

#AGS26 Schedule-at-a-Glance UofU
(all times are in Eastern)

WEDNESDAY, April 29		
7:00 PM – 8:00 PM	A164 Integrating Telehealth into Fellowship Training: A Remote Model for Palliative Care in Nursing Homes P. Patterson,³ L. Flint,² N. Sanders,³ A. Markland,³ C. E. Stephens.¹ <i>1. College of Nursing, University of Utah, Salt Lake, UT; 2. Division of Geriatrics, UCSF, San Francisco, CA; 3. Internal Medicine, Geriatrics Division, University of Utah, Salt Lake City, UT.</i> Background: Workforce shortages in geriatrics and palliative care (PC), especially in rural states, limit access to high-quality nursing home (NH) care for residents with serious illness. Telehealth and interdisciplinary training offer scalable solutions. This abstract describes an educational model training a geriatric fellow to serve as the interventionist for the Improving Palliative Care Access through Technology (ImPacTT) telehealth PC intervention as part of her scholarly project.	Poster Session A
7:00 PM – 8:00 PM	A172 Teaching Patient Priorities Care: A Pilot for Internal Medicine Residents T. Y. Hu,¹ E. Kiwak,¹ L. Belyea,² B. Nettles,³ M. M. Brown,⁴ M. Tinetti,¹ T. W. Farrell,⁵ N. Sanders,³ J. Ouellet.¹ <i>1. Internal Medicine, Geriatrics, Yale School of Medicine, New Haven, CT; 2. Hello Alpha, New Haven, CT; 3. Johns Hopkins School of Nursing, Baltimore, MD; 4. Family Medicine, Geriatrics, University of North Carolina, Chapel Hill, NC; 5. Internal Medicine, Geriatrics, Spencer Fox Eccles School of Medicine at the University of Utah, Salt Lake City, UT.</i> Background: Older adults with multiple chronic conditions (MCC) often face complex, fragmented care. Patients with MCC differ in their priorities, and disease-siloed approaches do little to address tradeoffs and what patients are willing to do to achieve their health goals. Patient Priorities Care (PPC) is an evidence-based framework that anchors decision making and communication in individualized patient priorities. A PPC microskills curriculum has been developed with an inter-professional group of national educators to teach priorities-aligned decision making.	Poster Session A

THURSDAY, April 30		
10:00 AM – 11:00 AM	WOMEN IN GERIATRICS SECTION MEETING Track: Networking Co-Chairs: Lisa N. Miura, MD & Lee A. Jennings, MD, MSHS This Section is intended for AGS members of all disciplines	Sections Session

	working in geriatrics. The purpose is to provide a forum for women to discuss challenges and share ideas related to their personal and professional lives. PANEL: Alayne Markland, DO, MSc, AGSF Meera Sheffrin, MD, AGSF Gina Upchurch, RPh, MPH, AGSF	
10:00 AM – 11:00 AM	JAGS EDITOR’S CHOICE: INFLUENTIAL ARTICLES OF THE YEAR Track: Clinical Practice CME/CE: 1.0 Moderator: Peter M. Abadir, MD & Joseph Ouslander, MD This new session will highlight a select group of articles chosen by the editors of the Journal of the American Geriatrics Society (JAGS) to represent some of the most exciting science published in JAGS in 2025. The authors of these selected high-impact articles will focus on what is new, why it matters, and how it informs geriatrics practice, policy, or research. Learning Objectives: (1) evaluate emerging evidence to inform clinical decision-making in the care of older adults, including lipid management, blood pressure targets, and dementia care; and (2) incorporate system-level factors (e.g., caregiving, staffing, disparities) into care planning for older adults. American Geriatrics Society Position Statement: Making Medical Treatment Decisions for Unrepresented Older Adults Timothy W. Farrell, MD, AGSF	Concurrent Session
3:45 PM – 4:45 PM	P15 Financial Hardship and Quality of Life: Dementia Care Costs in LGBTQ+ and Non-LGBTQ+ Populations S. Bybee,¹ J. Telonidis,¹ N. Fleming,¹ K. B. Dassel,¹ H. Hedges,¹ J. Guo,¹ E. Iacob,¹ T. Andersen,¹ F. Wilson,¹ J. Flatt.² <i>1. University of Utah, Millcreek, UT; 2. University of Nevada, Las Vegas, NV.</i> Background: Alzheimer’s disease and related dementias are among the most expensive diseases, with costs primarily borne by persons living with dementia (PLWD) and their care partners. Lesbian, gay, bisexual, transgender, queer, and other sexual and gender minorities (LGBTQ+) experience greater financial hardship than non-LGBTQ+ peers..	Paper Session
5:00 PM – 6:00 PM	B62 Improving Palliative Care Access Through Technology (ImPacTT): An Adaptive Nursing Home Pilot Study C. E. Stephens,¹ L. Block,¹ R. Alexander,¹ P. Patterson,³ L. Flint.² <i>1. College of Nursing, University of Utah, Salt Lake, UT; 2. Division of Geriatrics, UCSF, San Francisco, CA; 3. Division of Geriatrics, University of Utah, Salt Lake City, UT.</i> Background: Nursing homes (NHs) are common sites of death for older adults, yet many residents have unmet palliative care (PC) needs. Workforce shortages highlight	Presidential Poster Session B

	the need for technology-based solutions, but PC telehealth has rarely been used proactively in NHs. The COVID-19 pandemic reshaped NH care and accelerated telehealth adoption, creating new innovation opportunities. This study reports findings from a pre-pandemic geriatric PC telehealth pilot & qualitative interviews that informed later adaptations for post-pandemic realities.	
5:00 PM – 6:00 PM	B86 U.S. Care Professionals’ Perspectives of Barriers and Facilitators of MAID in Dementia K. B. Dassel,² T. W. Farrell,^{1,4} T. R. Brown,⁵ T. D. Becker,⁶ S. E. Bigger,⁷ S. Perez-Greenemeier,^{2,3} R. L. Utz.⁷ 1. Division of Geriatrics, Department of Internal Medicine, Spencer Fox Eccles School of Medicine at the University of Utah, Salt Lake City, UT; University of Utah College of Nursing, Salt Lake City, UT; Icahn School of Medicine at Mount Sinai, New York, NY; VA Salt Lake City GRECC, Salt Lake City, UT; 5. University of Utah Center for Law and Biological Sciences, Salt Lake City, UT; 6. Washington University in St. Louis, St. Louis, MO; 7. University of Utah, Salt Lake City, UT. Background: With expanding “Death with Dignity” legislation across the U.S., there is a need to examine care professionals’ perceptions of facilitators and barriers to medical aid in dying (MAID) for persons living with dementia.	Presidential Poster Session B
	B219 Improving Annual Wellness Visit Completion Rates and Value: A Win All Around N. Sanders,^{1,2} A. Harris,³ K. Burkley.³ 1. Internal Medicine, Geriatrics, University of Utah, Salt Lake City, UT; 2. SLC VA GRECC, Salt Lake City, UT; 3. Nurse Care Management, University of Utah, Salt Lake City, UT. Background: Medicare Annual Wellness Visits (AWV) are a benefit designed to help providers develop a personalized preventive care plan for patients. They also provide an opportunity to implement age-friendly care at a regular interval. Their high reimbursement rate in value-based care arrangements incentivizes health systems to encourage providers to complete these visits. Yet, AWV completion rates remain low. Furthermore, inclusion of age-friendly 4Ms measures in the visits is not standardized, leading some patients and providers to question their benefit. Medicare Advantage plans contract with third parties to complete the AWV translating into potential lost revenue for providers or health systems. Increasing Medicare AWV uptake and value is critical for meeting quality metrics and advancing age-friendly care.	

SATURDAY, MAY 02		
1:00 PM – 2:00 PM	2026 UPDATE ON VACCINATION STRATEGIES FOR OLDER ADULTS	Concurrent Session

	Track: Clinical Practice CME/CE: 1.0 Moderator: Sharon A. Brangman, MD, AGSF This session is intended to provide the latest information for healthcare professionals on vaccinations for older adults and to share how the AGS's Older Adults Vaccine Initiative has made strides to increase vaccinations. Learning Objectives: (1) review the latest recommendations and guidelines pertaining to vaccination indications and schedules for older patients (2) discuss strategies included in the Vaccine manuscript to actively promote the CDC's Standards of Adult Immunization Practices (SAIP); and (3) describe approaches to improve vaccination rates among older adults. Welcome & Introductions Sharon A. Brangman, MD, AGSF Latest Vaccine Guidance from the CDC and Vaccine Policy Kenneth Schmader, MD Findings from the AGS Older Adults Vaccine Initiative Manuscript Timothy W. Farrell, MD, AGSF	
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