



MOUNT SINAI  
SCHOOL OF  
MEDICINE

# Department of Geriatrics & Palliative Medicine

CHAIR'S REPORT

FALL 2010

## ACCELERATING SCIENCE – ADVANCING MEDICINE

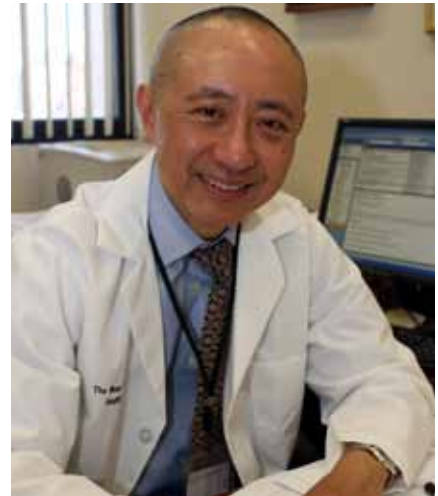
The Brookdale Department of Geriatrics & Palliative Medicine was established in 1982 as the first department of geriatrics at an American medical school. In nearly three decades, we have built one of the largest academic geriatrics programs in the United States and are currently ranked No.1 in the nation by *U.S. News & World Report*.

Our outstanding postdoctoral and continuing education programs, and our geriatrics and palliative care fellowship training program—the largest in the country—have established the Department as a Center of Excellence. Mount Sinai's highly ranked medical school and hospital provide the foundation upon which we provide a continuum of care between the bench, the bedside, and the community.

We have robust clinical programs on three campuses in New York City—The Mount

Sinai Medical Center, the Jewish Home and Hospital, and the James J. Peters VA Medical Center—that focus on inpatient and outpatient geriatrics, palliative care, long-term care, and home-based care.

Innovative translational research programs in geriatrics and palliative medicine have helped us advance the science of aging, and improve health-care delivery for older people locally, nationally, and internationally, as we remain firmly committed to meeting the needs of our aging population.



Albert Siu, MD, Ellen and Howard C. Katz Chairman's Chair, Department of Geriatrics and Palliative Medicine

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### ■ EDUCATION

## Training Tomorrow's Physicians



Rosanne M. Leipzig, MD, PhD

Most U.S. medical students receive little formal training in the minimum requirements needed to care for the elderly, and would not understand how care for an 80-year old differs from that of a 50-year old.

Rosanne M. Leipzig, MD, PhD, Vice Chair of Education, Gerald and Mary Ellen Ritter Professor, Mount Sinai School of Medicine, has garnered support for a minimum set of competencies that students should demonstrate in caring for older patients that are now being adopted at medical schools nationwide. They include how to modify medication selection and dosage, assess a patient's self-care capacity, recognize atypical presentations of common diseases, prevent falls, and decide on treatments based on an elderly patients' prognosis and his or her personal preferences.

At Mount Sinai, geriatrics is woven into all physician education. Each medical student spends a month in a geriatric clerkship working side by side our nationally recognized faculty caring for patients in the office, at home, and learning about end-of-life care. Our overall educational program, including our top-rated fellowship program, is consistently ranked No.1 or No.2 in geriatrics nationally. Each year, hundreds of practicing physicians attend Mount Sinai's Continuing Medical Education courses.

Our department is designated as a Geriatric Academic Center of Excellence and is one of four leaders in the Consortium for Faculty Development to Advance Geriatric Education. We are also the home for the Portal of Geriatric Online Education (POGOe), a national educational clearinghouse and learning community for geriatrics educators.

■ PATIENT-CENTERED CARE

## Healthy Aging

With the aging of the baby boomer generation, two areas of medical practice are crying out for innovation. The first is “preventive gerontology,” or healthy aging, so that people who are 65 today will be healthy when they turn 80. The other area is improving care for patients with multiple chronic illnesses that require intensive management. At Mount Sinai, we have taken on both of these challenges.

The Martha Stewart Center for Living brings together under one roof a centralized source of patient care, referrals to other physicians, programs for caregivers and the community, and a full range of complementary and integrative therapies as an adjunct to traditional medical interventions.

Patients can also access our Visiting Doctors Program, which provides high-quality, patient-centered primary care to elderly, homebound patients in Manhattan, and offers emotional support and social services to their families and caregivers. All residents in Internal Medicine at Mount Sinai spend a month as visiting doctors. The program, known for its compassionate care, has received accolades from New York City Mayor Michael Bloomberg, and members of the City Council.



Audrey Chun, MD, Director of the Martha Stewart Center for Living, with a patient.



Helen Vlassara, MD

■ RESEARCH FRONTIERS

## Advancements in Age-Related Diseases

Our Division of Experimental Diabetes and Aging is conducting molecular, cellular, and clinical research on the pathogenesis, prevention, and treatment of diabetes and other age-related diseases. Under the leadership of Helen Vlassara, MD, Professor, Geriatrics & Palliative Medicine, Experimental Diabetes in Aging, Professor Medicine, Professor Gene and Cell Medicine, we have helped discover a major

cause of these “multi-epidemics”—Advanced Glycation Endproducts or AGEs, food-derived glyc-oxidant substances, which deplete our innate immune defenses. Methodological and therapeutic advances made by our researchers have also illuminated the predominant role of environmental influences. This will help us pursue realistic, cost-effective ways of reversing these traits across the adult population.

■ BREAKING NEW GROUND

In June 2010, The Mount Sinai Hospital and the Hertzberg Palliative Care Institute broke ground on a new 16-bed inpatient palliative care unit for patients requiring intensive symptom or psychological management. The unit, overlooking Central Park, will provide a comforting environment that promotes healing for patients.



Diane Meier, MD

■ HEALTH CARE REFORM

## View From Capitol Hill

Diane Meier, MD, Director of the Hertzberg Palliative Care Institute and the Center to Advance Palliative Care, Catherine Gaisman Professor of Medical Ethics, Mount Sinai School of Medicine, has had a front row seat in Congress this year as an advisor to the Senate Committee on Health, Education, Labor, and Pensions (HELP). While serving as one of four resident Health and Aging Policy Fellows, Dr. Meier, a 2008 MacArthur “Genius” grant recipient, has watched the complex process of legislation unfold with the passage of the Federal Health Care Reform Bill. The law includes two pilot projects, one that will allow patients to continue curative care at the same time they access hospice services, and another that will deliver comprehensive coordinated care at home to elders at high risk for repeated hospitalizations or nursing home placement. Both projects represent a shift in how care is delivered, making the system patient-centered rather than driven by provider reimbursements.