



## LETTER FROM THE CHIEF

**Vicki Jackson**  
MD, MPH

**As the chill comes into the air** and the days are noticeably shorter, we in the Division of Palliative Care and Geriatric Medicine (PCGM) are taking time to reflect on the past six months. It once again has been filled with waves of COVID statistics including increased vaccination rates in Massachusetts which has, thankfully, allowed for time with friends and family. We are still working to make sure that there is equity in the COVID vaccination rates in all communities and that no one who wants to be vaccinated is left behind. We have learned so much about humility, respecting different cultures and educating in this context to protect all of us.

In the midst of this crisis, the Palliative Care and Geriatric Medicine Division has continued to innovate to provide the best possible care for our patients, their caregivers, and the community. I am incredibly proud of our outstanding clinical teams who have worked so very hard during these difficult times. Their commitment to caring for patients and families has never wavered. In this newsletter, you will find many examples of this important work both locally and abroad.

One shining example of this commitment has been the work of the faculty in improving care for patients living in low and middle-income communities across the world. Mass General has been at the forefront educating clinicians in many countries to improve the care for patients living with serious illness. This work began with Eric Krakauer's foundational partnership in Vietnam, and through the work of many of our

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## Launch of the Global Palliative Care Program

Our division is excited to announce that Bethany-Rose Daubman, MD and Mark Stoltenberg, MD, MPH, MA have been named the co-directors of our Global Palliative Care Program (GPCP). Drs. Daubman and Stoltenberg have been working within the context of global palliative care for the past five years, often under the mentorship of Eric Krakauer, MD, PhD, also a faculty member within our division. Dr. Krakauer has been working to improve palliative care around the globe for most of his career and is an international leader in the advancement of palliative care in low and middle-income countries.



2020 Latin American palliative care education course in Chile with Dr. Daubman back row left and Dr. Stoltenberg 5th from the left.

Stoltenberg's first experience delivering global palliative care occurred in 2015 in Belize, working alongside a local anesthesiologist, Dr. Beatriz Thompson. "At the end of her shifts at the hospital, she would go out and see as many home-based patients as she could in the afternoons. One day, we saw a patient who lived two and a half hours away just to bring a few bottles of morphine to help her with her pain," he shares.

In reflecting on her work with the Lakota Nation in South Dakota, Daubman states, "even within our own country, there are so many incredible health disparities and so many generational traumas. It's a cultural value for Lakota American Indians to be born on their land and die on their land. But without local palliative care resources they are not even able to be home on their lands to be comforted and supported by their communities. Instead, they have to be in a hospital 300 or 400 miles away where they aren't able to engage in any kind of culturally congruent end of life practices."

In 2018, a [Lancet Commission project](#) that Dr. Krakauer co-led, found that an immense amount of unnecessary suffering continues to occur around the world, and described a basic package of palliative care services that could be implemented around the world in a cost-effective manner.

"The vast majority of unnecessary suffering that's occurring in the world right now is in low- and middle-income countries," Stoltenberg says. "There are far too many millions of people suffering from symptoms and psychosocial suffering that is treatable with inexpensive interventions."

Now, as they take the helm of the MGH Global Palliative Care Program, a collaboration with the MGH Center for Global Health, the duo hopes to coalesce a community of clinicians and educators to close gaps in palliative care delivery and share and apply the lessons learned from their global partners.

To read more about this important work, see the Center for Global Health [Newsletter](#). ▲

## Congratulations Sarah Glasheen



After a rigorous recruitment and interview process, Sarah Glasheen has been named the Administrative Manager for the Division of Palliative Care & Geriatric Medicine.

Sarah is well known to the Division. Over the course of the past several years, she has been a Project Coordinator for the Continuum Project, a Program Coordinator for the Home-Based Primary Care program, and most recently acting as the Interim Administrative Manager for the Division. Sarah possesses the fundamental skill sets of a successful healthcare administrator coupled with a positive can-do attitude and tenacious spirit. It is these attributes that impressed both the panelists on the search committee as well as colleagues throughout the Division.

Sarah completed her Bachelor of Science in Business Administration at Stonehill College and her Masters in Business Administration at the University of New Hampshire. Outside of work, Sarah can be found skiing all winter and attending weddings all summer. Sarah is an avid traveler, working toward her family's goal of seeing all 50 US states (35 so far), reader (35+ books a year), and coffee drinker (way more than 35 a year.)

Please join us in welcoming Sarah into the next phase of her career with the Division of Palliative Care & Geriatric Medicine.

## Collaboration: PCGM and the Emergency Department



Over the past several years, PCGM has worked closely with the emergency department (ED) geriatric optimization task force to improve the care provided to older adults and persons living with dementia in the ED.

The ED can be particularly destabilizing for people living with dementia due to lights, noise, a chaotic pace, and being asked many questions. The caregiver plays a critical role in attending to the patient and facilitating the interaction with ED personnel. Unfortunately, it is common for patients with dementia and their caregivers to spend many hours in the ED awaiting an appropriate disposition. Through generous support from the Ladies Visiting Committee, Dr. Maura Kennedy, the Division Chief of Geriatric Emergency Medicine, and the Dementia Care Collaborative created “Nurture Bags”. The bags contain small items that can provide comfort and preparedness for spending time in the ED. Handing a Nurture Bag to someone is a gesture that acknowledges caregivers are seen and heard and informs them of the availability of supportive services. These bags have been well received by caregivers and provide critical information and support at a time of great stress.

PCGM provides critical support to older ED patients and their families, and to the ED staff. Janet Rico, Advanced Practice Nurse Practitioner, is now available for geriatric and palliative care consultations in the ED. These consultations produce better outcomes for patients.

Geriatric consultations address all 4Ms of the Age-Friendly Health Systems. Other age-friendly programs in the ED observation unit include an up-by-10 program designed to prevent delirium and a Geriatric Patient Care Assistant who mobilizes older adults, provides emotional support and cognitive engagement, and assists with individual's activities of daily living.

Hear about these age-friendly programs in this [video](#). ▲

## Dr. Deborah Lee, Senior Core Educator



The Division is delighted to announce that Dr. Deborah Lee is the new Senior Core Educator for Geriatrics Resident Education in the Department of Medicine (DOM). Subspecialty Core Educators (SCEs) are teaching faculty who supervise general internal medicine residents. Among the many responsibilities in this role, Dr. Lee will develop and innovate curricula for the core and ambulatory conference series and direct the Ambulatory Subspecialty Elective (ASE) for residents rotating in Palliative Care.

Lee joined MGH in 2020 and will continue her work as a geriatrician for primary care and consultation patients in the Geriatric Medicine Clinic and geriatric co-management with the primary care team at Chelsea Health Center.

During her time at MGH, Dr. Lee has already increased our geriatrics education footprint in the DOM. She has co-designed and co-taught our Geriatrics ambulatory curriculum for internal medicine residents and she precepts internal medicine residents at the Geriatrics clinic. She has given talks at the Geriatrics Conference series and has initiated group classes for Geriatric Medicine patients.

In her new role, Lee looks to provide point-of-care tools for early-career clinicians to use in both the outpatient and inpatient settings. She will also train residents to facilitate effective and safe transitions between settings of care, and to expand the geriatrics mentorship network to engage trainees headed toward non-primary care specialties. In addition to this work in geriatrics, she will serve as a mentor for residents interested in palliative care. ▲

## Geriatric Consultation Service and POSH clinic

**The Ambulatory Geriatric Consult Service** provides a specialized outpatient evaluation by a Geriatrician in order to address aging-related challenges for patients aged 65 and up. Geriatricians take a whole-person approach sensitive to the particular circumstances which can arise for older adults. The Geriatric Medicine team offers consults on many issues that older people can face such as memory problems - Alzheimer's disease and other dementias, falls and difficulty walking, incontinence, advanced care planning, and connections to community services, just to name a few. The Geriatrician will collaborate with a patient's primary care provider in making recommendations.

**The Pre-Operative Surgery Clinic or POSH clinic.** The Geriatric Medicine Clinic is currently rolling out a pre-operative surgery clinic - POSH (Perioperative Optimization of Senior Health) pilot phase in collaboration with the gastrointestinal (GI) surgeons at MGH. This service is based on the Duke University School of POSH program and provides a timely, comprehensive geriatric clinical assessment for older patients who are undergoing a planned surgery. The goal of the clinic is to help patients in optimizing their cognitive and functional status prior to surgery and prepare both patients and their family members for the challenges around hospitalization in older adults. ▲

### Compelling Data for the POSH Clinic

	Average length of stay in Hospital	% of readmitted within 7 days of leaving Hospital
Patients with POSH	4 DAYS	2.8%
Patients without POSH	6 DAYS	9.9%

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faculty has expanded to Chile, Haiti, Senegal and the Rosebud Reservation to name a few. We are thrilled to announce the launch of the Mass General Global Palliative Care Program which will be co-directed by Drs. Mark Stoltenberg and Bethany-Rose Daubman. I encourage you to learn more about our efforts in Global Palliative Care in this installment of our newsletter.

There are many exciting things happening in our Geriatrics Section that you will read about as well. The first is that our outpatient Senior Health practice has moved and changed its name! Our Mass General Geriatrics Practice is now conveniently located on the main campus on the second floor of the Yawkey building in Suite 2C. This is a lovely space where we are happy to welcome our primary care patients. In addition to settling into the new location, Drs. Matt Russell and Sharon Levine have been leading initiatives to expand our consultative offerings in the clinic. This is great news for patients who would like a Geriatric specialist to support their existing primary care team whether they are navigating how to age well or how to best prepare for surgery.

As always, we are grateful that we are in community with you and we wish you a Happy Thanksgiving.

Sincerely,

**Vicki Jackson, MD, MPH**  
Chief, Division of Palliative Care and Geriatric Medicine

## AWARDS AND ACHIEVEMENTS

The Division congratulates three physicians for promotions and an appointment from Harvard Medical School. **Vicki Jackson, MD, MPH, Chief of the PCGM Division**, was promoted to Professor of Medicine; **Sharon Levine, MD, AGSF** was appointed to Associate Professor of Medicine; and **Bethany-Rose Daubman, MD** was promoted to Assistant Professor of Medicine.

We applaud **Christine Ritchie, MD, MSPH and her team**. Under her leadership, as the Director of Research, MGH was awarded two significant grants from the National Institutes of Health (NIH) for research associated with palliative care and geriatrics: \$1.8M for "Characteristics and Impact of Chronic Pain and Pain Management in Older Adults" and \$110k for "A Layered Examination of the Patient Experience to Elucidate the Role of Palliative Care in Surgical Care for Seriously Ill Adults."

Palliative Care physicians **Alexis Drutchas, MD and Carine Davila, MD, MPH** were both selected to be Health Equity Scholars through the Center for Health Equity, Education & Advocacy (CHEEA) at Cambridge Health Alliance from 2021-2022. As scholars, they will examine health equity topics and will practice the skills and apply new knowledge to current issues, to become advocates for health equity. Here is a [link to the program](#).

In addition, **Dr. Drutchas**, who is a Public Voices Fellow of [The OpEd Project](#) published an opinion article with CNN in June 2021: [In America, is Bodily Autonomy a Human Right?](#) addressing the rights of individuals to make decisions about their own medical care.

**Brook Anne Calton, MD, MHS and Christine Ritchie, MD, MSPH** published a paper in the Journal of Palliative Medicine, titled: [Top Ten Tips Palliative Care Clinicians Should Know About Telepalliative Care](#) about telehealth -the growing and evolving medium for providing healthcare.

## EVENTS All held virtually by Zoom or join by phone

Most events are recorded and can be viewed on the [Division website](#).



For all Dementia Care Collaborative events, RSVP to [dementiacaregiversupport@mgh.harvard.edu](mailto:dementiacaregiversupport@mgh.harvard.edu).

<https://dementiacarecollaborative.org/>

**Become a Dementia Friend** | Nov 30 12:00-1:00PM

One-hour information session to learn five key messages about living with dementia, and the simple things you can do to make a difference in your community.

[Register](#)

**Conversations with Caregivers** | Tuesdays 5:30-7:00PM ET

**December 14: Portraits of Dementia**  
with Joe Wallace, Photographer and Storyteller

**January 18, 2022: Fundamental Skills for Dementia Caregivers**  
with Susan Rowlett, LICSW

**February 15, 2022: Memory Cafes with Beth Soltzberg, LICSW, MBA**

**March 15, 2022: The Power of Movement and Music Based Activities in Dementia**  
with Bonnie Wong, PhD/ABPP-CN

**April 19, 2022: Diagnostic Disclosure**  
with Christine Ritchie, MD, MSPH and Matthew Russell, ND, MSc

**Health & Resiliency Programs** | Tuesdays 5:30PM ET

**December 7: Mindfully Nourishing our Bodies**  
with Helen Delichatsios, M.D

**January 4, 2022: A special live music concert**

**February 15, 2022: Yoga**  
with Kristy Harvey from [Wise Owl Wellness](#)

**Geriatric Medicine Town Halls** | Thursday afternoons at 1:00-2:00PM ET

MGH experts give updates on the coronavirus and ideas to stay healthy.

**Upcoming topics:**

**Lifestyle Medicine and Foods to Protect Your Health**

**How to Work with your Doctors and your Care Team**

For more information, contact [practiceseniorhealth@mgh.harvard.edu](mailto:practiceseniorhealth@mgh.harvard.edu)

[www.massgeneral.org/medicine/pcgm/](http://www.massgeneral.org/medicine/pcgm/)

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TO GIVE



For information about ways to support the Division of Palliative Care and Geriatrics at Mass General, please contact **Patrick Rooney at 857.260.4873**  
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