Welcome to the 3rd Edition of the Oregon Geriatrics Society Newsletter!

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12th ANNUAL OGS CONFERENCE – SUNRIVER, OREGON:
I trust that you all enjoyed last October’s Annual Conference in Sunriver! The conference was once again well organized and provided a wealth of information to improve the care of the geriatric patients. I appreciated greatly the information from Dr. Wernick regarding the care of the rheumatoid arthritis patient. It also included information on osteoarthritis. And as we all know, it can be difficult to manage these patients with a cadre of other medical problems, to be able to treat their pain without causing damage to another vital organ. I believe that Dr. Wernick provided that-and reviewing the comments from attendee’s- I can see that folks agree. Not only did attendees appreciate the learning aspects, but the comments also showed that the energy of the speakers was also noted- including some recommendations for return lecturers. The education committee as well as the board of directors greatly appreciates your taking the time to fill out the evaluations-they truly help direct future conferences. The evaluation forms also included recommendations for future topics. If you attended the 2011 Annual Conference and wish to receive PDF version of the meeting handouts, please send email to Mary Olhausen at omary52@comcast.net.

2ND ANNUAL OGS SILENT AUCTION – SCHOLARSHIP FUND:
Another reminder- we had another successful silent auction in October, raising over $1000, in order to sponsor a geriatric fellow, presenting their abstract at the Annual Conference for the American Geriatrics Society in Seattle, WA, May 3-5, 2012. OGS will continue to hold the silent auction again at our Annual Conferences. We will open these funds to be available for any student of geriatrics, who has had their abstract accepted for presentation at AGS.

AMERICAN GERIATRICS SOCIETY:
Annual Conference May 2-5, 2012, Seattle, Washington
For those of you who have not attended an AGS conference, I encourage you to do so; especially since this year it is so close to home. It not only provides a wealth of evidence based practice, but is a wonderful networking opportunity with geriatric providers from around the country. I have to say that, after attending COSAR meetings the last couple years at the AGS meeting- there
appears to be a more active group on the east coast….let’s have our coast have a presence!

Topics this year include: geriatric psychiatry, neurological gait disorders, HIV/AIDS in the elderly population and reducing hospital readmissions. These are just a few. The keynote speaker and topic are not yet available but have always been both educational and entertaining. There are workshops available on May 2, at additional cost, and topics this year include co-management of fracture patients, round table discussions, and leadership development.

Your attendance also gives another opportunity for our networking. Please check out the announcement board at the conference, for details on where Oregon attendees can get together. I was thinking that we could meet for a drink or snack at the end of one of the conference days. Stay tuned! For more information: www.americangeriatrics.org

WHAT’S GOING ON IN SALEM REGARDING GERIATRIC CARE?

For the last couple months, Mike Villanueva and I have attended monthly workgroups for the Medicare and Medicaid Integration of Care and Services. This was one of the 4 workgroups that met monthly from August through November in preparation for changes to our health care system. HB3650 includes the plan for integrated care through a Coordinated Care Organization (CCO) model of care. It will be managed through a global budget with the aim of providing good quality, efficient, and culturally competent care- with the bottom line of reducing cost. There is much talk in health care right now, regarding reducing hospitalization and re-hospitalization. HB 3650 addresses this as well as some guidance for the CCO. The charter of workgroup that Mike and I participated on, had the task of being guided by HB3650 and by the Oregon Health Authority’s triple aim-

1. Improving the lifelong health of all Oregonians
2. Improving the quality, availability and reliability of care for all Oregonians
3. Lowering or containing the cost of health care so that it is affordable for all.

No easy task. Oregon was awarded contracts, along with 14 other states, with CMS to develop proposals to integrate health and long-term care services for those individuals who are dually eligible for Medicare/Medicaid. The proposal is to show how care will be delivered, payment reform and performance measurements. My initial concern had been that there was little mention regarding patient participation and accountability into their health. I am pleased to say that has made it to the proposal. Something that has also been mentioned and is a part of the proposal is the elimination of the 3 day hospital stay mandatory for skilled services. All of this work will affect about 59,000 Oregonians. HB 3650 Medicaid LTC provisions are excluded from the CCO’s- this led to need for further discussion and planning for those patients.

From this workgroup, I was asked to be involved in the sub-committee dealing with the HB 5030 Budget Note. This group was charged with the task of enhancing a preserving Oregon’s LTC for seniors and individuals with disabilities. We met every other week in Salem for a total of 4 meetings. The governor charged the group to focus on “pre-Medicaid” programs, which prevent or delay entry into the program, while supporting patient’s financial independence for as long as possible. Secondly, we were asked to focus on those patients who are “triple” eligible- Medicare, Medicaid and Medicaid- funded long term care services and supports.

The proposal that was guided by the input of the sub-committee members, but officially written by DHS staff, will be presented to the Health Policy Board, who will take it to the governor…and then law. The group was very interested in a multi-disciplinary model of care, understanding that early recognition of trouble can often prevent that costly (both financial as well as physiologically) hospitalization. We discussed freedom within DME, use of often underutilized resources (i.e. adult
day care), team approach and co-location of health care (i.e. PACE program), clinician and home based approach (i.e. Community Geriatrics in Eugene, Housecall Providers in Portland), improved transitions of care and reduction of duplication of services. All hefty conversations that I believe led to some good input given to the policy board. The key point in all of these and which was felt across the board is that communication and care coordination between the CCO, providers and patients is essential.

The current timeline is that the Budget note was presented to the Legislature January 10th. The interim legislative hearing scheduled between January 18-20, idea being that the budget note would be presented then. The health policy board passed the proposal and there will be more conversation at their next board meeting February 10th. I will be in contact with the sub-committee chairs to find out about the outcome. More to come.

**ROLE of COSAR to AMERICAN GERIATRICS SOCIETY:**

COSAR (Council of State Affiliate Representatives) was initially presented by Mike Villanueva during his OGS presidency three years ago. This professional (me, Jenna Hahn) applied for the position and was selected by the board in order to be the representative for Oregon at the National American Geriatrics Society meetings. I have been that person for the last three years. When this idea was presented, the term was for three years and the responsibilities, other than attendance at the AGS COSAR Meetings, were to be determined. At this time, the responsibilities include: AGS COSAR Meeting at the annual AGS meeting, two phone conference calls per year, Chair of the Public Policy committee with OGS, Oregon Medical Association Specialty Society Committee member which has one meeting annually in Portland, and an interest in public policy regarding elder care in Oregon and nationally. Because of relationship with DHS, there also may be opportunities in the future to be a part of governor appointed workgroups for elder care.

I had hoped to do more within public policy, for example meeting with lawmakers in Salem to personally discuss geriatric interests, becoming published in local newspapers- with the goal of sharing our wisdom and getting elder care into the forefront, and increasing the recruitment of providers to see the light- and become geriatric specialists. I still do aspire to do these things. But it doesn’t have to be me. I am coming to the end of my term- and so I wanted to open this position up for your consideration. It can be much work, but truly it is worth it. Please contact me if you are that interested and motivated professional!

**CALL FOR BOARD AND COMMITTEE MEMBERS:**

We are entering our 13th year as an organization. For those of you there from the beginning, you have watched our growth as an organization and provider of excellent education for our colleagues. The board has had varying number of members and at this present time there are 11 of us; a combination of geriatricians and nurse practitioners. Many of you know Dr. Mark Traines, who has been an integral part of this organization since the beginning. This year he has resigned from the board- our loss and he will be missed! In many ways, Mark carries the history of this organization. But as you all know, Mark is an extremely busy provider- and we wish him well. The board also received the resignation of Dr. Ken Orwick in October 2011. Allison Lindauer, NP will continue to be Chair of the Education Committee. Mark Traines will continue to be our liaison to OHSU CME department.

This all being said- there are plenty of opportunities for you to become involved in OGS. OGS has grown through the years because of its membership, but also because of the dedication of the board and committee members. The basic requirement for a board member is the attendance at three Saturday meetings a year in Keizer and one meeting at the Annual Conference.
The education committee primarily meets via phone conference throughout the year in preparation of the next Annual Conference. They also meet on Sunday morning in Sunriver. Please consider a position in one of these groups. Feel free to contact any board member while in Sunriver.

**MEMBERSHIP DUES – DUE NOW!!!**
OGS membership forms have been mailed - also available on our website – and also attached here as a PDF. Remember—registration fees for our Annual Conference are discounted for OGS members!! [www.oregongeriatrics.org](http://www.oregongeriatrics.org)

**OGS ANNUAL CONFERENCES:**
Mark you calendars for the next two Oregon Geriatrics Society Annual Conferences!! Both of these conferences will be held at Sunriver Resort, Sunriver, Oregon:

**OTHER GERIATRIC CARE RELATED SIMINARS/CONFERENCES:**
43rd Annual Primary Care Review – February 13-17
Governor Hotel, Portland, OR
For more information, call OHSU CME Division at 503-494-8700

Portland Area Geriatric Seminar Series – February 21
7:30am to 8:30am
*Evidence Based Update on Lifestyle Preventions to Promote Healthy Aging*
OHSU School of Nursing, Founders Auditorium, Room 144
For more information, call 503-494-3888 or email delmara@ohsu.edu
Guest Speakers: Elizabeth Eckstrom, MD; Kerri Winters-Stone, PhD; Henryk Urbanski, PhD

**American Medical Directors Association – March 20**
National Day of Recognition for Long Term Care Physicians
For more information, visit [www.amda.com](http://www.amda.com)

**American Society on Aging – March 28—April 1**
Aging In American Annual Conference – Washington DC
For more information, visit [www.asaging.org](http://www.asaging.org)

19th Annual Internal Medicine Review – April 5-6
Governor Hotel, Portland, OR
For more information, call OHSU CME Division at 503-494-8700

Thanks - we hope you enjoyed our OGS Newsletter. Please feel free to contact us here at OGS.

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