

Academic Poster Session

Tuesday, April 4 / 5:30 - 7:30 PM / Cambridge Hospital Learning Center

2017



WELCOME TO THE 11TH ANNUAL CAMBRIDGE HEALTH ALLIANCE ACADEMIC POSTER SESSION



Tuesday, April 4 / 5:30 - 7:30 PM
Cambridge Hospital Learning Center

This signature CHA event is an opportunity for our community to share interests and accomplishments, and to forge new collaborations across departments and work sites. The session has grown over the years from a small Department of Medicine gathering to an Alliance-wide event jointly sponsored by the CHA Academic Council and the Center for Professional Development. As you will see within these pages, the range of activity reflects a vibrant institutional commitment to research, innovation, continuous improvement and scholarship. We are grateful to the CHA Planning & Marketing Department and many others for their support of this event.

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TABLE OF CONTENTS

CASE REPORTS

PAGES 14–21

1. **Charcot Neuroarthropathy: A Case Report**
Jamey Allen, DPM*; Raffaella Pascarella, DPM*; Harry Schneider, DPM

2. **Woman With a Cold Hand: A Case Report of Bilateral Cervical Ribs**
Melanie Baskind*; Lauren Schleimer*; Moon Kwoun, MD; Patric Liang, MD*; Hetal Verma, MD

3. **Sjogren’s Syndrome Presenting as Failure-to-Thrive in the Elderly: A Case Report**
David Chi, BS*; Michael McShane, MD*; Gina Kim, MD*; Priyank Jain, MD

4. **Tissue Expanders Enable Primary Fascial Closure of Large Incisional Hernias**
David Chi, BS*; Derek Reformat, MD
5. **Why is the Calcium Still So High? – Accidental Vitamin D Overdose in a Healthy Young Male**
Erica Dwyer, MD*, PhD; Melanie Brunt, MD

6. **Rhabdomyolysis Following Exercise Combined With a Sports Supplement Containing Multiple Pharmaceutical Stimulants**
Chin Ho Fung*, MD; Pieter Cohen, MD

7. **Cancer Risk Management in a Young BRCA1+ Woman: A Narrative Case Study**
Howard Li*; Nora Abo-Sido*; Beth Reedy; David Hirsh, MD

8. **Chronic Mothball Toxicity in Setting of Cirrhosis**
Krupa Parikh, MD*; Genevieve Bergeron, MD, MPH
9. **Bones in the Belly: A Case Report of Heterotopic Mesenteric Ossification**
Lauren Schleimer*; Melanie Baskind*; John Grabbe, MD; Erika Fellingner, MD

10. **An Unusual but Easily Treatable Cause of Severe Abdominal Pain**
Emily Unger*; Shirin Karimi, MD*; Priyank Jain, MD

11. **Hepatic Hydatid Cyst Complicated by Cystobiliary Fistula and Acute Pancreatitis**
James Wallace, MD*; Ketan Sheth, MD

12. **Peutz-Jeghers Syndrome Diagnosis in a Family Expecting a Newborn Child**
James Wallace, MD*; Ketan Sheth, MD

CEO CLER PROJECTS

PAGES 22–27

13. **Anatomy of a Hackathon (Rapid Improvement Event) Targeting Missed Appointments in the Child Psychiatry Outpatient Department**
Sol Adelsky, MD, MPP*; Nicholas Carson, MD, FRCPC

14. **Mindfulness at Work: Mindful Lunch Program**
Nicholas Barnes, MD*; Richa Gawande PhD; Bridget Kiley, MS; Zev Schuman-Olivier, MD

15. **Quality Treats – A Series of Brief Training Interventions and Feedback Cycles for Medicine Residents**
Erica Dwyer, MD, PhD*

16. **Safe Space: Creating a Welcoming Forum for Dialogue Among CHA-Affiliated Trainees Inspired by the Current International Social Climate and News**
Daniel Gonzalez*
17. **Women’s Wellness Hour: Expanding Our Vision of What’s Possible for Group Visits**
Talia Lewis*, MD; Jean Bakey, MD; Greg Sawin, MD

18. **Teaching and Learning Rounds: Designing a Faculty Development Course Using Elements of the Learning Environment**
Michael McShane, MD, EdM*; Hugo Torres, MD, MPH; Priyank Jain, MD

19. **Post-Intervention Survey on Scaling Back Contact Precautions for MRSA and VRE**
Kay Negishi, MD*; Carolyn Fisher, PhD; Lou Ann Bruno-Murtha, DO
20. **Therapeutic Crisis Intervention for Schools: An Evidence-Based Approach to Improving Patient and Staff Safety**
James Palmer, DO*; Nicholas Carson, MD

21. **Diabetes Self-Management Classes for Medically Complex Community-Dwelling Elders**
Cynthia Schoettler, MD, MPH*; Elizabeth Stanton, RD; Mary Ann Graham, MS, RD, LDN, CDE; Jonathan Burns, MD

22. **Implementing a Volunteer Visitor Program on 4 West**
Galina Tan, MD*; Genevieve Bergeron, MD; Elisa Tristan-Cheever; Carolyn Fisher, PhD; Stephanie Racca, RN BSN

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CLINICAL & RESEARCH ADVANCES
PAGES 28-37

23. Assessments of Patient Interpersonal Problems by Patients and Clinicians in a Psychodynamic Training Clinic
Jasmine Benitez*; Isaac Goluboff*; Mengchun Chiang, PhD; Jonathan Carroll, PsyD; Elisa Lee, PhD*; Adam Conklin, PhD

24. Early Impacts of the Affordable Care Act on Health Spending
Anna Goldman, MD, MPA*; Steffie Woolhandler, MD, MPH; David Himmelstein, MD; David H. Bor, MD; Danny McCormick, MD, MPH

25. Addressing Intersectionality in Psychodynamic Psychotherapy Research: Revising Intake Materials
Chakira Haddock-Lazala*; Hanna Day-Tenerowicz; Jack Beinashowitz; Rebecca Drill

26. Assessing Spirituality in Mental Health Patients: A Study of Mental Health Trainees
Stephanie Hernandez, DO*; James Palmer, DO*; Benjamin Cook, PhD, MPH.; Sandra DeJong, MD, MSc

27. Identifying Gender Minority Patients’ Healthcare Utilization Using Administrative Claims Data in a National Sample of Medicare Beneficiaries
Ana M. Progovac, PhD*; Benjamin L. Cook, PhD, MPH; Timothy B. Creedon, MA; Ye Wang, MA; Alex McDowell, MPH, MSN, RN; Maria Jose Sanchez; Mark A Schuster, MD, PhD

28. Integrating Mindfulness into the Patient-Centered Medical Home (MINDFUL-PC): Predictors of Referral Success
Zev Schuman-Olivier, MD; Richa Gawande, PhD; Elizabeth Pine, BA; Angela Lozada, BS; Andrea Chen, MA; Timothy Martin, MTS; Alexandra Oxnard, MD, MPH; Laura Warren, MD; Zayda Vallejo, MLitt; Elana Rosenbaum, MS, LICSW; Susan Pollak, MTS, EdD; Todd Griswold, MD

29. A Review of Group-Based Treatment of Opioid Use Disorder:
Randi Sokol, MD, MPH, MMedEd; Diana Morrill*; Chiara Albanese*; Qays Munir, MBBS; Ellie Grossman, MD, MPH; David Roll, MD; Mark Albanese, MD; Amy Sobieszczyk, LICSW; Gerard Coste, MD; Zev Schuman-Olivier, MD

30. Most Helpful Psychodynamic Treatment Factors: A Preliminary Analysis of Patients’ Qualitative Responses
Jessica Somers, LCSW*; Chrysa Prestia, DMA, LCSW*; Hannah Richardson, PhD; Laura Werner-Larsen, PhD, LCSW; Patrick Hunnicutt, LCSW*; Rebecca Drill, PhD; Jack Beinashowitz, PhD

31. Mind The Gap: Developing an Integrated Behavioral Health Home to Address Health Disparities in Serious Mental Illness - Year One Results
Miriam Tepper, MD; Alexander Cohen, MSW, MPH; Ana Progovac, PhD*; Andrea Ault-Brutus, PhD, MPA; H. Stephen Leff, PhD; Brian Mullin, BS; Carrie Cunningham, MD*; Benjamin Cook, PhD, MPH

32. Symptom Patterns among Hong Kong Addiction Treatment Seekers
Matthew A. Tom, PhD; Howard J. Shaffer, PhD; Margaret F. Y. Wong, PhD; Elda M. L. Chan, PhD; Gordon L. F. Chen, PhD; Camilla K. M. Lo; Eric K. Y. Ma; Ryan H. Y. Wong

33. Exploring Relationships between Patient Attachment Style and Therapist Countertransference in Psychodynamic Psychotherapy
Thomas W. Westerling III, PhD; Helen B. Stevens, PsyD*; Robert Drinkwater, PhD*; David Goodman, PhD; Shelby Ortega, PhD; Holly Laws, PhD; Rebecca Drill, PhD; Jack Beinashowitz, PhD

34. The Evaluation Of Warm Hand-Off Service in Improving Patient Treatment Compliance and Physicians’ Perceived Support in an Integrated Primary Care Setting.
Sarah Young, PsyD*; Emily Cosin, PsyD*; Peter Alex Brown, PhD

35. Does Behavioral Health Integration Improve Primary Care Providers’ Perceptions of Healthcare System Functioning and Their Own Knowledge?
Leah Zallman, MD, MPH; Robert Joseph, MD; Colleen O’Brien, PsyD;, Emily Benedetto MSW, LCSW; Ellie Grossman MD, MPH; Lisa Arsenault, PhD; Assaad Sayah, MD

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HEALTH PROFESSIONS EDUCATION
PAGES 38-45

36. CEO CLER: Cultivating Change Agents at CHA
Maren Batalden, MD, MPH; Richard Pels, MD; Patrick Wardell; Elizabeth Gaufberg, MD, MPH

37. Development of Training Curriculum for CBT for Chronic Pain
Alexander Brown, PhD

38. 'Medical Detective Rounds': Adopting Case-Based, Collaborative Learning in the Clinical Year for the Harvard Cambridge Integrated Clerkship Students to Promote Self Directed Learning
Rachel Hathaway, MD; Yamini Saravanan, MD; David Hirsh, MD

39. What is an Oral Physician?
Zak James, DMD*; Nina Anderson, PhD; Lauren Azzopardi*
40. Dental Education Reform at a time of Healthcare Reform: A Review of Current Public Health Education Trends in US Dental Schools and the Proposed Oral Physician Concept
Justine Jimenez, MSc, DDS*; Brian Swann, DDS, MPH

41. Non-verbal Communication in Patients with Special Needs: A Teaching Module for Second-Year Predoctoral Students at the Harvard School of Dental Medicine
Jason Kwok, DDS*; Nina Anderson, PhD; Fred Ferguson, DDS

42. Integrating Basic Sciences into Internal Medicine Residency Curriculum through the Case Method Pedagogy
Michael McShane, MD EdM*; Priyank Jain, MD

43. Safety in Patients with Dementia: An Intensely Practical Decision-Making Guide for Primary Care
David W. Van Norstrand, MD, PhD*; Hsiang Huang, MD, MPH

44. A Qualitative Evaluation of Student and Patient Perceptions of a Palliative and End-of-Life Care Curriculum taught in the Nursing Home
Ashley Shaw, BA*; Kristen Schaefer, MD; Anthony Lechich, MD; Robert Pollack, PhD

QUALITY/SYSTEMS IMPROVEMENT
PAGES 46-60

45. Telepsychiatry for Primary Care Providers in a Safety-Net Health Organization
Rania Albeshier, MD*; Robert Joseph, MD; Hsiang Huang, MD

46. Coproducing Treatment for COPD Exacerbations: The COPD Rescue Pack
Rich Balaban, MD

47. Reducing Inappropriate Screening and Treatment of Asymptomatic Bacteriuria: Antimicrobial Stewardship Progress Report
Amanda Barner, PharmD, BCPS; Kristen McSweeney, DO Candidate 2019*; Amanda Ryle PharmD, Candidate 2017*; Lou Ann Bruno-Murtha, DO

48. Patient Self-Management Support: Evaluating Technology-Based Resources for Primary Care Behavioral Health Integration
Emily Benedetto, MSW, LCSW; Liza Hoffman, MSW, LCSW

49. A Successful Strategy to Reduce Hospital-Onset Clostridium difficile
Lou Ann Bruno-Murtha, DO; Rebecca Osgood, MD; Casey Alexandre, RN, BSN; Rumel Mahmood

50. Primary Care Behavioral Health Integration: Provider Perception of Impact on Personal Well-Being and Patient Care
Jillian D. Burley, PsyD; Liza Hoffman, LCSW

51. Increasing MyChart Enrollment at CHA Ambulatory Resident Clinics
Erica Dwyer, MD*; Lynn Anderson, MD*; Nihan Cannon, MD*; Maria Nardell, MD*; Jyothi Ravindra, MD*; Sonja Sjklarevski, MD*; Kira Mengistu, MD*; Deborah Lee, MD*; Maren Batalden, MD

52. Palliative Care: A Patient-Centered Approach a Collaborative Partnership Between CHA and Care Dimensions
David Elvin, MD; Megan Callahan, MD; Charles Taylor, MD; Vanessa Doleyres-Nazaire, MPH; Stephanie Racca, RN; Mary Kearns, RN.; Eleni Carr, LICSW; Lisa Trumble, MBA

53. Increasing Open Access Colonoscopies in the GI Suite at Cambridge Health Alliance
Oloruntobi Erinoso, BDS, MPH*; Aliysa Rajwani, BDS, MPH; Ryan Ouellette, BS; Gouri Gupte, PhD, MHA; Richard Pels, MD; Paul Allen, MD, MPH; Charlene Scarpa, RN; Roger Conant, BSN, RN, CNOR; Fawaz Karim, MD; Paul Lesser, MD; Maria Livshin, MD; Andrea Lynch, RN; Lynette O'Neil, RN; Kathleen Murphy, MS, FACHE; Lillian Yadgood, BSN, RN; Brian Herrick, MD; Assaad Sayah, MD

54. Medication Reconciliation
Mary Ann Graham, MS, RD; Jonathan Burns, MD; Tara Sherman, RN; Emma D'Alleva, RPH

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QUALITY/SYSTEMS IMPROVEMENT (CONTINUED)
PAGES 46-60

55. Impact of a Falls Committee at Elder Service Plan
Mary Ann Graham, MS, RD;
Emma D’Alleva, RPh; Kathryn Tylander, DPT; Balaram Shrestha, RN; Jonathan Burns, MD

56. Integrating Bias Awareness into Early Childhood Consultation: Evaluating an Initiative of the Early Years Project
Amber Landers, PhD;
Seoyoung Lim, BA*; Sophie Simkin, BA*; Elizabeth Feigenbaum, BSN, RN, MEd

57. Should We “PrEP” Obstetrics & Gynecology Providers at CHA for HIV prevention in Women?
Jenny McManus, MPH*;
Kathleen Harney, MD; Gerard Coste, MD; Tara Singh, MD

58. ED Case Management: Solving the Seemingly Unsolvable Situations
Karla Osorio, RN, TNCC; Karen Callery, RN, BSN; David Elvin, MD; Marguerite Mastrocola, RN, BS; Rebecca Sweeney, MSN, MBA, RN, CMAC; Eileen Welch, MSN, RN, CCM

59. Languages Services Quality Improvement at CHA: 2017 Update
Ranjani Paradise, PhD;
Blessing Dube, MPH; Stefanie Albert, MPH; Vonessa Costa, CoreCHI; Fernando Gargano; Avlot Quessa, BA*

60. Improving the Inpatient Discharge Process at CHA Everett Hospital: Performance Improvement Approach
Taj Qureshi, MPH*; Adrienne Frankel; Christian Lanphere, PhD, EMT-P, CEM; John Limouze, MD; Paul Allen, MD, MPH; Renée Kessler; Kristin Aviles, RN, BSN; Nancy Correa, BSN, RN; Rebecca Sweeney, MSN, MBA, RN, CMAC; Leigh Waring-Sciarappa, MSN, RN, NE-BC; James Griffith; Gouri Gupte, PhD, MHA

61. Transforming Patient Experience of Care and Staff Experience of Care
Arshiya Seth*; Leah Soumerai; Kirsten Meisinger, MD; Paula Mosely; Ann Marie Locwin*

62. Implementation of an Interdisciplinary Team Model to Treat Chronic Hepatitis C in The Primary Care Setting
Linda Shipton, MD; Amanda Barner, PharmD; Jessica Early, MD; Sarah Gottfried, MD; Richard Gumpert, MD; Lorky Libaridian, MD; Virginia Morrison, APRN; Alexandra Santamaria, PharmD; Randi Sokol, MD, MPH, MMed

63. PASS (Pain & Addictions Support Services): Creation of an Interdisciplinary Team to Support PCPs with Complex Patients With Pain and/or Addiction
Randi Sokol, MD, MPH, MMedEd; George Maxted, MD; Caitlin D’Agata, MD; Clinton Pong, MD; Jan Kauffman, RN, MPH, CAS, LADC1; Jacob Howe, MD; Alex Brown, PhD; Alexandra Santamaria, PharmD; Ellie Grossman, MD, MPH; Emily Benedetto, MSW, LCSW; Dora Kaluma, MS-PREP; Lindsey Fuller, MD*; Deviney Chaponis, MD*; Meera Sunder, MD*; Talia Lewis, MD*; Elana Bloomfield, MD*

64. Pediatrician Perception of Integrated Behavioral Health Care Efforts in a Pediatric Practice
Margaret Spottswood, MD, MPH*; Amber Landers, PhD; Lee Robinson, MD

SOCIAL & COMMUNITY HEALTH
PAGES 62-71

65. Creating a Culture of Health: Evaluation of the CHA Wellness Initiative
Carolyn Ballard, MS, RD; Sharon Touw, MPH; Stefanie Albert, MPH

66. Impact of Child Psychiatry Access Programs on Mental Health Care in Pediatric Primary Care: What Do the Parents Think?
Shireen Cama, MD*; Alexander Knee; MS; Barry Sarvet, MD

67. The BASIS: Your Portal to Addiction Science and Resources
Heather M. Gray, PhD; Vanessa Graham

68. One School’s Effort to Reduce Children’s School Bathroom Related Anxiety
Maureen Hanlon, RN, BSN; David Greer*; Karla Ross*; Marie Claflin*

69. Global Health Collaborative Between CHA and JSS (India)
Priyank Jain, MD; Linda Shipton, MD; Eirini Iliaki, MD

70. Barriers and Facilitators of Child Health and Attitudes to Community Health Workers Among Syrian Refugees and Lebanese Residents of an Underserved Beirut Neighborhood
Lara Jirmanus, MD, MPH; Micheline Ziadee, MAc*; Jinan Usta, MD, MPH

71. An Initial Evaluation of the Plainridge Park Casino GameSense Program
Layne Keating, BS; Heather Gray, PhD

72. Are School-Based Dental Screenings Effective in Improving Oral Health Among School-Aged Children?
Heather Leung, DMD*; Brian Swann, DDS, MPH

73. Preliminary Evaluation of the Massachusetts Voluntary Self Exclusion Program
Sarah E. Nelson; John H. Kleschinsky; Alec Conte; Layne M. Keating

74. Teaching when you can’t speak: Leading shared Medical Appointments for Linguistic Minorities
Cynthia Schoettler, MD, MPH; Michael McShane, MD, EdM*; Nihan Cannon, MD; Kelly Pereira; Yamini Saravanan, MD

75. The Importance of Psychological Evaluations in Asylum Cases
Nina Sreshta, MD*; Nikhil “Sunny” Patel, MD, MPH, MS*; Amber Frank, MD; Robert Marlin, MD, PhD, MPH; J. Wesley Boyd, MD, PhD

76. Trauma-Informed Interruption and Community Centered Recalibration: Treating the Community Trauma Response of Police Brutality and Misconduct
Maria Valgoi*

77. Outbreak of Mumps on a College Campus in Cambridge, Massachusetts
Kristin Ward, MPH; Anna Wielgosz, MPH; Florence Grant, RN; Joanne Ferraro, RN; Kate Matthews, PHN; Louise Charles, RN; Shamsher Bam, RN

78. Impact of Patient Socio-Economic Disadvantage and Behavioral Health on Readmissions in Massachusetts’ Two Largest Safety Net Hospitals
Leah Zallman, MD, MPH; Srinivasa Rao, PhD; Danny McCormick, MD, MPH

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TUFTS FAMILY MEDICINE RESIDENCY

COMMUNITY HEALTH PROJECTS

PAGES 72-75

79. Malden High School Teen Parent Program
Danielle Antosh, MD*; Cindy Green; Theresa Ferguson; Renée Cammarata Hamilton, MSW, MPA

80. Collaborating with Head Start to Promote Mental Health and School Preparedness in Early Childhood
Fa’iz Bayo-Awoyemi, MD*

81. Knowledge as Power: Incorporating Health Information and Self-Advocacy Skills into a Caregiver Support Group as a Means of Building Resiliency
Elana Bloomfield, MD*; Kathy Learned

82. School Based Health Centers: What Are They and How Can Malden Get One?
Jennifer Cheung*

83. Mobile Homeless Outreach at the Intersection of Housing and Medicine
Matthew Desir, MD*

84. Sexual and Reproductive Health Education of At-Risk Females Youth in Malden, MA
Kanthi Dhaduvai, MD*; Ayana Charles; Renee Cammarata Hamilton, MSW, MPA; Gregory Sawin, MD, MPH

85. THA Ask the Doc: Empowering Adolescents to be Leaders in their Community’s Health and Wellness
Devorah Donnell, MD*; Lindsey Fuller, MD*; Ayana Charles

86. Empowering Parents of Children With Special Needs Who Visit the Malden Family Medicine Center
Meera Sunder, MD*; Marilyn Andrews, SEPAC lead; Xenia Johnson, MD; Laura Gaugh, PsyD

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ABSTRACTS

CASE REPORTS

Charcot Neuroarthropathy: A Case Report

Author(s):
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Department(s):
Surgery

POSTER 1

Introduction: Charcot neuroarthropathy is a rare condition that occurs in patients with peripheral neuropathy. It can have debilitating results if not appropriately diagnosed and treated, especially in the diabetic population. The purpose of this poster is to present an interesting case report of a patient with Charcot neuroarthropathy and to educate providers about this condition. Case: A 57-year-old female who presented to the Emergency Department with edema and erythema to her foot with no history of trauma. After obtaining plain film radiographs, it appeared the patient had multiple fractures of her foot. However, with no report of trauma in addition to the patient having neuropathy due to her diabetes, it was felt the patient's injuries were a result of Charcot neuroarthropathy.

Discussion: Charcot neuroarthropathy is a progressive condition which causes destruction of bones and joints most commonly in the foot and ankle. In 1868, Jean Martin Charcot initially described the disease while studying a patient with tabes dorsalis in tertiary syphilis. A connection to a diabetic patient with peripheral neuropathy was made in 1936 by Jordan. Currently, Charcot is most commonly found in patients with diabetes. There are four stages in Charcot and the stage determines the treatment.

Woman With a Cold Hand: A Case Report of Bilateral Cervical Ribs

Author(s):
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POSTER 2

This report details the case of a 25-year-old Ukrainian woman with no pertinent past medical or family history, who presented to her primary care physician at CHA with two weeks of pain, pallor, coolness and intermittent numbness of her right arm. She was found by Doppler ultrasound to have an expansile clot within the right brachial artery and underwent emergent thrombectomy. Further evaluation revealed bilateral cervical ribs as the cause of her thrombus. In this case report we outline the differential diagnosis of upper extremity arterial occlusion, with a focus on Arterial Thoracic Outlet Syndrome. We provide a summary of the epidemiology and anatomic variations of cervical ribs and review the latest literature regarding surgical management and outcomes. We conclude by emphasizing that while cervical ribs are asymptomatic in 90% of people, early diagnosis may save a limb.

Sjogren's Syndrome Presenting as Failure-to-Thrive in the Elderly: A Case Report

Author(s):
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POSTER 3

Sjogren's syndrome is a systemic autoimmune condition that most commonly manifests with sicca symptoms; however, when left undiagnosed and unmonitored, it can result in more severe sequelae. Especially in elderly patients, these common complaints of eye and mouth dryness are often overlooked by clinicians in the context of higher morbidity risk factors.

This report describes a 59-year-old female patient with past medical history significant for primary biliary cholangitis admitted for weakness, falls, and a 20-lb. weight loss. She reports progressive loss of appetite and preference for soups and stews without dysphagia or odynophagia. After an extensive work-up excluded malignancy or socioeconomic obstacles to nutrition, further history revealed that in addition to worsening cirrhosis, her long-standing xerostomia contributed to her difficulty ingesting solid food. Based on this history, she was diagnosed with Sjogren's after confirmatory testing of severely elevated levels of anti-Ro/La antibodies and ESR.

Xerostomia secondary to Sjogren's syndrome has not been described in the literature to contribute towards failure to thrive and can easily be unnoticed by clinicians. Since it can exacerbate weakness, fatigue, and falls, medical professionals should be aware of Sjogren's contributions to these problems prevalent in the geriatric population and its association with primary biliary cholangitis.

*CHA Trainee

Tissue Expanders Enable Primary Fascial Closure of Large Incisional Hernias

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POSTER 4

Incisional hernias are among the most frequent complications of abdominal surgery with a post-operative incidence up to 20% reported in the United States. When associated with fascial defects >10cm, these are known as large incisional hernias and further increase the frequency of downstream sequelae such as recurrence, sepsis, and bowel necrosis. These abdominal wall defects often lack clear surgical guidelines given the dearth of randomized controlled trials and individualized nature of these hernias.

This report describes a 54-year-old male patient with past medical history significant for COPD and complicated open laparotomy in 2014 for uncharacterized biliary disease. He recently immigrated from India, complaining of increasing abdominal protuberance, tenderness to palpation, and positional discomfort for the last two years. Abdominal CT with contrast identified a large midline incisional hernia through a 17cm defect. A staged repair using bilateral tissue expanders to allow for serial expansion of the fascia will enable primary closure of his abdominal wall defect.

A significant contributor to the recurrence of large incisional hernias is failure of primary fascial closure. Drawing inspiration from breast reconstruction, the use of tissue expanders in a staged repair strategy is a viable technique for tension-free surgical management of large incisional hernias.

Why is the Calcium Still So High? – Accidental Vitamin D Overdose in a Healthy Young Male.

Author(s):
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Department(s):
Medicine

POSTER 5

A 35-year-old male presented with vomiting and dizziness for 2-3 weeks. He reported using marijuana as well as boric acid, chia seeds, Vitamin D powder and diametacious earth.

His calcium was elevated at 14.2mg/dl. Renal function was normal, Serum PTH was low; vitamin D, 25 hydroxy >150ng/ml. With aggressive hydration the Ca level improved to 12.4 mg/dL and he was discharged with instructions to avoid calcium products. He returned 2 days later with similar symptoms and a higher Ca of 15.8mg/dl. Per our estimate he had likely ingested six million units of vitamin D within a few weeks.

After receiving Zoledronic acid and hydration he was discharged with a Ca of 8.9mg/dl. Two weeks and 3 months after discharge his Ca levels were normal. His vitamin D level remained elevated (>150ng/ml) a month after discharge and was still unusually high (90ng/ml) 3 months later.

This case highlights the availability of vitamin D, in toxic doses, online and the importance of taking a thorough supplement history. It also shows the prolonged time course of vitamin D elimination and demonstrates the importance of treating both acute hypercalcemia (with IV hydration) and delayed hypercalcemia (with bisphosphonates).

*CHA Trainee

Rhabdomyolysis Following Exercise Combined with a Sports Supplement Containing Multiple Pharmaceutical Stimulants

Author(s):
Chin Ho Fung*, MD; Pieter Cohen, MD

Department(s):
Medicine

POSTER 6

This is a case report of a 23-year-old male who developed post-exertional rhabdomyolysis likely associated with the use of a sports supplement. The patient was hospitalized for bilateral leg soreness after a strenuous workout with serum creatinine kinase 11,241 IU/L (normal 39-308 IU/L), and was subsequently diagnosed with rhabdomyolysis and treated with intravenous fluid.

The patient provided to his care team the unused supplements, which were sent for chemical analysis. One of the supplements named Black Mamba Hyperrush was found to contain various unlabeled pharmaceutical stimulants including significant dosages of oxilofrine (an analog of ephedrine), 1,3-dimethylamylamine (DMAA, an adrenergic amine), along with trace amounts of beta-methylphenylethylamine (BMPEA, an isomer of amphetamine), amphetamine, and multiple other stimulants. We reported these findings to the FDA's MedWatch adverse event reporting program.

Weight loss and sports supplements are responsible for thousands of emergency department visits each year in the United States. We present a case of post-exertional rhabdomyolysis in a young male after consumption of a sports supplement containing multiple pharmaceutical adulterants. Physicians should be aware that many supplements contain pharmacologically active agents that may lead to adverse outcomes and are encouraged to report all potential supplement-related adverse events to the FDA MedWatch program.

Cancer Risk Management in a Young BRCA1+ Woman: A Narrative Case Study

Author(s):
Howard Li*; Nora Abo-Sido*; Beth Reedy; David Hirsh, MD

Department(s):
Cambridge Integrated Clerkship

POSTER 7

Managing cancer risk in young BRCA-positive patients is a complex problem that touches on multiple levels of patient personhood. Beth Reedy is a young woman found to be BRCA1+ by genetic screening at age 19. With her permission and co-authorship, we explore several central themes in her experience of her BRCA status and breast cancer risk, including: 1.) how she has confronted major decisions in her medical care and surgical prophylaxis, 2.) the impact of a double mastectomy on her self-image and sexuality, 3.) the ongoing anxieties, uncertainties, and yet-unanswered questions in her life, 4.) sources of agency and empowerment as a patient, and 5.) how her BRCA status has affected her values, priorities, and world view. We juxtapose these themes with quantitative and qualitative findings in medical literature on the experience of other patients with elevated cancer risk. We hope that this poster highlights Beth's experience as a point of entry to a broader appreciation of how patients respond to a significant genetic risk factor for cancer in diverse, complex, sometimes surprising, and perhaps uplifting ways.

Chronic Mothball Toxicity in Setting of Cirrhosis

Author(s):
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Department(s):
Medicine

POSTER 8

Learning Objective 1: Recognize constellation of clinical findings to suspect Para-dichlorobenzene (PDCB- Mothball) toxicity.

Learning Objective 2: To address underlying diseases that may precipitate mothball toxicity.

Case: 51-year-old female with a history of alcoholic cirrhosis, autoimmune hepatitis, and active alcohol use disorder initially presented with a one month history of ataxia, weakness and an extensive hyperpigmented, hyperkeratotic rash. She was treated for hepatic encephalopathy and discharged, but patient returned 1 month later after a fall and with continued progression of prior symptoms. Family revealed that the patient had been chronically ingesting mothballs since childhood. She stopped ingesting mothballs after which rash and ataxia resolved. Chronic PDCB toxicity causes reversible neurotoxicity and rash, with studies reporting onset of symptoms two months to six years after exposure.

Impact: This patient’s 43-year ingestion history is longer than what has previously been reported. The relationship between progressive liver disease and mothball toxicity is a novel addition to the literature.

Chronic toxicity affects liver, skin, central and peripheral nervous system. The reversible neurotoxicity from mothball intoxication has been well documented. A hyperkeratotic rash is also a characteristic of chronic toxicity.

Bones in the Belly: A Case Report of Heterotopic Mesenteric Ossification

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Harvard Medical School

POSTER 9

Heterotopic Mesenteric Ossification (HMO) describes the formation of intra-abdominal osseous tissue, typically in the mesentery of the large or small bowel. HMO is a benign condition that has previously been reported in patients with multiple abdominal surgeries or trauma. Here we report the case of a 51-year-old Italian-American male who initially presented with sigmoid bowel perforation due to undiagnosed colon cancer. He underwent bowel resection complicated by ostomy site necrosis requiring re-operation. He completed a course of adjuvant chemotherapy and 16 months after the initial operation elected to undergo colostomy reversal. At the time he was in good health and completely asymptomatic. Intraoperatively we identified several complex bony formations in the rectus sheath, abdominal wall around the ostomy site and within the mesentery. Histopathologic examination revealed tissue architecture consistent with woven and lamellar bone containing foci of hematopoiesis. These calcifications were visible on pre-operative imaging. We present this case of particularly well-differentiated heterotopic ossification and review current hypothesis of the pathophysiologic mechanisms in the literature.

An Unusual but Easily Treatable Cause of Severe Abdominal Pain

Author(s):
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Department(s):
Medicine

Collaborating Institution(s):
Harvard Medical School

POSTER 10

Case: Ms. C is a 53-year-old female with obesity, diabetes, asymptomatic ventral hernia, peripheral neuropathy, and a 2 week history of cardiac catheterization, who presented to the hospital with severe abdominal pain that began 2 days after the procedure. Pain was present in the right lower quadrant and right groin, close to the catheterization site. The patient described the pain as stabbing and constant, less when lying down, and worse with any movement or standing. She needed a walking aid due to the pain. Other GI or GU review of symptoms were negative.

Ms. C was admitted for pain control and further diagnostic workup including a CT of abdomen/pelvis, Doppler of femoral vessels, MRI of Lumbar spine, and CBC/CMP/UA. Results were nondiagnostic and her pain persisted. On hospital day 3, a more detailed physical exam revealed that patient’s pain was localized to a 2 cm sized area in the RLQ of her abdomen and this small area had reduced sensation to temperature and was numb. She had a positive Carnett’s sign. The groin was non-tender.

Ms. C’s physical examination suggested neuropathic pain of the abdominal wall, specifically Anterior Cutaneous Nerve Entrapment Syndrome (ACNES) as a probable diagnosis. She consented for diagnostic trial of local anesthetic injection in the abdominal wall. 2 minutes after the injection, her pain was barely noticeable and she was walking unaided. She was diagnosed with ACNES and discharged pain free.

Impact: When working up severe abdominal pain, our diagnostic reasoning focuses mainly on intra-abdominal causes of pain. However, with a careful history and exam it is important to differentiate abdominal wall pain from more serious causes of intra-abdominal pain. This differentiation can save a patient from a stressful, expensive and potentially risky exams, and get them lasting pain relief as quickly as possible.

Discussion: Ms. C’s duration of severe abdominal pain, hospital stay, and numerous tests were avoidable. The first step in recognizing this diagnosis is distinguishing abdominal wall pain from intra-abdominal causes of pain. An abdominal wall etiology is highly suggestive if pain is relieved when lying down and worse when standing up; worse with tensing the abdominal muscles (Carnett’s sign); and absence of other neuro/GI/GU symptoms.

ACNES is a cause of abdominal wall pain and may be responsible for 2% of patients presenting to the ED with abdominal pain. Abdominal wall pain is caused by the compression of abdominal cutaneous nerves within the rectus sheath and abdominal fascia. Patients have a discrete trigger point lateral to the Abdominus Rectus muscles. Diagnosis and treatment are the same: injection of point of maximal tenderness with Lidocaine and steroids. After injection, a patient with ACNES should have rapid pain relief.

*CHA Trainee

**Hepatic Hydatid Cyst
Complicated by Cystobiliary
Fistula and Acute Pancreatitis**

Author(s):
**James Wallace, MD*; Ketan
Sheth, MD**

Department(s):
Surgery

POSTER 11

Introduction: Hepatic Hydatid Cysts, or Cystic echinococcosis is a zoonotic disease created by a parasitic infection from the Echinococcus granulosus species. In endemic rural areas, prevalence of infection is greater than 6% while the majority of cases in the United States are among immigrants from endemic areas. The rarity of this infection in the United States makes diagnosis and management of this infection complex.

Case description: A 23-year-old male presented to the emergency room with epigastric pain and an elevated lipase with normal liver function tests. During the workup for pancreatitis, imaging was concerning for Hepatic Hydatid Cysts; however, further labs were negative for Echinococcus antibody. A follow up MRI demonstrated cysts with daughter cells and given the complexity of the lesion, an open hepatomy and cyst evacuation was recommended. The patient then presented for an elective surgical intervention, however, required a post operative ERCP for pancreatitis.

Discussion: This case report highlights medical management, surgical management, and potential complications involving Hepatic Hydatid Cysts evacuation.

**Peutz-Jeghers Syndrome
Diagnosis in a Family Expecting
a Newborn Child**

Author(s):
**James Wallace, MD*; Ketan
Sheth, MD**

Department(s):
Surgery

POSTER 12

Introduction: Peutz-Jeghers Syndrome (PJS) is a rare autosomal dominant disorder associated with increased cancer risk. Patients presents with characteristic gastrointestinal polyps and mucocutaneous pigmentation, which are most commonly seen on the vermilion border of the lips. PJS also increases a patient’s risk of primary cancers of the gastrointestinal tract, breasts, reproductive tract, and lung. This study presents the case of PJS diagnosis in a family expecting a new child.

Case Report: A 31-year-old male, presented with a history of crampy, intermittent abdominal pain that was associated with loose stools with bright red blood, nausea, emesis, and weigh loss. Over the prior month, the patient presented to multiple emergency departments for gastrointestinal issues. Workup for helicobacter pylori was negative, and the patient had been trialed on medications without success.

His exam was significant for tachycardia and abdominal tenderness and pigmentation on the buccal mucosa. The imaging demonstrated multiple areas of intussusceptions. The patient underwent an exploratory laparotomy with resection of small intestine containing pedunculated masses. Pathology of these masses identified hamartomatous polyps of Peutz-Jeghers type.

Discussion: This case report highlights polyp morphology, surveillance recommendations and familial implications of a new PJS diagnosis.

CEO CLER PROJECTS

Cambridge Health Alliance CEO Pat Wardell, in collaboration with the Arnold P. Gold Foundation, supports the Clinical Learning Environment Review Innovation Grants Program. All graduate-level trainees in CHA-sponsored programs are eligible to apply for up to \$3,000 of grant funding annually to develop initiatives that will improve both the patient experience of care and the staff experience of caring.

Anatomy of a Hackathon (Rapid Improvement Event) Targeting Missed Appointments in the Child Psychiatry Outpatient Department

Author(s):
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Department(s):
Child and Adolescent Psychiatry

POSTER 13

- Goals:**
- To organize and execute a hackathon (rapid improvement event) targeting the problem of missed appointments in the Child Psychiatry Outpatient Department.
 - To generate one or more pilot interventions that may be implemented following the event.

- Methods:**
Planning phase:
- Pick a date, time, venue
 - Collaborate with Quality Department to gather data on missed appointments
 - Define the scope
 - Invite broad range of participants to represent various disciplines, perspectives
 - Invite top administrators for visit to showcase process and initiate dialogue based on findings
 - Prepare and distribute discovery work to facilitate individual preparation for event

Execution: Day-long event spent engaging in a range of human-centered design activities

Follow-up: Coordinate small group check-ins with members of innovation team to gauge progress on pilot projects, troubleshoot obstacles

Results: The Hackathon will be held on March 31, 2017 at CHA’s Center for Professional Development. It will be attended by child psychiatry, social work and psychology trainees, administrative staff, patient representatives, and department administrators. The event will culminate in a visit by department leaders, leading to vibrant exchange and selection of leading pilot proposals.

Conclusion: This Hackathon offers multiple apparent benefits compared to more traditional improvement approaches, including speed, efficiency, synergy, and the ability to make participants feel empowered and excited to effect change.

Mindfulness at Work: Mindful Lunch Program

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Psychiatry

POSTER 14

Quality Treats – A Series of Brief Training Interventions and Feedback Cycles for Medicine Residents

Author(s):
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Department(s):
Medicine

POSTER 15

Goals: To decrease burnout, foster connectivity between employees at CHA, and to improve wellness at CHA

Methods: Mindful lunch program started, which provides lunch and a mindfulness program to anyone at CHA who attends the event. A brief survey is given at the end of the event asking about the experience.

Results: Qualitative responses will be compiled and representative responses will be displayed. Responses have been very positive so far.

Conclusion: Per initial review of the data (more forthcoming) the program contributed to improving wellness for attendees as an appreciated experience amongst staff who have attended the program. This or similar programs should continue in the future.

CHA is part of a complex clinical and financial landscape engaged in multiple sets of quality improvement and safety initiatives that are often linked to specific targets and carry high stakes. However, our institution often does not actively train medicine trainees how to reach these targets. Since residents are busy and have changing schedules Quality Improvement (QI) representatives struggle to communicate with them consistently. Consequently, few residents feel proficient in QI initiatives that directly affect their work.

I designed a series of brief teaching sessions to be held with small groups of residents in real-time as they work in the hospital. Topics focus on institutional priorities, such as standardized use of the discharge orderset, smoking cessation targets, and discharge huddles with nurses. Teaching scheduling was responsive to patient-care work-flow; participation was rewarded with snacks.

I report on 3 major outcomes. First, more residents report using QI tools and teaching others how to do so. Second, these sessions have provided an avenue for residents to ask questions and report back to QI designers about possible improvements of tools. Third, QI administrators have identified me as an informal liaison who helps them communicate rapidly with medicine residents, thereby accelerating cycles of feedback and improvement.

Safe Space: Creating a Welcoming Forum for Dialogue Among CHA-Affiliated Trainees Inspired by the Current International Social Climate and News

Author:
Daniel Gonzalez*

Department:
Psychiatry

POSTER 16

Even prior to the post-election results, it feels like many of our communities have been dealing with the aftermath of international events and world news for quite some time. Such sensitive and emotionally-charged issues have included: discrimination, violence, and fear against “the other.” This climate has affected both trainees and our patients alike. In an attempt to provide self-care and a space to process these thoughts and emotions in a constructive way, all CHA-affiliated trainees are invited to participate in Safe Space, a CLER grant project designed as a series of organized themed-events that revolve around culturally relevant and current “hot topics,” including: discrimination, immigration, barriers to health care, stigma of mental health, health care disparities, marginalization, and perceptions of violence. Journal articles, media clips, film, art, and/or literature are used as sources of inspiration to drive each event, allowing for the topic to evolve into a greater discussion. Safe Space is meant to foster trainee solidarity through wellness-directed activities, broadening our understanding of both vulnerability and resilience.

Women’s Wellness Hour: Expanding Our Vision of What’s Possible for Group Visits

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Department(s):
Family Medicine

POSTER 17

Background: Many of our patients suffer from chronic illness as well as isolation. The coexistence of these realities make it challenging to imagine with patients how they might better care for themselves and cultivate new kinds of hope.

Methods: In early 2016, we launched a group medical visit called “Redefining Pain,” hoping to build community among women living with pain and isolation. This attempt was ultimately unsuccessful as it did not build the momentum we were hoping for. In its place however, emerged a wellness-focused group medical visit, with the aim of bringing women together around a more positive gathering point: wellness. With this new group, we have recruited a broader patient population, changed the name, time and agenda.

Results: Since relaunching our group visit as the Women’s Wellness Hour in October 2016, and shifting our focus, connections among and between participants have begun to grow, as has participant empowerment and retention.

Conclusions: Group medical visits have the potential to shift patient behaviors and perceptions of self, in ways we are still exploring. Through our transition from a pain-focused group to a wellness-focussed group, we have learned building community among isolated patients requires more time and creativity, than initially anticipated, but is well worth the effort.

Teaching and Learning Rounds: Designing a Faculty Development Course Using Elements of the Learning Environment

Author(s):
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Department(s):
Medicine

POSTER 18

Formal FD programs in medical education tend to be contradictory to major research and theory behind learning: workshops are rarely longitudinal, present superficial information, don’t target needs of teachers, and mainly use didactics (Bransford, 2000; Leslie, 2013). We set out to create a longitudinal FD course grounded in educational theory. The goal is to create a FD curriculum that is learner-centered, community-centered (Bransford, 2000), and helps our faculty to grow professionally.

We organized monthly 60-minute sessions with voluntary participation. We based the course within a constructivist epistemology, creating sessions that were: experiential (Dewey, 1986), social (Vygotsky, 1980), include elements of observation, reflection, and action, and based on preexisting understandings and knowledge (Piaget, 1952). Our evaluation focuses on our three main objectives. Initial qualitative data indicate that participants feel a sense of community, developing a change in epistemology, and are changing their behavior. Faculty regard the exercise as a “safe space” to explore best practices at our institution and ways to improve their own teaching.

We have implemented a FD course grounded in educational theory with a with a learner-and community-centric atmosphere. We are beginning to hear faculty describe changes in how they teach.

Post-Intervention Survey on Scaling Back Contact Precautions for MRSA and VRE

Author(s):
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Department(s):
Medicine, Institute for Community Health

POSTER 19

Goals: In December 2014, CHA discontinued contact precautions (CPs) for methicillin-resistant Staphylococcus aureus (MRSA) or vancomycin-resistant Enterococcus (VRE). We surveyed staff’s beliefs, knowledge and practices surrounding standard precautions (SPs) and CPs. The goal was to shed light on knowledge gaps, misconceptions or practice inconsistencies.

Methods: A ten-minute anonymous online survey was designed, piloted in three successive iterations, and deployed in February 2017 to staff who perform clinical work in inpatient and emergency departments. Data were obtained and analyzed via Google tools.

Results: Preliminary survey results indicate nearly 90% recognize unclean hands are the main route of cross-transmission. Roughly three-quarters of respondents are either comfortable or indifferent with the change, and about half agree that their job efficiency has improved. Approximately a quarter of providers reported previously spending less time with isolated MRSA/VRE patients than non-isolated patients due to the time required to don gowns and gloves. However, many still incorrectly believe VRE requires CPs.

Conclusions: Misconceptions over CP and SP persist. This indicates a need for further education. The majority of respondents are pleased that SP have replaced CP for MRSA and VRE. Staff are spending more time with patients who otherwise would have been isolated.

*CHA Trainee

Therapeutic Crisis Intervention for Schools: An Evidence-Based Approach to Improving Patient and Staff Safety

Author(s):
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Department(s):
Child Psychiatry

POSTER 20

Aggression is a common problem that prompts referral to child and adolescent psychiatry (Baeza, et al 2013). Fellows in child and adolescent psychiatry (CAP) at the Cambridge Health Alliance (CHA) are presented with a single training at the beginning of fellowship regarding the de-escalation of an agitated patient. There is no formal curriculum for fellows about teaching parents about de-escalation of agitation. Similarly, training on aggression management among inpatient staff is typically limited to yearly inservices and is not known to include a formal post-aggression de-briefing process. The Therapeutic Crisis Intervention System is an evidence-based system specifically developed for the management of agitation in child and adolescents and includes a de-briefing component. De-briefing could decrease the likelihood of subsequent episodes of aggression. A grant from the CHA Clinical Learning Environment (CLER) allowed one CAP fellow to attend this specialized training and return and teach the remaining CAP fellows at CHA. The purpose of this CLER project is to explore current CAP fellow perceptions of their confidence in managing aggression among children and adolescents as well as their confidence in teaching patients’ parents to manage it. This poster will present further details of this project and its outcomes.

Diabetes Self-Management Classes for Medically Complex Community-Dwelling Elders

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Department(s):
Medicine

POSTER 21

Elders with diabetes often have diabetes related knowledge and skill deficits, negatively impacting management of their diabetes. Elders are rarely offered self-management education, despite evidence to the contrary.

The objectives of this project for medically complex community-dwelling elders were: 1) Identify diabetes knowledge and skill deficits, 2) Develop a reproducible diabetes self-management class, and 3) Improve self-efficacy, attitudes, and skills in diabetes self-management.

Participants were active enrollees in a Program of All inclusive Care for the Elderly at Cambridge Health Alliance. All had a diagnosis of diabetes and no known dementia.

After focus meetings with providers it was identified that participants lacked: ability to identify and treat hypoglycemia, what is meant by ‘exercise’, and nutrition knowledge. A series of six 1-hour classes were taught weekly. Participants received a binder with handouts covering the class topics and additional references.

Participants overwhelmingly reported that the class was interesting and helpful. Attendance averaged 3-4 of 6 classes and was limited by logistics and comorbidities (1/3 of participants hospitalized for 1 or more of the classes). Overall there was improvement in knowledge, confidence, and ability to identify and treat hypoglycemia. At 3 months, participants had lost an average of 1.7 kilograms.

Implementing a Volunteer Visitor Program on 4 West

Author(s):
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Department(s):
Medicine, Patient Information & Volunteer Engagement, Institute for Community Health, 4 West Med-Surg Unit

POSTER 22

This poster will describe the implementation of a volunteer-based intervention to improve the care of elderly patients on the 4 West Med-Surg unit, who are at risk of delirium. Studies have shown that trained volunteers, in addition to proper hospital provider education, are an effective intervention to prevent and manage delirium and its related complications. We started a volunteer visitor program on 4 West in April 2016, in partnership with the nurses. We focused on process measures of quality improvement in order to make ongoing improvements and track progress. We will highlight the volunteer training sessions, describe the structure of the program, and share preliminary findings from the volunteer focus group that is scheduled for early March. We aim to make this a sustainable component of the patient experiences of care on 4 West, and hope to expand this program to other inpatient units at CHA.

*CHA Trainee

Assessments of Patient Interpersonal Problems by Patients and Clinicians in a Psychodynamic Training Clinic

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Department(s):
Psychodynamic Research Clinic

POSTER 23

The Psychodynamic Research Clinic (PRC) at Cambridge Hospital, affiliated with Cambridge Health Alliance/Harvard Medical School, serves as a training clinic for clinicians and provides psychodynamic psychotherapy to selected high functioning, low risk individuals in the community. This study examined changes in patients’ reported interpersonal problems as well as changes in concordance between patients’ reported interpersonal problems and their clinicians’ assessments of patients’ interpersonal problems. Patients and clinicians rated patients’ interpersonal problems using the Inventory of Interpersonal Problems (IIP-32). Patients completed the IIP-32 at intake and then on a monthly interval until the end of treatment. Clinicians completed the IIP-32 after the first session with their patients and then again following the end of treatment. Analysis examining changes in interpersonal problems for 57 patients revealed that patients reported their interpersonal problems significantly decreased over the course of treatment. Analysis looking at change in concordance between patient and clinician ratings of patients’ interpersonal problems included data from 20 patient-clinician pairs. This analysis indicated that there was no greater concordance between patients and clinicians at the end of treatment compared to the start. Notably, clinicians’ initial ratings of patients’ interpersonal problems were generally higher than the patients’ report and remained stable over time.

Early Impacts of the Affordable Care Act on Health Spending

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Department(s):
Medicine

POSTER 24

The Patient Protection and Affordable Care Act (ACA) has reduced the number of Americans who report being unable to afford care, but critics have cited exchange plans’ high premiums and deductibles. We used the Medical Expenditure Panel Survey (MEPS) to examine changes in out-of-pocket (OOP) and household premium spending among non-elderly adults following implementation of the ACA’s coverage expansions. We stratified our sample into four income groups used by the ACA to determine eligibility for Medicaid or exchange-plan subsidies and analyzed changes in post-ACA mean spending and likelihood of exceeding affordability thresholds for each outcome. ACA-implementation was associated with a 9.5% ([95% CI -13.85, -4.97]; p=0.001) in OOP spending in the full sample; a 16.7% ([95% CI -25.35, -6.99]; p=0.001) decrease in poor group; and a 18.4% drop ([95% CI -26.05, 10.04]; p=0.001) in the low income group. The odds of household OOP spending exceeding >10% of family income decreased by 16% (OR, 0.84 [95% CI 0.73, 0.96]) in the full sample, and decreased by 35% (OR 0.65 [95% CI 0.48, 0.86]; p=0.003) in the low income group only. Mean premium contributions, high-burden premium spending, and combined OOP+premium spending did not change post-ACA. The ACA was effective in reducing OOP spending, specifically in the poor and low income groups. However, the total health-spending burden on most families was unaffected by the ACA, and remained quite high. Repealing the ACA would harm low-income Americans whose spending burden was modestly reduced by the ACA.

Addressing Intersectionality in Psychodynamic Psychotherapy Research: Revising Intake Materials

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Department(s):
Program for Psychotherapy (PFP)

Collaborating Institution(s):
Harvard Medical School

POSTER 25

Categorical approaches to collecting demographic data allow us to systematically reduce information, but it may obscure patients’ individualities and complexities of their social experience. We aim to revise the PFP’s demographic form in order to capture the “borderlands” between patients’ multiple overlapping identities of ethnicity, race, gender, and class. The intake form is often patients’ first exposure to psychotherapy. A negative intake experience may create relational and institutional ruptures even before treatment begins. This is of particular importance when working with communities of color and other marginalized communities in which medical mistrust may be an issue. We plan to use more inclusive intersectional language with the goal of creating space for patients of all backgrounds, economic situations, and living arrangements to describe their identities. Our ongoing psychodynamic psychotherapy research uses patient demographic information and research measure responses, and therapist follow-up data. We are reviewing our intake forms, keeping in mind the multicultural and LGBTQ literature and trying to avoid implicit biases. Two examples: 1) rather than listing racial/ethnic categories and asking patients to choose categories, we propose to ask “How do you identify ethnically and racially?” and leave room for open-ended responses with samples (e.g., White/Caucasian (not of Latinx origin); Black (not of Latinx origin); Black/African American; Latinx; mixed racial/ethnic heritage and please specify); 2) we already ask patients to identify their “preferred pronouns” with open-ended responses with samples (e.g., she/her/hers, he/him/his, zhe/hir/hirs), but we are now proposing to change the prompt to “pronouns you use.” We will use qualitative analytic methods to understand the impact of revisions on patient satisfaction.

Assessing Spirituality in Mental Health Patients: A Study of Mental Health Trainees

Author(s):
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Department(s):
Child/Adolescent Psychiatry; Psychiatry, Center for Multicultural Mental Health, Research/Health Equity Research Lab

POSTER 26

Goals/Objectives: To explore CHA mental health trainees’ self-descriptions of comfort and skill in assessing patient spirituality and the influence they feel spirituality has on patient encounters. We hypothesize the more trainees self-identify as “spiritual,” the more comfort and skill they will feel in assessing patient spirituality and will feel it influences clinical encounters.

Methods: CHA 2016-17 Department of Psychiatry trainees (n = 89) were invited to complete a survey querying trainee demographics, personal spirituality description (agnostic, atheist, spiritual, religious, “other”), self-described comfort and skill in assessing patient spirituality and its perceived clinical influence. Results were reviewed using qualitative, chi square and regression analyses.

Results: Preliminary results suggests most trainees feel comfortable assessing patient spirituality. Those self-describing as “religious” feel their assessment skills are not weak ($\beta = -0.51$), while those self-describing as “spiritual” report weaker assessment skills ($\beta = 0.43$). Most trainees did not report patient spirituality influences half or more of patient encounters; however, they requested more spiritual assessment training.

Conclusions: Regardless of comfort, many feel their spiritual assessment skills are weak and desire more associated training. As trainees feel more skilled in spiritual assessments, they may feel it influences patient encounters more significantly. Training programs may consider more spiritual assessment training.

*CHA Trainee

Identifying Gender Minority Patients’ Healthcare Utilization Using Administrative Claims Data in a National Sample of Medicare Beneficiaries

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Department(s):
Health Care Policy, Psychiatry, Pediatrics

POSTER 27

Goals/Objectives: Medicare has developed a novel claims-based algorithm to identify gender minority (i.e., transgender or gender nonconforming) patients who are medically transitioning or diagnosed with gender identity disorder (GID). We use this algorithm to identify gender minority patients in Medicare data in order to compare healthcare utilization for gender minority Medicare beneficiaries with cisgender (i.e., non gender minority) peers.

Methods: We will study 100% of gender minority beneficiaries identified using the Medicare algorithm (n=3658 in 2013 alone) and compare them to a 5% random sample of cisgender beneficiaries in 2009-2014 Medicare claims. Regression analysis will be used to study the association of individual and systems-level factors with healthcare utilization, and models will be fit according to link functions that match distribution of the outcome variables.

Results: Outcomes of interest include preventive care utilization, mental health care use, and potentially avoidable hospitalizations. These data will be released by CMS shortly, and preliminary analysis will be completed in time for presentation at poster session.

Conclusion: Understanding how service use for preventable, mental health, ER, and hospitalization outcomes differs for gender minority vs. cisgender Medicare patients will provide important data about healthcare disparities in this under-studied population.

Integrating Mindfulness into the Patient-Centered Medical Home (MINDFUL-PC): Predictors of Referral Success

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Department(s):
Psychiatry, Primary Care, Center for Mindfulness and Compassion

POSTER 28

The MINDFUL-PC program aims to be a sustainable and replicable model for delivering evidence-based mindfulness training within the standard healthcare delivery system. MINDFUL-PC aims for equity in care by providing mindfulness training to diverse primary care populations. Mindfulness Training for Primary Care (MTPC) is a referral-based, insurance-reimbursable, 8-week group psychotherapy mindfulness-based intervention delivered by PCMH-integrated behavioral clinicians who have completed an intensive training program. MTPC is being tested in a pilot randomized controlled trial.

MTPC was delivered by 13 different clinicians who co-led seven English-language groups at two clinics. In the first year of MTPC English-language groups, 50% had subsidized health insurance and 87 patients enrolled in MINDFUL-PC (70% Female, 17% Non-English primary language, and 15% Hispanic). We present a predictor regression analysis of 320 referrals using enrollment in MINDFUL-PC as a dependent outcome variable and several independent predictor variables, including referral diagnosis, age, gender, race, primary language, PCP mindfulness status, clinic location, insurance payer, subsidized health insurance status, and co-pay cost, controlling for study exclusion criteria. Based on this analysis, we propose MINDFUL-PC design and implementation improvements to address ongoing barriers and increase access to care.

A Review of Group-Based Treatment of Opioid Use Disorder:

Author(s):
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Department(s):
Family Medicine, Psychiatry, Medicine, Addictions

Collaborating Institution(s):
Tufts University, Harvard University

POSTER 29

Background: Coupling buprenorphine-naloxone (B/N) prescribing with psychotherapy has been encouraged as a best practice. While the efficacy and feasibility of providing individual counseling concurrent with buprenorphine prescribing is questionable, group counseling with buprenorphine has received less attention.

Methods: We performed a literature review to assess for efficacy, feasibility, and acceptability of group-based delivery of OBOT. We also interviewed five B/N providers across CHA who deliver OBOT via groups to identify key logistical components for implementing different forms of groups.

Results: We present two tables: Table 1 summarizes seven studies found and their implications. Table 2 summarizes the commonalities of OBOT group implementation across CHA.

Conclusions: While we found that the small number of studies and study design limited conclusions that could be drawn about the efficacy of B/N delivery via a group visit model, these studies did point to the potential feasibility and acceptability of this approach. The practices outlined in the literature review and in our case series of five different groups share commonalities that could be used as a guide when operationalizing groups while also pointing out variations in practice that can optionally be adopted to other settings.

*CHA Trainee

Most Helpful Psychodynamic Treatment Factors: A Preliminary Analysis of Patients’ Qualitative Responses

Author(s):
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Department(s):
Psychiatry

Collaborating Institution(s):
Harvard Medical School

POSTER 30

Goals/Objectives: In meta-analyses, psychodynamic psychotherapy is shown to be at least as effective as CBT in symptom relief (Barber et al., 2013; Shedler, 2010), with some evidence of longer-lasting gains. There are theories about what makes psychodynamic therapy effective, but little is known empirically. This study examines the treatment factors patients identify in their own words as most helpful, drawing from a sample of diverse patients, many with comorbidities, who receive psychodynamic therapy in a public hospital.

Methods: This is a naturalistic, longitudinal study conducted at a public hospital. Participants are seen weekly for up to two years and are asked to complete surveys every three to six months. With enrollment ongoing, the overall project includes 295 patients across six years. The sample is 66% female, 63% white, 60% heterosexual, 60% with college/grad degrees, and 55% with annual income < \$25,000. Common DSM-IV Axis I diagnoses are: MDD (31%), Dysthymia (16%), Adjustment Disorder (13%), GAD (8%), & PTSD (7%); 67% have co-morbid diagnoses. The current study examines 72 responses to an open-ended question at the three-month follow-up: “What do you find most helpful about the treatment you are currently receiving?” The authors use modified grounded theory methods (Glazer & Strauss, 1967) to develop a customized coding scheme based on participants’ responses to this question, and analyze the data according to this scheme.

Results: Preliminary results are forthcoming in February 2017, and represent the next stage of research that was first presented in 2016. After continued refinement and validation of the coding scheme, the authors have established seven treatment factors that patients identify as being most helpful about their treatment: the frame, support, psychoeducation, improved biopsychosocial functioning, the therapeutic relationship, the process, and insight.

Conclusion: The study’s goal is to better understand what works in psychodynamic therapy to improve interventions. It broadens the scope of early research by examining the perspectives of a diverse group of patients. Future research will examine whether the identified helpful factors change over time.

Mind The Gap: Developing an Integrated Behavioral Health Home to Address Health Disparities in Serious Mental Illness - Year One Results

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Department(s):
Psychiatry, Health Equity Research Lab

POSTER 31

Objective: Describe an integrated Behavioral Health Home (BHH) pilot program for adults with psychotic and bipolar disorders at CHA and evaluate impact on service utilization, quality of care, and health outcomes.

Methods: Quasi-experimental methods used to compare 12-month outcomes pre- and post-intervention among BHH participants and controls. Health records of 424 BHH participants were compared with 1521 controls propensity score-matched by sex, age, race, ethnicity, language, 2010 Census block group demographics, Medicare/Medicaid enrollment, and diabetes.

Results: BHH participants had fewer psychiatric inpatient (IP) admissions and ED visits compared to control patients. These differences were driven by a reduction in the number of visits among those with any IP and ED visits. BHH participants were significantly more likely to receive HbA1c screening. There were no significant differences in rates of lipid monitoring or metabolic health outcomes.

Conclusions: A pilot BHH program significantly reduced acute care utilization and increased metabolic screening among adults with psychotic and bipolar disorders. Longer-term evaluation is needed to assess impact on care processes and population health outcomes. This evaluation builds on prior research by specifying intervention details and the clinical target population, thereby strengthening the evidence base for care integration and enabling replication and spread of the intervention.

Symptom Patterns Among Hong Kong Addiction Treatment Seekers

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Department(s):
Addiction and the Tung Wah Group of Hospitals Integrated Centre on Addiction Prevention and Treatment

POSTER 32

Background: The Division on Addiction and the Tung Wah Group of Hospitals in Hong Kong have established a collaboration to develop a program to provide a continuum of services covering multiple expressions of addiction. One of the project’s goals is to establish an epidemiology of addiction treatment seekers. **Methods:** We compared demographic and psychosocial characteristics of three groups of treatment seekers at Hong Kong’s Integrated Centre on Addiction Prevention and Treatment (ICAPT): (1) a group seeking treatment for chemical expressions of addiction; (2) a group seeking treatment for behavioral expressions of addiction, and (3) a control group drawn from seekers of other (non-addiction related) services at the Tung Wah Group of Hospitals. **Results:** The Beck Depression Inventory (BDI-II) and State-Trait Anxiety Inventory – Trait (STAI-Trait) scores were lower for the control group than for the chemical and behavioral groups. The State-Trait Anxiety Inventory – State (STAI-State) scores were higher for the behavioral addiction group than for the control and chemical addiction groups. **Conclusions:** Using the BDI-II, STAI-Trait, and STAI-State, we observed differences between the three treatment groups. Future studies should explore symptom patterns – commonalities and differences – among people who evidence different expressions of addiction.

Exploring Relationships between Patient Attachment Style and Therapist Countertransference in Psychodynamic Psychotherapy

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Department(s):
Psychiatry

Collaborating Institution(s):
Boston College, Regis College, Yale University

POSTER 33

Background: Therapist countertransference and patient attachment style are concepts that have received significant attention in the psychological literature. However, the relationship between these dynamics are not well understood. The present study examines relationships between patient attachment styles and therapist countertransference in a large, naturalistic, longitudinal study of psychodynamic psychotherapy in a safety-net hospital.

Methods: The treatment setting is an outpatient clinic where postgraduate psychologists, social workers, and psychiatrists receive focused training in psychodynamic theory and treatment. These clinicians provide once and twice weekly psychodynamic psychotherapy to underserved populations (e.g., diversity in socioeconomic status, race, ethnicity, sexual orientation, gender identity, and ability) that often experience significant barriers to care. This study explores patterns in the relationship between therapist countertransference and patient attachment style in two ways: (1) by studying cross-sectional associations between patient attachment and therapist countertransference at a time-point early in treatment and (2) by studying if changes in patient attachment style over time are associated with changes in therapist countertransference.

Results: Correlation Analysis: A sample of 101 therapy dyads had both therapist-rated countertransference measures and patient-rated attachment domain measures three months into psychotherapy. Results showed significant associations between patient-rated anxious and avoidant attachment styles and therapist-rated “parental” countertransference. Higher patient-rated anxious attachment was associated with therapist-rated “special” countertransference. Lagged Analysis: A sample of 119 therapy dyads was analyzed using multilevel modeling. A significant association emerged between an earlier change in patient-rated anxious attachment and subsequent changes in therapist rated “overwhelmed” countertransference.

Conclusions: These findings allow a greater understanding of how attachment style relate to each other in order to facilitate treatment and improve patient outcomes.

The Evaluation Of Warm Hand-Off Service in Improving Patient Treatment Compliance and Physicians’ Perceived Support in an Integrated Primary Care Setting.

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Department(s):
Psychiatry

POSTER 34

Does Behavioral Health Integration Improve Primary Care Providers’ Perceptions of Health-Care System Functioning and Their Own Knowledge?

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Department(s):
Medicine, Psychiatry, Primary Care Behavioral Health Integration

POSTER 35

Objectives: In integrated settings, Primary Care Providers (PCPs) routinely refer their patients to Behavioral Health Consultants (BHC) for real-time consultation during medical visits. Despite the widespread nature of this practice, referred to as the “Warm hand-off” (WHO), there is a dearth of data regarding its effectiveness in increasing patient engagement. Due to the lack of literature, we plan to better identify the impact of the WHO service in a primary care clinic in Malden, Massachusetts.

Methods: We plan to conduct a chart review at MFMC to analyze the WHOs that have occurred in the past year, and gather data on the status of the follow-up appointment scheduled. This will be compared to the no-show rate across the clinic/organization. This information will allow us to determine if WHOs improve treatment compliance by increasing engagement in follow-up care. The second step is to administer a three-item questionnaire to all PCPs regarding their perceived support and accessibility with the WHO service.

Results: To be determined. **Conclusions:** The data collected from the chart-review and survey administered will provide invaluable information on the practice of the WHO and will inform the future practice and theoretical model of integration at the Cambridge Health Alliance.

Objective: To examine the impact of Behavioral Health Integration (BHI) on Primary Care Providers’ (PCPs’) perceptions of behavioral health (BH)-primary care (PC) system functioning and knowledge.

Methods: We implemented BHI based on evidence-based models consisting of seven elements: (1) Screening for mental health and substance use disorders, (2) Training of PC teams, (3) Integration of BH providers into PC teams, (4) Roll-out of unlicensed mental health care managers and establishment of a BH registry, (5) Psychiatry consult service, (6) Site-based BHI meetings, and (7) Site self assessments. The intervention was rolled out in early integration sites during two years and late integration sites during the subsequent two years. In this observational pre-post study, we administered an anonymous online survey annually to PCPs; 381 PCPs at 11 primary care clinics participated.

Results: The proportion of PCPs with high BH-PC systems functioning scores quadrupled from 14% to 55% (p <0.0001) and high knowledge scores increased from 63 to 85% (p<0.001). Larger increases were demonstrated in early integration sites during the first two years and in late integration sites during the latter two years of the survey. Adjusting for participant and site level characteristics did not change these outcomes.

Conclusions: BHI improves PCP perceptions of BH-PC system functioning and knowledge.

*CHA Trainee

CEO CLER: Cultivating Change Agents at CHA

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Department(s):
Medicine, Executive, Psychiatry

POSTER 36

Background: The ACGME’s Clinical Learning Environment Review (CLER) program evaluates resident participation in institutional quality and safety priority setting and improvement project implementation.

- Objectives:** Our CEO CLER Innovation Awards program was designed to:
1. Engage our senior leadership in GME and enable them to see trainees as agents of positive institutional change
 2. Empower trainees to identify and improve aspects of their own clinical learning environment
 3. Enhance the likelihood of resident project success with a framework provided by the structure of a small grants program
 4. Reduce burnout and enhance well-being via resident empowerment as change agents

Methods: An annual RFP is issued to GME trainees and formative feedback is provided on initial letter of intent. Trainees submit final proposals using a template based on the Institute for Health Care Improvement’s Model for Improvement including a budget (totaling no more than \$3,000), timeline, and designated mentor. Residents with funded proposals received project technical assistance through the Institute for Community Health, prepare a poster for the CHA poster session and project outcomes are reported to the CHA GME Council, Academic Council and Board of Directors.

Outcomes: Twenty-eight projects have been funded since 2014. Areas included: 1) resident-facing quality of life/wellness projects; 2) relationship-building projects; 3) clinical improvement projects; and 4) patient care innovation projects. Trainees report learning about the challenges of leading institutional change – securing support from relevant leaders, building multidisciplinary collaboration, managing logistics and overcoming obstacles. They also report pride in their achievements, an enhanced sense of efficacy and appreciation for institutional support. Senior leaders and board members have valued trainees’ perspectives and involvement in change.

Development of Training Curriculum for CBT for Chronic Pain

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Department(s):
Psychiatry

POSTER 37

Chronic pain has been identified as a complex and difficult to treat condition. In addition the array of interventions commonly used for of chronic pain, evidence supports the use of psychotherapeutic approaches as both complimentary and stand-alone treatments. Among these, cognitive behavior therapy for chronic pain (CBT-CP) is the arguable gold standard. Despite this, training and implementation of CBT-CP remains deficient at CHA. This poster will detail the ongoing development of a curriculum for training integrated behavioral health clinicians (BHCs) in primary care in CBT-CP. The goal of this will be threefold: (1) to increase mental health clinicians’ understanding of chronic pain as a behaviorally- and psychologically-bound disorder, including emotional and behavioral factors that maintain and reinforce physical pain, (2) to improve interdisciplinary care in management of this multifactorial condition, and (3) to promote patient-centered care by offering evidence-based interventions to a high-need population. Training will also include brief educational presentations to primary care clinics; to emphasize ways BHCs can support PCPs in their own practice with pain patients, including motivational enhancement, provider-to-patient communication, and shared decision-making to assist team-based treatment planning. By training existing BHCs integrated in primary care, we will increase availability of non-pharmacological treatment modalities at CHA.

**‘Medical Detective Rounds’:
Adopting Case-Based,
Collaborative Learning in the
Clinical Year for the Harvard
Cambridge Integrated Clerkship
Students to Promote Self
Directed Learning**

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Department(s):
Medicine

POSTER 38

Objectives: Through a continuous quality improvement process, we aim to innovate the weekly, case-based CIC ‘Inpatient Morning Rounds’ as they currently emphasize building medical knowledge rather than clinical reasoning. Furthermore, through the use of engaging clinical cases, we aim to promote self-directed learning in the students as it is a critical skill for future professional success and satisfaction.

Methods: This regular case-based series will be updated using the modern pedagogy CBCL introduced in the Pathways curriculum for HMS students. Students will be given the case ahead of the session and expected to analyze and investigate the case on their own. They will come together as a group along with a faculty preceptor and work collaboratively to highlight the key features of the case and then work through twists and turns in the case. The students will identify remaining clinical questions and independently bring the answers back to the group after the session. In order to ensure high quality and consistent precepting, a core group of faculty has been recruited and will undergo faculty development prior to the roll out of these rounds.

Results: Self-directed learning will be assessed by identifying the behaviors performed by the students along with the complexity and sophistication of their clinical questions. These rounds will be continuously improved based on regular feedback from students and faculty.

Conclusions: We anticipate that this innovation will be engaging and fulfilling for students who participate. Additionally, we hope that this format will provide a framework for promoting self-directed learning and in turn, clinical reasoning skills.

What is an Oral Physician?

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Department(s):
Oral Health

POSTER 39

Various papers have been written outlining the need for a new model of oral health practitioner, the oral physician, to address increasing oral health disparities and rapidly evolving healthcare systems in the United States. The introduction of the dental therapist model, in addition to shortages in primary care medicine, have led some dental professionals to postulate the creation of new oral health professional in response to these challenges. The concept of an oral physician is novel and little consensus exists concerning its utility, much less a definitive definition of what an oral physician actually is. The purpose of this research is to evaluate the subjective perception of various dental and medical professionals, at different levels of training, concerning this question: “What is an oral physician?” This project will utilize Q methodology to evaluate the question and quantify the responses. 40 statements will be written on index cards and respondents will sort them on a Q-sort matrix during an interview session with the principal investigator. Roughly 40 Q-sorts will be collected and compared using inverted factor analysis to yield a more coherent idea of what an oral physician might look like, and perhaps more importantly, what it is not. This data may prove valuable in developing new models of oral healthcare delivery in the United States.

*CHA Trainee

Dental Education Reform at a time of Healthcare Reform: A Review of Current Public Health Education Trends in US Dental Schools and the Proposed Oral Physician Concept

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Department(s):
Dentistry

POSTER 40

Goals/Objectives: To summarize the current trends in dental public health education with the goal of providing information that will help the reader gain a better understanding of how a stronger emphasis upon public health, in dental education, can better the future dental professional workforce in a changing healthcare arena, which is increasing in oral healthcare needs. In addition, possible guidelines based on current public health and oral physician curriculum as related to available literature are discussed.

Methods: This study is structured into three assessments to consider the increased emphasis of public health and the humanities. The assessments include: (1) literature review of current educational trends, (2) tabulated information from US dental schools concerning including their public health curriculum and number of graduates in public service areas, and (3) interviews of current leaders in the Oral Physician concept and their current work.

Results/Conclusions: The guidelines suggested have an increased emphasis for a public health and humanities curriculum within the Oral Physician concept. The project addresses the following: healthcare reform and tomorrow’s dental workforce and the Oral Physician curriculum in reference to the patient, the community, and primary care. It is the hope that dental students, future dental professionals and leaders, will take the lead in serving the underserved populations through practicing the Oral Physician values: prevention, collaboration, and overall wellbeing intervention. Currently, the Oral Physician program with the Cambridge Health Alliance/Harvard School of Dental Medicine is one of a kind and serves as a template for educational reform which follows the current dental education trends for medicine and oral health integration and public health education emphasis.

Non-Verbal Communication in Patients With Special Needs: A Teaching Module for Second-Year Predoctoral Students at the Harvard School of Dental Medicine

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Department(s):
Dentistry, Public Health

POSTER 41

In the oral health community, there is an unwillingness to treat patients with special needs, a population more susceptible to dental diseases. One of the major barriers to treat this population is due to inadequate training from dental schools. The aim of this study was to create a formal curriculum on behavior modification in patients with special needs and to determine if second-year pre-doctoral students would be able to identify non-verbal communication in patients with special needs after viewing a visual teaching module on nonverbal communication behavioral modification techniques in the dental clinic. Materials and Methods: A pre-teaching module quiz was given to 29 students on their initial impression of special needs patients. After going through the teaching module, a post-teaching module quiz was then given out to re-assess their impression of treating special needs patients. Results: On average each second-year student has worked/observed 3.6 patients with special needs. The pre-teaching module quiz showed cumulatively as a cohort they were able to list 168 forms of non-verbal communication. The post-teaching module quiz showed cumulatively, they were able to list 202 forms of non-verbal communication. Discussion: The overall trend was a significant increase in identification of non-verbal communication after viewing the teaching module.

Integrating Basic Sciences into Internal Medicine Residency Curriculum through the Case Method Pedagogy

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Department(s):
Medicine

POSTER 42

Cooke and colleagues claim that a strong foundation in basic science “...developed and expanded during a lifetime of practice permits the intellectual flexibility on which adaptive expertise depends, (Cooke 2010).” Formal curriculum in basic sciences typically fades at the GME level. We are trying to counter that trend by implementing a resident taught curriculum that integrates basic sciences and clinical cases. All PGY2 residents present a 75-minute session once during our academic half-day.

In the beginning of the academic year a workshop is held on how to design a case method session. Each PGY2 is assigned a date for the case, a subspecialty faculty advisor, a pathology faculty advisor and pedagogy advisors. To evaluate how the curriculum explores pathophysiologic concepts related to clinical care, we are collecting learning objectives of each session. To evaluate impact of curriculum on attitudes towards basic sciences, we are administering a questionnaire to PGY2 residents, adapted from a basic sciences attitudinal scale (West, 1982).

To date we have had a robust case series, which involved basic science concepts that are clinically relevant. We have received positive feedback from the residents involved in cases.

*CHA Trainee

**Safety in Patients with Dementia:
An Intensely Practical Decision-
Making Guide for Primary Care**

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Department(s):
Psychiatry

POSTER 43

Goals/Objectives: Dementia is a leading cause of death in the United States, contributing to the growing cost of healthcare and negatively impacting quality of life in patients and their caregivers. Primary Care Providers (PCPs) deliver the bulk of care to these patients. Therefore, we developed an evidence-based guide and associated lecture to enhance the confidence of PCPs in caring for this population.

Methods: Primary literature, current treatment guidelines and relevant articles on uptodate.com were reviewed. A decision-making guide was developed in the domains of diagnosis, medication treatment, safety, quality of life and placement. A 45-minute workshop was developed and disseminated to a pilot audience (n=7) of internal medicine residents at CHA. We administered a 5-point Likert scale-based confidence assessment in five domains and used a student t-test for each scale.

Results: The above review generated a pictorial decision-making guide. Administration of the related lecture to the residents in our pilot study resulted in an increase in confidence from 2.9±0.3 to 3.9±0.3. Three items showed a statistically significant increase in confidence (p<0.05).

Conclusion: Preliminary data supports that development of this simple, evidence informed lecture and decision-making guide will improve the confidence of PCPs across the spectrum of career stages.

**A Qualitative Evaluation of
Student and Patient Perceptions
of a Palliative and End-of-Life
Care Curriculum Taught in the
Nursing Home**

Author(s):
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Department(s):
Cambridge Integrated Clerkship

Collaborating Institution(s):
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ArchCare at Terence Cardinal
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Center for Science and Society**

POSTER 44

Through a ten-week, full-time curriculum, the Columbia University Research Cluster on Science and Subjectivity-ArchCare at Terence Cardinal Cooke internship provides pre-medical students with a patient accompaniment experience in nursing home palliative care. To our knowledge, no studies have been performed to evaluate undergraduate college palliative care internships to identify appropriate learner competencies. Our aims were to evaluate the internship curriculum in conveying foundational pre-clinical knowledge and skills necessary to achieve medical student-level competencies in palliative care and to assess nursing home residents' perceptions about students' impact on quality of life in the nursing home. All interns completed surveys about their familiarity with palliative care before and after the internship. We conducted serial semi-structured interviews where interns reflected on changes in their knowledge, skills, and attitudes surrounding palliative care. We conducted surveys and interviews with nursing home residents asking about their interns' impact on their quality of life. Written surveys completed by students and nursing home residents were quantitatively analyzed for Likert score results. Qualitative analysis of semi-structured interviews of student interns and nursing home residents was performed. Themes surrounding the efficacy of certain curricular components in preparing and motivating pre-clinical students to deliver high-quality palliative care were identified.

Telepsychiatry for Primary Care Providers in a Safety-Net Health Organization

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Psychiatry

POSTER 45

Background: Telepsychiatry is the delivery of psychiatric assessment, consultation, and/or care through telecommunications technology including telephone, electronic messaging, and videoconferencing. The aim of this project is to examine approximately 18 months experience with an electronic medical record (EMR) based and telephone consultation service to primary care providers at Cambridge Health Alliance (CHA).

Objective: To examine factors related to utilization of telepsychiatry use by primary care providers at CHA, a safety-net academic health care organization. Another aim is to find ways to improve the quality of the telepsychiatry consultation service to our primary care providers.

Methods: Data from the telepsychiatry log between the periods of 1/28/15 - 9/30/16 were collected and ed. Two of the 12 primary clinics were identified as the highest utilizers of the telepsychiatry service. Providers (physicians or physician’s assistants) from these two clinics who utilized the service were sent an 8 item questionnaire focused on the frequency, satisfaction, and comfortable with the use of the service.

Results: Repponses of those providers who commonly utilize the service will be compared to those providers who infrequently utilize the service. The study is still ongoing and the data is being compiled for comparison.

Conclusion: Based on the data collected, we will optimize the telepsychiatry service in order to improve the overall experience for primary care providers.

Coproducing Treatment for COPD Exacerbations: The COPD Rescue Pack

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Department(s):
Medicine

POSTER 46

Background: At CHA, COPD exacerbations represent 15% of all Medicine admissions.

For patients, exacerbations have damaging medical consequences; quality of life is impaired and patients may never return to their previous pulmonary baseline. Timely outpatient treatment can decrease the severity of exacerbations and shorten the time to recovery.

Intervention: The COPD Rescue Pack is a five day course of oral prednisone and antibiotic which patients self-administer at the onset of a self-diagnosed exacerbation. Empowered patients make the critical decision of when to initiate medical therapy. By reducing barriers to timely treatment, the Rescue Pack may prevent or diminish the severity of an exacerbation, thereby decreasing the likelihood of an ED visit or hospitalization.

Results and Next Steps: A pilot implementation at a CHA primary care site demonstrated that clinical pharmacists can engage and instruct patients to properly use the Rescue Pack, and that patients welcome the opportunity to self-manage their disease, and use the COPD Rescue Pack with positive effect.

Currently, the Rescue Pack is being implemented at CHA’s ten primary care sites and three pulmonary clinics. A quantitative analysis will determine its effectiveness in decreasing hospital and ED utilization.

Reducing Inappropriate Screening and Treatment of Asymptomatic Bacteriuria: Antimicrobial Stewardship Progress Report

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Department(s):
Pharmacy, Infectious Diseases

POSTER 47

Purpose: Asymptomatic bacteriuria (ASB) is frequently mistreated with antibiotics. The goal of the Antimicrobial Stewardship Team(AST) at CHA is to improve outcomes and minimize unintended consequences associated with antimicrobial use. During FY 2017, the AST worked with several departments to decrease inappropriate treatment of ASB.

Methods: We conducted a retrospective chart review to determine appropriateness of urine cultures (UC) and antibiotic therapy, based on published definitions, IDSA guidelines, and our antibiogram.

Results: 75 UCs were reviewed from 7/12/16-7/28/16. Excluding pregnant and urologic surgery patients, 34.4% patients with a negative UA and no symptoms were cultured. The UC contamination, positive, and negative culture rates were 42.7%, 28%, and 29.3%. Empiric and definitive therapy was inappropriate in 10/20 (50%) and 6/20 (30%), respectively.

Conclusion: We used the results to provide targeted education to various departments including psychiatry and the ED and worked with orthopedic surgery to remove routine UC from their pre-operative order sets. The AST is focusing on several initiatives: defer UC in patients without symptoms, improve collection technique to decrease contamination, avoid routine urine studies in elderly psychiatric patients and pre-op orthopedic patients, and decrease use of fluoroquinolones and prolonged antibiotics for treatment of uncomplicated urinary tract infections.

Patient Self-Management Support: Evaluating Technology-Based Resources for Primary Care Behavioral Health Integration

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Department(s):
Primary Care

POSTER 48

As part of Cambridge Health Alliance’s (CHA) efforts to advance primary care and behavioral health integration, the identification of emerging eHealth tools and web-based resources can support patient education, engagement and treatment for behavioral health needs. CHA established a multidisciplinary evaluation team which included patient advisors, conducted a structured evaluation of pre-identified tools in four categories (information and advice, computerized self-help, online peer support and mobile health applications) based on literature review, and launched a pilot. Patients were introduced to mobile applications and interactive information and advice websites targeting specific health-related conditions including depression, anxiety, stress, alcohol use, and smoking cessation. As a result of the evaluation and pilot, CHA approved a “toolkit” of 16 resources, and designed a process led by integrated mental health staff that merges these tools into key components of patient care including depression and anxiety follow-up, care planning, and behavioral activation. In general, findings from evaluation and pilot indicated that tools were most likely to be effective when explained, demonstrated, and related to patient needs. Overall, the findings suggest that technology-based mental health resources can serve as useful tools for enhancing patient self-management support and empowerment, and that they are well-aligned with therapeutic approaches used in models for Primary Care Mental Health Integration. Further work is needed to develop tools in multiple languages and literacy levels.

A Successful Strategy to Reduce Hospital-Onset Clostridium Difficile

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Department(s):
Medicine, Pathology, Nursing, Quality

POSTER 49

Goal: Reduce the rate of hospital-onset C. difficile (HO-CD) by prompt testing in patients with diarrhea on hospital days (HD)1-3 using a nurse-driven testing protocol (NTP) with PCR and improve identification of disease after HD3 using a combined toxin/antigen assay (TAA).

Methods: IT developed an automated best practice advisory/NTP in Epic triggered by documentation of diarrhea during HD1-3, to facilitate prompt stool collection, testing and initiation of contact precautions. Nurse/provider education was conducted. The NTP was fully implemented mid-February 2016. The TAA was adopted 7/27/16 for testing after HD3 and for patients readmitted within four weeks.

Results: The standardized infection ratio (SIR) for CD in 2016 at Cambridge and Everett was 0.43 and 0.5, respectively, reflecting a 25-50% decrease from 2015. There was a 29% increase in testing volume; 11.5% of tests were initiated by the NTP. The positivity rate for the NTP and TAA was 12% and 10.8%, respectively. 9.8% of the TAAs were indeterminate and reflexed to PCR, of which 18/28 (64%) were positive.

Conclusions: Prompt identification of CD improves care and prevents inflation of HO-CD. This strategy has enhanced our efforts to reduce our SIR (observed/expected cases) and resulted in a substantial incentive payment for CHA.

Primary Care Behavioral Health Integration: Provider Perception of Impact on Personal Well-Being and Patient Care

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Department(s):
Psychiatry, Primary Care

POSTER 50

The benefits of integrating behavioral health (BH) into primary care have been well documented with regard to impact on clinical outcomes, patient satisfaction, and cost-savings. A recent question of interest is to what degree the integration of BH into clinic settings has benefited providers themselves as related to areas of stress, personal well-being, and feelings of confidence in caring for those with BH needs. BH staff aimed to assess provider experience of a newly implemented model of integrated BH at Somerville Hospital Primary Care. The model includes availability of BH staff (Psychiatrists, Psychologists, Mental Health Care Partner, and BH trainees) and BH services (warm hand-offs, triage, consultation, crisis management, short-term evidenced-based psychotherapies, brief interventions, and group programming). 13 physicians completed a 13-item clinic-specific survey exploring their opinion of BH services, perceived effect on patient care, and the relative impact on their personal well-being. Findings indicate providers in this clinic perceive both patient and personal benefit. 92% of providers surveyed agreed or strongly agreed that having integrated BH decreased personal stress. 100% of physicians reported feeling enhanced confidence in providing care for individuals with BH needs. 84% reported an increase in their overall sense of well-being as a primary care physician.

Increasing MyChart Enrollment at CHA Ambulatory Resident Clinics

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Department(s):
Medicine

POSTER 51

Background: Survey data show that patients of CHA ambulatory practices struggle to communicate effectively with their providers outside of clinic visits. CHA has invested in an electronic patient portal, MyChart, which holds the promise of improving communication between providers and patients, among other potential benefits. However, well under half of our ambulatory patients are enrolled in MyChart; even fewer are active users.

Approach: Preliminary work indicates that resident ambulatory clinics (Somerville Hospital Primary Care and Windsor Street Primary Care) have different workflow processes for MyChart promotion and enrollment. As such, small workflow changes will be tested with a variety of clinic team members at different times during the patient visit, with attention to how these roles are navigated at each site. Each small trial will be analyzed for percent successful enrollment and qualitative degree of disruption to existing workflow, to inform further proposed changes and trials. We will measure the final outcome via percent change of MyChart enrollees at each site by May 31, 2017. We will also collect qualitative data regarding the perceived disadvantages of and barriers to MyChart, as experienced and anticipated by providers and patients. This information is crucial to the evolution, promotion, and success of MyChart at CHA.

Palliative Care: A Patient-Centered Approach A Collaborative Partnership Between CHA and Care Dimensions

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Department(s):
Medicine, Quality Management, Clinical Informatics, Case Management, Government Affairs

POSTER 52

Rationale/Objectives: CHA continues to advance the Advanced Illness and Palliative Care Program (AIPC) to provide specialized medical care to patients with serious, chronic, and life-threatening illnesses. Multidisciplinary palliative care teams strive to effectively assess and treat symptoms, support decision making and help match treatments to informed patient and family goals, mobilize practical aid for patients and their family caregivers, identify community resources to ensure quality living, and effectively coordinate seamless transitions of care across a range of care settings.

Results: Increased the number of palliative care consults/referrals to 275 for FY16, compared to baseline of 24; Improved the percentage of patients 65 and older with a Health Care Proxy to 80.39%, compared to baseline of 71.26%; Successful implementation of EMR best practice tools to help identify patients who may benefit from AIPC.

Conclusions/Next Steps: Early identification of patients who may benefit from AIPC program; Ongoing education is critical to maintaining a quality AIPC program; Improve provider perceptions of palliative care to best support end-of-life care decisions.

Increasing Open Access Colonoscopies in the GI Suite at Cambridge Health Alliance

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POSTER 53

Background: This case study presents the preliminary findings of implementing a performance improvement approach at the GI unit at Cambridge Health Alliance (CHA). The unit identified a need to increase access to more colonoscopies, in line with the value stream “access” as identified by the organization.

Objective: This phase of the project is scoped to understand the process of colonoscopy scheduling from the point of patient referral to open access colonoscopy from a CHA primary care center.

Methods: A performance improvement approach was used including process mapping, data analysis and root cause analysis.

Results: Year 2016, 3,254 cases were referred from CHA primary care centers and only 2,395 (74%) were scheduled. 1,934 patients completed the colonoscopies and the remaining 337 were no-shows or cancellations. Process mapping has identified complex workflow completed by a GI triage nurse and administration staff. Currently the project is identifying areas for improvement that include minor and major solutions.

Conclusion: The challenges include developing reliable data considering the number of health information technology solutions and deciphering the complexity of the process. However, leadership engagement and resources provided by informatics and analytics have been instrumental in leading this project forward.

Medication Reconciliation

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Department(s):
Elder Service Plan

POSTER 54

ESP physicians were finding multiple discrepancies with new enrollees’ prescription drugs. To solve this problem, ESP developed a medication reconciliation tool. To demonstrate the value of this tool, ESP conducted a review of 20 random participants. Our review showed that 75% of newly enrolled participants had at least one, but usually multiple issues, with the prescription medication lists. The most common discrepancies found were:

- Type of medication
- Dosage of medication
- Medications found in the home but not on the drug list from the EPIC record or the pharmacy
- Medications listed in the EPIC record or the pharmacy record, but not being taken by participant

Upon enrollment to ESP, prescription medication lists were reconciled. The most common interventions to reconcile the lists included:

- Medications stopped at participant did not have a diagnosis to support the need for the prescribed medication
- Dosage of medication changed so as to decrease pill burden
- Medication delivery system changed
- Medications stopped as participant was not taking the medications.

Medication reconciliation has proven valuable in treating participants with the most appropriate medications and is now part of the workflow for new enrollees.

Impact of a Falls Committee at Elder Service Plan

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Department(s):
Elder Service Plan

POSTER 55

It is estimated that 30 to 40 percent of elders living in the community fall each year. Injuries from falls not only threaten the independence of elders, but are costly to any healthcare system. Falls do not have to be inevitable with aging. Rather, managing risk factors for falls can prevent falls in this population.

The Elder Service Plan (ESP) formed a falls committee to review risk factors for all participants with falls. Risk factor assessment included looking at:

- Vitamin D levels
- Vision screening
- Uncontrolled diabetes
- Orthostatic blood pressure
- Medications
- Compliance with assistive device
- Need for rehab evaluation

Results: Baseline data indicated that 33 percent of participants were falling. Within 3 months of implementing a falls committee, the percent of participants with a fall dropped to 24.7 percent. Within 9 months, the rate dropped to 22.5 percent. Furthermore, review of medications for these participants showed an association between melatonin and falls. The committee worked with the ESP medical director in standardizing dosing of melatonin to ESP participants.

Integrating Bias Awareness Into Early Childhood Consultation: Evaluating an Initiative of the Early Years Project

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Collaborating Institution(s):
Tufts Child Study and Human Development Masters Program

POSTER 56

There is increasing focus on suspension and expulsion rates of preschoolers, and these rates show racial disparity in the number of preschoolers of color receiving suspensions and expulsions, relative to their overall percentage of the population. The Early Years Project began an initiative to address the intersection of bias and early childhood mental health consultation, including: workshops for childcare providers on topics such as Culture and Play, monthly meetings with staff to discuss bias, and implementing a racial justice lens in consultations.

The evaluation aims to provide a model that can be seamlessly integrated into an early childhood mental health consultation program. By designing a program that is part of the existing work, the initiative hopes to maximize impact on bias while being minimally burdensome to staff time and resources.

Focus groups with staff members and workshop attendees will be used to understand the impact of the current initiative and areas for further development. The project will inform EYP program development and potentially provide a replicable model for other early childhood mental health programs.

Should We “PrEP” Obstetrics and Gynecology Providers at CHA for HIV prevention in Women?

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Collaborating Institution(s):
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POSTER 57

Goals/Objectives: Women comprise approximately 20% of new HIV infections in the United States. Pre-Exposure Prophylaxis (PrEP) is approved as an effective HIV prevention strategy. Despite this, and its unique ability to empower women to protect themselves against HIV, PrEP is underutilized in women. Obstetrical and gynecological (OB/GYN) providers are uniquely positioned to educate women on, and prescribe PrEP.

We aim to assess baseline knowledge and use of PrEP among OB/GYN care providers at Cambridge Health Alliance (CHA) and desire for PrEP education.

Methods: An eight question, needs assessment survey was electronically distributed to OB/GYN providers at CHA. Data was analyzed in aggregate.

Results: 42 OB/GYN providers responded to our survey. 35 (83%) providers know what PrEP is and how to use it, but only 15 (35%) are comfortable prescribing it and three (7%) have prescribed it to a female patient at CHA. 38 (90%) providers want more information about discussing and 36 (86%) about prescribing PrEP to patients.

Conclusions: OB/GYN providers at CHA need more information about PrEP, which we will provide in a Grand Rounds presentation. A future goal is to create an electronic risk assessment questionnaire to identify female patients who qualify for discussion and use of PrEP.

ED Case Management: Solving the Seemingly Unsolvable Situations

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Department(s):
Care Integration

POSTER 58

The goals of the ED Case Management program are as follows:

- Meet the quadruple aim - improved quality, improved patient experience of care, lower cost, improved provider satisfaction in the ED
- Reduce medically avoidable admissions
- Identify high risk patients who come to the ED and refer them to CHA Care Management programs
- Reconnect patients with primary care
- Provide access to healthcare and community services for our ED patients
- Connect ED patients with community services such as VNAs, Elder Service Agencies, Hospice and Palliative care
- Improve communication between care providers

The initial outcomes will be displayed via a graph with metrics regarding number of SNF referrals, VNA referrals, ASAP referrals, PCP referrals and CCM referrals from the ED CM. We also have some data on the number of avoidable admissions prevented and some quotes from the ED MDs.

Languages Services Quality Improvement at CHA: 2017 Update

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Department(s):
Institute for Community Health, Multicultural Affairs and Patient Services

POSTER 59

42% of CHA Primary Care patients speak a primary language other than English. It is well documented that communication barriers can adversely affect safety and quality of care for limited English proficient (LEP) patients. Studies have shown that some communication practices present more risks than others. To minimize unsafe practices and improve access to and satisfaction with interpreter services, the Institute for Community Health (ICH) and Multicultural Affairs and Patient Services (MAPS) Department collaborate on quality improvement projects, including:

1. Using Quick Questions data to monitor and minimize unsafe communication practices
2. Improving accuracy of Language of Care data
3. Using a queuing model to optimize multilingual call center staffing
4. Assessing and improving provider and patient satisfaction with remote interpreting

For all projects, data is used to target areas for improvement and collaboratively identify and implement action steps such as operational changes, informational campaigns, staff trainings, and Epic updates. These actions have resulted in some measurable improvements, and we offer an update on the data presented last year. Overall, our data-driven approach is a useful strategy to help CHA provide high-quality, effective care to LEP patients and allows CHA to serve as a model for other health systems.

Improving the Inpatient Discharge Process at CHA
Everett Hospital: Performance Improvement Approach

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Department(s):
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POSTER 60

Background: The inpatient unit at Cambridge Health Alliance (CHA) Everett Hospital reported a delayed discharge process, including low staff and physician engagement scores, patient satisfaction scores in the fourth percentile in Massachusetts, high levels of bed occupancy, and a tight operational budget. The unit was therefore ripe for performance improvement (PI) in the discharge process.

Objective: To discharge medically ready patients earlier.

Methods: Lean methodology, including process mapping, value stream mapping, quantitative data collection, and root cause analysis were used to understand the current state, identify waste activities, and recognize key inefficiencies or bottlenecks in the discharge process.

Results: Analysis of clinical data revealed the inpatient unit had 1,550 discharges and 5,810 patient days totaling 80% of census occupancy, the highest inpatient occupancy rate across CHA in fiscal year 2016. With stakeholder support, pilot recommendations were created and implemented to improve average discharge cycle time by 2.31 hours during the inpatient unit’s peak hours of 2pm - 5pm. Process mapping highlighted lack of communication and process silos as non-value adding tasks. Results of pilot testing are pending.

Conclusion: Stakeholder engagement was pivotal in understanding organizational leadership roles and unit staff responsibilities, as well as highlighting PI opportunities and devising pilot recommendations.

Transforming Patient Experience of Care and Staff Experience of Care

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Department(s):
Medicine, PC Mental Health Integration, Family Medicine

POSTER 61

Goals: Share the building blocks of Patient and Staff Experience of Care curriculum in Primary Care settings. Balint Group format for engaging all staff to improve staff joy. Share challenges and key lessons.

PEOC Methods: Union Square clinic staff walked in patient’s footsteps, experiencing clinic from a patient’s perspective. We recognized three areas-informing patients about delays, courtesy of registration staff and likelihood of recommending practice and conducted six workshops targeting these improvement areas.

Results: At the end of workshops, our results show improvement in Press Ganey scores in courtesy of registration staff. We continue to do process mapping for improving wait time in clinic.

SEOC Methods: We conducted “All Staff Balint Group” meetings where staff shared case presentations that were particularly difficult on emotional and clinical levels, followed by supportive discussion. We propose that if we can work together, with our staff to increase awareness of their own emotional and behavioral reactions to patients, arm them with the necessary tools to care for themselves and their patients, we will significantly improve both staff satisfaction, and the patient experience of care, and consequently, the health outcomes of our population.

Results: 100% of survey respondents would recommend this group to their colleagues.

*CHA Trainee

Implementation of an Interdisciplinary Team Model to Treat Chronic Hepatitis C in The Primary Care Setting

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Department(s):
Infectious Diseases, Clinical Pharmacy, Family Medicine, Med/Peds, Medicine

POSTER 62

Background: Since the approval of new direct-acting antivirals for the treatment of chronic hepatitis C (CHC), which have proven very effective with minimal side effects, demand for Hepatitis C care has increased.

Goals/Objectives: Develop an effective model to expand treatment of CHC from specialty care to primary care settings across a large, urban, academic health system to increase patient access to care and promote primary care providers’ ability to manage CHC.

Methods/Intervention: We developed a multidisciplinary team-based approach in which an Infectious Disease specialist trains primary care Hepatitis C specialists to serve as a point of referral for CHC treatment at primary care clinics across CHA.

Results: We report on the process of this implementation model, using a PDSA cycle framework to describe provider recruitment and training, roll out to primary care sites, and logistical issues we navigated along the way to optimize care delivery to patients. We also report on results of our internal quality review and demonstrate how the volume of CHC has since shifted from specialty to primary care settings.

Conclusion: Expansion of CHC treatment from specialist clinics to primary care sites is feasible, cost-saving, improves access to care for patients, and enhances provider satisfaction

PASS (Pain & Addictions Support Services): Creation of an Interdisciplinary Team to Support PCPs with Complex Patients With Pain and/or Addiction

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Department(s):
Family Medicine, Psychiatry, Medicine, Addictions, Pharmacy

POSTER 63

Background: Patients being prescribed opioids for chronic pain represent a particularly challenging population for providers, resulting in high levels of emotional investment and stress. Providers report desiring additional support in managing these patients to reduce provider burnout and improve patient safety.

Methods: We created PASS (Pain & Addiction Support Services), an interdisciplinary team of providers (primary care providers, psychiatrists, psychologists, addiction specialists and pharmacists) to assist PCPs manage complex patients who struggle with pain and/or addiction. PASS serves two main purposes 1) to review difficult cases providers refer for and 2) to review high-risk cases identified by our team based on high doses or aberrant behaviors (patients identified via EMR review/reporting)

Results: In this poster we illustrate our methods: team structure, referral process, case example, and quote from PCPs of how the PASS service benefited them and their patients.

Conclusion: This interdisciplinary model offers a unique and valued approach to promote patient safety and support PCPs in managing difficult and complex patients who struggle with pain and/or addiction. Future directions include expanding to other CHA sites and incorporating PASS meetings into family medicine residents’ education so they can learn from the thoughtful and robust interdisciplinary team conversations.

Pediatrician Perception of Integrated Behavioral Health Care Efforts in a Pediatric Practice

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Department(s):
Child and Adolescent Psychiatry Department

POSTER 64

Background: Behavioral healthcare for children and adolescents is increasingly falling to pediatricians as access to behavioral health services remains a challenge. Research in adult integrated care shows improved outcomes when behavioral health practitioners collaborate with primary care clinicians in specific ways. Research on child integrated care is a newer field and thus far results are mixed. Implementation of best-practice recommendations, along with consideration of the specific needs of a practice, is important to better support pediatricians and young patients with behavioral health needs.

Methods: An initial literature review of this topic was performed to categorize the current knowledge base in the field. A semi-structured focus group interview was conducted by a trained facilitator. Data was audio-recorded and verbatim transcription performed. Three investigators used thematic network analysis to code the qualitative data. The findings were categorized into themes describing facilitators and barriers to pediatric integrated behavioral health care.

Results: Multiple facilitators and barriers were identified both in the literature and the semi-structured focus group. These were compared to one another and shared with the pediatric practice and the behavioral health team.

Conclusions: Consideration of the existing literature and practice-specific needs are likely to improve current behavioral health care in pediatric practices.

Creating a Culture of Health: Evaluation of the CHA Wellness Initiative

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Department(s):
Human Resources, Institute for Community Health

POSTER 65

Investing in employee wellness can result in reduced medical costs, improved employee productivity and increased employee engagement. CHA Wellness and the Institute for Community Health are conducting evaluations of the Wellness Initiative to determine program effectiveness and reach, as well as gather data for quality improvement. Evaluation activities include:

- 1. Gaining an understanding of the brand recognition of the Wellness Initiative and the level of participation in programming
- 2. Getting feedback from employees on existing programs and ideas for future programming
- 3. Understanding which demographic groups are participating in programming
- 4. Determining the impact of the Wellness Initiative on motivation and participation in healthy activities and employee engagement

Data are used to target areas for improvement and collaboratively identify and implement action steps, including making changes to existing programming and increasing outreach efforts to specific demographic groups. The focus of the Wellness Initiative is to develop a culture of health and increase the Value of Investment (VOI) by improving employee morale, productivity, workplace safety, and reducing employee absence and medical costs. Future evaluation plans include using more directly measured indicators of health for employees enrolled in specific wellness incentive programs.

Impact of Child Psychiatry Access Programs on Mental Health Care in Pediatric Primary Care: What do the Parents Think?

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Department(s):
Child Psychiatry

POSTER 66

Background: The objective of this study was to evaluate the effectiveness of the Massachusetts CPAP (MCPAP) in helping children and adolescents with mental health problems gain access to services and to assess parental satisfaction with the role of their child’s PCP in the treatment of mental health problems.

Methods: 440 consecutive initial PCP telephone consultations made to the MCPAP team between March 2010 and June 2012 were used for the sample study. A structured telephone was administered to the parent by a member of the research staff an average of 4 months after the PCP’s telephone consultation.

Results: Participants showed a high rate of satisfaction with their PCP’s handling of their child’s mental health problem (79%). Participants who agreed with statements reflective of a positive patient-doctor relationship (including time spent with patient, respect for personal beliefs, knowledge of child’s condition) exhibited higher rates of satisfaction with the PCP’s role in their child’s mental health problems.

Conclusions: In this survey of parents, whose child’s PCP received assistance from the MCPAP program, results indicated high rates of utilization of recommended treatment services and high rates of parental satisfaction of the PCP’s handling of their child’s mental health issues.

The BASIS: Your Portal to Addiction Science and Resources

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Addiction

Collaborating Institution(s):
Psychiatry/ Harvard Medical School

POSTER 67

This poster will introduce The Brief Addiction Science Information Source (The BASIS), an important public health tool. The BASIS is a product of the Division on Addiction at Cambridge Health Alliance. The BASIS (<http://www.basionline.org/>) provides readers with free access to contemporary scientific information about addiction. Each week, Division on Addiction faculty summarize a recent scientific article related to drinking, smoking, other drug use, or gambling. Our research summaries are brief, engaging, and designed to appeal to a general audience. We review public health implications of recent discoveries while promoting scientific literacy. Additionally, we provide timely op-eds, self-help tools, and other addiction resources. During 2017, we will continue our First-Person: Personal Narratives of Addiction series, giving voice to experiences of addiction and recovery. We will feature Special Series on Addiction and Mindfulness, Addiction within the LGBTQ Community, and Youth Risky Behaviors, including op-eds from CHA faculty and other internationally respected researchers. We invite you to stop by and learn more about The BASIS!

One School’s Effort to Reduce Children’s School Bathroom Related Anxiety

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School Health/Public Health

Collaborating Institution(s):
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POSTER 68

Goal/Objective: Increase awareness of various ways school bathrooms can be a source of anxiety for children, and adolescents, and the potential long-term emotional and physical effects of bathroom avoidance.

- Methods:
1. After school nurse noticed a large number of students avoiding the bathrooms adjacent to classrooms Interviews with students revealed that many had fears related to bathrooms.
 2. Bathrooms were inspected and found to be in need of maintenance and aesthetic improvements.
 3. That summer the bathrooms were painted by the kind and generous custodial staff.
 4. The school’s Art teacher supervised the creation of work that we installed in bathrooms to create a more welcoming environment.
 5. Fifth graders did bathroom environmental survey to identify necessary bathroom improvements and colored and laminated brand new hand-washing posters.
 6. Nursing students listed above visited all kindergarten and first grade classrooms to educate the students on hand-washing as well as the importance of using the bathroom whenever “nature calls” during the school day. They also learned bathroom etiquette and importance of letting adults know if there is something that needs to be improved in the bathrooms.

Results: Students, parents and staff have been very appreciative of these efforts and benefits that have been evident from the day the school’s restrooms were cleaned and freshly painted!

Conclusion: It is our belief that having positive early childhood experiences, using school bathrooms, may help prevent lifelong avoidance of school and public restrooms and the physical and emotional problems that accompany this behavior.

Global Health Collaborative Between CHA and JSS (India)

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Department(s):
Medicine, Infectious Diseases

POSTER 69

Background: There is a severe shortage of physicians in developing countries. This is especially true for specialists who are absent in rural areas. Jan Swasthya Sahyog (JSS) is a healthcare organization in India that provides comprehensive healthcare to the rural and tribal population in Chhattisgarh state. JSS has 16 staff physicians serving around 1,000 outpatients every week. CHA’s mission to care for the underserved attracts many providers with interest in global health. We attempted to bridge this gap between specialists at CHA, and patients in, JSS and will describe our experience in this report.

- Activities:
- Every other Thursday morning two ID specialists join doctors from JSS via Google Hangout and discuss four to five cases.
 - Urgent consultations are emailed and sometimes require opinions from other CHA specialists.
 - Annual visits to JSS for familiarity with context and collaborators
 - Outputs:
 - » 60 cases consultations including two from CHA since March 2016.
 - » Antibiotic guidelines for infectious diseases commonly seen at JSS.
 - » Working on two case reports
 - » Community building and solidarity among collaborators

- Next steps:
- Recruiting specialists with different areas of expertise to expand the scope of collaboration.
 - Launching a research group to explore themes that have emerged.

Barriers and Facilitators of Child Health and Attitudes to Community Health Workers Among Syrian Refugees and Lebanese Residents of an Underserved Beirut Neighborhood

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Department(s):
Family Medicine

Collaborating Institutions:
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American University of Beirut;
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POSTER 70

Background: In an urban slum in Beirut, Lebanon, a Lebanese non-governmental organization (NGO) runs a health center serving 1,700 Lebanese and Syrian refugee families. The objective of this study was to identify health beliefs and practices regarding acute childhood illness, and attitudes toward community health workers (CHWs), among women with children seeking care at the NGO to develop a community health worker program promoting child health.

Methods: Stratified purposive selection was used to recruit 49 women for six focus groups and 10 interviews. Focus groups and interviews were conducted in Arabic, audiotaped, and then transcribed, translated and coded for themes by three independent coders using Dedoose software.

Results: Participants recognize their lack of access to clean water and sanitation as primary causes of childhood illness. Lebanese and Syrian participants cite cost as a major barrier to healthcare. All participants advocated for environmental improvements and infrastructural solutions to their health problems. Syrian refugees were receptive to the idea of CHWs, as compared to Lebanese participants who doubted that their neighbors in the slum were qualified to be trained as CHWs.

Conclusions: When working with a diverse community in a slum, a lack of trust both within and among the target communities may pose a challenge to a CHW program. Although an overburdened health system could benefit from a CHW program, the program must be tailored to the needs and concerns of the local population.

An Initial Evaluation of the Plainridge Park Casino GameSense Program

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Department(s):
Psychiatry

POSTER 71

Background: The Massachusetts Gaming Commission established a responsible gambling information center at Plainridge Park Casino (PPC). The GameSense Information Center (GSIC) at PPC is designed to provide casino visitors with responsible (RG) and problem gambling (PG) tools. The DOA evaluated this program.

Methods: GameSense advisors (GSAs) recorded their casino visitor interactions. Additionally, some visitors were eligible to complete an anonymous survey. This data collection lasted for six months.

Results: GSAs had 5,659 interactions with 9,343 visitors. During most conversations that concerned RG or PG (92.8%), GSAs provided information designed to help visitors manage their gambling. They infrequently discussed harm reduction strategies, like a budgeting tool (20.2%) and voluntary self-exclusion (9.6%). GSAs rarely enrolled visitors in voluntary self-exclusion (3.2%) or referred them to treatment resources (7.3%). Most visitors reported positive impressions of the GSAs and GSIC services. The majority (88.9%) reported that GameSense might benefit anyone who gambles.

Conclusion: The GSIC appears to meet many of its stated goals. However, there were limitations to data collection procedures, and some data exhibited signs of a potential halo effect. More research is necessary to conclude if GSA interactions increase knowledge of RG topics and change gambling behavior.

Are School-Based Dental Screenings Effective in Improving Oral Health Among School-Aged Children?

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Department(s):
Dentistry

POSTER 72

Goals/Objectives: This study aimed to determine the effectiveness of school-based dental screenings on stimulating dental attendance, and reducing untreated dental caries in children, at the population level by a review of the current literature.

Methods: A literature search was conducted on the MEDLINE/ PubMed electronic database using the following search terms: dental screening, dental assessment, dental examination and school entrance, and other sources to identify and include applicable studies.

Results: Evidence from randomized controlled trials (RCTs), one systematic review and meta-analysis, review articles, and opinion reports were analyzed and findings were reported in this study.

Conclusion: Though the concept of school-based dental screenings is attractive to policymakers, there is no scientific evidence to support that it leads to health improvements for individual children or a population of children. A recent 2016 systematic review and meta-analysis of available evidence concluded that there is no evidence to support the effectiveness of school-based dental screenings.

Preliminary Evaluation of the Massachusetts Voluntary Self Exclusion Program

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Department(s):
Psychiatry

POSTER 73

Goals/Objectives: To help people with gambling problems limit their gambling exposure, casinos have implemented voluntary self-exclusion programs (VSEPs) that permit individuals to ban themselves from entering the casino. The purpose of the current study is to evaluate the Massachusetts VSEP and to assess the gambling behaviors, problems, and well-being of enrollees across time.

Methods: MA-VSEP enrollees completed applications that included a set of questions about their gambling. A subset of enrollees completed a follow-up interview assessing gambling behavior since enrollment, satisfaction with the program, and treatment seeking.

Results: 165 individuals have enrolled in the MA-VSEP since it began in June 2015, and 37 participated in this study. More than 80% continued to gamble after enrolling in MA-VSEP, but 80% reported that they were gambling less than before. On average, respondents reported 10 gambling problem symptoms at enrollment, and six at follow-up. Upon follow-up, 88% reported being very or extremely satisfied with the program.

Conclusion: The majority of enrollees in MA-VSEP experience significant problems with their gambling upon enrollment. Though enrollees continue to gamble after enrollment despite intentions otherwise, they appear to reduce their gambling and consequent gambling problems, and are satisfied with both the enrollment process and the program itself.

Teaching When You Can’t Speak: Leading Shared Medical Appointments for Linguistic Minorities

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Medicine

POSTER 74

Shared Medical Appointments (SMAs) are effective in teaching disease-related self-management and improving measures of control for chronic illnesses. Non-English speakers are often excluded due to limited provider linguistic capabilities, despite evidence showing that interpreters can overcome language barriers.

Objectives of this Quality Improvement project were: 1) Pilot SMAs for non-English speakers when providers do not share the same language, 2) Understand if SMAs using interpreters could be successful, and 3) Establish best-practices for this type of SMA.

Portuguese-speaking type two diabetic patients from the Cambridge Primary Care Center of Cambridge Health Alliance, an urban safety-net Harvard Medical School-affiliated community outpatient clinic that serves a diverse population were recruited for a monthly series of 10 SMAs.

Each SMA followed: pre-visit team huddle (physicians, Portuguese speaking medical assistant, interpreters); 60 minutes of brief focused visits for individual management; 60 minutes of group discussion; end-of-visit team de-brief.

Focus groups showed: Patients value the opportunity to ask questions, build skills and group learning. Interpreters function as critical team members and culture brokers. Providers are better able to learn about the patients’ culture, take an active listening role and collaborate with the entire team. All involved prized the interpretation of emotion.

The Importance of Psychological Evaluations in Asylum Cases

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Medicine, Psychiatry

POSTER 75

Asylum has become a germane topic given migration issues driven by the humanitarian crises around the world and upheaval brought forth by the nascent U.S. administration. Refugees have significant trauma exposure and are at high risk for developing post-traumatic stress disorder. Psychiatrists can assist asylum-seekers and immigration courts by performing evaluations, acting as expert witnesses, and providing corroborating evidence of trauma. Additionally, psychiatrists can present information about how trauma can create difficulties in recalling events accurately or the ability to speak about traumatic events, which is important given that asylum seekers are expected to testify about their experiences. The overall success rates of asylum seekers in gaining legal status is about 30%, but when a psychological evaluation is performed to support the client, 90% of cases are successful. The presenters, which include attending physicians who developed an asylum clinic at CHA and resident trainees who have participated in these evaluations, will discuss nuances of working with this population and offer ways of thinking about creating such a clinic in their own institutions. Given both the drastic increase in traumatized refugee populations and the current political climate in the U.S., this information is both topical and important.

Trauma-Informed Interruption and Community Centered Recalibration: Treating the Community Trauma Response of Police Brutality and Misconduct

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Department(s):
Child and Adolescent Psychiatry

POSTER 76

The community trauma response resulting from the violence and misconduct on the behalf of police departments nationwide is multifaceted. It is both historical and contemporary. Adversarial and interpersonal. A dangerous process that leads to death and suffering as well as inspired survival that leads to creativity and cultural innovation. It is complex. The complexity of this perpetration is couched within a broken social contract, and an inconsistent, unpredictable, and dangerous interpersonal relationship. A relationship between a community and an institution that has sworn to serve and protect them. This qualifies police brutality as an interpersonal abuse. Neglect at the hands of protectors. Loss at the hands of those who social role is to guard life. This complex trauma is severe, chronic, interpersonal and developmental. When I say developmental I mean that the quality of the abuse and neglect changes and morphs depending on developments in the oppressed communities. With social progress in an oppressed community, developments if you will, police abuse often intensifies and readjusts to said progress. This poster attempts to map this complex trauma onto several areas of traumatic stress we know from studying individuals (abuse, neglect, and traumatic loss) as well as define concrete strategies for community intervention.

Outbreak of Mumps on a College Campus in Cambridge, Massachusetts

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POSTER 77

Goals/Objectives: In February 2016, the Cambridge Public Health Department (CPHD) began investigating two cases of mumps in students at a local university. Alongside the Massachusetts Department of Public Health and the university, CPHD facilitated case investigation, contact tracing, and communication.

Methods: Staff followed up with cases to investigate exposure patterns and identify close contacts. CPHD provided contacts with educational information, verified their vaccination status, and ensured they were monitoring themselves for symptoms. Unvaccinated contacts were either vaccinated or quarantined. Regulatory authority granted by the state assisted CPHD in enforcing isolation and quarantine requirements and conducting surveillance.

Results: Despite high vaccination rates, CPHD investigated more than 350 cases and close contacts. Many cases were members of athletic teams, social clubs, and other extracurricular activities. Due to the unique characteristics of students, CPHD had higher success reaching individuals through email. Efforts in enforcing isolation requirements and encouraging vaccination were supported by university staff. Despite two peaks, the outbreak largely subsided after the semester ended.

Conclusion: The close living conditions and social nature of students facilitated the virus’ spread. However, with protocols in place and an understanding of students’ communication preferences, investigations can be conducted and isolation protocols can be enforced with greater efficiency.

Impact of Patient Socio-Economic Disadvantage and Behavioral Health on Readmissions in Massachusetts’ Two Largest Safety Net Hospitals

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Collaborating Institution(s):
Datycs, Inc.

POSTER 78

Objective: We sought to determine whether socio-economic disadvantage and behavioral health conditions (SDBH) are associated with 30-day readmission rates (30DRE) among non-elderly adults, after accounting for clinical factors, in Massachusetts’ two largest safety net hospitals.

Methods: We conducted standardized interviews with 479 inpatients aged 18-64 on the medicine services regarding SDBH and the events leading to admission. Physicians determined whether alcohol, substance use and psychiatric illness led to admission. We examined the impact of SDBH, using multivariable logistic regression models controlling for age, gender, and clinical factors.

Results: 14% of patients had a 30DRE. Being insured by Medicaid vs commercial insurance (OR 2.49, p=0.031) and having a psychiatric illness that led to admission (OR 3.25, p=0.028) were associated with increased odds of readmission. Being concerned about ability to pay utilities all the time (OR 3.1, p=0.057) was of borderline significance. Compared with having an income of ≥\$30K, there was no difference for those earning \$5-20K but patients with incomes of < \$5k were less likely to be readmitted (OR 0.27, p=0.04).

Conclusions: Hospital quality assessments and reimbursement methodologies in MA using 30DRE should account for the greater likelihood of readmission among patients with economic concerns and psychiatric illness. A potential limitation was limited statistical power.

TUFTS FAMILY MEDICINE RESIDENCY

COMMUNITY HEALTH PROJECTS

Malden High School Teen Parent Program

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Department(s):
Family Medicine

POSTER 79

The Malden High School Teen Parent Program is a collaboration between Catholic Charities and the High School which provides social and educational support for pregnant teenagers and teenage mothers. The goals of this project are for a resident physician to partner with the Teen Parent Program, in order to establish a relationship with the participants, and provide a healthcare-related curriculum. The process included contacting the group’s social worker, meeting with the teens to determine their needs, designing a curriculum, and facilitating group discussions and trainings. In conclusion, I was able to establish a strong working relationship with the social workers and the teenage girls. The group of teens was small, but this allowed for meaningful connections and allowed for tailoring of the meetings to the groups specific needs.

Collaborating with Head Start to Promote Mental Health and School Preparedness in Early Childhood

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POSTER 80

ABCD Head Start is a program that provides early educational, nutritional and family services to low income young children and their families. There is a regional chapter that serves the Malden area and our patient population. They expressed concerns about helping families gain the resources and confidence to help with school preparedness, behavioral difficulties and health concerns. My main goal was to act as a support and counsel on how to engage the parents and promote behavioral changes. We worked together to create a series of discussion groups with families with special focus on kindergarten preparedness but also on nutrition, physical activities, developmental milestones and particular parental concerns. At the poster presentation, we will review the process of assessing the needs of a community resource, the challenges that arise and the role that physicians can play as a community partner. We will also review the common concerns of parents and how these were addressed at the discussion groups.

Knowledge as Power: Incorporating Health Information and Self-Advocacy Skills into a Caregiver Support Group as a Means of Building Resiliency

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Family Medicine

POSTER 81

Background: A great deal has been written about the physical and mental burden facing caregivers of patients suffering from dementia. Caregiver support groups have become increasingly common as a means of addressing these challenges, particularly by creating community and building resiliency. This project sought to incorporate knowledge about medical care and health advocacy into the group format as a means of building resiliency capacity around caregiving.

Methods: Mystic Valley Elder Services offers a caregiver support group for seniors whose partners have been diagnosed with dementia. Through this project, brief health advocacy-related information was integrated into each session based upon themes that arose during the previous group meeting. Results will be collected through qualitative written evaluations at the end of the project.

Results: The project is ongoing at the present time.

Conclusion: The conclusions will depend on the results.

School Based Health Centers: What are They and How can Malden get one?

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Department(s):
Family Medicine

POSTER 82

School based health centers (SBHC’s) provide reproductive health, mental health and primary care services that are easily accessible and diminish barriers to healthcare for participating students. Despite the manifold benefits of an SBHC, Malden remains one of the few cities within the CHA coverage area without one. The STARR center at Malden High School currently has limited resident physician hours, no reproductive health counseling or mental health staff. Fortunately, progress has recently been made and the city is now securing funding, from a private funder, in the hopes of opening one in school year 2017-18. Delays are inevitable and while financially SHBC’s can reduce state healthcare spending, specifically by avoiding emergency department visits, concerns still remain about the sustainability of the model. Within CHA specifically, SBHC’s have suffered low patient volume due to declining student interest, stigmatization and flagging administrative support. In addition to utilizing lessons learned from existing CHA SBHC’s, another unique opportunity afforded to Malden is the chance to explore the role of Tufts Family Medicine residents at an SBHC. My project focused on identifying the ways a Malden SBHC could financially break even by analyzing SBHCs that incorporate residents nationally and in Massachusetts.

*CHA Trainee

Mobile Homeless Outreach at the Intersection of Housing and Medicine

Author(s):
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Family Medicine

POSTER 83

The goal of this project is to develop a relationship between the ABCD Mobile Homeless Outreach Team (MHOT) and the Tufts Family Medicine Residency at Cambridge Health Alliance. MHOT’s goal is to reach out to those in need in order to connect them with permanent housing. In an attempt to cultivate a mutually beneficial relationship, I spent time with the MHOT team, during which we would speak with people experiencing homelessness. Initially we would provide them with whatever they need in the moment, with the overarching goal of setting them up with permanent housing. Additionally, my goal is to bridge the gap between this population - that has typically had less than positive experiences with medical professionals - and the medical community. The project is ongoing and I will continue exploring ways to help facilitate communication between this population and the medical communities. Some avenues that I plan to explore in greater depth are, direct contact with people on the streets, as well as helping facilitate things like emergency room visits whenever possible.

Sexual and Reproductive Health Education of At-Risk Female Youth in Malden, MA

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Department(s):
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POSTER 84

The purpose of this project was to educate at-risk female youth about basic sexual and reproductive health.

The group of interest were residents of the Teens Learning Choices (TLC) center in Malden, MA. As part of the Cambridge Family and Children’s Services, TLC is a residential program that aims to assist young women referred from DCF or DMH in transitioning to independent adulthood. According to the CDC, teens in child welfare systems are at increased risk of teen pregnancy and STIs compared to those who are not. Protective factors against teen pregnancy include accurate knowledge of sexual health, HIV infection, and STIs.

The topics discussed were “Sexually Transmitted Infections” and “Reproductive Health.” Each session was jointly lead by a CHA Family Medicine resident and CHA Community Health Educator, and included interactive learning activities such as “Myth vs Fact.” The tone of each session was intentionally casual, in a living room setting. Discussion was flexible, and questions welcomed throughout the session.

Each session featured approximately 8-10 participants, who were overall engaged and curious about the topics. Residents and advisors seemed enthusiastic at the possibility of having regular sessions on various sexual and general health topics.

THA Ask the Doc: Empowering Adolescents to be Leaders in Their Community’s Health and Wellness

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Family Medicine

POSTER 85

Adolescence is characterized by many physiologic changes, increasing independence, and greater role in self-care. With these changes, teenagers often have questions. Malden High School has a very diverse, large student population, however MHS health and wellness curriculum is very limited. The Malden High School Teen Health Advisory (THA) is a unique student group empowering high school students interested in health care and leadership to teach their peers about adolescent health topics through an annual “Ask the Doc” assembly and “Teach the Residents” session. We are actively recruiting for THA, with the goal of strengthening this student organization. Through outreach to other adolescent community groups, we are hoping to reach more students, inspire students’ passion for leadership in their community, and prepare for these two annual events. Through THA and these MHS events, we aim to increase teen health education, address teen health questions, promote wellness, and foster teenage leadership in the community.

Empowering Parents of Children With Special Needs Who Visit the Malden Family Medicine Center

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Department(s):
Family Medicine, SEPAC Malden, Child Psychiatry, Child Psychology

POSTER 86

Caring for a child with special needs can be lonely and challenging. SEPAC (Special Education Parent Advisory Council) is an organization that supports the parents of children with special needs and helps them navigate the education system. As part of my community project, I endeavored to build a rapport and partnership with the Malden chapter of SEPAC and learned about its mission and functions. I organized an “Ask the Doc” session for parents with Dr. Xenia Johnson and Dr. Laura Gaugh of the mental health team at CHA. Ms. Sarah Bickerstaff, a Patient Resource Coordinator, at the CHA Malden Care Center, was also present at the event. This helped lay the foundation for a new relationship between MFMC, its patients and SEPAC. In addition, I gathered information about the community’s concerns about services that CHA provides for children with special needs. TUFMR leadership made an offer to SEPAC to hold their monthly meetings at MFMC. SEPAC has accepted this offer. I intend to create a smart phrase to inform MFMC staff about this organization.

*CHA Trainee

Academic Poster Session

Tuesday, April 4 / 5:30 - 7:30 PM / Cambridge Hospital Learning Center

2017

