FORGING MEDICINE’S FUTURE

CENTER FOR GERIATRIC MEDICINE
DEAR COLLEAGUE:

As one of just 18 hospitals named to the U.S. News & World Report Honor Roll, University Hospitals Case Medical Center is committed to building upon a legacy of medical discovery that began nearly 150 years ago and continues today.

Through our collaboration with Case Western Reserve University School of Medicine, our geriatricians – many of whom are also faculty at the School of Medicine – are forging the future of medicine through a number of programs and initiatives:

• One of the few partnerships in the United States aligning a Program of All-Inclusive Care of the Elderly (PACE) site with an academic medical institution.
• The UH Medical House Calls Program that provides primary health care services to more than 400 homebound Cleveland-area adults in their own homes.
• A comprehensive geriatric assessment program that delivers an in-depth evaluation to patients and their caregivers.
• Research on how a change in the way physicians communicate with patients and their caregiving network can improve compliance with discharge and care instructions.

We welcome your feedback on how we can work together to further enhance geriatric medicine.

P.S. We look forward to seeing you this May at the American Geriatric Society’s Annual Meeting.

Peter DeGolia, MD, CMD
Director, Center for Geriatric Medicine
UH Case Medical Center
Jack H. Medalie Professor in Home-Centered Health Care
Professor, Department of Family Medicine and Community Health
Case Western Reserve University School of Medicine
Geriatric Medicine

In 2013, UH Case Medical Center opened a Palliative Care Unit to support the care and pain management of patients with serious illnesses.

The Center for Geriatric Medicine at UH Case Medical Center is a multidisciplinary center marshaling resources to meet the growing demand from our community for improved care of older adults. The center is a collaborative program sponsored by the Departments of Family Medicine, Internal Medicine and Nursing and is devoted to the health and well-being of geriatric patients. These three departments work closely together, ensuring that the center’s innovative programming extends from UH Case Medical Center to system community hospitals and community agencies. As a result, the center is a nationally recognized exemplar of geriatric care in the hospital, community and home.
UH CASE MEDICAL CENTER

Among the nation’s leading academic medical centers, UH Case Medical Center is the primary affiliate of Case Western Reserve University School of Medicine.

With more than 1,000 registered beds, UH Case Medical Center provides primary, specialty and subspecialty medical and surgical care. Located in the heart of Cleveland’s University Circle on a beautiful 35-acre campus, UH Case Medical Center includes general medical, intensive care and surgical units, as well as three major specialty hospitals:

- University Hospitals Seidman Cancer Center
- University Hospitals MacDonald Women’s Hospital
- University Hospitals Rainbow Babies & Children’s Hospital

Our physicians and researchers – who also serve as faculty at Case Western Reserve University School of Medicine – are leaders in their respective fields, and their ongoing clinical research programs push the boundaries of medical progress.

Our dedication to clinical research and education has played a major role in building UH Case Medical Center’s rich legacy of medical innovation, and continues to this day. Coupled with a commitment to implementing the latest therapies and integrating with the most technologically advanced hospitals and community facilities, UH Case Medical Center offers a depth of care and scope of services unmatched by any other medical center in Ohio.

THE PRIMARY AFFILIATE OF Case Western Reserve University School of Medicine

The commitment to exceptional patient care begins with revolutionary discovery. University Hospitals Case Medical Center is the primary affiliate of Case Western Reserve University School of Medicine, a national leader in medical research and education, and consistently ranked among the top research medical schools in the country by U.S. News & World Report. Through their faculty appointments at Case Western Reserve University School of Medicine, physicians at UH Case Medical Center are advancing medical care through innovative research and discovery that bring the latest treatment options to patients.
The Center for Geriatric Medicine at UH Case Medical Center meets the ambulatory, hospital, home-based and skilled-nursing needs of older patients. The center offers comprehensive programs to assist patients and involves health professionals from other disciplines, including nursing, social sciences, dentistry, public health, environmental sciences and education. The Center for Geriatric Medicine helps to meet the needs of its patients through the following services:

• Palliative care
• Foley ElderHealth Geriatric Assessment Program
• Skilled Nursing Center
• UH Medical House Calls Program
• Primary care clinic
• Acute Care for the Elderly (ACE)
• Program of All-inclusive Care of the Elderly (PACE)
• Geriatric psychiatry services

To contact the center directly, email Geriatrics@UHhospitals.org.
A multidisciplinary group of nationally recognized geriatricians provides a full spectrum of services for patients. They offer the latest in innovative methods for the care and management of aging adults in multiple settings.

Peter DeGolia, MD, CMD, is Director, Center for Geriatric Medicine at UH Case Medical Center, and the McGregor PACE Center for Senior Independence. An expert in senior care, he was named to Cleveland Magazine’s “Best Doctors” list in 2011. He is also a Professor at Case Western Reserve University School of Medicine, recipient of the Case Western Reserve University Jack H. Medalie Chair in Home-Centered Health Care, a Board Member of the McGregor Foundation and a Trustee-at-Large of the Western Reserve Area Agency on Aging.

The Center for Geriatric Medicine Advisory Council is directed by Fred Rothstein, MD, President and Chief Executive Officer, UH Case Medical Center, Clinical Professor, Department of Pediatrics, Case Western Reserve University School of Medicine.

The council includes Dr. DeGolia; George Kikano, MD, Chairman, Department of Family Medicine and Community Health; Chairman, Department of Family Medicine, Dorothy Jones Weatherhead Professor and Vice Dean for Community Health and Family Medicine, Case Western Reserve University School of Medicine; Richard Walsh, MD, FACC, FACP, Chairman of the Department of Medicine, University Hospitals, Physician-in-Chief, UH Case Medical Center, FAHA, John H. Hord Professor, Case Western Reserve University School of Medicine; Catherine Koppelman, RN, Chief Nursing Officer and Patient Experience Officer, UH Case Medical Center; Robin Rowell, MSN, RN, CNP, Vice President, Institute and Medical-Surgical Clinical Operations, University Hospitals; and Lori Lozier, LISW-S, LNHA, CHPCA, Administrator, Hanna House, and Director, Geriatrics, Palliative Care and Post Acute Care Services, UH Case Medical Center.

Team-based care is an integral part of both geriatric medicine and palliative care. Physicians, nurses and social workers form the foundation of Geriatric Medicine and Palliative Care teams within the University Hospitals system. The Geriatric Medicine program integrates advanced practice nurses and social workers into the care of older adults and patients with serious illness.
Patients of the McGregor PACE Center for Inclusive Living in Cleveland benefit from its relationship with UH Case Medical Center and Case Western Reserve University School of Medicine. The partnership with A.M. McGregor Group and Senior Independence is one of few nationally between a Program of All-Inclusive Care of the Elderly (PACE) site and an academic medical institution. Beyond providing basic medical care, UH Case Medical Center physicians and nurses and School of Medicine students bring with them a breadth of research about and innovative approaches to caring for older adults.

PACE is a national Medicare and Medicaid program designed to keep nursing-home-eligible frail elders with chronic health problems out of nursing homes and help them continue to live in the community. PACE saves millions of tax dollars while keeping people closer to their support networks when they need it the most.

At the McGregor PACE Center for Independent Living, patients rely on an interconnected team that includes physicians, nurse practitioners, physical and rehabilitation therapists, social workers and dietitians. The staff attends to their whole health, giving them the opportunity to interact socially in a safe, comfortable space. The program also provides free transportation between their homes and the center.

Led by Dr. Peter DeGolia, UH is the contracted health system provider for all medical services of the McGregor PACE Center for Independent Living.

Dr. DeGolia and his team see PACE participants not only at the center, but also at their homes when patients can’t travel to the center. These home visits have allowed PACE participants who otherwise may have moved to nursing homes to stay in the program longer.

Because home visits are new and still rare in PACE communities nationwide, Dr. DeGolia has become a leading voice among PACE providers, speaking at regional and national conferences about expanding alternative methods of care for PACE participants and advocating patient-directed care.

The UH Case Medical Center partnership with PACE has had a positive impact on all parties. The top-notch care of University Hospitals’ physicians at the center and in PACE participants’ homes ensures that chronic conditions are managed, appropriate referrals to UH Case Medical Center are made, and patients and their caregivers are active participants in care decisions. It’s also helped lessen the financial burden of state-supported nursing homes on the community.

Setting the PACE for Innovative Care of the Elderly

UH Case Medical Center and the McGregor PACE Center Share a Healthy Relationship

Drs. Cynthia Balina, Peter DeGolia, Eric Baum and Barbara Moseley
A Hospital

THAT STILL MAKES HOUSE CALLS

UH MEDICAL HOUSE CALLS PROGRAM BENEFICIAL FOR PATIENTS, MEDICAL EDUCATION

House calls may seem like an outdated method for delivering medical treatment, but the UH Medical House Calls Program proves that providing services to patients in their homes can be a useful facet of modern health care.

Facilitated by the Department of Geriatric Medicine and Olusegun Odukoya, MD, geriatric medicine, UH Case Medical Center; and Assistant Professor, Family Medicine, Case Western Reserve University School of Medicine, the UH Medical House Calls Program provides primary health care services to more than 400 homebound Cleveland-area adults who cannot otherwise access regular medical care. The goal of the program is to avoid unnecessary emergency room visits and hospitalizations.

The program, which is covered by Medicare, Medicaid and many private insurers, serves:

- Patients who, for a variety of health problems, are bed bound or frail;
- Seniors who have significant memory issues and may get disoriented or agitated when leaving their familiar home environment;
- Patients whose caregivers may not be able to get them to and from the doctor’s office on a regular basis;
- Those with mobility problems who may not be able to walk to the street curb to take transportation;
- Those for whom public transportation has been discontinued or is not easily or safely accessed.

In addition to providing basic and necessary health care to an isolated population at risk for hospital admittance, the UH Medical House Calls Program plays a critical role in the education of medical and nursing students, residents and fellows in home-based care at Case Western Reserve University School of Medicine and the Frances Payne Bolton School of Nursing.

The students and residents learn how different an exam is in a patient’s home, where people may be less anxious, less likely to exhibit symptoms like “white-coat” hypertension and, in the case of patients with dementia, less likely to exhibit behavioral problems.

In patients’ homes, physicians and nurse practitioners have access to information that’s rarely collected in an office visit, such as what food is available and the patient’s dietary habits. The visit also allows for a look at the complete array of the patient’s medications, including over-the-counter drugs as well as prescription medications, along with details regarding when each medication is taken. Visits also provide insights into the condition and safeness of the patient’s home.

Importantly, home visits help physicians identify health issues before they become acute, reduce unnecessary emergency room visits, improve outcomes, and empower patients and their caregivers and families in their own care.
The Hanna House Skilled Nursing Center is an important post-acute care site for UH Case Medical Center. The Center for Geriatric Medicine works closely with Hanna House and several area nursing facilities to provide short- and long-term skilled medical care. The model of care emphasizes a collaborative partnership between geriatrician and gerontologic nurse practitioner.

UH Foley ElderHealth Center brings together geriatricians, behavioral neurologists, and social workers and nurses specializing in geriatrics to address issues pertinent to older adults. This interdisciplinary team of health professionals works together with the patient and caregivers to clarify care issues and devise goals of care that respond to individual needs.

Through the Comprehensive Geriatric Assessment Program, a geriatric medicine team, including a geriatrician, geriatric nurse and geriatric social worker, provide patients and caregivers with an in-depth evaluation focusing on geriatric syndromes, functional disabilities and the impact of medications on the health and well-being of the senior. Patients receive a full explanation of prescribed medications and how they affect the body and learn what to expect during diagnostic or treatment procedures, so that the patient and family can make informed decisions about care and treatment.

Nurses Improving Care for Health System Elders (NICHE) is a national senior care initiative to improve the care of older hospitalized adults by training nurses to become geriatric resource specialists. Through the leadership of Catherine Roscoe-Herbert, CNS, APRN, DNP, the Center for Geriatric Medicine has become a national exemplar for extending NICHE to institutions and agencies outside the hospital setting. Through its participation in this program, UH Case Medical Center has dramatically increased geriatric resource specialists at UH Case Medical Center; six community hospitals and several nursing facilities are now NICHE partners.
Through its Care Transitions Program, the Center for Geriatric Medicine at UH Case Medical Center improves communication between UH facilities, community nursing home staff and community physicians to facilitate patient transfers between institutions and patients’ homes. With rapid-access services at UH Case Medical Center, UH Bedford and Richmond medical centers, campuses of UH Regional Hospitals, and Cleveland-area nursing facilities, Care Transitions is designed to reduce hospital readmissions and dependence on emergency rooms, while providing better care and service to patients and the community.

Community Health, Case Western Reserve University School of Medicine, are researching how a change in the way physicians communicate with patients and their caregiving network can improve compliance with discharge and care instructions and, in turn, health outcomes.

Dr. Gravenstein explains that physicians essentially have no control over patients’ behavior outside of the clinic or hospital, so ensuring patients follow a care protocol begins with a focus on understanding and motivation.

First Dr. Gravenstein is challenging the standard of doctor-patient communication – the Teach-Back Method – in which doctors ask patients or their caregivers to repeat back information to test their understanding. The group is examining what happens when physicians have patients or their companions write out care instructions and share their notes with the doctor. Calling this the “Write-Back Method,” the Center for Geriatric Care team is researching its impact on patient satisfaction, adherence to the care plan and hospital readmissions.

Another aspect of Dr. Gravenstein’s research focuses on teaching physicians how to be “lay literate.” This involves not only explaining diagnoses, test results and care options using less medical jargon, but also reframing advice according to the patient’s priorities. By exploring what patients hope to be able to do – for example, attend a special family function or remain living in their home – physicians, nurses, therapists and other health care workers can use that as a tool to motivate patients in their own care.

Dr. Gravenstein explains that if, as expected, their research shows improved adherence and outcomes, then more efficient, effective health care could be as simple as changing how medical information is communicated, not adding work or services. The end goal of the research is to develop a patient-centric approach to communication that can be built into the physician’s routine care in every setting and eventually be incorporated into medical education.

Now a team of geriatricians in the Care Transitions Program, led by Stefan Gravenstein, MD, MPH, CMD, AGSF, FACP, Associate Director for Research, Center for Geriatric Medicine, UH Case Medical Center, and Professor of Medicine, Case Western Reserve University School of Medicine, and including Gowrishankar Gnanasekaran, MD, MPH, geriatric medicine, UH Case Medical Center, and Assistant Professor of Medicine, Case Western Reserve University School of Medicine, and Sandy Chang, MD, MHS, Assistant Professor of Family Medicine and
UH Case Medical Center’s physicians, surgeons and scientists – all members of the faculty of Case Western Reserve University School of Medicine – are leaders in their respective fields, and their ongoing research programs are at the leading edge of medical progress. A strong emphasis on translational, or “bench-to-bedside,” research means that new and innovative treatments and technologies transfer more rapidly from the research laboratory to actual patient care. In concert with their clinical and academic activities, the Department of Family Medicine and Community Health and the Department of Internal Medicine conduct clinical research in areas such as cancer, chronic illnesses, cardiovascular disease, Alzheimer disease, preventive care and physician-patient communication that will help primary care physicians and geriatricians better navigate patients through the ever-changing health care landscape.

Researchers at the Brain Health & Memory Center in the UH Neurological Institute are conducting drug trials in Alzheimer disease and frontotemporal dementia, studies of the genetics of Alzheimer disease, and research on caregiving methods and outcomes for patients with Alzheimer disease.

TOMORROW’S CURES TODAY.

David H. Canaday, MD, Associate Director of Research, Geriatric Research, Education and Clinical Center (GRECC), Louis Stokes Cleveland VA Medical Center, and Associate Professor, Division of Infectious Disease, Case Western Reserve University School of Medicine, conducts research to determine defects in the human immune system that occur with aging. One current aspect of this project is trying to determine predictors of the failure of influenza and shingles vaccination in older adults. He is collaborating with Dr. Gravenstein on this project.

Peter DeGolia, MD, CMD, was awarded a grant through the School of Medicine to research the impact of environmental home assessments on health care of frail elders. With the development of a screening tool that clinicians can use in the office, more elderly patients will be able to remain in their homes independently.

Stefan Gravenstein, MD, MPH, CMD, AGSF, FACP, is the principal investigator on a national study that looks at comparative effectiveness of the high-dose influenza vaccine in nursing homes. The 800-nursing home study is among the largest prospective randomized control trials ever, and utilizes a pragmatic (cost-effective) approach for conducting large scale clinical comparative effectiveness of various medical and nonmedical interventions.

In addition, Dr. Gravenstein is also involved in a number of other clinical research projects, including:

- A collaboration with the Department of Family Medicine funded by an auxiliary grant that is focused on improving patient self-management skills.
- A co-investigator role with Brown University’s Rosa Baier, MPH, on an Agency for Healthcare Research and Quality’s grant looking at how information is presented on quality measures and how it affects consumer choice.
- Studying delirium prevention with Dr. Gowrishankar Gnanasekaran.
- A proposal under review that examines cytokines, trauma and aging.

Sandy Chang, MD, MHS, comes to UH from Yale University. Dr. Chang, a 2011 Hartford Scholar in Geriatric Medicine, conducts clinical research on the epidemiology of aging, including the impact of chronic disease on frail elders. She is also working with Drs. DeGolia, Gnanasekaran and Gravenstein on a project to improve PACE patient’s utilization.

Sandy Chang, MD, MHS

Peter DeGolia, MD, CMD

Stefan Gravenstein, MD, MPH, CMD, AGSF, FACP

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All National Institutes of Health (NIH) funding for basic and clinical research is awarded to the School of Medicine at Case Western Reserve University.
The Harrington Project for Discovery & Development is a $250 million national initiative to accelerate the development of medical breakthroughs by physician-scientists into medicines that benefit patients. It is a unique model that aligns, through mission and structure, nonprofit and for-profit resources into a system for drug development. The Harrington Project thereby addresses a set of major challenges in medicine that have created a development gap for promising discoveries.

The Harrington Discovery Institute at University Hospitals Case Medical Center, the nonprofit component of The Harrington Project, enables physician-scientists to translate their clinical insights and research into novel therapies that benefit patients and society. Through an annual competition, the Harrington Discovery Institute selects a group of medical innovators known as Harrington Scholar-Innovators whose projects are funded and actively guided by drug discovery experts toward the clinical realm.

Dr. Diamond, a neurologist at Washington University School of Medicine, treats patients with neurodegenerative diseases and sees their effects on patients and families.

His laboratory was responsible for a major breakthrough in understanding the development of neurodegenerative diseases with the discovery that pathologic proteins in these diseases propagate pathology between cells, just like prion protein. Building on that discovery, Dr. Diamond is now exploring the development of antibodies that can target these pathologic proteins and block their spread through the brain.

Support from the Harrington Discovery Institute will give him the flexibility to explore different approaches, he says.

“It is helping me go in directions that promise to be the most productive – and the most exciting.”

Read more at HarringtonDiscovery.org/Scholar-Innovator2013.

To learn more, visit HarringtonDiscovery.org.
In 1996, UH created a clinical trials office at what is now UH Case Medical Center. At the time of its creation, the focus and management of clinical trials was managed by a small staff. This team was charged with the fiscal management of a handful of clinical trials, as well as regulatory oversight of human subject protections. By 2000, the office became known as the UH Research Institute.

From 1996 to 2003, the clinical research enterprise at the academic medical center continued to expand, resulting in exponential growth of both the staff and the research activity managed. The institute grew into a much broader support department and became the Center for Clinical Research and Technology (CCRT), which consists of seven offices dedicated to developing a standardized platform ensuring the responsible conduct of research for patients through scientific, regulatory, legal, ethical and fiscal review.

The CCRT now provides infrastructure, programmatic, personnel and administrative support for all research activities performed at UH by UH medical or scientific staff. These medical scientists are national and international leaders in their respective fields and are committed to identifying standards of excellence and potential areas for improvement to promote and facilitate clinical and translational research.

By 2013, the CCRT activities amounted to over $42 million at UH and $167 million of UH activity related to the affiliation between UH and Case Western Reserve University School of Medicine. These funds emanate from nearly 1,200 active grants and contracts at UH and nearly 700 additional grants that annually fund the shared faculty of UH and the School of Medicine through nearly 2,300 active human research protocols.

To learn more about the Center for Clinical Research and Technology directly, visit UHhospitals.org/Clinical-Research, call 216-844-5576 or email ClinicalResearch@UHhospitals.org.
Clinicians and Scientists at UH Case Medical Center and Case Western Reserve University School of Medicine

Center for Geriatric Medicine

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Director, Center for Geriatric Medicine  
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Jack H. Medalie Professor in Home-Centered Health Care  
Professor, Department of Family Medicine and Community Health

**Stefan Gravenstein, MD, MPH, CMD, AGSF, FACP**  
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**Elizabeth Weinstein, MD**  
Medical Director, UH Seidman Cancer Center  
Supportive Care Program  
Assistant Professor, Department of Medicine

Physicians receive their academic appointments and their accompanying titles from Case Western Reserve University School of Medicine.
To refer a patient or learn more about the Center for Geriatric Medicine at UH Case Medical Center, call 1-866-UH4-CARE (1-866-844-2273) or visit UHhospitals.org/Geriatric