

# Building Stronger Connections Between Your Specialty and Geriatrics



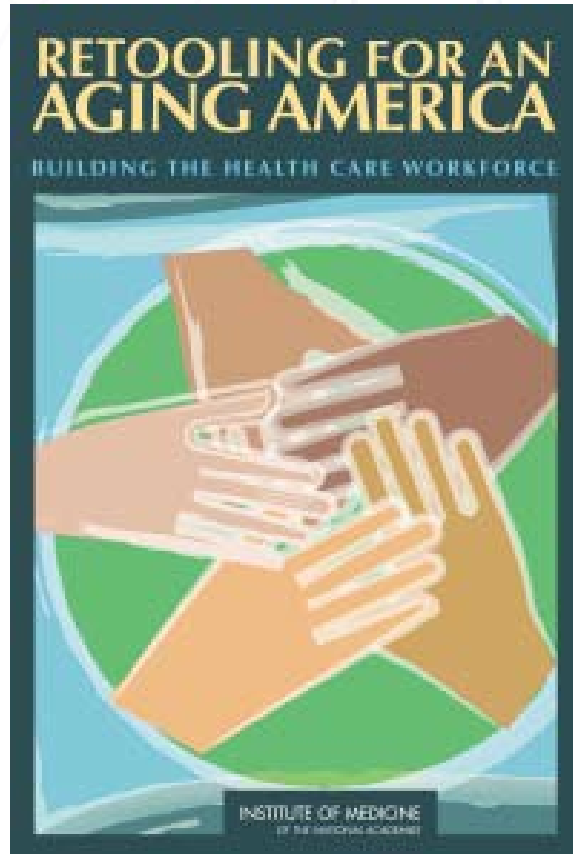
**Clin-STAR Annual Meeting**  
**Hyatt Lodge, Oak Brook, IL**  
**11/20/24**



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**Medical Officer, Division of Geriatrics and Clinical Gerontology**  
**National Institute on Aging/NIH**



# Background- The Need



## 2008 IOM Report: Retooling for an Aging America: Building the Healthcare Workforce

- Insufficient number of healthcare providers, especially specialists, with geriatric competent skills
- Need to recruit, retain, educate specialists with geriatric savvy skills
- Advance multidisciplinary care strategies, communication, research

Most seniors have multiple chronic illnesses – see numerous specialists



We all take care  
of Elderly!!

## What is Geriatric (fill in your specialty) ?

### CLINICAL

- Physiological, structural, genetic/proteomic, mitochondrial, etc. alterations
  - Increased vulnerability
  - Worse outcomes
- Pharmacokinetic and pharmacodynamic changes
- Polypharmacy
- Geriatric conditions and syndromes
- Multiple chronic conditions
- Vulnerability to injury



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of Elderly!!

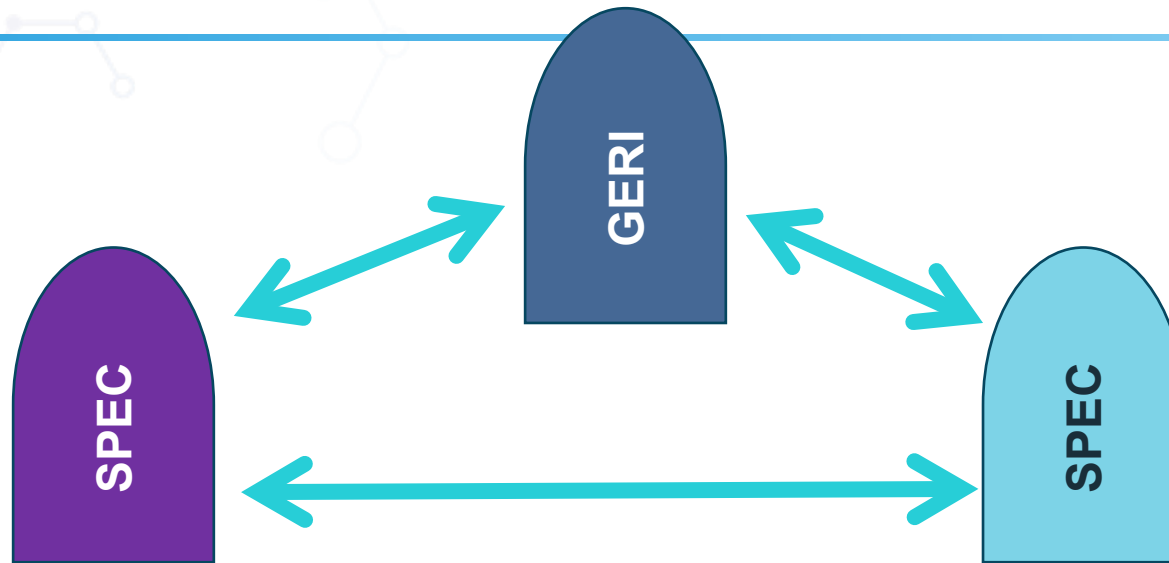
## What is Geriatric     (fill in your specialty)     ? Research

- Evidence for clinical care of real world, complex older adults
- Geroscience –role of age changes that invoke cascade of disease(s)
- Identify targets for disease management (prevention to cure)
- Goals of trials = meaningful outcomes of QOL, independence, physical and/or cognitive function
- Goal concordant care (patient and provider)
- Reducing symptoms and burden of care – deprescribing, palliative care
- Integrating care guidelines of multiple specialties

# RESISTANCE!!!

- Ignorance – You don't know what you don't know
- Lack of Evidence for older patients with multiple chronic conditions including frailty
- Older patients can't perform tests (stress test) or undergo procedures
- Overwhelmed by multiple conditions, pharmacologic changes, frailty, etc. Do no harm.
- Attribute reversible/treatable disease-related symptoms to 'AGING" (patients often do this too)
- Bias – Ageism is real

# Additional Challenges: Silos of Medicine



## Reach Across the Aisle!

- Invite Geriatricians to Specialty Meetings\* or Visiting Professor\*\*
- Specialty Symposia at Geriatrics Meetings\* or Visiting Professor\*\*
- Co-Author Papers and Guidelines
- Geriatricians join Specialty Groups; Specialists join SIG at AGS/GSA

\* CSTAR Distinguished Prof \*\*CSTAR Visiting Prof

# Case Study: Building Stronger Connections Between Cardiology and Geriatrics

## The Society of Geriatric Cardiology



- 1985- Council on Geriatric Cardiology – formed by Sara and Ray Harris, Nanette Wenger founding member w 100 prominent Cardiologists and CV Surgeons (Mike Rich joined 1987)
- 1990s- Society of Geriatric Cardiology
- 1990s- Louis LeJacq (LeJacq Pub) gave free editorial space in ‘throw away’ Cardiology Reviews journal – became American Journal of Geriatric Cardiology- 16 yrs (1992-2008)
- I joined in 1998
- 2008 – SGC filed for bankruptcy

### Committees

Advocacy and Policy  
Publication  
Research  
Fellows in Training  
International

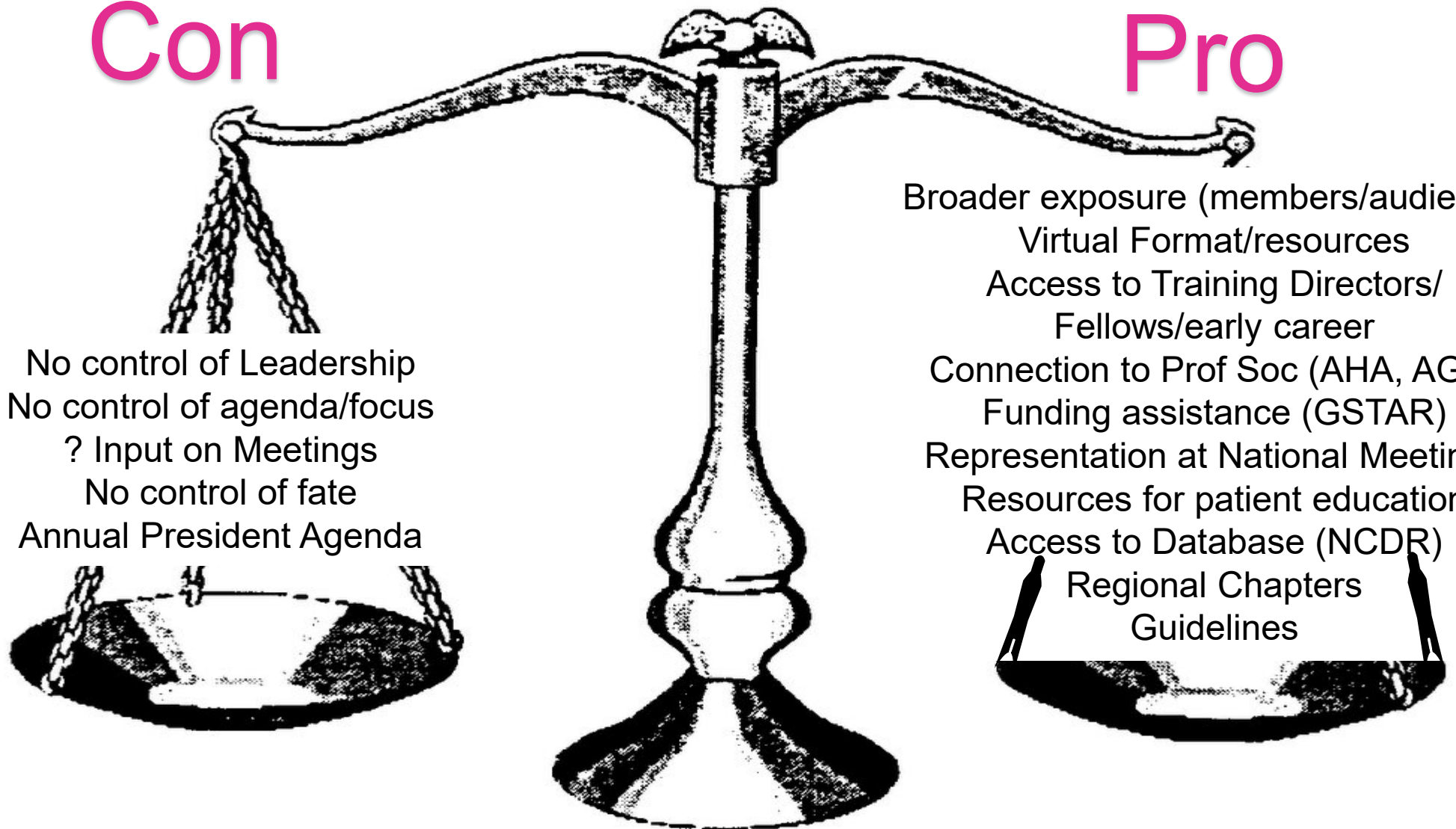
### Selected Projects

Publications in AJGC  
Created Educational CD  
Geriatize UpTo Date  
PRICE R13 Lecture Series (5, 1999-2009, Rich)  
Educational Trips to China, Brazil  
Annual Meetings – talks, posters, sections

# A New Opportunity: ACC Geriatric Cardiology Section

2010 ACC Geriatric Cardiology Leadership Council → 2011 ACC Geriatric Cardiology Section

## Con



No control of Leadership  
No control of agenda/focus  
? Input on Meetings  
No control of fate  
Annual President Agenda


## Pro

Broader exposure (members/audience)  
Virtual Format/resources  
Access to Training Directors/  
Fellows/early career  
Connection to Prof Soc (AHA, AGS)  
Funding assistance (GSTAR)  
Representation at National Meetings  
Resources for patient education  
Access to Database (NCDR)  
Regional Chapters  
Guidelines

# Integration into American Coll of Cardiology

- Administrator- organized monthly calls, updates on opportunities at the College
- Backing by Leadership of College (not necessarily President – rotates annually)
- Be willing to help with other projects
- Leverage Funding – conf grants. Clin-STAR, GSTAR PDP
- Facility and resources for U13 Conference Series
- Access to electronic platform for outreach, education, patient outreach, broaden audience
- Opportunity to showcase geriatric cardiology in annual meeting
- Loss of control creates opportunity to broaden reach
- Find the hooks and anchors





# ACC Revised Recommendations for Training in Adult Cardiovascular Medicine Core Cardiology Training II (COCATS 2)

(Revision of the 1995 COCATS Training Statement)

Cardiovascular trainees should gain general knowledge in geriatrics, with a familiarity with the effects of aging on cardiovascular disease and therapy

Programs should provide training in geriatrics to teach an understanding of changing demographics, alterations in clinical pharmacology, medication adherence, and issues of care considering multiple organ systems

**Core Cardiology Training Symposium  
for Adult Cardiovascular Medicine**



# Essential of Cardiovascular Care of Older Adults (ECCOA)- Building the Choir

- Geriatric principals are rarely taught or appreciated by practitioners\*
  - Alterations in physiology, pharmacology, presentation, management, geriatric syndromes (frailty, MCC, falls, incontinence, polypharmacy), geriatric outcomes – physical and cognitive function, well-being, QOL
  - People don't know what they don't know!
- Practitioners cite lack of evidence and complexities create challenges in care of OA
- Equip with 5-10 geriatric principals to avoid harming older patients.
- 2010 Grant from John A Hartford Foundation to create online, case-based Geriatric Cardiology Curriculum
- Target Fellows (captive, teach 'up', 'down' and 'out'; online, interruptible, accountable, case-based)- FREE access on Cardiosource
- Vague mandate in CV Core Training Directives- buy in from Training Directors
- 13 Modules created by Cardiologists, Geriatricians, Pharmacists, Pall. Care, Subspecialists.
- Downloadable Slide Sets w Teaching tips.



Essentials of Cardiovascular Care in Older Adults  
CARDIOLOGY FELLOWS' CURRICULUM

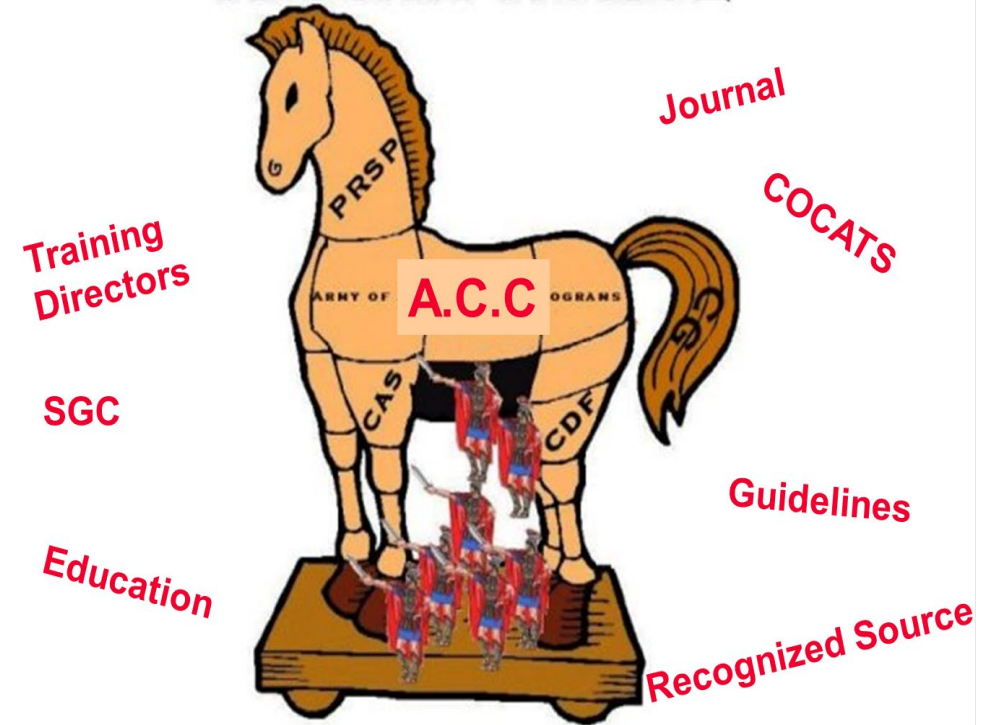
<b>Cardiovascular Physiology</b>	<b>Electrophysiology in Older Adults</b>
<b>Care of the Older Adult</b>	<b>CAD – Prevention</b>
<b>Pharmacology Principles for OA</b>	<b>CAD – Acute Coronary Syndromes</b>
<b>Perioperative Assessment and Care</b>	<b>CAD – Chronic Disease</b>
<b>Heart Failure</b>	<b>Falls and Syncope</b>
<b>Vascular Aging</b>	<b>Valvular Disease</b>
<b>Decision-Making, End of Life Care</b>	

# ACC Geriatric Cardiology Section

## Infrastructure

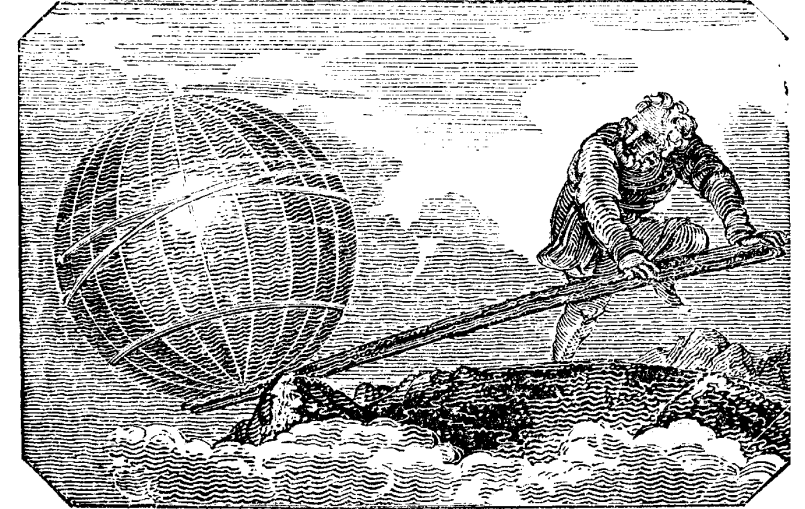
- Geriatric Cardiology Leadership Committee
- Research and Publications
- Advocacy and Policy
- Palliative Care
- Early Career
- Accomplishments
  - Publications – white papers, Guideline input, Aging series, geroscience
  - Annual Meeting Symposia (not necess aging)
  - GCS Annual Meeting with Poster Session
  - Support GEMSSTAR PDP
  - FIT Clinical Trial
  - U13 – Multimorbidity, Deprescribing, Testing – white papers
  - Palliative Care Symposia
  - CSTAR Distinguished Prof- Dr. Boustani
  - Journal (JACC) dedicated aging series

## TROJAN HORSE



# Building the Workforce

- Look for opportunities to **engage** the **'non-converted'**
  - - papers, symposia, webinars, Guidelines
- Mentoring programs – across Institutions and Specialties
- AGS Symposia (GSTAR Geriatricians collab)
- Transdisciplinary – allied care providers, geriatricians, pharmacists- reduced fees
- Workshops/Conferences- identify gaps
- **Most Aging Interest Groups start with a handful of passionate leaders - approach Society**
  - Write a Mission Statement
  - Proposal with Win-Win Ideas (to attract interest and members), don't forget industry!
  - Leverage Funding – Clin-STAR, GEMSSTAR, NIA (conf grant, funding ideas)



**INFILTRATE!**

**Independently Funded Invest /  
Leaders in Aging / Specialties**

**200+ Beeson Scholars  
Aging Research Leaders  
(MD, PhD, PT, SW, RN, Etc)**

**T. Franklin Williams &  
Jahnigen Scholars  
(specialists) MD/DO**

**221 GEMSSTAR  
36 specialties  
MD/DO/DDS**

**MSTAR, Butler-Williams,  
F31/32**

**Pursuing Aging Research**

# **VIRTUAL PLATFORM**

 **Clin-STAR**

**RESEARCH  
RESOURCES**

**MENTORING  
& CAREER  
DEVELOPMENT**

**EDUCATIONAL  
ADVANCES**

**NETWORKING**

**RESEARCH  
COLLABORATION**

# INITIATIVES

**Clin-STAR Database:** search tool for clinician-scientists in aging research

**Pilot Grants for Early-Career Clinical Scientists**

**Publications:** two, new series in JAGS (*Clin-STAR Corner* and *Around the EQUATOR with Clin-STAR*) and activity-related publications **Outreach**

**Funds:** **Mini Sabbaticals**, Early Career Lecture Funds, **Distinguished and Visiting Professor Funds**

**Journey Stories:** Highlighting career trajectories in aging research

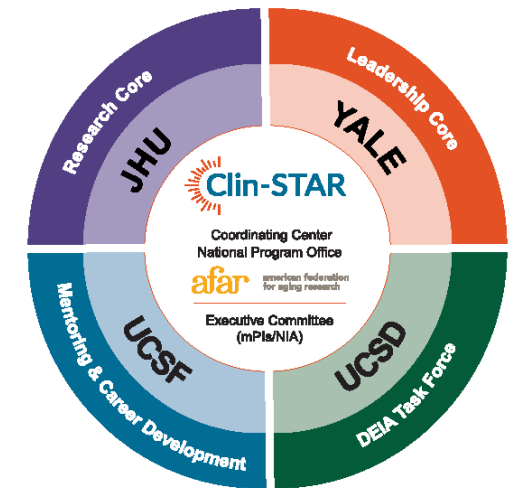
**Research Interest Groups:** Inflammation, Frailty, Delirium, Exercise and Lifestyle Medicine, Perioperative Care, DEIA (170 members across groups)

**Mentoring Office Hours** (

**Webinars and Annual Meetings** (travel awards)

**DEIA Initiatives** (Health Equity Scholars Program)

**Funding, Research, and Career Development Resources**



# NIA-supported networks- opportunities/ pilot funding



<https://gearnetwork.org/>



<https://theaginginitiative.wordpress.com/>



<https://impactcollaboratory.org/>



<https://www.mycarg.org/>



<https://deliriumnetwork.org/>



<https://www.clin-star.org/>



<https://deprescribingresearch.org/>



<https://www.a2collective.ai/pilotawards>

# Specialty Interest Groups in Aging

Specialty	Interest Group(s)
Anesthesia	ASA, FAER, SAGA (geri anes),
Pulmonary/CC	ATS, SCCM
Emergency Med	SAEM AGEM (Acad Geri EM), ACEP
Oncology	CARG (Cancer Aging Res Group)
Cardiology	ACC (Geri Section), AHA, AGS- SIG
Dermatology	AAD
Surgery	ACS Geri Task Force, Pall Care, AGS Segue
Hematology	ASH Aging Interest Group
Nephrology	ASN, AGS Kidney SIG
Endocrine	Endocrine Soc
ENT	Am Acad Oto
GI	AGA
OB/GYN	ACOG
Urology	AUA

Specialty	Interest Group(s)
Gen Med	SGIM
Geriatrics	Med Surg Specialty SIG
Urogyn	AUGS
ID	IDSA
Hosp Med	SHM
Ortho	OREF
Rheum	ACR, RRF
Colorectal	ASCRS
Trauma	AATS GeriTraC
Transplant	AST
Nursing	AAN Aging Int Group, GAPNA
Pharmacy	AS Consult Pharm
Thoracic Surg	ASTS
Vascular Surg	SVSF
PT	APTA, ACSM,

# Lessons Learned

- Integration within a Professional Society offers broad exposure, resources, possible funding, voice in Guidelines/Symposia, Chapters, subspecialists
  - Mission Statement and Proposal with win-wins
- Get to know Professional Society Staff (Presidents turn over)
- Consider Conference Series (R13/U13)
- Co-sponsor conferences/webinars (with other societies)
- Clin-STAR - Distinguished/visiting professor, leverage database and interest groups
- Consider Network Grants (R21/61;R33)
- Cross the Aisles – between specialties and sub-specialists and ‘non-converted’
  - Hanging out with like-minded – for ideas, but not for dissemination
  - Think outside the box for opportunities to ‘educate’
- Look for ‘hooks, anchors’ – curriculum validates what ‘geriatric x is’
- Geriatricians are the cornerstone of integration. Consider joining specialty groups, collaborating on symposia at AGS and Specialty Meeting, Consult on Guidelines, papers (AHA Life’s Essential 8)

# Building Stronger Connections Between Your Specialty and Geriatrics



Thank you!  
Questions?





# Major Goals of Clin-STAR CC

- **Attract, Expand** and Inform Aging Clinical Researchers in Specialties
- Educate- scientific, aging research
- Training/Career Development
- Mentoring
- Promote and **Facilitate** Transdisciplinary Research
  - **Link** investigators within and across specialties- SIGs
  - Raise awareness of opportunities
- Disseminate information, resources, opportunities

VIRTUAL PLATFORM

## 3 Major Tools within One Platform

- **Listserv** – actively promotes specialty aging research opportunities
- **Website** – “One stop shop for educational, career development, funding, mentoring and resources in aging research”
- **Database** – links specialty community in aging research for collaboration/networking/special interest/multi-site studies/resources

[www.clin-star.org](http://www.clin-star.org)



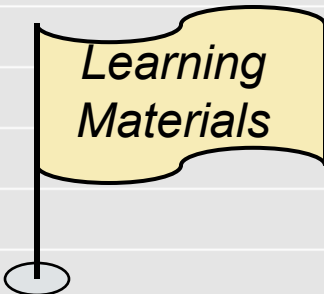
# ACCIS™

## American College of Cardiology In-Service

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Modules	Time to complete	Progress	Percent Complete
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<a href="#">Pharmacology for Older Adults</a>	40 minutes	Completed	100%
<a href="#">Care of Older Adults</a>	40 minutes	Completed	100%
<a href="#">Decision Making for Older Adults</a>	40 minutes	Completed	100%
<a href="#">Heart Failure</a>	40 minutes	Completed	100%
<a href="#">Chronic Coronary Disease in Older Adults</a>	40 minutes	Completed	100%
<a href="#">Acute Coronary Syndromes in Older Adults</a>	40 minutes	Completed	100%
<a href="#">Perioperative Care in Older Adults</a>	40 minutes	Completed	100%
<a href="#">Palliative Care in Older Adults</a>	40 minutes	Completed	100%
<a href="#">Vascular Disease in Older Adults</a>	40 minutes	Not Started	0%
<a href="#">Valvular Disease in Older Adults</a>	40 minutes	Not Started	0%
<a href="#">Risk Factors of Coronary Disease in Older Adults</a>	40 minutes	Not Started	0%
<a href="#">Electrophysiology and Heart Rhythm Disorders in Older Adults</a>	40 minutes	Completed	100%
<a href="#">Syncope in Older Adults</a>	40 minutes	Not Started	0%



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**Case Based**

### Case Presentation

A retired, healthy 78-year-old pediatrician, Dr. K, comes to your office for evaluation of recently diagnosed hypertension. She is active, playing tennis once a week, gardens regularly, and performs chores around the house. Over the past month, she has noticed dyspnea on exertion which is limiting her daily walks, but no chest discomfort. She has no other complaints. She takes an aspirin daily as well as multivitamins and calcium with vitamin D. She is active in all of her activities of daily living and cares for her husband of 53 years who has moderate Alzheimer's disease. She has never smoked and drinks a glass of wine about 4 times a year. On exam, her BP is 158/64 mm Hg sitting; repeated 162/64 mm Hg. Pulse: 66 bpm. HEENT: Mild AV-nicking on ophthalmologic exam. No carotid, abdominal, or femoral bruits. Lungs: clear; cardiac: slightly diffuse and laterally displaced point of maximal impulse; normal S<sub>1</sub>, S<sub>2</sub>, no murmurs, + S<sub>4</sub>. Abdomen: benign, extremities: no edema, 2+ peripheral pulses, nonfocal neurological exam.

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### Physiology Question #1

Which of the following is the most likely cause of her hypertension?

- A. Increased peripheral arterial tone.
- B. Age-associated increase in renin.
- C. Age-associated changes in elastin and collagen in the central arteries.
- D. Unilateral renal artery stenosis.

**Self-Assessment**

### Commentary

The correct answer is C.

The incidence of isolated systolic hypertension, defined by systolic blood pressure (SBP) >140 mm Hg and diastolic blood pressure (DBP) < 90 mm Hg, rises rapidly with advancing age after age 50, such that the lifetime risk of developing hypertension is 90% in 50 year olds. Elevated SBP and decreased DBP, resulting in a wide pulse pressure (PP=SBP-DBP) results mainly from structural changes in the central arteries and their hemodynamic consequences which will be discussed in the following section. Although normative aging is associated with increased systemic vascular resistance in women, choice A is incorrect because this would more commonly contribute to elevated DBP and does not explain the wide pulse pressure. Aging is associated with a decrease in renin and, although the prevalence of atherosclerotic renal artery stenosis increases with age, it is a less common cause of isolated systolic hypertension than age-related central artery stiffness.