

# Barre Family Health Center

## Newsletter

Winter 2017



**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

As 2017 begins, we are challenged more than ever with change. We have a new administration in Washington promising to overhaul our healthcare system. Even without that uncertainty, our payment system was already changing with more and more outcome based reimbursement. The quality metrics by which we are judged by our payers are also in a process of change. In our residency program, the focus of our curriculum retreat will be adjusting and improving our program in response to the new work rules.

While change can create uncertainty, with change comes opportunity. I am confident based on our history that we will creatively adapt to and adopt

the changes coming our way. Our talented residents and staff have continually transformed our practice to meet the needs of our community including PCMH, care management, ECHO, wound care and medical assisted opioid treatment (MAT) to name a few initiatives. We have grown and been successful in many reimbursement systems and the alphabet soup of ACO's, MACRA's and AQC's is just another opportunity to learn together and show our stuff.

In this issue of the newsletter we hear of the many wonderful opportunities and accomplishments our residents are enjoying in the Worcester/Barre program. From the award winning Teen Clinic to the

global health track and the rich learning experiences that our residents enjoy to the life beyond residency celebrated in Dr. Robert's article and our new arrivals section, we hear of the richness that is possible. Our residents never cease to amaze me with their positive "can-do" attitude and their dedication to their healing work.

Finally, I want to acknowledge and thank our outstanding staff represented here by our new arrivals and our new employees. Every day this group impresses me with their passion for caring for our patients and for one another. What a team! Proving every day that "Many hands make light work."

# Physician as Leader 1: Community Health 2017

*Michael Murphy, MD PGY1*

The BFHC interns recently completed the PALS (Physician as Leader) rotation. Alexandra, Nic, Harshal and I learned about population health, how physicians can improve health from a population level, and started our own population health project. Like many communities, the greater Barre area is suffering from the opioid epidemic. However, Barre's opioid epidemic poses unique challenges compared to Worcester and other areas. These unique challenges include limited addiction services, geographic isolation, limited recreational opportunities for health and wellness, and the absence of a centralized source of information about the available resources for addiction sufferers.

To address these challenges, we decided to create an online resource database and a hard-copy version as well. We began the project by meeting a variety of local leaders including local school officials, law enforcement, health and wellness related business owners, clergy members and volunteers such as those who run the Barre Food Pantry. We spoke with area social workers and scoured the Internet for addiction services and resources that may be of benefit to addiction sufferers.

We learned that resources are scarce indeed, and that most of the community is unaware of what resources actually exist. These include area AA meetings, BFHC's outpatient buprenorphine treatment services, spiritual services, local outpatient and inpatient detox services, and the area's recreational opportunities and wellness facilities.

As phase one of the project nears completion, local leaders and area residents will soon have access to a easily accessible resource database for those suffering from opioid addiction. Phase two will be ongoing, as additional resources are created and identified over time.

## Returning to Nicaragua

*Sandra Augusto, MD Chief Resident Elect*

A flood of memories swept over me as I stood in the middle of Leon's Central Park facing the grand white cathedral which towered above everything else. I embraced the moment and attempted to commit it to memory; I took note of the humid heat that wrapped around me, the smell of grilled street meat, the chatter of the school children as they sat on the steps of the cathedral, the ringing sound of a bell as an ice cream man pedaled his cold treats, and the golden colors of light bathing the surroundings as the sun set in the background.

Once again, I was in Leon, Nicaragua.

It was less than one year ago that I stood in front of this same building, awed by Nicaragua's people, culture and healthcare system. I think back fondly to the memories I had already made—going to a “puesto de salud” (Nicaragua's health care post), learning about their strong focus on public health, epidemiology and improving health outcomes, precepting young medical students, assisting in caesarian sections and visiting patients within their communities and humble homes.

I remember the moment I met my host family, who embraced me as if I were family, the room where I stayed for two weeks



*Pictured Above: Sandra Augusto, PGY-2;  
Lunch break in Nicaragua*

with the fan constantly running (a much needed reprieve from the constant heat and humidity), and all the homemade Nicaraguan meals prepared by my host mom, who sat with me through each and every meal.

I remember stepping onto the faded blue porch of a home in the community of El Tololar. The smile, joy and genuine excitement of the family we were visiting were tangible. They hugged and kissed us, ushering us onto several seats that were freshly brushed of the dust that invaded every nook and cranny.

Once again, I am in Leon, Nicaragua. I am fortunate to be back and excited for the adventures to come, the lives that will undoubtedly touch mine and for having the opportunity to embark on the journey of becoming a better human being.



# Project ECHO: Hepatitis Care Expands

Judy Hsu, DO

"I can't believe it!" Said patient BL. She looked at me with disbelief, her face filled with mixed emotions of relief, excitement and hope. "Thank you for curing me of hepatitis C. I've been waiting for this my entire life."

BL is a young woman with congenital hepatitis C whom I treated and cured in 2015. At the tender age of 24, she has already developed cirrhosis because of the years she has been living with hepatitis C. Even though she still needs a new liver, she now no longer has to live with the fear that the virus will continue to destroy what's left of her liver. She had gone to a specialist previously to seek treatment for hepatitis C, but because of lack of reliable transportation, she could not keep up with the necessary follow up appointments. Years went by and her hepatitis C continued to be left untreated. Then along came Project ECHO, a guided learning model that allowed me to learn how to manage and treat hepatitis C patients as a rural primary care physician. This experience has not only empowered as a family physician to do more but also broke down barriers to care for our patients.

Project ECHO was founded in 2003 by Dr. Sanjeev Arora, a gastroenterologist from University of New Mexico who championed the idea that medical knowledge should be demonopolized and shared freely between specialists and primary care providers. This model is a low-cost intervention to improve capacity and access to specialty care for rural and underserved populations. This goal is accomplished by linking 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 through sharing of best practices.

The Barre Family Health Center has been part of Project ECHO for the last four years in order to serve our growing hepatitis C population. After being a longtime beneficiary of the ECHO model, we had the vision to start our own hub-and-spoke network at UMass given the amount of expertise that is housed within our institution. After months of planning and collaboration with other departments, this vision came to fruition in December 2016 when we launched our first UMass teleECHO clinic on hepatitis C. This was soon followed the launch of another teleECHO clinic on Medication-Assisted Treatment in January 2017. Both teleECHO clinics are operating under the auspices of Center of Integrated Primary Care, of which one of our faculty, Dr. Daniel Mullin, serves as the Director.

This is the beginning of an exciting journey for Project ECHO at UMass, and I have full confidence that this movement will continue to grow. If you are interested in learning more about Project ECHO, please visit website: <http://echo.unm.edu>.

## Senior Residents Receive National Award for Teen Health Advocacy



Third year residents (Jessica Bossie, Nora Lamartine, Ivonne McLean, and Pamela Sansoucy) were recognized for their work founding a teen health clinic in our community, providing access for free confidential care.

**Left:** Society of Teachers of Family Medicine Practice Improvement  
**Above:** UMass Graduate Medical Education Reducing Healthcare Disparities Award

## From Cradle to Cane

Pamela Sansoucy, MD PGY-3

Everyone takes call during residency in one way or another. Each program has its unique aspects imbedded into clinic or call. Barre is no different. Except we are. I was on call last Saturday, here is a play-by-play of how that went.

Weekend call typically starts with rounding in the hospital, but this day there were no Barre patients admitted to our service. Instead, there were two patients who had come in to the nursing home the evening prior and needed to be admitted. Dr. Earls and I went through their discharges from the respective hospitals, did their histories and physicals and admission to the nursing home.

Next step: Clinic.

Our clinic is open until noon on Saturdays and I had five patients coming in to see me. I re-packed an abscess I had lanced 2 days prior in a paraplegic patient. I took care of a 2 year old with pneumonia who was starting to get his energy back. I reassured parents that their 18 month old only had a virus. I checked up on an 80 year old with pneumonia and AKI on CKD. I rechecked a 30 year old with an asthma exacerbation.

I fielded calls from worried parents, children of elderly patients, and many more.

Then we had an admission to the hospital. I went and admitted a Barre patient to our service. This was shortly before I started covering the maternal child health service overnight.

We capped the night with party hats and sparkling cider on the inpatient floor to celebrate the New Year!

## Program Director's Corner

Stacy Potts, MD MEd

This is an exciting time in family medicine. I have been privileged over the past few months to meet an inspiring group of medical students choosing Family Medicine for their future careers. The collective vision of the students predict the future of our specialty, and it is truly exciting to see what that future will hold.

Family medicine is critical to improving the health of our nation. The commitment to serving individual patients within the context of family and community is a common thread among this year's applicants. Despite challenging times, these dedicated students are driven to find residency programs that will uniquely prepare them to be leaders in our future health care systems.

The Worcester Family Medicine Residency has had a great year. I am continually inspired by the faculty and residents at our program. The passion shared by our residents and faculty for developing and sustaining innovative curricular elements and community service projects provides constant awe. I greatly appreciate the work that the residents and faculty do every day in serving our community, both our patients, as well as our learners.

I look forward to the match and welcoming a new group of passionate and dedicated family physicians into our community. The joy of watching each individual resident explore and share their passions as they develop broad scope skills is the true joy in the privilege of my work. Best wishes to all.

## Celebrations and Congratulations

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

**Billy Jo Cody** grandson Jack Daniel was born 4/3/16

Jack Andrew born on 4/16/16 to **Jillian** and Andrew Joseph; 7lbs 14 oz

Azalea Ray born on 7/26/16 to **Jessica** and Greg Bossie; 8lbs 1oz

Elijah Keddy born on 9/22/16 to **Marcy Keddy** and Andrew Boucher; 9lbs 1oz

Roman Alexander born on 12/14/16 to **Michael Murphy** and Cara Scardino; 8lbs 7oz

**Wedding Bells:** **Harshal Patel** to Nalini Kadanadhabhatta

**Engagements:** **Rebecca Mardirosian** to Ross Wilkie

**Kendall Newell** to Hogan Pollier

**Shameen Wijesundara** to Jessica Golden

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

Sept 16- Rita Ruggere

Nov. 16 – Kelly Blare

Jan 17 – Susan Patriquin

Oct. 16 – The Barre Team

Dec 16 – Katharine Oldach

Feb 17 – Emily Howard

