



Neuro News

The latest news from the Department of Neurology

April 2022

In this month's newsletter, a number of faculty have been recognized for their contributions in education and research, which are two of the core missions in neurology. Dr. Daryl Bosco received the Dean's Award for Outstanding Faculty Contribution to education. Dr. Robert Brown was named as the endowed Donna M. and Robert J. Manning Chair in neuroscience. A recent discovery by Drs. Brown and van Zundert of a toxin in patients with ALS that contributes to motor neuron death raises the possibility of a new target for therapy.

The Epilepsy Center continues its excellence in clinical by being one of a small number of hospitals nationally recognized as a Comprehensive Epilepsy Center i.e. having an epilepsy monitoring unit and performing life-improving epilepsy surgeries. A newly established headache center has started with plans to grow over time and accommodate the many people affected by this common problem.

Thanks,

Brian

Dr. Brian Silver, MD

Interim Chair, Department of Neurology

IN THE NEWS

Dr. Robert Brown named endowed chair for Neuroscience

The Mannings' \$5 million gift, which was accepted by the UMass Board of Trustees at its meeting on April 13,



Robert H. Brown Jr., DPhil, MD, professor of neurology and director of the Neurotherapeutics Institute, for the Donna M. and Robert J. Manning Chair in Neurosciences

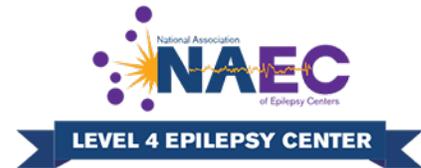
endows Donna M. and Robert J. Manning Chairs in neurosciences, orthopedics, obstetrics and gynecology, nursing, and biomedical sciences.

“The people and mission of UMass Chan represent the very best of the academic health sciences,” said the Mannings, in a statement. “We are proud to support the faculty leaders who are so dedicated to training the next generation of physicians, nursing leaders and scientists while taking great care of patients and families and conducting research that will improve the health of people around the world. We are so fortunate that this gem of a medical school is an integral part of the university and the commonwealth.”

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UMass Comprehensive Epilepsy Center Re-Accredited

The National Association of Epilepsy Centers (NAEC) recently accredited UMass Comprehensive Epilepsy Center as a level 4 epilepsy center for 2022 and 2023. Your center submitted all the required materials and met the accreditation criteria for two-year accreditation.



The UMass Comprehensive Epilepsy Center has been submitted to US News and World Report as an accredited level 4 epilepsy center in 2022.

Thank you for your membership in NAEC. We are pleased that your center was able to maintain standards for providing high quality care to people with epilepsy during the public health emergency.

A level 4 center provides the more complex forms of intensive neurodiagnostic monitoring, as well as more extensive medical, neuropsychological, and psychosocial treatment. Level 4 centers also offer a complete evaluation for epilepsy surgery, including intracranial electrodes and a broad range of surgical procedures for epilepsy.

The UMass Comprehensive Epilepsy Center's monitoring unit offers:

- Designated hospital beds where video and EEG data is captured and sent to a central location
- Remote-control video cameras with 24/7 recording available (not a fixed camera)
- Trained personnel dedicated 24/7 to monitoring video and EEG-someone trained in seizure recognition and recording integrity (not necessarily required to be traditional EEG technologist)
- EMU safety-trained inpatient nurses
- Epilepsy-specific staff training and protocols for seizure safety
- Clinical decision-making by an epileptologist

Other services include:

- Epilepsy specific genetic testing and counseling
- Dietary Management
- Investigational drug trials
- Management of women with epilepsy during pregnancy
- Management of epilepsy in special populations (the elderly, children, developmentally disabled)

individuals)

- Management of patients with psychogenic, non-epileptic seizures
- Telemedicine Services

To learn more, [click here](#)

Faculty, students attend American Academy of Neurology Annual Meeting



Bahadar S. Srichawla, DO, MS, Maria A Garcia-Dominguez, and Muhammed Enes Gunduz

Faculty and students attended the American Academy of Neurology Annual Meeting in Seattle Washington this month after the event was not held in person since 2019.

Dr. Susanne Muehlschlegel, MD, MPH, FNCS, FCCM, FAAN, professor in Neurology, presented, **"The Experiences And Needs of Families of Comatose Patients After Cardiac Arrest and Severe Neurotrauma: The Perspectives Of A National Key Stakeholders During An NIH-Funded Workshop"** at the conference.



Severe acute brain injury (SABI) from cardiac arrest and traumatic brain injury happens suddenly and unexpectedly, carrying high potential for lifelong disability with substantial prognostic uncertainty. Comprehensive assessments of family experiences and support needs after SABI are lacking. The objective is to elicit "on-the-ground" perspectives about the experiences and needs of families of patients with SABI.

It is a multi-center collaboration, funded by an administrative supplement to an RO1 to Dr. Rob Silbergleit (University of Michigan).

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In addition to presenting, Dr. Muehlschlegel also participated in the sunrise #RunforResearch organized by the American Academy of Neurology (AAN). About 50 runners participated in the 5K walk/run.

Dr. Muehlschlegel said she kept up with the medical students until the last mile! Way to go!

Fun & Games

In between presentations, the AAN also scheduled a Neurology Pictionary Game Show. Wissam Deeb, MD, assistant professor in Neurology, and his teammates came in second place.

Great job!



Felicia Chu, MD, Publishes Epilepsy Article

On April 6, Felicia Chu, MD, assistant professor in Neurology, published "Effectiveness of Self-Management Program to Improve Cognition and Quality of Life in Epilepsy: A Pragmatic, Randomized, Multicenter Trial," in the American Academy of Neurology.

The objective of the trial is to determine the effectiveness of HOBSCOTCH (Home-based self-management and cognitive training changes lives) in a real-world setting, and to assess feasibility of a virtual intervention, we conducted a multi-site, pragmatic replication trial at four New England epilepsy centers.

Congratulations Dr. Chu!

[Read More](#)

Susanne Muehlschlegel, MD, Publishes "State of Art Review"

Susanne Muehlschlegel, MD, MPH, FNCS, FCCM, FAAN, professor in Neurology, published "Prognostication and shared decision making in neurocritical care," in the BMJ.



Prognostication is crucial in the neurological intensive care unit (neuroICU). Patients with severe acute brain injury (SABI) are unable to make their own decisions because of the insult itself or sedation needs. Surrogate decision makers, usually family members, must make decisions on the patient's behalf. However, many are unprepared for their role as surrogates owing to the sudden and unexpected nature of SABI. Surrogates rely on clinicians in the neuroICU to provide them with an outlook (prognosis) with which to make substituted judgments and decide on treatments and goals of care on behalf of the patient. Therefore, how a prognostic estimate is derived, and then communicated, is extremely important. Prognostication in the neuroICU is highly variable between clinicians and institutions, and evidence based guidelines are lacking. Shared decision making (SDM), where surrogates and clinicians arrive together at an individualized decision based on patient values and preferences, has been proposed as an opportunity to improve clinician-family communication and ensure that patients receive treatments they would choose. This review outlines the importance and current challenges of prognostication in the neuroICU and how prognostication and SDM intersect, based on relevant research and expert opinion.

Congratulations Dr. Muehlschlegel!

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IN RECOGNITION

Dr. Bosco Receives 2022 Deans Award



Dr. Daryl Bosco, PhD and professor of neurology, received the 2022 Deans Award for Outstanding Faculty Contributions to Graduate Education.

Each year, Dean Mary Ellen Lane, Ph.D., of Morningside Graduate School of Biomedical Sciences has the privilege of conferring this award to a faculty member, of her choice, who has made important contributions to the Morningside Graduate School of Biomedical Sciences in a number of areas. Past recipients have include Kate Lapane, Ann Rittenhouse, and Craig Peterson.

Dean Lane chose Dr. Bosco for this award in recognition of her many contributions to the Morningside Graduate School of Biomedical Sciences through mentoring, teaching, training and in leadership.

Several talented students have flourished and developed into excellent scientists as a result of Dr. Bosco's thoughtful and committed mentorship. Dr. Lane is grateful for how Dr. Bosco stepped in as director the Prep for QE course to create a positive learning environment and highly valued experience. Dr. Bosco's contributions as a General Examiner, as part of the inaugural cohort of First Year advisors, and as chair of the Academic Standards Committee, has helped the school move toward increased access, rigor, clarity, and fairness in the Umbrella pathway. Dr. Bosco's service as faculty advisor to the GSBC has contributed to the impact and professional development of the student leaders. And Dr. Bosco's leadership of DRIVE is raising awareness of the importance of creating inclusive environments in the classrooms and research groups.

Dr. Lane appreciates the extent to which Dr. Bosco has made her time available to students in the many hats that she wear.

The Educational Recognition Awards ceremony, where the school celebrates these achievements, took place on Tuesday, April 26th at 4PM in the Albert Sherman Auditorium.

Congratulations Dr. Bosco on the award, and thanks for all you do for the Graduate School of Biomedical Sciences!

Connie Ge Receives Award

Connie Ge, received the Margaret Holmes-Rovner Award for Outstanding Presentation in Decision Psychology and Shared Decision Making earlier this month.

"I'm so proud of Connie Ge, MS4, who has been working with us in our lab for 3 years," said Dr. Susanne Muehlschlegel. "She has won the award for outstanding presentation in Shared Decision Making at the ongoing Society for Medical Decision Making Conference. This is no small thing. A highly competitive award and very methodologically focused conference!"

Congratulations on your award!



Connie Ge, MS4,
medical student



NIH Grant Awarded

Susanne Muehlschlegel, MD, MPH, FNCS, FCCM, FAAN, professor in Neurology, was awarded an R21 from NIH/NINR (Start date 3/9/2022): **Improving patient care in severe acute brain injury (SABI): a web/mobile/tablet-based communication and decision support tool for clinicians and families in the neuroICU.**

The objective is to develop a pragmatic, scalable, conceptually grounded web and mobile/tablet-based intervention to overcome ongoing problems with high stakes decision-making by surrogates of patients with severe acute brain injury (traumatic brain injury, hemorrhagic and large ischemic strokes) in ICUs. Our long-term goal is to improve the clinical care for SABI patients in neuroICUs by enhancing clinician-family communication and empowering surrogates to make better informed decisions concordant with patient values. This work will provide the necessary data to conduct a future multi-center trial to test this innovative shared decision-making intervention in neurocritical care.

Congratulations Dr. Muehlschlegel!

WELCOME TO NEUROLOGY

Eugenia Alger joined the Neurology Department in April as an ambulatory service representative.

Welcome to the team!

COVID-19 Masking and Testing Guidance

For two years, we have anticipated a time when we would, based upon the public health and scientific data relative to COVID-19 infections, be able to lift most of the pandemic-related restrictions at UMass Chan. We have now reached the point at which it is reasonable to transition to what state health and education officials deem “near normal” conditions, which allow for us to continue to advance our work and learning while maintaining a safe, flexible and effective learning and working environment. **Updated guidance** from the CDC last week provides the basis for changes to our campus practices, including changes to masking and testing requirements.

The COVID-19 vaccine requirement will remain in place at UMass Chan. However, our masking and surveillance testing requirements are being discontinued. Specifically:

Masking

Effective March 1, masks are optional indoors in medical school buildings for everyone who is fully vaccinated. Anyone with an approved medical or religious exemption from the COVID-19 vaccine requirement must continue to wear a surgical mask, covering your mouth and nose, at all times while indoors.

Masking is recommended for **people with certain medical conditions** that put them at high risk, and for anyone who lives with others who may be at high risk.

Importantly, the mask mandate at UMass Memorial and other clinical facilities remains in effect and it is imperative that all staff and students continue to obey facility-specific rules. Residents and fellows should seek direction from their program directors.

COVID-19 Surveillance Testing

Effective March 1, surveillance testing for anyone coming to campus one day a week or more is optional. All UMass Chan surveillance testing sites, including the testing center in the Faculty Conference Room, will close after March 11.

If you have COVID-19 symptoms or test positive, do not come to campus and call Employee Health Services (508-793-6400) or Student Health Services (508-334-2818) for further instructions. See the attached document for additional information.

All other COVID-19 restrictions are discontinued, including gathering, visitor, food and travel restrictions detailed in the Feb. 7 memo. Please be advised that visitors and vendors to campus must continue to be registered in the **SV3 visitor management system**

In closing, it is critical that we maintain high standards of courtesy, civility, and respect for others throughout our campus community. This entails understanding that our individual efforts impact the safety of all, and that even if your own risk of COVID-19 infection is low, we cannot tell by looking at someone if they are immunocompromised and perhaps at higher risk of disease or may have suffered personal loss or trauma due to the pandemic.

We will continue to be guided by the science and will review all COVID-19 protocols as needed. The latest information is available at <https://umassmed.edu/coronavirus/>. In addition, everyone is invited to join the upcoming UMass Chan Town Hall, on March 1 at 1 p.m. for more information about COVID-19 guidance and other important campus initiatives.

New ID badges for everyone at UMass Chan Medical School:

UMass Chan is initiating the process of issuing new ID badges to all employees, residents and students.

The new badges reflect our new name and will help improve campus security.

Employees in each department will be notified when it is their turn to schedule an appointment to visit the UMass Chan Parking Office, located in the Michaelson Conference Room on the first level of the Lazare Research Building. Walk-ins cannot be accommodated. Each appointment is expected to take 10 minutes or less, and will consist of four steps:

- A new ID photo will be taken;
- Employees will be asked to update their information (address, phone, and their vehicle's make, model and license plate number);
- The old ID badge will be surrendered to the Parking Office, deactivated, and recycled; and
- A new ID badge will be issued.

Employees who are working remotely may wait until they return to campus to schedule an appointment for a new badge.

Employees located at South Street have the option of scheduling an appointment at the University campus Parking Office, as detailed above, or they may choose to send an email to parking@umassmed.edu with a new photo and the requested information (address, phone and vehicle information). New badges will then be produced and delivered on a weekly basis to the South Street campus, where employees may turn in their old badges and obtain their new badges by visiting the security desk located in the main lobby. Employees based at South Street should not email the Parking Office until they receive an email prompting them to do so.

We anticipate this project will take several months and appreciate your patience and cooperation.

UMASS MEMORIAL HEALTH UPDATES

Supporting Ukraine and Our Caregivers

As Russian forces continue their brutal attack on Ukraine – forcing millions of Ukrainian refugees to flee their homes for safety in neighboring nations – our UMass Memorial Health caregivers are doing what caregivers do: find ways to help.

At UMass Memorial Medical Center, an effort led by John Broach, MD, MPH, MBA, FACEP, Director, Emergency Medicine, with UMass Chan Medical Student Paramesh Karandikar and the Medical School's chapter of Stop the Bleed and its Crisis and Emergency Preparedness Committee, is underway. Needed medical supplies are being gathered to be shipped next week to Ukraine through Razom for Ukraine, a nonprofit organization dedicated to supporting the people of Ukraine. Supplies include personal protective equipment; wound dressings and suture materials; infusion, hemostatic and anesthetic materials; operating room supplies and medications; lab and diagnostic equipment; generators and more. Similar efforts are being organized at UMass Memorial Health – Harrington with its medical supply company, Claflin, to gather and provide thousands of emergency medical and surgical supplies including bandages and other wound care materials, IV catheters, masks, tourniquets and more. Additionally, last week Gwyn Gable, a Harrington caregiver with Ukrainian family, arranged for two dozen cases of maximum barrier kits to be flown to Poland and driven to the border. That's just the start. We will continue to bring you information about more efforts as they mobilize.

How to Help: Trusted Relief Organizations to Support Ukraine

When there's a need, our caregivers are compelled to step up to help. For the many UMass Memorial Health caregivers who have expressed interest in supporting the people of Ukraine, we have identified the following trusted relief funds and organizations.

- **Save the Children – Ukrainian Crisis Relief Fund** This London-based organization is currently

working in refugee camps in Poland and Romania distributing food, water and hygiene kits to refugees arriving at the Romania-Ukraine border and in reception centers. Their Child Protection services include targeted support for unaccompanied and separated children, psychosocial support and access to legal services. Learn more about the **Save the Children – Ukrainian Crisis Relief Fund**

- **International Committee for the Red Cross:** Working closely with the Ukrainian Red Cross Society, this Switzerland-based organization provides: emergency assistance such as food, water and other essential items; support for hospitals and primary health care facilities with medical equipment and emergency preparedness; repair of water stations/damaged homes; and reunification of families separated by the conflict. Learn more about the **International Committee for the Red Cross**.
- **Médecins Sans Frontières/Doctors Without Borders:** Based in Switzerland, Doctors without Borders is mobilizing to set up emergency response activities with teams in eastern Europe. They are working as emergency response, providing surgical care, emergency medicine and mental health support for displaced people. In addition, they are shipping surgical kits, trauma kits and basic necessities for intensive care units, emergency rooms and surgical operating theaters for use in hospitals in Kyiv and for distribution to other towns further east.

How to Support Our Caregivers

As the heartbreaking news and images of violence and destruction continue to come out of Ukraine, this is a difficult time for many of our caregivers, especially those from Ukraine, Russia or other European nations. Please take this opportunity to care for each other, lean on each other and take advantage of **resources** that are available to help. In addition, our Optum Employee Assistance Program offers the following that may be helpful to you:

- Employee Assistance Program: 866-263-3525
- **Optum Ukraine Unrest Handout**
- **Optum Disaster Planning and Recovery Pre-recorded Webinars**
- **Optum Disaster Planning and Recovery Articles**

We sincerely hope we see an end to this senseless violence soon. Until then, we appreciate all you do to extend a helping hand to those impacted by this crisis abroad and here at home. Stay informed of the latest information on how to help, resources and support services on the new [**Ukraine Support and Resources Hub page**](#)

Relaxation of COVID Safety Protocols and COVID-19 Boosters

Now that the number of COVID-19 cases have declined significantly, I have some good news to share about relaxing some of our COVID safety protocols and policies, based on the latest guidance from the Massachusetts Department of Public Health (DPH).

Masks Optional in Non-Clinical Areas: Any clinical or non-clinical caregiver who has completed their initial COVID vaccination course may remove their masks if they feel comfortable doing so in any non-clinical area that is restricted from patient access. Below are some examples of non-clinical areas in which it is ok to take off your mask and examples of patient-accessible areas where masks are still required. This is great news and another sign that we are resuming almost-normal operations. I do, however, want to emphasize that taking off your mask is optional. If you feel more comfortable (and safe) keeping your mask on, please do so. These masks have become such an important part of our lives these last two years – almost like an article of clothing you put on in the morning – so some may prefer to continue wearing them. Those who choose to go maskless, please respect your colleague's choice to wear a mask. And for any caregiver who is immunocompromised or has family/household members who are, please feel free to continue wearing your mask as there still is some evidence of COVID-19 still circulating in the community.

Unvaccinated Caregivers with Medical or Religious Exemptions: For any caregiver who is exempted from the COVID-19 vaccine requirement and are on accommodations, they must still wear their N95 mask at all times, unless they are alone in a room with the door closed.

Social Distancing: Maintaining six feet of social distancing is no longer required. However, we still encourage all clinical and non-clinical staff to maintain social distancing through the environmental controls we've put in

place, such as plexiglass barriers, and wall and floor signage.

Eating: In any non-clinical area that is restricted from patient access, such as an employee break room, or a resident conference room, there is no social distancing requirement when vaccinated caregivers are eating. Unvaccinated caregivers who are on accommodations still must eat alone. Areas that are patient-accessible, like the main hospital cafeterias, still require social distancing.

Eye Protection: Clinical staff no longer need to wear eye protection for all patient care encounters. Only those who are caring for a COVID-19 positive patient, a Patient Under Investigation or a patient undergoing an aerosol generating procedure must wear eye protection.

Visitors, Vendors and Guests: Each of our system entity hospitals have revised their patient visitor policies, so please continue to abide by these policies for patient visits. All patient visitors must remain masked at all times. Vendors or guests visiting non-clinical areas are required to be vaccinated, so masks are optional for them.

Employee Self-Reporting (ESR) Tool: Even though we are relaxing some of our COVID safety protocols, all caregivers are still required to use the ESR tool daily to report their symptom status. This is still a requirement dictated by DPH.

Non-Clinical Areas Where Vaccinated Staff May Take Off Masks: These are areas that patients/families do not have access to enter

- Break rooms
- Kitchens
- Staff conference rooms
- Administrative areas in which patients/families are restricted from entering
- Buildings or floors that are limited to Administrative/Corporate Services staff

Hospital Areas Where All Staff Must Continue Wearing Masks: These are non-clinical areas in our hospital settings that patients/families still may enter

- Hallways
- Lobbies
- Clinics
- Cafeterias
- Elevators
- Stairwells

Revised Policy: An updated Personal Protective Equipment Policy will be posted on the Hub in the near future.

COVID-19 Booster Vaccinations: While we still encourage all of our caregivers to receive the COVID-19 booster as soon as they are eligible to do so, we are not requiring the booster at this time. However, we may change to the COVID-19 booster being a condition of employment under one of these circumstances:

- If Centers for Medicaid and Medicare Services (CMS) require health care organizations to do so (as they did with the initial vaccine)
- If an updated booster vaccine becomes available
- If another COVID-19 surge is likely to occur in our region

In Closing: I sincerely hope we can keep these COVID-19 safety protocols relaxed as they allow us to have some level of pre-COVID normalcy. But if we see an increase in COVID-19 spreading in our region and DPH changes back to restrictive guidance, we will need to go back to PPE requirements. In the meantime, please enjoy these small glimpses of freedom as we welcome the spring-like weather.

Please Submit Your COVID-19 Booster Status

To better understand the need for more booster clinics and to comply with a federal regulation that

requires us to document and report on the booster status of all health care workers, we are asking all caregivers who received a booster shot outside of UMass Memorial Health to submit appropriate documentation. Please submit a picture of your vaccination card to the following inbox, depending on the entity where you work:

Entity	Email
Medical Center, Medical Group, Division 40	employee_health_covid-19_mailbox@umassmemorial.org
Community Healthlink	chlemployeehealth@communityhealthlink.org
HealthAlliance-Clinton Hospital	HA-C_EmployeeHealthServices@umassmemorial.org
Marlborough Hospital	medworks@umassmemorial.org

In the next few days, this message will be translated into Albanian, Portuguese, Spanish and Twi. You will be able to find those translations on [the Hub](#) soon.

Updated Mask Guidance:

The CDC updated its guidance on mask and respirator use ([Types of Masks and Respirators | CDC](#)) on January 14, 2022. Based on this guidance, caregivers may choose to wear an N95 instead of a procedure/surgical mask according to our [PPE policy](#). If a caregiver chooses to wear an N95 voluntarily, **you must read the following guidance from OSHA on voluntary use**. Please note that this does not mean that the use of a surgical mask is unsafe. Please refer to the Hub for advice on how to ensure a **well-fitting mask**. If a caregiver chooses to use an N95, please adhere to the following:

- Caregivers should adhere to extended use of the N95 – this means that they should use one N95 mask per day.
- You should replace your N95 if it becomes damaged or soiled.
- You may use your N95 as extended use across multiple patient encounters. For caregivers caring for multiple PUI or COVID-19 positive patients, we recommended extended use of N95 with or without a surgical mask over the N95. Please note gloves and gown must be exchanged after each patient encounter. For caregivers seeing a single patient on PUI or COVID-19 positive patients, we recommend that you obtain a new respirator after the patient encounter.
- Unless you have been instructed to get fit-tested, you do not need a medical clearance or fit testing prior to using an N95 for general use. If you need further instructions on donning an N95, please see the tip sheet [2010-133.pdf \(cdc.gov\)](#) and video [Respirator Safety - YouTube](#).
- Both medical clearance and fit-testing is required for use of an N95 respirator to provide care to a patient who is on Airborne/Strict Airborne precautions or is having an aerosol generating procedure done. You must obtain a new respirator after each patient encounter.
- Caregivers should obtain an N95 in their work area. If an area does not have N95 respirators, they can be ordered through PMM.

In accordance with DPH guidance, caregivers may NOT use KN95 in the healthcare setting. Regardless of whether a caregiver uses a surgical mask or N95, everyone should remember the following:

- As with all guidance, this is subject to change pending evolving guidance and our internal supply

levels.

- Eye protection is still paramount to decreasing the risk of transmission of COVID-19. They should be used for all patient encounters.
- Eating and drinking with others remains one of the highest risk activities for transmitting COVID-19.
- Social distancing is still important and protective.
- Visitors wearing an N95 or KN95 may be directed to wear the UMMH-supplied surgical mask over their own mask.



BUNDLED UP *for improvement*

Bundled Payments for Care Improvement Advanced (BPCI-A) Quarterly Newsletter

What is BPCI-A?

The Bundled Payments for Care Improvement-Advanced model, or BPCI-A, is a voluntary value-based payment model from the Center for Medicare & Medicaid Innovation. The BPCI-A model tests whether linking payments for a clinical episode can reduce Medicare expenditures while maintaining or improving quality of care. Participants are financially accountable for the expenditures and quality of health-care services during a clinical episode, which begins with an inpatient hospitalization (Anchor Stay) or an outpatient procedure (Anchor Procedure) and ends 90 days after discharge from the hospital or completion of the procedure. At the end of each performance period, actual Medicare fee-for-service expenditures are reconciled against a target price, which is calculated by the Centers for Medicare & Medicaid Services (CMS) based on historical claims data. To learn more, read the [BPCI-Advanced Model Year 5 Fact Sheet](#).



Shifts emphasis from individual services towards a coordinated
Clinical Episode = Bundles



Establishes an accountable party = Participant



Links physician, hospital, and post-acute care payments to quality and cost = Value-Based Care

BPCI-A Program at UMMH

UMass Memorial Medical Center (UMMMC), the episode initiator for UMass

Memorial Health (UMMH), has been a participant in the BPCI program since April 2015, starting in the original program, and was among the first participants in BPCI-Advanced, which began in October 2018. The Model is expected to run through December 31, 2023.

The goal of the BPCI-A program is to reduce costs while enhancing the quality of care, patient outcomes and beneficiary satisfaction. BPCI-A service lines at UMMH include:

- **Gastrointestinal Surgery:** IP Major Bowel, IP Bariatric Surgery
- **Neurological Care:** IP Stroke, IP Seizures
- **Orthopedics:** MS Major Joint Replacement of Lower Extremity, IP Hip & Femur Procedure, IP Major Joint Replacement of Upper Extremity, IP Lower Extremity and Humerus, IP Fractures of Femur, and Hip or Pelvis
- **Spinal Procedures:** IP Spinal Fusion, IP Back and Neck, OP Back and Neck

UMMH employs four Nurse Navigators – one for each service line - who partner with and support

patients throughout a 90-day clinical episode, which has allowed us to expand the work we're doing in clinical redesign, care transitions, operational improvements, and data review. The nurse navigators collaborate with multidisciplinary teams to enhance and improve patient outcomes and experience. Read **MY5 Care Redesign Plan** for more details about UMMH's approach to the BPCI-A program.

Driving Positive Patient Outcomes

Our Nurse Navigators—Sharon Davidson, Carolyn Griffin, Andrea Paradis and Kelly Gaumond—provide clinical oversight to assure safe and effective transitions of the patient to the next level of care throughout the 30-to-90-day period following hospital discharge. They coordinate care and work with physicians as well as acute and post-acute care providers to ensure improved health status and positive patient outcomes while controlling health-care expenditures across the continuum – and that work has paid off. Here are just a few examples of how we are reducing readmissions and improving patient care:



SHARON DAVIDSON, RN

Spine Nurse Navigator
(508) 334-9754
Sharon.Davidson@umassmemorial.org

Sharon's Spine Bundle patient was readmitted through the ED because of an infected fluid collection. The patient was discharged after 10 days to Care One Millbury with a Pigtail drain inserted

by Interventional Radiology with placement of a peripherally inserted central catheter for IV antibiotic therapy. Unfortunately, the Pigtail fell out late on a Friday. Sharon, along with the patient's case manager, and Jonna Dube, Sr. Director, Government Program Operations & Care Pathways, coordinated with Interventional Radiology and Infectious Disease Advanced Practice Providers and scheduled an outpatient US-guided reinsertion on Monday morning. ***Teamwork and this care approach avoided a three-day weekend readmission and resulted in a better outcome for the patient.***



CAROLYN GRIFFIN, MSN, RN

Neurology Nurse Navigator
774-441-7626
Carolyn.Griffin2@umassmemorial.org

Carolyn prevented further readmissions for a Neurology Bundle-Seizure Episode patient, who had been readmitted with CO2 retained secondary to COPD, by coordinating with the

patient's pulmonary team. Her pulmonary physician expressed concerns about the patient's incorrect use of an inhaler, so Carolyn consulted with a pulmonary nurse to obtain educational materials on proper inhaler use, which she reviewed with the patient during an in-home visit at the patient's sister's house, where the patient had been staying due to her medical needs. ***Since then, not only has this patient not been readmitted, but she has also reached her personal goal of moving back into her own home.***



ANDREA PARADIS, MPA, BSN, RN

GI Surgery Nurse Navigator
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Andrea's Major Bowel Bundle patient with a new ileostomy had already endured two surgical admissions and one for an acute kidney injury, when presented to ED from the

patient's PCP for dehydration. The patient was hydrated and discharged to home. In response, Andrea arranged a Colorectal Surgery (CRS) clinic visit, same-day PICC line placement, and next-day hydration in surgical clinic at University as the VNA could not accommodate. The complexity of the case called for

a high-level of coordination with the CRS team, VNA of Southborough, patient, and patient's husband to organize necessary care components such as hydration, lab work and follow-up; moreover, Andrea facilitated an earlier appointment with the nephrology team to address the patient's acute kidney injury. ***In addition to improving the patient's experience, this coordination of care helped the patient, who now hydrates daily at home, avoid ER visits and readmissions.***



KELLY GAUMOND, RN
Ortho/Trauma Nurse Navigator
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Kelly's Total Joint Replacement Bundle patient developed symptoms of localized pain and swelling following hip surgery. The patient called her directly to report

symptoms of worsening pain, increased swelling and decreased mobility, and Kelly promptly notified the patient's surgeon and coordinated same-day appointments. The patient was first seen at the vascular lab, where she underwent a Venous Duplex/Ultrasound, and then immediately assessed and treated in the clinic by her own surgeon. ***Knowing who to call (nurse navigator) and receiving treatment from own surgeon was comforting to the patient, as was the timely coordination of care that avoided an ER visit.***

PROGRAM UPDATES

BUNDLE BRACELETS

During their hospital stay, every Bundle patient will receive a UMass Memorial bracelet. This bracelet will have their Nurse Navigator's name and phone number printed on it, so this information will be aptly "on hand" if in need of assistance.



We have established a workflow for Electives vs. Urgent/Emergent vs. ED/Post-Acute and it can be found [here](#).



BUNDLES T-SHIRTS AND SHORTS

T-shirts and shorts will be distributed to every Ortho Bundle patient to promote exercise. Each set will sport the new logo shown to the right, which we hope will inspire patients to put it in gear and celebrate improved motion.

SDOH PILOT WITH SEIZURE BUNDLE

As of 2/7/22, Seizure Bundle has screened 10 patients for Social Determinants of Health and three of the 10 indicated a need. Using the CommunityHELP platform now imbedded in Epic, our patients have received assistance such as new job-skill training for a patient reentering the work force with a new seizure diagnosis, and home-delivered meals for another who could no longer make dinner. As the medical community has learned, SDoH has a major impact on the overall health and wellbeing of many, and we are in the perfect position to make an impact in these areas.

STROKE BUNDLE AND HOME INSTEAD PILOT

In an effort targeted to reduce readmissions in the first 30 days of discharge, Stroke Bundle has partnered with Home Instead to offer nonmedical individualized assistance such as personal care, housekeeping and transportation to those patients discharged to home - more information can be

found **here**. We will be closely evaluating the effects of this collaboration on our patients and program metrics.

RESOURCES:

- [Hospital at Home](#)
- [Meds to Beds](#)
- [Mobile Integrated Health \(MIH\)](#)
- [Home Instead](#)

NOW HIRING

The Neurology Department is hiring. We're offering a \$2,000 sign on bonus for all positions. Click the links below to apply and share.

- [Research Scientist, Sr.](#)
- [Research Associate](#)
- [Research Associate I](#)

We are seeking a highly motivated and goal-oriented individual to join our gene therapy lab in learning and working with cutting edge vector research and development to treat neurodegenerative diseases affecting children and adults. The candidate, under the direction of Dr. Miguel Sena-Esteves, and working as part of the Li Weibo Institute for Rare Diseases Research and the Horae Gene Therapy Center, will be working to develop gene editing methods to inactivate or correct the disease-causing version of the genes at the DNA level. Our lab is currently researching Neurofibromatosis type I, GNAO1, TNNT1 nemaline myopathy, as well as Dravet Syndrome and Diffuse intrinsic pontine gliomas, among others. The Research Associate will work closely and interact with other lab members to design and execute in-vitro and in-vivo experiments testing the toxicity and biodistribution of new vectors. The ideal candidate will have a strong background in molecular biology, including PCR, Western Blots, and tissue culture, as well as have strong record keeping and organizational skills.

The Neurology Department is also hiring the following position through AAMC Career Connection. To learn more and to apply, click the link below.

- [Biostatistician II](#)

DIVERSITY & INCLUSION NEWS

Asian Women for Health founder shares mission with UMass Chan group



Community organizer Chien-Chi Huang, founder of the Asian Breast Cancer Project and Asian Women for Health, spoke at the April 20 Diversity and Inclusion Office Centering the Margins series and shared how her experience as a breast cancer survivor led her to advocate for Asian women's health.

[Read More](#)

Foundation Workshops at UMass Chan



UMass Chan Medical School is committed to creating an inclusive and equitable learning and work environment. The Diversity and Inclusion Office's training program conducts high-impact diversity, equity and inclusion workshops that utilize innovative instructional design to support DEI professional development and capacity-building efforts across UMass Chan Medical School. The foundations workshops are intended for staff, faculty and learners of all levels to provide a foundation in DEI to support building more advanced skills.

Inclusive Communication: The Language of Belonging

In this interactive virtual workshop, we will review common terminology and concepts used in diversity, equity and inclusion efforts and examine how we can promote inclusion and belonging through intentional language and communication.

May 3, noon

[Register](#)

Register for any 2022
workshops

Upcoming Events

Celebrating Asian American Pacific Islander (AAPI) Heritage Month

Commonwealth Medicine, in collaboration with the Diversity and Inclusion Office, invites you to the inaugural celebration of AAPI Month. **Leverett Wing**, president and CEO of the Commonwealth Seminar, will be addressing systemic racism with a focus on the AAPI community. Ingrid Chiemi Schroffner, JD; Jorge Sanchez, MEd; and Tom Pomfret, PharmD, MPH, BCPS, will facilitate the

discussion.

May 11, noon

[Register](#)

LGBTQ Affinity Group Meetup

The LGBTQ affinity group has started monthly informal, agenda-less get-togethers every third Tuesday at noon in the Sherman Center cafeteria. Look for the LGBTQ or rainbow placeholder on the table.

May 17, noon

Sherman Center cafeteria

CAMPUS LEARNING

EPC Retreat

Audience: Open to all (students, staff, faculty)

Logistics:

- Day 1, fully remote, large group session and recorded (email epccommittee@umassmed.edu for recording)
- Day 2, hybrid, large group and small group sessions with Vista Curriculum leaders

Topics:

- Vista Longitudinal Focus Topics (the new School of Medicine curriculum)
- Lecture from Lamar Soutter award winner Dr. Suzanne Cashman on teaching and learning (Day 1)
- Workshops from Vista leadership regarding the Medical School's educational objectives, are Physician as...Professional, Scientist, Communicator, Clinical Problem Solver, Patient & Community Advocate, Person and Healthcare System Navigator (Days 1 & 2)

[June 6, 2022 Zoom Link](#)

Call for Applications

The **UMass Chan Medical School Junior Faculty Development Program (JFDP) 2022-2023** is now open for applications.

The JFDP, sponsored by the UMass Chan Medical School Office of Faculty Affairs (OFA), is designed to accelerate the professional development of faculty in the early stages of their academic career.

The JFDP is an intensive experience, combining a curriculum in professional development and a project conducted with the guidance of a program-assigned senior faculty member. Since its implementation in 2010, 278 UMass Chan Medical School junior faculty have completed the JFDP. More information on the JFDP can be found on the Office of Faculty Affairs website at <https://www.umassmed.edu/ofa/development/JFDP>

If you are interested in the JFDP, we encourage you to attend one of the virtual informational sessions – on May 4 or 11 – a flyer is attached. Please also contact us if you have questions about the program.

Application to the JFDP requires approval by your department Chair— if you are interested

in the program, you should discuss the opportunity first with your chair (and your division chief, if applicable) before completing an application. The application form is attached: the deadline for submission is

Wednesday, June 08, 2022.

New additional application requirements this year include a personal/leadership statement and Letter of Support from the Chair or Division Chief.

Selection will be based on the merits of the applicant's leadership potential, chair letter, and the potential impact of the proposed project on the individual, departmental and institutional level, including likelihood of scholarship for the applicant.

JFD Application 2022

JFD Informational Flyer

LET'S GET SOCIAL

The UMass Chan Neurology Department is getting social. Take a moment and like our page on Facebook and follow us on Twitter and Instagram. Stay on top of the latest neurology news and click the links below.



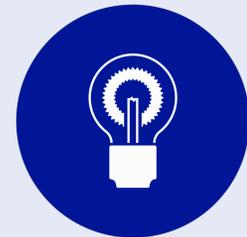
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