

# commonwealth medicine

News of the UMass Medical School Commonwealth Medicine Division

## Message from the Deputy Chancellor and Vice Chancellor

All of us in Commonwealth Medicine are proud of the work we do to serve the people of Massachusetts through programs of national distinction in health sciences education, research and public service. In collaboration with our UMass Medical School colleagues, as well as the family of state agencies, we take novel approaches to improve health outcomes for the Commonwealth's most vulnerable populations.

In this edition of *Focus*, we highlight several programs that illustrate the scope of our work in health policy, research, health care service delivery and education. For example, the Health Policy Academic Conference held this past April showcased scholarly academic research projects on health care in the public sector with presentations on diverse topics including the future of research-based policy-making, child mental health, health care in the criminal justice system and health information technology. And, since 2004, Commonwealth Medicine's Mini Grants program has made seed money available to UMMS investigators for innovative projects that address public sector needs, further exemplifying our ongoing support of the UMMS research mission.

Also featured are Commonwealth Medicine's practical and innovative approaches to educating the medical workforce on issues of cultural competency—efforts that aim to produce physicians and health care profession-

als who are equipped to provide the highest quality care to diverse populations now and into the future.

Programs that initiate early intervention for special populations are also highlighted, describing how they help young patients who face obstacles in obtaining necessary health care. One example is Foster Care Evaluation Services, a partnership among Commonwealth Medicine, the Department of Pediatrics and Massachusetts social service agencies that coordinates medical care for area foster children; Commonwealth Medicine saw a need and approached state agencies to prepare a comprehensive medical record that could travel with these children and make a difference in their future health status and care. Another is the Community Case Management program, which coordinates needed services for children disabled by complex, chronic medical problems. This partnership between MassHealth, the Commonwealth's Medicaid program, and Common-



Deputy Chancellor  
Thomas D. Manning



Vice Chancellor  
Joyce A. Murphy

wealth Medicine turned the state agency's vision for coordinated health care service delivery into a reality, now serving more than 500 families of medically complex children across the Commonwealth with a single point of entry for their child's care management.

We are proud of the varied learning opportunities we've facilitated for UMMS students as well as the innovative dental residencies now available in community health center clinics across the state. Examples include a partnership with the Graduate School of Biomedical Sciences to develop the

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## Partnerships transform research into policy

Some 140 UMass Medical School health care professionals moved one step closer to transforming their research projects into viable health care policy by attending Commonwealth Medicine's first Academic Conference, "Translating Health Services Research into Effective Health Policy," held in April at the Hoagland-Pincus Conference Center.

"This conference brought together our entrepreneurial group to promote the current work being done in relation to the Medical School and the vision of Commonwealth Medicine," said Daniel H. Lasser, MD, MPH, professor and chair of family medicine & community health and associate dean of academic programs, Commonwealth Medicine. The conference was a natural outgrowth of the fruitful research collaborations that exist between UMMS academic programs and Commonwealth Medicine—research that assists vulnerable populations.

In addition to a poster display of research conducted by or funded through Commonwealth Medicine programs, the conference featured a keynote presentation by W. David Helms, PhD, president and chief executive officer of Academy Health, an organization that promotes and facili-

tates interaction across the health research and policy arenas.

In his presentation titled "Informing Policy and Practice through Research," Dr. Helms offered attendees helpful tips for navigating the policy development process, such as building positive relationships between researchers and policymakers. "Often," Helms said, "policymakers perceive researchers as taking too long to answer questions and not taking responsibility for the implications of their findings. On the other hand, researchers find policymakers expect results in an unrealistic timeframe and will not accept uncertainty or the need for additional funds to reduce that uncertainty." To achieve productive relationships between the two groups, Helms advised both groups to "live in the other's skin." He added, "The ultimate goal is to implement effective policies

**"The ultimate goal is to implement effective policies over time, not just develop them."**

W. David Helms, PhD

over time, not just develop them."

Attendees then had the opportunity to apply Helms' suggestions during afternoon sessions, which reviewed recent UMMS research on topics such as child mental health, improving health care access for older adults with long-term care needs and health information technology. "We plan to make the conference an annual event, with the goal of achieving national prominence by the time registration for the Fifth Annual Conference opens," said Jean C. Sullivan, JD, associate vice chancellor for health policy partnerships, Commonwealth Medicine. "The enthusiastic feedback we received from attendees far exceeded our expectations; we're certainly off to a great start." ■

## Focused on the health of foster children

Children in foster care comprise one of the most vulnerable of populations, with the majority suffering from at least one chronic health problem. Yet, despite recommendations set by the Massachusetts Department of Social Services (DSS) that each of the state's foster children receive a medical exam within seven days of entering a new home, followed by a full evaluation within 30 days, until recently, only a small number of children were receiving such care. Enter Linda Sagor, MD, MPH.

Dr. Sagor, UMMS associate professor of pediatrics and director of general pediatrics at UMass Memorial Medical Center, became impassioned over the lapse in health

care in foster care the right way.”

The result is FaCES, an innovative collaboration established in 2003 by



Linda Sagor, MD, MPH, during routine pediatric rounds with Bobby Duquette of Shrewsbury. The FaCES program ensures that the state's foster children receive the comprehensive care they deserve, as well.

**“This means better health for children, easier transitions for foster families and stability for all involved.”**

Debra Chaison Demers

care provided to foster children. Through her role as chair of the Foster Care Committee of the Massachusetts Chapter of the American Academy of Pediatrics, she and several committed community partners, including Commonwealth Medicine, brought to fruition the Foster Children Evaluation Services Clinic (FaCES).

“According to DSS, only 11 percent of these children were receiving the health care screenings required in 2001,” said Sagor. “This made me wonder why we couldn't develop a system that met the needs of these

Commonwealth Medicine, the Department of Pediatrics, DSS and other social service agencies that provide foster children up to age 11 with a repository to house their medical records, as well as a clinic offering medical evaluations and screenings. All children under age three are referred to local resources for Early Intervention Evaluation and older children are referred for mental health and dental evaluation and treatment.

To determine its efficacy as a program, the UMass Center for Adoption Research, a Common-

wealth Medicine program, is conducting an evaluation of the clinic covering the years 2004 and 2005. Early results indicate that, of the 259 children examined through FaCES, 64 percent received medical care within the recommended seven-day timeframe. In addition, the study concluded that the clinic's case management improved the health care provision for all of these children—from obtaining prior medical records to referrals to medical specialists.

“While we are still in the early stages of evaluating the clinic, we are seeing foster children being diagnosed and treated for chronic and acute illnesses effectively and efficiently,” said Debra Chaison Demers, director of the Center for Adoption Research. “This means better health for children, easier transitions for foster families and stability for all involved.” ■

## New grant program supports promising public health research

In its role of supporting the public service mission of UMass Medical School, Commonwealth Medicine launched an innovative program in the 2004–2005 academic year that provides UMMS faculty, trainees, post-doctoral students and Commonwealth Medicine staff with funding to improve health outcomes for those served by public health and human services programs. Through the annual Mini Grant Initiative, investigators—including those at the start of

their careers—have access to funding that can be used as seed money to launch promising research projects, with the goal that such initial research findings can lead to continued funding from external sources. In the first cycle of the Mini Grant Initiative, \$300,000 was made available.

Funding was awarded to proposals that fulfilled Commonwealth Medicine's priority of developing programs that assist vulnerable populations, including the elderly, the

uninsured, people with disabilities and foster children. A number of faculty responded, enthusiastic about expanding their research and service efforts into these important and challenging areas. “We were amazed at the number of proposals and were pleased by the diversity of departments and the variety of projects,” noted Daniel H. Lasser, MD, MPH, professor and chair of family medicine & community health and associate dean of academic programs,

Commonwealth Medicine.

Two of the researchers who received funds in the program's first year are applying for external grants—from pharmaceutical giant Pfizer and from the National Institutes of Health—based on the research outcomes they achieved. Because of the early success of the program and the enthusiasm with which it was received, the pool of funds available for the 2006–2007 academic year was increased to \$500,000.

### 2004–2005 Mini Grant Faculty Recipients

**Robert Bass**, PhD, clinical associate professor of psychiatry

**Jeffrey Baxter**, MD, assistant professor of family medicine & community health

**Diane Blake**, MD, assistant professor of pediatrics

**Carol Bova**, PhD, RN, ANP, assistant professor, Graduate School of Nursing and assistant professor of medicine

**Becky Briesacher**, PhD, assistant professor of medicine

**Abraham Morse**, MD, assistant professor of obstetrics & gynecology, and **Katharine O'Dell**, PhD, MSN, CNM, instructor in obstetrics & gynecology

**Sarah McGee**, MD, MPH, assistant professor of medicine

**Mark Quirk**, EdD, professor of family medicine & community health

**Sylvie Ratelle**, MD, MPH, assistant professor of family medicine & community health

**Matthew Silva**, PharmD, adjunct assistant professor of family medicine & community health

### 2006–2007 Mini Grant Faculty Recipients

**Onesky Aupont**, MD, MPH, MA, PhD, assistant professor of pediatrics

**Jeffrey Baxter**, MD, assistant professor of family medicine & community health

**Lauren Charlot**, PhD, assistant professor of psychiatry

**Richard Ellison**, MD, professor of medicine

**Matt Johnsen**, PhD, research associate professor of psychiatry, and **Alexis Henry**, ScD, OTR/L, adjunct research assistant professor of medicine

**Mary Lindholm**, MD, assistant professor of family medicine & community health

**Roger Luckmann**, MD, PhD, associate professor of family medicine & community health

**Rebecca Lundquist**, MD, assistant professor of psychiatry

**Ira Packer**, PhD, clinical associate professor of psychiatry

**Valerie Pietry**, MD, MS, assistant professor of family medicine & community health

**Christopher Stille**, MD, MPH, assistant professor of pediatrics

## From policy to practice

### *Commonwealth Medicine helps expand access to dental health care*

Lack of dental care, especially among underserved populations, is a far-reaching public health problem—the 2000 U.S. Surgeon General’s report on oral health indicated a silent epidemic of dental and oral diseases as disproportionately affecting disadvantaged children and families. And according to a report by the Massachusetts’ Special Legislative Commission on Oral Health that same year, “the delivery system for oral health care for low income residents is collapsing.”

Given the magnitude of the crisis, UMass Medical School is working on a multifaceted effort involving academic, clinical and community programs, and Commonwealth Medicine is an important player in implementing a long-term solution.

Commonwealth Medicine has long collaborated with MassHealth, the Commonwealth’s Medicaid program, to address its clients’ access needs by helping the program expand dental services at community health centers and making the MassHealth Network attractive to more dentists. Broadening these efforts, Commonwealth Medicine has become a partner of the Central Massachusetts Oral Health Initiative (CMOHI), a coalition of community groups and institutions that provides free oral health

services to thousands of people in the region. With other coalition members, and with funding from local and national grantors, Commonwealth Medicine helps provide direct clinical services and address the MassHealth dental workforce shortage through affiliations with family health centers in underserved neighborhoods and towns. Funds also support a clinic at Quinsigamond Community College and the dental program at the Family Health Center in Worcester.

Tackling the oral health crisis on the educational front, Commonwealth Medicine also established the Dental Loan Forgiveness program, which reimburses a portion of dental school loans for dentists and hygienists who commit to working in community and public health centers, and plays a sup-

portive role in the UMMS one-year dental residency program launched in 2005. Offered through the Department of Family Medicine & Community Health, the residency provides dental school graduates with the unique opportunity to learn in a medical school environment as well as participate in community-based clinical experiences in Commonwealth Medicine-supported public health centers.

The wide-ranging aspects of the oral health programs in Central Massachusetts are serving as a model for other regions of the state and across the country, and Commonwealth Medicine is helping lead the way. “It’s a demonstration of how you can develop creative public policy that has a direct impact on the health of the community,” concluded Daniel H. Lasser, MD, MPH, professor and chair of family medicine & community health and associate dean of academic programs, Commonwealth Medicine. ■



**Sara Ristrup, DDS, MS, examines young patient Layla da Costa at the Quinsigamond Community College Clinic.**

## CCM keeps medically complex children home

For parents who decide to provide care at home for their children disabled by complex, chronic medical problems, the coordination of round-the-clock providers, services and supplies—and getting everything paid for—can create challenges equal to those of caretaking itself. Typically with little technical knowledge or health care experience to guide them, these parents function as their child’s *de facto* case managers, spending much of their time juggling doctor appointments, home nurse visits, medical equipment suppliers and insurance paperwork.

A partnership between Mass Health, the Commonwealth’s Medicaid program, and Commonwealth Medicine turned the agency’s vision for a coordinated model that would better support these families into reality. Initiated as a pilot in 2003 and established as a formal MassHealth program in 2005, Community Case Management (CCM) now serves more than 500 families of medically complex children across the Commonwealth with a single point of entry for their child’s care management.

A referral to CCM to coordinate and approve its MassHealth services starts

the process for a family, which is then visited by a nurse case manager. After an in-depth assessment of the child’s

family situation and home environment as well as medical needs, the nurse case manager approves and arranges for services in consultation with other professionals such as physical therapists, occupational therapists and social workers who are most appropriate for the child. “Parents only need to call one person about any care-related issue and have that call returned within 24 hours, fol-

lowed up with a home visit within 14 days,” CCM Medical Director Julie Meyers, MD, explained. “Families are incredibly pleased to have one person who knows their child well. With CCM, the family doesn’t have to coordinate care, they can just love and care for their disabled child. We help parents be parents.”

Equally proud of Commonwealth Medicine’s success in bringing CCM from concept to reality for MassHealth and the families it serves is CCM Associate Director Kay George, RN, who has devoted her career to this population, working with MassHealth on behalf of medically complex children in foster care prior to joining the CCM team. “This program meets the mission of Commonwealth Medicine to serve the underserved, who are, in this case, frail and vulnerable children,” she said. ■

*A recent Boston Globe article detailed the trials and triumphs of Bethany Sabbag, a young woman with extraordinary medical needs who requires round-the-clock care and coordination from her mother, Cindy. The story, “Help When Red Tape Snarls a Patient,” by regular Globe contributor Darshak Sangavi, MD, UMMS assistant professor of pediatrics, highlights a solution that is helping the Sabbags “create a fulfilling life for Bethany in her own home.” That solution is a Commonwealth Medicine program called Community Case Management.*

## Message

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new PhD program in Clinical and Population Health Research that promotes graduate study to foster the analytic skills and methods necessary to conduct both health services and clinical research. And, we were instrumental in launching the Graduate Entry Pathway program in the Graduate School of Nursing as a

response to the growing need for professional nursing staff. This program includes cooperative training opportunities such as rotations through facilities like the Lemuel Shattuck Hospital and Massachusetts Hospital School, as well as Commonwealth Medicine divisions, like Correctional Health—learning experiences that encourage public service.

Our expertise in health policy, innovative educational programs, service delivery and applied clinical research is always focused on increasing public service and changing public policy; we are helping improve health outcomes for the people of the Commonwealth served by public health and human services programs. Indicative of our

success, several medical schools and agencies from other states have approached Commonwealth Medicine with the hope of replicating our unique work. To learn more about Commonwealth Medicine, please visit our new Web site at [www.umassmed.edu/commed](http://www.umassmed.edu/commed). ■

## Improving care through innovative policies

The state's Executive Office of Health and Human Services (EOHHS) relies on Commonwealth Medicine's Office of Clinical Affairs (OCA) to improve health care policies and services for members of MassHealth, the Commonwealth's Medicaid program. Through innovative application of evidence-based standards and clinical outcome measures, more than 100 OCA health care professionals specializing in clinical, research and health policy improve delivery of MassHealth services and provide a greater reach to

the program's members.

"OCA's primary job is to provide clinical decision support to EOHHS and MassHealth; we are involved in all clinical policy decisions and communications regarding this vital program," said Ronald J. Steingard, MD, chief medical officer for EOHHS, medical director for MassHealth and UMMS professor of psychiatry.

Recent MassHealth advancements resulting from the development and execution of policies and procedures introduced by OCA include the

MassHealth Drug List, implemented in the wake of rising pharmacy expenditures, which increased approximately 15 percent annually between 2000 and 2002. To control costs, OCA and Drug Utilization Review, another Commonwealth Medicine program, established interventions such as the establishment of preferred drugs within a class of agents, mandatory generic drug use and the denial of early refills. Serving as a tool for prescribers and pharmacists when writing and filling prescriptions for MassHealth members

since its implementation, the current Drug List has helped MassHealth more effectively manage pharmacy costs without sacrificing quality.

The OCA has also applied its techniques to medical services authorization and utilization review. Dr. Steingard has even used the resources of Commonwealth Medicine to create and implement the Targeted Child Psychiatric Service program, which increases the accessibility of child psychiatry services to primary care providers. ■

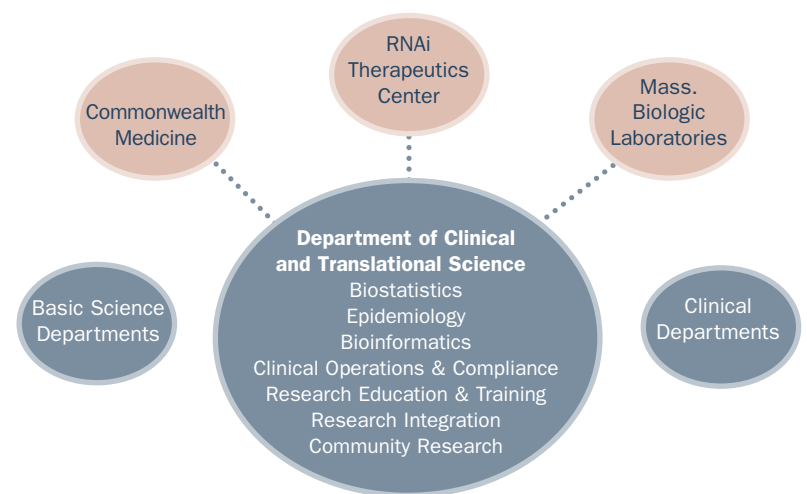
## Supporting new initiatives in translational research

As the pace of basic research accelerates at UMass Medical School, so too does the need to translate laboratory breakthroughs into clinical applications that directly benefit patients. Towards that end, UMMS has established the Department of Clinical and Translational Science to foster new collaborations between basic and clinical researchers. As with other innovative initiatives at UMMS, Commonwealth Medicine will play an important role in the new endeavor's success.

The National Institutes of Health is focusing more funding on translational research to shorten bench to bedside timeframes for new medical discoveries. Commonwealth Medicine's established programs can provide expert resources about

health challenges facing underserved populations, Commonwealth Medicine will therefore collaborate with the Department of Clinical and Translational Science to identify research questions, enhance access to clinical research and translate research findings into best practices.

The new Department of Clinical and Translational Science will provide direct grants, develop training programs in clinical research, and enhance the Medical School's clinical trials capabilities and compliance program. "Commonwealth Medicine's extensive experience in case management, workforce development and health policy research will prove vital to the formulation and continued success of the Department of Clinical and Trans-



lational Science," said John L. Sullivan, MD, vice chancellor for research and professor of pediatrics and molecular medicine.

Deputy Chancellor for Commonwealth Medicine Thomas D. Manning added, "Our staff is looking forward

to collaborating with the new Department of Clinical and Translational Science to advance translational research that will improve health outcomes for populations served by public programs." ■

## Novel educational solutions reduce health disparities



Addressing the impact of ethnicity, culture, age and gender is critical to improving health care for vulnerable populations. Recognizing this, Commonwealth Medicine's Massachusetts Area Health Education Center (MassAHEC) Network and its Office of Community Programs (OCP) have developed innovative programs that reduce health disparities while advancing the education of the region's medical workforce.

The Latino Mental Health Project developed by Central Massachusetts AHEC (CMAHEC), one of six

that comprise the UMMS-based MassAHEC Network, partners the Massachusetts Department of Mental Health with community health centers and local health care providers to identify barriers preventing Latinos from seeking mental health care. With a grant from the American Psychiatric Foundation, CMAHEC created "Hablemos en Familia," a series of workshops educating Latino community members to recognize, cope with and seek treatment. The federal Office of Minority Health recognized the program and selected CMAHEC from 500 entries to present at its national leadership summit.

Through CMAHEC's Outreach Worker Training Institute, community health workers share cultural and professional experiences to train future community health workers in communication, advocacy and assessment skills. "Having a worker from a specific community means that he or she can convey messages in ways that are understood and trusted," noted Joanne Calista, LICSW, CMAHEC

executive director.

The program has been nationally recognized and was recently chosen by the Health Resources and Services Administration as part of the National Community Health Worker Workforce Development Study.

Leading the nation in cross-cultural education is nothing new for UMMS. The Medical Interpreter Training program, administered by the OCP and delivered through the MassAHEC Network, was one of the first in the nation to address the need for interpreter services in a health care setting. More than 300 health professionals—who together speak more than 20 languages—are trained each year to work with providers for

MassHealth, the Commonwealth's Medicaid program.

"It's not merely being bilingual that makes someone a good interpreter," said Lisa Morris, MSTD, director of cross-cultural initiatives at OCP. According to Morris, comprehensive cultural education means embracing the norms, values and principles of other cultures.

OCP also fosters cultural appreciation by directly involving medical students in the community through internships and clerkships at its community health centers around the state, sensitizing them to the reward and challenges of interacting with patients who speak languages other than English. ■

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