

# SWEDISH GERIATRIC MEDICINE FELLOWSHIP

Newsletter

Autumn 2024

## Program Director's Update

by Carrie Rubenstein, M.D., Geriatrics Fellowship  
Director

As the trees change color outside my window, I marvel at the beauty of the seasons! As the program director of a 1-year fellowship, we are constantly recruiting, onboarding, interviewing, and training. While this may seem tiring, it is so energizing watching the current fellows gush about their excellent fellowship experience and interviewing the next gen of geriatricians who are choosing to join this important field.

Our current fellows continue to amaze me with their stellar patient care, zest for learning, and expanding leadership skills. They are making a difference in patients' and families' lives every day, at the bedside at the most important moments, and expertly guiding care. They are also digging into and making our fellowship clinical programs even better, including serving as consultants in and out of the hospital and delivering much needed home-based care. As a program director, I could not be prouder!



*Sweet Moments: Our Geriatrics Fellowship Team Enjoys an Ice Cream Social at Salt & Straw*



*Heartfelt Thanks to Yazmin and Family for Your Generous Support of Our Fellowship!*

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# Lucky Me! My Career as a Geriatrician

by Carroll Haymon, M.D., Former Program  
Director & Alumni

Lucky Me! My Career as a Geriatrician  
Twenty years ago – together with the BEST fellow-fellow Carla Ainsworth—I finished my Geriatrics fellowship at Swedish. In 2004, cell phones looked like candy bars and we wrote notes by hand in paper charts – but then, as now, there was no shortage of complex but delightful older adults needing excellent care from experts.

I spent my first 10 years in practice on the faculty at Swedish-Cherry Hill and then Swedish- First Hill, and was the Geriatrics Fellowship director from 2008-2014. It was a true delight to meet so many inspiring and dedicated young physicians during those years – residents and fellows both – and to grow our influence at Swedish until everybody knew a “Code Geri” meant “run down to the ER and PROTECT THE PATIENT from burdensome expensive care not consistent with their care goals!”

I left Swedish in 2014 to join Iora Health, a national healthcare start-up delivering primary care to patients on Medicare. In my 8 years with Iora, we grew from 2 clinics to 50, serving patients in 13 states; and were subsequently acquired by One Medical and then Amazon. As the medical director of our

operations in two states (WA and Colorado) and later the National Medical Director of Geriatrics Education, I got to help our clinicians across the country get better at the kind of care I learned about in my fellowship so many years earlier. I also learned along the way that the practice of Geriatric Medicine is perfectly matched to the practice of “value-based care”, and therefore, that Geriatricians are well positioned to be leaders in the health systems of today and tomorrow. As someone responsible for building a medical group, I also hired as many SFM-Geri grads as I could – they were at the top of my list every time!

Today, I’m working on something new: launching a company to serve patients with Dementia and their families. Designing a care model, building partnerships, and raising money to start our clinical operations has been a wild ride with lots of learning along the way. Keep an eye out for Veronica Health! I’ve also had the great privilege this year of returning to the Fellowship part-time, to join Carrie and Sarah in coaching our next generation of awesomeness. So grateful to be a forever-part of Team Geri!



*“Geriatric Medicine is perfectly matched to the practice of “value-based care”, and therefore, that Geriatricians are well positioned to be leaders in the health systems of today and tomorrow.”*

# Improving Geriatric Care: Nurse Navigation at Blake House

By Peepong Thao, Blake House Nurse Navigator

Providing access to care is one of the many reasons for having a nurse navigator at the Blake House building with Plymouth Housing. The partnership with Swedish Family Medicine and Plymouth Housing has improved the inevitable fragmentation of care upon emergency room and hospital discharge. As the nurse navigator here at Blake House, I provide care coordination services to all the Blake House residents, whether they are a Swedish patient or not. The residents are older adults, 55 years and older, who have been faced with homelessness recently. Plymouth Housing implements harm reduction to reduce risks and optimize safety. With this partnership, Swedish Family Medicine offers primary care services and can refer patients out to addiction recovery services.

My goal as a nurse navigator is to provide care coordination for health maintenance. Most of the Blake House residents have not seen a doctor for many years, so helping them establish care is a big change and can lessen the stigma for substance use disorder. The Swedish Family Medicine geriatric fellows also provide monthly education sessions on topics such as hypertension, diabetes, and even nutrition. Residents have expressed gratitude for this partnership and enjoy the education sessions. I am grateful to be a part of this team and look forward to continuing helping the Blake House residents improve their quality of life.

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*Swedish Family Medicine  
and Geriatrics Team at their  
First Annual Evening Blake  
House Event: Community  
and Nutrition Night including  
a Teaching Kitchen session,  
Quick and Easy Chili.*

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# A Geriatric Fellow's Frontline Experience in Combating Elder Abuse

by Frédérique Messier, M.D., Geriatrics Fellow

As a geriatric medicine fellow, I've had the privilege of serving as a medical consultant for the King County Elder Abuse Multidisciplinary Team. This role has provided me with a unique perspective on the multifaceted challenges faced by vulnerable adults and the importance of coordinated care in combating elder abuse.

One of the most challenging aspects of my work has been the unpredictability of home visits. Each visit presents a new set of challenges, from dilapidated homes to aggressive scammers. While I can always rely on my geriatric skills and my trusted "home visit bag," I've also been fortunate to have the support of law enforcement, social workers, and even firefighters during some of these visits.

During one particularly memorable home visit to a client who was the target of multiple scams, I was accompanied by law enforcement. The interview was briefly interrupted when a potential scammer knocked on the client's front door. I was grateful to have the support of someone with an actual badge instead of my doctor's badge! This incident highlighted the importance of collaboration between healthcare providers and law enforcement in addressing elder abuse cases.

I've also had the opportunity to work with Health One, a multidisciplinary team that includes firefighters and case managers. This unique experience allowed me to perform a thorough

evaluation of a vulnerable adult who had not been adequately connected to care in decades. The house was in such disrepair that the firefighters taught me a few things about assessing structural integrity (if the floor is soft, go towards the nearest wall!). Thankfully, it was a warm and sunny day in Seattle, so I chose to conduct my assessment on the client's lawn.

Throughout these difficult situations, I was amazed at how much I've learned since starting my fellowship. Instead of being unsettled by these complex situations, I found that the framework we use to assess patients during comprehensive geriatric assessments, the 5Ms (what Matters, Mentation, Mobility, Medications, Malnutrition), is a valuable tool for assessing and addressing the needs of older adults. When applied to complex elder abuse cases, it can provide a structured approach to identifying and addressing underlying issues.

My experience with the King County Elder Abuse Multidisciplinary Team has been both challenging and rewarding. It has taught me the importance of coordinated care, the value of multidisciplinary teams, and the power of the 5Ms framework in addressing the complex needs of vulnerable adults. I am grateful for the opportunity to have been a part of this important work and for the mentorship of Dr. Rubenstein!



*"Instead of being unsettled by these complex situations, I found that the framework we use to assess patients during comprehensive geriatric assessments, the 5M's is a valuable tool for assessing and addressing the needs of older adults."*

*- Frédérique Messier, M.D.*

# Promoting Wellness at Blake House

by Lucia Amore, M.D., Geriatrics Fellow

When I went to college, I chose Dietetics as my major to have a strong foundation in nutrition for my pre-med career planning. I knew that daily nutrition was important in part of living a healthy life, and part of my 5M's (as in the "matters most" section of the Geriatric 5Ms model). This is something that I've been meaning to share with my patients, and what better occasion than the opportunity presenting itself to go to Blake House in my second month of being a fellow! To prepare for our exciting event, throughout September we planned with our geriatrics team, our Blake House Team, and First Hill team to bring together our September 24 2024 5:30PM-7:00PM Nutrition Night.

Our wonderful team taught about various topics: Carrie Rubenstein taught food safety basics, Frederique Messier (geriatrics fellow) taught about nutrition labels, Tara Ahmadi (second year family medicine resident at First Hill) taught about how to balance meals. Our Blake House teammates, Peepong (RN at Blake House and liaison for our complex care coordination), Margaux (case manager), Tiffany (community engagement teammate) and Beruke (community engagement teammate) teamed up with our First Hill representatives (including residents as future PCPs for our Blake House community members) to pass out our educational pamphlets, snacks, and be our

biggest support team for our unprecedented 50+ participant turnout! We had initially been expecting 20-30.

I led a SNAP-friendly food demonstration on vegetarian chili that was so easy and fun, with how engaged our participants were and how cohesive our team was. To make us look even better, we had a kind volunteer, our MA at First Hill, Idyll who prepared our demonstration food in advance so that we could "fast forward" from our food prep to the finished product. While leading the demonstration, I also had a safety session on safe food handling - after seeing too many people with finger injuries from unsafe chopping techniques, I reviewed the bear claw hold to protect our fingers as we chop our food. I'm hoping to prevent even 1 less ER visit from the chopping demo.

After the demonstration, we all ate together vegetarian food generously prepared by Beruke and Tiffany that demonstrated the balance we learned from Tara Ahmadi's presentation. It was nourishing to eat together as a team, especially after we all came together to volunteer together.

As my 3rd month of fellowship comes to a close, I'm excited for the next opportunities our Blake House partnership will bring, and how we can continue to help our community, starting with our neighbors down the street.

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*- Lucia Amore, M.D.*

