

PALTmed Texas Geriatrics Enews Letter:



October 2025



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Fall Back Time!
Daylight Savings Time ends on
November 2, 2025
Set your clocks back one hour
Don't lose that extra hour of sleep!



American Geriatrics Society Articles

AGS Releases New Position Statement on Telehealth Policy for Older Adults

AGS has published a new position statement advocating for telehealth policies that support high-quality, equitable care for older adults. The statement—authored by Alison M. Holliday, MD, MPH; Ardeshir K. Hashmi, MD, FACP, AGSF; Adaora O. Okoli-Umeweni, MD; Arbi Khan, MD, MPH, AGSF; Shivani K. Jindal, MD; Swati Gaur, MD, MBA, CMD, AGSF; Veronica Rivera, MD, AGSF; and Neela K. Patel, MD, MPH, CMD, FAAFP, AGSF—includes recommendations for policies that address barriers to providing telehealth to older adults. Read the full statement in the *Journal of the American Geriatrics Society*:

<https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.70004>

Cultural Navigator Patient Resources Now Available on HealthinAging.org

The Cultural Navigator [patient education resources](#) are now available through the Health in Aging website. These resources are designed to help patients understand how race, ethnicity and cultural beliefs may play a role in their health and encourages open communication with their healthcare providers about their health needs & concerns, along with cultural beliefs and practices. The patient resources have been developed for 15 different ethnic groups, tailored to their specific health needs.

Originally adapted from Doorway Thoughts, the Cultural Navigator provides relevant details regarding the beliefs, traditions, and customs that may apply to clinical encounters with older adults from diverse ethnic backgrounds. The Cultural Navigator is available for free through the iGeriatrics app (available for Apple or Android devices) or on GeriatricsCareOnline.org.

TGS/TMDA Annual Conference 2025: GERIATRICS: A Capitol Idea

Our 36th annual conference was held in person August 1-3, 2025 at the Hotel Viata in Austi, Texas. Attendees received up to 17.00 hours AAFP and AANP, 16.00 hours of CMD, CME, ABIM-MOC and up to 2 hours of ethics credit. It was great to meet in person to network and learn something new. A wide variety of topics were presented including: hip, knee, and shoulder issues/treatments, medical malpractice, Alzheimer’s Disease, hearing health, oncology, prosthetics, perioperative management, addiction,, physical abuse, Journal Club and inappropriate sexual behaviors. Dianne Rudolph, DNP, GNP-BC, CWOCN gave the keynote address on *Wound Care Perspectives: Past, Present, and Future*. TGS and PALTmed Texas had their annual business meeting and prize drawings. Heather Lewandowski, PharmD and Jennifer Heffernan, MD won complimentary registration to the 2026 conference.

We had a great turn out of students, fellows, and residents who attended—many who presented posters and were awarded scholarships to attend from TGS. JPS Health Network and Texas A&M University Medical School hosted geriatric fellowship recruiting tables on Saturday. Below are some photos from the conference from Charles Miller, MD, CMD our resident photographer. We hope to see you at the 2026 conference July 31 to August 2 in Houston, Texas

For more info check out our conference website: [PALTmed Texas Geriatrics Annual Conference](#)



Dianne Rudolph, DNP-Keynote

Dr. Singh speaks on hips/knees



Exhibit Hall



Exhibit Hall



Poster Presentations

Dr. Vargas speaks on addiction



Dr. Utay speaks about prosthetics



Dr. Nayak during Q&A



Dr. Hiner and Dr. Flores

2026 Save the Date

PALTmed26
March 26-28, 2026
Anaheim, California

TexMed 2026
April 16-18, 2026
Corpus Christi, Texas

AGS Annual Scientific Meeting
April 30-May 2, 2026
Virtual Only

PALTmed Texas Geriatrics
Annual Conference
July 31-August 2, 2026
Houston Texas



The Southern Gerontological Society is hosting their 47th Annual Meeting April 9-12, 2026 in Dallas, Texas at the Hyatt Regency Hotel.

The SGS Annual Meeting and Conference focuses on advances in gerontological research and applied practice, bringing together those engaged in the field of aging to attend and/or present their latest research, programs, interventions, and workshops.

Their Call for Abstracts is open through January 12, 2026. A wide variety of topics will be considered, including presentations reporting innovative research, research/practice collaborations, model programs for the future, and public policy discussions. This year, our theme is Navigating Pathways to Resilient Aging: Innovation in Community, Academia, Health Care and Advocacy.

You can learn more about our conference, including information on the call for abstracts, registration, lodging, sponsorship opportunities, and more at

[SGS Annual Meeting](#)

Medical Liability Protections in Texas by Brian Jackson, Executive Director, TAPA

Thank you for the opportunity to explain the Texas Alliance for Patient Access' efforts to promote a favorable liability climate for Texas healthcare providers and entities.

Texas previously experienced a medical liability crisis that severely impacted access to medical care. The cost of liability insurance became so expensive that it impacted the number of physicians practicing medicine in Texas. Hospitals couldn't staff their emergency departments due to a shortage of physicians/nurses and had to re-allocate resources from staffing, equipment and patient care to increased insurance premiums. Nursing Homes watched their liability premiums increase from under \$300 per bed in 1999 to almost \$3,000 per bed in 2002! Skyrocketing malpractice insurance premiums resulted in fewer physicians, which reduced access to care and disproportionately impacted the elderly, women, Medicaid patients, and rural Texans.

TAPA was created to help advocate for change, and by working with many others, helped pass comprehensive Medical Liability Tort Reform in 2003. These reforms resulted in liability insurance premiums for physicians decreasing by 40%, making Texas a destination for new physicians. Hospitals and nursing homes experience similar decreases, and used those savings to re-invest in staffing, equipment and charity care. TAPA fiercely protects those reforms because losing them would create another medical liability crisis, burdening hospitals and nursing homes with millions in increased liability costs.

Could Texas lose these transformational reforms? Absolutely. Florida is a great example. Florida is a "red" state, much like Texas, with a positive business climate and a booming economy. Florida previously had effective medical liability reforms, including a cap on non-economic damages, but unfortunately lost them in 2016 when the Florida Supreme Court ruled them unconstitutional. Since then, Florida has cratered into a liability crisis similar to the one Texas experienced 20 years ago. Verdicts are outrageous and consist mostly of non-economic damages (pain and suffering), causing medical liability insurance premiums to skyrocket.

Recent studies have confirmed the difference between Texas malpractice premiums and the rates charged in Florida for similar physicians. For example, an internist in Houston pays 16k for a million-dollar liability policy. An internist in Miami pays 60k for that same policy. A Houston general surgeon pays 53k, but the cost in Fort Lauderdale is 230k. And a Houston OB-GYN pays 60k while the cost in South Florida is 244k. Those differences have resulted in Florida physicians leaving that state, often coming to Texas, and a Florida crisis in access to healthcare.

Florida used to have what Texas currently has. Losing it has had a devastating financial impact on their physicians, hospitals and nursing homes. And although patients with resources can always find a doctor, the poor, the elderly and the medically underserved in Florida cannot.

Plaintiffs' attorneys, mainly the Texas Trial Lawyers Association, put significant resources into eliminating or diminishing Texas current liability protections. TTLA lobbies the Legislature each session seeking to eliminate important protections, including the cap on non-economic (pain and suffering) damages. They also file lawsuits to eliminate those protections, including a recent Federal Class Action lawsuit to declare tort reform unconstitutional. TAPA has won every battle at both the Capitol and the Courthouse. But our success sometimes creates a false sense of security. We have to treat every bill, lawsuit, and attack on medical liability reform as the most important issue ever...because it is. We must win every time. If we lose, even just once, we will never get tort reform back. This isn't baseball. We can't go 9 for 10 and celebrate our victories. The consequence of losing just once is a return to the days when nursing homes couldn't afford malpractice premiums and the poor/medically underserved couldn't find a physician. TAPA must maintain that sense of urgency.

For more information, or to get involved with TAPA, contact Brian Jackson, Executive Director at bjackson@tapa.info or visit their website: TAPA

(The Texas Alliance for Patient Access ("TAPA") is a statewide organization of more than 200 entities/individuals that work to preserve medical liability reforms in Texas. Members include the Texas Hospital Association, Texas Medical Association, Texas Organization for Rural and Community Hospitals (TORCH), PALTmed TX, Texas Health Care Association, Texas Association of Fair Nursing Home Reimbursement)

Congratulations to Aval-Na'Ree Green, MD, MHA, CMD, PALTmed Texas Board Member, for her work on the article below that was published in the October 1, 2026 issue of JAMDA.

***Best Practices Recommendations for Microtransitions in Care—
An Emerging Classification of Care Transitions: A Consensus Statement***

Objectives:

Microtransitions—defined as brief, nonurgent transitions in care—occur in post-acute and long-term care (PALTC) settings (eg, room changes, nonmedical outings, and medical outings). They occur at least as frequently as major transitions (eg, hospitalizations, discharges) and carry similar risks for adverse clinical outcomes if not properly managed. Limited evidence exists to guide safe microtransition coordination. This study aimed to establish best practice recommendations for staff facilitating microtransitions and evaluate the level of feasibility and clinical benefit of these recommendations in PALTC.

Design

Modified Delphi study.

Setting and Participants

A total of 39 expert panelists.

Methods

Initial statements were developed based on a focus group and literature review. Consensus was defined as $\geq 80\%$ agreement. Over 3 rounds, statements on safely facilitating room changes, recreational trips, and nonurgent (eg, outpatient) medical appointments were evaluated by panelists, then amended based on qualitative survey and focus group feedback until consensus was reached that statements were feasible and clinically beneficial. Five principles of important considerations for successful microtransitions were developed, and recommendations were categorized according to these principles: (1) communication; (2) adverse event monitoring, preparation, and prevention; (3) purpose and destination of transition; (4) equipment and environmental safety; and (5) skill level of the escort.

Results

Fifty-one of the 70 finalized (72.9%) statements reached consensus for feasibility and/or clinical benefit for at least 1 type of microtransition. Of these, 41 of 51 (80.4%) reached consensus for feasibility, 49 of 51 (96.1%) reached consensus for clinical benefit, 39 of 51 (76.5%) statements reached consensus for both feasibility and clinical benefit, and 19 of 70 (27.1%) statements did not reach consensus or were rejected.

Conclusions and Implications

This is the first study to develop recommendations guiding PALTC staff in facilitating microtransitions. Implementing these recommendations may mitigate adverse event risk, such as falls and emergency departments transfers. Recommendations can guide situation-specific, patient-centered processes in coordinating safe microtransitions.

To read the full article in JAMDA, please click [HERE](#) and log into your account.

Age in Our Times

On display thru March 23, 2026 at the

John P. McGovern Museum of Health & Medical Science Houston

Submitted by Julia Hiner, MD

On the first Friday night in October, at the John P. McGovern Museum of Health & Medical Science in Houston, an interesting group assembles. Labeled generationally, cohort members ranging from bright-eyed and fidgety “Gen Alpha” children to pleased and appreciative “Silent Generation” elders move through visual and written art installations. Armed with eats highlighting different time periods, from Rice Krispies treats to Cracker Jack snacks, conversation grows and swells as people view, listen, experience, and enjoy the artwork of the newest museum exhibit: “Age In Our Times” (<https://thehealthmuseum.org/exhibits/ageinourtimes/>).

Featuring 26 visual media artists and 12 written composition artists, the portrayals of older years and the aging process are on full, proud, and authentic display. Artwork hangs on walls and easels, weaving around and through the museum, mirroring the veritable walk through life itself; poetry and short stories are heard in the artists’ own voices through a retro-style payphone installation. Concluding the evening is awards and a live reading or two, bringing us all back together, congregated at the heart of the museum, much like our one shared humanity binds us all as the years of our collective lives climb ever higher.

Myself and a dear mentee of mine, fourth year McGovern medical student Ms. Renee Yu, were among the chosen writers. She reflected deeply on the experiences of her volunteer work at local nursing homes, working to collect the histories of older adults through her role in the “Tell Your Story” project. I shared a special patient encounter that touched me deeply, and forever influenced my interactions with older adults, especially those living with significant cognitive impairment.

So now I implore you – as you go through your busy days caring for countless older adults – pause for a moment. Take a breath. What is age like in our times, for you, for your patients? What should and could age be like in our times? And how do we get there next?

Julia Hiner and
Renee Yu



SOARnet-Supporting Older Adults through Research Network

A growing Practice-based Research Network (PBRN) focused on improving patient care for older adults

PBRNs are collaborative networks of healthcare providers, community organizations, community members, and researchers who work together to conduct research within real-world clinical settings. They aim to improve clinical care by implementing studies within the clinic setting, ultimately leading to a better understanding of health-related issues within a community.

We are seeking healthcare providers who serve older adults and have an interest in improving care through patient-centered research. Joining as a member offers numerous benefits, including:

- ⇒ Collaborating and/or learning about research to improve patient care for older adults and their families
- ⇒ Access to resources to better serve the older adult community
- ⇒ Opportunities for networking among researchers and practitioners throughout South Texas
- ⇒ Engagement and collaboration for research to address local health disparities
- ⇒ Stay in the loop about innovations and discoveries to support the provision of patient-centered care for older adults
- ⇒ Opportunities to propose studies and research priorities

If you have any further questions or would like to learn more about SOARNet, please contact our Research Coordinator, Caitlin Sangdahl (sangdahl@uthscsa.edu) or click on the website: [SOARnet](#)

Membership is Free! To Join Click [MEMBERSHIP](#)

PALTmed Recommendations for COVID-19 Vaccine in PALTC Residents & Staff

PALTmed, through its Infection Advisory Committee, has issued updated recommendations for COVID-19 vaccination in the PALTC setting.

These recommendations specifically address a critical issue often overlooked elsewhere—staff vaccination.

After careful review of the evidence, PALTmed concludes that:

- ⇒ **All staff-clinical and non-clinical are at heightened risk of exposure to COVID-19 in PALTC.**
- ⇒ **While data on transmission prevention remain limited, vaccination can reduce spread between staff, residents, visitors, and staff households.**
- ⇒ **High staff vaccination coverage protects resident safety by supporting adequate staffing levels and ensuring care needs are met.**

Recommendation: PALTmed recommends COVID-19 vaccination for all staff in PALTC

To read the full report click [HERE](#)

On Aging

*When you see me sitting quietly,
Like a sack left on the shelf,
Don't think I need your chattering.
I'm listening to myself.
Hold! Stop! Don't pity me!
Hold! Stop your sympathy!
Understanding if you got it,
Otherwise I'll do without it!
When my bones are stiff and aching,
And my feet won't climb the stair,
I will only ask one favor:
Don't bring me no rocking chair.
When you see me walking, stumbling,
Don't study and get it wrong.
'Cause tired don't mean lazy
And every goodbye ain't gone.
I'm the same person I was back then,
A little less hair, a little less chin,
A lot less lungs and much less wind.
But ain't I lucky I can still breathe in.
- Maya Angelou*

FUTURES PROGRAM

Celebrating 25 years!

The Futures Program is designed to expose fellows, residents, advanced practitioners, and allied health professionals to the numerous career opportunities available in PALTC medicine. In addition to PALMed membership, participants receive the following benefits:

- Admission to the Futures Program
- Attendance at all sessions during the PALTC26 Annual Conference
- Access to resources provided through Futures Connect, the year-long online program that offers platforms for networking, discussions about topics of clinical interest, and open discussions with PALTC leaders

Deadline to apply is November 10, 2025

[Learn More & Apply](#)



What best-selling author passed the assistant's exam for London's Society of Apothecaries, at age 26 in 1917?

Winner gets \$25 gift card to Target!

Email your answer to Maggie@texasgeriatrics.org by November 7, 2025

Winner based on date/time stamp of Ms. Hayden's inbox!

A Big Welcome to our New Board Members!

Julia A. Hiner, MD has rotated up to President of TGS and Renee Flores, MD is now the Immediate Past President. Ozenwa Enyema, MD was elected as the new President-Elect. New Directors are: Nunzha Amjad, MD and Becky Powers, MD. A big thank you to M. Rosina Finley, MD, CMD who has decided to step down after fifteen years of service on the TGS Board and to Jessica Lee, MD, who finished up her term as Immediate Past President.

PALTmed Texas has three new directors: Jessica Garza, MD, Gowrishankar Gnanaekaran, MD and Emma Zhong, DNP, APRN, FNP-C. A big thank you to Rukevwe Agho, NP, Mangesh Bhatta, MD, Iliana Grever, MD, CMD, and Melanie Wilson, DNP, ACNP, FNP, CWS who have rotated off the board.

Meet the 2025-2026 PALTmed Texas and TGS Board of Directors

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