Meet the Candidates for the 2020 AAGP Board of Directors Election

Candidates for 2020-2021 President-Elect

Position Automatically transitions to President for 2021-2022 and Past President for 2022-2023.

Meet Marc E. Agronin, MD, DFAPA, DFAAGP

Work Location: Miami Jewish Health, Miami, FL

***Professional Setting*:** For the past 20 years I have worked at Miami Jewish Health, one of the largest not-for-profit providers of long-term care, rehabilitation and outpatient services for aging individuals in the state of Florida. I arrived as the mental health director in 1999, and currently serve as the Senior Vice President for Behavioral Health and the Chief Medical Officer for MIND Institute – our memory and research center that I founded in 2000. MIND Institute is one of Florida's official memory centers, and has a large clinical trials program specializing in Alzheimer's disease. We are located on the 22-acre Miami Jewish Health campus, along with the largest nursing home in Florida (625 beds), independent and assisted living facilities, a comprehensive inpatient / outpatient rehab and pain center, an inpatient hospital, an outpatient clinic, a conference center, a hospice program, and one of our four PACE programs. We have about 700 residents living on campus and serve several thousand residents in South Florida. I oversee all the behavioral health and research for our campuses throughout Miami and Broward counties, with a staff of several dozen clinicians and researchers. For the past five years I have spearheaded the creation of an initiative at Miami Jewish Health to build the first dementia care village in the United States (groundbreaking in 2018 with anticipated completion in 2021) and am developing a unique care model grounded in empathy called Miami Jewish EmpathiCare™. I have also maintained an academic affiliation for the past 20 years at the University of Miami Miller School of Medicine, and am currently an Affiliate Associate Professor in Psychiatry and Neurology.

Areas of Interest: The heart and soul of my daily life is working clinically with aging individuals and their caregivers and families. Being a geriatric psychiatrist is a true calling for me, and it is my passion to find ways to optimize aging and promote positive attitudes towards it as the foundations for treating psychiatric illness. This philosophy is the basis for all my professional interests. For example, our memory and research center thrives on the relationships we build among staff and patients, and we consider one another almost like family. I believe that all clinicians need to continue growing in their therapeutic skills, which is why I am working so diligently to create an evidence-based empathic caring-centered model of care for Miami Jewish Health and other health care systems. I am heading the creation of a dementia village on our campus, which will provide a safe and open environment for both residents and community-dwelling individuals living with dementia. It will include a town square surrounded by a café, store, wellness center / spa, creative arts studio, theater and spiritual center. My philosophy motivates efforts in our memory and research center to help people optimize life with dementia through state-of-the-art clinical trials, an innovative brain fitness program, and caregiver support. My philosophy inspires the writing I do – including several books and textbooks and hundreds of articles and blog posts (most recently for The Wall Street Journal and Psychology Today) that promote a positive and informed approach to aging. I have emphasized the strengths that we acquire through aging in two books I wrote for the general public: How We Age: A Doctor's Journey into the Heart of Growing Old (2011) and The End of Old Age: Living a Longer, More Purposeful Life (2018).

Sources of Livelihood: Salary at Miami Jewish Health (80%); consulting and insurance reviews (10%); lectures (5%); royalties and honoraria for books and articles (5%).

Personal Statement: The field of geriatric psychiatry is facing a challenging paradox. More people are living longer lives and facing psychiatric illness, and yet fewer clinicians are going into geriatrics. The number of geriatric psychiatry fellows has declined, and there is insufficient funding for training programs. It is difficult to recruit geriatric psychiatrists for our programs and practices. If the pool of fellowship candidates shrinks further, and / or ABPN decides to do away with the geriatric psychiatry board exam, we would face a severe decline of our field. This paradox is concerning, but I see it as a call to action. I am running for president of the AAGP to help lead critical growth and development needed in geriatric psychiatry.

Experience with AAGP: I joined AAGP in 1993 and have attended nearly every annual meeting since. I served on the program committee multiple times, and was the editor for the AAGP newsletter for about five years. I have been a board member for the past four years, most recently as Treasurer. The AAGP has been one of the pillars of my professional development, and a source of some of my closest colleagues.

Vision for AAGP: There are so many important changes going on in the landscape of aging, and the AAGP can be the single most influential pool of experts and advocates in our country. To make our voices louder, and attract more clinicians into our field, I would propose the following:

#1 – Expand Membership: We need a permanent, dedicated team to boost membership across several disciplines of geriatric mental health clinicians. This effort will include increased use of social media, regional programming, expanded CME offerings, and the use of technology to better retain existing members through automatic renewal of dues.

#2 – Increase the Number of Geriatric Mental Health Clinicians: We have the expertise to create a formal geropsych certification program, similar to that for medical directors. This program would add several revenue-generating programmatic days to our annual meeting, and draw upon existing members to create content and serve as mentors. Geropsych fellowships will always remain the gold standard, but they are not training enough clinicians to counter our attrition rate. We need to empower more clinicians and have them identify with our field.

#3- Create a Development Position on the Board: We need to raise more money to better fund our programs, memberships drives, social media presence and lobbying. To seek philanthropic and other funding, AAGP needs the dedicated leadership of someone in the organization, and perhaps, with time, an actual development officer.

#4 – Lengthen the Term of Officers: The turnover of our leadership team is too quick. A year does not allow enough time for the president and other board members to create and develop initiatives and policies. As a result, there is a lack of consistency over time. Two-year terms would boost overall leadership. It would also allow us to have annual retreats to focus on brainstorming and implementation of new initiatives for the AAGP.

Conflict of Interest Disclosures for Marc E. Agronin, MD, DFAPA, DFAAGP:

Dr. Agronin receives book royalties from Wolters Kluwer Health, Taylor and Francis, and Rowman & Littlefield.

Meet the Candidates for the 2020 AAGP Board of Directors Election

Meet Sandra S. Swantek, MD, FAPA

Work Location: Chicago, Illinois

***Professional Setting*:** Rush University Medical Center, Associate Professor, Chief of Geriatric Psychiatry. Rush is an Academic Medical Center providing outpatient and inpatient geriatric care, a HRSA funded Geriatric Work force enhancement project (CATCH-ON) and one of the 29 NIH funded Alzheimer's centers and clinical care through the Rush Memory Clinic.

***Areas of Interest*:** My interest is in improving access to evidence-based psychiatric services for older persons with mental illness and their families. I pursue this interest through work as a clinician-educator, and as an active member in partnerships sharing this interest including the Geriatric Workforce Enhancement Project, the National Partnership to Improve Dementia Care in Nursing Homes and the American Medical Association. Other efforts to improve access include co-leading a team designing a risk stratification tool to identify and treat medically hospitalized behavioral health patients and another effort to design and implement a standardized Annual Wellness visit that identifies the caregivers of patients with undiagnosed cognitive impairment and issues an individualized treatment.

Sources of Livelihood: I am 90% salaried for my work at Rush University Medical Center. An additional 10% is derived from my work as the Secretary and board member of the Blowitz Ridgeway Foundation.

***Personal Statement*:** We live in turbulent times. As the population of older adults swells our own ranks dwindle. Members are leaving the profession or retiring. Fellowship spots go unfilled. Research funding is limited. Demand for older adult mental health care is high while access to this care is limited. Public policy makers attempt to improve access without either understanding the unique role of each member of the health care team or an adequate understanding of appropriate treatment interventions for late-life mental illness. For the sake of our patients and our profession, we must expand our presence in the settings where decisions are made. We cannot and must not do this alone.

In the past year, I led efforts to submit the AAGP's first resolution in the American Medical Association's House of delegates. Drawing on conversations in the Clinical Practice Committee I prepared a resolution asking the AMA to ally with the AAGP, American Psychiatric Association (APA), American Medical Directors Association (AMDA) and others to ask CMS to revise the Long-Term-Care (LTC) 5-star ratings to reflect evidence-based practice use of antipsychotic medication in the treatment of older adults with mental illness. The resolution passed with broad support.

The discussion continued as the Centers for Medicare and Medicaid (CMS) requested input into revisions of the Requirements for LTC facilities. The opportunity to join a coalition meeting with CMS came in September when the Alliance for Aging Research (AAR) invited the AAGP to join them along with the American Society of Consultant Pharmacists (ASCP) and TEAMHealth for a meeting with CMS. I joined Chris Wood, AAGP Executive director for the meeting that included the Deputy Chief Medical Officer of the CMS Clinical Standards and Quality Group and several other CMS Directors. Our AAGP talking points came directly from the work of our Public Policy Caucus, the Clinical Practice Committee, the AMA resolution and a joint AAGP-APA study. We spoke. They listened. Days later a letter went to CMS outlining our recommendations and rationale.

The AAR, AAGP, ASCP, Caregiver Action Network and Caregiver Voices United, National Minority Quality Forum, TEAMHealth and the Gerontological Society of America signed the letter to CMS. Future discussions are anticipated.

Advocating for the mental health of older adults and our profession means ongoing efforts with our members and like-minded organizations to our concerns to legislators, policy makers and the public. As a 2019 appointed consultant to the APA Council on Geriatric Psychiatry, I continue working on these issues with our colleagues in the APA.

The search for viable treatments for late-life mental illness is another key to the future. Financial support for research is essential. Treatment without clinicians trained to appropriately provide clinical care is money wasted. Psychiatric clinics for older adults are increasingly limited to medical centers. Practice costs make independent geriatric psychiatry practice difficult if not impossible. While fellowship training may be an advantage for the physician pursuing an academic or research career, the absence of clinical financial incentives hurts our profession. According to the APA 2018 Resident/Fellow Census, only 38- percent of available geriatric psychiatry fellowship slots filled in 2017. That's 59 fellowship positions across 60 programs at a time when 1 out of every four psychiatrists is over 65 years of age. (http://research.newamericaneconomy.org/wp-content/uploads/2017/10/NAE_PsychiatristShortage_V6-1.pdf)

How do we convince psychiatry residents to add an additional year of training when the average medical student graduates with loans of $ 243 thousand (AAMC.org)? Do we advocate for a transition to a fourth year as a geriatric psychiatry fellowship even as the American Association of Directors of Psychiatric Residency Training (AADPRT) avoid this consideration? What responsibility does AADPRT owe the psychiatric profession to work with us in creating an answer to the shortage of geriatric psychiatrists? Are certificates in geriatric psychiatry the answer?

I do not have the answers to these questions. If you name me president-elect, I will work assertively to address these concerns; not as a solo gig but in partnership with you, the members of the AAGP, and other like-minded organizations.

Some personal history. I was called to Geriatric Psychiatry during my first psychiatry rotation as a medical student at St. Louis University. Residency and fellowship training at Northwestern Memorial Hospital, Chicago, prepared me further. Attending my first AAGP meeting as a resident, I reveled in an energetic group that, through the years, became mentors and friends. I've served the AAGP in various roles. My committee work has included the Continuing Education, Training and Education and, Program Committees. As a member of the Clinical Practice Committee, I served as member, vice-chair, co-chair and ultimately chairperson. I served the Board of Directors as Secretary in 1999 and as a board member from 2001 – 2004. Earlier in my efforts I served on the public relations committee and as the Associate Editor and ultimately Editor of the Geriatric Psychiatry Newsletter from 1997 to 2003.

As an educator, I teach and supervise medical students, psychiatry residents and geriatric medicine fellows at Rush University Medical Center. I previously served as the director of the geriatric psychiatry fellowship program at Northwestern University. As a member of the Geriatric Psychiatry Subspecialty Training Taskforce, I contributed to the first iteration of the Geriatric Psychiatry Milestones. More recently I contributed to the 4th edition of the IGPSAP.

As the Section Chief of Geriatric Psychiatry and Behavioral Health Science at Rush University, I daily confront the issues facing all geriatric psychiatrists: building cost-effective, evidence-based services in response to growing requests for care. Never easy but with a team

dedicated to innovative, collaborative care a bit more doable than going solo.

Conflict of Interest Disclosures for Sandra S. Swantek, MD, FAPA: Dr. Swantek reports funding through HRSA.

Candidates for 2020-2021 Secretary/Treasurer-Elect

Position Automatically transitions to Secretary/Treasurer for 2021-202

Meet Gauri P. Khatkhate, MD

Work Location: Edward Hines Jr. VA Hospital, Hines IL

***Professional Setting*:** Edward Hines Jr. VA Hospital is a large VA medical center located just west of Chicago. I work in a Home Based Primary Care (HBPC) program. As part of this team I manage the MH needs of a primarily geriatric veteran population, and have the opportunity to visit veterans in their homes. I am also a geriatric psychiatry fellowship director and have been involved in several multi-site VA research studies.

Areas of Interest: My last 10 years have been spent working as part of a large interdisciplinary home-based primary care team. Through this experience I have developed a strong interest in collaborative care, health services delivery models, and the challenges of achieving the balance between efficiently utilizing scare resources while providing patients with access to high quality expert care. As a proud VA physician, I am also very interested in the care of aging veterans. As the cohort of Vietnam Veterans ages, we are being presented with a large group of patients where mental health concerns, chronic medical conditions, substance abuse, and cognitive decline are converging, and we will need innovative solutions to meet their needs. As a fellowship director, geriatric workforce issues and recruitment into the field are also always at the front of my mind. Finally, I have been working as part of an evolving research team within my department and am interested in collaborating with colleagues across fields on outcomes driven research.

Sources of Livelihood: 98% Hines VA Hospital, 2% Madden State Hospital

Personal Statement: I attended my first AAGP meeting in 2006 – on the beautiful island of Puerto Rico – and have attended all but two meetings since. From the very beginning, I was hooked. While the warm breezes and palm trees didn't hurt, what I remember most, and value still, are the warmth, intelligence, and commitment of the AAGP members. I left feeling inspired, and that is why I continue to return. AAGP has always been the place where I renew my professional identity and sense of purpose. As a Stepping Stones attendee (I date myself!), I solidified my love for geriatric psychiatry. As a Public Policy Fellow, I developed my understanding of the larger sociopolitical issues at play. While my own passion for geriatric mental health has grown, I have watched as we struggle to recruit new psychiatrists to our profession, and to recruit existing geriatric psychiatrists to the AAGP ranks. It is to give back to the field and the organization that have done so much for me, and to be a part of AAGP's ongoing growth, that I would be honored to serve as Secretary/Treasurer of our organization.

As part of my work at the VA I collaborate with colleagues in the community. One of my goals as part of the AAGP board is to represent those clinicians who make up a large part of our numbers, but often practice in relative isolation. I would like to increase our outreach to these colleagues and work towards better regional organization. If we can improve our understanding of what needs they may have from an organization like AAGP, we would be better able to recruit and serve them. Our absolute numbers are small so every individual member is valuable; the more united we are, the more effective we can be. A second goal I have is to continue to promote AAGP as the premier educational resource not only for geriatric psychiatrists, but also for non-geriatric psychiatrists and non-psychiatrist geriatric mental health care workers. The key again is increasing outreach and advertising, particularly through social media like physician Facebook groups, which have become a major mode of professional communication. The ultimate goal is to be able to provide all older adults with the highest quality mental health care, a goal we can only accomplish when we grow our numbers and share our expertise.

Through my career I have had many experiences which I believe prepare me for this role. I have been a member of several AAGP committees including the public policy caucus, the VA caucus, the teaching and training committee and the membership committee. In my life at the VA, I created and still run a geriatric psychiatry fellowship and am the medical director for my clinical program. I am also currently working to create a geriatric mental health division. One of my biggest challenges has been helping to jumpstart research in my department, which involved a great deal of new learning and perseverance. The skills I have gained through my professional development include a high level of organization, learning how to seek out help and resources, thinking creatively about problems, and working effectively across disciplines. And though I feel certain that I have the abilities to fulfill this role, it is my passion that I hope translates most strongly and carries me there.

Conflict of Interest Disclosures for Gauri P. Khatkhate, MD: Dr. Khatkhate reports no conflicts of interest.

Meet Jason Strauss, MD

Work Location: Cambridge and Everett, MA

***Professional Setting*:** Cambridge Health Alliance, Harvard Medical School

Areas of Interest: I particularly enjoy working with older patients with chronic mental illness. Doing this in the community setting, I am privileged to be able to see many of these individuals in their homes. I also love to teach and my role grants me the opportunity to interact with trainees and providers of all backgrounds including medical students, psychiatry residents, geriatric psychiatry and geriatric medicine fellows, nurse practitioners, and staff physicians in other fields.

Sources of Livelihood: I am currently the Director of Geriatric Psychiatry at Cambridge Health Alliance. In this role, I serve as the Medical Director of our inpatient Geriatric Psychiatry Specialty Unit in Everett, MA and lead other clinical programming in geriatric psychiatry including outpatient, home-based, and nursing home services. I am the Training Director of the Geriatric Psychiatry Fellowship Program at CHA. I am the Medical Director of Everett Rehabilitation and Nursing Center in Everett, MA.

Meet the Candidates for the 2020 AAGP Board of Directors Election

Personal Statement: We are continuing to neglect the most ignored of the vulnerable population that we care for- older adults with chronic severe mental illness. For the first time in history, individuals with schizophrenia, schizoaffective disorder, bipolar disorder, and other significant psychiatric disorders are living to old age. What should be heartening news is offset by difficult truths: (1) The medical community is woefully unprepared to treat these patients; and (2) There are neither the resources nor political will to ensure that this population is adequately or appropriately housed.

For the last four years, I have been the Director of Geriatric Psychiatry at Cambridge Health Alliance (CHA), a hospital system affiliated with Harvard Medical School which delivers community-based care to a multicultural, underserved, diverse population. In my role, I serve as Training Director of CHA's Geriatric Psychiatry Fellowship and oversee the CHA's clinical services which encompass inpatient, nursing home, clinic, and community locations in a wide catchment area north and east of Boston.

I see many patients who have "aged out" of our state's Department of Mental Health (DMH) due to their development of functional, cognitive, or medical issues that preclude them from living safely in DMH -affiliated group homes. Our older patients with chronic severe mental illness thus lose access to this important and enveloping system of care. As a consequence, many of these patients are either living precariously in the community- one "wrong move" away from eviction and homelessness or sent to skilled nursing facilities (SNF) where their independence and quality of life are often worsened. Too many others are stuck on inpatient psychiatric units waiting for resources which will enable them to be discharged to SNF or analogous disposition.

I feel strongly that the AAGP can take on a leadership role in prioritizing the care and development of best practices in the treatment of older adults with chronic severe mental illness. We already have a huge shortage of practitioners who can treat mental health needs of older adults, a crisis which is worsening by the day. We know how enjoyable and satisfying it is to work in geriatric psychiatry, but the field is stigmatized by its lack of glamour and the obvious struggles inherent in our field. These challenges make it especially daunting to recruit medical students and other trainees to the field. As we find ways to address our recruitment issues, we must provide education, teaching, and support to primary care physicians and general adult psychiatrists. In addition, we must embrace the role of clinicians such as nurse practitioners in their heroic efforts to fill the gaping voids which exist in the treatment of older adults with chronic severe mental illness.

AAGP should advocate for policy changes at the local, state, and federal levels that ensure that older adults with chronic severe mental illness have the ability to live as independently as possible in the community. We can support the establishment of pilot projects to examine the efficacy and cost-effectiveness of these less restrictive housing options. With positive results, we can demonstrate to such entities as the Centers for Medical and Medicaid Services, state Departments of Public Health, and political leadership the necessity of such housing options for older adults with chronic severe mental illness.

I am excited about the opportunity that AAGP has to prioritize the dignity, and quality of life in older adults with chronic severe mental illness. Your support for my candidacy will ensure that this greatly overlooked population will indeed have a voice.

Conflict of Interest Disclosures for Jason Strauss, MD:
Dr. Strauss reports no conflicts of interest.

Meet Ilse Wiechers, MD, MPP, MHS

Work Location: Menlo Park, CA

***Professional Setting*:** Office of Mental Health and Suicide Prevention, Department of Veterans Affairs and Yale School of Medicine

Areas of Interest: health policy; quality improvement; psychopharmacology; late-life mood, anxiety and trauma-related disorders; inter-professional education; healthcare administration.

Sources of Livelihood: Department of Veterans Affairs (100%).

Personal Statement: Geriatric mental health faces a challenging era ahead with an expanding aging population, a constantly evolving healthcare system, and a small stagnant specialty-trained workforce. Navigating this environment is critical for our organization. AAGP needs to strengthen its voice by partnering with other key stakeholders in geriatric mental health and by engaging greater membership involvement in advocacy efforts. I would like to serve as Secretary/Treasurer to help ensure the ongoing financial health of the organization while also serving as a voice for advocacy on the Board of Directors.

I have a longstanding commitment to policy and advocacy efforts on behalf of AAGP. While I have never directly served on the Board, I have worked closely with the Board and the Executive leadership team as the co-chair of the Public Policy Caucus for over 6 years. I have helped strengthen our partnership with APA Department of Government relations, which has enabled our organization to remain up to date on health policy issues of importance for our members and our patients. I also serve as the AAGP representative to the APA Assembly, serving as the voice for geriatric mental health among our peers in general psychiatry. I partnered with Alex Threlfall to chair this past year's AAGP Annual Meeting, which for the first time focused on policy and advocacy in geriatric mental health. Together we helped launch the Grey Matters Coalition, which brings together multiple key professional organizations to help us amplify the voice of AAGP in geriatric mental health advocacy efforts.

In addition to my service to AAGP, I have experience leading several national mental health programs for the Office of Mental Health and Suicide Prevention in the Department of Veterans Affairs. I have a record of getting things done on little to no budget, and I will bring this type of frugal fiscal oversight to my role as Secretary/Treasurer. While expanding AAGP's voice and advocacy footprint is imperative, doing so at the risk of our organization's financial solvency is unwise. I will be a voice for judicious expenses and only those that are likely to have meaningful impact on our field.

The AAGP provides professional guidance and a sense of community to the geriatric mental health field in the face of a changing healthcare landscape. My career in geriatric psychiatry has been enormously gratifying in large part due to this unique organization. I would be honored to serve as Secretary/Treasurer on the Board of Directors to help further focus our organization on advocacy and policy issues that are critical for the success of our field and for the health and well being of our patients and their caregivers.

Conflict of Interest Disclosures for Ilse Wiechers, MD, MPP, MHS:
Dr. Wiechers serves as the AAGP Representative to the APA Assembly Committee of Representatives of Subspecialties and Sections (ACROSS); voting member of APA Assembly and member of CPA Council.

Meet the Candidates for the 2020 AAGP Board of Directors Election

Candidates for 2020-2021 At-Large Board Members (Non-Psychiatrists)

One position is open, Term is for three (3) years beginning at conclusion of the 2020 Annual Meeting

Meet Piruz Huda, NP

Work Location: Seattle, WA

***Professional Setting*:** For my 18 years working as a PMHNP (Psychiatric Mental Health Nurse Practitioner), I have devoted most of professional time working with older adults, treating them in the clinic setting, nursing homes, assisted livings, adult day health, and inpatient geropsych. I generally have worked with multidisciplinary teams in treating older adults, but more recently I have been working independently as a psychiatric consultant and provider for seventeen assisted livings in the Seattle area. I have co-authored STAR, an evidence-based dementia care training program with Dr. Linda Teri with the University of Washington School of Nursing, and I have served as a research consultant on behavioral intervention studies involving dementia. I am a frequently invited speaker on geriatric psychiatry topics at the three local universities that have PHMNP doctorate programs and I have served as a part time instructor at two local universities. I have served as a medical director at a community mental health agency where I implemented evidence-based treatment approaches into our agency's clinical practice.

Areas of Interest: I have a passion for promoting and educating on best practices of dementia care; to caregivers and families, and to current and future clinicians. When I emphasize non-pharmacological interventions before attempting pharmacological interventions, I know I need to first motivate and then educate caregivers to understand the disease and behaviors, as what they report dictates how treatment will unfold. I strive to prevent psychiatric hospitalizations for older adults as much as possible, which generally requires facilitating a group of stakeholders to think outside the box to best address patient safety, which can then allow treatment in the outpatient setting.

Sources of Livelihood: 60% private practice, 35% assisted living facility consultation (Aegis Living, Horizon House in Seattle, WA, 5% Puget Sound University as Instructor.

Personal Statement: I have been working as a geriatric psychiatric nurse practitioner for 18 years in a variety of settings. I have been active in teaching future nurse practitioners as a clinical instructor and preceptor/mentor throughout my career. I have served as a research consultant for the University of Washington NW Research Group on Aging, on studying behavioral interventions for dementia. From 2015-2018, I have served as a board director on Sound Generations, a non-profit with a $17 million annual operating budget that provides services (meals, transportation, health promotion) to underserved older adults in need in the greater Seattle area. My professional history highlights my passion for promoting the best practices to reduce distress in older adults, and for encouraging clinicians to enter this underserved field of geriatric psychiatry.
I have been attending AAGP throughout my career, as no other professional organization provides me with information on current research and best practices, as well as access to the leaders in the field that speak to my professional interests. In the past few years, I have been more active in AAGP; I have presented on non-pharmacological interventions for BPSD and will again this year, and I have been active in the AAGP nursing caucus.
While there is a shrinking number of geriatric psychiatrists, there is a growing number of geriatric psychiatric nurse practitioners, as the number of states allowing independent practice for nurse practitioners is growing. As a board member at large for AAGP, I would provide an outside voice from a representative of the growing number of geriatric clinicians, many who are looking for continuing education that provides them the salient content to conduct best clinical practice. This can be accomplished by traditional means of encouraging conference attendance, but also through social media and outreach to other disciplinary organizations.
Besides increasing the exposure of other health disciplines to AAGP, I want to better inform AAGP members to who make up these disciplines : what is their scope of practice, how does it differ state to state, and how we can collaborate and contribute to our rapidly evolving health care settings. During my five-year tenure as a medical director of a community mental health agency, my emphasis on interdisciplinary collaboration fostered an environment that promoted better understanding of each other's clinical roles and ways to collaborate. From there, novel solutions to ongoing barriers to treatment followed, as well as improved job satisfaction. Similarly, I want to foster interdisciplinary discussion and partnerships across AAGP, such as not only having disciplinary caucuses, but to provide a space for discussions across disciplines at the annual meeting, and to consider opportunities for virtual chats and closed social media groups where members can easily interface throughout the year.
With geriatric psychiatry and all aspects of healthcare, change is occuring quickly and stakeholders need to adapt to the changing field. I want to provide AAGP with a unique perspective. I believe that the future of AAGP is full of opportunities to expand, to grow, and to collaborate for a better future.

Conflict of Interest Disclosures for Piruz Huda, NP:
Dr. Huda reports no conflicts of interest.

Meet Krista L. Lanctôt, PhD

Work Location: Sunnybrook Research Institute, and Department of Geriatric Psychiatry, Sunnybrook Health Sciences Centre; University of Toronto, Toronto, Ontario, Canada

***Professional Setting*:** I have a PhD in Clinical Pharmacology from the University of Toronto, with additional training in pharmacoepidemiology. I am currently a Senior Scientist in Geriatric Psychiatry and in the Hurvitz Brain Sciences Program at Sunnybrook Research Institute, and the Head of Neuropsychopharmacology Research at Sunnybrook Health Sciences Centre. I am also a Full Professor of Psychiatry and Pharmacology/Toxicology in the Faculty of Medicine at the University of Toronto, Toronto, Ontario, Canada. My office is in a geriatric psychiatry outpatient area, where we strive to embed research into clinical care.

Areas of Interest: I am an active researcher in geriatric psychiatry with over 300 publications. My group's research has focused on optimizing the treatment of cognitive and neuropsychiatric symptoms associated with dementia and in predementia states. In addition to running randomized controlled trials with medications, natural health

products, neuromodulation and exercise, my group uses biomarkers, pharmacologic challenge and neuroimaging to further understand these symptoms and personalize interventions. I currently hold grants as a PI from the National Institutes of Health, Alzheimer's Drug Discovery Foundation, Alzheimer's Association US, and Canadian Institutes of Health Research. I am also an active educator, having trained 29 graduate students, many of whom have become clinician-scientists or researchers.

Sources of Livelihood: My source of income is Sunnybrook Research Institute (100%). Various grants provide salary support to the Institute, and the University buys time as needed. Consultation fees vary but remain immaterial (<5%).

Personal Statement: I have been involved with AAGP since 1995, when I first presented a poster as a new graduate student working in the area of geriatric psychiatry. I became an affiliate member in 2000 and have attended almost yearly since, presenting research findings and more recently, well-attended and highly rated symposia. I have benefitted greatly from guidance and collaborations with AAGP members and value the sense of community this group brings to me and others in the geriatric mental health field.

My academic and administrative experiences have prepared me to serve on the Board of Directors of the AAGP. Academically, I have Co-Chaired Research Roundtables for the Alzheimer's Association, and participated in Canadian Clinical Practice Guidelines for Dementia for the past 3 iterations spanning more than 10 years, and the Stroke Best Practices Guidelines, where I co-chair the Mood and Cognition Guidelines. I am the immediate past Academic Co-Chair for the Neuropsychiatric Symptom Professional Interest Area (PIA) within the International Society to Advance Alzheimer's Research and Treatment (ISTAART) of the Alzheimer's Association and currently sit on the Scientific Program Committee, where I Chair a Conference theme associated with neuropsychiatric symptoms. I am also the Academic co-lead of an International Apathy Workgroup among other leadership roles. At my home institutions, I have held numerous leadership roles both within the hospital, and at the University. While the focus of my research is on pharmacotherapeutic and noninvasive stimulation interventions, on the side, I work with 2 charitable organizations, one that brings music to institutionalized elderly (past-president), and one that provides pet therapy. In addition, I am frequently called upon to liaise with potential donors through many of the granting agencies and institutions that I am affiliated with.

AAGP's mission is promoting the mental health and well-being of older people through professional education, public advocacy and career development for clinicians, educators and re-searchers. As a long-standing non-psychiatrist AAGP member, my expertise is in research and teaching. With my voice on the Board, I would support and expand on the attraction of non-psychiatrist members. I would support members in training as well as current members in their research and education endeavors. Finally, I would advocate for AAGP, our members, and what we stand for through current and future international memberships, activities and opportunities. I would be pleased to serve the AAGP as the non-psychiatrist member-at-large.

Conflict of Interest Disclosures for Krista L. Lanctôt, PhD:

Dr. Lanctôt reports grant support from AbbVie, Axovant Sciences Ltd and Pfizer (paid to institution) and consultations fees from Otsuka, Kondor Pharma, ICG Pharma and Highmark Interactive.

AAGP's Conflict of Interest Policy

In addition to a statement, each candidate was asked to disclose any potential conflicts, according to AAGP's conflict of interest policy. All members of the AAGP Board of Directors and committee chairs are asked annually to complete a conflict of interest disclosure statement, and those statements are reviewed by the Board. The disclosure statements are presented so that members have the opportunity to view these conflict of interest disclosure statements for candidates running for officer or Board member positions. The existence of a conflict does not necessarily preclude service on the Board, the Executive Committee, or other committees but may require some modification of the individual's participation in certain activities.

Following is the definition the AAGP Board uses to determine a conflict. For clarification of any of this information, please contact Christopher Wood (cwood@aagponline.org). **Definition: A conflict of interest exists when an officer, director, committee, task force or executive staff member has a financial interest in a transaction or arrangement that would prevent that individual from acting in the best interest of the organization.** The following situations are considered to be potential conflicts and should be reported: (1) A direct or indirect (e.g., in the name of an immediate family member or any other family member living in the person's household) financial interest (e.g., present ownership or investment interest in, or a compensation/consulting arrangement with an enterprise with which AAGP has an actual or potential transaction or arrangement). (2) A compensation arrangement with AAGP e.g., compensation paid by AAGP to director or officer for preparing course material, honorarium, etc.). (3) Membership on the governing body of, or serving as an officer or committee member of another society or association representing professional interests of geriatric psychiatrists. (4) Receipt of a research or similar grant from a commercial entity with which AAGP has an actual or potential transaction or arrangement.

AAGP Policy on Election Campaigning

1. All candidates shall have their personal statements and pictures published in one issue of Geriatric Psychiatry News prior to the elections. In addition, the statements will be included along with the ballots and mailed to the membership. While staff from the national office will contact the candidates to inform them of the policy, it is the responsibility of the candidates to provide the materials by the deadline stated. Candidate statements must be less than 400 words in length, or they will be edited at staff discretion to meet the word limit.

2. There shall be no campaigning activities at any governance meeting of the AAGP or any other meeting sponsored by AAGP. This includes board, committees, and ad hoc committee and task forces, educational meetings, or other formal AAGP meetings.

3. Candidates, or other individuals on behalf of candidates, are prohibited from campaigning by direct mail, email, phone calls, or other systematic systems such as faxing, text messaging, etc., to the general membership. Candidates may not use the AAGP mailing list, AAGP list serves, or the membership directory for campaign purposes.

4. Any candidate violating these campaign regulations may be subject to a hearing of the board, and if found in violation of the policies, may have their candidacy forfeited.

AAGP American Association for Geriatric Psychiatry

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