Pennsylvania Geriatrics Society Western Division

An Affiliate of the American Geriatrics Society

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Fall 2022

Pennsylvania Geriatrics Society – Western Division

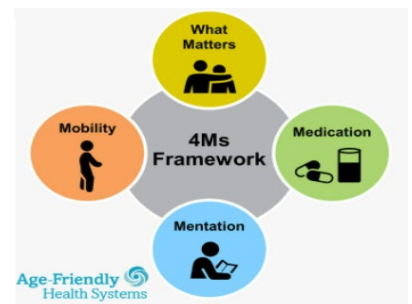
NOVEMBER 10

Fall Program

The State of Age Friendly Health Systems in Pennsylvania

Featuring:

Panelists across Pennsylvania that have obtained Age Friendly Health System recognition and/or certification



Age-Friendly Care PA GWEP, Penn State Nese College of Nursing
Allegheny Health Network
UPMC Mercy
UPMC St. Margaret's
Veterans Affairs Pittsburgh Healthcare System
The Willows, Presbyterian SeniorCare Network

**Panelists subject to change.*

This year's Fall Program is designed to educate attendees on Age Friendly Health Systems and the 4M's of geriatrics as well as give an opportunity to learn about multiple health systems across Pennsylvania and their experience in gaining Age Friendly Health System recognition and certification.

Virtual Zoom Meeting

In Collaboration with the
Jewish Healthcare Foundation

Complimentary Registration for Members
(RSVP is required)

Guests are Welcome
Guest fee (all healthcare professionals) - $25

Registration begins October 1st
Visit www.pagswd.org
A confirmation will be sent to the email address you provide, upon successful registration.

This program is sponsored by The Pennsylvania Geriatrics Society – Western Division and University of Pittsburgh School of Medicine Center for Continuing Education in the Health Sciences

Questions: Contact Eileen Taylor at 412.321.5030 x105 or email to etaylor@acms.org

AGENDA

6:00 pm	Welcome – *Christine Herb, MD – President*
6:05 pm	Fall Business Meeting – Pennsylvania Geriatrics Society – Western Division, *Christine Herb, MD, President*
6:20 pm	Presentation on the 4Ms (What Matters, Medication, Mentation, Mobility) – *Lyn Weinberg, MD*
6:35 pm	Panel Presentation
7:00 pm	Panel Q&A
7:30 pm	Conclusion

**Agenda subject to change*

President's message

As president, I am pleased to report that our organization remains strong, active, and growing. As you will read in the following pages, 2022 has been a productive year. I hope you had the opportunity to attend our second virtual annual update offered in the spring. Despite its virtual nature, the clinical update continued to have strong attendance and provide relevant, current, and practical knowledge to our attendees.

Dr. Christine Herb

As we are starting to finally put the pandemic behind us we remain thankful for our membership and all the healthcare workers who have continued to work hard on the front lines. Looking forward to the rest of 2022 into 2023, I am hoping the society continues to grow membership amongst trainees to further geriatrics interest early in training as well as undertake new initiatives of engagement and volunteerism in our communities at large.

The final program for 2022 (Fall Program) will again take place virtually on November 10. This year's program features The State of Age Friendly Health Systems in Pennsylvania with panelists from several health care organizations who have been recognized as Age Friendly Health Systems. A broad spectrum of CME and CEU credits will be offered to attendees ranging from social workers and pharmacists to nurses and physicians. Mark your calendar and join this virtual program on November 10 as the evening promises to be both educational and thought-provoking.

A recap of highlights from this year include:

- **The Clinical Update in Geriatric Medicine –** The 2022 conference yielded a robust attendance, and comments and evaluation scores were superlative. This premier educational event provides outstanding and timely education to all geriatric healthcare professionals whether it is in-person or virtual. The conference is designed by the PAGS-WD planning committee, which consists of a consortium of your colleagues, including those from the community, academic and payor sectors. Save the date for our 2023 Clinical Update in Geriatric Medicine – March 23-24, 2023.

- **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. Next year's call for nominations will begin in January 2023, with the awards presentation to take place in early Fall of 2023.

- **David C. Martin Award -** Named after Pittsburgh's first full-time geriatrician, this award provides financial support for medical students and other trainees who have had scholarly work accepted for presentation at the national meeting of the American Geriatrics Society. A student may receive up to $1,500 for travel, registration, and hotel costs. Since its inception, the Society has granted more than $80,000 to awardees.

- **Resident and fellow interest** remains strong, with a total of 48 resident and fellow members. 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.

2023 Member Dues and Membership Fee Structures

Individual

1-year and 2-year memberships are offered for physicians and healthcare professionals:

Physician: 1-year membership	$75
Physician: 2-year membership	$140
Healthcare Professional 1-year	$50
Healthcare Professional 2-year	$90

Organizational

Various levels to fit a company's needs.

Recruit a member!

The Fall Program is the perfect opportunity to strengthen our membership. Consider inviting a colleague to participate in the program. The nominal guest fee of $25 includes the entire program. Forward the Society website, www.pagswd.org, for program registration and to download the membership application.

ORGANIZATION MEMBER LEVEL	BRONZE	SILVER	GOLD	PLATINUM	CHAMPION
Number of Individual Members included	3	7	10	12	15
BENEFITS	(3) Discounted registrations to attend the Annual Clinical Update in Geriatric Medicine (3) Complimentary registrations for Society-sponsored suite of educational programming Acknowledgement in PAGS-WD Digital newsletters (published bi-annually)	(7) Discounted registrations to attend the Annual Clinical Update in Geriatric Medicine (7) Complimentary registrations for Society-sponsored suite of educational programming Acknowledgement in PAGS-WD Digital newsletters (published bi-annually	(10) Discounted registrations to attend the Annual Clinical Update in Geriatric Medicine (10) Complimentary registrations for Society-sponsored suite of educational programming Acknowledgement in PAGS-WD Digital newsletters (published bi-annually	(12) Discounted registrations to attend the Annual Clinical Update in Geriatric Medicine (12) Complimentary registrations for Society-sponsored suite of educational programming Acknowledgement in PAGS-WD Digital newsletters (published bi-annually Discounted fee for Exhibit Table at the Clinical Update in Geriatric Medicine conference Featured Organization description in the PAGS-WD "Member Alert" email blast and in the PAGS-WD Digital newsletter – sent bi-annually	(15) Discounted registrations to attend the Annual Clinical Update in Geriatric Medicine (15) Complimentary registrations for Society-sponsored suite of educational programming Acknowledgement in PAGS-WD Digital newsletters (published bi-annually Discounted fee for Exhibit Table at the Clinical Update in Geriatric Medicine conference Featured Organization description in the PAGS-WD "Member Alert" email blast and in the PAGS-WD Digital newsletter – sent bi-annually Logo featured on homepage of PAGS-WD website 2 Complimentary registrations to attend the Clinical update in Geriatric Medicine conference
RATE	$250	$550	$775	$3,000	$3,500

PAGS-WD hosts Virtual Clinical Update in Geriatric Medicine

Over 380 healthcare professionals gathered virtually to attend the **30th Annual Clinical Update in Geriatric Medicine** held March 31 through April 1, 2022.

This stellar two-day educational event attracted attendees from 25 states, including California, North Carolina, New York, Texas, and Washington and representation from two countries: Canada and Puerto Rico.

Attendees recognized and appreciated the convenience of attending the conference from their home or office, while participating in dynamic educational sessions. An added benefit for all registrants: the ability to view recorded lectures and download the handout materials, up to 30 days after the conference.

With the fastest growing segment of the population comprised of individuals more than 85 years of age, this conference is a premier educational resource for healthcare professionals involved in the direct care of older people. Presented by the Pennsylvania Geriatrics Society – Western Division, UPMC/ University of Pittsburgh Aging Institute and University of Pittsburgh School of Medicine Center for Continuing Education in Health Sciences, the program offered an evidence-based approach to help clinicians take exceptional care of these often-frail individuals.

Highlights of the meeting included Live Q&A Sessions with presenters. By using the chat feature, attendees had the opportunity to engage with speakers in these informative sessions.

Back by popular demand, the Geriatric Cardiology Expert Panel featuring **Parag Goyal, MD, MSc,** providing an update in heart failure; **Deirdre O'Neill, MD,** addressing considerations and nuances when prescribing anticoagulation in older adults with atrial fibrillation; and **Daniel Forman, MD,** presenting: management of hypertension informed by aggregate risk assessment and shared decision-making.

Immediately following, the cardiology panel participated in a live, rapid-fire Q&A session. Moderated by **Shuja Hassan, MD,** and Course Director, the lively session included a framework for each presenter to comment and host a dialogue with their colleagues on a variety of cardiology questions.

Thank you to our Premier Sponsors: **Highmark Blue Cross Blue Shield - Allegheny Health Network** and **UPMC Health Plan,** and to all the exhibitors who sponsored the program.

The Virtual Exhibit Hall featured 7 exhibitors and offered attendees the opportunity to engage with representatives to learn more about their products and resources.

Congratulations to the raffle winners (sponsored by the Society): **Michele Govan, Carla Loughner, Lynne Roberts, Antonina Eyster** and **Peter Moulder.** Winners received a $50 Visa Gift Card.

PAGS-WD announces recipient of David C. Martin Award

The Pennsylvania Geriatrics Society - Western Division is proud to announce the 2022 recipient of the David C. Martin Award: Wendy Osei-Bonsu, a fourth-year student at Penn State College of Medicine. Ms. Osei-Bonsu received a $1,500 honorarium to attend the AGS meeting in Orlando, FL to present her work. Wendy's abstract, "Diagnosing Duodenal Diverticulum," was accepted by the American Geriatrics Society (AGS) for presentation at the AGS 2022 Annual Scientific Meeting, May 12-14, in Orlando, FL. This prestigious award supports student interest in the field of geriatric medicine. The award was named after David C. Martin, MD, who established the first geriatrics fellowship in Pittsburgh. The ultimate goal is to encourage and prepare future physicians in the field of geriatric medicine.

Wendy Osei-Bonsu

2023 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 **2023 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 January 2023. Award eligibility and criteria, along with the nomination form, will be available on the society's website at www.pagswd.org.

Attorneys as Healthcare Advocates: The Argument for Attorney-Prepared Advance Healthcare Directives

by Grace Wankiiri Orsatti

Grace Wankiiri Orsatti, Externship and Pro Bono Director Assistant Professor of Clinical Legal Education, Duquesne University School of Law

I. Introduction

Advance healthcare planning documents allow individuals to preemptively make and record end-of-life healthcare decisions. Frequently, such advance care planning documents are prepared not by doctors but by attorneys.[1] In fact, individuals may be more likely to discuss their end-of-life healthcare plans with an attorney than with a physician.[2] Critics, however, object to attorney-prepared advance directives, arguing that they are a service "which only a clinician can provide."[3] This article will address how attorneys who provide advance healthcare planning services can and do provide value to their clients.

Critics of attorney-prepared advance healthcare documents argue that "[s]oliciting the advice of a lawyer to complete what is fundamentally a medical directive is like getting advice from your doctor about completing your taxes," on grounds that attorneys lack the medical knowledge to properly complete such documents and therefore may fail to properly reflect the client's end-of-life healthcare preferences and needs.[4] However, clinician-prepared advance directives receive similar criticism for failing to accurately predict future patient needs and ensure that patients receive desired healthcare treatment at the end-of-life.[5] Advance healthcare directives are inherently speculative in nature. Whether prepared by an attorney or a physician, such documents attempt to plan for an uncertain future and may not accurately reflect the client's desires or be suited to the client's specific medical circumstances when relied upon. Specific treatments selected in the document may ultimately be incompatible with each other, unavailable, or medically impossible to follow.[6] Moreover, clinicians may disregard such instructions entirely in the face of family objections, or the patient's end-of-life healthcare instructions may not be adequately entered into the patient's medical record.[7]

Nevertheless, some form of advance healthcare planning continues to be viewed as valuable. Such planning provides an opportunity for patients and families to reflect on their values and goals, before a medical crisis. Patients who engage in such planning report greater satisfaction with their care and it may improve the relationship between the patient and their family at the end-of-life.[8] Moreover, where advance care planning occurs, surrogate decisionmakers as well as clinicians report a decrease in distress when making end-of-life healthcare decisions for the incapacitated principal.[9] Attorneys can help to inform and engage the public in end life healthcare preparation, and increase accessibility to advance healthcare planning, providing a valuable service to their communities

II. The Value of Attorney-Facilitated Advance Healthcare Planning

Various planning methods exist to prepare for end-of-life healthcare. However, advance care planning of the type often ascribed to attorneys is of a type that emphasizes the completion of documents and forms. This has been disparaged as a "legal approach" that is "disappointingly ineffective in improving the care people near the end-of-life receive and in ensuring that this care accords with their informed preferences."[10] Despite

such shortcomings, however, attorneys who prepare advance healthcare directives can and do provide value to the clients whom they serve by: (a) assisting the client in selecting the healthcare agent best suited to the task of promoting the client's wishes; (b) ensuring that the client shares and discusses their wishes with their agent, family, and physician, to increase the likelihood of the clients end of life wishes being followed; and (c) ensuring that advance care planning documents comply with applicable law to protect clients against the possibility of the documents being ineffective when needed most.

A. The Value of Attorney-Facilitated Advance Healthcare Planning: Selection of the Healthcare Agent

Even those who challenge the utility of written advance healthcare directive forms acknowledge the critical importance of selecting a healthcare agent and documenting that agent choice in a written advance directive.[11] Advance directives in which the patient selects an agent help clinicians to clearly and easily identify the person responsible for making decisions for an incapacitated patient. A clearly identified agent with decision-making power can adapt to changing medical circumstances, and reevaluate decisions depending on the patient's condition as the patient's medical needs change.[12] Moreover, the appointment of an agent can curtail arguments and power struggles among family members in a time of crisis by making clear who holds decision-making authority. Indeed, at least one court has admonished attorneys to ensure that their clients select "a responsible and trustworthy individual to serve as an agent" noting "an all-too-familiar scenario playing out in guardianship courts, as disgruntled siblings are challenging with greater and greater frequency advance directives on the basis of an alleged breach of fiduciary duty on the part of the family member designated as attorney-in-fact."[13]

Attorneys are well suited for the task of helping the client select the best agent to advocate for and protect the client's interests. Selection of an effective agent requires consideration of multiple factors including the availability and reliability of the agent. In addition, the agent must be able to understand medical information provided, and act upon that knowledge accordingly. The agent must be able to communicate with the client's medical team and family members, and manage the emotional toll that comes with making medical decisions for a loved one. Selecting the right agent requires a careful balancing and weighing of the client's interpersonal relationships and family dynamics.

Attorneys routinely dedicate hours to each individual client, through exhaustive conversations and detailed inquiries that yield such information about the patient's particular relationships and socio-economic circumstances.[14] Clinicians, however, may not have the time to dedicate to such in-depth inquiry of each individual patient's life circumstances to help the patient identify the most appropriate healthcare agent. Yet as a standard practice, attorneys, particularly those providing estate planning services, who regularly draft advance healthcare directives, necessarily obtain from their clients detailed information about family relationships and family structure before preparing any estate documents. The conscientious estate planning attorney must delicately inquire, in detail, into the client's personal life to prepare an estate plan distributing the client's assets upon their death. The purpose of such intrusion into the client's personal life is to understand all the dynamics of the family in order to employ the most appropriate estate planning tools whether that be a will, trust documents, or otherwise.

In order to proficiently prepare an estate plan, the attorney learns which family members are trustworthy, dependable, organized, financially responsible, or improvident. The attorney learns where the client's parents and children live, their occupations and lifestyle, and how close or distant they are to the client — geographically and emotionally. Existing or potential family tensions and conflicts are identified. The attorney learns which family members relate well to each other, and who cannot work together, and about the mental and physical wellbeing of the client's family members, including which family members may have special needs or disabilities, or which family

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members may have drug or gambling addictions that must be accounted for. In reliance on this information, the attorney can prepare special needs trusts or spendthrift trusts, or make decisions about how to preserve a client's eligibility for certain government health benefits, through re-titling or redistribution of the client's assets. Moreover, in addition to the client's family and financial circumstances, the attorney also learns about the client's religious preferences, as well as precise funeral and burial wishes, down to details such as the name of the funeral home, house of worship, or cemetery in which the client wishes to be laid to rest.

Comprehensive information of this sort is necessary to counsel the client about how to best protect and distribute their assets in an estate plan and to ensure that the client's wishes are honored. Information of this sort is equally important for a client when selecting a healthcare agent who must be ready, able, and available to make crucial health-care decisions at a critical time. For example, a healthcare agent who lives too far away may be unreachable in a time of medical crisis. An unreliable or indecisive relative, even though that relative may have a close personal relationship with the client, may prove ineffective, unable make decisions when needed. A family member inclined to dispute with others may make it difficult to reach consensus and resolution when end-of-life decisions must be made, leading to the increased possibility of court involvement. Equipped with thorough information about the client and their family at the outset, the attorney is well-placed to help the client identify the healthcare agent best suited to advocate for the client who cannot do so on their own.

B. The Value of Attorney-Facilitated Advance Healthcare Planning: Planning across the Adult Lifespan

Advance healthcare planning is considered most beneficial when it occurs multiple times over the course of the client's life.[15] The Institute of Medicine Report, Dying in America advocates for such a "life cycle model" of advance care planning as most effective, given that decisions one makes in early adulthood or good health may differ drastically from decisions made at an older age or in sickness. [16] Under such a "life cycle model", in which individuals engage in advance care planning discussions multiple times over the course of their life, the danger of an outdated advance care planning that is not conducive to the client's evolving circumstances is reduced. Moreover, this "life cycle" approach helps to "normalize" such discussions to "avoid the emotional burden sometimes experienced by patients, families, and loved ones who have not adequately prepared for making end of life care decisions."[17]

Such regular review of end-of-life plans over the client's adulthood already occurs as a standard legal practice among attorneys in the field. It is customary for estate planning attorneys to advise clients to return and update their estate plans upon the occurrence of any significant life event such as marriage or divorce, birth of a child, a medical diagnosis, death of a spouse or other family member, or an out-of-state move. Each of these "milestone" life events can impact the client's end-of-life healthcare choices in addition to their overall estate plan.[18] These life events present an opportunity for the attorney to reconnect with the client and fully revisit the entire estate plan and advance care documents in light of the progress of time and changed circumstances. For example, with respect to clients who move or retire out-of-state, state-specific requirements for witnessing or notarizing may apply, or the death of a spouse may raise questions about which of the client's children will assume the role of healthcare agent(s).[19] The ability of attorneys to encounter clients at these regular life intervals allows for advance healthcare planning to be conducted early and often throughout the stages of adulthood.[20]

C. The Value of Attorney-Facilitated Advance Healthcare Planning: Compliance with Applicable Law

State statutes often impose obligations and restrictions on the healthcare agent's exercise of decision-making authority for an incapacitated patient. The advice and counsel of an informed attorney can be crucial for ensuring that advance directives are compliant with applicable law. For example, in Alaska an agent cannot withhold or withdraw life sustaining procedures unless "clearly expressed" in a writing or, where no writing to the contrary exits, such a decision is in

the patient's best interests.[21] In Pennsylvania, the absence of written authorization to withhold or withdraw artificial nutrition and hydration "may be overcome by previously expressed wishes of the principal to the contrary" or if, after consideration of the agent's "values and preferences," the agent concludes the principal clearly would not want such treatment.[22]

The assistance of an attorney to explain such statutory requirements can provide context for the client when emphasizing the importance of clearly expressing their wishes, preferences, and goals to those tasked with making end-of-life healthcare decisions in uncertain or unforeseen circumstances. A well-prepared healthcare agent with knowledge of the client's goals and objectives, is better able to support the client at the end-of-life, and can adapt more readily to the reality of the patient's medical circumstances as they change in a manner that a static advance directive form alone cannot.[23]

Attorneys are also well-positioned to help the client understand the ramifications of failing to prepare advance directives including, for example, the application of default state surrogacy laws that may apply if the client chooses not to select a healthcare agent. The attorney can clarify the effect of divorce on agent selection, plan for multiple agents, children, or blended families to participate in the end-of-life decisions of an incapacitated parent, and prepare for the unavailability of the agent through selection of alternate agents. Moreover, the attorney can inform the client about the nature of intrusive guardianship proceedings that can occur as a result of intractable end-of-life family disputes, which can cause "embarrassment, hurt and feelings of indignity as well as the loss of power and control over ... person or property."[24]

In addition to the foregoing services, the estate planning attorney ensures that the client has the requisite level of capacity to complete advance directive documents, to forestall any legal challenges of that nature. Ensuring that the client has the requisite capacity to complete the advance directive document at the time it is signed, can help to avoid any assertions that the patient lacked the capacity to complete the document, or that the client was the subject of undue influence at the time the document was drafted.[25] Finally, the attorney is also responsible for proper execution of the documents in accordance with state statutory requirements which may require a witness and notary, given that improper execution of advance directive documents risks rendering them invalid.[26]

III. Attorney-Facilitated Advance Healthcare Planning: Potential Areas for Improvement

Although attorneys offer benefits to clients seeking advance healthcare planning, some areas of improvement may exist. Attorneys, for example, must take care not to reduce advance care planning to simply the preparation of written documents without engaging the client in broader goal setting and conversation with family. Rather, taking steps to ensure that the agent and family are informed of the client's plans, and are equipped to act on the client's behalf when needed, protects the client's interests. Training to prepare attorneys to provide effective advance healthcare planning, along with increased collaboration with medical professionals may have the to potential to improve such deficiencies, and enhance advance healthcare planning legal services

A. Over Reliance on Written Documents

End-of-life planning conducted by an attorney differs in its objectives, to some degree, when compared to advance care planning conducted by a physician. Both professions seek to ensure quality end-of-life care and surrogate decision making that accords with the patient's medical needs and goals. Attorneys seek also to protect and safeguard their client's legal interests at the end-of-life, reduce the likelihood of family conflict, and avoid the need for guardianship proceedings. For attorneys, the written legal document in the form of an advance directive is viewed as critical to protect those interests.[27]

However, attorney-facilitated advance care planning is criticized for overemphasis on the written doc-ument rather than on encouraging clients to explore and discuss end-of-life objectives, and set general goals for end-of-life healthcare treatment.[28] Specifically, the type of attorney-facilitated advance care planning that is criticized consists of a single client meeting which is terminated — in

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many cases, prematurely — with the execution of the written advance directive document.[29] Once the client's wishes have been memorialized in writing, the advance care planning process is considered complete. The client then leaves with their documents, only to store them in a file cabinet with other legal paperwork until the time of need arrives. No subsequent discussion of the documents occurs between the client and agent, physician, family, or trusted friends. Indeed, they may all be unaware that the advance healthcare directive even exists. They may have no knowledge of their loved one's overall goals, preferences, or motivations, all of which have been ostensibly captured in a cold, static document that lacks the warmth and depth that human interaction and conversation affords.[30]

Moreover, attorney-prepared documents are criticized for overly-complicated language that may be difficult to interpret by the clinician, client, and agent.[31] In addition, advance directives prepared by attorneys who lask medical knowledge, risk devolving into checklists from which the client simply selects from an assortment of treatment preferences. Without consultation with a medical professional to provide context and consideration of what the patient's existing or future health circumstances might warrant, treatment choices selected may be incompatible with each other and with the patient's needs.[32]

Nevertheless, for attorneys, the written document itself does serve an important purpose. The written advance directive document, when drafted well, provides a physical, portable record that can be referred to in any subsequent dispute. It can "facilitate communication among members of the health care team."[33] It continues to be available when the client becomes unable to make or communicate decisions, and it can provide guidance, reassurance, and support for the difficult decisions the agent and the clinician must make. The written document allows the client to grant an agent the legal authority to make decisions on the patient's behalf. It encapsulates and provides a tangible record which can be referenced in the event of disagreement. It is relied upon in legal proceedings to determine who bears decision making authority for an incapacitated patient.[34] Finally, when drafted in a manner that complies with constitutional requirements and state statutes, the written document can prevent court involvement in the nature of guardianship or conservatorship actions, or other governmental intrusion into healthcare decisions.[35] Yet, written advance directives alone do not comport with evolving advance care planning methodologies which encourage discussion of the client's goals and values with others. Rather, to be most effective, the client must involve family members and others in an ongoing conversation about the client's end-of-life values and preferences.[36]

B. Involving the Healthcare Agent, Family and Others in the Planning Process

End-of-life healthcare planning conducted by attorneys is criticized for involving only the client and for not integrating broader conversations with the agent, family and loved ones.[37] The perception persists that "although most lawyers urge clients to share documents with family and health care providers, few have routine practices designed to assist clients in doing so."[38] Engaging the client's loved ones offers "opportunities to create shared meaning and strengthen relationships."[39] Absent these broader and recurring conversations, attorney-prepared documents on their own may fail to integrate the client's specific medical need and the client's relationships into the overall care plan.

The manner in which attorneys provide advance care planning services is well suited to promote family involvement and discussions with loved ones, as standard practice. Estate and end-of-life planning conducted by attorneys usually occurs as a series of conversations and meetings. From the first client meeting, the attorney is well-positioned to encourage the client to commit to discussing their end-of-life healthcare goals with family, caregivers, friends, as well as their physician, as a prerequisite to completion of the document.

For clients who commit to having such conversations with loved ones before the written directive is ultimately prepared by the attorney, the attorney can provide direction, support, and resources to help the client conduct such conversations. Initiating such conversations with family members can be difficult for clients, and family members may be unwilling to discuss their loved

one's death. Preparing the client with information, resources, and tools to help the client broach the subject of their end-of-life goals and preferences with their family and others may help to ease discomfort.[40] Throughout this process, recognition of and sensitivity to the client's religious, cultural, and spiritual values, is imperative for the advance care plan to respect and reflect each individual client's needs.

To support the client in this process of engaging their family and friends in end-of-life conversations, the attorney can direct the client to any of the ubiquitous, evidence-based internet resources available to help facilitate such conversations with family.[41] Websites which promote reflection and encourage engagement in selecting care preferences are valuable resources. However, the experience of completing an advance directive form on the internet can seem impersonal. The support of and interaction with an attorney-facilitator can counter a sense of detachment and isolation that may accompany the experience of completing end-of-life care documents online, alone, on a computer screen.

The client, supported by their attorney and equipped with resources, can engage third-party stakeholders such as family members as well as the physician in the advance healthcare conversations. If the client consents, and keeping confidentiality obligations in mind, the attorney can involve the agent and family members in the attorney-client advance care planning meetings. Whether or not the attorney is present when such conversations with loved ones occurs, and even if the conversations are not ultimately documented in an advance directive, such reflection and conversation with family in advance, is beneficial. It may ease some of the shock and distress that can later arise when end-of-life has never been discussed and is only considered at a loved one's deathbed for the very first time. "[W]hile it is never too soon to initiate these conversations, putting off these conversations until days before patients' deaths is inhumane and distressing to the dying and their families."[42]

After the client has shared and discussed their goals with their family as well as their physician, the attor¬ney is in a better a position to pursue the next step of preparing an advance directive document to memorialize the client's healthcare wishes. Thereafter, and over the course of the client's lifetime, the attorney can continue to meet with the client to review and update the document, as the client's circumstance change. Recognizing once again that attorneys are not clinicians, specific medical treatment choices are best left to medical professionals within whose bailiwick related end of life documents such as the POLST form and in-hospital resuscitation orders also fall. Attorneys and their clients must be clear that the attorney-prepared advance directive document serves as a basis for ongoing discussion with a medical professional, and must instruct the client to regularly review the document with their physician, in order to reflect the client's particular medical circumstances and needs.

C. Distributing the Advance Healthcare Directive Documents

Critics of attorney-drafted advance care directive forms contend that such paperwork does not find its way to the client's physician or healthcare agent, and rather than being made part of client's medical record, the document is instead filed and forgotten once the client leaves the law office. Such attorney-prepared documents fail to fulfil their intended purpose because they are never exchanged with agents and medical providers and therefore may be unavailable when needed.[43] For this reason, some recommend instead that these documents be completed exclusively in a healthcare setting, so that they can be immediately made part of the patient's file.[44] However, the failure to properly include an individual's healthcare wishes in the medical record, is not a problem unique to attorneys. Even when advance healthcare planning occurs in a medical setting, the patients' directives may not be entered into the patient's medical record.[45] Healthcare facilities, clinicians and lawyers alike must all take steps to better ensure that such documents are adequately included in the medical record and relied upon when needed.

As already emphasized, as a first step, attorneys must instruct their clients to discuss their advance healthcare wishes with a physician before recording them in an advance directive. Clients and attorneys must then ensure that the

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documents are shared with the client's physician, agent, family and friends. Of course, simply because the attorney directs the client to provide the advance directive document to their physician and discuss it with their agent and family does not mean the client will do so. "Even if lawyers encourage patients to discuss the documents with clinicians and family members, such engagement may not happen."[46]

For attorneys, an option may be to mail or otherwise distribute copies of the completed advance directive document directly to the medical records office and/or to the client's physician, if the client consents. Assistance by the attorney in this way ensures that the client or their agent is not solely responsible for making certain that the document is included in the client's record. Similarly, the attorney can also provide copies of the advance directive directly to the healthcare agent, with the client's consent, including instructions as to their use, when they are to take effect, and explanation of the duties of the healthcare agent. Taking steps to provide the document directly to the relevant parties may decrease the likelihood of the document not being utilized if the client forgets or neglects to share the document on their own.

D. Attorney Training and Skill Development

Medical professionals, commendable for their candor, have concluded that physicians very often "lack training, communication skills, and confidence regarding the initiation of end-of-life conversations," and have, "poor skills in conducting advance directives discussions."[47] Physicians and medical students report "feeling unprepared or uncomfortable with broaching the topic of death with their patients and families" and uncertain about "how to initiate or proceed with these discussions."[48] If physicians struggle with lack of preparedness to discuss death, it can only be expected that attorneys experience similar difficulty when drafting living wills or other advance directives for clients struggling to make future healthcare decisions in light of uncertain diagnoses and myriad treatment options.

The struggles that physicians encounter in conducting end-of-life conversations have been attributed, in part, to an inadequacy in medical education in preparing physicians for such conversations. In medical education "dealing with death is not uniformly considered a basic medical skill."[49] The medical profession has thus identified a clear need for and commitment to investment in training, in an effort to improve the efficacy of advance healthcare planning.[50]

In the same manner that physicians struggle with lack of preparedness in this domain, it can only be expected that lawyers preparing advance healthcare directives experience similar difficulty discussing end-of-life healthcare decisions with a client. Just as medical schools have not adequately prepared doctors to hold end-of-life conversations and more training is required, law schools may not be adequately preparing lawyers for the reality of end-of-life planning. Such skills are likely to only be developed by attorneys on-the-job, through trial and error, in a piecemeal fashion. For the many students who enter the ever-popular practice of estate planning, the legal profession may need to better equip them as future practitioners for the reality that they are expected to prepare clients for healthcare decisions at the end-of-life.

"[S]tudies have established that physicians can be taught the communication skills needed to provide good end of life care."[51] Attorneys seeking to help clients document these healthcare decisions in advance directives may similarly benefit from additional, profession-specific skills training to most effectively assist clients who wish to memorialize their end-of-life decisions, and to guide clients through the process of advance care planning. Facilitator trainings that have been considered helpful for improving advance care planning effectiveness in the healthcare setting include intensive small group trainings, simulations, and classroom modules "focused on achieving competency in facilitating [advance care planning] conversations through video demonstration, instructor role modeling, role-play exercises, and feedback on competency."[52]

While trained attorney facilitators cannot and should not usurp the role of medical and other profes-sionals, they can serve as a valuable resource to those seeking to prepare for end of life. Although various approaches exist to encourage individuals to conduct

end-of-life planning, successful interventions include those that incorporate "direct interactions" between the patient and the professional facilitating the conversation.[53] Some scholarship indicates that when such direct interactions occur over multiple visits and where the advance care planning facilitator is trained, improvement in the documentation of advance care plans results.[54] Studies that showcase the effectiveness of direct facilitated end-of-life discussions have utilized clinicians, nurses, social workers, and hospital chaplains among others, as advance care planning facilitators.[55] Future studies about the effectiveness of direct attorney-facilitated interactions may help to improve the role of the lawyer as facilitator.

End-of-life conversations that are poorly conducted by uninformed facilitators run the risk of hindering the client's goals, obstructing medical treatment, and escalating family conflict. The assistance of trained, skilled, and informed attorney-facilitators may reduce the likelihood of legal documents that, when needed, may be ineffective at best, or obstructive at worst, with respect to accomplishing the client's goals. To help lawyers engaged in advance care planning improve their skills, the American Bar Association has created guidelines for lawyers to utilize in practice. The ABA Advance Directives Counselling Guide for Lawyers, created by a multidisciplinary team of medical and legal professionals, seeks to "assist lawyers and health care professionals in formulating end-of-life health decision plans that are clearly written and effective."[56] The document provides important guidance and resources to attorneys preparing advance healthcare directives. The extent to which the document is utilized in practice by estate planning attorneys however, remains unknown, and further research as to the use and effectiveness of the document in improving attorney-facilitated end-of-life conversations might prove insightful.

IV. Opportunities for Medical-Legal Partnership

Advance healthcare directives fulfil their intended purpose when the client's decisions are honored after the client becomes incapacitated. However, attorneys who prepare advance directives may never know if the documents served their intended purpose when the client is dying. The attorney does not join the client at the bedside. Our legal system affirms and respects the fact that end-of-life healthcare choices should be left to patients, their families, and their physicians.[57] Although attorneys are not physically present at the bedside, their representation continues, however, through the advance directive document drafted by the attorney to protect the interests of the individual who no longer has the capacity to protect their interests on their own.

Clinicians complain, however, that "legal advance directives are often incomprehensible, are too lengthy, or contain specific treatment wishes which are not pertinent to the clinical situation at hand."[58] If clinicians struggle to interpret and implement perplexing instructions in attorney-prepared advance directives, patient goals may be impeded. Yet if the attorney-drafted document is unclear, the attorney who drafted it may never know. If physicians or the healthcare agent struggle to interpret, or fail to apply the document because of gaps, errors, or inadequacies in the language, or family arguments erupt about its meaning, the deficiencies in the advance directive document may never come to the attention of the attorney who drafted it. Rather, such disputes are often resolved through internal protocols within healthcare facilities which may include medical team meetings, family meetings, social worker consultations, or the intervention of clinical ethicists and hospital ethics committees. Such internal dispute-resolution is likely to occur without the attorney ever realizing that a disagreement is occurring or that the dispute is exacerbated by the attorney's own ineffectiveness as an advance care planning facilitator. Only if court proceedings are ultimately initiated might the attorney who prepared the advance directive become involved in the ensuing guardianship proceedings.

Thus, if an advance directive fails to achieve its desired purpose, the attorney who prepared the document is often deprived of the opportunity to learn from and improve their advance planning methods to better serve future clients. The fact that internal dispute-resolution exists in

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hospitals and nursing homes to resolve end-of-life disagreements without court intervention does not absolve attorneys from the obligation to conduct effective advance care planning documents that clinicians can rely upon.

"To ensure that [advance care planning] efforts are effective, evidence-based, and legally recognized, it is important that the medical and legal communities engage with one another to align their approaches."[59] Collaboration with medical professionals may help attorneys better understand how to draft meaningful and effective documents. Legal professionals working together with medical professionals to address deficiencies and better understand the needs of each profession in the preparation of advance directives offers "potential to improve practice among lawyers and clinicians by establishing a shared understanding of the goals of [advance care planning] and to clarify the appropriate role of lawyers and clinicians."[60]

Medical-legal collaborations and training programs have the capacity to benefit the legal profession and the public by informing attorneys about which advance care planning practices are most helpful to patients and clinicians, thereby improving the efficacy of attorney-facilitated advance care plans. Similarly, through such partnerships, healthcare professionals may gain from the expertise that legal professionals offer. Medical students, clinicians, and healthcare professionals who rely on advance health care directives may benefit from information about attendant legal requirements and obligations, as well as the constitutional and statutory rights of the patient and healthcare provider, and the possible legal outcomes where advance directives fail or do not exist.[61] Medical-legal partnerships have the capacity to help both professions enhance their knowledge, skill, and understanding with respect to the preparation, documentation, interpretation, and application of advance care planning documents.

Advance healthcare directives allow individuals to identify trusted, capable, and informed advocates to act as healthcare agents and protect their interests. They reduce the likelihood of individuals falling to the mercy of default surrogate decisionmaker statutes or court-appointed guardianships. They offer a means to avoid inter-family disputes that can spill over into legal proceedings leaving vulnerable clients at the mercy of the judicial system. Competent, well-trained professionals working together to provide advance care planning services through interdisciplinary partnerships can help to promote end-of-life health care that accords with client wishes.

V. Attorneys as Healthcare Advocates

A. Increasing Public Awareness about Advance Care Planning

Although advance directives are widely considered beneficial, only every third American has completed an advance directive.[62] Access to knowledgeable, informed lawyers trained to draft advance directive documents can serve to increase availability of and public access to end-of-life planning services. Certainly, advance healthcare directive documents can be prepared exclusively with a clinician or online. Yet even among these and other advance care planning alternatives, the individualized service of an attorney — who can act as a full-service facilitator, and who can ensure that the client engages all the appropriate parties, including the agent and the physician, in the advance care planning process — remains a viable option.

As advocates for advance care planning, attorneys can encourage the public to document, share, and discuss end-of-life goals and preferences. However, in so doing, attorneys must be cognizant of and responsive to the fact that their professional skills differ from those provided by medical professionals, and ensure that each client consults with a qualified medical professional to further discuss and develop their advance healthcare plans. Nevertheless, by helping to "normalize" advance care discussions, by making advance care planning more widely available, and by offering an alternative means by which individuals can begin to engage in end-of-life healthcare conversations and prepare documents, attorneys provide value.[63]

B. Attorneys as Catalysts for Health Care Equity: The Example of Law School Clinics

The COVID-19 pandemic has highlighted healthcare disparities that disproportionately affect minority and low-income populations.[64] A clear need exists for all individuals, but particularly those who are most vulnerable, to identify a healthcare

agent of one's own choosing and discuss end-of-life treatment goals in the event of a medical crisis.[65] Advance directives serve as a means to empower individuals to retain some degree of autonomy and have a voice in their own healthcare treatment. A well-informed healthcare agent serves as an advocate on behalf the patient who cannot represent themselves — an advocate who understands and can honor personal and family needs and deeply-held values, traditions, and beliefs to best promote and protect the patient's goals.

Economically vulnerable and minority populations are less likely to have completed advance directives with the result that "poorer, younger, less-educated, and minority individuals are not having timely [end-of-life] conversations with their physicians, and as a result are dying in places and ways that do not reflect their wishes."[66] A need exists for greater outreach to communities with low rates of advance healthcare planning. One potential opportunity to reach underserved populations is through law school clinical programs that provide legal services to the public. Such programs can help to address disparities in end-of-life healthcare planning among vulnerable and disadvantaged populations by making advance care planning services more readily available as a pro bono offering.

Clinics offering medical-legal services or estate planning services are a particularly popular offering at law schools. These educational and service programs often provide — as part of their services — preparation of advance healthcare directives for the clients they serve. Such clinics increase access and availability to advance healthcare planning, by offering free services to underserved populations. Law school clinics also offer an opportunity to train the next generation of attorneys to help clients prepare effective end of life plans. Through law school clinics, with careful supervision and instruction, students work alongside professionals to provide direct client services, allowing the student to observe best practices, learn from experience, and develop their skills as future practitioners, while at the same time serving the public.[67]

Law school clinical programs integrate into the curriculum instruction about the applicable law, but also instruction about effective client communication, discussions about public policy and notions of justice, and the role of an attorney as an instrument of that justice.[68] "[C]linics are the law school sites within which the cognitive, skills and civic dimensions are purportedly iterative and integrated, where students learn and deploy legal skills and encounter the real-life ethical challenges of working directly with clients to diagnose and treat their legal problems."[69] Law school clinics, which often serve culturally diverse, underserved populations as well as economically disadvantaged clients, incorporate examination and reflection of cultural, moral, and religious considerations inherent in the practice of law.[70] By integrating instructive and reflective exercises into the curriculum throughout the course of the clinical program, clinics seek to nurture and promote respect, awareness, and sensitivity to the diversity of client experiences.

Law school clinics additionally offer an opportunity for interdisciplinary collaboration through partnerships with other university departments. Such partnerships with other professional schools such as medicine or nursing programs, have the potential to improve the skill of the next generation of advance care planning professionals. "By recognizing lawyers as powerful allies in addressing some of the root causes of systemic health inequities, medical legal partnerships can expand institutional and profes-sional boundaries and help students learn new ways to practice law and medicine together. ... Working together to overcome potential barriers to serving health- and justice-related interests not only improves teamwork but also teaches students how much they have in common with each other."[71]

Such partnerships offering advance healthcare planning training, supervision, and education have the potential to improve the skills of advance care planning of future professionals, who learn and implement best-practices for providing advance care planning services to the public. In addition, they have the potential to empower vulnerable populations by encouraging preparation for end-of-life care well before a medical crisis occurs, and offer a resource to underserved populations seeking to receive advance care planning services.

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VI. Conclusion

Discussions of end-of-life meet at the intersection of medicine, law, ethics, religion, social work, and philosophy. The breadth of the domains that end-of-life conversations encompass is reflective of the profoundness of the subject matter. Advance care planning must be conducted with awareness and respect for the human dignity of the individual facing profound questions about their own mortality. Attorneys must be prepared to effectively and compassionately respond to each client's needs in a manner receptive and responsive to the cultural and spiritual values of the client.

Attorneys can and do play an important role in providing such end-of-life healthcare counsel, a service that is an integral part of any comprehensive estate plan. Through an advance healthcare directive, the agent can authorize admission of the client to a nursing home or hospice facility, or support the client's wish to remain at home. The agent can prevent the need for judicial proceedings and court-appointed guardians to provide external oversight. Healthcare directives are more than a mere 'add-on' to wills, trusts, financial powers of attorney, and the various asset protection tools that estate planners employ. Various components of the estate plan as a whole are reliant on the health status of the client and on the permissions granted in the healthcare directive. Advance directives govern fundamental decisions about the healthcare of the person on whose life the estate is based, and around whom the entire estate plan is centered.

Critics of advance care directives often point to the fact that most people do not prepare them as a rea-son warranting their abandonment.[72] However, comparably few U.S. adults prepare any type of estate plan including a last will and testament, trust documents, or financial power of attorney.[73] The fact that low numbers of adults prepare any estate planning documents, including advance healthcare directives, is not reason enough to abandon their use. Skilled and informed attorneys who provide estate planning and advance directive services provide value by increasing the availability of such documents and encouraging clients to at least begin to consider the end-of-life healthcare wishes.

Advance healthcare planning involves "a complex interplay" between patients, surrogates, communities, clinicians, health systems, and policy."[74] The role and value of legal professionals who empower individuals to advocate for themselves through an advance healthcare plan, cannot be discounted. Attorneys who provide facilitated advance care planning services in keeping with evolving best practices provide value to the healthcare profession, to families, and to the clients whom they serve. Even among the many options available for preparation of advance healthcare plans, attorneys who offer facilitated advance care planning assistance can deliver a trusted and meaningful service.

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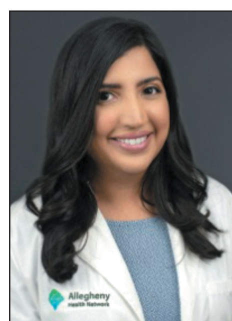
Navigating Geriatric Syndromes and Advance Care Planning with older adults

This CEU was presented at Presbyterian Senior-Care Network and featured **Dr. Lyn Weinberg, M.D.,** the Director of the Division of Geriatrics for Allegheny Health Network – along with **Anita Chandra, M.D.,** and **Alison O'Donnell, D.O.**, both Geriatricians at Allegheny Health Network. In this course, attendees learned about the diagnosis and management of common geriatric syndromes along with advance care planning. The course was free of charge and available on-demand.

Dr. Lyn Weinberg



Dr. Anita Chandra

Dr. Alison O'Donnell

The speakers presented a real-life case of a complex older adult who is living with multiple geriatric syndromes. Clinical guidance and education were provided around the diagnosis and management of common geriatric syndromes – including falls, cognitive impairment, and polypharmacy. They also reviewed interdisciplinary models of geriatric care, along with advance care planning.

Attendees walked away with:

- An understanding of the unique challenges of geriatric syndromes and aging
- The ability to review the 4Ms of Age-Friendly Care
- Knowledge about the assessment and management approach of falls, cognitive impairment, and polypharmacy with a case-based approach
- A practical approach to advance care planning conversations

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POLST NOTES

PA POLST Enduring Continuing Education Modules Now Available!

The much-anticipated redesigned PA POLST continuing education modules are now available for on-demand learning. These modules provide an interactive learning opportunity for practitioners seeking to enhance their ability to have POLST conversations with patients. A multidisciplinary statewide POLST Curriculum Committee participated in the development of these modules, which cover the following topics:

- **Module 1 - Introduction to POLST** (2.5 CME or CNE credits): Highlights the differences between Advance Directives and POLST, critical aspects of the POLST form, and how to master POLST conversations with patients and their support teams.
- **Module 2 - Overview of POLST and Advance Directives** (1.5 CME or CNE credits): Explores the necessity of advance care planning and the function of the POLST document, the Out-of-Hospital DNR, critical elements of a POLST discussion, how to complete a POLST form appropriately, and the necessary components for POLST implementation.
- **Module 3 - POLST Conversations** (coming soon!)
- **Module 4 - POLST Tools** (0.5 CME or CNE credits): Provides tools to facilitate effective POLST conversations, including critical discussion points and helpful phrases for POLST conversations and cultural and spiritual awareness.
- **Module 5 - POLST Implementation** (1.5 CME or CNE credits): Explores the essential components of a successful POLST implementation, including recommended policy and procedures and quality indicators to evaluate appropriate POLST use.
- **Module 6 - Medicare Reimbursement for Advance Care Planning Discussions** (0.5 CME or CNE credits): Reviews Medicare reimbursement criteria and codes for advance care planning and POLST conversations with patients.
- **Module 7 - Carousel Cases** (0.5 CME or CNE credits): Presents case-based scenarios to facilitate the practice of crucial POLST conversation points.
- **Emergency Medical Services and POLST** (0.5 CME or CNE credits): Reviews Pennsylvania's Advance Directive law and provides an overview of the role of EMS personnel in POLST, as well as guidance in identifying the differences between Out-of-Hospital DNR and POLST documentation.
- **Cultural Competency and POLST** (coming soon!)

These self-paced modules are now available in the new PA POLST Learning Center at www.papolst.org/learning-center. Learners will be able to receive a total of 7.5 CME or CNE credits for completing the online modules. There is no cost for the continuing education credits.

This project was supported by a grant from the McElhatten Foundation to enhance access to POLST education and resources for healthcare providers and personnel throughout Pennsylvania.

Please share this information with your colleagues!

New End-of-Life Learning Opportunity

Applications are now open for the new Death and Dying Series: Enhancing Conversation Skills. This series takes on a key challenge: the reality that professionals are not well prepared to deal with or talk about death, dying, and grieving families. This education series, modeled after the popular Death and Dying Fellowship for graduate students offered by the Jewish Healthcare Foundation, provides healthcare professionals with an opportunity to learn, confront, and discuss the legal, medical, social, cultural, familial, and spiritual aspects of death and dying within a multidisciplinary group in a low-pressure environment. Gain the skills you need to have meaningful end-of-life conversations with your patients and their families.

Practitioners within Pennsylvania seeking to enhance their knowledge and skills in end-of-life care are encouraged to apply for the virtual learning series. The series will run on seven Wednesdays in September and October from 3–5 pm via Zoom. Learn more and apply at https://bit.ly/DeathDyingSeries. Applications are due **Monday, August 22, 2022**, and the first session is Wednesday, September 14, 2022.

Recording of Trust in the Ruins Lecture Now Available

In case you missed it, “Advance Directives: Are We Expecting More Than They Can Deliver?” presented by Dr. Susan Tolle, director of OHSU Center for Ethics in Health Care and Chair of the Oregon POLST Coalition, is available for viewing online. This lecture was part of the Center for Ethics in Health Care’s *Trust in the Ruins* lecture series from earlier this year. Dr. Tolle examined ways that advance directives are effective and reviewed data about their shortcomings. The recording and slides are available on the Center for Ethics in Health Care website.

POLST e-Registry and Interoperability Virtual Session Materials Available

The Massachusetts Coalition for Serious Illness Care has made the recording and slides available from their April virtual session titled “POLST e-Registry and Interoperability.” The recording is available on YouTube, and the slides are available for download at the Coalition’s website.

Updates from National POLST

The Patient/Public workgroup of the National POLST Education Committee has updated and developed several new documents: *Patient Guide to the POLST Portable Medical Order*, *Who Needs a POLST, a Portable Medical Order?* (the public companion to our Intended Population Guidance), Appropriate POLST Use Policy, and a new statement about POLST & Cost Avoidance.

Amy Vandenbrouke Departs National POLST

Amy Vandenbroucke, JD, has left her role as executive director at National POLST. In her announcement, she shared, “While I’m excited about my new adventures, I am sad to be leaving National POLST and all the amazing people that I have met over the last nine years. I’ve been excited to see all the incredible work you’ve done to implement POLST in your state and appreciate your support of the work I’ve been doing nationally: we’ve been a good team! We have accomplished a lot together, and I know POLST as a concept and National POLST as an organization will continue to succeed because of this work and your dedication.” Amy is an Assistant Professor at Oregon Health & Science University and an Instructor at The University of Portland and will be increasing her teaching load at both institutions.

Amy Vandenbrouke

We thank Amy for her leadership and guidance during her tenure with National POLST and wish her well as she expands her teaching responsibilities.

PMDA Fall Regional Meeting to Highlight Recommendations from NASEM Report on Long-Term Care

The Pennsylvania Society for Post-Acute and Long-Term Care Medicine (PMDA) will hold its fall regional meeting on September 21, 2022, from 6–7 pm via Zoom. This session will focus on the impacts of the call for nursing home reform made in the recent report from the National Academies of Science, Engineering, and Medicine (NASEM). It will also examine recent changes in physician documentation and how these changes may play a role in practice patterns for PALTC practices.

Alex Bardakh, MPP, PLC, director of public policy and advocacy for AMDA–The Society for Post-Acute and Long-Term Care Medicine, will be the featured speaker. Learn more and register at https://na.eventscloud.com/website/41907/home

Thank you for your continuing support of Pennsylvania POLST.

Judith Black, MD, MHA
National POLST Plenary Assembly
Jewish Healthcare Foundation Medical Advisor
blackjs352@gmail.com

Lisa George, MPH, CHES
PA POLST Coordinator
info@papolst.org

Mark Your Calendar

September 21, 2022
PMDA'S Fall Regional Meeting
Virtual Meeting
https://na.eventscloud.com/website/41907/home

October 14-15, 2022
PMDA 30th Annual Symposium
Hershey Lodge | Hershey, PA
https://na.eventscloud.com/website/40026/

November 10, 2022
PAGS-WD Fall Program
Virtual Meeting

March 9-12, 2023
American Medical Directors Association (AMDA) the Society for Post-Acute and Long-Term Care Medicine – 2023
Tampa Convention Center
https://www.eventscribe.net/2023/PALTC23/Credit
Type: CEUs for Nurses, CMD Clinical,
CMD Management, CME, Other

March 23-24, 2023
PAGS-WD 31st Clinical Update in Geriatric Medicine
Virtual Meeting

April 27-29, 2023
American College of Physicians - Internal Medicine 2023
San Diego, CA
800-523-1546 x2600 or 215-351-2400
https://www.acponline.org/
internal-medicine-meeting-2023

May 10-13, 2023
Society of General Internal Medicine 2023 Annual Meeting – General Internal Medicine: Meeting the Promise of Tomorrow
Aurora, CO - Gaylord Rockies Resort
https://connect.sgim.org/annualmeeting/home
Email Annual Meeting inquiries to: support@sgim.

September 27-30, 2023
National Conference of Gerontological Advanced Practice Nurses Association 2023
Hyatt Regency | New Orleans

October 26-29, 2023
American Society of Consultant Pharmacists 2023 Annual Meeting & Exhibition
Gaylord Palms Resort & Convention Center |
Kissimmee, Florida

November 7-10, 2024
American Society of Consultant Pharmacists 2024 Annual Meeting & Exhibition
Gaylord Rockies Resort & Convention Center |
Aurora, Colorado

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.

American Geriatrics Society 2023 Annual Scientific Meeting

May 4-6, 2023

Long Beach, CA • 212-308-1414

https://meeting.americangeriatrics.org/about/past-future-meetings

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 2023 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 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. Meeting attendees will have many wonderful opportunities to network and exchange ideas and information with colleagues. The Presidential Poster Reception, Special Interest Group Meetings, Section Meetings for Fellows-in-Training, Nurses, Pharmacists, Social Workers, and Teachers are all great opportunities to interact with colleagues.

31st Annual *Virtual*

Clinical Update in

GERIATRIC MEDICINE

March 23 - 24, 2023

The **31st Annual Clinical Update in Geriatric Medicine Conference**, will take place on **March 23 through 24, 2023.** After careful consideration by the Course Directors and Board of Directors and reviewing the positive responses from the past two virtual conferences, the decision was made to offer a virtual experience again for 2023. We are excited to build on the success of the last two conferences by adding enhancements to provide an exceptional. experience for attendees.

Course directors **Shuja Hassan, MD, Neil Resnick, MD,** and **Lyn Weinberg, MD**, along with the Planning Committee members, have created a superb program which delivers practical, as well as an evidence-based approaches and identified speakers whose expertise is nationally recognized and their ability to share their knowledge in a practical, succinct, and entertaining way to facilitate its easy incorporation into a practice.

This well-respected, American Geriatrics Society (AGS) award-winning course is jointly provided by the Pennsylvania Geriatrics Society - Western Division (PAGS-WD), UPMC/University of Pittsburgh Institute on Aging, and University of Pittsburgh School of Medicine Center for Continuing Education in the Health Sciences.

2023 Election Ballot

Please note that this years Election Ballot will be done online. You will receive your ballot electronically to your email in early November!
*Ballots must be completed no later than Tuesday, December 13, 2022

Officer
(two-year term beginning January 1, 2023, to December 31, 2025)

☐ *Heather Sakely, PharmD, BCPS, BCGP*

Board of Director (Vote for up to 6)
(three-year term beginning January 1, 2023, to December 31, 2025)

☐ *Anthony Giampolo, MD, MBA, DAAPM, ABPN*
☐ *Shuja Hassan, MD*
☐ *Fred Rubin, MD*
☐ *Lyn Weinberg, MD*
☐ *Rollin Wright, MD, MA, MPH*

Write in Vote ______________________________

Council of State Affiliate Representative (COSAR)
(three-year term beginning January 1, 2023, to December 31, 2025)

☐ *Neil Resnick, MD*

Ballots must be completed no later than Tuesday, December 13, 2022.
Questions? Contact:
Eileen Taylor, Chapter Administrator, etaylor@acms.org

OCTOBER 14-15, 2022 | HERSHEY LODGE, HERSHEY, PA

Reunite with colleagues from across the state and network with others at the Pennsylvania Society for Post-Acute and Long-Term Care Medicine's 30th Annual Symposium this October! This is a one-and-a-half-day educational event for all members of interprofessional teams of health care professionals who provide care to older adults residing in the full spectrum of long-term care facilities.

REGISTER NOW!

Agenda

THURSDAY, OCTOBER 13

6:00 p.m. – 8:00 p.m.	Welcome Reception

FRIDAY, OCTOBER 14

7:45 a.m. – 8:00 a.m.	Welcome
8:00 a.m. – 8:45 a.m.	Wound Care *Marlo Thomas, CRNP*
8:45 a.m. – 9:30 a.m.	COVID Update - CD DOH Guidance & Regulations *Leon Kraybill, MD, CMD*
9:30 a.m. – 10:00 a.m.	Break with Exhibitors
10:00 a.m. – 11:00 a.m.	Dementia Care Training & Education - Redesigning Dementia Care *Mandy Cheskis, MS, CCC-SLP*
11:00 a.m. – 11:20 a.m.	AMDA – National Headlines from Inside the Beltway *Alex Bardakh, MPP, CAE*
11:20 a.m. – 11:50 a.m.	Annual Business Meeting
11:50 a.m. – 1:00 p.m.	Lunch & Break with Exhibitors
1:30 p.m. – 2:30 p.m.	Changes Driven by COVID-19 in Long-Term Care Facilities - Hope for the Future? *Morgan Katz, MD, MHS*
2:30 p.m. – 3:15 p.m.	Competent and Sensitive Care for LGBTQ+ Patients in Nursing Facilities *Michael Danielewicz, MD*
3:15 p.m. – 4:00 p.m.	Break with Exhibitors
4:00 p.m. – 5:00 p.m.	GLP-1 Use, Insulin Delivery & Monitoring Devices in the LTC Setting *Ann Marie Barilla, MHSc, RD, LDN, CDCES, BC-ADM*

SATURDAY, OCTOBER 15

8:00 a.m. – 8:45 a.m.	Elder Abuse and Neglect: The Role of the Medical Director *David Hoffman, JD, FCPP*
8:45 a.m. – 9:45 a.m.	Billing and Coding in Nursing Homes *Charles Crecelius, MD, PhD, FACP, CMD*
9:45 a.m. – 10:15 a.m.	Break with Exhibitors
10:15 a.m. – 11:15 a.m.	Pharmacy Potpourri *Emily Hajjar, Pharm.D., MS, BPCS, BCACP, BCGP*
11:15 a.m. – 12:00 p.m.	Five Articles That Could Affect Your LTC Practice *David Nace, MD, MPH, CMD*
12:00 p.m. – 1:00 p.m.	Lunch & Break with Exhibitors
1:00 p.m. – 1:45 p.m.	Monkeypox: Considerations in Non-Acute Care Settings *Alex Benjamin, MD, FID SA, CIC*
1:45 p.m. – 2:45 p.m.	Public Policy Update *David Nace, MD, MPH, CMD*
2:45 p.m. – 3:00 p.m.	Thank You & Adjournment

SCAN HERE TO REGISTER

The Pennsylvania Society For Post-Acute And Long-Term Care Medicine

Welcome to the PAGS-WD Team! Eileen Taylor

The Pennsylvania Geriatrics Society-Western Division is pleased to welcome Eileen Taylor to our team as of July 1, 2022. Eileen joins PAGS-WD as the new Administrator. In her new role, Eileen will manage several aspects of the society including membership, outreach, finances, governance, and planning and management of events such as the Fall Program and Clinical Update in Geriatric Medicine.

Eileen Taylor

Before coming to the PAGS-WD, Eileen was previously the Program Coordinator at the University of Pittsburgh, Division of Geriatric Medicine where she coordinated the Geriatrics Area of Concentration program for medical students as well as the Clinical Update in Geriatric Medicine. Additionally, she oversaw the procurement of supplies and equipment for the Division's research studies as well as the Pepper Center research, developmental, and pilot projects and performed monthly reconciliation and annual budget of the Division's operating and unrestricted accounts.

Eileen completed her master's degree in Public Policy and Management at the University of Pittsburgh, and we are excited to have her insight and expertise in that area.

When she's not working, Eileen enjoys reading, dancing, walking her dog, and spending time with family. Eileen can be reached at etaylor@acms.org or 412-321-5030 x105.

2022 OFFICERS AND BOARD OF DIRECTORS

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