

# Barre Family Health Center

## Newsletter

Winter 2016



**Mission Statement:**  
*To provide care to our patients which is prompt, accessible, patient centered and characterized by excellence; and to provide a supportive and challenging learning and teaching environment for our faculty, residents, students and staff in a workplace which respects individuals, nurtures growth, mentors development and supports staff input to process.*

### From the Medical Director...

Stephen Earls, MD

In this issue of the newsletter, we hear about an impressive number of innovative and creative programs aimed at our institutional mission to be "The best place to give care and the best place to get care." I continue to be amazed by the energy and enthusiasm that our team brings to our practice every day making it such a powerful caring and learning environment.

The opioid crisis continues to be a challenge for medical practice and our society. This week begins "Project Purple, aimed at raising community awareness calling our community to action to prevent the tragedy of addiction. Our health center has embraced its role in addressing this crisis, continuing to grow the buprenorphine program. The OBOT grant promises to expand, improve and standardize this life saving program in Barre, giving our

patients their lives back and enabling our learners to graduate with expertise in addiction treatment.

It is gratifying to witness the tremendous work being done by our learners. We hear about initiatives to improve and expand care for other vulnerable populations in our community. Expanding ECHO by creating a hub at UMassMemorial promises to move us beyond Hepatitis c treatment and further expand our ability to do more specialized care "close to home." Initiatives to improve transportation, "Girl Talk" and "Teen Clinic" promise to help us reach patients who are not being optimally served. The new retinal scanner enables us to better meet the needs of our diabetic patients. QI initiatives are underway to improve patient wait times and better document

advance directives in our EMR. These programs are all shining examples of the ways in which our learners apply their creativity to improving the health and wellness of our community and contributed to our success in again achieving NCQA recognition as a PCMH.

The new wellness initiative builds on the success of the scribe program, and the transition to Epic EMR making our practice an even better place to provide care and teach. These are exciting and challenging times in health care. Change presents many challenges, but also opportunities. I am proud of how our team is meeting those challenges. "Many hands make light work." I am thankful for the many hands we have at Barre doing amazing work everyday and making it look easy.

## Teen Clinic

Nora Lamartine, MD, PGY2

Drs. Bossie, McLean, Lamartine, and Sansoucy have been working to continue their Physician as Leaders project from intern year into PGY2. This year has marked huge expansions for the project. The sexual health curriculum at the high school has expanded from one biology class to the entire senior class with a booking for a lecture with the Junior class! As part of the ongoing quality improvement project for the PGY2s, a huge number of surveys were collected to improve the lecture at the regional high school and identify barriers to access at BFHC. The four completed white belt LEAN training and are individually pursuing yellow belt training.

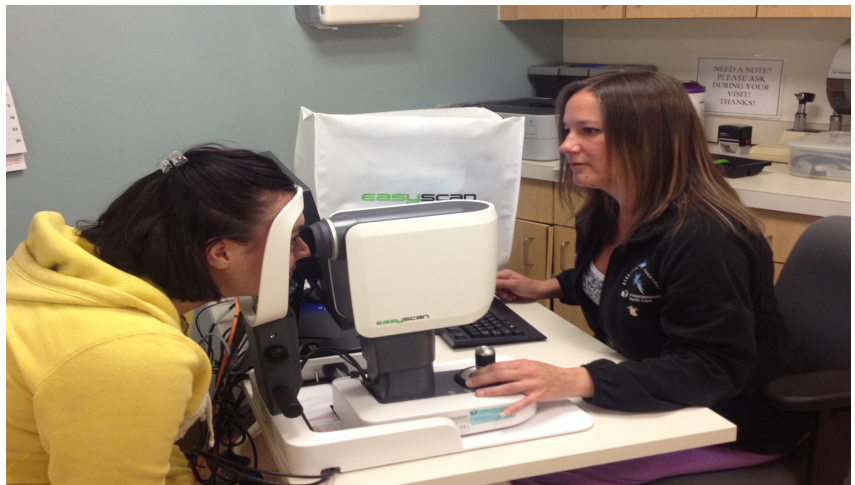
Encouraged by the positive reception in the clinic, UMass, and the community; the four residents will present their work at the Massachusetts AFP annual spring meeting, and have submitted the project for presentation at the Society for Teachers in Family Medicine annual meeting. Progress with Teen Clinic remains an excellent example of the important role of resident physicians in the community.

## Empowering Early Teens

Cynthia Jeremiah, MD

Girl Talk is a 12-week peer-led program for adolescent girls where they can learn about healthy relationships, effective communication and building self-confidence. Our program started in February 2015 with the facilitators meeting with the parents to discuss the curriculum and their goals and concerns. We added substance abuse and self harm behaviors to the curriculum based on their feedback.

The pilot program had twelve 13-year old girls participate in a curriculum that addressed topics of anatomy & physiology, sexual myths, teen pregnancy, abstinence, sex and social media, relationship violence, STDs & birth control. The classes achieved their goal of fostering discussion between parents and teens! We've added the topic of eating disorders to our next block, which is set to start in February 10, 2016!



*Care Close to Home. Billy Jo and Jamie demonstrate new Retinal Scanner. It will enable our patients to have a retinal exam annually as part of their diabetes care.*

## Health Center Again Recognized as a Patient Centered Medical Home

Susan Begley, Ambulatory Manager

The Barre Family Health Center has achieved their second NCQA (National Committee for Quality Assurance) recognition status for Patient Centered Medical Home (PCMH). We have been recognized with the distinction of Level 3 from December 2, 2015 to December 2, 2018. Once again, we have set the pace in the UMass Memorial Healthcare organization as the leader in this transformational work that focuses on workflow process, procedures, and protocols and continuous quality improvement work which validates our systems to improve our daily clinical work and patient satisfaction.

The NEW 2014 NCQA standards focused on: Integration with Behavioral Health, care management for our high-need populations, an emphasis on team-based care, and sustained transformation. The survey scoring assesses areas of: Patient-Centered Appointment Access, the Practice Team, Using Data for Population Management, Care-Planning and Self-Care Support, Referral Tracking and Follow-up and Implementing Continuous Quality Improvement. A diverse network of staff and

clinicians in the health center made up the submission team that meticulously worked on review of policies and procedures, analysis of our practice-level data and the record review of our "high-risk" patients. which included electronic medical record documentation, care plans and medical reconciliation and counseling.

As part of our NCQA/PCMH continuous improvement process, we have developed a very robust Patient & Family Advisory Council. Our work has resulted in many improvements. Our continued focus on better communication in the health center and throughout the local community has led us to several projects. Recently, the council has submitted their first informational column in the Barre Gazette, which will help inform the community about work being done by the group and our patient's experience with medical scribes at the health center. Our volunteers that work at the information desk have been a wonderful addition to the "hometown" feeling we have here in Barre! Their smiling faces provide the greeting we want our patients and guests to receive when they arrive at our facility!



# Project ECHO: Moving Knowledge, Not Patients

Judy Hsu, DO

Building relationships with specialists is an important part of being a primary care physician. Not only does it enhance our patient care experience but also helps us grow professionally as physicians. Unfortunately, the current reality is that primary care and specialties exist in silos with limited interactions. Project ECHO can change that.

Initially conceptualized by Dr. Sanjeev Arora, a gastroenterologist at University of New Mexico, Project ECHO is a low-cost intervention to improve capacity and access to specialty care for rural and underserved populations. This goal is accomplished by linking expert interdisciplinary specialist team with primary care clinicians through weekly videoconference sessions, in which the experts mentor primary care clinicians to help them manage their patient cases and share their expertise. This enables primary care clinicians to develop the skills and knowledge to treat patients with common, complex conditions in their own clinics which reduce travel cost, wait times, and avoidable complications.

The Barre Family Health Center has been part of Project ECHO for the last three years in order to serve our growing hepatitis C population. In general, patient response to this model of care has been positive; they love that they don't have to travel to Worcester to see a specialist, and that management can be done by healthcare providers that they already know. On a system level, Project ECHO helps to break down the walls between specialists and primary care clinicians so collegial attitude is nurtured and medical knowledge demopolized.

In the near future, we are hoping to use the ECHO model beyond hepatitis C. The next medical topic we wish to address is wound care, and this will be done in partnership with University of Chicago. In addition, we have been promoting this model of care within our institution so that we can eventually have UMass-based ECHO hubs helping remote primary care sites in Massachusetts deliver evidence-based specialty care.

If you are interested in learning more about Project ECHO, please visit website: <http://echo.unm.edu>



## A Mindful Approach to Our Own Wellness

Marcy Boucher MD

Barely a week goes by without something turning up on social media about physician burnout, articles often supported by pictures of a tired doctor sleeping in the hospital with her head propped on a pile of charts. These articles shed light that not only do new physicians need to be trained in the art of caring for patients but also in the art of caring for themselves.

For years there have been informal wellness champions within the UMass Department of Family Medicine and Community Health and recently these champions have organized to create the "Family Medicine Provider Wellness Committee". The committee has been working on several initiatives including training champions at each family medicine site, including Barre Family Health Center, to be able to organize wellness sessions at each location. A family medicine library guide, with a host of high quality resources, has started to form and ideas are being discussed about helping clinics start a physical wellness space at each site. The committee will continue to host hands on workshops to the residents as part of their curriculum as well.

In a specialty that believes in balance and wellness for our patients, it is important that we remember to take care of ourselves well. It is only by working on minimizing our burnout that we can continue to take care of others. More amazing wellness opportunities to come!



## OBOT Grant Promises To Improve and Expand Addiction Treatment

Daniel Mullin, PsyD and Stephen Earls, MD

To improve access and standardize our practice of addiction medicine, the BFHC has applied for a grant to support a nurse based buprenorphine program. Patients are best served by a whole team approach. The approach of the BFHC is to care for patients with Opiate Use Disorders using shared decision making that includes physicians, nurses, behavioral health providers, the patient, and, when possible, family members. The addition of a dedicated Nurse Care Manager will standardize care, increasing our ability to respond to our community's needs.

Medical management of patients with Opiate Use Disorders will be managed by the Nurse Care Manager and the patient's Primary Care Physician. Outpatient counseling and psychiatric services will be provided by BFHC's integrated behavioral health team. These counseling services are fully integrated into primary care using a single electronic health record and unified treatment plan.

Geography is a significant challenge for our patients. It takes 45-60 minutes by car to reach the nearest methadone program. Patients in our communities are not served by public transportation. Many patients seeking help with an Opiate Use Disorder have limited financial resources and family support. They frequently have no driver's license, automobile or family members to drive them to a daily methadone program. While patients with an Opiate Use Disorder may be offered a range of treatment options (methadone, buprenorphine, and injectable naltrexone) the first line of treatment for nearly all patients in our community is buprenorphine.

BFHC was honored with the 2013 Science and Service Award from the Substance Abuse and Mental Health Services Administration (SAMHSA) in the field of opioid addiction treatment. We are confident that the addition of a dedicated Nurse Care Manager will further enhance our ability to provide comprehensive care that includes substance use treatment and recovery services.

## Program Director's Corner

Stacy Potts, MD MEd

This is an exciting time in family medicine. Our specialty is reaching an age of maturity and has unique strengths to affect change in a struggling health care system. Family medicine physicians of the future will be leaders in this change and in local health systems across the country.

I have had the privilege of meeting over one hundred medical students in the last few months who have chosen family medicine for their careers. These students are bright and passionate people who are dedicated to providing service to our communities. As I look to the future in our specialty, it is clear how this new generation of physicians is just what our nation needs to promote the health of our population, improve the care experience for our patients, and to control the costs of the system. There is much work to be done as we redesign a health care system where primary care becomes primary and community health is integrated. But, fear not, as I have seen the future in the visions of this new generation and they are uniquely up to the task ahead.

The most critical change needed now in our health system is focusing again on the joy in medicine. Being a physician is a challenge every day but it also presents great honor and privilege to be a part of families' lives through all the challenges and successes. Please join me in welcoming this new generation of family physicians and share the joy of the privilege of our work.

## Celebrations and Congratulations

### New Arrivals – The productivity doesn't end at the office...

Tucker Mathew Pulnik, grandson to **Joan Pulnik**, born 9/9/15 10 lbs 2 oz  
Maxwell O Blanche was born at home to Lydia & **St. Patrick's Blanche** 9/3/15 7lbs 11oz  
**Holly Clemence** granddaughter Natalie was born 10/30/15 7lb 6oz  
Samuel Adam to Adam and **Kristin Wickstrom** born on 12/21/15

### Employees of the month – GO TEAM GO!

Sept 15- Holly Clemence  
Oct. 15 – Diane Melone  
Nov. 15 – Deb Goldsmith  
Dec 15 – Lynn Leary  
Jan 16 – Sheila Miranda  
Feb 16 – Nancy Monson

### Residents of the Block – ROCKSTARS!!!

Christopher Woo, MD PGY3 Block 8  
Pamela Sansoucy, MD PGY2 Block 12

