

# SWEDISH GERIATRIC MEDICINE FELLOWSHIP

Fellowship News

Spring 2023

## Fellowship Director's Update

by Carrie Rubenstein MD, Geriatrics Fellowship  
Director

More than halfway through this 2022-2023 academic year, I am thrilled to report some highlights thus far. First, our Swedish Geriatrics Fellowship Home-Based Care program is slowly and steadily growing. To date this academic year, our fellows have made 40 visits to the homes of individuals who have difficulty accessing clinic services. These visits have been accepted with gratitude from patients and family members and have occurred and brought comfort during meaningful times such as transition home from hospital and end-of-life. Please see fellow Dr Barbara Harper's article about her reflections on being a home visit physician.

In other exciting news, we have a current quality improvement initiative led by our fellowship team related to deprescribing high-risk medications in older adults at our Swedish Family Medicine – First Hill Clinic. This project is part of the Providence Age-Friendly Action Community and part of the larger Age-Friendly Health Systems movement. Dr. Stephen Supoyo, current fellow, is the project lead and he writes more about the project in this newsletter.

Finally, Swedish Geriatric Medicine Fellowship was recently given a generous gift by a grateful family who received care from our Swedish geriatrics fellowship team. The goal of the gift is to support the training of people who decide to further their education by pursuing a fellowship that leads to expertise in the care of older adults. We plan to use the gift as a recruitment incentive and to also pay for extra training opportunities. We are so grateful for the gift and are working closely with the Swedish Foundation to identify other philanthropic opportunities to ultimately expand our current team capacity for specialized older adult services.



Current Geri Fellows: Barbara Harper & Stephen Supoyo

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# **Reflections on Home Visits**

**by Barbara Harper (Current Fellow)**

Home visit experiences are as varied as our patients. Despite how different each experience is, one common feature stands out: each home visit feels like a privilege. The privilege of trust, and the privilege of a glimpse into a life of which one is not usually a part. These glimpses include joys and sorrows of the past and hopes and wishes of the present.

Sometimes this privileged perspective is in stories told, sometimes it is in pictures on the walls. Both perspectives offer a window into the history of the patient - often an historical perspective of a culture with which one may be only vaguely familiar - but into which one is graciously invited.

One might visit a retired Russian dancer, a former civil rights activist, a young patient learning to live with dialysis, or an older patient living with resurgence of polio acquired in childhood.

Each patient presents a unique medical challenge, a tapestry of which the common thread is the appreciation of a doctor's coming to see them at their home.

# **Teaching the Art and Science of Deprescribing**

**by Stephen Supoyo (Current Fellow)**

A saying goes: "In medicine, medications are our scalpel." The evidence is clear that this is especially true when prescribing for older adults. Polypharmacy and adverse drug effects cause significant harm for our older patients, often leading to increased risks of hospitalization, falls and fractures, and even mortality. Yet, deprescribing medications remains a considerable challenge for many clinicians.

Deprescribing is a management strategy to minimize polypharmacy and potentially inappropriate medications. Research has shown that most older adults are open to having one or more of their medicines deprescribed if recommended by their physician.

We've all cared for older adults "stuck" on high-risk medications like opioids, benzos, and highly anticholinergics. As a geriatrics fellow who recently completed the Swedish Addiction Medicine Fellowship, I've found many similarities between how to effectively help someone stop using addictive substances and helping an older adult quit their chronic high-risk medications. It's about eliciting values and aligning with our patient's deeper wishes for a healthier life.

With the enthusiastic support of the Swedish Geriatrics Fellowship Director, Dr. Carrie Rubenstein, some outstanding Swedish Quality Program Managers and Pharmacy Residents, we developed and carried out a quality improvement project to increase the practice of deprescribing at our residency clinic. In November 2022, every family medicine resident and faculty got a copy of their recent high-risk medication prescribing data for patients 65+ and clinic-wide data for comparison. We also gave everyone paper and online resources and an offer of 1-on-1 support with pharmacy residents to identify opportunities for deprescribing. Through several didactic teaching sessions, we taught motivational interviewing skills tailored to help with the challenging aspects of discussing deprescribing longtime meds in older adults. Through a pre and post-intervention survey, we found pre-intervention, 62% were at least "somewhat" comfortable discussing the topic, and 10% were "very familiar" with what meds are considered high-risk in older adults. Post-intervention, this increased to 82% at least somewhat comfortable discussing deprescribing, and 50% very familiar with high-risk meds. 100% reported being at least somewhat likely to discuss deprescribing with patients soon.

We're excited by these promising results and are looking forward to the next phase of our project: Looking for actual reductions in high-risk medications prescribed after implementing these interventions! Currently, we're in the middle of collecting more data. We'll also be presenting this work as a poster at the national conference of the American Geriatrics Society in May. If you're interested in learning more about this ongoing initiative, please don't hesitate to reach out to the Geriatrics team. We'd love to tell you all about it!

## Fellow Transitions

Dr. Taisha Doo graduated in 2022 and will be working with the Polyclinic at Northgate in primary care at the Internal Medicine Department. She is seeing a majority of older adults in her clinic.

Dr. Aarti Deshpande graduated in 2022 and is working with Kaiser Permanente Primary Care in Bellevue. She is also looking forward to doing a Memory Clinic pilot once a week with other Geriatricians.

Dr. Rachel Rosedale went directly from our fellowship where she graduated in 2022, to a full scope family medicine billet. She will continue to provide comprehensive primary care across the lifespan. Rachel was afforded an opportunity with us by also contributing to the Navy Family Medicine Graduate Medical Education at the residency program where she was trained at the United States Navy at Camp Lejeune.

## Fellowship Team Photo 2022-2023



From left to right, fellows Stephen Supoyo & Barbara Harper, Program Director Carrie Rubenstein, Assistant Program Director Sarah Babineau, & Admin Coordinator Jesse Zayas

## Featured Alumni: Phyllis Ying

I am a proud graduate of the Swedish Geriatric Medicine fellowship (2020). I currently work at HealthPoint Community Health Centers as a full time family medicine physician and geriatrician. I no longer see OB patients, but I still provide a wide array of care including procedures, reproductive health, gender affirming care, and treatment for opioid use disorders. As part of my job, I am also the Specialty Director of Geriatric Medicine for HealthPoint, which means that I am responsible for improving the care of our older adult patients at HealthPoint. On a day to day basis, I see a wide variety of patients, and one day a week is primarily dedicated to geriatric patients and consults from other clinics. I have dedicated administrative time for both my clinic and my role as a specialty director.

One of the best things about my job as both a PCP and a director is the ability to see patients on a face-to-face level, but also be able to help guide policies and decisions at an organizational level to improve the care of older adults. For example, I recently worked on a new workflow for reinstating home visits so that providers can conduct home visits for their complex patients if needed. As a specialty director, I am also asked to weigh in on what care outcomes or QI measures should be tracked to improve geriatric care, or to participate in workgroups to improve Medicare patient engagement. My year in fellowship equipped me with the skills needed to take on these leadership positions and make recommendations for our entire organization.

Much as I love my job, it's not without its challenges! "Balance" is the constant difficulty; the balance between the everyday needs of clinic, versus the larger projects as a specialty director that may move at a slower pace but still require attention. Sometimes I find myself leaning too far into the clinic side (clearing out my inbox, for example, or just trying to stay on top of closing my notes!), but I always feel more grounded as a geriatrician when I am able to re-engage in the geriatrics community. It is a reminder of why I love geriatrics and keeps me from burning out on clinical practice alone!



We are recruiting for Academic Year 2023-2024 Fellows!

#### Our Program Offers:

Clinically-focused, one-year, ACGME-accredited fellowship program, with longitudinal training in outpatient, inpatient, post-acute, home care, and long-term care settings.

Academic training in geriatrics and family medicine at Swedish Family Medicine – First Hill, an outstanding residency program in downtown Seattle.

Program director and faculty who are board-certified in geriatrics and palliative medicine.

Emphasis on maintaining full-spectrum family medicine or internal medicine skills.

Compensation above the fellowship average, with a generous 15 days/ \$5000 CME package.

New Fellow-led Home-based Primary Care Service

#### FAQs:

Our fellows have a 100% pass rate on the ABFM/ABIM Geriatrics CAQ exam (the geriatrics equivalent of board certification).

We accept two fellows per year. We accept both Internal Medicine and Family Medicine residency graduates. Applications are taken through the NRMP Fellowship Match Program through the summer and fall; we interview in September and October.

Fellows develop clinical expertise in geriatrics, and graduate much better prepared to manage multiple chronic diseases, cognitive impairment, polypharmacy, end-of-life planning, and palliative care.

Fellows participate as “junior faculty” at Swedish Family Medicine, and are involved in precepting, didactics, faculty development sessions, and teaching residents and medical students. 50% of our graduates have gone on to careers in academic medicine, 70% involved in medical director or leadership positions.

#### For further information, please contact:

Carrie Rubenstein, M.D., Program Director. [carrie.rubenstein@swedish.org](mailto:carrie.rubenstein@swedish.org)

Jesse Zayas, Program Coordinator. [jesse.zayas@swedish.org](mailto:jesse.zayas@swedish.org) 206-215-1769

Or for further information visit our website: [www.swedish.org/geriatricsfellowship](http://www.swedish.org/geriatricsfellowship)