LETTER FROM THE CHIEF

THE LAST SEVERAL MONTHS have ushered in a wave of excitement and change for our Division. In my last letter, I introduced recommendations of The Palliative Care Task Force at MGH, which was chaired by Dr. Peter Slavin, President of the MGH. One of the first recommendations to come to fruition is the expansion and enhancement of primary and subspecialty palliative care, which will enable us to increase access to quality palliative care services for patients and families at MGH.

Towards that goal, we are pleased to introduce you in this newsletter to several of our new team members who bring a wealth of experience and expertise to our patients, Division and MGH as a whole.

On December 7, 2016, our Division celebrated our 20th anniversary at MGH, a remarkable milestone. To commemorate and celebrate the tremendous progress and accomplishments of our Division over the first two decades, we hosted a day-long anniversary celebration that included several panel discussions, lectures and presentations from leaders in our field, on both a local and national level. The day culminated with the 6th Annual Leffert Lecture in the evening, featuring Dr. B.J. Miller, Assistant Professor of Clinical Medicine at UCSF and a widely respected leader in the field of Palliative Care. Our anniversary celebration was extremely well attended and I am very grateful for the hospital community’s support as we continue to grow.

As our Division has grown over these past two decades, so too has the reach and scope of our clinical team. One area of natural collaboration (Continued on page 2)

Early Palliative Care Intervention for Patients Hospitalized for Stem Cell Transplantation

A RECENT STUDY from MGH has shown that early integration of palliative care services for patients admitted for stem cell transplantation improves quality of life (QOL) and decreases symptoms. Areej El-Jawahri, MD, an MGH oncologist and Director of the MGH Bone Marrow Transplant Survivorship Program, is the lead author of the study. She explains that “hematopoietic stem cell transplantation (HSCT) is an intensive potentially curative therapy for patients with hematologic malignancies.” However, Dr. El-Jawahri also notes that patients undergoing HSCT often experience severe physical and psychological symptoms during their transplant hospitalizations, leading to a significant decline in patients’ QOL and mood. Despite the significant symptom burden experienced by these patients and their potential for a complex treatment course, palliative care services have not traditionally been integrated into the care of patients with hematologic malignancies. Dr. El-Jawahri explains that there are many reasons for this, including the uncertainty about prognosis for patients with hematologic malignancies, the tendency for rapid decline at end of life in this population, and misperceptions about palliative care being strictly end of life care.

This study enrolled 160 patients with hematologic malignancies admitted for HSCT; patients were randomized to either standard transplant care (with palliative care available upon request), or to integrated palliative and transplant care. Patients in the integrated care group received at least two visits weekly from a palliative care physician or nurse practitioner. Palliative care clinicians focused on symptom management, establishing rapport with patients and families, and promoting coping skills. Assessments regarding QOL, symptom burden, and mood were completed by patients two weeks, three months, and six months after transplant.

Two weeks after transplant, patients in the palliative care intervention group demonstrated improvements in QOL, depression, anxiety, and symptom burden. Dr. El-Jawahri also reports that for patients with palliative care integration during transplant, there was a “sustained improvement in depression and post-traumatic stress three months [after transplant].” These results are “important because this is really the first study showing the benefits of palliative care for patients with hematologic malignancies undergoing curative therapy,” says Dr. El-Jawahri. Overall, researchers concluded that palliative care intervention during admission for HSCT can improve outcomes for patients with hematologic malignancies and reduce the morbidity of HSCT. While there is a need for more studies to better understand the impact of palliative care for this patient (Continued on page 3)
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(Continued from page 1)

has been with the Geriatric Medicine Unit at MGH. With the visionary leadership of Dr. Katrina Armstrong, Physician-in-Chief of MGH, we are pleased to announce that the Geriatric Medicine Unit merged with our Division last fall to further promote the natural synergies and training opportunities which exist between our specialties. Going forward, our Division will be known as the Division of Palliative Care and Geriatric Medicine to reflect the merging of our teams. I am excited by the opportunity to leverage the expertise and training opportunities of this expanded Division in order to allow for increased access, quality and innovative care for all patients at MGH who may benefit from our services and expertise.

Finally, as an academic medical center, research and innovation are instrumental to the success of MGH and our Division. In this edition, we are pleased to present to you a sampling of our team’s recent publications in the leading journals of our field, as well as an innovative clinical trial focusing on the outcomes of early palliative care interventions for Oncology patients at MGH. I am excited by the prospect of these research projects and the positive impact they will have on the quality of life for all patients and families struggling with serious illnesses in the years to come.

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

Division Welcomes New Staff

WITH EACH SUCCESSIVE YEAR, the Division welcomes a new cohort of team members and Fellows who serve to expand the reach and expertise of our Division at MGH and within our local community. In July 2016, we were pleased to welcome a new cohort of Physician and Nurse Practitioner Fellows, who will spend a full year learning and training with our senior clinicians. We were fortunate this year to welcome a Fellowship class of six adult physician Fellows, two pediatric physician Fellows, four Nurse Practitioner Fellows, a Pediatric Social Work Fellow, and a Pharmacy Resident. One strength which differentiates this Fellowship class from others is the diversity and breadth of training backgrounds of our Fellows. We currently have Fellows who have graduated from leading medical schools and residency programs within the United States, as well internationally. Our Fellows draw upon training, experience and interest in the fields of Neurology, Psychology, Internal Medicine, Global Health, Medical Ethics, and Geriatrics, among others. We have so enjoyed welcoming this wonderfully talented, diverse and dedicated Fellowship class to our Division!

Additionally, the Division was fortunate to welcome new Physicians and Social Workers to our team last fall! Short biographies of our new team members are included below:

- Annie Lebowitz, LICSW: Annie joined our Division as a Clinical Social Worker on the Home Based Palliative Care Program this past June. As part of her role, Annie will be providing support and guidance to patients and families, liaising with care teams and providers, and helping to build the social work role. Before coming to MGH, Annie worked as a geriatric care manager at JF&CS in Waltham for almost 2 years and prior to that was a social worker at Lawrence Memorial Hospital in their geriatric med/psych program for 10 years. Annie graduated from Brandeis University with a B.A in sociology, earned her Master’s in Social Work at Boston College, and served as the Jacob and Rose Ruderman Fellow for Geriatric Social Work at the BIDMC.
— Early Intervention (Continued from page 1)

...population, these are exciting and promising results and we have already seen an increased number of palliative care consult requests from our colleagues in the stem cell transplant unit. This study was published in the November 2016 edition of the Journal of the American Medical Association.

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Palliative Care and Geriatrics Merger

FALL 2016 marked an exciting merger between two hospital divisions, resulting in the MGH Division of Palliative Care and Geriatric Medicine. There is a natural synergy between these two specialties, as many older adults have palliative care needs.

Joining our Palliative Care Team recently are two physicians who are dually trained in palliative care and geriatrics. We welcome Dr. Erin Scott and Dr. Erin Stevens who, along with Dr. Lorie Smith, expand our team of dually-trained clinicians.

We look forward to partnering further with the Geriatrics team at MGH, which includes a senior health primary care practice, community-based practice at Fox Hill Village Wellness Center, the GiFTS orthopedics consult service for geriatric patients, and a well-regarded geriatrics fellowship program.

Recent Meet-and-Greet with our Palliative Care and Geriatric colleagues (and Doris, the Palliative Care dog)

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Erin Scott, MD: Dr. Scott joined our Division in September as an Attending Physician for both Geriatric Medicine and Palliative Care. Dr. Scott is a general internist who received fellowship training in geriatric medicine at Summa Health System and palliative medicine at The Ohio State University Wexner Medical Center. Her clinical interests focus on improving communication between physicians and their patients and families when faced with a life-threatening illness, understanding a patient and their caregiver’s needs, and translating these communication skills to training physicians in medical education.

Erin Stevens, DO: Dr. Stevens joined our Division in August as an Attending Physician. A native of Ohio, she received her undergraduate degrees in chemistry and biology from the University of Indianapolis and medical degree from the West Virginia School of Osteopathic Medicine. Dr. Stevens has worked in the Division of Geriatrics and Palliative Care at the VA Boston Healthcare System, and completed Harvard’s Interdisciplinary Palliative Care Fellowship this past year. Her interests include integrating hospice and palliative care among vulnerable elders, and enhancing inter-professional communication and coordination to improve goal-aligned care.

Keri Brenner, MD, MPA: Dr. Brenner is a Palliative Care Physician and Psychiatrist at Massachusetts General Hospital, who joined our Division this November. Dr. Brenner completed her medical degree at Yale School of Medicine, where she received honors for her thesis on the phenomenology of suffering with terminal illness. She also has a Master in Public Administration from Harvard’s Kennedy School. Her psychiatry residency training was at MGH McLean, and she is a graduate of the Harvard Interdisciplinary Palliative Care Fellowship. Dr. Brenner’s interests include psychodynamic and existential issues in patients with serious illness.

Mark Stoltenberg, MD, MA: Dr. Stoltenberg joined our Division in September as an Attending Physician and a Fellow in Global Health Leadership. He received his undergraduate degree in religion from Duke University, and completed his medical degree, as well as a Master’s Degree in Bioethics and Healthy Policy, from Loyola University Chicago. Dr. Stoltenberg then completed his family medicine residency at Northwestern University and his palliative care fellowship at Harvard University. His primary interest is providing comprehensive and compassionate care to the poor and vulnerable facing serious illness—both within our local Boston community and abroad.
Awards and Publications

Below is a selection of recent awards and publications from our Division:

- **Dr. Mihir Kamdar**, along with other team members including two former Harvard Interdisciplinary Hospice and Palliative Medicine fellows, recently won the Grand Prize in the Partners Connected Health Innovation Challenge. Dr. Kamdar and colleagues were selected from over 50 teams and awarded for their innovation called “Embodie: A virtual care concierge extending a care team’s capacity to offer high-touch, high-value care for people living with serious illness.”

- **Dr. Bethany-Rose Daubman** won an MGH Global Health Travel Award for her international work (along with Dr. Mihir Kamdar and other Global Oncology volunteers) teaching palliative care principles to physicians and nurses in Belarus.

- Three of our talented administrative team members, Margaret Spinale, Kate Houghton, and Jim Fitzgerald (pictured here), were honored with a 2016 Partners In Excellence Award for their above and beyond efforts to support our Division!

- Congratulations to several of our Division members who celebrated milestone MGH anniversaries at this year’s Ether Day Celebration:
  - 5 Year Anniversary at MGH: Nurse practitioners Ali Rhodes and Jason Telles, physicians Keri Brenner, Corrie Alexander Cole, Kate Brizzi, and Shane VoNey
  - 10 Year Anniversary at MGH: Margaret Spinale
  - 15 Year Anniversary at MGH: Debjani Banerji, MHA

In the MGH Division of Palliative Care and Geriatrics, we believe in contributing to the advancement of palliative care not only through providing patient care and education, but also through medical research and scholarly writing. Highlighted below are two recently published articles from clinicians within our department.


- **Vicki Jackson, MD, MPH**, Chief of the Division of Palliative Care, collaborated in publishing this important article on risk factors to explore when addressing the psychological distress that family caregivers of patients with incurable cancer may experience.


Eric Krakauer, MD, PhD, Director of International Programs at the Harvard Medical School Center for Palliative Care, published this article in *The Lancet*, calling attention to the inadequate end of life care that many patients receive internationally.

WAYS TO GIVE

For information about ways to support the Division of Palliative Care and Geriatrics at Mass General, please contact Jocelyn Hoey at 617-726-1305 or jhoey@partners.org

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