From the Medical Director...  

**Stephen Earls, MD**

Getting into the new year, it is nice to see the days getting longer and have that deep freeze end. With the new year, we see many signs of renewal in our health center, some documented here in the newsletter.

Our efforts to improve the patient experience seem to be paying off. The staggered wait times and efforts to better enable our patients to utilize their time while waiting is streamlining their visit. In addition, the redeployment of our front desk staff to improve telephone wait times seems to be a huge success. It seems to be improving both the patient and staff experience.

Our Office Based Addiction Treatment (OBAT) team has now been complete for 3 months. With full staffing in place, they are doing an even better job of tracking the care we provide to our patients working on recovery and helping them with some of the social issues that contribute to their struggle. Their work under this 5 year state grant promises to make a substantial difference for our community. The recent Q-drug Project Purple week provided Narcan training and community events to raise awareness and, especially, support the young people in our community.

I am excited about the promise of the first year residents' project to improve physical activity for our patients.

As we become more familiar with Epic, our new EHR, it is becoming clearer that it will be a powerful tool for our clinicians and patients. Likewise, the continuing energy behind ECHO and the PCORI grant to further enhance an already outstanding Integrated Behavioral Health approach help to assure that our practice will continue to find newer and better ways to help our patients stay well.

These are exciting times in Barre and in the residency. Change presents many challenges but also opportunities. I am proud of how our team is meeting those challenges. “Many hands make light work.” The flexibility that our staff demonstrates brings joy to this exciting work on a daily basis.

Facing the Opiate Crisis: OBOT  

**Marcy Boucher, MD**

The state of Massachusetts is currently in the midst of an opiate crisis. Barely a week goes by in which we don't hear law makers, government officials or community members talking on the nightly news about how we should address the opiate epidemic in our cities and towns. Family medicine calls its physicians to rise to the needs of the community and in 2018 treating opiate abuse and dependence is part of our calling.

Before the opiate crisis was splashed into headlines, Barre Family Health Center (BFHC) had physicians that prescribed buprenorphine-containing medications to its opiate addicted patients. Simply, buprenorphine, or commonly known as Suboxone, saves lives. It prevents withdrawal symptoms, decreases cravings, and allows people to go to school, work and engage in counseling on their road to recovery. In 2012, BFHC started to expand buprenorphine training to its residents allowing any of our graduating residents the ability to obtain their own certification to treat opiate addiction with buprenorphine upon getting a full medical license.

BFHC was able to expand the playing field in 2016 when we were approved for a state-based grant for an official Office Based Addiction Treatment (OBAT) program. This grant allowed BFHC to hire a dedicated OBAT nurse. The OBAT nurse supports the physicians' work with their patients that suffer from opiate addiction and allows them to take care of many more patients that suffer from this medical issue than we otherwise could while also caring for the rest of our primary care panels. In 2017, BFHC was awarded a multiyear grant that allowed the further expansion of this program to include two dedicated OBAT nurses and a medical assistant as well as an OBAT medical director. The OBAT team includes our behavioral health providers who are implemental in helping our patients address their psychosocial needs. Opiate addictions are challenging and we are far from knowing all of the answers on how to best help our communities fight and win this battle but BFHC will continue to evolve with this issue and lead our community in efforts against this crisis.
Physician as Leader 1: FIT 2018
Kristina Gracey, MD, MPH

Although the health benefits of exercise are known, most people struggle to regularly exercise. Our current PGY1 resident physicians, Drs. Gifford, Jalal, Vu and Maddaleni, alongside attending Drs. Gracey, Hogan, Mullin and behavioral health fellow Dr. Carty, want to understand what motivates patients to exercise.

As part of their Physicians as Leaders curriculum, the PGY1 residents have developed a project called Barre FIT to help answer the question of what motivates patients to exercise. They started their Physician as Leader project only months ago but have already made tremendous progress! They have created a patient survey to identify what makes patients exercise. Using this data, they will design and implement an exercise program focused on patient motivators to exercise.

This work is in part funded through a grant obtained by PGY1 residents and Dr. Gracey through the Community Health Network 9 of North Central Massachusetts. The plan is for this community-based program to increase the duration and frequency of patient exercise, leading to long-term health benefits. Barre FIT represents the positive impact resident physicians can have upon patients living in a rural community.

UMass Global Health Track: Leon, Nicaragua
Sandra Augusto
BFHC Chief, PGY3

It’s hard to believe that it’s been 3 years since our first visit to Leon, Nicaragua. Under the protective wings of our Global Health Director Olga Valdman and Copa Airlines we set off on an unforgettable journey. The new culture, customs and people brought on exciting and humbling experiences. Learning about the Nicaraguan health system and practices helped guide our work in Nicaragua over the next two years and put practices back home into perspective.

With each year, we became more integrated into the community of Santa Ana, which is the poorest sector of the city of Leon. We developed meaningful relationships with the primary care physician and the medical staff at “el puesto de salud” (clinic). We joined the team on their community visits and provided care to those who lived too far to walk to the health clinic. We saw patients in the clinic, provided scripts and completed medical records. While this may sound very similar to what we do back home, it was the condition in which we provided this care that was so humbling.

Our clinic was in the middle of a construction zone, with dirt piles and drills to the right and two patient benches under a tree to the left. Everything was done in one room, from registration to pap smears, wait times were typically >3 hours and we often didn’t have the medications that patients needed. Yet, despite all this, patients were kind, warm, funny and thankful.

It was after many conversations with our patients, the medical staff at the “puesto de salud” and our UNAN contact that our Global Health project came to be. You see, in Nicaragua, the incidence of teenage pregnancy has grown exponentially and stories of finding newborns in trash disposals have almost become commonplace. Why? you ask, well that’s what we wanted to know. And even more importantly, we wanted to help decrease the number of pregnancies in woman of reproductive age. With the help of our wonderful team at the “puesto de salud” we developed “charlas” (informal lectures), that we gave each morning to our patients. We created a poster and pamphlets that we took out into the community. We went to schools and set-up clinic fairs where we educated our community about contraception and the benefits of each contraception method. At the end of our third year we compiled all the data (from pre and post surveys from each “charla”) and presented our attending with a sustainable plan for Nicaraguan medical students, who rotate through the clinic, to continue giving these contraception “charlas”.

While our time in Nicaragua was only brief, our experiences, the stories, and the resilience displayed by our Nicaraguan patients and friends will always remain with us.

Please feel free to email me if you have any questions or would like to learn more about the FM Global Health Track at UMass: Sandra.Augusto@umassmemorial.org
Project ECHO: Hepatitis Care Expands

Judy Hsu, DO

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 de-monopolized 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.

Being a more rurally located UMass primary care site, the Barre Family Health Center has been part of Project ECHO for the last five years 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 experts who are already 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.

Just a month ago, we celebrated the one-year anniversary of the launch of Project ECHO at UMass. While there were challenges along the way, we have been touched by the commitment and spirit of collaboration demonstrated by everyone, both on and off screen. With our HCV ECHO, we had 20 health centers that signed up to join us with over 70 cases presented. With our MAT ECHO, we were pleased to witness the growing number of buprenorphine scripts written by primary care physicians in a region that traditionally relies on addiction specialists to evaluate and treat those suffering from opioid use disorder. While there is certainly room for improvement, over all we are proud of what we’ve been able to achieve and grateful to those who became our partners along the way.

We live in a both worrisome and exciting time in history; people are starting to feel anxious about the future of our health care system and have begun to experiment with different models of care that can improve quality at lower costs. Project ECHO is an example of such model. If you are interested in learning more about Project ECHO and want to join this growing movement, you can visit website: http://echo.unm.edu.

Improving Quality Every Day

Jillian Joseph, PA-C

As co-facilitator for Quality Improvement here at the health center, I’m always looking for ways to make our processes better. I am able to do that not only with my individual work, but as a part of our Practice Improvement workgroup as well, which meets on Wednesday mornings. Our recent focus is to reduce our patient wait times. As part of this effort, we’ve transitioned our anticoagulation patients to a nurse-based visit model, which has saved some time and allowed our patients to have continuity in their care. We’ve also adjusted our visit start times so that some of our providers begin at quarter-to the hour and some start at quarter-after. This allows our nursing staff more flexibility with rooming patients and getting the session running smoothly. We’re looking forward to implementing more ideas in the coming months!
Creating Healthy and Resilient Future Physicians

Jennifer Carty, PhD

Physician burnout is a significant source of concern for all those interacting with the health care system. Burnout is often described as a combination of exhaustion, both physical and emotional, loss of empathy, lowered frustration tolerance, and minimization of successful or joyful experiences with patients. For some, burnout can lead to depression, including suicidal thoughts or actions, substance abuse, medical errors, and decreased career satisfaction. In addition, residents early in their career often worry about balancing learning medical skills, interacting effectively with patients, time management, and professionalism with their personal life, which can add to the likelihood of them developing burnout.

UMass WFMR is committed to the health and longevity of its residents and as a result has created a robust wellness curriculum run by the behavioral health faculty and fellows. As part of this curriculum residents learn skills to recognize and reduce burnout, and improve resilience and wellness. These tools involve learning relaxation and mindfulness practices, gratitude, journaling, developing awareness of values and emotional triggers, and engaging in pleasant activities. This month the Barre Family Health Center the PGY-1 residents have been engaging in a wellness program as part of their Physicians as Leaders curriculum. The residents have been spent time learning what burnout looks like, how to recognize it in themselves, and skills to combat potential burnout. Residents have commented that having protected time to spend with their fellow residents learning wellness skills has been an invaluable part of their education.

Program Director’s Corner

Stacy Potts, MD MEd

It is an incredible privilege each year to meet such an inspiring group of students choosing Family Medicine for their future. This year was no exception. It is an exciting time in Family Medicine. Students interested in improving population health and facing the challenges in our communities and in the world are finding their way to Family Medicine and are inspired to make a difference. Each student has a unique path to family medicine and it is exciting and inspiring to hear those stories and to look to the future that the next generation of family physicians will build.

Here at the Barre Family Health Center, residents are involved in innovative projects all around the health center and the community to help build wellness and maintain health. Barre was chosen as one of thirteen programs nationally to participate in the Clinic First Collaborative. This innovative project will allow us to further build on our success at community engagement and accessible quality care in our residency. Drs. Hajj, Earls, Hargreaves, and I look forward to learning more later in February at the national meeting of the collaborative in Kansas City.

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 – Welcome to the Barre Family

Noelle Kristin Wickstrom born to Kristin and Adam Wickstrom on 12/20/17
Raelyn Marie 06/11/2017, Nora Marie 7/11/2017, and Claire Armand 12/28/2017

Grandmother Billie Jo Cody
Terra Sadie Granados came into the world on 8/26/2017
Grandmother Christine Paul
Noelle Grace Engel born 10/29/2017

Grandfather Stephen Earls
Bria Hope LaFleur arrived 12/14/2017

Grandmother Debbie Goldsmith

PGY3 Wedding Bells:
Lisetta Shah and Chris Hamlin tied the knot on 9/16/2017

Employees of the month – GO TEAM GO!

November – Jennie Mulhern
January – Denise Raymond
December – Lisa Dolan
February – Brenda Rivard