



Geriatric Emergency Medicine Section
November 20, 2023, Meeting Minutes
Noon EST / 11 CST / 9 PST

Participants: Maura Kennedy, MD, MPH, FACEP; Kevin Biese, MD, MAT, FACEP; Danya Khoujah, MBBS, MEHP, FACEP; Phil Magidson, MD; Richard Shih, MD; Gerald Maloney, DO; Leah Steckler, MD; Michelle Suh, MD; Carl Piel, DO; Luna Ragsdale, MD, FACEP; John Collins, MD; Stephen Meldon, MD; Neal Cohen, MD; Esther Mizrachi, MD; Lauren Southerland, MD, FACEP; Shan Liu, MD, FACEP; Nicole Tidwell; Amber Hartman; JoAnna Putman

1. Enhanced geriatric EM education/ABEM work

a. Focused Practice Designation

- i. Discussed the proposal to work with ACEP and ABEM on making geriatric EM a focused practice designation - <https://www.abms.org/member-boards/focused-practice-designation/>
- ii. Discussants to invite:
 - o Dr. Gerard – made proposal.
 - o Dr. Kevin Biese working with ABEM.
 - o Dr. Lauren Southerland – because she’s amazing and has worked with ABEM on initiatives in the past.
 - o Someone from US that worked on the focused practice designation.
- iii. How do you define knowledge based and achievement?
- iv. MOC
- v. Reregistration and re-certification
- vi. Testing for it
 - o Who develops the test?
- vii. Cost associated with it.
- viii. Not read for going off for these specialized certification or fellowship
- ix. Not enough fellowships to establish if is a requirement of this.
 - o Need to figure out how to determine?
- x. Toxicology – example
- xi. Pros: legitimizes our career
- xii. Cons: money, what doors does it open – what does it mean, what does it include
- xiii. Highlight importance of geriatric EM
- xiv. Different area of growth in ABEM
- xv. Palliative care – Geri/PC track?
- xvi. Cart before the horse – 10-year plan
- xvii. Define what do we want to bring back to ABEM?**
 - o 1- or 2-page document
 - o Combined discussion
 - o Subcommittee

b. MyEMCert

- i. Model practice
- ii. Different specialties
- iii. Seven percent of model of care
- iv. Submit articles:
 - Widely applicable
 - Must be actionable.
 - Evidence behind it
 - Level one guidelines
- v. Dr. Kevin Biese to research how to submit articles and bring back to section meeting.
- vi. Dr. Lauren Southerland took exam, and categorized questions. Ten percent were categorized as geriatric specific with 5% categorized in the eight domains of geriatric education.
- vii. Group could take exam – each ER residency can have one non-resident take the exam.
- viii. Dr. Richard Shih is an item writer for ABEM- term starts in 2024 and he will have more information as to what his role is soon.
 - Possibly help develop questions.
- ix. Create subcommittee to discuss/work.
- x. Articles to refer to ABEM.
 - “for ?LLSA?”- eliminated in current form.
 - Level A recommendations, Level 1 evidence, per Dr. Shih are very infrequent.
- xi. Will continue discussion in leadership meeting.

2. Reviewing Feedback from ACEP23

- a. Numerous geriatric specific didactics
- b. CEDR Quality Measures: Avoidance of Acute High-Risk Prescriptions in Geriatric Patients at ED Discharge (ACEP63)
- c. ACEP Council Resolution: Reimbursement of Geriatric ED Care Processes – accepted.
 - i. RESOLVED, That AEP advocate for and support the development of policies that will allow for appropriate reimbursement, outside of CPT and RUC processes, for high-value Geriatric Emergency Department Accreditation program-defined care processes that have been shown to improve both health system focused and patient centered outcomes.
- d. Reviewed ACEP23 meeting feedback suggestions

3. Brainstorming for ACEP24 Pre-conference

- a. Annual Awards
- b. Pharmacology – dementia medications
- c. How to create dot phrases in Epic to better and more efficiently care for older ED patients.
- d. Alternative meds to opiates
- e. More on ROI for geriatric processes



- f. GED Accreditation, delirium, caregiver burden, linking with community resources, advocating for GED.
- g. Resident education
- h. Stories from the trenches: stories about starting and sustaining a GED.
- i. Age-friendly healthcare systems
- j. How to implement excellent ideas in the community – where most care takes place.
- k. Support of GEDA disseminations

4. Collaborations

- a. AGEM GER-ED SIG
 - i. Cross-dissemination of talks/activities
 - ii. Collaboratively develop education – “Coming together to improve geriatric emergency care.”
 - o Social Frailty – January 17th SIG 6pm EST meeting
 - o Successful models of collaborations between geriatric medicine and emergency medicine
 - o Future – geriatric ED observation units and medication reconciliation
- b. ACEP Telehealth Section
 - i. Proposal for ACEP24 didactics
 - ii. Monthly lecture series
- c. ACEP Palliative Care Section
 - i. Proposal for ACEP24 didactics
 - ii. ABEM EMCert
- d. AMDA
 - i. Nursing home issues

5. Open discussion

- a. **Next GEMS meeting will be held on December 18th, 11am CST/12pm EST, with Charolette Yeh discussing “EM to Advocacy”**
- b. Boarding – JAMA Article
 - i. ACEP is currently looking at the impacts of boarding in geriatrics.
 - ii. New boarding requirements for GEDs beginning January 1, 2024
 - iii. Look into holding a Boarding Symposium at ACEP24. Nicole to research next steps.

GEMS Monthly Business Calendar			



Month	Main Focus	Geriatrics, Other	Notes
20-Nov	AGEM Proposal: making geriatric EM a focused practice designation		
18-Dec	Webinar: Charlotte Yeh "EM to Advocacy"		
8-Jan	Webinar: Rachel Skains "Medication Safety"		*Note not confirmed
12-Feb	Webinar: Jennifer Wolff "Engaging care givers for older adults"		*Note new date
18-Mar			