

SAEM Geriatric Interest Group Meeting Minutes
May 18, 2007
12:00-13:30

Achievements for 2006-2007:

Activities of the Geriatric Interest Group (GIG) this past year included co-sponsoring (along with the Geriatric Task Force, and Palliative Medicine Interest Group) the didactic/interactive session on “Quality Geriatric Emergency Care: Preparing for the Future” that was held on Saturday May 19, 2007. This session is 1 of 2 that will include 6 focus areas: transitions in care to and from the ED, cognitive assessment, pain and palliative care, medications, functional assessment, and geriatric preventative screening.

In addition, the GIG endorsed the response to the Institute on Medicine (IOM) reports on emergency care in the US that were released in 2006. This response was lead by Scott Wilber and the Geriatric Task Force at the request of the Board of SAEM. Published in the December 2006 issue of *Academic Emergency Medicine*, the response emphasized the need to acknowledge and address the growing needs and effects of the aging population on emergency care. As a result of this effort, Lowell Gerson announced the IOM is planning to convene a workshop evaluating the current and future state of geriatric patient care in the ED. SAEM plans to donate \$20,000 to help support the need for this IOM report.

The Geriatric Task Force is developing education modules for ED geriatric patient care. These modules present 6 case scenarios targeted at the general EM community with the goal of expanding geriatric focused patient care. The first module will be on abdominal pain and when finalized will provide continuous medical education credits via a web-based program. This effort is led by Eve Losman. Subsequent modules will focus on presentations involving weakness and dizziness (e.g. stroke, delirium, dementia, depression, etc.) (led by Tess Hogan) and trauma (e.g. falls, hip fracture, etc.) (led by Chris Carpenter). Funding to support these CME web-based education modules is currently being sought.

Funding and grant review opportunities in Geriatric EM:

Funding opportunities for the EM community interested in aging research include: 1) The Dennis W. Jahnigen Career Development Scholars Awards for physician researchers in the surgical specialties which includes emergency medicine. Administered by the American Geriatrics Society (AGS), the career development awards are supported by grants from The John A. Hartford Foundation and The Atlantic Philanthropies and provide \$150,000 in salary and research support over 2 years. 2) The Beeson Career Development Award administered through the National Institute on Aging is a “turbocharged” K23 award focused on patient-oriented aging research. Goals of the Geriatric IG are to continue promoting the future success of applicants in EM to these awards.

Congratulations to the 2007-2009 EM recipients of the Jahnigen Career Development Award: Jeff Caterino of Ohio State University (*Predictors of Clinical Course in Infected ED Elders*) and Brian Blyth of the University of Rochester, NY (*Pharmacologic Stabilization of HIF-1 for the*

Treatment of Alzheimer's Disease). A belated congratulations to Manish Shah of the University of Rochester, NY for the 2007 Beeson Career Development Award from the National Institute on Aging (*Screening and Interventions in an Acute Care Setting*).

Future funding opportunities will be available as requests for proposals will be issued from AHRQ and the NIA that may be amenable to geriatric emergency medicine focused research in ambulatory care, patient safety, critical care, and for researchers that are considered under-represented minorities. Members of the GIG are encouraged to post any news of these opportunities to the listserv at geriatric@lists.saem.org.

Opportunities are also available to EM physicians to participate in a NIA sponsored program held during the fall at the Gerontological Society of America (GSA) annual meeting. This is a 2-day program targeted at “members of groups under-represented in aging research” where NIA staff and associated faculty members present information and provide technical assistance on applying for NIA grants. Applications are due June 16, 2007 for participation during the November 15-20, 2007 GSA meeting in San Francisco. For more information go to: <http://www.nia.nih.gov/NewsAndEvents/Calendar/2007TAW.htm>.

GIG GOALS for 2007-2008:

1. Geriatric Emergency Medicine:

There was active debate on the need for more Geriatric EM training and leadership. Can these things be answered with the development of Geriatric EM fellowship training? Developing a special body of Geri EM knowledge? A future goal for the GIG is to complete a needs and feasibility assessment of these. The AAMC (Association of American Medical Colleges) will be hosting a consensus conference to develop competencies for geriatric medical education from July 11-13 in St. Louis. <http://www.aamc.org/meetings/groups/geriatricsconf07/start.htm>. Chris Carpenter has volunteered to go and any others interested are encouraged to also attend. At present, there are 2 active Geriatric Emergency Medicine fellowship programs in the U.S. that can be evaluated as models: (1) Weill Hospital, Cornell-Presbyterian in NY, NY and 2) Brown University in Providence, RI. These programs are not currently board-certified. Manish Shah will help to lead this initiative.

There was discussion about the need for greater emphasis of geriatric EM training as part of the core competencies for graduate medical education. This could potentially be achieved by increasing awareness and circulation of available geriatric emergency medicine educational materials from POGOe (Portal of Geriatric Online Education) or the Reynolds Foundation either via CORD, the GIG Listserv, or the SAEM website. Scott Wilber will help to lead this initiative.

2. Research networks:

Chris Carpenter brought up discussion of using Pediatric EM as a model for future Geriatric EM research collaborations. Could a multi-institutional network focused on aging research be established or created for the purposes of obtaining funding and completing research? What type

of infrastructure is necessary to establish a Geriatric EM research network? Such multi-center collaborations could provide the ability to more efficiently conduct larger-scale studies that are instantly multi-center and powered to evaluate low incidence/prevalence outcomes. Previous examples of successful networks include EM Net (Emergency Medicine Network) with the MARC (Multicenter Airway Research Collaboration) studies, PECARN (Pediatric Emergency Care Applied Research Network) for research on acute illnesses and injuries in children, and finally a multi-center study testing the Six-Item Screener as a cognitive impairment assessment tool at several institutions of GIG members. Attempts are now being made to conduct descriptive studies at ED's with the same electronic medical record. In particular, the EMRGINC (Electronic Medical Record Group INvestigative Consortium) is hoping to conduct an observational study of geriatric pain management at centers utilizing ED Pulsecheck (PICIS Inc.) as its comprehensive medical record. This initiative will be investigated by Chris Carpenter.

3. Didactics for Geriatric EM:

Several contributions by members of the GIG will be made this year toward the creation or preparation of didactic sessions at both EM and Geriatric conferences. Chris Carpenter will be preparing the featured case study at the 2008 AGS meeting of the Geriatrics Section for Surgical and Medical Subspecialists conference. This symposium will discuss the interdisciplinary care of a geriatric abdominal pain patient that presents in the ED.

In addition to co-sponsoring the continuation of the didactic session "Quality Geriatric Emergency Care: Preparing for the Future. Part 2" at SAEM 2008 meeting in Washington, DC, the Geriatric IG hopes to feature a speaker from the National Institute on Aging during the IG meeting.