



# American Healthcare Professionals and Friends for Medicine in Israel

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**D**r. Lisa Cooper doesn't perform surgery or practice oncology. But the 38-year-old geriatrician guides elderly patients through cancer surgery, at the same time providing valuable information and direction to the many specialists involved.

In addition to her general practice, Cooper specializes in co-managing geriatric oncologic surgery.

"Several studies show financial and clinical advantages of the multidisciplinary approach with a geriatrician involved in treatment," she says. "All physicians will treat older patients at some time; but they're not specifically trained to treat older adults. During co-management the geriatrician embeds together with a specialist, or several at once. We are there pre-op and post-op.

"With a procedure or surgery, we might be there to consider, among other things: polypharmacy, social vulnerabilities and mood disorders. We are there to help ensure that functional decline is as minimal as possible.

"There is no small surgery with older adults."

Cooper is a 2019-2020 APF Clinical Fellow in Geriatric Medicine at Harvard Medical School, with an emphasis on co-management of oncology and surgical patients. "I think geriatrics is one of the best fields of medicine I could ask for. I love listening to people; I'm very emotionally invested," says the Ohio native who made aliyah in 1985 when she was almost 4. Cooper is an attending in geriatrics at Rabin Medical Center in Petah Tikva. She also runs a unique Israeli co-management clinic for geriatric surgical oncology patients.

"Geriatricians have this whole background of internal medicine and love of science. But then we have this other aspect of looking at the person as a

whole and being interested in where they live, what their day is like and what is important to their family. This makes us a very different kind of physician.

"I chose geriatric/oncology/surgery since I realized this is a very vulnerable sub-population in my patient population, facing very complicated decisions regarding complex treatments (complex decisions for the providers, the patient and the family) and so a geriatrician in this place is essential.

"Also, because it's a young field there is so much research that can be done, which I love too. It's something that is growing and probably will change a lot in the next few years. I'm excited to be a part of that."

As Cooper's Rabin internal medicine residency ended, she planned to specialize in nephrology. Medical students and residents do not receive much exposure to geriatrics during their curriculum, she notes. "You treat the elderly, but you don't really get to the core of the subject matter." Nonetheless she realized she "loved the older patients.

"I feel the most honored and humbled to work with them. That's where I decided I felt at home."

The Ness Ziona resident served in the IDF as a social worker. When she left the army at 20 she wasn't sure what she wanted to do. She considered medicine or social work. "I knew I wanted a field that was vast, would deal with a lot of different aspects and would deal with people. I just didn't know exactly what that would mean.

"Before I went on a trip to Central America my mother said, 'Can't you, at least, register for university?' So I said, 'Sure. I'll register for medicine.'"

While at the time she thought medicine *might* be a good decision, she says now she can't imagine being happier. And she's actually much more enthusiastic about her profession today than she was when she started.

Cooper attended medical school at Ben Gurion University of the Negev where, she said, she "loved everything. When I did OB/GYN I was sure I was going to do that forever. When I did surgery, I was going to be a surgeon."

But by the time she finished she had pretty much decided on family or internal medicine.

An internship at Yitzhak Shamir Medical Center, formerly Assaf Harofeh, in Zrifin, followed medical school. Then came her internal medicine residency. "I had finally decided on internal medicine. I like the intensity, the teamwork, the hospital, all the knowledge required and the fact that you're on the front lines all the time.

"But it was, at first, a hard choice. I had my first child during internship, and I kept wondering if I should do something less stressful, something where I would be home more as a mother – maybe family medicine?"

After internal medicine it was a geriatrics fellowship and a specialty clinic. She got the clinic idea after visiting France to observe how geriatricians often are involved in co-management of their patients' treatments.

"I ran my clinic one day a week with just a nurse. We saw older patients referred to us by surgeons or oncologists prior to treatment. We were a part of the medical decisions and treatment plans," she says.

At the beginning of the venture surgeons were unsure of its value. But co-management got rave patient reviews. And Cooper says there was never a case to which her team couldn't contribute. The surgeons came to agree.

Now, not only does her seven-campus, Boston-area fellowship cover geriatrics in general, it includes co-

management, particularly of surgery and surgical oncology patients.

Sites include world renowned Brigham and Women's Hospital (BWH) and nationally known Beth Israel Deaconess Medical Center (BIDMC).

Here are the seven sites of Cooper's Harvard Medical School Multi-Campus Geriatric Medicine fellowship program and what she's done at each:

- BIDMC – At this hospital Cooper worked with a geriatric inpatient and consult service that also focusses on perioperative complications such as delirium. And she worked with and taught residents.
- BWH – This medical center has offered Cooper training in geriatric co-management, in general, as well in orthopedic injuries and trauma. She has also received training on evaluating pre-operative frailty to predict outcomes. Cooper is currently finishing her Brigham work. Next she will head back to BIDMC.
- Element Care – This is a Program for All-Inclusive Care for the Elderly (PACE). As part of PACE Cooper cared for an underserved geriatric population with the goal of preventing hospitalization or institutionalization. She also received, with PACE, experience leading an interdisciplinary team.
- Hebrew SeniorLife (HSL), Long Term Care and Skilled Nursing Facility – AT HSL Cooper was the primary care provider for about 40 long-term care frail residents. She also was responsible for overseeing a group of postsurgical patients admitted for short-term rehabilitation. Rehab. supervisory experience is considered invaluable to inpatient co-management because it gives clinicians opportunities to observe and mitigate post-operative complications.
- Mount Auburn Hospital (MAH) – MAH offered Cooper a breadth of important

geriatric arenas including: memory clinic, geriatric psychiatry, home visits and additional post-acute rehabilitation exposure.

- Veterans Affairs Medical Center – VA Boston Healthcare System (VABHS). Here Cooper worked in palliative and outpatient care, also concentrating on improving communication and prognostication skills. In the outpatient clinic she used videoconferencing, which may become part of her future co-management service.

In addition to these mandatory block rotations, Cooper spent some of her elective time working on geriatric co-management at world renowned Dana Farber Cancer Institute. She spent other elective time at BWH in the thoracic surgery clinic, where older patients with lung and esophageal cancer are seen together by a thoracic surgeon and a geriatrician.

Cooper also participates in Friday morning didactics, including presenting scholarly work and attending lectures. On Thursday she spends the afternoon at a BWH weekly VABHS primary care clinic where she provides geriatric co-management.

And then there's research. The fellowship affords no protected research time, so Cooper fits it in nights and weekends. She's on call at night once a week and on the weekend once a month. Right now she has some articles "in the publishing pipeline," with more projects planned.

### **WHY DID YOU CHOOSE THE HARVARD PROGRAM? WAS IT YOUR FIRST CHOICE?**

"The Harvard program was my first and only choice for many reasons. Essentially, it is a very vast program, with many different geriatric 'exposures,' including a full rotation dealing with palliative care which I think is essential for geriatricians."

### **HOW HAS THE APF MONEY BEEN IMPORTANT?**

"Well, we lost one income and went to a place where it is more expensive to live than Israel (which I couldn't believe!). Childcare and rent are very costly. We had to buy winter clothes. I never knew what was 'winter in Boston' and this winter was atypically warm! We had to buy coats, snow pants, boots, mittens, gloves and normal hats. We're not big spenders, but daily living is very high."

### **HOW ABOUT FAMILY LIFE? TRAVEL?**

Cooper; her husband Tamir, a marketing manager; and their children, sons Tal, 9 ½ and Dan, 4 and daughter Mai, 6 ½, arrived in the United States in June. She says that the fellowship period, while demanding, has helped the family become closer. "I think the kids are closer to each other, better siblings to each other. They spend much more time together because it's really just us, the five of us, the unit. Shabbat dinners, weekends, we spend a lot of quality family time together, more than we would at home.

"And we are trying to make this a great opportunity for family adventure, trying every weekend to take the kids around – some skiing, a White Mountains trip, etc."

### **HOW IS YOUR FELLOWSHIP EXPERIENCE GOING TO IMPROVE HEALTHCARE IN ISRAEL?**

"Once back in Israel I hope to expand my geriatric surgery and oncology clinic to, perhaps, a unit. I'd like to see the unit staff include: a full-time nurse, nutritionist, social worker and physical and occupational therapists. And I'd like to see the concept expand to other Israeli hospitals.

"I'd also like to maintain contact with my U.S. colleagues both for clinical and research projects and for consultation. International collaborations such as this fellowship produces will only further expand and improve the field of geriatric medicine."

## **American Physicians Fellowship for Medicine in Israel**

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