

PENNSYLVANIA GERIATRICS SOCIETY WESTERN DIVISION



AN AFFILIATE OF THE AMERICAN GERIATRICS SOCIETY

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Fall Program Highlights

"Living a Good Life – Not Just a Long One"

The Pennsylvania Geriatrics Society - Western Division (PAGS-WD) held their annual fall program on Thursday, November 1, at the University Club in Pittsburgh. More than 50 internists, family practitioners, geriatricians, pharmacists, nurses, nursing home administrators and social workers attended the evening dinner program.

The audience welcomed Karen Wolk Feinstein, PhD, President and Chief Executive Officer of the Jewish Healthcare Foundation (JHF) and its three operating arms, The Pittsburgh Regional Health Initiative (PRHI), Health Careers Futures (HCF) and the Women's Health Activist Movement Global (WHAMglobal).



From left are Namita Ahuja, MD, President; Judith Black, MD, MHA, Secretary/Treasurer; Fred Rubin, MD, Immediate Past President; and Karen Wolk Feinstein, PhD, President and CEO of the Jewish Healthcare Foundation.

Dr. Feinstein presented "Living a Good Life - Not Just a Long One," which explored the challenges to find new meaning and purpose in life as we age. Her discussion delved into the roles that define adult years - doing

Fall Program Highlights

From Page 1

parent, accomplished professional and weekend warrior athlete and the changes that occur when they start to fade. Dr. Feinstein presented that a growing body of research suggests that finding renewed purpose later in life can, quite literally, be a life-saver. Seniors who have a clear sense of purpose in their lives tend to

have better physical, mental and even spiritual health compared to those who do not.

The annual fall program, which began in 2003, has been a popular and well-respected program attracting distinguished guest speakers, comprised of both national and local faculty.

Thank you to our program sponsors:



GCO Complex Care: Access to Resources Simplified

GCO is your one-stop online shop for all AGS publications, resources, and tools. Access to high-quality, trustworthy information for all healthcare professionals is just a click away. All American Geriatrics Society (AGS) members are already registered users of GeriatricsCareOnline.org.

The most popular content includes:

- American Geriatrics Society Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults
- Geriatrics Evaluation & Management Tools
- Geriatrics Review Syllabus(9th Edition)
- AGS Geriatrics Evaluation and Management Tools (GEMS) App
- Geriatrics At Your Fingertips 2018

**Purchase the New 2018 Edition of *Geriatrics At Your Fingertips*[®]
(Print, Digital or Complete Edition)
And receive **25%** off the **GAYF** Mobile App**

President's Message

Beginning this year, I have been elected to serve as the President of Society for the next two years. I consider this a huge honor and privilege as I take on this role. Society members and healthcare professionals in our community have appreciated the tremendous role that my predecessor, Dr. Rubin, played in the advancement of geriatrics and success of our organization, during his term. I have big shoes to fill! I wish to thank the Board of Directors and Planning Committee members for their support and dedication to achieve our goals of the mission statement, which include the provision of educational activities for our members and for the healthcare community in our region. I would also like to thank our members, who are the strength of the organization. We accomplish so much more when we work together!



Dr. Ahuja

We are in swing preparation for our Annual Clinical Geriatric Update program which will be held from April 25th-27th 2019. Some of the conference highlights include:

- The Year in Review for Geriatric Medicine, covering highlights of recent advances/controversies
- State-of-the-Art updates on common geriatric conditions, tailored to each setting, i.e., office, hospital, home, nursing home
- Geriatric Cardiology Symposium and Cardiology Expert Panel Q&A: Prescribing and Deprescribing in Heart Failure, Hypertension; Severe Aortic Stenosis
- Special topics including: Vignettes on Infectious Disease; Case Studies in Geriatric Pharmacology; Delirium: The Year in Review; Management Pearls in Alzheimer's Disease

We continue the tradition of honoring our educators by presenting the Geriatrics Teacher of the Year Awards, which will be presented during the dinner symposium at the Clinical Update. Also, we will be presenting the David C. Martin Award to medical students and other trainees who will attend the national conference of the American Geriatrics Society (AGS), where they will present their work.

We are exploring the best means to communicate with our members to see how we can best serve you. We have emailed a survey on how you would wish to receive further communication and if there are specific topics that you would want to be covered during our summer and fall meetings.

You are an integral part of the Society and your commitment, by renewing membership, 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.

Thank you for your support, and I look forward to seeing you at our Annual Clinical Update.

Namita Ahuja, MD, MMM

Clinical Update in Geriatric Medicine

Registration is NOW OPEN for the 27th annual Clinical Update in Geriatric Medicine conference, jointly provided by the Pennsylvania Geriatrics Society - Western Division (PAGS-WD), UPMC/University of Pittsburgh Institute on Aging, University of Pittsburgh School of Nursing, and University of Pittsburgh School of Medicine Center for Continuing Education in the Health Sciences. The conference will be held April 25-27, 2019, at the Pittsburgh Marriott City Center, Pittsburgh, PA.

Register online at www.dom.pitt.edu/UGM. Download the brochure at www.pagswd.org.

The fastest-growing segment of the population comprises individuals above the age of 85 years. The purpose of the conference is to provide an evidence-based approach to help clinicians take exceptional care of these often-frail individuals. Designed by course directors Shuja Hassan, MD, and Neil Resnick, MD, along with members of the PAGS-WD planning committee, this award-winning course is designed for family practitioners, internists, geriatricians, and other healthcare professionals who provide care to older adults.

Speakers are selected by a multidisciplinary committee of academic and practicing clinicians and based on two criteria: (1) expertise - nationally recognized and often responsible for advances relative to practice, and (2) ability - to share it in a practical, succinct, and entertaining way to facilitate its easy incorporation into a practice.

Conference highlights include:

- "Year in Review for Geriatric Medicine," guest faculty Barbara Messinger-Rapport, MD, will present highlights of recent advances/controversies
- State of the Art updates on common geriatric conditions, and tailored to each setting, i.e., office, hospital, home, nursing home
- Effectively manage the geriatric syndromes including Falls, Osteoporosis, Voiding Dysfunction and Retention, Depression and Dementia
- Geriatric Cardiology Symposium and Cardiology Expert Panel Q&A - featuring guest faculty Parag Goyal, MD, MSc, and Benjamin Wessler, MD, with local faculty presenters Daniel Forman, MD, and Jared Magnani, MD. Topics include: heart failure, AFib, aortic stenosis, hypertension
- "Ask the Expert" sessions on Oncology, Rheumatology, Lung Disease, and Foot/Ankle Problems. Special topics



Dr. Messinger-Rapport



Dr. Goyal



Dr. Wessler

including: Orthostatic Hypotension, Case Studies in Geriatric Pharmacology, Approach to Anemia, Vignettes in Palliative Care, and more.

- Multiple breakout sessions allowing attendees to design their own course and affording close interactions with experts on challenging topics and real-world cases

- Board Review for Clinicians in Q&A Format. This year's conference offers a two-part review.

- Special dinner symposium: clinical cases will be presented on cardiology topics with expert Cardiologists leading the discussion - audience participation is expected

Conference credits include AMA PRA Category 1 credits™, AAFP, Nursing, Risk and ACPE credits. To register, visit <https://dom.pitt.edu/UGM>. Members of the Pennsylvania Geriatrics Society - Western Division receive a discount when registering.

Clinical Update in Geriatric Medicine

- Visit <http://www.dom.pitt.edu/UGM> for conference information and to register!
- To download the brochure, visit www.pagswd.org

Assisted Living in Pennsylvania – Free Resource Available

Many seniors are unaware of the available care options and programs that can help maintain their independence and quality of life. A free resource that provides comprehensive information on topics like financial support, organizations, and available care options (that are in every city in Pennsylvania) has been developed that can help senior citizens stay connected with their community.

Visit <https://www.caring.com/senior-living/assisted-living/pennsylvania/>

PAGS-WD welcomes newly installed president

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Dr. Ahuja currently serves as senior medical director, Medicare and Geriatric Programs, UPMC Health Plan. She is also a clinical assistant professor, Division of Geriatric Medicine, University of Pittsburgh School of Medicine. Board certified in geriatric medicine, Dr. Ahuja maintains certification in Hospice and Palliative Care, in addition to seeing patients in a nursing home clinic.

Pennsylvania Geriatrics Society - Western Division

Serving as a resource in providing information and educational programming among a society of professionals who are dedicated to advancing clinical care and quality of life for the elderly.

2019 Geriatrics Teacher of the Year Awardees Announced

The Awards Committee, chaired by Rollin Wright, MD, is pleased to announce the 2019 Geriatrics Teacher of the Year Award winners:

Christine M. Herb, MD, associate program director, Allegheny Health Network (AHN) Internal Medicine Consortium, is the recipient of the Geriatrics Teacher of the Year Award. Victoria Hornyak, PT, DPT, GCS, assistant professor, University of Pittsburgh School of Health and Rehabilitation Sciences, is the recipient of the Professional Geriatrics Teacher of the Year Award.

Each will be honored at a ceremony during the dinner symposium at the 27th Annual Clinical update in Geriatric Medicine on April 25, 2019, at the Pittsburgh Marriott City Center. Awardees also receive one-year of complimentary membership in the Society.

The awards recognize 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.

Christine M. Herb, MD, served as director of Geriatrics Education and Core Faculty at Allegheny Health Network from 2012 to 2017. She is currently the chair of AHN's Academic Improvement Committee and contributor to the Clinical Competency Committee. As a highly respected teacher, mentor, and innovator, Dr. Herb developed a comprehensive geriatric curriculum that is mandatory for all third-year residents at AHN. The multifaceted curriculum incorporates didactic lectures, simulation, home visits,

nursing home rotations, outpatient and inpatient geriatric elective rotations, and more. More than 150 residents have participated in the geriatric curriculum thus far and 13 residents have pursued a Geriatric Fellowship since 2013 at several prestigious institutions across the country.



Dr. Herb

Dr. Herb has also conceptualized and implemented a unique team-based multidisciplinary model of care for long term care facilities and a highly successful Geriatric Trauma Service to support elderly patients with complex co-morbid conditions admitted for trauma, which has been acknowledged for improved outcomes, patient satisfaction, and reduction in hospital length of stay.



Dr. Hornyak

Dr. Herb is working with the Senior Markets team at Highmark to transform the way physicians and care teams manage elderly populations and to educate the next generation of providers in these new models of care delivery.

Victoria Hornyak, PT, DPT, GCS, practiced physical therapy at several regional nursing facilities and UPMC Presbyterian Hospital prior to becoming a full-time faculty member within the Department of Physical Therapy (DPT) at the University of Pittsburgh in 2008,

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2019 Geriatrics Teacher of the Year Awardees

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where she is responsible for coordinating and serving as the primary instructor for courses related to patient management and geriatrics in the DPT program.

To further stimulate the interests of DPT students in geriatrics, Dr. Hornyak serves as the faculty mentor for the students' Geriatrics Special Interest Group. She was also appointed to the University of Pittsburgh's Working Group on Interprofessional Education as a representative of the University's school of Health and Rehabilitation Sciences.

In 2010, Dr. Hornyak successfully competed for and was named as the first non-physician Geriatric Scholar in the Geriatric Academic Career Award (GACA), supporting her research project that compared two continuing education methods on practice patterns of physical

therapists who work in skilled nursing settings.

Dr. Hornyak is currently working on a project addressing Advancing Dementia-Care Competency and Preparedness Across Disciplines through a grant as part of the Geriatric Workforce Enhancement Program (GWEP). The project goal is to adapt existing communication skills programs to better interact with patients who have dementia.

Dr. Hornyak has disseminated her work on use of virtual patients and inter-professional education through oral and poster presentations at the American Geriatrics Society Annual Meeting and the American Physical Therapy Association Combined Sections Meeting.

2020 Geriatrics Teacher of the Year Award

Do you know a physician or healthcare professional who has made significant contributions to the education and training of learners in geriatrics and to the progress of geriatrics education across the health professions? If so, consider nominating them for the 2020 Geriatrics Teacher of the Year Award.

The annual award recognizes and honors 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.

The call for nominations begins September 2019. Award eligibility and criteria, along with the nomination form, will be available on the society's website at www.pagswd.org.

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

Membership

Newsletter Delivery Preference - Survey: We Want to Hear From You!

In an effort to streamline Society expenses and to meet the needs of all members, an extremely short survey has been sent to all members. If you have not done so, please take a moment to complete and submit by visiting: <https://pagswd.org/Sys/Poll/5993>.

Your answers will determine how you would like to receive the newsletter. An E-version of the newsletter is available to all members (with no costs to the Society). A printed piece is available for those wishing to have one sent. Deadline to complete the survey is March 30th. Results will be reviewed and implementation of sending the newsletter will begin with the Fall 2019 edition.

MEMBERSHIP DUES - REMINDER TO RENEW FOR 2019!

Dues notices for 2019 have been mailed! Society membership dues are renewed on a yearly basis. Your dues are instrumental in aiding the society to provide quality educational program offerings to healthcare professionals in our region. Dues also support the David C. Martin Award, which provides financial support to qualified medical students who have an interest in the field of geriatrics, and the Geriatrics Teacher of the Year Award, which recognizes outstanding teachers for their dedication and commitment to geriatrics education.

Convenient and Easy to Renew! Online payments are now accepted (Visa, Mastercard, Discover, and American Express).

Contact Nadine Popovich, administrator, at (412) 321-5030 to receive an E-Invoice or to inquire about your membership status.

ANNUAL REPORT 2018

The Annual Report can be viewed by visiting the society website. This yearly report summarizes the activities of the organization.

Recruit a member! Invite a colleague to join!

A membership application can be downloaded at www.pagswd.org.

Membership

Election Results

The following have been elected to serve on the Board of Directors for a three-year term, which began January 1, 2019, and will end December 31, 2020.

Officers

President - Namita Ahuja, MD
Secretary/Treasurer - Judith S. Black, MD

Board of Directors

Lalith K. Solai, MD*
Kawita Vichare, MD

*newly elected to serve on the Board of Directors



Dr. Solai

Members in the News

Neil Resnick, MD, named American Geriatrics Society (AGS) COSAR Co-Chair

The American Geriatrics Society (AGS) announced that Neil M. Resnick, MD, AGSF will be the next Co-Chair for its Council of State Affiliate Representatives (COSAR). Dr. Resnick is Thomas Detre Professor of Medicine and Chief of Geriatric Medicine at the University of Pittsburgh and UPMC.

Dr. Resnick brings a wealth of leadership and knowledge to the role. His experience includes 15 years as a Board member and COSAR representative for the Pennsylvania Geriatrics Society Western Division (PAGS-WD). The organization is a three-time winner of the State Affiliate Achievement Award, including in 2018.

Dr. Resnick has also been active in AGS, having won its Outstanding Excellence Award for Research in 2004 and having served as an AGS Leadership Scholar, a member of three AGS committees, and a mentor in its national mentorship program.



Dr. Resnick

Dr. Resnick is excited by his new role as he believes that State affiliates should serve the national organization in two ways: by providing AGS with information from the trenches regarding practitioners insights and priorities and by serving as AGS' implementation arm for its education and policy initiatives. He plans to use a team approach to learn from each affiliate's success and challenges and to

Members in the News

identify ways to increase the value of each affiliate. His hope is to help increase the number and membership of affiliates. He will assume his new position after the American Geriatrics Society national meeting in May 2019.

COSAR, the governing body of the AGS State Affiliates is recognized as an important, deliberative body to promote and support affiliates. It consists of elected member representatives, one from each of the proposed, provisional and active State Affiliates. It meets regularly to exchange information on State Affiliate activities, and to share new ideas on development, advocacy, education, membership, public policy and other affiliate business.

Adele Towers, MD, MPH, FACP - newly elected President of Allegheny County Medical Society

Adele L. Towers, MD, MPH, FACP became the 154th President of the Allegheny County Medical Society Jan. 1, 2019. Only the fourth woman to hold the position, Dr. Towers originates from Connecticut, but has considered Pittsburgh her home since she moved to the Steel City in 1986 to complete her internal medicine residency at the University of Pittsburgh School of Medicine. A fellowship in geriatric medicine and a master's degree in Public Health followed in 1991.

Dr. Towers has been on the faculty at the University of Pittsburgh since 1992 and is currently an associate professor of Medicine and Psychiatry in the Division of Geriatric Medicine. Her prior roles include medical director, Primary Care, at Western Psychiatric Institute and Clinic; vice chair of Quality Improvement and Patient Safety for the Department of Medicine; medical director of UPMC Health Information Management;

and medical director of UPMC Home Health. She also served as president, Medical Staff, UPMC Presbyterian.



Dr. Towers

As medical director of UPMC Health Information Management for nearly seven years, Dr. Towers oversaw medical records at every UPMC hospital. The position required her to attend all the hospitals' medical staff meetings, which enabled her to meet physicians throughout the health system and learn about the issues at each hospital.

"Fulfilling that position made me aware of the need for physicians to communicate with each other and to be connected. We shared a lot of the same issues and a lot of the same solutions could be applied at each hospital," Dr. Towers said.

As ACMS president, Dr. Towers' vision is one of unity, inclusion and support. This year is the first year where more than 50 percent of medical school enrollees are women, and Dr. Towers believes more work still needs to be done to support women who want to pursue medicine as a career, balanced with having a family.

Physician wellness and support of those experiencing burnout also are issues that she would like to address during her presidency.

"Due to EMR, many things have been placed in the physician's lap," she said. "We need to become more efficient with our healthcare teams, which means working with nurse practitioners and physician assistants collaboratively and not separately."

Mark Your Calendar

American College of Physicians – Internal Medicine – 2019

When: April 11-13, 2019

Where: Philadelphia, PA

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

Website: <https://annualmeeting.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 30.5 AMA PRA Category 1 Credits™

American Society on Aging 2019 Conference

When: April 15-18, 2019

Where: New Orleans, LA

Website: <https://www.asaging.org/aging-in-america>

For past conferences, CE credits have been approved for the following professions. The 2019 Aging in America Conference in New Orleans, April 15-18, will likely offer the same, but plan to visit this page for updates as we approach the conference date and receive approvals.

Society of General Internal Medicine Annual Meeting Courage to Lead: Equity, Engagement, and Advocacy in Turbulent Times

2019 Annual SGIM National Meeting

When: May 8-11, 2019

Where: Washington, D.C.

Website: <http://www.sgim.org/>

The UASOM designates this live activity for a maximum of 16.5 AMA PRA Category 1 credits™ and a maximum of 16.5 MOC points.

National Conference of Gerontological Advanced Practice Nurses Association (GAPNA)

37th Annual GAPNA Conference

The GAPNA Annual Conference will help you improve patient care and connect with other nurses who share your compassion and commitment.

When: October 2-5, 2019

Where: Paris, Las Vegas, NV

Website: <https://www.gapna.org/events/annual-conference>



American Geriatrics Society 2019 Annual Scientific Meeting

May 2-4, 2019

Portland, OR

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 2019 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 2019 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. The American Geriatrics Society designates this live educational activity for a maximum of 27.25 AMA PRA Category 1 Credit(s)™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

www.pagswd.org

SAVE THE DATE / FRIDAY & SATURDAY / OCTOBER 18-19, 2019

27TH ANNUAL
PMDA SYMPOSIUM



HERSHEY LODGE

325 University Drive
Hershey, PA 17033

NETWORKING RECEPTION

Thursday, October 17 / 6:30-8 p.m.

CREDITS

CME, CMD and NHA credits will be available.

PURPOSE

The PMDA Annual Symposium is designed to meet the educational needs of health-care 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 and rehabilitation providers, geriatricians, NPs, PAs, registered nurses, family physicians, internists, nursing home administrators and consultant pharmacists.

ACCOMMODATIONS

Accommodations are the responsibility of the program participant.

ROOM BLOCK
Hershey Lodge

DEADLINE
Wednesday, September 4, 2019

RATE
\$179 plus tax / single or double

RESERVATIONS
(717) 533-3311
<http://bit.ly/a596920h>

GROUP
27th PMDA Annual Symposium

A continuing education service of Penn State College of Medicine, jointly provided by:
The Pennsylvania Society for Post-Acute and Long-Term Care Medicine (PMDA)



PennState
College of Medicine

QUESTIONS?

ContinuingEd@PennStateHealth.psu.edu ☎ Call: 717-531-6483 ce.med.psu.edu

This publication is available in alternative media on request. Penn State is committed to affirmative action, equal opportunity, and the diversity of the work force. U.Ed. MED A5969-20-Z

National Healthcare Decisions Day – April 16, 2019

Mission

National Healthcare Decisions Day (NHDD) exists to inspire, educate and empower the public and providers about the importance of advance care planning. NHDD is an initiative to encourage patients to express their wishes regarding healthcare and for providers and facilities to respect those wishes, whatever they may be.

Overview

NHDD, an initiative of The Conversation Project, exists as a 50-state annual initiative to provide clear, concise, and consistent information on healthcare decision-making to both the public and providers/facilities through the widespread availability and dissemination of simple, free, and uniform tools (not just forms) to guide the process. NHDD entails 50 independent, but coordinated, state and local events (necessitated by the difference in state laws and dynamics) supported by a national media and public education campaign.

In all respects, NHDD is inclusive and brings a variety of players in the larger healthcare/legal/religious community together to work on a common project, to the benefit of patients, families, and providers. NHDD is not prescriptive; it allows for and fosters creativity.

A key goal of NHDD is to demystify healthcare decision-making and make the topic of advance care planning inescapable. On NHDD, no one in the U.S. should be able to open a paper, watch TV, view the internet, see a physician or lawyer, or go to a healthcare facility without being confronted with the topic of advance care planning.

Among other things, NHDD helps people understand that advance healthcare decision-making includes much more than living wills; it is a process that should focus first on conversation and choosing an agent.

As of June 2016, The Conversation Project has been responsible for the management, finances, and structure of NHDD. NHDD's founder, Nathan Kottkamp, continues to be involved in NHDD and provides leadership by ensuring the maintenance of NHDD's high-quality resources and support for the community.

With the full power of The Conversation Project behind it, NHDD aims to expand its reach and boost the number of providers, hospitals, organizations, communities, and institutions that are currently involved. "The Conversation Project is the natural choice to take on National Healthcare Decisions Day because it's closely aligned with NHDD's mission and my own passion for this work," says Kottkamp.

Vision

Across the country, every healthcare facility will participate as the flagship venues for the public engagement. Other participating organizations/facilities that have their own physical spaces will engage in activities as well. Those organizations that lack physical spaces will work in conjunction with others or at non-healthcare venues (libraries, grocery stores, drug stores, etc.) to support the initiative. A variety of churches, synagogues, and mosques around the country will also support the effort by highlighting the importance of advance care planning with their congregations.

2019 Officers and Board of Directors

OFFICERS

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Judith Black, MD, MHA - Secretary/Treasurer

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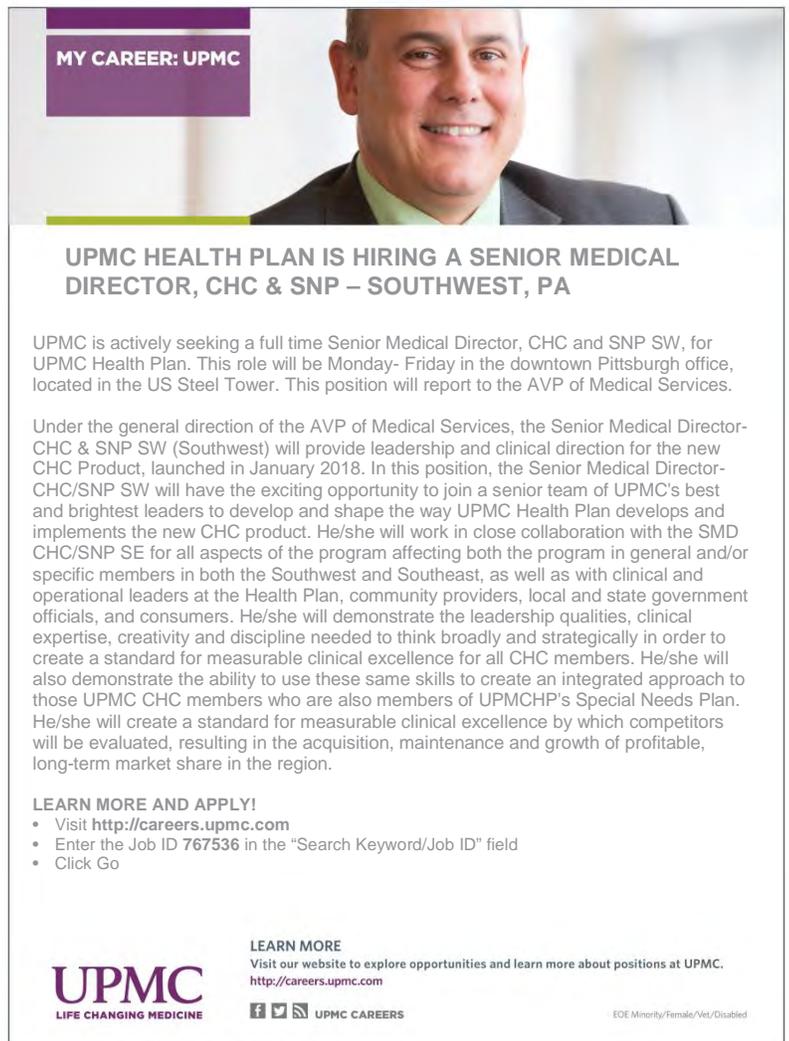
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Controversies in Geriatric Medicine

The Society is seeking an interesting case requiring controversial management decisions for the August 2019 program. If you have an interesting, controversial management case that you would like the society to consider for the June program, please email Nadine Popovich (npopovich@acms.org) with your case.

The program features an actual case from a practice where the appropriate course of action was unclear, management was complex, or there were serious ethical issues. Members will receive information on the meeting in June. Details can also be found on the society website at www.pagswd.org.

The 2019 Controversies in Geriatric Medicine Program has moved from June to August. Exact date and location will be announced as planning is finalized.



MY CAREER: UPMC



UPMC HEALTH PLAN IS HIRING A SENIOR MEDICAL DIRECTOR, CHC & SNP – SOUTHWEST, PA

UPMC is actively seeking a full time Senior Medical Director, CHC and SNP SW, for UPMC Health Plan. This role will be Monday- Friday in the downtown Pittsburgh office, located in the US Steel Tower. This position will report to the AVP of Medical Services.

Under the general direction of the AVP of Medical Services, the Senior Medical Director-CHC & SNP SW (Southwest) will provide leadership and clinical direction for the new CHC Product, launched in January 2018. In this position, the Senior Medical Director-CHC/SNP SW will have the exciting opportunity to join a senior team of UPMC's best and brightest leaders to develop and shape the way UPMC Health Plan develops and implements the new CHC product. He/she will work in close collaboration with the SMD CHC/SNP SE for all aspects of the program affecting both the program in general and/or specific members in both the Southwest and Southeast, as well as with clinical and operational leaders at the Health Plan, community providers, local and state government officials, and consumers. He/she will demonstrate the leadership qualities, clinical expertise, creativity and discipline needed to think broadly and strategically in order to create a standard for measurable clinical excellence for all CHC members. He/she will also demonstrate the ability to use these same skills to create an integrated approach to those UPMC CHC members who are also members of UPMCHP's Special Needs Plan. He/she will create a standard for measurable clinical excellence by which competitors will be evaluated, resulting in the acquisition, maintenance and growth of profitable, long-term market share in the region.

LEARN MORE AND APPLY!

- Visit <http://careers.upmc.com>
- Enter the Job ID **767536** in the "Search Keyword/Job ID" field
- Click Go

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Visit our website to explore opportunities and learn more about positions at UPMC.
<http://careers.upmc.com>

UPMC
LIFE CHANGING MEDICINE

   **UPMC CAREERS**

EOE Minority/Female/Vet/Disabled



**Pennsylvania Orders for Life-Sustaining Treatment
POLST: Doing It Right! Training Course**

**Tuesday, April 23, 2019
8:30 a.m. – 2:45 p.m.**

Sponsored by Jewish Healthcare Foundation

Co-sponsored by
University of Pittsburgh School of Social Work

Joint Providership by
University of Pittsburgh School of Medicine
Coalition for Quality at the End of Life (CQEL) of the Jewish Healthcare Foundation

Faculty

Judith S. Black, MD, MHA
Jewish Health Foundation Physician Advisor, National POLST Paradigm Task Force Member,
Clinical Associate Professor University of Pittsburgh School of Medicine

Nicole Greer, RN, MPH, MPA
Quality Improvement Specialist, Jewish Healthcare Foundation

Marian Kemp RN, BSBA
POLST Coordinator, Coalition for Quality at the End of Life (CQEL)

Libby Moore, LSW, DHCE
Vice President of Patient Care, River Communities Fiduciary Services

Rodney Rutkowski, MSW
Director of Health Management, UPMC St. Margaret

Sign-in and Continental Breakfast 8:00-8:30 a.m.

**Jewish Healthcare Foundation,
Center City Tower, 650 Smithfield St, 26th Floor, Pittsburgh PA 15222**

There is no program fee to attend.

There is a cost of **\$10** for social workers wishing to earn SW continuing education credits, payable the day of training program. Those seeking such credit should bring cash or a check in that amount, payable to *Jewish Healthcare Foundation*.

A 2.5 hours online prerequisite course must be completed prior to the in-person program. The link, user name and pertinent information will be provided to registrants approximately two weeks prior to the in-person course date.



JOIN NOW! YOUR membership allows us to continue our goals of providing award winning, quality programming to health care professionals in our region, as well as sustaining our philanthropic efforts in supporting medical students, residents and fellows.

By **PARTNERING** with the Society, your commitment is a testament to our efforts and mission: to educate, communicate and engage healthcare professionals in the provision of quality health care for the elderly.

Annual Membership Dues - Checks may be made payable to *PA Geriatrics Society*

MD, DO, PharmD, RN, CRNP or Healthcare Professional (\$60.00/ year)

Student (\$10.00/yr)

Resident /Fellow (free)

Resident/Fellow Year:

Resident Program

Start date

End date

Credit Card Payment

Visa/Mastercard

Card Billing Address

Exp date

Last 3 digits on the back of card

Amount to be charged

Membership Information

Name

Title

DOB

Preferred Address:

Business

Home

Business Address

Company

Address

City

State

Zip

Phone

Email

Home Address

Address:

City

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Suicide and hastening death in terminally ill patients

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Most physicians end up encountering and caring for terminally ill patients in some capacity as a part of their routine clinical practice. Likewise, most physicians also have been forced to face the aftermath of a death by suicide. It may have been an established patient, a relative or friend of a patient, or, even more tragic - a personal friend or family member. These circumstances always seem to have a sudden painful recourse, often with so many unanswered questions: so many "what-ifs?" and/or "what could I/we have done differently?" to prevent such an unexpected act of finality. It is important to try and gain a better understanding of when terminal illness and suicide intersect in the end-of-life continuum.

Our hospice had two "successful" suicides in the past six months, and we all have been asking ourselves these exact same questions over and over. Both patients were middle-aged men with cancer, who had been enrolled in our hospice for several months before ending their lives with self-inflicted gunshot wounds. They were both at home and found by loved ones immediately. They both had a history of partially

treated depression and had some degree of uncontrolled emotional and physical suffering brought on by their terminal cancer. When asked previously by hospice staff, they both denied having access to firearms in their homes. Neither had previously expressed suicidal thoughts, ideations or suicide attempts. Neither had pursued requests for palliative sedation or anything to hasten death from hospice staff. It would be unfair to classify these patient outcomes as "typical" or "not surprising," but instead they have amounted to a somewhat rare and unexpected suicide cluster in an organization that admits and pronounces around 3,000 patients annually.

There is very little data and research on suicide in terminally ill patients, but cancer patients have been shown to have nearly twice the incidence of suicide than the general population (rate of 31.4/100,000 vs 16.7/100,000 patient-years).¹ Other suicide risk factors which are common in the terminally ill patient population would be advancing age, psychiatric comorbidity, uncontrolled pain and, of course, family history of suicide and male sex.² Certainly, assessing and treating anxiety, grief and depression can have a huge impact on preventing suicide in end-of-life patients because of the high prevalence of such in this

patient population. It also is important to differentiate between grief and depression, with the latter being more persistent, but also more amenable to treatment with therapy and medication. Common measurable and observable physical end-of-life symptoms such as pain, dyspnea and fatigue contribute to and exacerbate the pervasive existential suffering in terminally ill patients.

All hospice team members, including nurses, social workers and chaplains, must be proficient at screening and recognizing the often subtle symptoms of depression, as well as suicidal thoughts and ideations that can accompany depression. Ensuring patient safety is paramount, so screening for weapons in the home is typically routine in all hospice admissions.

In caring for terminally ill patients, both casual and direct requests to hospice clinicians to hasten death by a patient and/or family member is not uncommon.³ Sometimes it may be an "off the cuff" remark or request, or sometimes it can be a pointed request to prescribe or increase their medicine to make them "go to sleep and never wake up." This may



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stem from untreated symptoms, extreme loss of function or often the overwhelming feeling of being a burden to family, friends and society.

Sometimes these conversations may occur privately in a calm and peaceful setting, while other times they can be significantly more dramatic, when a patient is in crisis in the hospital or hospice unit. Pain and dyspnea can predominate in an actively dying patient, who may yell out or demand in front of others to "Please, just end my suffering!"

In either case, further discussions to clarify the patient's question/request, as well as providing the patient with the right amount of support and treatment to address unremitting physical and psychological distress is imperative.

The Death with Dignity Act, which originated in Oregon in 1994, was the first legislation in our country to empower terminal patients with autonomy, in regard to the manner in which they die. The momentum has significantly increased nationally in recent years, and five more states (Washington, California, Colorado, Vermont and Hawaii) as well as the District of Columbia, have adopted similar statutes. Not surprisingly, there remain many ethical and moral dilemmas surrounding this legislation which have polarized various special interest groups. Even the language defining the act has been modified in recent years. The term "Physician Assisted Suicide" has appropriately been replaced with "Physician Assisted Death" (PAD) when referencing these practices.

Pennsylvania appears to be far from adopting a Death with Dignity Act. Although state Sen. Daylin Leach re-introduced a Pennsylvania Death with Dignity Bill in 2017, the previous six times it failed to make it out of the Senate Judiciary Committee. Certainly, one can't help but wonder if our two recent hospice patients who chose violent suicide would have chosen an alternative pathway if they lived in a state with a Death with Dignity Act? Personally, although I support advocacy to promote Death with Dignity legislation, I have very mixed feelings on whether I would feel comfortable prescribing a lethal dose of medication if it were legal to do so in my state. I have seen firsthand so much peace and solace with actively dying patients, as they spend time alone or with their loved ones in the final hours and days of life.

The evolution of palliative care as a medical subspecialty has likewise occurred simultaneously with Death with Dignity legislation these past two decades in the United States. There are legal and peaceful alternatives to PAD, which still promote patient autonomy and allow goals of care that may hasten death to alleviate suffering. What if these men would have felt comfortable expressing their fears and wishes to their hospice physician? Perhaps alternatives to hastening death could have been discussed, such as Voluntarily Stopping of Eating and Drinking (VSED). Alternatively, implementation of more aggressive symptom control could have been attempted, and if necessary, the use of palliative sedation at home or on

an inpatient hospice unit could have been offered for specific refractory symptoms. These are discussions that are welcome at the end of life and can occur between patients and the hospice inter-disciplinary team.

At our hospice, in the aftermath of these recent suicides, we have offered bereavement and grief support to all staff involved in caring for these two patients. We also have reviewed and re-developed our curriculum to make sure that all disciplines are re-educated on symptoms of depression and risk factors for suicide, with the hopes of reducing and eliminating this ultimate form of hastened death. The suicide crisis resource, resolve, available to all Allegheny County residents, also will be providing additional education on-site at our hospice in the immediate future. It is imperative that ongoing evaluation and re-evaluation of those hospice patients at highest risk of suicide is required by all hospice disciplines, even if their lifespan is measured in only days or weeks.

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