

President's Message

As President, I am pleased to report that our organization is strong, active, and hard at work. Thank you for your continued support. Your membership supports our award-winning programming for healthcare professionals in our region, sustains our philanthropic efforts in supporting medical students, residents, and fellows, and recognizes individuals who have made significant contributions to the education and training of learners in Geriatrics.



Fred Rubin, MD

As you will read in the following pages, 2016 has been a productive year. I hope you had the opportunity to attend one or all of the programs offered. The last program of the year (Fall Program) will take place November 1 at the University Club in Oakland. This year's program includes a panel presentation featuring Jack Cahalane, PhD; Steven M. Handler, MD, PhD, CMD; and Andrew Watson, MD, MLitt, FACS, who will discuss new applications of Telemedicine for care of the elderly. The program promises to be outstanding.

Mark your calendar and join us on November 1 as the evening is both educational and social, and is a perfect opportunity to network, socialize, and reconnect with colleagues, while benefiting from a quality presentation. This also is an opportune time to recruit a member by extending an invitation to attend the program and to join us in our professional efforts.

A recap of 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 and timely education to all geriatric healthcare 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 Geriatrics Medicine Program - In its second year, the program has exceeded expectations and 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 from 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. The call for nominations will begin October 1, with the awards presentation to take place during the dinner symposium at the 2017 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 \$79,000 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 30. 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 November 1.

Fred Rubin, MD

Membership

2017 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.

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 the Fall Program and Clinical Update.

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 (see page 12).

Recruit a member! Invite a colleague to join!

A membership application can be found on the back of the newsletter.

Nominating Committee 2016 slate of candidates

The Nominating Committee has submitted the slate of candidates for election of officers and Board of Directors. The following individuals will be placed on the ballot, which will be mailed to the membership on November 2, 2016.

Officers

President

Fred Rubin, MD

Secretary/Treasurer

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Shuja Hassan, MD

Christine Herb, MD

Karen Powers, MD

Lyn Weinberg, MD

Rollin Wright, MD

Board of Directors

Anthony Giampolo, MD, MBA, DAAPM,
ABPN

Council of State Affiliate

Representative to the American
Geriatrics Society (COSAR)

Neil Resnick, MD

Caring at the End of Life

<http://caring-at-the-end-of-life.com>

This website is devoted to providing patients and their loved ones with advice about end-of-life decisions, offered by Clinical Advisors whose unique perspectives derive from devoting their professional lives to caring for patients with serious illness.

*For more information, visit the website
or visit the PAGS-WD website,
www.pagswd.org.*

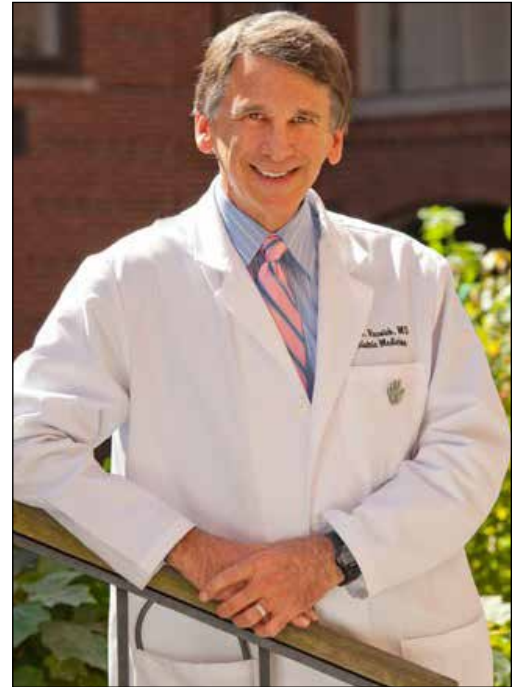
Members in the News

Neil Resnick, MD, named Grand Champion

Neil Resnick, MD, was chosen as the Grand Champion for the 8th annual Celebrating Senior Champions Dinner scheduled for October 26, 2016, at the Omni William Penn. The UPMC Senior Services Grand Champion recognition is the highest honor awarded to individuals who demonstrate extraordinary leadership in an effort to improve the lives of seniors in Western Pennsylvania and beyond. Dr. Resnick currently serves as the COSAR Representative for the Society.

In his position, Dr. Resnick leads one of the largest and most innovative geriatric programs in the country with more board-certified geriatricians than nearly any program, a wide array of senior services, and an extensive research portfolio.

Dr. Resnick, Thomas Detre Professor and Chief of the Division of Geriatric Medicine and Gerontology, also serves as Associate Director of the Aging Institute of UPMC Senior Services at the University of Pittsburgh and Director of the Hartford Center of Excellence in Geriatrics.



Neil Resnick, MD

Dr. Resnick helped to pioneer the field of geriatric voiding dysfunction and incontinence, syndromes that lead to significant disability. His research has improved the understanding of the causes of incontinence, and he has developed novel approaches to diagnosis and treatment.

In addition, Dr. Resnick devised a nurse-administered incontinence management strategy, which is now mandated by the United States government for every nursing home resident and which has been adopted by other countries as well.

He has contributed to the National Institutes of Health Consensus Conference on Incontinence, edited its published proceedings, chaired several national scientific meetings on aging, and served on numerous editorial boards and grant review committees. He has served as a consultant to the World Health Organization international consultations on incontinence.

Society members previously honored as the UPMC Senior Services Grand Champion include Fred Rubin, MD (President), in 2010 and Charles F. Reynolds III, MD, (Board member) in 2015. To learn more about the event or to purchase tickets, please visit <http://www.upmc.com/Services/senior-communities/senior-champions>.

Mark Your Calendar

National Conference of Gerontological Advanced Practice Nurses Association

When: September 21-24, 2016
Where: Arizona Grand Resort, Phoenix, AZ
Phone: 866-355-1392
Email: gapna@ajj.com
Website: www.gapna.org/annual-conference

American Society of Consultant Pharmacists ASCP 2016

Empowering Seniors to Live Independently
When: November 4-6, 2016
Where: Hilton Anatole, Dallas, TX
Website: <http://annual.ascp.com/>

Gerontological Society of America

69th Annual Scientific Meeting
New Lens on Aging
When: November 16-20, 2016
Where: New Orleans Marriott and Sheraton New Orleans
Phone: 202-842-1275
Website: www.geron.org

American Medical Directors Association (AMDA)

*AMDA: The Society for Post-Acute and
Long-Term Care Medicine – 2017*
When: March 16-19, 2017
Where: Phoenix Convention Center, Phoenix, AZ
Phone: 800-876-2632 or 410-740-9743
Website: <http://www.paltc.org/phoenix-2017/home>

American College of Physicians

Internal Medicine – 2017
When: March 30 – April 1, 2017
Where: San Diego Convention Center, San Diego, CA
Phone: 800-523-1546 x2600 or 215-351-2400
Website: im2017.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)™.

Society of General Internal Medicine

40th Annual Meeting: 2017 Annual SGIM National Meeting
When: April 19-22, 2017
Where: Washington Hilton, Washington, DC
Earn up to 12.5 AMA PRA Category 1 credits™
Website: www.sгим.org

25th Annual Clinical Update in Geriatric Medicine Pittsburgh Marriott City Center Pittsburgh, PA April 6-8, 2017

Brochures will be mailed in January 2017.
The conference registration will be available online at <https://ccehs.upmc.com/formalCourses.jsp> in early 2017.

Annual HELP Conference* Pittsburgh Marriott City Center Pittsburgh, PA April 6-8, 2017

**in conjunction with the 2017 Clinical Update in Geriatric Medicine*

American Geriatrics Society 2017 Annual Scientific Meeting May 17-20, 2017 San Antonio, TX Phone: 212-308-1414 Website: 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 2017 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 2017 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.

Living Independence for the Elderly

As the population of older adults continues to grow within Allegheny County, more health and social care services will be needed to support their well-being. While institutional-based care, like a nursing or personal care facility, can be an option, most adults prefer to remain in their own homes.

Those who have financial means can pay for in-home supports, care management and other services. The Living Independence for the Elderly (LIFE) program exists to give the same option to lower-income older adults, so they, too, can remain in their homes for as long as possible and as safely as possible.

Known nationally as the Program

for the All-Inclusive Care for the Elderly (PACE), the model started in the Chinatown community of San Francisco, Calif. On Lok opened in 1973 as an adult day care center and also provided home meals for the elderly. On Lok was developed by Chinese-American families because they valued community care and believed nursing homes were an unnatural place for their loved ones to age.

Today, there are more than 116 PACE programs across the country. In Pennsylvania, PACE is known as LIFE. Extending beyond the original On Lok model, LIFE provides coordinated acute, chronic care and long-term services within an interdisciplinary

team that includes a physician, nurse, social worker, physical therapist, occupational therapist, dietician, in-home services coordinator, recreational therapist and transportation coordinator.

The LIFE Program not only assists the elderly, but is able to alleviate the burdens placed on family and caregivers which often is overwhelming. Because the LIFE interdisciplinary health care team authorizes and coordinates all the health care services, the program becomes a one-stop alternative that simplifies access to health care.

For more information on LIFE Pittsburgh, visit www.lifepittsburgh.org.

Save the Date:
Wednesday, November 16 (Evening)
The Rivers Club, Pittsburgh, PA
Allegheny County Medical Society and
the Allegheny County Bar Association Present:

*“The Intersection of Law and Medicine:
Eldercare, End of Life issues, and Advanced Care Planning”*

The program features various case discussions focusing on the intersection of law and medicine, including: Eldercare, End of Life issues, and Advance Care Planning. Planning is underway with final details and registration information available on the Allegheny County Bar Association and the Allegheny County Medical Society respective websites.

Please visit www.acba.org or www.acms.org periodically for updates.

The State of POLST – A Conversation with Pioneer Susan Tolle

BY DANIEL GAITAN, MA / LIFE MATTERS MEDIA

As the POLST paradigm spreads across the nation and gains acceptance among patients and providers, some critics have expressed concern about its effect on end of life care. For millions of seriously ill and aged Americans, advance health care directives alone will not be enough to ensure their end of life care wishes are honored in case of emergency or incapacity.



Dr. Susan Tolle

That's why Oregon Health and Science University medicine professor Dr. Susan Tolle created POLST (Physicians Orders For Life-Sustaining Treatment). Tolle began developing the medical order in the early 1990s in Oregon. POLST allows terminally ill adults to make clear what medical treatments they desire or wish to avoid - they may indicate preferences regarding resuscitation, intubation, intravenous antibiotics and feeding tubes, among other things. They also indicate the location where they prefer to receive care. POLST, far more detailed than conventional living wills or advance health care directives, must be signed by a medical practitioner to be valid. Ideally, a POLST form is completed only after meaningful conversation between the patient, his or her doctor and loved ones.

Tolle hopes people in their last year of life will carry a copy with them to guide emergency medical services to provide or withhold specific treatments. It's designed to travel. However, some doctors have questioned the rapid nationwide expansion of POLST and several Roman Catholic organizations are worried about the possibility that POLST could compromise patient-centered decision-making, leading to premature death or suffering.

Tolle spoke with Life Matters Media about her efforts, the state of the POLST movement and addressed some criticism.

How do you react to the increasing amount of criticism to POLST?

As POLST becomes much stronger and much more widely used, it becomes in many ways a bigger target. When it first started in Oregon, no one paid any attention to it. There were no articles saying it shouldn't be used or videos saying it's not a good thing. It was a clinically-based activity seen as medical orders, not something that was more politically charged or felt to need a great deal of regulation.

Now, criticism comes in two forms. The first is academically, with end of life leaders very invested in their way of approaching end of life care and more of an advocate for their program and not necessarily for POLST. The other is a steady level of concern by a small group of members from the Catholic Medical Association, along with a small number of

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bishops, particularly in Wisconsin.

What the people who oppose POLST miss: there are a substantial number of individuals nearing the end of life with advanced illness who feel very strongly that they would prefer not to die in the hospital - they want to die at home, they feel more comfortable in a different environment, they want to be with people who understand their condition, or with people who can just get them a cup of coffee when they want. It's clear that a POLST program is associated with getting your wishes far, far more often.

ePOLST is the fully integrated electronic version of POLST in Oregon. How is it working?

We are digital in my institution - I go online, I fill them out and instantly the toolbar turns to 'Yes.' I print a copy for the patient and it automatically goes into the registry. It can be found instantly by EMS or any other health care system in the state. It is fabulous. It is error-free in submissions, which means that they are dated correctly with a readable signature and with orders that are not incompatible - you can't mark that you want CPR and comfort measures only, it won't let you.

It also plays videos automatically at different points. If a patient wants to talk about a feeding tube, you can show them what one looks like. We are also able to measure how often POLST forms are checked throughout our institution. Are people actually using it to guide care? It's exciting.

There is also an ePOLST system in New York, but it is not as heavily used as ours. ePOLST will clearly grow. People have a real sense that if you fill-out some important papers in a health care system, that system should be able to find it in its medical records. They assume that this already happens.

How many states have POLST programs?

The most exciting news is that California became a mature state. There are three: Oregon, West Virginia and California, the largest. In those states, if you are a patient or family member, every single region of that state in hospitals, hospices or long-term care facilities are using POLST. It's a big deal. There are 19 'endorsed states,' counting the three mature states. There are also 25 'developing states' and three states not-conforming to POLST requirements - they have programs that have something wrong. There are two states with POLST contacts but no program; South Dakota has no contact at all. Much of the country has access, but it is spotty in all but three states. It is a little bit of 'swiss cheese' situation, but filling in quickly in endorsed states. Things are changing, which is why people are questioning whether it should be rolled out so quickly.

- Disclosure: Life Matters Media Co-Founders Randi Belisomo and Dr. Mary F. Mulcahy serve on the Illinois POLST Task Force

**This article was reprinted with permission from Daniel Gaitan and Life Matters Media.*

Grant awarded for depression study

The Patient Centered Outcome Research Institute (PCORI) has awarded a \$13.9 million grant for a study focusing on antidepressant treatment strategies in older adults with treatment-resistant depression.

Treatment-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.

Charles F. Reynolds III, MD, and Jordan F. Karp, MD, geriatric psychiatrists at the University of Pittsburgh who are internationally known for their work in the treatment of late-life depression, will lead the University of Pittsburgh site for this multisite trial. Bruce Rollman, MD, from the Division of General Internal Medicine at the University of Pittsburgh, will bring his expertise in treating mood disorders in primary care to the project. The study is called "Optimizing Outcomes of Treatment-Resistant Depression in Older Adults" and will be known as OPTIMUM. The goal of the project is to provide the clinical evidence that stakeholders, in particular primary care physicians, need in order to offer older adults the optimal treatment they deserve. The Pittsburgh site will recruit 300 participants. The total sample across the five sites will be 1,500, making OPTIMUM the largest study of TRD in older adults.

Patients aged 60 and older who are deemed to be treatment-resistant will receive the addition of either the drug aripiprazole or bupropion to their existing antidepressant medications, or will switch from their existing antidepressant medication to bupropion. For patients who do not respond to treatment during the first phase, they will take either lithium or nortriptyline during a second phase.

The OPTIMUM trial will provide evidence on the comparative effectiveness of switching versus augmentation strategies. This trial will be conducted in the community, with patients receiving treatment from their own physicians, with decision support from the OPTIMUM team to guide them through the two-step algorithm. The investigators 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.

According to Dr. Reynolds, "The time is now for the definitive study of primary care based treatments for late-life TRD. The safety and clinical concerns of older adults are unique. OPTIMUM is poised to have a powerful effect on how we care for depressed older adults in real world settings."

Dr. Reynolds, Dr. Karp, and Dr. Rollman are looking to partner with primary care and specialty mental health partners in the conduct of this study. To learn more about OPTIMUM, please email them at optimumstudy@upmc.edu.

Clinical Update in Geriatric Medicine held at Pittsburgh Marriott City Center

More than 350 geriatrics professionals from all disciplines, including physicians, nurses, pharmacists, physician assistants, social workers, long-term care and managed care providers, and healthcare administrators participated in the 24th Annual Clinical Update in Geriatric Medicine conference held at the Pittsburgh Marriott City Center Hotel April 7-9, 2016.

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 healthcare professionals involved in the direct care of older persons by providing evidence-based solutions for common medical problems that afflict older adults on a daily basis and for which rapidly evolving research (much done here in Pittsburgh) is revealing new approaches that are feasible for the real world.



From left are Course Directors Shuja Hassan, MD, and Judith Black, MD, MHA; Guest Faculty Daniel Blazer, MD, PhD; Course Director Neil Resnick, MD; and PAGES-WD President and HELP Course Co-Director Fred Rubin, MD.

Under the leadership of course directors Drs. Shuja Hassan, Judith S. Black and Neil M. Resnick, the course is a premier educational event in the region, while attracting prominent international and national lecturers and nationally renowned local faculty. Daniel Blazer, MD, PhD; Sharon Inouye, MD, MPH; Lewis Lipsitz, MD; Barbara J. Messinger-Rapport, MD, PhD, FACP, CMD; and Robert Palmer, MD, MPH, 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.

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.

13th Annual HELP conference

The 14th annual National Hospital Elder Life Program (HELP) conference was held in conjunction with the Clinical Update conference on April 7-8, 2016. This two-day international conference educated HELP teams with strategies for delirium prevention, and insights to learn to use HELP as a way 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 a record number of registrants (81) representing numerous states, including international participants from Canada, Germany and Japan.



From left are 2016 HELP conference Course Directors Fred Rubin, MD, and Sharon Inouye, MD, MPH, with Miwako Honda, MD, a conference attendee visiting from Japan.

Serving as course directors were Fred Rubin, MD, Chair, Department of Medicine, UPMC Shadyside, Professor of Medicine, University of Pittsburgh School of Medicine; and 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.

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.

Society recognizes medical student, geriatrics educators with awards

The Society is proud to announce the 2016 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 2016 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.

The award was named after David C. Martin, MD, who established the first geriatrics fellowship in Pittsburgh, PA. The ultimate 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 \$79,000 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. Daniel DiCola, MD, and Betty Robison, MSN, RN-BC, were recognized as the 2016 recipients of the Geriatrics Teacher of the Year Award (Physician and Healthcare Professional, respectively) prior to the dinner symposium at the 24th Annual Clinical Update in Geriatric medicine April 7.

Rollin Wright, MD, Awards Chair, instrumental in the award's inception, provided remarks on the newly established award. She engaged the audience of more than 80 attendees by highlighting the achievements and significant contributions Dr. DiCola and Ms. Robison have made to the education and training of learners in geriatrics and presented each with a plaque.



From left are Geriatrics Teacher of the Year (Healthcare Professional) Recipient Betty Robison, MSN, RN-BC; President Fred Rubin, MD; 2016 Geriatrics Teacher of the Year (Physician) Recipient Daniel DiCola, MD; and Awards Chair Rollin Wright, MD.

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Daniel DiCola, MD, is Director of Geriatrics Education, Latrobe Area Hospital Family Medicine Residency Program; Associate Professor of Family Medicine, Jefferson Medical College/Sidney Kimmel Medical College; Medical Director, IHS Mountain View Nursing Home.

In his remarks, Dr. DiCola expressed gratitude to the planning committee and leadership of the organization for their ongoing commitment and involvement to provide quality education to healthcare professionals by offering the Clinical Update. He commented that course lectures provide excellent and invaluable information, and serve as a great resource in his work.

Betty Robison, MSN, RN-BC, Gerontology Educator, Aging Institute of UPMC Senior Services, Adjunct Faculty Chatham University, was honored as the healthcare professional recipient. Ms. Robison also expressed a sincere thanks to the society for recognizing the role and contribution geriatrics education teachers play in training healthcare professionals.

Geriatrics Teacher of the Year Award: 2017 Nominations Accepted Oct. 1

The Geriatrics Teacher of the Year Award call for nominations will begin October 1. The award is presented to two outstanding teachers for their dedication and commitment to geriatric education. The PAGS-WD will recognize a physician and a healthcare professional for their geriatrics teaching excellence.

This annual award serves to honor a physician and a healthcare professional 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 PAGS-WD 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 educational program development will be valued in the selection of the recipient for this honor.

Award eligibility, criteria and the nomination form can be found by visiting the Society website, www.pagswd.org. Deadline for nomination submittal is January 12, 2017.

Awardees will be recognized at the dinner symposium held in conjunction with the 2017 Clinical Update in Geriatric Medicine. They will be honored with a plaque and receive complimentary membership in the society for one year.

PAGS-WD hosts 2nd Annual Controversies in Geriatric Medicine program

The Society welcomed more than 45 attendees at the 2nd annual Controversies in Geriatric Medicine program on June 16, 2016, at the Herberman Conference Center, Pittsburgh, PA. The program presented the case of an elderly patient with severe dementia who is bedbound and nourished via gastrostomy, and is frequently hospitalized. The complex management of the patient is made more challenging by the need to negotiate every step with a difficult family member. The program was made possible with sponsorship from: The Aging Institute of UPMC Senior Services, Optum, Sanofi, the University of Pittsburgh, University Center for Social and Urban Research, and the University of Pittsburgh School of Medicine.



From left are 2016 Controversies in Geriatric Medicine panelists Timothy Patton, DO, James O'Toole, MD, and Amelia Gennari, MD; Moderator Fred Rubin, MD; panelist Jason Byron, MA; and Case Presenter Syeda Arabi, MD.

Syeda Arabi, MD, geriatric medicine fellow, presented the case with Fred Rubin, MD, Professor of Medicine, University of Pittsburgh School of Medicine; Chief of Medicine, UPMC Shadyside, serving as moderator. Physicians who treated the patient served as the panel presenters and addressed the management of the patient from their individual perspectives. Dynamic lively discussion from panelists and audience members attributed to the exceptional presentation.

The society would like to thank the following panelists for providing their expertise and stimulating discussion: Jason Byron, MA, Manager of Medical Ethics at UPMC, Co-Chair of the UPMC Presbyterian Shadyside Ethics Committee; Amelia Gennari, MD, Associate Professor of Medicine, Division of Geriatric Medicine, University of Pittsburgh, Medical Director, UPMC Senior Care-Shadyside, Director of Ambulatory Care, Division of Geriatrics, UPMC; James O'Toole, MD, Director of Wound Care, UPMC Shadyside, Associate Chair, Department of Plastic Surgery, UPMC; and Timothy Patton, DO, Assistant Professor of Medicine, Department of Dermatology, University of Pittsburgh.

2016 Officers and Board of Directors

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Judith Black, MD, MHA - Treasurer

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THE PENNSYLVANIA SOCIETY
FOR POST-ACUTE AND
LONG-TERM
CARE MEDICINE

24th Annual Symposium
October 14-15, 2016
Networking Reception: October 13, 2016
Hershey Lodge, Hershey, PA

The PMDA Annual Symposium is designed to meet the educational needs of healthcare professionals working in post-acute and long-term care settings. A strong interdisciplinary approach is emphasized, and organizations are encouraged to attend as a team to experience the most benefit.

Who should attend? Medical directors and long-term care health professionals, physical medicine, rehabilitation professionals, geriatricians, NPs, PAs, registered nurses, family physicians, nursing home administrators, and consultant pharmacists.

REGISTER ONLINE TODAY! Visit pennstatehershey.org/web/ce/home/programs/pmda; email pmda@pamedsoc.org; phone / (717) 558-7868 / fax (717) 558-7841.

PA GERIATRICS SOCIETY – WESTERN DIVISION

MEMBERSHIP APPLICATION

Send completed application and payment to

Nadine Popovich, Administrator
PA Geriatrics Society-Western Division
713 Ridge Ave ♦ Pittsburgh, PA 15212

Questions?

Email npopovich@acms.org ♦ Phone (412) 321-5030

Visit WWW.PAGSWD.ORG

Please check one:

Student (\$10.00 / year)

Resident /Fellow (FREE) Resident/Fellow Year: Start date ___—___ End date

MD, DO, PharmD, RN, CRNP or other healthcare professional (\$60.00/ year)

Checks may be made payable to “PA Geriatrics Society”

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