

What We Do: A Look Back at 2024

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GET READY FOR #AGS25 IN THE WINDY CITY – REGISTRATION OPENS ON DECEMBER 11!

The American Geriatrics Society (AGS) is excited to invite you to the 2025 Annual Scientific Meeting, happening from May 8-10 (pre-conference day: May 7) in Chicago, IL. While our first virtual meeting in the pilot program alternating between virtual and hybrid meetings last year was a great success, we're excited to be meeting in person in 2025. Our Annual Scientific Meeting remains the premier event for geriatrics education, featuring the latest in clinical care, aging research, and innovative models of care delivery whether we gather in a virtual or physical space.

Professionals from all healthcare disciplines—physicians, nurse practitioners, nurses, pharmacists, physician assistants, social workers, long-term care and managed care providers, healthcare administrators, and more—are invited to attend. With a diverse range of sessions, there's something for everyone, whether you're early in your career or an experienced leader in the field. This year's in-person meeting offers ample opportunities to connect, collaborate, and grow through social events and networking.

"#AGS24's success highlighted the importance of continuing to come together as a geriatrics community to share knowledge, exchange ideas, and support the next generation of leaders from wherever we may have been living and working," said Liron Sinvani, MD, Program Chair. "Having been witness to the energy and collaboration of the Virtual 2024 Meeting, I am excited see how much that can compound when we connect face-to-face again at #AGS25. There will be countless opportunities at #AGS25 to attend research presentations, keynotes, and social events that engage attendees at every career stage. I am so looking forward to seeing my friends and colleagues as well as meeting our new members."

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CONGRATULATIONS TO OUR NEWEST FELLOWS

In August, eight of the country's leading health professionals were recognized for their deep commitment to the AGS and advancing high-quality, person-centered care by achieving fellowship status with the AGS. AGS Fellows are a select group of experts who have demonstrated commitment to the field, contributed to advances in care, and are active participants in AGS activities.

Congrats to:

- Carl J. "Christian" Bergman, MD, CMD, FACP, AGSF
- Marai Torrella Carney, MD, MACP, AGSF
- Teresa DeLellis, PharmD, BCPS, BCGP, AGSF
- Jennifer C. Drost, DO, MPH, AGSF
- Rex Alvin Paulino, MD, AGSF
- Elizabeth Mohan, MD, AGSF
- Josette Rivera, MD, AGSF
- Lavern A. Wright, MD, AGSF

Our newest class of fellows reflects the dedication to geriatrics education,

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AGS 360° WITH NANCY E. LUNDEBJERG, MPA



We are rolling out new [giving levels](#) at the AGS Health in Aging Foundation, and I could not be more excited as these will allow us to recognize the many AGS members who support the AGS Health in Aging Foundation for your support of the Foundation (see figure). Because of your generosity, we are able to meet the needs of the nearly one million people who visit healthinaging.org annually for up-to-date information on older adult health and wellness. Your support also helps bring trainees to the AGS Annual Scientific Meeting, which is vital to nurturing a commitment to caring for older adults. It gives me great joy that 1,600 of our AGS members are donors of the AGS Health in Aging Foundation. If you haven't

already given a gift this year, please consider a [donation](#) as a part of your own end-of-year charitable gift planning. Donations can be made at <https://bit.ly/HiAF-donate-today>. No gift is too small, and every donation helps us to advance our mission.

While I am on the topic of joy and gratitude, I am grateful to the 290 geriatrics fellows who started their fellowship on July 1, 2024, and delighted to welcome them into a field that has done so much to improve care of older adults. This year, I've had the opportunity to meet with fellows at the University of California at San Francisco (UCSF) and at Northwell Health.

Spending time with the next generation of geriatrics health professionals

always brings me joy. Our future is brighter because of them!

As always, I am grateful to the many AGS members who contribute to our work. In his From the President column, Mark Supiano has written about some of that work and provides a look ahead to what's coming up in 2025 – I encourage you to read his column. On the policy front, I want to highlight that CMS finalized three new codes in the 2025 Medicare Physician Fee Schedule Final rule. The three new Healthcare Common Procedure Coding System (HCPCS) G-codes (GPCM1, GPCM2, and GPCM3) will recognize APCM services stratified by the number of chronic conditions and whether the patient is a Qualified Medicare Beneficiary (QMB). The codes bundle certain management and communication technology-based services (CTBS) provided under an advanced primary care delivery model, which is defined as one where the practitioner is the continuing focal point for all needed health care services and responsible for all primary care services. CMS expects the proposed codes will simplify billing compared to existing care management and CTBS codes. This proposal recognizes elements that we believe are vital components of primary care, including team-based care and an ongoing, longitudinal relationship with the patient. AGS has long been an advocate for payment for the type of care that geriatrics health professionals provide, and this is a big step forward. A huge thank you to everyone who is involved with our payment work – we would not

Donor Recognition Levels

*Errata: Graphic below was updated after print issue went on press.



Lifetime of Caring Circle	\$50,000+
Legacy Circle	\$30,000 - \$49,999
Geriatrics Champion Circle	\$20,000 - \$29,999
1942 Circle	\$12,500 - \$19,999
Founders Circle	\$7,500 - \$12,499
Presidents Circle	\$3,000 - \$7,499

accomplish these types of changes if it were not for you. For a small organization, AGS has a broad and deep footprint in public policy and I encourage AGS members to review our [2024 policy highlights](#).

AGS Census Update

I am pleased to share our third annual report card that gives a summary of the demographic data that we have been asking all AGS members to share. Tables 1, 2, and 3 report our findings, as of November 1, 2024, on gender, Hispanic, Latinx or Spanish origin, and race and ethnicity. Our commitment to publishing this annually is part of our efforts to embed attention to diversity, equity, and inclusion in all that we do across all of our programs and activities.

As we did in 2023, we asked our 2024 annual meeting attendees to share their demographic data so that we could provide a comparison of who is presenting at the meeting to attendees. Our presenter category is inclusive of moderators and speakers at invited sessions and paper/poster presenters. Tables 4, 5, and 6 report our findings, as of October 30, 2024, on gender, Hispanic, Latinx, Spanish origin and race & ethnicity.

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

I'll close this column out with a huge thanks and shout out to the talented and committed AGS staff team. They are dedicated to our mission and work every day in ways both big and small to ensure that all of us age with independence, dignity, and quality of life. They've chosen to devote their one wild and precious life to the work that we do and for that I am grateful.

On behalf of the AGS staff team, our best to all our members as we close out 2024 and we are looking forward to supporting you in 2025 –



Nancy

Table 1. Gender, AGS Members & Leadership

Response	AGS Members (Dues-Paying)	AGS Board and Committee Leaders
Female	2,610 (61%)	112 (69%)
Male	1,596 (37%)	50 (31%)
Non-Binary	4 (<1%)	0 (-%)
Prefer not to answer	66 (2%)	1 (1%)
Respondents	4,276	163

Table 2. Hispanic, Latinx or Spanish Origin, AGS Members & Leaders

Response	AGS Members (Dues-Paying)	AGS Board and Committee Leaders
No , not of Hispanic, Latinx or Spanish origin	2,340 (88%)	150 (95%)
Yes , another Latin or Spanish origin	119 (4%)	2 (1%)
Yes , Mexican, Mexican Am, or Chicano	60 (2%)	1 (1%)
Yes , Puerto Rican	36 (1%)	2 (1%)
Yes , Cuban	10 (<1%)	0 (-%)
Prefer not to answer	99 (4%)	3 (2%)
Respondents	2,664	158

Table 3. Race & Ethnicity, AGS Members & Leaders

Response	AGS Members (Dues-Paying)	AGS Board and Committee Leaders
White —For example, German, Irish, English, Italian, Polish, French	1,352 (52%)	88 (56%)
Asian —For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese	639 (25%)	43 (27%)
Hispanic, Latino or Spanish Origin —For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian	183 (7%)	5 (3%)
Black or African American —For example, Jamaican, Haitian, Nigerian, Ethiopian, Somalian	152 (6%)	9 (6%)
Middle Eastern or North African —For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian	71 (3%)	5 (3%)
Some other race, ethnicity or origin, please specify	52 (2%)	3 (2%)
American Indian or Alaska Native —For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community	14 (1%)	0 (-%)
Native Hawaiian or Other Pacific Islander —For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese	6 (<1%)	0 (-%)
Prefer not to answer	202 (8%)	8 (5%)
Respondents*	2,578	157

*Respondents could choose more than one response

AGS 360° TABLES 4, 5, & 6 continued on page 5

FROM OUR PRESIDENT

MARK A. SUPIANO, MD, AGSF

As the year winds down, I have had time to look back and reflect on the past year's accomplishments at the American Geriatrics Society (AGS). I am proud to recognize the progress we've made together in advancing our shared mission. This past year has brought new opportunities, milestones, and challenges that have highlighted the strength and resilience of the AGS community. From inspiring initiatives and expanded educational resources to advocacy efforts that shape the future of geriatrics, AGS has remained steadfast in its commitment to supporting our members and improving care for older adults.

Looking ahead to 2025, I am excited to build on this momentum. The coming year promises further growth and collaboration that will enhance the practice and understanding of geriatrics nationwide. In this final From the President article of the year, I would like to highlight some of AGS's defining achievements of 2024 (make sure to check out What We Do: A Look Back at 2024 on pg. 6 for a more extensive overview) and share what I am excitedly looking forward to in 2025.

The AGS 2024 Virtual Annual Scientific Meeting was a major highlight of the year for me, bringing together experts in geriatrics to explore the latest research and innovations in the care of older adults. With engaging sessions, collaborative online discussions, and cutting-edge presentations, the virtual format enabled widespread participation and offered valuable insights to clinicians, researchers, and educators alike. I was honored to host the #AGS24 Awards Ceremony, recognizing the excellence of our members across geriatric disciplines, and to open the plenary paper session where I had the privilege of welcoming presenters whose groundbreaking

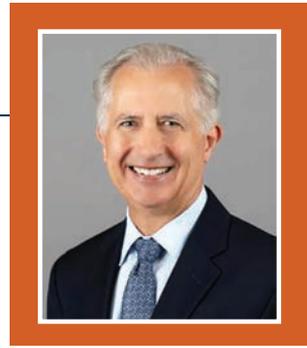
research spanned topics from genetics and testosterone to Veterans' home-based care and patient decision making. Like me, I hope that #AGS24 attendees left with fresh perspectives and resources after enjoying sessions like the widely popular geriatrics literature review session, reflecting AGS's commitment to advancing the field and supporting professionals dedicated to geriatrics.

In March, AGS/ADGAP, in partnership with Phairify, launched the Calendar Year 2023 (CY23) Benchmarking Core Survey, along with modular surveys tailored to specific practice settings, including acute care, ambulatory, home care, and long-term care. These surveys create an invaluable, anonymous dataset that aggregates geriatrician data on compensation, productivity, and practice characteristics across numerous settings where geriatricians provide care.

I am especially proud of the progress being made on this front as I have had the privilege of being part of the planning group. I am excited to see AGS members continue to build this rich data asset which they will then have access to as members, as it will empower geriatrics academic programs and AGS members to better understand and articulate their impact and value. I encourage all AGS geriatrician members to participate in the survey - the more members who complete the surveys, the richer and more meaningful the data will be. The CY23 Surveys close at the end of this year – so if you haven't already, be sure to complete and submit your surveys today!

Looking ahead to 2025...

While I enjoyed the #AGS24 virtual meeting, I am looking forward to seeing everyone in Chicago at our AGS Annual Scientific Meeting,



May 8-10, 2025; preconference day: May 7. We can't wait to bring everyone together under one roof to share the latest advancements in geriatrics, connect with peers, and celebrate our exceptional members and their achievements. This year's meeting promises another engaging program filled with cutting-edge research presentations, educational sessions, clinical guideline updates in managing hypertension, hyperlipidemia and diabetes, and collaborative discussions aimed at enhancing care for older adults. The AGS Annual Scientific Meeting has always been a premier event, whether held in-person or virtually, drawing a community of professionals dedicated to advancing geriatrics. With a wide array of sessions and networking opportunities, attendees can look forward to in-depth discussions on clinical care, innovative research, and policy issues shaping the future of geriatrics. Plus, this year's location in Chicago adds to the excitement, offering a vibrant backdrop on Lake Michigan's shoreline filled with cultural attractions, world-renowned dining, and the warm hospitality of the Midwest. I hope to see everyone there!

2025 will be an exciting year for AGS publications - with the release of the 12th edition of the *Geriatrics Review Syllabus (GRS12)*, the *GRS12 Teaching Slides*, *Geriatrics Nursing Review Syllabus (GNRS8)*, *GNRS8 Teaching Slides*, the Updated *Geriatrics Evaluation and Management Tools (GEMS)*, and the 27th Edition of *Geriatrics at Your Fingertips*. AGS is working to release brand new

resources as well, including a new AGS Beers Criteria® Companion Tool consisting of alternative treatments to medications in the AGS Beers Criteria®, and exciting new online educational curricula including one on new diagnostic technologies and treatments for Alzheimer’s disease.

The AGS is working hard to ensure that healthcare professionals have access to the latest guidance, educational materials, and clinical tools across the board to provide high-quality, person-centered care to patients. By developing these resources and tools, AGS continues to equip clinicians, educators, and trainees with knowledge that keeps pace with the evolving field of geriatrics, fostering improved outcomes for older adults nationwide.

Also, be sure to keep an eye out for AGS websites’ refreshed look at americangeriatrics.org as well as GeriatricsCareOnline.org. These upcoming website updates will focus on enhancing accessibility and creating a more user-friendly experience, ensuring that vital resources and information are easily available to all users, including those with disabilities. This is just another way that AGS is working to foster an inclusive environment that supports healthcare professionals in providing the best care for older adults.

As we close out 2024 and look toward an exciting new year, I am filled with optimism for what lies ahead. AGS continues to work to provide us all with up-to-date practical resources and tools, launching innovative projects like the AGS Beers Criteria® alternative medications list, gathering vital data through the CY23 Benchmarking Surveys and advocating relentlessly on our behalf. Thank you for being an essential part of AGS. I look forward to all that we will accomplish together in 2025 and beyond, as we continue to make advancements in the field of geriatrics and work toward a better future for older adults everywhere. ♦

AGS 360°

Tables 4, 5, and 6 report our findings on gender, Hispanic, Latinx, Spanish origin, and race and ethnicity of #AG24 Meeting Attendees and Presenters.

Table 4. Gender, #AGS24 Attendees & Presenters

Response	#2024 Attendees	#2024 Presenters
Female	1,612 (71%)	548 (67%)
Male	598 (26%)	255 (31%)
Non-Binary	7 (<1%)	3 (<1%)
Prefer not to answer	60 (3%)	9 (1%)
Respondents	2,277	815

Table 5. Hispanic, Latinx or Spanish Origin, #AGS24 Attendees & Presenters

Response	#2024 Attendees	#2024 Presenters
No , not of Hispanic, Latinx or Spanish origin	1,991 (87%)	702 (86%)
Prefer not to answer	93 (4%)	36 (4%)
Yes , another Latin or Spanish origin	96 (4%)	40 (5%)
Yes , Mexican, Mexican Am, or Chicano	56 (2%)	21 (2%)
Yes , Puerto Rican	33 (1%)	13 (1%)
Yes , Cuban	8 (<1%)	3 (<1%)
Respondents	2,277	815

Table 6. Race & Ethnicity, #AGS24 Attendees & Presenters

Response	#2024 Attendees	#2024 Presenters
White —For example, German, Irish, English, Italian, Polish, French	1,082 (48%)	355 (44%)
Asian —For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese	635 (28%)	284 (35%)
I prefer not to answer.	224 (10%)	47 (6%)
Hispanic, Latino or Spanish Origin —For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian	172 (8%)	67 (8%)
Black or African American —For example, Jamaican, Haitian, Nigerian, Ethiopian, Somali	130 (6%)	41 (5%)
Middle Eastern or North African —For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian	83 (4%)	43 (5%)
Some other race, ethnicity or origin	51 (2%)	16 (2%)
American Indian or Alaska Native —For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community	15 (1%)	1 (<1%)
Native Hawaiian or Other Pacific Islander —For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese	9 (<1%)	4 (<1%)
Respondents*	2,277	815

*Respondents could choose more than one response

WHAT WE DO: A LOOK BACK AT

2024

CHECK OUT HIGHLIGHTS BELOW FROM OUR WORK ACROSS 2024...

January

■ The *Journal of the American Geriatrics Society (JAGS)* goes paperless! This was the latest in a series of steps that the AGS is taking over time to reduce our collective reliance on paper and reduce the Society's carbon footprint.

February

■ The AGS Older Adults Vaccine Initiative debuted a new resource, the [Vaccine Ambassador Facilitator Guide](#), another tool to help to assist in communicating the importance of vaccines in older adults.

■ AGS [submitted comments](#) to the Centers for Medicare and Medicaid Services (CMS) on revising the existing geriatrics specialty measure set for the 2025 Performance Year (PY) of the Merit-based Incentive Payment System (MIPS) to ensure that the proposed geriatrics measure set for PY 2025 best addresses the unique healthcare needs of older adults and reflects the quality metrics that we believe are most important for measuring care for all of us as we age.

March

■ AGS/ADGAP, in partnership with Phairify, launched the Calendar Year 2023 (CY23) Benchmarking Core Survey along with practice site-specific modular [surveys](#) for those who practice in acute care, ambulatory, home care, and long-term care settings. These online surveys aggregate geriatrician data on compensation, productivity, and practice characteristics across the numerous settings where geriatricians provide care.

■ AGS supported a proposal to CMS, led by the American Delirium Society (ADS), requesting that causally specified delirium be designated a major complication or comorbidity alongside toxic and metabolic encephalopathy. The rationale and analysis that supplemented the request was adapted for an article that was published in the *Journal of the Academy of Consultation-Liaison Psychiatry*, "[Requesting That Delirium Achieve Parity With Acute Encephalopathy in the MS-DRG System.](#)"

■ AGS hosted the second conference in the National Institute on Aging (NIA) R13 [Bench-to-Bedside conference series](#) titled "Stress Tests and Biomarkers of Resilience," in Bethesda, MD from March 4-5, 2024. The conference provided broad discussion on the definition of resilience signals and the intricate dynamics of biomarkers of resilience across the three domains (physical, cognitive, and psychosocial).

April

■ Following federal and state efforts to eliminate diversity, equity, and inclusion policies in healthcare and medical education, AGS [reaffirmed](#) commitment to achieving a just healthcare system where the care a person receives is responsive to their individual needs and offered with cultural humility.

■ JAGS launched an ongoing Diversity in Research on Aging series examining diversity in research with regard to age, race, and ethnicity of research participants with an editorial by Rhodes et. al, "[Diversity in Research on Aging: A New Series.](#)"

■ AGS submitted [comments](#) on the Minimum Staffing Standards for Long-Term Care (LTC) Facilities and Medicaid Institutional Payment Transparency Reporting final rule released by CMS.

■ AGS launched its release of the #IAMGeriatrics video collection highlighting the newest members of the AGS member community on what they love about geriatrics and why they chose to practice in geriatrics. The videos are featured on AGS's [Facebook](#), [Twitter/X](#), [Instagram](#) and [LinkedIn](#) pages and on the AGS [website](#).

May

■ More than 2,290 healthcare professionals, researchers, and advocates logged on to attend the AGS 2024 Virtual Annual Meeting (#AGS24).

■ The AGS published the 26th edition of [Geriatrics at Your Fingertips](#), our go-to tool for clinicians who care for older people.

■ The AGS welcomed 14 members to the newest class of [AGS Fellows](#)—colleagues who have taken their commitment to geriatrics and the AGS to new heights across their careers.

■ JAGS released a [special collection of articles celebrating the 50th anniversary of the National Institute on Aging \(NIA\)](#). The collection includes a [special article](#) that describes NIA's contributions to aging research over the years, historical highlights, and what is on the horizon for the Institute.

■ AGS [submitted a statement for the record](#) to the Senate Committee on Finance Hearing, "[Bolstering Chronic Care through Medicare Physician Payment](#)." In our comments, we noted that a high-quality, cost-effective healthcare system results from care that is person-centered, team-based, and grounded in strong primary care and that the payment system must reflect, reinforce, and incentivize this type of care.

■ AGS [provided feedback](#) to the Food and Drug Administration (FDA) in response to its [draft guidance](#) for the Collection of Race and Ethnicity Data in Clinical Trials and Clinical Studies for FDA-Regulated Medical Products. As part of our letter, we recommended that FDA require greater granularity in sociodemographic factors for sub-populations, particularly in race and ethnicity as well as age.

■ AGS [submitted testimonies](#) to House and Senate Appropriations Subcommittees on Labor, Health and Human Services, Education, and Related Agencies stating our support for increased funding in Fiscal Year (FY) 2025 for the Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Award (GACA) program as well as aging research within the National Institutes of Health (NIH) and National Institute on Aging (NIA).

June

■ AGS representatives Lena Makaroun, Katherine Supiano, and Mark Supiano attended an event at the White House for gun violence prevention. The event brought together numerous healthcare professionals who are on the front-lines treating and educating patients impacted by firearm violence.

■ AGS wrote a [letter](#) in response to an upcoming meeting of the FDA advisory committee to review the safety and efficacy implication of donanemab's Phase 3 trial. Eli Lilly's donanemab is an anti-amyloid drug that is being investigated for the treatment of early Alzheimer's disease.

■ AGS sent letters to House and Senate Appropriations leadership stating our support for increased funding in Fiscal Year (FY) 2025 for the [geriatrics workforce training](#)

[programs](#), the GWEP and GACA programs, the [NIA](#), and the [Department of Veterans Affairs \(VA\) Medical and Prosthetic Research Program](#).

■ AGS [submitted comments](#) to the FDA on its draft guidance for industry on Early Alzheimer's Disease: Developing Drugs for Treatment which outlines recommendations for the selection of study participants with early Alzheimer's disease for enrollment in clinical trials and selection of endpoints for clinical trials.

■ AGS submitted feedback in response to a Senate Finance Committee White Paper titled "Bolstering Chronic Care through Physician Payment: Current Challenges and Policy Options in Medicare Part B." In our letter, we outlined our goals, which reflect the importance of healthcare that is person-centered, team-based, and grounded in strong primary care.

July

■ AGS [submitted comments](#) to the House Committees on Ways & Means and Energy and Commerce on the proposed legislation [H.R. 8816](#), the American Medical Innovation and Investment Act, which would change the Welcome to Medicare Visit and the Annual Wellness Visit and require clinicians to: (1) use a scientifically validated cognitive test (screening test) to accomplish detection of cognitive impairment, and (2) document any impairment detected in the patient's medical record.

■ AGS continues to [advocate in support of increased funding](#) for the GWEP and GACA programs to ensure the Health Resources and Services Administration (HRSA) receives the funding necessary to expand, not decrease, these critically important programs after the overall number of grants decreased from 48 to 42.

■ The AGS published its [Assisted Living Nursing Syllabus \(ALNS\)](#), a vital resource designed to enrich the knowledge and practices of nursing staff and educators involved in caring for older adults in assisted living communities.

■ AGS submitted its recommendations to [CDC for updating the STEADI](#) (Stopping Elderly Accidents, Deaths and Injuries) Toolkit and updated [Health in Aging public education resources](#) on falls prevention.

August

■ AGS [submitted comments](#) in response to the House Committee on Energy and Commerce [framework for discussion](#) to reorganize the NIH, which includes replacing the NIA with a new National Institute on Dementia.

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September

■ The AGS [submitted extensive comments](#) in response to the CMS Calendar Year (CY) 2025 proposed rule updating the Medicare Physician Fee Schedule (PFS) and other payment and coding policies.

■ AGS partnered with the U.S. Department of Health and Human Services (HHS) campaign [Risk Less. Do More.](#) The campaign aims to increase awareness of vaccines that reduce the risk of serious illness from flu, COVID-19, and RSV and to limit the spread of these viruses among all Americans.

■ AGS [submitted comments](#) on the [Aging in the United States: A Strategic Framework for a National Plan on Aging document](#) that was developed by the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities to create a national set of recommendations for advancing healthy aging and age-friendly communities for older adults.

■ AGS [submitted comments](#) in response to the NIA Request for Information (RFI) on its Strategic Directions for Research document for 2026-2030, which serves as a statement for NIA's scientific priority areas within aging research and provides a framework for systematic analysis of NIA's scientific portfolio.

■ The fourth cohort participating in the [AGS/ADGAP Leadership & Life Skills Curriculum \(LLSC\)](#) began the program. The LLSC is available for free exclusively to AGS Fellows-in-Training and Early Career Professional members. It focuses on developing a broad range of practical leadership and life and career related knowledge and skills needed throughout one's career.

■ AGS [submitted comments](#) to the FDA on its [draft guidance document](#), "Diversity Action Plans to Improve Enrollment of Participants from Underrepresented Populations in Clinical Studies: Guidance for Industry," which outlines the requirements for research sponsors conducting certain clinical studies involving drugs, biological products, and devices to increase enrollment of participants from historically underrepresented populations for improved strength and generalizability of the evidence.

■ AGS held a Vaccine Ambassador Virtual Workshop to introduce participants to the AGS Older Adults Vaccine Initiative's website, resources, and strategies to actively promote the CDC's Standards of Adult Immunization Practices (SAIP) within their health systems and with the older adults they care for.

■ The Cultural Navigator [patient education resources](#) were published on the Health in Aging website. These resources

are designed to help patients understand how race, ethnicity, and cultural beliefs may play a role in their health and encourages open communication with their healthcare providers about their health needs and concerns, along with cultural beliefs and practices.

■ In September 2024, the GWEP-CC began enrolling the new members of Cohort 3 into GWEPOnline, the central hub for all GWEP directors, team members, and partners.

October

■ AGS, along with other physician organizations, joined together on an [amicus brief](#) submitted to the U.S. Supreme Court to keep unregistered firearms, commonly referred to as 'ghost guns,' out of the hands of dangerous criminals. The brief, [Garland v. VanDerStok](#), led by the American Medical Association, urges the court to uphold the Bureau of Alcohol, Tobacco, Firearms and Explosives rule stating that the Gun Control Act applies to unregistered firearm kits that are readily convertible into functional firearms.

■ AGS/ADGAP opened program applications for the [AIRE Medicine-Geriatrics Integrated Residency and Fellowship \(Combined Med-Geri Pathway\)](#).

■ AGS launched a new [Educational Online Module](#) on Ageism examining the impact of ageism on individuals and societies, with a particular focus on its implications within the healthcare system.

■ AGS started to convene its SIG and Section fall meetings.

November

■ JAGS published an editorial about funding for Medicare visits, "[Welcome to Medicare: now draw a clock](#)," authored by AGS CEO, Nancy E. Lundebjerg, MPA; AGS Senior Manager of Public Affairs & Advocacy, Anna Kim, LMSW; and AGS President, Mark A. Supiano, MD, AGSF.

■ AGS updated its professional and public education resources on vaccines, based on the newest CDC guidance. These tools are updated and disseminated as part of our work on the Centers for Disease Control and Prevention (CDC) and Council of Medical Specialty Societies (CMSS) Advancing Adult Immunization initiative.

December

■ AGS's GWEP-CC 's Cohort 3 Kick-Off Meeting was held in Bethesda, MD on December 4-5.

■ AGS hosted the AGS CoCare[®]: HELP Virtual Workshop, designed for those interested in implementing AGS CoCare[®]: HELP at their hospital.

Don't miss your chance to be part of #AGS25 in Chicago - an opportunity to advance your practice and expand your professional network in the heart of a vibrant city!

Sessions Preview

Sessions covering a range of topics will run throughout the meeting, representing the breadth and depth of subjects relevant to geriatrics. The following is a preview of the wider program:

■ Best Practices and Updates in the Management of Behavioral and Psychological Symptoms of Dementia

Dr. Nimit Agarwal, MD, MBA, AGSF, will lead a discussion on managing behavioral and psychological symptoms of dementia (BPSD), which affects over 90% of individuals with dementia. Attendees will learn how to identify BPSD promptly, explore best practices—including both non-pharmacological and pharmacological approaches in the management of BPSD—and gain insight into effective care transition strategies for BPSD. The session will also examine the impact of social determinants of health in managing BPSD.

■ Artificial Intelligence and Geriatric Medicine: Innovative Uses of AI to Improve Clinical Care and Health Professionals Education

Moderated by Amit Shah, MD, AGSF, this symposium will be focused on how AI is transforming geriatric medicine and education. Participants will explore the current state of the uses of AI for clinical innovations in aging, with examples of projects funded by the NIA/ Johns Hopkins Artificial Intelligence and Technology Collaboratory for Aging Research. The session will also cover the integration of AI in clinical care models and within learning health systems, including how such models can be used to predict functional status and help in managing polypharmacy and deprescribing as well as the use of AI in geriatrics education, focusing on the use of generative AI in curriculum development, learning, assessment

and academic activities. Additionally, the symposium will address limitations and health equity concerns involved in the implementation of AI technologies in geriatric medicine and education.

■ Rheumatology in the Golden Years: Diagnosis and Management of Late-Onset Rheumatic Diseases

Una Makris, MD, MSc, will lead this session on diagnosing and managing rheumatologic diseases that appear later in life, which can often present atypically and lead to diagnostic challenges. Attendees will learn to identify clinical symptoms of conditions like lupus, rheumatoid arthritis, PMR, and vasculitis in older adults as well as interpret geriatric syndromes through the lens of underlying rheumatologic diseases to improve co-management of these conditions, as well as to review updates on the associated risks of rheumatologic diseases on conditions such as cardiovascular disease and dementia. This session will also cover health disparities in the management of rheumatologic diseases, recognizing how factors such as gender and race influence disease presentation and outcomes.

■ Redefining Weight Wisdom: Pioneering Approaches to Obesity Care

Moderator John A. Batsis, MD, DABOM, FACP, FTOS, FGSA, AGSF will lead a discussion on obesity assessment and management in older adults. The prevalence of obesity in the United States is growing, including in older adults, but it can be challenging to determine which older adults should be recommend weight loss. The geriatric 5Ms are widely used in geriatric assessment and can be applied to obesity assessments in older adults. Through utilizing the 5Ms, we can determine what may be contributing to obesity, and how to target a multifaceted whole-person treatment approach, including for underserved populations. Presenters will review how to apply the 5Ms of geriatrics to obesity assessment; incretin medications in the management of

obesity and diabetes in older adults, as well as other risks and benefits; and how to manage obesity in underserved populations.

■ "OK, but what should I use instead?" - Alternatives to medications on the AGS Beers Criteria®

Last updated in 2023, the AGS Beers Criteria® remain one of the most frequently cited reference tools in geriatrics, detailing certain types of medications which may be inappropriate to prescribe to older people who are not receiving end-of-life care. AGS is now developing an accompanying tool to help health care providers find appropriate alternatives to those drugs. AGS convened a work group of experts across a variety of syndromes and diseases to develop a list of alternative treatments (pharmacologic and non-pharmacologic) to select drugs and conditions listed in the 2023 AGS Beers Criteria®. The presentation will focus on these alternatives, insights from the process of selecting them, and considerations for using these in clinical practice.

■ State of the Science: Alzheimer's Disease Diagnosis and Therapeutics in 2025

This session, moderated by Esther S. Oh, MD, PhD, will address biomarker and clinical assessments for the diagnosis of AD and will describe the current state of the science on amyloid antibodies. Participants will also compare and contrast disease-modifying therapies for Alzheimer's disease, offering insights into emerging options for managing Alzheimer's in 2025.

■ An Update to the AGS Position Statement on the Care of LGBTQI+ Older Adults

This session will spotlight the updated AGS Position Statement on Care of Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and All Sexual and Gender Minority (LGBTQI+) Older Adults. It will explore the changing landscape and progress of health systems, policies, and cultural attitudes since the release of AGS's previous

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MEMBER PROFILE

Liron Sinvani, MD



How did you become interested in geriatrics?

I found my way into geriatrics a bit by accident. After returning from maternity leave during my third year of residency, I was unsure about specializing. I loved hospital medicine and was looking for a way to get into research, but finding the right mentorship had been a challenge. Then, the Chief of Geriatrics and Palliative Care at my health system suggested I consider geriatrics. I realized that I had a deep connection with older adults—especially through my grandparents who were always a huge part of my life. So, I met with the fellowship director, Dr. Gisele Wolf-Klein. We connected immediately. She told me, “I’m going to teach you how to do research. You are going to become the best researcher-geriatrician.”

I followed my gut and pursued geriatrics, which turned out to be the best decision I’ve made—both professionally and personally. During my first year of fellowship, I published two papers, secured my first NIH grant, and really caught the research bug. The support I’ve received from the American Geriatrics Society (AGS) and the Tideswell Emerging Leaders in Aging Program has been amazing, providing me with connections and opportunities that shaped my career.

What is your favorite part of working with older adults?

First, I love talking and connecting with older adults. There’s so much wisdom and so many life lessons that come from their experiences. Aging has many beautiful parts to it, but it also has difficult aspects – including a lot of loss, which can include the loss of loved ones, independence, or even cognition. I find a lot of meaning in being there to support both patients and their families through both the good and the bad. As a geriatric hospitalist, I often remind my colleagues

that while no one wants their patients to end up in the hospital, when they do, you want someone with geriatric training—like me—caring for them.

Ultimately, I find a lot of joy from helping my patients age, live, or even die with dignity and peace.

What are you most proud of in your career?

What I’m most proud of is staying true to myself and not letting outside opinions sway me. Choosing geriatrics and staying with the health system I love has allowed me to achieve so much—from securing funding and a professorship to becoming an expert in my field—while doing it my way. I’ve been able to maintain meaningful relationships with the amazing collaborators I’ve worked with since my residency, which has been incredibly fulfilling. At the same time, I’m proud that I’ve been able to do all of this while still caring for patients in the hospital when they’re at their most vulnerable. Lastly, the relationships I’ve built through the AGS and the Tideswell program have enriched my career and been a huge part of my journey.

What are you working on right now?

Right now, I’m working on several grants – but one of my main areas of focus, and one that I am most excited about, is on dysphagia in persons with dementia. This affects so many people and has such a huge impact on quality of life. We recently had a paper on the effect of thickened liquids on hospitalized persons with dementia published in *JAMA Internal Medicine*, which was also featured in *The New York Times*. It highlighted how this universal practice may not be as evidence-based as we once thought, and we are continuing to build on that research. We are also in the process of developing a website for caregivers of persons with dysphagia as part of an NIA grant. In addition to that, we’re working on improving

nursing assistants’ training and education to provide better dementia care in the hospital. And a third area of focus of mine is on improving delirium screening and detection in hospital settings.

What advice would you share with someone who is considering geriatrics or just starting out in the field?

My biggest piece of advice is to not hesitate—geriatrics is an incredible career choice, and the field offers so much opportunity. Whether you’re interested in clinical care, research, education, or leadership, it is an amazing time to be a geriatrician. I often tell trainees that when you go into geriatrics, to be prepared to become a leader. As geriatric health care providers, we are uniquely poised to take on leadership roles that can truly impact the healthcare system. You’ll have the opportunity to think innovatively and improve care for older adults in meaningful ways. Geriatrics opens many doors—you can work in hospitals, outpatient settings, skilled nursing facilities, or even shape public policy. Even if you’re unsure whether it’s your ultimate path, geriatrics is a valuable investment in your professional future.

What is your favorite thing about the AGS or your favorite memory involving the AGS?

I absolutely love the AGS. Early in my career as a hospitalist, I joined several other societies, but I always found myself coming back to AGS. The AGS community is filled with incredible, supportive people—amazing physicians, innovators, and researchers—and I have really enjoyed getting to know the other members. The staff is equally

remarkable—friendly, supportive, and dedicated to leading important initiatives that make a real difference. One of the things I appreciate most is how AGS elevates its members by giving them opportunities to make an impact on a national level. Whether it's through leadership roles, research, or advocacy, AGS provides a platform to truly influence the care of older adults. We may be a relatively small society, but our collective impact on the health and well-being of older adults is tremendous. ♦

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clinical care, and research indicative of our Society's commitment to quality care for us all as we age.

Each year, a cohort of highly qualified AGS members earn fellowship status following a rigorous application process, which includes assessments covering a wide range of criteria from continuing education to public service and geriatrics scholarship. Applications are accepted twice yearly, with more information available at <https://www.americangeriatrics.org/membership/fellowship-ags>. ♦



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statement in 2015. Attendees will gain insights into the history of unequal treatment faced by LGBTQI+ individuals in laws and social structures, as well as the ongoing challenges in providing inclusive and affirming care. The session will also cover gaps in training when it comes to LGBTQI+ health concerns and identify key areas where more research is needed. In addition, participants will review AGS's updated recommendations on how to create affirming, inclusive environments that fully care for the unique needs and intersectional identities of LGBTQI+ older adults. The goal is to ensure high-quality, culturally competent, and humble care that embraces all aspects of their identities.

■ Geriatrics Literature Update: 2025

Don't miss your chance to enjoy the famous Geriatrics Literature Update sing-along with Kenneth Covinsky, MD, MPH; Eric W. Widera, MD; and Alexander K. Smith, MD, MS, MPH, a long-standing favorite of the annual meeting. Ken, Eric, and Alex will guide attendees together one last time through the top papers from 2024, with insights on how the latest findings can shape geriatric practice and patient care. You'll hear about the newest clinical advances and gain a better understanding of how to apply critical research to your own work with older adults. You don't want to miss out on this fun tradition, while also exploring the most impactful research published over the past year.

■ Mix, Mingle, and Make Connections

This year's Annual Meeting in Chicago is all about making connections. Along with the educational and professional development sessions, meeting in person allows us more opportunities to network in both professional and social settings. Whether it's during one of our receptions, Special Interest Group meetings, or Section meetings, there will be lots of opportunities to meet and engage with others.

Be sure to pack your dancing shoes as well – as the AGS Dance Party is

back (another highly anticipated Annual Meeting tradition)! We all look forward to this fun event where we can kick back, catch up and have fun with our colleagues and friends, and make some new friends too.

“Our Annual Scientific Meeting is more than just an opportunity to learn—it's where we connect to other people,” said Dr. Sinvani. “This gathering brings together a diverse community of professionals who are passionate about geriatrics. Whether it's through attending sessions, engaging in discussions, or connecting at social events, attendees often leave with not only new knowledge but also lasting friendships and professional connections. These relationships can provide invaluable support throughout your career and life. For many, AGS is more than a meeting—it's a professional home.”

Make the most of your time in Chicago by jumping into these networking opportunities headfirst!

■ Follow #AGS25 for Updates!

Use the hashtags #AGS25 and #AGSProud to spread the word about your meeting plans and to connect with other attendees online. Look for updates from @AmerGeriatrics, @AGSJJournal, @HealthinAging, and AGS CEO @NLundebjerg to remain in-the-know about all things #AGS25. Plus, remember to follow meeting updates on MyAGSOnline, the exclusive online forum for AGS members. Log in at MyAGSOnline.AmericanGeriatrics.org and view the AGS Member Forum to learn about sessions that already have your colleagues talking. For people who are unable to attend the meeting in person, we will be offering AGS25 On-Demand, which includes access to 19 post-meeting session recordings on demand after the in-person meeting. Attendees who view those recorded sessions will be able to earn 19.25 CME/MOC/CE credits. Visit Meeting.AmericanGeriatrics.org to register, view a program schedule, and check on other updates. Visit the site often for news about #AGS25!

**American Geriatrics Society
2025 Annual Scientific Meeting
Chicago, Illinois**



Meeting Dates: Thursday, May 8–Saturday, May 10 ■ Pre-conference day: Wednesday, May 7

Attend the Premier Educational Event in Geriatrics!

The 2025 Annual Scientific Meeting of the American Geriatrics Society (AGS) will take place from May 8 – 10 (Pre-conference day: May 7) in Chicago, IL.

Join us and experience three and a half days of educational programming that covers the gamut of geriatrics in today's challenging environment. Our program is like no other in the breadth and depth of the sessions. For an agenda, course descriptions, and registration, please visit www.meeting.americangeriatrics.org.

Why You Should Attend

- **You'll experience an interactive, engaging, and comprehensive educational program...** #AGS25 will feature updates and insights on clinical care, research on aging, innovative models of care and quality improvements, and much more
- **You'll be able to network with colleagues in the geriatrics community...** Don't miss this opportunity to join fellow geriatricians, geriatric nurse practitioners, social workers, family practitioners, physician assistants, pharmacists, internists, trainees, and many other healthcare professionals specializing in the care of older adults.
- **You'll be on your way to some serious CME/CE/MOC...** #AGS25 attendees are eligible for tons of continuing education credit catering to a diverse array of healthcare professionals.
- **You'll hear and see the field's leading authorities in clinical care, health policy, and health research...** Sessions at #AGS25 will feature some of the field's foremost leaders in clinical care, health policy, and health research.
- **You'll have access to cutting-edge research** 10 paper sessions and 4 poster sessions offer the highest quality peer-reviewed research in geriatrics.

Can't join us in-person in Chicago?

We are pleased to offer **AGS25 On-Demand**, which includes access to 19 post-meeting session recordings.

In-Person Registration includes:

- Access to all live education sessions Thursday through Saturday
- Access to the exhibit hall and all poster sessions
- Access to AGS25 On-Demand: 19 post-meeting session recordings for 3 months with the ability to earn additional CME/MOC/CE credits

AGS25 On-Demand Registration includes:

- Access to 19 post-meeting session recordings available until August 31, 2025
- Earn up to 19.25 CME/MOC/CE credits

Register for the meeting today! www.meeting.americangeriatrics.org