

# PENNSYLVANIA GERIATRICS SOCIETY WESTERN DIVISION



AN AFFILIATE OF THE AMERICAN GERIATRICS SOCIETY

VOLUME 21 No. 2  
FALL 2017

## Save the Date

Pennsylvania Geriatrics Society – Western Division  
Presents the

### *Fall Program*

### *Geroscience and the Promise of Eternal Youth*

*Presented by*

**Toren Finkel, MD, PhD**



Professor of Medicine, University of Pittsburgh School of Medicine  
Director, Aging Institute of UPMC Senior Services and the University of Pittsburgh

NOVEMBER

9

### **The University Club**

123 University Place Pittsburgh PA 15260

6:00 pm to 8:30 pm

*Complimentary Registration for Members  
Guests welcome (nominal fee)*

**ON-LINE REGISTRATION  
begins September 27<sup>th</sup>**

Visit [www.pagswd.org](http://www.pagswd.org)  
periodically for program updates

# President's Message

As President, I am pleased to report that our organization is strong, active and hard at work. As you will read in the following pages, 2017 has been a productive year. I hope you had the opportunity to attend one or all the programs offered.

The final program for 2017 (Fall Program) will take place November 9 at the University Club in Oakland. This year's program features guest speaker Toren Finkel, MD, PhD, who will present, "Geroscience and the Promise of Eternal Youth." Dr. Finkel has made seminal contributions to our understanding of aging, and is the new Director of the Aging Institute of the University of Pittsburgh.



**Fred Rubin, MD**

Mark your calendar and join us on November 9 as the evening is both educational and social, and is a perfect opportunity to network, socialize, and reconnect with colleagues.

Highlights from this year include:

- The Clinical Update in Geriatric Medicine and International HELP conference: Both conferences yielded a robust attendance, and comments and evaluation scores were superlative. Both are premier educational events, held "in our own backyard," providing outstanding education to all geriatric health care professionals. The conference is designed by the PAGS-WD planning committee, which is made up of a consortium of your colleagues, including those from the community, academic, and payor sectors.
- Controversies in Geriatric Medicine Program - In its third year, the program continues to attract a large audience. What sets this case-based presentation apart from other programs is the focus on audience participation through interactive discussion with panelists and audience members.
- Geriatrics Teacher of the Year Award - Initiated in 2016, this award recognizes outstanding teachers for their dedication and commitment to geriatric education and who have made significant contributions to the education and training of learners in Geriatrics. Awardees for 2017 include Vincent M. Balestrino, MD; Pamela E. Toto, PhD, OTR/L, BCG, FAOTA; and Debra K. Weiner, MD, FACP. The call for nominations for 2018 will begin October 1, with the awards presentation to take place during the dinner symposium at the 2018 Clinical Update.
- David C. Martin Award - Named after Pittsburgh's first full-time geriatrician, this award provides financial support for medical students and other trainees who have had scholarly work accepted for presentation at the national meeting of the American Geriatrics Society. A student may receive up to \$1,500 for travel, registration, and hotel costs. Since its inception, the society has granted more than \$80,000 to awardees.
- Resident and Fellow interest remains strong, with recruitment of 8 new Resident and Fellow members this year. This brings the total number of Resident and Fellow members to 32. The society waives membership dues for the length of training. We hope this initiative will be a pipeline to bring young physicians into our organization.

As a part of the Society, your commitment is a testament to our efforts and mission: to educate, communicate, and engage health care professionals in the provision of quality health care for all older persons.

I look forward to seeing you on November 9th.

*Fred Rubin, MD*

# Membership

## 2018 Member Dues

Membership dues notices will be mailed October 1. Society membership dues are renewed on a yearly basis. Credit cards are accepted for payment. To renew by credit card or to inquire about membership status, contact Nadine Popovich at (412) 321-5030, ext. 110, or [npopovich@acms.org](mailto:npopovich@acms.org).

Membership supports our award-winning and exceptional programming for healthcare professionals in our region, as well as sustaining our philanthropic efforts in support of medical students, residents, and fellows. As a member, you are entitled to a discount when registering for all educational offerings.

As a partner with the PAGS-WD, your dues are instrumental in providing honorariums to medical students interested in the field of geriatrics through the David C. Martin Award.

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## Recruit a member! Invite a colleague to join!

*A membership application can be downloaded at [www.pagswd.org](http://www.pagswd.org).*

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### Nominating Committee 2017 slate of candidates

The Nominating Committee has submitted the slate of candidates for election of Board of Directors. The following individuals will be placed on the ballot, which will be mailed to the membership on November 2, 2017.

### Board of Directors

(three-year term beginning January 1, 2018, to December 31, 2020)

Namita Ahuja, MD  
Elizabeth Mohan, MD  
David Nace, MD, MPH  
Heather Sakely, PharmD, BCPS  
David Yuan, MD

## AGS News

### Health in Aging Advocacy Center - Action Needed on the Following: Contact your Senators; Urge Them to Reject the Better Care Reconciliation Act

On June 22, the Senate released the Better Care Reconciliation Act (BCRA), their proposal to repeal and replace the Affordable Care Act (ACA). The Senate bill mirrors many provisions of the American Health Care Act (AHCA), the version that narrowly passed the House in early May, including drastic cuts to Medicaid funding that would harm older adults and other vulnerable populations, access to key healthcare services.

We need your voice to urge the Senate to oppose the BCRA and to protect elements of the ACA and other programs that are important to older Americans.

TAKE ACTION! Contact your Senators. Visit <http://cqrcengage.com/geriatrics/app/make-a-call?16&engagementId=369173>. After you enter your contact information, our suggested talking points will come up as the next page that you see.

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# Members in the News

## Eric Rodriguez, MD, named Caregiver Champion

Eric Rodriguez, MD, University of Pittsburgh, Division of Geriatrics, has been chosen as the Caregiver Champion for the 9th annual Celebrating Senior Champions Dinner scheduled for October 19, 2017, at the Omni William Penn Hotel.

The UPMC Senior Services Caregiver Champion award recognizes an individual who demonstrates an extraordinary ability to take on the challenging job of caregiver for a spouse, relative, or friend who lives at home or in a nursing home while remembering the importance of taking care of his own needs as well. The

Caregiver Champion Award is sponsored by UPMC for Life.

Society members previously honored at the Celebrating Senior Champions Dinner include: Grand Champions Fred Rubin, MD, in 2010, Charles F. Reynolds, III, MD, in 2015, and Neil Resnick, MD, in 2016. To learn more about the event or to purchase tickets, please visit <http://www.upmc.com/Services/senior-communities/senior-champions/Pages/default.aspx>.



Eric Rodriguez, MD

## AGS News

*From page 3*

### AGS Member Participation Needed for National Survey on Unbefriended Older Adults and Adult Orphans

Participation of AGS members is needed in a national survey on the "unbefriended" and "adult orphans" - socially isolated older adults who lack surrogates. This important issue received attention in last year's AGS position statement, "Making Medical Treatment Decisions for Unbefriended Older Adults."

Researchers from the AGS, the Boston VA Healthcare System, and the Guardianship Policy Institute want to learn from AGS members about their experiences and approaches to working with this vulnerable population.

The brief, anonymous survey can be completed online in 10-15 minutes, and participants can enter a raffle to win a free iPad. For more information and to begin the survey, click here: <https://novisurvey.net/ns/n/AGSUnbefriended.aspx>

# GeriatricsCareOnline.org

**FREE RESOURCE: Safe Driving Topic Bundle**

**FREE AGS topic bundle available at**

**<https://geriatricscareonline.org/ProductTypeStore/special-topic-bundle/16/>**

AGS Members are automatically registered users (log in with your MYAGS online credentials in the Member Log-In area). Developed through a cooperative agreement between AGS and the U.S. Department of Transportation's National Highway Traffic Safety Administration (NHTSA), this special-topic bundle is an online resource focused on the topic of safe driving in older adults. The bundle includes: clinician's guide; mobile app; MOC module; 4 patient handouts; 2 webinars. This collection of resources is designed to promote awareness and assist healthcare providers in clinicians to better identify older drivers at risk for crashes, help enhance their driving safety, and ease the transition to driving retirement if and when it becomes necessary.

# Presenters selected for AGS meeting

The Annual Scientific Meeting of the American Geriatrics Society (AGS) is the premier educational event in geriatrics, providing the latest information on clinical care, research on aging, and innovative models of care delivery. The meeting addresses the educational needs of geriatrics professionals from all disciplines. Physicians, nurses, pharmacists, physician assistants, social workers, long-term care and managed care providers, health care administrators, and others update their knowledge and skills through state-of-the-art educational sessions and research presentations.

The AGS issues a call for submission of applications to present new information either as a verbal presentation or a poster (abstracts receiving the highest scores through the peer review process are included in the Presidential poster session).

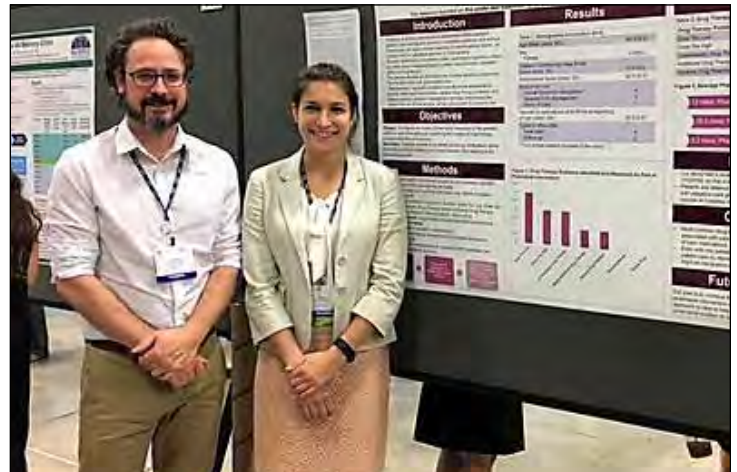
Accompanying the meeting is a published supplement to the Journal of the American Geriatrics Society, which includes abstracts of the selected submissions.

Congratulations to the following who achieved this prestigious honor of their submission being accepted for presentation at the 2017 national meeting:

Robert Allison, DO  
Christine Bungo, DO  
Woody Chang, MD  
Maria Felton, PharmD, BCPS  
Susan Greenspan, MD  
Steven Handler, MD, PhD  
Alisha Hemraj, MD

Rachel Jantea, MD  
Karthik Kota, MD  
Nagib Manov, MD  
Priya Murali, MD  
David Nace, MD, MPH  
John Naumovski, MD  
Anne Newman, MD

Elizabeth O'Keefe, MD  
Fred Rubin, MD  
Zakiya Sadeq, MD  
Sydney Springer, PharmD, BCPS  
Keisha Ward, MD  
Rollin Wright, MD



At top, from left, are Rick Hoffmaster, MD, and Maria Felton, PharmD, BCPS. Above, from left, are Zakiya Sadeq, MD; and Heather Sakely, PharmD, BCPS.

# Mark Your Calendar

## **Pennsylvania American Society of Consultant Pharmacists (ASCP)**

When: September 16, 2017

Where: Hollywood Casino at Penn National Race Course, Grantville, PA

Register online: [www.ascp.com](http://www.ascp.com)

The Pennsylvania ASCP education day will provide 6 hours of ACPE pharmacy continuing education on antimicrobial stewardship, patient safety, quality measures and de-prescribing.

## **National Conference of Gerontological Advanced Practice Nurses Association**

When: October 4-7, 2017

Where: Gaylord Opryland Resort and Convention Center, Nashville, TN

Phone: 866-355-1392

Email: [gapna@ajj.com](mailto:gapna@ajj.com)

Website: [www.gapna.org/annual-conference](http://www.gapna.org/annual-conference)

Earn up to 21.25 contact hours (main conference) with Pharmacology hours also available for designated sessions

## **American Society of Consultant Pharmacists**

*ASCP 2017: Empowering Seniors to Live Independently*

When: November 2-5, 2017

Where: Gaylord Palms Resort & Convention Center, Kissimmee, FL

Website: <http://www.annual.ascp.com/>

The 2017 ASCP Annual Meeting and Exhibition is the largest gathering of consultant and senior care pharmacists; 16 hours of CPE; 12 hours of BCGP recertification.

## **American Medical Directors Association (AMDA)**

*AMDA: the Society for Post-Acute and Long-Term Care Medicine - 2018*

When: March 22-25, 2018

Where: Grapevine, TX

Phone: 800-876-2632 or 410-740-9743

Website: <https://paltc.org/events>

## **American College of Physicians**

*Internal Medicine - 2018*

When: April 19-21, 2018

Where: Ernest N. Morial Convention Center, New Orleans, LA

Phone: 800-523-1546 x2600 or 215-351-2400

Website: <https://im2018.acponline.org/>

Choose from more than 200 CME courses in internal medicine and the subspecialties presented by distinguished faculty and the ability to earn up to 31 AMA PRA Category 1 credit(s)<sup>TM</sup>

## **Society of General Internal Medicine**

*41st Annual Meeting: Health Information Technology: Empowering General Internists to Lead Digital Innovation  
2018 Annual SGIM National Meeting*

When: April 11-14, 2018

Where: Denver, CO

Website: [www.sгим.org/meetings](http://www.sгим.org/meetings)

Earn up to 12.5 AMA PRA Category 1 credits<sup>TM</sup>

## **26th Annual Clinical Update in Geriatric Medicine Pittsburgh Marriott City Center Pittsburgh, PA April 5-7, 2018**

Brochures will be mailed in January 2018.

The conference registration will be available online at <https://ccehs.upmc.com/formalCourses.jsp> in early 2018.

## **American Geriatrics Society 2018 Annual Scientific Meeting May 3-5, 2018 Orlando, FL Phone: 212-308-1414 Website: [www.americangeriatrics.org](http://www.americangeriatrics.org)**

The AGS Annual Scientific Meeting is the premier educational event in geriatrics, providing the latest information on clinical care, research on aging, and innovative models of care delivery. The 2018 Annual Meeting will address the educational needs of geriatrics professionals from all disciplines. Physicians, nurses, pharmacists, physician assistants, social workers, long-term care and managed care providers, health care administrators, and others can update their knowledge and skills through state-of-the-art educational sessions and research presentations.

The 2018 Annual Meeting offers many continuing education sessions, including invited symposia, workshops and meet-the-expert sessions. Sessions will include information about emerging clinical issues, current research in geriatrics, education, health policy and delivery of geriatric health care.

# Study addresses treatment-resistant depression

CHARLES F. REYNOLDS III, MD; JORDAN F. KARP, MD

**T**reatment-resistant depression (TRD) is a major health problem for the growing population of older adults. Making it worse is a lack of evidence-based treatments at a stage of life when understanding the benefits vs. risk of medication is crucial. TRD is the norm, not the exception in older depressed adults, as most fail to remit with standard antidepressant pharmacotherapy. Persistent depression decreases older adults' quality of life more than any other illness. Effective antidepressant treatment would address a leading cause of disability, excess mortality, and cognitive decline.

A study being conducted at the University of Pittsburgh aims to provide the clinical evidence that stakeholders, in particular primary care physicians, need in order to offer older adults the optimal antidepressant treatment they deserve. The OPTIMUM study will provide evidence on the comparative effectiveness of switching versus augmentation strategies. It will be conducted in the community, with patients receiving treatment from their own physicians, with decision support from geriatric psychiatrists.

The study also will explore how aging-related factors affect the benefits and risks of different antidepressant strategies. This pivotal study will provide information that helps older adults get effective treatment while improving their quality of life and minimizing risks of medications.

## How OPTIMUM Can Help Your Practice

- Physicians and patients receive geriatric psychiatry expertise to help guide depression treatment
- Patients receive phone support, education on medication and medication adherence

- Physicians receive clinical updates on their patient's status
- For referred but ineligible patients, we provide the results of the screening and we provide treatment recommendations.

- Coming soon: optional FREE neuropsychological assessments that may be shared with patients and doctors.



## Who is eligible to participate?

1. Men and Women > 60 with depression.
2. Not responded to at least two antidepressants.
3. Currently taking anti-depressant at adequate dose.

## Referring to OPTIMUM

- If a UPMC-affiliated practice using EPIC: Send a staff message to: "P TRD" or put in an order for "TRD."
- If not on EPIC: Email referral to [OPTIMUMSTUDY@UPMC.EDU](mailto:OPTIMUMSTUDY@UPMC.EDU).

*Dr. Reynolds is Distinguished Emeritus Professor of Psychiatry, University of Pittsburgh School of Medicine, Consultant, OPTIMUM Trial.*

*Dr. Karp is Associate Professor of Psychiatry, University of Pittsburgh School of Medicine, Director, UPMC Fellowship in Geriatric Psychiatry, Principal Investigator, OPTIMUM Trial.*

# Need to know: POLST

RICK HOFFMASTER, MD

The Pennsylvania Orders for Life-Sustaining Treatment (POLST) form has become a staple of advance care planning in Pennsylvania and across the country. The POLST document allows a medical provider to record and communicate a patient's specific treatment preferences across various care settings, including home, the hospital, skilled nursing facility, long-term care and hospice. POLST forms help direct medical providers to deliver the treatments that patients want, while avoiding interventions that do not fit their wishes.

In Pennsylvania, Act 169 of 2006 mandated formation of a statewide advisory committee - the Patient Life-Sustaining Wishes (PLSW) Advisory Committee - to examine the advisability and possible adoption of a standardized form such as POLST, that was in use in other states. In October 2010, a standard form - the POLST form - that was recommended by that committee, was approved. The use of the term "Pennsylvania" in the form name was simply to distinguish it from other state forms and to reflect the fact that the orders may be signed by certified nurse practitioners or physician assistants.

While POLST forms are widely used in Pennsylvania, they do not currently have the status of legally binding medical orders. In April 2017, with the support of the Pennsylvania Medical Society, new POLST legislation was introduced as Senate Bill 623 by Sen. Gene Yaw and in the House by Rep. Bryan Cutler as House Bill 1193. These bills would codify the legal authority of POLST and protect health care professionals who comply with a POLST form. Seriously ill and elderly patients in the community are at particular risk of receiving aggressive and invasive emergency medical treatments that may not fit with their preferences. The legal framework introduced in this legislation would empower front-line emergency medical services to follow POLST form orders without first consulting their medical command, as is currently mandated.

Physicians may contact their state representatives and senators and ask them to support this legislation, which will allow patients to specify treatment measures and preferences following discussion with their physician. Under the new legislation, POLST will constitute lawful medical orders across care settings to guide physicians, nurses, emergency medical technicians and other medical professionals to provide care that is consistent with a patient's preferences with respect to end of life care. For information on contacting your state legislators, visit the ACMS website at [www.acms.org](http://www.acms.org) or call (412) 321-5030.

## The intended POLST population

The POLST Paradigm is intended to be used for patients who are seriously ill or frail and whose health care professionals wouldn't be surprised if they died within a year - regardless of patient age or what facility a patient is in. For example, most 65-year-olds are too healthy to have POLST orders and not all residents in a nursing home may be appropriate for a POLST form. Many online tools are available to aid in assessing prognosis (<http://eprognosis.ucsf.edu/>).

## The POLST conversation

Conversation is the cornerstone of the POLST Paradigm: The POLST form is only as good as the conversation(s) preceding it. Completion of POLST requires a conversation between a health care provider (a physician, physician assistant or nurse practitioner) and a patient or their legally designated surrogate decision maker (a health care agent or health care representative). This conversation is critical to ensuring that the patient, or their surrogate, understands the implications of the medical decisions as outlined in the completed POLST form.

Once the POLST form is completed, it must be signed by both the provider and the patient or their surrogate. In this respect, the requirement that patients or their



legal decision-maker review and sign the form provides a safeguard for patients that the orders on the form accurately convey their preferences.

The following are examples of some frequently asked questions about POLST:

**Does the POLST replace an advance directive?**

No. The POLST is not intended to replace an advance health care directive document or other medical orders. It is recommended that people with advanced illness and/or advanced frailty have both an advance directive and a POLST form. The POLST process and health care decision-making works best when the person has appointed a health care agent to speak for them if they are unable to speak for themselves. A health care agent can only be appointed through an advance health care directive called a health care power of attorney. A good practice is to attach a copy of the advance health care directive to the POLST form. As with an advance directive, can a POLST form be completed by a patient or legal decision-maker and then forwarded to a physician, CRNP or PA for their signature? A distinction between an advance directive and a POLST form is that a POLST form is a legal medical order and is completed by a health care professional after a discussion of end-of-life choices with a patient or his/her legal

decision-maker.

**Does one document, the advance directive or POLST, supersede the other?**

If a POLST order conflicts with a provision of an advance health care directive, the provision of the instrument latest in date of execution prevails to the extent of the conflict. In such a situation, it is recommended that patient values be elicited and then confirm the POLST is consistent with those values. If in crisis and goals of care are not clear, a higher level of care should be provided until more information is known.

**How can I obtain further information on POLST?**

Contact Marian Kemp, POLST coordinator for the Coalition for Quality at the End of Life, at [PAPOLST@verizon.net](mailto:PAPOLST@verizon.net). The POLST form and various educational materials, including tools to improve POLST communication, are available through the website of The Aging Institute of UPMC Senior Services and the University of Pittsburgh (<http://www.upmc.com/services/aginginstitute/partnerships-and-collaborations/pages/polst.aspx>). Users should download and print the form on Pulsar Pink stock (#65).

*Dr. Hoffmaster specializes in family medicine and geriatrics and is affiliated with UPMC St. Margaret.*

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# POLST Update

## New National POLST Technology Web Page

The National POLST Paradigm has published a web page exclusively addressing POLST and Technology.

Subtopics presented include: POLST in Electronic Health Records, POLST Registry Development, and ePOLST. A collection of resources, including external websites, online videos, and various PDFs are available.

New data collected by the National POLST Paradigm Office are published in the ePOLST Matrix (PDF) and the POLST Registry Matrix (PDF), describing and comparing what is currently known to exist nationwide across POLST Programs. To view the POLST Technology web page, visit <http://polst.org/technology/>.

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### **POLST Care Continuum Toolkit update**

The entire webinar series on Using the POLST Paradigm to Honor Patient Wishes Across the Care Continuum is available online at <http://polst.org/webinars/>, including an overview and five practice-specific webinars. All are free, but please email your information (name, title, organization) to help the organization understand who they are reaching.

The toolkit itself, currently awaiting final approval from our sponsor, will be available sometime in the coming weeks. Questions can be emailed to [toolkit@polst.org](mailto:toolkit@polst.org).

### **Pennsylvania Medical Society**

The Pennsylvania Medical Society (PAMED) and its physician leaders have identified POLST as one of PAMED's legislative priorities for 2017. POLST legislation would ensure that qualified individuals have the right to determine personal end-of-life decisions in a manner that is sensitive to every patient's unique situation.

On Feb. 24, 2017, PAMED President Charles Cutler, MD, MACP, sent a letter to Pennsylvania legislators, asking them to co-sponsor the POLST bill.

POLST legislation would include several provisions, including:

- Making clear that POLST forms are not to be used to advance or support euthanasia, suicide or health care practitioner-assisted suicide.
- Requiring specific information be provided on the POLST form, including: completion of the medical order section regarding CPR, the individual and health care practitioner's signatures, and procedures when a verbal

POLST shall be accepted as a valid POLST.

- Providing immunity for health care providers and other persons for complying with a POLST based upon a good faith assumption that the order was valid.
- Prohibiting insurers from certain actions regarding POLST, including requiring an individual to consent to a POLST or to have a POLST as a condition for being insured
- Prohibiting health care providers from adopting policies that require individuals to have a POLST order as a condition for treatment or admission to a facility.

### **How POLST Differs from Advance Health Care Directives**

POLST differs from advance health care directives by making clear an individual's wishes regarding treatment measures via a medical order that is applicable across all health care settings - thereby applicable in emergency medical services, health care facilities, and home care and hospice settings.

By contrast, advance health care directives often only identify a surrogate health care decision-maker and lack specificity regarding a patient's preferences should unforeseen medical conditions arise.

A POLST is appropriate for individuals with serious illnesses or frailty when their health care practitioner would not be surprised if they died within the next year and their current health status, diagnoses, and prognosis indicates standing medical orders concerning treatment options and other care are appropriate.

### **Who was involved in drafting POLST legislation?**

PAMED was part of a broad coalition of stakeholders who were involved in drafting POLST legislation. The coalition met and addressed a wide variety of issues that were of concern to each stakeholder group.

# Clinical Update in Geriatric Medicine held at Pittsburgh Marriott City Center

**M**ore than 350 geriatrics professionals from all disciplines, including physicians, nurses, pharmacists, physician assistants, social workers, long-term care and managed care providers, and health care administrators participated in the 25th Annual Clinical Update in Geriatric Medicine conference held at the Pittsburgh Marriott City Center Hotel April 6-9. The course attracted registrants from numerous states, including California, North Carolina, New York and Washington.

Previously awarded the American Geriatrics Society Achievement Award for Excellence in a CME program, this conference continues to be a well-respected resource to educate health care professionals involved in the direct care of older persons by providing evidence-based solutions for common medical problems that afflict older adults daily and for which rapidly evolving research (much done in Pittsburgh) is revealing new approaches that are feasible for the real world.

Under the leadership of course directors Shuja Hassan, MD, Judith S. Black, MD, MHA, and Neil M. Resnick, MD, the course is a premier educational event in the region, while attracting prominent international and national lecturers and nationally renowned local faculty. Sharon Inouye, MD, MPH; Becky Brott Powers, MD; Deborah W. Robin, MD, MHCM; Stephanie Studenski, MD, MPH; and Michael Yao, MD, CMD, comprised this year's exceptional guest faculty.

Nearly 40 state-of-the-art sessions taught by highly regarded clinician-educators and researchers were offered during the three-day event. Each lecture, symposium and breakout session provided participants evidence-based "pearls for practice" designed to be immediately incorporated into the realities of daily practice.

Theresa Brown, BSN, RN, clinical nurse and author of the New York Times bestselling book, "The Shift: One Nurse, Twelve Hours, Four Patients' Lives" served as guest speaker for the dinner symposium. Ms. Brown presented: "Only Connect: The Commingling of Care and Story at the End of Life," to an audience of more than 100 guests.

The conference is jointly sponsored by the Pennsylvania Geriatrics Society - Western Division; UPMC/University of Pittsburgh Aging Institute; and University of Pittsburgh School of Nursing, in partnership with the University of Pittsburgh School of Medicine Center for Continuing Education in the Health Sciences.



**From left are Course Director Neil Resnick, MD; symposium speaker Theresa Brown, BSN, RN; President and HELP Course Co-Director Fred Rubin, MD; and Course Directors Judith Black, MD, MHA, and Shuja Hassan, MD.**

# 15th Annual HELP conference

The 15th annual National Hospital Elder Life Program (HELP) conference was held in conjunction with the Clinical Update conference April 6-8. This two-day international conference educated HELP teams with strategies for delirium prevention, and insights to learn to use HELP to improve hospital-wide care of the elderly, and creating a climate of change.

Expert clinicians and seasoned members of the HELP sites shared evidence-based information and their clinical insights on selected topics regarding the influence of HELP, delirium updates and the larger policy implications of care for the elderly. The conference attracted registrants representing numerous states, including international participants from Canada and Thailand.

Serving as course directors were Fred Rubin, MD, Chair, Department of Medicine, UPMC Shadyside; Professor of Medicine, University of Pittsburgh School of Medicine, Pittsburgh, PA; Sharon Inouye, MD, MPH, Professor of Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School; Milton and Shirley F. Levy Family Chair; Director, Aging Brain Center, Institute for Aging Research, Hebrew SeniorLife, Boston, Mass.; and Sarah Dowal, LICSW, MPH, Project Director I, Aging Brain Center, Hebrew SeniorLife, Institute for Aging Research, Boston, Mass.

This innovative model program, designed by Dr. Inouye, improves the hospital experience for older patients by helping them maintain their cognitive and functional abilities; maximizing independence at discharge; assisting with the transition to the home; and preventing unplanned readmission.

Through HELP, the hospital becomes a place where older patients can feel secure as they participate in their course of treatment and maintain some control over their own recuperation. Hospitals around the world have implemented the program, and HELP has received extensive coverage in medical journals and mainstream media.

For more information on HELP and delirium, or to learn how to become a HELP site, visit [www.hospitalelderlifeprogram.org](http://www.hospitalelderlifeprogram.org).

## 16th Annual HELP Conference

Beginning in 2018, the annual HELP conference will have a new "home." The American Geriatrics Society (AGS) will incorporate the HELP conference as a pre-conference as part of the AGS Annual meeting. The 2018 AGS meeting will be held May 2-5, 2018, in Orlando, FL, with the HELP conference being held either May 1 or 2. For more information, visit [www.americangeriatrics.org](http://www.americangeriatrics.org).



From left are 2017 HELP conference Course Directors Fred Rubin, MD, and Sharon Inouye, MD, MPH.

# Society recognizes medical student, geriatrics educators with awards

The Society is proud to announce the 2017 recipient of the David C. Martin Award: Ms. Rebecca Abay, a medical student attending the University of Pittsburgh School of Medicine.

Ms. Abay received an honorarium to defray the expenses of attending the 2017 Annual Scientific Meeting of the American Geriatrics Society conference, where her abstract, "Bone Microarchitecture is Preserved in Men With Prostate Cancer on Androgen Deprivation Therapy," was selected for poster presentation. Abstracts receiving the highest scores through the peer review process are included in the Presidential Poster Session.



From left are Lifetime Achievement Award recipient Vincent M. Balestrino, MD; President Fred Rubin, MD; Awards Chair Rollin Wright, MD, MS, MPH; Physician Award recipient Debra K. Weiner, MD, FACP; Healthcare Professional Award recipient Pamela E. Toto, PhD, OTR/L, BCG, FAOTA; and Secretary/Treasurer Judith S. Black, MD, MHA.

The award was named after David C. Martin, MD, who established the first geriatrics fellowship in Pittsburgh. The goal of this prestigious award is to encourage and prepare future physicians in the field of geriatric medicine.

Since its inception, the Society is proud to have awarded more than \$80,000 to area medical students interested in the field of geriatric medicine.

The society also acknowledged geriatrics teachers with a special recognition for their dedication and commitment to geriatric education.

The 2017 Geriatrics Teacher of the Year Award presentation was held prior to the dinner symposium of the 25th Annual Clinical in Geriatric Medicine. Debra K. Weiner, MD, FACP; Pamela E. Toto, PhD, OTR/L, BCG, FAOTA; and Vincent M. Balestrino, MD, were honored with a special recognition for their dedication and commitment to geriatrics education.

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Rollin Wright, MD, MS, MPH, awards chair, and Fred Rubin, MD, president, shared the podium to highlight the achievements and significant contributions each awardee has made to the education and training of learners in geriatrics and to the progress of geriatrics across the health professions. More than 100 attendees were on hand for the plaque presentation. Dr. Weiner and Dr. Toto received the Physician and Healthcare Professional Award, respectively, and Dr. Balestrino was honored with the Lifetime Achievement Award.

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## Geriatrics Teacher of the Year Award: 2018 Nominations Accepted Oct. 1

**T**he Geriatrics Teacher of the Year Award call for nominations will begin October 1. The award will be presented to two outstanding teachers for their dedication and commitment to geriatrics education.

The annual award will recognize and honor both a physician and a healthcare professional from healthcare disciplines including nursing, advanced practice, physical therapy, pharmacy, occupational therapy, dentistry, audiology, speech-language, pathology, and social work, who have made significant contributions to the education and training of learners in geriatrics and to the progress of geriatrics education across the health professions. Members and non-members of the Pennsylvania Geriatrics Society will be considered.

Eligible nominees will have demonstrated leadership and inspired learners to better the care of older adults and will have contributed to the growth of geriatrics in their professions. Teaching expertise and/or education program development are valued in the selection of the recipient for this honor.

Award eligibility and criteria, along with the nomination form, is available on the society's website at [www.pagswd.org](http://www.pagswd.org). Nominations must be received before January 4, 2018. Questions regarding the awards or nomination process can be directed to Nadine Popovich, administrator, at [npopovich@acms.org](mailto:npopovich@acms.org) or (412) 321-5030.

Awardees will be recognized at the dinner symposium held in conjunction with the 2018 Clinical Update in Geriatric Medicine scheduled Thursday, April 5, 2018, at the Pittsburgh Marriott City Center. Recipients will be honored with a plaque and receive complimentary membership in the society for one year.

Pennsylvania Geriatrics Society - Western Division  
Promoting geriatric education to all healthcare professions.

## PAGS-WD hosts 3rd Annual Controversies in Geriatric Medicine program

The Society welcomed more than 50 attendees at the 3rd Annual Controversies in Geriatric Medicine program held June 22 at the Herberman Conference Center. The program was made possible with sponsorship from: Abbott Nutrition, Aging Institute of UPMC Senior Services and the University of Pittsburgh, AHN Healthcare@Home, Gilead, Medtronic Inc., navihealth (a Cardinal Health Company), Optum and Sanofi.

"Who Might Benefit from TAVR for Aortic Stenosis?" presented the case of a 91-year-old woman with critical aortic stenosis who is now becoming symptomatic. She has mild cognitive and functional impairments and is largely homebound, but enjoys her life and her family and is interested in continuing her present status. The presentation focused on whether she would be a candidate for a transaortic valve replacement (TAVR).

Moderator for the evening was President Fred Rubin, MD. Leading the panel discussion were Rachel Jantea, MD, Geriatric Medicine Fellow, Division of Geriatric Medicine, University of Pittsburgh, and John Schindler, MD, FACC, FSCAI, Cardiologist, UPMC Heart and Vascular Institute; Assistant Professor of Medicine, University of Pittsburgh School of Medicine.

Dr. Jantea provided an overview of the case and engaged the audience with questions for their consideration. She also updated the audience on the outcome and status of the patient. Dr. Schindler's presentation focused on TAVR and included an overview of the minimally invasive procedure, which repairs the aortic valve in patients with severe aortic stenosis. The treatment greatly improves the quality of life for those who suffer from aortic stenosis, which affects as many as 500,000 people in the United States. The condition can interfere with daily activities, such as walking or climbing stairs. Previously, a patient's only option was to have open-heart surgery to replace the aortic valve, but the procedure often was deemed too risky for elderly patients, who are most prone to the condition. In his comments, Dr. Schindler noted that "open heart surgery is not the ideal option for every patient. TAVR provides an additional aortic valve replacement option for high-risk patients who would benefit from a less-invasive procedure." A lively discussion from panelists and audience members concluded the presentation.



From left are Panelists John Schindler, MD, FACC, and Rachel Jantea, MD; and Moderator and President Fred Rubin, MD.

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