



Medical Director's Corner

Stephen Earls, MD

In this issue of our newsletter we hear about some of the meaningful learning experiences that our residents are enjoying as well as the innovative clinical programs being developed in our health center. As meaningful as these learning opportunities are for our residents, the value added for our patients is what nourishes all of us.

In our pursuit of improving care for our patients, the initiatives in Quality Improvement hold much promise. Moving toward outcome based care is challenging but also gratifying. The principle so fundamental to the PCMH of keeping the patient at the center of their care is critical to our success with improving outcomes in chronic disease, health maintenance and screening for asymptomatic disease. Building the team to allow all of our staff to work at the top of their license is the best path to continuing to improve these outcomes. Our teams have demonstrated that they are up to the challenge, and it continues to be a pleasure to work with so many motivated and talented people who believe in putting the patient first.

Soon we will be launching our web portal in Allscripts. We have been busy planning for this enhancement since October and we are progressing toward a rollout in March. The portal will enable our patients to request an appointment, ask our clinical team a question, review their lab results after their provider has released them, review their clinical summary and review their medication list. Patients will also be able to build their Personal Health Record which can subsequently be used by their clinical team to update their electronic medical record. The portal is an essential element of a robust PCMH and will ultimately enhance our ability to more effectively communicate with our patients.

Finally we continue to celebrate some very significant successes. The innovations we have made in our service level on the telephones has been maintained. The reorganization of our registration and check out area is a tribute to the dedication of our staff, volunteers, and, most especially, to the insight of our Patient Advisory Council. They continue to help us see our practice through our patients' eyes and make it better. Our recognition as a Level 3 PCMH by NCQA was the culmination of years of outstanding efforts in transformation.

This is an exciting time to be involved in health care. Change presents many challenges but also many opportunities. I am proud of the way that our health center team is meeting those challenges. "Many hands make light work." I am thankful for the many hands we have at the Barre Family Health Center who are doing amazing work every day and making it look easy. ❖



Improving Outcomes in the Patient Centered Medical Home

Kosta Deligiannidis, MD, MPH

As part of our ongoing transformation to a patient-centered medical home, our health center is undertaking a number of quality improvement projects this year. In our monthly Quality Improvement committee meetings, we are taking a new approach. We are pairing second and third year residents in each pod, to tackle a specific project aimed at improving our quality indicators.

In the blue pod, Drs. Blumhofer and Davidson are working on improving our rates of cervical cancer screening. Drs. Sahd and Hayden are improving gonorrhea and chlamydia screening in the green pod. Drs. Cersosimo and Boucher are improving breast cancer screening in the purple pod. Drs. Cornelio and Chang are working on colon cancer screening.

Each team includes not only the residents but staff from the pods to pilot approaches in their pods. Following successful PDSA cycles the strategies are then spread to other areas of the health center. In addition, Dr. Trotter, the Behavioral Science Fellow, is working on improving our approach to patients with depression.

Quarterly full staff meetings are used to disseminate the plans and progress of the projects with discussion led by the residents. During monthly QI committee meetings, we talk about QI concepts (such as goal and measure setting, PDSA cycles and process mapping), and the residents are work on the IHI Open School modules in order to receive certification by graduation. It's a pleasure to see residents tackling QI projects and learning about QI, as they will no doubt use these skills in their future work settings, wherever they may be, to lead change and health care improvement. ❖



An Unexpected Home Visit

Noah M. Rosenberg, MD PGY-1

Wood smoke envelops the Barre common, making it look and smell as I imagine it must have in the days before oil and antibiotics. My arms laden with local eggs, milk, produce, and other groceries, I follow a patron of the Barre Food Pantry out to the street. As part of our Family Medicine and Community Health rotation, we are visiting various sites around town, lending a hand and learning about community resources. The congregational church, in which the food pantry is housed, strikes an imposing figure behind us as the chilling air hits my face.

“So, which car is yours?” I ask, an overflow of shopping bags reminding me how little I’ve worked out over the past few months.

“Actually, I walked,” she answers.

A pregnant pause fills the space between us.

“From where?” one of my co-interns asks.

“You two don’t have to help; I can manage from here,” she contends.

“Of course you could, but please, let us help, we’d be happy to,” I implore.

“Ok,” she says already turning, and starts walking.

I am immediately reminded of the lack of sidewalks in Barre, and the hurdle this presents to residents wishing to increase their level of physical activity. In unison, the three of us squeeze against the icy side of the road as cars pass.

“Do you read the Barre Gazette?” My fellow intern asks.

“Only when friends give me the newspaper—I can’t afford a subscription,” she answers.

“Well, when you get to, we’re going to be writing a monthly health column in the newspaper along with the other first-year residents at the Barre Family Health Center.”

She opens up, “Someone mentioned the health center to me, and I’ve been meaning to get a doctor, but I’ve just got so much going on right now. I’m in AA, and I’m doing the best at it that I can—I’ve been sober—but I have no money coming in now. That’s why I went down to the food pantry.”

“That’s exactly what it’s there for,” I say, reassuring her.

We climb the narrow, rickety steps up to her second-story apartment. A plaque on the front of the house announces that it was built in 1725. As she opens the front door and we step into her kitchen, the smell of cigarettes invades my nostrils. We leave her groceries on the counter, and sincerely thank her for letting us help.

On the walk back, my co-intern and I discuss the rightfully high price of cigarettes, and the possibility that if all those cigarettes are helping her stay sober, then maybe they’re actually helping her in the near-term. From walking along roadways without sidewalks, to visiting elderly people in homes with fall hazards around every corner, visiting someone in their home acquaints you with their environment and the many risks and compromises they often willfully or unintentionally take each day. This reminds me of one of the first principles of medical ethics: autonomy, and the responsibility that patients ultimately hold for making health care decisions. But it also reminds me that all too often, people without means must take risks whether they choose to or not, risks just to put food on the table, and sometimes it becomes a physician’s job to help navigate them. ❖

Patient Centered Medical Home: Patient Advisory Council & Volunteer Update

Susan Begley, Ambulatory Manager

As part of our PCMH/NCQA Level 3 certification, we have developed a very dynamic and engaged group of patients, staff and providers, which make up the Patient Advisory Council (PAC), lead by Cynthia Jeremiah, M.D. and Alice LeBlanc, our Clinical Care Manager at the BFHC.

In a short time, we have been able to make several improvements with our processes and workflows on our telephones and in the registration and check out areas.

Our continued focus on better communication in the health center and throughout the local community has led us to another project. The PAC is excited about writing their first informational column in the Barre Gazette, which will help inform the community about work being done by the group. We are still in the development stages of our new patient packets that will notify newcomers about the Barre FHC and our next project is looking toward forming an Alzheimer’s support group for families and caregivers.

Our 27 volunteers who 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! ❖



Patient Advisory Council Meeting

Clinical Innovations at the BFHC

Stephen Martin, MD EdM

Project ECHO

Developed in New Mexico, Project ECHO (Extension for Community Healthcare Options) was designed to allow specialists to collaboratively develop capacity in rural primary care. The Project began with Hepatitis C treatment and now offers programs in conditions ranging from chronic pain to rheumatoid arthritis. Because of its force multiplying effect, the Robert Wood Johnson Foundation “hopes that Project ECHO will one day be the new norm for medical practice throughout the United States.”

The Barre Family Health Center has partnered with the UMass Hepatology Division and Beth Israel Deaconess Medical Center to offer on-site evaluation and treatment for over 100 patients with known Hepatitis C. Many of these patients have not been able to attend consults at the main campus and are grateful for this local care.

Our partnership is part of a New England-wide effort to increase capacity in primary care. As such, we are the first do so at a residency site. We have been deliberate to include residents in planning and leading this effort; R3 Marco Cornelio has done so this year and R2 Lauren Davidson will be taking over this role. Residents graduating from Barre will thus be able to successfully evaluate and treat Hepatitis C in the new age of oral antivirals. They will also become experts in the ECHO model for addressing other conditions. For more information, please see: <http://echo.unm.edu/> and http://www.rwjf.org/en/blogs/pioneering-ideas/2012/07/meta_care.html.

Comprehensive Opiate Addiction Treatment

Like much of the Northeast, rural or urban, people in the Barre area are facing an epidemic of opiate addiction. Opiate overdose has become the leading cause of accidental death in Massachusetts, devastating families and communities.

The Barre Family Health Center has worked to address this crisis through a comprehensive approach: buprenorphine treatment in the context of a primary care relationship, completely integrated behavioral health, team-based care through our pod structure, and training from the UMass toxicology department. In January, the center began group visits for patients early in their recovery.

All Barre residents receive DEA-approved training early in their second year to support their care for patients with opiate addiction. Residents also have experience treating their own patients with structured mentoring from Barre faculty. This program allows all residents to continue to provide this pivotal treatment, DEA certification in hand, upon graduation. Because of its resident involvement, our program has been asked by federal Substance Abuse and Mental Health Services Administration to apply for its 2013 Science and Service Award. For more information, please see: <http://buprenorphine.samhsa.gov/>

First Year Residents Explore Community Health: Reflections on our Relationship with Food

Judy Hsu, DO PGY1

It all started in my college years, this fervor to save the planet from pollution and overconsumption. However, over time that fire in the belly slowly dwindled as I looked around me and saw how disinterested most people were on this issue. Overtime I came to believe that environmentalism was a fad that had its time, an ideal that was incompatible to our urban existence.

However, during this past two weeks on my community medicine month, I have met some amazing individuals who have put me to shame with their determination and dedication to preserving and sustaining a healthy environment for all. Whether they are community organizers or high school students, these people understand and believe in the unbreakable bond between us and the environment we live in.

Since the dawn of our existence, the earth has been providing us with space and food to live and thrive, and to keep the exchange healthy we have the responsibility to protect its ecological integrity; unfortunately that hasn't always been the case, and now we are starting to see the health ramifications of our estranged relationship with nature, one of which is obesity. As I listen to Deb Habib or Karen DiFrenza talk about their work on community gardening and composting, I am inspired by their passion and wisdom about the ethics of eating, about how we have come to disconnect ourselves from the food that we put in our mouth. We no longer think about where our food comes from.

Our relationship to food is skewed, and it starts from the time when we are infants. We are exposed to packaged and processed food at an early age, and we learn to only seek comfort from food rather than seeing it as something that nourishes our body. We have learned to enjoy food through the sensory experience of our palate only, excluding the psychological reward of knowing that we had a hand in producing the food on our plate. Now that the world is faced with the daunting challenge of obesity, reestablishing this ethics of eating may be the key to reversing this growing epidemic. ❖



First Year Residents (from left to right): Stephanie Stormes, Vaishali Patel, Noah Rosenberg, and Judy Hsu



Residency Director's Corner

Stacy Potts, MD, MEd, FAAFP

The UMass Worcester Family Medicine Residency continues to gain regional and national recognition for our innovative approach to learner centered education. As all the health centers move toward the Patient Centered Medical Home model of practice, residents continue to be a critical force behind clinical practice change..

The Barre Family Health Center remains a model of the future of family medicine, using technology through our electronic medical record, chronic care registries and improving access for our patients with digital radiology and mammography in house as well as multiple consultants visiting regularly to provide care for our patients within their medical home.

Our faculty continue to be leaders in family medicine with presentations in several recent and upcoming conferences. We all benefit greatly from our residents who have been sharing their unique talents and passions through presentations, posters, and publication while they continue to develop their clinical and leadership skills as new physicians.

The residency looks forward to an expanded physician as leader curriculum in 2013. The additional team based training will focus on the triple aim of health care improvement: population health, patient care, and cost. Residents will focus on the community of the health care, their patient panels, and the practice management to gain skills in leadership that will serve them, and the health care system, throughout their careers.

The Barre Family Health Center staff members and leadership continue to impress me with their diligence and dedication, working towards the dual mission of the health center to provide outstanding patient care and medical education. ❖

Annual Residency Retreat 2013: The Petersham Curling Club

Marco Cornelio, MD Chief Resident

Every winter, residents and faculty from the UMass Worcester and Fitchburg Family Medicine Residency programs have the day off from their clinical duties and spend time together for a daylong retreat. It is an opportunity for the residents to have fun and get reenergized during the cold winter months.

This year's retreat will have a focus on casting and splinting as well as on wilderness medicine. Residents will first participate in a team building exercise in which they will have to work together to survive a pretend helicopter crash in the Cascade mountains. Then the UMass sports medicine team (led by four Barre graduates) will provide a hands on workshop of casting and splinting techniques that every family physician should know. Barre Faculty members, Stacy Potts, MD, Stephen Earls, MD, Sam Pickens, MD and Cynthia Jeremiah, MD, will also be present to facilitate the workshop.

Also, new this year, the retreat will be held at the Petersham Curling Club (a favorite locale of Dr. Potts). After lunch, residents will be able to learn to curl, get a massage, cross country ski or sled on the adjacent golf course. ❖



FIRST YEAR RESIDENTS IN THE PRESS

As part of the Family Medicine and Community Health rotation, the first-year residents designed a longitudinal project to improve the health of the Barre community. For their project, the interns are writing a monthly health column for the local newspaper, the *Barre Gazette*. During the rotation, the first-years visited numerous sites around the community, learning about resources and even doing some volunteering, including at the local food bank. Community members expressed an interest in reading a health column in their local newspaper, and the first-year residents were happy to oblige. The first installment of the column, a demystification of controversies about the influenza vaccination, was published in January.

Noah M. Rosenberg. "The Flu Shot: Fact versus Fiction." *Barre Gazette*, Jan 17, 2013.

