursing at New York University College of Nursing—has also been completely revised. The new GNRS2—based on AGS’ Geriatrics Review Syllabus: A Core Curriculum in Geriatric Medicine, 6th edition, and adapted for advanced practice geriatric nurses—includes 59 chapters covering recent research findings and prevailing management strategies in five broad areas: current issues in aging, approach to the patient, syndromes, psychiatry, and diseases and disorders.

Authored by more than 100 interdisciplinary experts in the care of older adults, GNRS2 includes an updated appendix with assessment instruments and practical resources—references that allow the reader to pursue topics in greater depth—and 100 case-oriented multiple-choice questions with answers and critiques. The GNRS2 can be used as a self-assessment program, a teaching resource or both.

For more information about the new editions of GAYF and GNRS2, visit http://www.americangeriatrics.org/products/.
Looking Forward, New AGS President Sees Need for Greater Public Policy and Public Advocacy Role for Society

Taking the helm of the American Geriatrics Society at a time when the White House is calling for unprecedented cuts in Medicare spending; efforts to incorporate pay-for-performance into Medicare physician reimbursement are gaining; and the nation is on the brink of an “Age Boom,” AGS’ new president, Todd Semla, PharmD, stresses the importance of a wider public policy and public advocacy role for the Society.

“We need to make sure we’re heard because there’s going to be this tremendous need for care for older Americans as the baby boomers age,” says Dr. Semla, who began his year-long term as President during AGS’ Annual Scientific Meeting in May. A Clinical Pharmacy Specialist with the US Department of Veterans Affairs Pharmacy Benefits Management and an associate professor in Northwestern University’s Feinberg School of Medicine.

“We need the public and policy makers to know that the best way to provide quality care for older adults efficiently and affordably is by having providers trained in geriatrics or in its principles in place,” Dr. Semla says. “Not every older person is going to be cared for by a professional trained specifically in geriatrics—that’s unrealistic. But making sure that there’s adequate reimbursement so those interested in geriatrics can choose the field, that other healthcare providers have the incentive to care for older patients, and if we end up with pay-for-performance, that appropriate quality measures are in place are all essential parts of healthcare reform.”

The new strategic plan the AGS Board endorsed last year calls for increased efforts to raise public awareness of the need for high quality care for older Americans, and to advocate for policy that supports such care, Dr. Semla notes. At the same time, it reiterates the Society’s commitment to its historic priorities: building the geriatrics knowledge base; increasing the number of healthcare professionals employing principles of geriatric care; and recruiting health professionals into geriatrics.

“We don’t want to neglect our core mission, of course, but we do need to continue to move forward with our policy and advocacy work,” he adds. (See related story on AGS’ Public Policy Priorities, p. 1.) In addition to continuing its advocacy work on behalf of adequate Medicare funding and physician reimbursement, appropriate quality measures for use in pay-for-performance programs, and funds for training healthcare professionals to provide the care older adults need, AGS should continue its efforts to ensure the National Institute on Aging is adequately funded, Dr. Semla says.

An AGS member since 1986, Dr. Semla was Secretary of the Board of Directors from 2005 to 2006 and a member of the board from 2000 to 2005. He has been a member of several AGS committees, task forces and groups, including the AGS Annual Meeting Program Committee, the Geriatrics Interdisciplinary Advisory Group, and the Public Education Committee, of which he was vice-chair. He has been a member of the Editorial Board of Annals of Long-Term Care since 2002, an Associate/Section Editor for Drugs and Pharmacology for the Journal of the American Geriatrics Society (JAGS) since 2000, and a member of JAGS’ Editorial Board since 1996. In addition, Dr. Semla was the Consulting Editor on Pharmacotherapy for the 5th and 6th editions of the Geriatrics Review Syllabus.

AGS has numerous strengths, says Dr. Semla, including committed staff in New York and Washington, accomplished professional leaders, the Journal of the American Geriatric Society and deeply involved members. He cites the role the AGS has played on behalf of a new Institute of Medicine (IOM) report, examining the nation’s readiness to provide appropriate care for its burgeoning older population, as evidence of these strengths. AGS proposed the report and the Society’s leadership and staff advocated for the initiative, collaborating with the Hartford Foundation to bring potential funders and the IOM together. The IOM is now spearheading work on the report under the Leadership of Dr. John Rowe, which is due out in March of 2008. AGS, its Foundation for Health in Aging, the Association of Directors of Geriatric Academic Programs, and funders of the initiative will play roles in disseminating its findings.

“The work AGS has done getting the IOM report underway is a great example of how it uses its strengths very effectively,” Dr. Semla says. It’s also an example of how much the Society can accomplish when it collaborates with other organizations, he notes. “That’s another thing I’d like to see us continue to do over the coming year.”

Dr. Semla adds, “I’d like to see us to continue to build those kinds of relationships with other organizations.”
Home Safety Tips for Older Adults

With a growing number of older adults living independently, it’s increasingly important to ensure that they’re safe at home.

Older Americans are involved in more than 2.3 million accidents in their homes each year. About 7,000 adults 65 and older die in such accidents annually. Falls, burns, and poisonings are among the most common accidents involving older people. Older adults have a high chance of being injured in accidents because they may:

- be less able to take quick action in case of an emergency due to problems with walking, seeing, memory, or hearing
- be taking medicines that slow their thinking
- live alone and have accidents when other people are not around to help.

Unfortunately, older adults who live alone may also become the victims of criminals who target older people. Knowing how to protect against this danger is important, too.

If you’re an older adult living alone, or have an older loved one living on his or her own, here’s what you need to do to stay safe:

Keep emergency numbers handy
Always keep a list of emergency numbers by each phone and write this big enough that you could read it easily if you were in a hurry or frightened. Be sure to list numbers for:

- Local Emergency Services (if other than 911)
- Poison Control: 1-800-222-1222
- Fire Department
- Police Department
- Family member or friend to call in case of emergency
- Doctor’s office

Protect against fire and related dangers
- Replace appliances with fraying or damaged electrical cords (these can cause fires)
- Don’t put too many electric cords into one socket.
- Don’t use extension cords to plug extra lights or appliances into a socket.
- Install a smoke detector and replace the battery two times a year—each time you change your clocks for Daylight Savings Time (mark your calendar to remind yourself).
- Keep a working fire extinguisher in the kitchen and in rooms with fireplaces, wood burning stoves, etc.

- Know at least two ways to get out of your apartment or home.
- Never smoke in bed or leave candles burning, even for a short time, in an empty room.
- Don’t wear loose clothes or clothes with long sleeves that could catch fire when you’re cooking.
- Make sure heaters are at least 3 feet away from anything that can burn, such as curtains, bedding or furniture.
- Turn off space heaters when you leave the room.

Prevent falls
- Make sure all hallways, stairs and paths are well lit and clear of objects such as books or shoes.
- Place rails and banisters on the sides of stairs.
- Put no-slip tape on all stairs and other smooth surfaces so you don’t slip.
- Make sure all rugs are taped down to the floor so they do not move when you walk on them.
- Never place scatter rugs at the bottom or top of stairs.
- Choose non-slip footwear, e.g., slippers with rubber/no-slip bottoms.
- Don’t wear socks or stockings when walking on smooth floors; they can be slippery.
- Wear flat, thin-soled shoes that fit well.
Prevent falls, continued

- If you have a cane or a walker, be sure to use it at all times instead of holding onto walls and furniture.
- If you have fallen before, think about buying a special alarm that you wear as a bracelet or necklace. Then, if you fall and can’t get to the phone, you can push a button on the alarm that will call emergency services for you.
- Put things that you use all the time in easy-to-reach places.
- Do not rush to answer the phone. Many people fall trying to answer the phone. Either carry a cordless phone or let an answering machine pick up.

Avoid bathroom hazards

- Set the thermostat on the water heater no higher than 120°F to prevent scalding.
- Place grab bars in the shower to make getting in and out of the bathtub easier and safer. Put grab bars near the toilet.
- Put rubber mats in the bathtub to prevent slipping.
- Tell your doctor if you are having a hard time getting in and out of your tub. Your doctor can help you get a special tub chair or bench that is safe to use.

Prevent poisoning

- Never try to heat your home with your stove, oven, or grill since these can give off carbon monoxide, which is a gas that you cannot see or smell, but is very deadly.

- Make sure there is a carbon monoxide detector near all bedrooms, and be sure to test and replace the battery two times a year—each time you change your clocks for Daylight Savings Time (mark this on your calendar each year).
- Always keep prescription medications in their original containers so you don’t mix up your medicines.
- Ask your pharmacist to put large-print labels on your medications to make them easier to read.
- Take your medications in a room with lots of light so you can see the labels.
- Bring all of your pill bottles with you to your doctor’s appointments so he or she can look at them and make sure you are taking them the right way.
- Never mix bleach or ammonia or other cleaning liquids together when you are cleaning. When mixed, cleaning liquids can make deadly gases.

Protect against abuse

- Keep your windows and doors locked at all times. (Unfortunately, some criminals look for older people who live alone.)
- Never let a stranger into your home when you are there alone. Keep the door locked and the stranger out.
- Try not to go out and return home at exactly the same times each day. If you come and go at different times each day, it will be harder for strangers to know when to expect your home to be empty.
- Have a younger person record the message on your answering machine. A male voice is best.

Foundation for Health in Aging

Established by the American Geriatrics Society

350 Fifth Avenue
Suite 801
New York, NY 10118
212-755-6810
www.healthinaging.org

The Foundation for Health in Aging builds a bridge between the research and practice of geriatrics health care professionals and the public. The Foundation advocates on behalf of older adults and their special needs through public education, clinical research, and public policy.

The American Geriatrics Society is dedicated to improving the health and well-being of older adults. With a membership of over 6,000 health care professionals, the AGS has a long history of improving the health care of older adults.
AGS Elects New Board Members; COSAR Elects New Co-Chair; Thank you to Outgoing AGS Board Members

and has been a member of the Education Committee (1995–2001). A Program Committee member since 1997, Dr. Brooks was also the 2002 Annual Scientific Meeting Program Co-Chair. In addition, she has emceed the AGS Foundation for Health in Aging’s Student Researcher Fund benefit, An Evening With Friends since 2003. (See related story, p. 1)

Professor and Vice-Chair for Academic Affairs in the Department of Psychiatry at Johns Hopkins School of Medicine, Dr. Rabins has joint appointments in the departments of Medicine Health Policy & Management and Mental Health. He is also Co-Director of the Division of Geriatric and Neuropsychiatry Section in the Department of Psychiatry and Principal Investigator on a National Institute of Neurological Disorders and Stroke grant to assess care decisions in late stage dementia.

Dr. Rabins is the author of more than 180 articles and book chapters and is co-author of The 36 Hour Day, Practical Dementia Care and Getting Old Without Getting Anxious. Dr. Rabins has been an AGS member for more than 27 years.

Dr. Escher is a Clinical Associate Professor of Medicine, Division of Gerontology and Geriatric Medicine, and Director, Program in Gerontology, in the School of Public Health at the New York Medical College in Valhalla, NY. A 24-year member of the AGS, he was on the AGS Annual Scientific Meeting Program Committee for several years (2001–2004), and has been a COSAR member representing New York since 1998. Over the past 15 years he has held several positions in the New York affiliate, including President, Vice-President, Secretary-Treasurer, and Executive Board Member with the NY-Metropolitan Area Geriatrics Society.

In addition to welcoming Drs. Brooks and Rabins to the AGS Board of Directors, and Dr. Escher as COSAR Co-Chair, the AGS thanks Eric Tangalos, MD, and Carmel Bitondo Dyer, MD—who completed their terms on the Board in May—for their service and dedication to the Society. AGS also thanks Dr. Dyer for her dedicated work as COSAR Co-Chair. For a complete list of AGS Board members, including all members’ names and positions, see http://www.americangeriatrics.org/about/board_of_directors.shtml.

AGS Names New Committee Chairs and Vice Chairs During May 2007 Annual Scientific Meeting

The American Geriatrics Society appointed and reappointed Chairs and Vice Chairs to several of its committees during its annual scientific meeting in May.

Ellen Flaherty, GNP, PhD, was named 2009 Annual Meeting Program Committee Chair.

Debra Saliba, MD, was appointed Clinical Practice and Models of Care Committee Chair and Matthew McNabney, MD, was named Vice Chair.

Lisa Granville, MD, was appointed Education Committee Chair.

Cynthia Pan, MD, was named Ethnogeriatrics Committee Chair, while Carmel Dyer, MD, was appointed Vice Chair.

Richard Stefannaci, MD, was named Health Economics and Technology Committee Chair, and Michael Gloth, MD, was appointed Vice Chair.

Rebecca Silliman, MD, was re-appointed Vice Chair of the Research Committee.

The AGS is grateful for the hard work and dedication of its outgoing Committee Chairs and Vice Chairs. The Society extends a special thank-you to Eric Coleman, MD, MPH, for his work as Chair of the Health Economics and Technology Committee; to Samuel Durso, MD, for his efforts as Chair of the Clinical Practice Committee; to Evelyn Granieri, MD, who served as Chair of the Education Committee; and to Gwen Yeo, PhD, for her work as Chair of the Ethnogeriatrics Committee.

In addition to appointing Chairs and Vice Chairs, the Society appointed a number of new Committee members and also would like to thank those Committee members who are rotating off. For a full list of new appointees and those members who just completed terms on Committees, please visit the Online Edition of AGS News at (http://www.americangeriatrics.org/newsletter/2007Q2/)

AGS encourages all members to get involved in Society leadership. If you are interested in volunteering your time as an AGS leader, please visit https://www.americangeriatrics.org/about/gettinginvolved.shtml.
5th Annual “Evening with Friends” Delights Crowd, Supports Student Research Fund

A night of great music, conversation, dancing and desserts, this year’s sold-out Evening with Friends May fundraiser helped 115 student-researchers attend and present their research at the American Geriatrics Society’s (AGS) Annual Scientific Meeting in Seattle.

The fifth annual EWF benefit—a perennial favorite during the annual meeting—raised more than $48,000 for the AGS Foundation for Health in Aging’s Student Researcher Fund. The fund offsets travel expenses for students invited to present their geriatrics research at a special student poster session during the meeting. More than 300 AGS members, friends and supporters attended the May 3 fundraiser as the sun set over the Washington State Convention and Trade Center’s soaring atrium.

Sally Brooks deftly emceed the event, welcoming guests and inviting them to enjoy the company, the dazzling array of desserts, drinks, and, of course, the music. Back by popular demand, Phil Sloane and other musical members of the AGS community wowed the crowd with jazz, rock, and folk music, and performing a special musical tribute to Seattle. In addition, AGS Executive Vice President Linda Hiddemen Barondess, Ellen Baumritter, Rina Eisenstein, Margaret Lesesne, Laura McGraw, Melissa Mohr, Sary Newman, Lynn Ouslander, TJ Originals from The Colorstones, and others, donated their time and talents to EWF’s jewelry sale. The sale raised nearly $3,200 for the Student Researcher Fund.

“This year’s Evening With Friends was a tremendous success, thanks to the hard work of staff, AGS and FHA members, and the generosity of our supporters,” said FHA Board member Eric Tangalos, MD, who thanked those who bought tickets, made donations, and contributed in various ways. Among others, Dr. Tangalos thanked Forest Pharmaceuticals for its support of the Student Researcher Fund and the American Federation for Aging Research for generously supporting the student luncheon the student poster session.

“Many of the student researchers who presented their findings during the meeting would not have been able to do so were it not for this year’s Evening With Friends,” Dr. Tangalos told the crowd. “Its also a good way for them to get to know the AGS and begin friendships that can last a lifetime.”

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A medley of songs from the 60’s got AGS’ers onto the dance floor.

In front of the backdrop of the Seattle night, the EWF ensemble entertained partygoers. Left to right: Phil Sloane, Sandra Clark, Charles Mouton, Eric Tangalos, Miguel Paniagua, Michael Rynhoud (on drums, behind the music stand), Neil Alexander, Ron Shorr, and Jim Pacala.
AGS 2007 Annual Meeting A Crowd Pleaser

Scientific Achievement for Clinical Investigation Award-winner Dr. Eric Coleman lectured on new approaches to improving the quality of care transitions. To a packed house, Dr. Peter Hollmann delivered the Public Policy address, “How Physicians Get Paid By Medicare: Past, Present and Future.”

Among the many well attended sessions were symposia exploring cutting-edge evidence linking the metabolic syndrome to cognitive decline and dementia; and the role of multidisciplinary teams in addressing elder mistreatment. An open conversation regarding policy with clinical leaders from the Centers for Medicare and Medicaid Services and an overview of NIA research initiatives, funding and training opportunities also drew crowds. So did the meetings’ eight paper and four poster sessions, the Presidential Reception and annual Evening With Friends benefit for the AGS Foundation for Health in Aging’s Student Research Fund. (See related story, p. 8)

During the annual meeting, Dr. Todd Semla took the helm as AGS’ new President, and outgoing President Dr. Jane Potter became Chair of the Society’s Board of Directors. Dr. John Murphy was named President-Elect, Drs. Sally Brooks, Jeffrey Escher, and Peter Rabins were named members of the Board, and Dr. Escher was also named Co-Chair of the Council of State Affiliate Representatives. (See related stories, p. 4 and 9)

The Society presented several awards to outstanding researchers, clinicians, educators, and advocates of quality health care for older adults during its annual awards ceremony. Among others, it presented AGS’ Dennis W. Jahnienn Memorial Award—which honors an individual whose leadership has contributed significantly to the advancement of geriatrics education at medical and health professional schools—to Dr. Steven Counsell. AGS’ Clinician of the Year Award, which honors a clinician whose dedication to patients and the advancement of quality geriatrics care is truly noteworthy, went to Dr. Rebecca Elon. (See related story on additional awards, p. 10)

The 2008 annual meeting runs from April 30 through May 4 in Washington, DC. For more information, visit www.americangeriatrics.org.

AGS Foundation for Health in Aging Appoints Jan Busby-Whitehead, MD, and Sharon Brangman, MD, New Board Members

The American Geriatrics Society (AGS) Foundation for Health in Aging (FHA) recently appointed Jan Busby-Whitehead, MD, and Sharon Brangman, MD, to its Board of Directors. Drs. Busby-Whitehead and Brangman will assume their new positions during the FHA’s October 2007 board meeting.

“We are delighted that Jan and Sharon will be joining the FHA Board,” said Meghan Gerety, MD, Chair of FHA’s Board of Directors. “Jan has shown enormous creativity and dedication in helping develop public education for the Society. Sharon has worked tirelessly in getting our message out through the media and is a superb communicator. Their experience, leadership skills, and insights make them perfect fits for the FHA Board.”

Dr. Busby-Whitehead is Professor and Chief, Division of Geriatric Medicine and Director of the Program on Aging at the University of North Carolina at Chapel Hill. She is also Director of the Geriatric Medicine Fellowship Program and the Hartford Center of Excellence in Geriatric Medicine, as well as co-director of the Hartford Interdisciplinary Center for Aging Research. She is an active clinician and serves as the Medical Director of the Carol Woods Continuing Care Retirement Community in Chapel Hill.

A member of the Society since 1983, Dr. Busby-Whitehead has served on many AGS committees and the Board of Directors. She was the Board Representative to the Public Education Committee from 1997-2000 and is currently the Chair of the Public Education Committee. She also serves on the Board of Directors of the Association of Directors of Geriatric Academic Programs (ADGAP), the recipient of numerous research grants, she has published over 75 abstracts, papers and book chapters. She has also received numerous education grants, including the HRSA Geriatric Education Center grant, the AAMC/John A. Hartford award to enhance geriatric medicine education in undergraduate medical education and the Donald W. Reynolds grant to enhance physician education in geriatric medicine at all levels. She was a recipient of the Hartford Foundation/ADGAP Geriatrics Leadership Scholars Award and the New Generation of Academic Geriatrics Programs Award.

Chief of the division of geriatrics and fellowship director of geriatric medicine at the State University of New York (SUNY) Upstate Medical University in Syracuse, Dr. Brangman is also a professor in its department of medicine. She is director of the Central New York Alzheimer’s Disease Assistance Center and is an attending physician at the James Square Health and Rehabilitation Centre. She has lectured nationally and internationally on Alzheimer’s disease, dementia and cultural issues associated with aging and health. Her research interests focus on the health and support of families providing care to older loved ones.

A member of the society for 20 years, Dr. Brangman is AGS’ Treasurer and has been a member of numerous AGS committees. She has also been the Board Representative to AGS’ Ethnogeriatrics Committee, has worked on the AGS publications, Doorway Thoughts, Volumes I and II, and sits on the Doorway Thoughts Volume III Editorial Board. In addition, Dr. Brangman is a reviewer for the continued on page 16
American Geriatrics Society, John A. Hartford Foundation, Atlantic Philanthropies, AGS Foundation for Health in Aging Award Nearly $2 Million for Medical Research to Address Urgent Health Care Needs of Growing Elderly Population

Through two important awards programs, the American Geriatrics Society and AGS Foundation for Health in Aging have awarded nearly $2 million to support research and foster the careers of clinicians and scientists committed to improving health care for the rapidly growing population of older adults.

The AGS and Foundation awards, generously supported by The John A. Hartford Foundation and The Atlantic Philanthropies, went to 16 accomplished physician-researchers.

"By supporting these researchers and their work, these awards aim to further understanding of aging and health and address a critical need for physicians, researchers, and medical specialists and academicians with expertise in geriatrics," said AGS President Todd M. Semla, MS, PharmD, BCPS, FCCP, AGSF.

Twelve academic researchers were selected as recipients of 2007 Dennis W. Jahnigen Career Development Scholars Awards. These awards aim to help address the shortage of academicians in surgical and other medical specialties who have a special interest in, and knowledge of, the care of older adults. In each of these specialties, the average age of patients is rising rapidly. Administered by the American Geriatrics Society, the awards are supported by grants from The John A. Hartford Foundation and The Atlantic Philanthropies.

Over the course of two years, Jahnigen scholars receive $150,000 each, with their institutions providing an additional $50,000 in matching support. The awards help promising academic specialists start and sustain careers in both education and research focused on aging issues. The Jahnigen awards go to faculty in the specialties of: anesthesiology, emergency medicine, general surgery, gynecology, ophthalmology, orthopedic surgery, otorhinolaryngology, physical medicine and rehabilitation, thoracic surgery, and urology. The 2007 Dennis W. Jahnigen Career Development Scholars Awards recipients (listed by specialty) and their research projects are:

**Emergency Medicine**
Brian J. Blythe, MD, University of Rochester, Rochester, NY
*Pharmacologic Stabilization of HIF-1 for the Treatment of Alzheimer's Disease*

Jeffrey Caterino, MD, Ohio State University, Columbus, Ohio
*Predictors of Clinical Course in Infected ED Elders*

**Gynecology**
Thomas Wheeler II, MD, University of Alabama at Birmingham, Birmingham, AL
*Life Space Assessment in Older Women Undergoing Non-surgical Treatment for Urinary Incontinence*

**General Surgery**
Taylor Riall, MD, University of Texas Medical Branch at Galveston, Galveston, TX
*Pancreatic Cancer in the Elderly: Population-based Outcomes Following Surgical Resection*

Dorry Segev, MD, Johns Hopkins Hospital, Baltimore, MD
*Kidney Transplantation in Elderly Patients with Renal Failure*

**Ophthalmology**
Joshua Dunaief, MD, PhD, E.M. Kirby Center for Molecular Ophthalmology, Philadelphia, PA
*The Effect of Dietary Iron Restriction on Longevity and Retinal Aging in Mice*

Bradley Katz, MD, PhD, John A Moran Eye Center, Salt Lake City, UT
*Proteomics and Genomics of Giant Cell Arthritis*

Simon Law, MD, PharmD, Jules Stein Eye Institute, Los Angeles, CA
*Optic Disc Appearance in Advanced Age-related Macular Degeneration*

**Orthopaedic Surgery**
Wael Barsoum, MD, The Cleveland Clinic, Cleveland, OH
*Age and Body Mass Index as Preoperative Predictors of Outcomes in the Geriatric Population after Total Joint Arthroplasty*

**Otolaryngology**
Jayant Pinto, MD, The University of Chicago, Chicago, IL
*Age-Related Olfactory Decline: The Role of Genetic Factors*

**Urology**
Misop Han, MD, James Buchanan Brady Urological Institute at Johns Hopkins, Baltimore, MD
*Competing Mortality Risks of Men Undergoing Radical Prostatectomy for Prostate Cancer*

Adam Klausner, MD, VCU Health System, Richmond, VA
*An Investigation of Urinary Incontinence in Geriatric Patients with Normal Pressure Hydrocephalus*
Four physician-researchers received 2007 Hartford Geriatrics Health Outcomes Research Scholars Awards. Administered by American Geriatrics Society’s Foundation for Health in Aging and The John A. Hartford Foundation, these awards support physician-scientists committed to improving healthcare for older adults while making the critical transition from junior faculty to independent researcher.

Over two years, Hartford Outcomes Award recipients receive $130,000 each in salary and research support. The 2007 Hartford Geriatrics Health Outcomes Research Scholars Award recipients and their research projects are:

- Timothy D. Girard, MD, Vanderbilt University, Nashville, TN
  *Delirium as a Predictor of Cognitive Impairment in Older ICU Patients*

- Supriya Gupta M. Mohile, MD, MS, Columbia University Medical Center Milstein Hospital, New York, NY
  *Patterns of Care and Outcomes of Vulnerable Elders with Cancer*

- Brie Williams, MD, MS, The Regents of the University of California, San Francisco, CA
  *The Health, Functional Status and Health Outcomes of Older Adults in Prison and After Release*

- Heather E. Whitson, MD, Duke University, Durham, NC
  *Adding Insult to Insult: Functional Consequences of Comorbid Cognitive Impairment in Elders with Macular Disease*

Members Ratify Bylaws Change Enabling AGS to Conduct Business Electronically, Expand Nominating Committee, but Table Proposal Regarding Choice of President-Elect

Amendments to the American Geriatrics Society’s bylaws that authorize the Society to conduct business electronically and expand its Nominating Committee won members’ endorsement during the 2007 Annual Scientific Meeting in May. The membership, however, tabled a proposed amendment to the bylaws that would have allowed two candidates to run against one another for AGS president-elect each year.

Bringing AGS’ bylaws into the 21st century, members voted to reword the policies so they explicitly state that AGS can conduct member business—holding Board elections, for example, or sending required notices to members—electronically. Though the bylaws didn’t previously forbid electronic notices and communications, the AGS Board proposed changes to the policies that explicitly allow the Society to do so in an era of rapidly advancing means of electronic communication.

As a result of changes to bylaws concerning the Nominating Committee, the committee will now include at least two non-physician members. A further bylaws change adds two members-at-large to the three at-large members now serving on the committee. In June, AGS will be soliciting nominations from the membership. Because two candidates will run for each new member-at-large seat on the Nominating Committee, a total of four candidates for the committee must be nominated. In addition to selecting candidates for president-elect, the Nominating Committee presents its unanimously agreed-upon slate for Board of Directors to members each year.

Members considered, but ultimately tabled, another proposed measure to allow a choice of two candidates for AGS president-elect starting next year. Election ballots have always offered only one name, selected by the AGS Nominating Committee, for president-elect. In keeping with the proposed bylaws change, members would have been able to choose between two candidates—each from the same discipline—selected by the committee. A candidate who is a nurse would have been able to run against another candidate who was a nurse, for example, or two physician candidates would have been able to run against one another. “This was an attempt to ensure that the Society’s members had more of a choice when electing the President and also to ensure that members from other disciplines would have an opportunity to serve as President,” explained incoming Board of Directors Chair Jane F. Potter, MD.

AGS President Todd Semla, PharmD noted that “the AGS Board had determined that in a competitive election, candidates should be drawn from the same discipline because the Society’s interdisciplinary membership—although the fastest growing segment of membership—was still in its infancy. The Board is firmly committed to ensuring that the Society’s leadership reflects its interdisciplinary membership.”

A motion to amend the proposal so that the two candidates for president-elect could either be physicians or from any discipline other than medicine failed. A subsequent motion gave members an opportunity to express their views for or against competitive elections for president-elect. Members seemed to favor competitive elections. Ultimately, members voted in favor of a motion to have the Nominations Task Force reexamine the issue of selection of candidates for president-elect.
AGS Board Adopts Public Policy Priorities for Coming Year Based on Discussions at Annual Meeting and Results of First Annual Public Policy Meeting

continued from page 1

The board voted unanimously to adopt the list of priorities—which will guide the Society’s public policy efforts over the course of the year—and a slate of strategies aimed at achieving them.

The board developed both on discussions during the annual meeting and a two-day public policy planning session in New York City in March. The two-day March meeting, which included AGS and Association of Directors of Geriatric Academic Programs (ADGAP) board members and leaders involved in public policy issues, was the first of what will be annual public policy planning sessions. (See sidebar, p. 13)

“Identifying and prioritizing the Society’s public policy goals—is an essential step toward increasing our emphasis on and investment in public policy advocacy,” noted AGS’ new president, Todd Semla, PharmD (See related column, p. 14). AGS’ updated strategic plan, adopted in 2006, calls for increased efforts to raise public awareness of the need for high quality healthcare for older adults and to advocate for public policy that supports such care.

“In addition to being important in their own right, these efforts will further establish the AGS as a broad, issues-based organization—the “go to” organization for information and perspectives on aging and health—rather than a special interest organization,” added Steven Counsell, MD, chair of AGS’ Public Policy Advisory Group, and moderator of the March policy session.

The top policy priorities that AGS and ADGAP policy leaders identified in March and the Board adopted in May—and leading strategies for realizing these priorities—include:

**Advocating for and promoting a more comprehensive, less fragmented healthcare system.**

To this end, the Board agreed that AGS should, among other things, work to raise awareness of the problems associated with care fragmentation and address it by:

- sharing information with legislators and with members of a new Institute of Medicine (IoM) panel investigating both how to prepare the nation’s healthcare workforce to meet the needs of an aging populace and which models of healthcare delivery are likely to provide the highest quality and most cost effective care for older Americans
- advocating for passage of the Geriatric Assessment and Chronic Care Coordination (GACC) Act (see related story, p. 1), and for increased preventive screening
- engaging in and influencing the design of universal healthcare proposals by approaching and building relationships with other stakeholders, including presidential candidates
- playing an increasing role in the establishment of standards and outcomes, for instance, in pay-for-performance programs

**Addressing the shortage of academic healthcare professionals specializing in geriatrics who are involved in research and training.**

To help recruit promising candidates into the field, and retain them, the Board agreed that AGS should, among other things,

- continue advocating for: increased funding for Title VII Geriatrics Health Professions Programs and an expanded Title VII Geriatric Academic Career Awards program; the Nurse Education, Expansion and Development Act; fully funded GRECC positions; an expanded GME cap; and a Geriatricians Loan Forgiveness Act
- ensure that testimony concerning the GACC Act highlights how fulfilling careers in geriatrics can be

**Pursuing research concerning, and efforts toward, improved healthcare design.**

To realize this goal, Board members endorsed several key strategies including:

- advocating for National Institutes of Health funding for research concerning healthcare design
- convening an NIA-AGS meeting on the subject
- convening a VA meeting on geriatrics research
- advocating for an FDA requirement that new drugs be tested in older populations

**Promoting needed practice redesign.**

Strategies the Board endorsed to help bring about practice redesign included:

- advocating for funding for small business loans, initiatives to make electronic health record systems more affordable; and the development of a system of redesign support tools
- meeting with the Centers for Medicare and Medicaid Services to develop mechanisms to support practice redesign

**Identifying and advocating for needed Medicare reforms, including reforms in Medicare’s protocols for paying for services provided to beneficiaries.**

Top strategies the Board endorsed to achieve this goal include:

- leveraging the IOM report, which is due out next March
- working with legislators, particularly those involved in healthcare issues, on behalf of the GACC Act and other legislation
- developing “talking points,” regarding both problems associated with Medicare and possible solutions, to share with legislators and the media
- staying involved in the development and revision of CPT codes (see related story, p. 14)
- working with health plans on issues such as capitation
standardized their sizes and updated their mission statements to enable our committees to play more effective and efficient roles in policy and other matters central to AGS’ mission. These changes will also allow a greater number of members to participate in committee work.

I encourage you to get involved in committee and advocacy work to the greatest extent possible. Advocacy works. Consider our successes in helping convince Congress to restore funding for Title VII Geriatrics Health Professions Programs and to block the slated cut in physician fees for Medicare services this past year. Member participation in AGS’ Health in Aging Advocacy Center campaigns on behalf of these initiatives was central to our efforts. So were the efforts of non-members who joined these campaigns. An additional thank-you to those members who used the Advocacy Center’s “Tell a Friend” function to get others involved. When you add up the number of participants in our Advocacy Center campaigns to date, the total comes to nearly 2,800. Impressive.

With just over 6,500 members, AGS needs to enlist other advocates of quality care in our efforts. In addition to telling friends, colleagues and patients about our advocacy campaigns, I encourage you to involve your patients and their caregivers in other ways as well. Asking them to consider sharing their stories about their experiences with geriatrics care on the Foundation for Health in Aging’s “Health in Aging Stories” Web site (www.healthinaging.org/caregiver/) is another way to raise awareness of the difference high quality healthcare can make in the lives of older adults. I look forward to working with you to further advance our policy agenda this year.

From the President

AGS Convenes First Public Policy Summit

AGS and ADGAP board members and policy leaders, and AGS staff and policy consultants gathered in mid March for the Society’s first annual Public Policy Summit.

At the start of the two-day session, AGS’ Public Affairs and Strategic Alliances Director Jennifer Mercurio, Esq, reviewed AGS’ current policy priorities and initiatives. Mercurio noted that AGS’ had recently expanded its public affairs team—which now includes two additional staffers—and had retained Wolf Block, the Society’s new bipartisan Washington lobbying firm. The Society’s expanded public affairs staff and its relationship with Wolf Block were already enabling the Society to do more in the policy arena, Mercurio explained. AGS is now able to focus on multiple policy issues simultaneously, she reported. It’s been able, for example, to juggle advocacy efforts on behalf of adequate reimbursement, appropriate pay-for-performance measures, increased National Institute on Aging funding, the proposed Geriatric and Chronic Care Coordination Act, and Medicare coding—an important issue that Public Policy Advisory Group Vice Chair Peter Hollmann, MD, reviewed during the session. (See related story, p.14)

Mercurio also outlined strategies and approaches AGS could develop to further influence policy. In addition, she and Wolf Block representative Chris Cushing—who offered an overview of the 110th Congress and noted that recent changes in Washington are likely to work to AGS’ advantage—briefed the group on potential future opportunities. These include opportunities surrounding the release of a pending Institute of Medicine (IOM) report, Cushing noted. AGS was instrumental in launching the IOM study, which is investigating, among other things, the projected healthcare needs of older Americans, and optimal ways to train and utilize the nation’s health care workforce.

Briefed on the results of AGS’ recent members’ survey—including members’ policy concerns (see related story, p. 1)—participants devoted the lion’s share of the March meeting to identifying the Society’s top priority policy issues. On the first day of the session, they divided into three groups, each charged with identifying policy issues in which AGS should be involved, and then listing these issues in order of priority. Each of the three groups then presented its list to all participants, who came up with a consensus list of priorities. Finally, each participant ranked each priority according to both how difficult it would be to achieve and the impact each would have. Often, these were inversely related.

The following day, participants again divided into three groups, and each group came up with lists of strategies for accomplishing the policy goals identified as top priorities the previous day. All participants then identified the most promising strategies. These lists of priorities and strategies informed the Board’s final policy vote during the annual meeting.
AGS Must Meet Goal for AMA Membership to Continue Qualifying for Seats on AMA Panels that Influence Medicare Reimbursement

One way AGS can influence Medicare reimbursement is through policy advocacy; another, complementary, way is by participating in the process by which Medicare reviews, revises and approves Current Procedural Terminology, or “CPT,” codes. Changes in CPT codes can have a significant effect on recognizing the work of caring for geriatric patients.

When creating the physician fee schedule for new and revised CPT codes, the Centers for Medicare and Medicaid Services (CMS) regularly considers recommendations from a committee convened by the American Medical Association (AMA), the Resource-Based Value Scale Update Committee or “RUC.” In addition, a special RUC Five-Year Review Subcommittee reviews existing potentially mis-valued CPT codes and advises CMS on more appropriate relative value units to these codes twice a decade. AGS members are eligible to run for a seat on the RUC—Meghan Gerety, MD, both headed the most recent Five-Year Review Subcommittee and won a two-year term on the RUC last April—because a significant number of AGS members are also members of the AMA.

“To continue to have members on the RUC and other important AMA panels, we need to ensure that a sufficient number of AGS members are also members of the AMA,” AGS member Peter Hollmann, MD, told AGS and Association of Directors of Geriatric Academic Program (ADGAP) board members and policy leaders at a recent public policy planning session. (See main story, p.1) “As members of these panels, we can represent the interests of older patients and geriatrics.”

Why I Will be Joining the AMA this Year

AGS News caught up with AGS Board Secretary Cheryl Phillips, MD to get her take on why she plans to join the AMA this year.

I have long made a conscious decision to not join the AMA, believing it neither represented me nor primary care, nor seemed to be part of the solution for improving chronic care delivery to seniors. While I have not moved entirely away from that viewpoint, I do better understand that AGS must continue to be present at the table as we push for payment reform and changes to the current procedure-driven world of reimbursement.

To lose our AGS voice within the AMA would silence an important component of our public policy strategy. We are for a strong workforce in senior healthcare, for payment models that support care coordination and integration, and for the inclusion of important services, such as geriatric assessments, that are often overlooked in our present reimbursement world. However, if we are never present as the advocates of our nation’s seniors and the healthcare professionals that struggle to improve their care, we cannot assume that others will carry our message.

Frankly, while other primary care professional organizations are challenging their own members to join the AMA for the same reason—to keep their voices heard—these groups cannot be left to speak for AGS, our members and the seniors we serve.

The AMA is not our only vehicle. Through the work of the Public Policy Committee and advocacy activities of the AGS staff we are looking to address solutions on many fronts. Our strategic highways define for us a number of priorities and potential partnerships that will help us leverage needed changes. The important efforts of several of our AGS leaders within the AMA and the RUC are vital to this work. We need to be present. We need to be vocal and clear. And we need to continue to push for change. For this reason I have decided to set aside my list of reasons why not to join the AMA and focus on why I do need to join the AMA to be part of a push for change. I value the American Geriatrics Society and our voice more than I have reasons to continue to stay away from the AMA.
Why I’m an AGS Member

by Barney S. Spivack, MD, FACP, Director of Medical Services, Waveny Care Network, New Canaan, CT

AGS’ commitment to professionalism, advancing knowledge, and advocacy make me proud that I’ve been a member of the Society for over 20 years.

As a clinical geriatrician, I value my association with the AGS, as it most closely represents my focus on patient care. The Society has been integral to building and enhancing our profession, among other ways, by supporting its state affiliates, publishing leading journals and educational materials on aging and health, developing practice guidelines, supporting research, and advocating for public policy that enhances healthcare for older Americans.

In order to increase the awareness and reach of geriatrics within the community, in 1997 I founded and continue to lead the Connecticut Geriatrics Society (CGS), a recognized state affiliate that has benefited from a close working relationship with the AGS. CGS has attracted geriatrics care professionals from varied disciplines, and our members have benefited from educational resources, national representation and promotion of AGS initiatives, opportunities for clinical collaboration, grant support, and public policy direction—all made available and promoted by our national organization. I was privileged to co-chair the Council of State Affiliate Representatives (COSAR) for two years and represent our interests as a board member of the AGS.

As the Associate Physician Editor of Clinical Geriatrics, one of the AGS peer-reviewed journals provided to members, I am able to continue to reach out to geriatrics health care and primary care professionals and provide updates on some of the more important issues that impact our care of older adults.

My previous work with the AGS Clinical Practice Committee and ongoing participation in other groups has allowed me to have

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Behind the Scenes at the Annual Meeting

The American Geriatrics Society’s 2007 Annual Scientific Meeting was hopping—to an extent you may not have realized. Did you know that…

• more than 125,000 pounds of papers, brochures, books, AV equipment, exhibition displays, and other supplies were shipped to Seattle in preparation for the meeting

• the night before the event, 5,116 yards of carpet were laid, and 3,425 yards of drapery were hung in the Exhibit Hall alone

• more than 2,600 participants registered for the meeting, and logged more than 5,000 hotel room nights

• in excess of 10,000 push pins secured the research presented during the poster and paper sessions

• more than 5,600 cups of coffee—a high-voltage 350 gallons—were served

• over 100 computers were networked into the Speaker Ready Room—allowing for over 180 hours of presentations.

AGS Welcomes Three Officers

The American Geriatrics Society named three officers during AGS’ Annual Scientific Meeting in May.

Members of the Society elected John Murphy, MD—professor of medicine and family medicine at Brown University Medical School and associate director of the division of geriatrics in the department of medicine at Rhode Island Hospital—President-Elect. Dr. Murphy will begin his term as President in May 2008.

AGS’ Board of Directors appointed Sharon Brangman, MD, AGSF—professor of medicine, chief of the division of geriatrics, and fellowship director of geriatric medicine at the State University of New York Upstate Medical University in Syracuse—Treasurer. The Board also appointed Cheryl L. Phillips, MD, CMD, AGSF—Director of Skilled Nursing & Chronic Care and Medical Director for Sutter Health in Sacramento, California—to a second term as Secretary.
Why I’m an AGS Member

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a role in clinical practice guideline development and in setting the stage for AGS’ role in key clinical and other issues confronting those of us who care of older adults.

In addition, AGS’ assistance in working successfully with both state and national legislators has been beneficial in obtaining much needed support in our efforts to drive public policy in the right direction—both toward high quality care for our patients and for critical growth within our profession.

Last, but not least, I share a camaraderie with my colleagues in the AGS and look forward to seeing friends and associates at our national meetings. I benefit not only from the state-of-the-art knowledge shared at these meetings, but also from the opportunity to meet others and discuss practical issues confronting us as we attempt to deliver high quality care within a much more challenging healthcare environment. All told, I can think of no other professional association that has been as rewarding as the AGS and its affiliates and I look forward to many more years as a productive and proud AGS member.

Electronic Version of AGS News, with Additional Stories
not Found in Print Edition, Now Available Online

AGS’ quarterly newsletter, AGS News, is now available online in a more easily accessible, printer-friendly format. The new online version also features additional stories not included in the print edition. The online version of this issue, for example, includes additional coverage of new AGS board and committee members and profiles of faculty receiving AGS and Foundation for Health in Aging grants and awards. You can access AGS News via MyAGS (at http://www.americangeriatrics.org/myAGS/login.asp) or via the online AGS Press Room (at http://www.americangeriatrics.org/news/).

AGS Foundation for Health in Aging Appoints
Jan Busby-Whitehead, MD, and Sharon Brangman, MD,
New Board Members

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ethnogeriatrics section of the Journal of the American Geriatrics Society and has published more than 25 studies, abstracts, and book chapters. She is also a frequent lecturer and the recipient of numerous honors, awards and research grants. These include a Hartford Geriatrics Leadership Scholars Program award and a John A. Hartford Foundation-sponsored Association of American Medical Colleges’ Enhancing Gerontology and Geriatric Medicine Education in Undergraduate Medical Education program grant.

Drs. Busby-Whitehead and Brangman will join Drs. Meghan Gerety (Board Chair); Jerry C. Johnson (Foundation Treasurer); Joseph G. Ouslander and Eric G. Tangles; and Sheila Worthington Lirtzman on the FHA Board. Linda Hiddemen Baroness, the Foundation’s Executive Director, is an Ex-Officio member of the Board.

The FHA thanks outgoing Board Vice-Chair, Irene Moore, MSW, AGSF, for her dedicated service to the Foundation.