2016 Academic Poster Session

Monday, April 4 / 5:30 - 7:30 PM / Cambridge Campus Learning Center
WELCOME TO THE 10TH ANNUAL
CAMBRIDGE HEALTH ALLIANCE
ACADEMIC POSTER SESSION

Monday, April 4 / 5:30 - 7:30 PM
Cambridge Campus Learning Center

This signature CHA event is an opportunity for our community to share interests and accomplishments, and to forge new collaborations across departments and work sites. The session has grown over the years from a small Department of Medicine gathering, to an Alliance-wide event jointly sponsored by the CHA Academic Council and the Center for Professional Development. As you will see within these pages, the range of activity reflects a vibrant institutional commitment to research, continuous improvement and scholarship. We are grateful to the CHA Planning & Marketing Department and many others for their support of this event.

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Director, CHA Center for Professional Development

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Operations Coordinator, CHA Center for Professional Development

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Chair, CHA Academic Council
# TABLE OF CONTENTS

## CASE REPORTS
### PAGES 12–14

1. **POEMS Syndrome: The Case of a 40-year-old Nigerian Male**
   Daniela Delgado, BS*; Shruti Sonni, MD; Katy Brubaker, BA*

2. **A Unique Cause of Secondary Postpartum Hemorrhage**
   Benjamin Matthews*; Erin Sienkiewicz, MD

3. **Evaluation of a Large Testicular Mass in a 41 Year Old Male**
   Anna Ruman*; Benjamin Matthews*; David Osler, MD, MPH

4. **Early Detection and Treatment of Irregular Pigmented Lesions of the Foot**
   Michael Theodoulou, DPM; Priya Anand, DPM*; Emily Pepyne, DPN, MPH*

## CLINICAL & RESEARCH ADVANCES
### PAGES 16–25

5. **Optical Coherence Tomography Angiography of Pigment Epithelial Detachment**
   Grayson W. Armstrong, MD, MPH*; Chiara Veronese, MD; Chiara Maiolo, MD; Mariachiara Morara, MD; Antonio P. Ciardella, MD

6. **Anxiety Drill Down**
   Alec Conte, BS; Sarah E. Nelson, PhD; Debi LaPlante, PhD; John Kleschinsky, MPH; Emily Shoov, BS; Layne Keating, BS

7. **Perceptions of Type II Diabetes in the Hispanic Population**
   Marie Gabour*; Rebecca Toutant, MA, RD, LDN, CDE

8. **Ecological Validity of Traditional Neuropsychological Tests: Role of Memory, Executive Skills, and Learning in Predicting Everyday Functioning in a Clinical Population**
   Sharon Jung, PsyD*; David LaPorte, PhD; Susan Zimny, PhD; Laura Knight, PhD; Michael Franzen, PhD

9. **Psychiatric Comorbidity among First-Time and Repeat DUI Offenders**
   Layne Keating, BS; Emily Shoov, BA; John H. Kleschinsky, MPH; Alec Conte, BS; Sarah E. Nelson, PhD

10. **Body Mass Index Predicts Left Ventricular Mass in Career Male Firefighters in the United States**
    Maria Korre, MSc, ScD*; Luiz Guilherme G. Porto, PhD; Andrea Farioli, MD; David C. Christiani, MD, MPH; Costas A. Christophi, PhD; David A. Lombardi, PhD; Richard J. Kovacs, MD; Ronald Mastouri, MD; Steven Moffatt, MD; Denise Smith, PhD; Stefanos N. Kales, MD, MPH

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*CHA Trainee
11. Entry Fitness Levels and Subsequent Academy Performance Outcomes in Massachusetts Police Recruits
Kevin Loh, DO, MPH*; Stefanos N. Kales MD, MPH*; Michael Shusko*; Laurent Benedetti*; Andrea Farioli*; Luiz Porto*; Maria Korre, MSc, ScD*; Dan Zivkovich*; Marylou Powers*; Sara Boyd*

12. Patient Narratives of Most Helpful Psychodynamic Treatment Factors: A Qualitative Analysis
Hannah Richardson, PhD; Asli Baykal, PhD, LCSW*; Laura Werner-Larsen, PhD, LCSW*; Chrysa Prestia, DMA, LCSW*; Jessica Somers, LCSW*; Thomas Westerling, PhD*; Yi Yang, PhD*; Rebecca Drill, PhD; Jack Beinashowitz, PhD

13. Mindfulness Training for Primary Care: A Pilot Study
Zev Schuman-Olivier, MD; Liza Pine, BA; Richa Gawande, PhD*; Zayda Vallejo, MLitt; Susan Pollak, MTS, EdD; Elana Rosenbaum, MS, LICSW; Alexandra Oxnard, MD, MPH; Laura Warren, MD; Elizabeth Gaufberg, MD, MPH; Todd Griswold, MD

14. Development of “G-TRUST,” a Clinician-Friendly Tool to Assess the Trustworthiness of Clinical Practice Guidelines
Allen F. Shaughnessy, PharmD, MMedEd; Lisa Cosgrove, PhD

15. DUI as Self-Harm Behavior
Emily Shoov, BA; Heather M. Gray, PhD; John H. Kleschinsky, MPH; Layne M. Keating, BA; Alec Conte, BS; Sarah E. Nelson, PhD

Samuel D. Turner, MD, MPH*; Stephanos N. Kales, MD, MPH, FACP, FACOEM; Andrea Farioli, MD

17. Exploring Relationships Between Patient Attachment Style and Therapist Countertransference in Psychodynamic Psychotherapy
Thomas Westerling, PhD*; Helen Stevens, PsyD*; David Goodman, PhD; Shelby Ortega, PhD; Jack Beinashowitz, PhD; Rebecca Drill, PhD
18. Case Reviews as Tool to Enhance Medical Education and Improve Patient Care
Genevieve Bergeron, MD, MPH; Maren Batalden, MD, MPH

19. Interdisciplinary Discussions on Integrated Care: Creating a Dialogue between Family Medicine, Internal Medicine and Psychiatry
Carrie Cunningham, MD, MPH*; Hsiang Huang, MD, MPH

20. Validating Nursing Competency to Promote Quality and Safe Patient Care
Diane Gengo, MS, RN, ACNS-BC; Mary Samost, DNP, RN

21. Wellness is Not the Absence of Illness; Changing Medical Education
Andrea Gordon, MD

22. Improving the On-call Experience through Face-to-Face Contact Between Child Psychiatry Fellows and Adult Psychiatry Residents
Josepha Immanuel, MD*; Nicholas Carson, MD*; Louis Ostrowsky, MD*

23. Resident Mindfulness Initiative: Building a Sustainable Community of Healthy Physicians
Nayla Khoury, MD, MPH*; Nicholas Barnes, MD*

24. Improving the Interprofessional Labor and Delivery Training Environment for Family Medicine Resident Physicians
Abigail Love, MD, MPH, FAAFP

25. The Frequency and Effects of Workplace Bullying during Osteopathic Medical Education
James B. McKenzie, DO, MBA*; J. Michael Wieting, DO, MEd, FAOCPMR, FAAPMR; Celest Weuve, PhD, ATC, CSCS, LAT; Benjamin Cook, PhD, MPH

26. Diversity and Culture: Building Community and Fostering Change
Priya Sehgal, MD, MA*; Jason Reynolds, MA*

27. Attention without Intention: Implicit Reflection in Residents’ Ungraded Writings
Allen Shaughnessy, PharmD, MMedEd; Ashley P. Duggan, PhD; Jessica Early, MD*; Randi Sokol, MD, MPH, MMedEd; Lucas Allen

28. Evidence-Based Medicine and Life-Long Learning Competency Requirements in New Residency Teaching Standards
Allen F. Shaughnessy, PharmD, MMedEd; John R. Turro, MD; Kara A. Frame, MD; Munish Bakshi, MD

29. Interdisciplinary Group Visits for Opioid Addiction: Description of Curriculum and Group Facilitation in a Family Medicine Residency Program
Randi Sokol, MD, MPH, MMedEd; Audra Williams, MD, MPH*; Ashley Duggan, PhD

30. Manifestations of Transformative Learning Experiences in Family Medicine Residents’ Written Reflections
Randi Sokol, MD, MPH, MMedEd; Ashley Duggan, PhD; Allen Shaughnessy PharmD, MMedEd

31. Using Transformative Learning and Threshold Concept Theories to Understand Three Potential Learning Journeys Related to Information Mastery
Randi Sokol, MD, MPH, MMedEd; Allen Shaughnessy, PharmD, MMedEd; Rola Ajjawi, PhD

32. Getting There: Mapping EPAs to Milestones and Paving the Way to the STARs
Jean S. Whitten, MD; Andrea Gordon, MD

*CHA Trainee
33. Implementation of a Multidisciplinary Debriefing Program Following Resuscitations in a Community-Based Academic Emergency Department
Janine Albert, MD; Christopher Fischer, MD; Benjamin Milligan, MD; Melisa Lai Becker, MD

34. Improving the Experience of Patients with Opiate Use Disorder at Cambridge Hospital
Alison Alpert, MD, MFA*; Amy Pasternack, MD; Ida Bernstein*

35. Utilization of COPD Rescue Pack to Prevent COPD Exacerbations
Rich Balaban, MD

36. Co-producing Healthcare Service Improvement: CHA-Gold Innovation Fellowship Program
Maren Batalden, MD, MPH; Elizabeth Gaufberg, MD, MPH; David Bor, MD; Lise Fried, PhD; Paul Allen, MD, MPH

37. Discontinuing Contact Precautions for MRSA and VRE: One Year of Experience
Lou Ann Bruno-Murtha, DO; Anne Burgess, MT-CIC; Virginia Caples, RN, CIC

38. Sustaining Inpatient Hand Hygiene Compliance
Lou Ann Bruno-Murtha, DO; Anne Burgess, MT-CIC; Virginia Caples, RN, CIC

39. Standardized Multidisciplinary Team Approach - Using Selection Criteria Modality for Total Joint Arthroplasty
Marilou E. Cummings, MM, RN, CNOR; Carol Mannone, MSN, RN, CH-GC; Samuel H. Doppelt, MD

40. Early Lessons from the Implementation of a Telepsychiatry Service at Cambridge Health Alliance
Carrie Cunningham, MD, MPH*; Robert Joseph, MD; Hsiang Huang, MD, MPH; Reji Attupurath, MD; Janet Shu, MD; Ken Novoa, MD; George Varai, MD

41. Advanced Illness and Palliative Care (AIPC)
David Elvin, MD; Eleni Carr, MBA, LICSW; Maren Batalden, MD, MPH; Vanessa Doleyres-Nazaire, MPH; Mary Kearns, RN, BSN; Deborah Murphy, RN, MHA; Susan Natale, RN, MS; Lisa Trumble, MBA

42. Implementation of a Clinical Pathway for Emergency Department Patients with Chest Pain
Christopher M. Fischer, MD; Benjamin Milligan, MD; Melissa Lai Becker, MD; Charlene Scarpa, RN; Janine Hogan, RN; Kathleen Clark, RN; Margaret Buckley, RN

43. Early Impacts of the Affordable Care Act on Access to Care for Patients with Chronic Disease: A National Perspective
Chin Ho Fung, MD*; Hugo Torres, MD, MPH*; Elissa Poorman, MD, MPH*; Uma Tadepalli, MD*; Cynthia Schoettler, MD, MPH*; Lenore Azaroff, MD, ScD*; Lauren Campbell, MD, MPH*; Nicole Mushero, MD, PhD*; Gaurab Basu, MD, MPH; Danny McCormick, MD, MPH

44. Early Management of Severe Sepsis and Septic Shock
Brenda Giddings, RN*; Barbara Lester, RN

45. Patient Perception of the Primary Care Provider Continuity Visit in an Inpatient Setting
Dana DeEun Im, Mphil*; Gabriel Fregoso*; Adetaye Adeseye*; Richard Pels, MD; David Bor, MD; Barbara Ogur, MD

46. Relational Team-Based Care
Janice John, PA-C, MHS; Kirsten Meisinger, MD; Amberly Ticotsky, RN, MPH; Paula Mosley; Leslie Medeiros

47. Integrated Proactive Psychiatric Consultation on Medical-Surgical Inpatient Unit
Amal Kimawi, MD*; Genevieve Bergeron, MD; Maren Batalden, MD, MPH; Nahida Ahmed, MD*; Robert Joseph, MD
48. Improving Access to Naloxone and Opioid Overdose Education in Resident Panels
Carolyn Koulouris, MD*; Judy Kwok, MD*; Michael McShane, MD, EdM*; James Lang, MD*; Alison Alpert, MD*; Sarah Stoneking, MD*; Krupa Parikh, MD*; Kay Negishi, MD*; Maren Batalden, MD, MPH

49. Harnessing Teamwork to Control Hypertension
Lorky Libaridian, MD; Omar Santiago, RN, MSc, MBA; Sue Natale, MS, RN; Monica Akus, PharmD; Joseph Falinski, PharmD; Fiona McCaughan, MS, RN

50. Partnering with Ambulatory Frontline RN Staff, Patient Partners, & Volunteer Health Advisors to Develop Patient Hypertension Education Tools
Ellen Lones, PhD, RN; Fiona McCaughan, RN, MS, MBA; Susan Natale, MS, RN; Ziva Mann, MA; James Figueiredo, EdM

51. The Firehouse Model: Developing Community Health Worker Teams at Cambridge Health Alliance
Robert P. Marlin, MD, PhD, MPH*

52. Peer Mentorship for Enhancing Provider Wellness
Polly Mathewson, PA-C; Janice John, PA-C

53. Creating a Reliable System for Outreaching Patients in Transition
Fiona McCaughan, RN, MS, MBA; Sue Natale, RN, MSN, ACNO

54. Successful Implementation of a Screening Tool for Depression, Alcohol and Drug Use in Primary Care is a Team Sport
Fiona McCaughan, RN, MS, MBA; Brian Green, MD

55. Making Children’s Books Relevant to Children with Mental Health Needs Available to Clinicians, Children and Their Families
Marisa Mendel, MD, MS*; Nicholas Carson, MD, FRCPC

56. Using Wellness Action Recovery Planning (WRAP) Peer Support Groups to Co-Produce Primary Care-Behavioral Health Integration
Colleen J. O’Brien, PsyD

57. Improving Transitions of Care in Acute Psychiatric Services
Louis Ostrowsky, MD*; Nicholas Carson, MD; Theodore Murray, MD; Josepha Immanuel, MD*

58. Language Services Quality Improvement at CHA
Ranjani Paradise, PhD; Stefanie Albert, MPH; Vonessa Costa, CoreCHI; Fernando Gargano; Avlot Quessa, BA; Mursal Khalil, MA

59. Improving the Culture of Safety through the Use of Safety Huddles
Stephanie Racca, BSN, RN; Laurie Bausk, MM, BSN, RN, NE-BC

*CHA Trainee
60. Symphony of Patient Experience of Care and Staff Experience of Care
Arshiya Seth, MD; Munasha Acharya; Pawel Nawrocki; Tiffany Lin; Marcy Lidman; Paul Allen, MD, MPH

61. Implementation of Guidelines to Promote Safe Opioid Prescribing in a Safety-Net System
Randi Sokol, MD, MPH, MMedEd; Emily Benedetto; Ellie Grossman, MD, MPH; David Roll, MD; Janice Kauffman, RN, MPH, CAS, LADC

62. Differences between Pediatric and Adult Integrated Behavioral Healthcare: A Trainee Perspective
Amelia Swanson, PhD*; Amber Landers, PhD; Colleen O’Brien, PsyD

63. Mind the Gap: Developing a Mental Health Home to Address Health Disparities in Serious Mental Illness
Miriam Tepper, MD; Benjamin Cook, PhD, MPH; Alexander Cohen, MSW, MPH; Andrea Ault, PhD; Ana Progovac, PhD*; Stephen Leff, PhD; Brian Mullin, BS; Carrie Cunningham, MD, MPH*

64. Development of a Core Competency Assessment Instrument for Behavioral Care Managers in Collaborative Depression Care Programs
Karina Umanskaya, DO*; Anna Ratzliff, MD, PhD; Emily Benedetto, LCSW; Melissa Farnum, MA; Hsiang Huang, MD, MPH

65. Prostate Cancer Screening Practices among Primary Care Providers
Mark Wu, BS*; Lisa Montuori Trimble, RN, MSN, MPH; Heidi Rayala, MD; Rebecca L. Osgood, MD; Chong-Min Fu-Sosnaud, ScM; Mary Kearns, RN; Fiona McCaughan, RN, MS, MBA
66. The Fifty-Five Word Short Story: Using Reflective Writing as a Wellness Tool for High School Students
Thomas Albert, MD*; Marie Doehler, LICSW; Ronald Janwicz; Marcia Day Childress, PhD

67. School Health Immersion Experience for MGH Pediatric Residents During their Ambulatory Rotation within a School Health Setting
Susan Aries, BSN, RN; Lisa Dobberteen, MD; Susan Greenberg, RN; Maureen Hanlon, RN; Barbara Meade, RN

68. Ebola: Covert Action to Prevent Community Panic
Shamsher Bam, BSN, RN; Anna Wielgosz, MPH; Florence Grant, BSN, RN; Joanne Ferraro, BSN, RN; Louise Charles, BSN, RN; Kate Matthews, BS, RN; Susan Breen, MS, RN

69. Culturally Tailored Cooking and Nutrition Classes for Haitians in the Cambridge Area: A Mixed Methods Pilot Study
Melanie Baskind*; Marie-Louise Jean-Baptiste, MD; Arlene Katz, EdD; Shalini Chalana, MS, MEd, RD, LDN, CDE; Noor Beckwith*; David Hibbert; Anand Habib*

70. Caregiver Support Group: Experience and Lessons Learned
Shireen F. Cama, MD*; Amber Landers, PhD; Amelia Swanson, PhD*

71. The Opioid Epidemic in Massachusetts; Using the Short Film “If Only” to Foster Dialogue and Awareness
Deviney Chaponis, MD*; Brooke Hoyt; Karen Colon Hayes; Paul Hammersley; Christopher Webb; Katie Valley-Bordeau; Laura Freeman, LICSW; Jose Mendez; Renee Cammarata Hamilton, MSW, MPA; Gregory Sawin, MD, MPH

72. Developing Sports Skills to Promote Sports Participation and Long Term Health
Roberta Dennison, MD*; Jessica Knapp, DO; Daniel Keefe; Nicholas Wilson, PT; Meredith Harclerode, DPT; Renee Cammarata-Hamilton, MSW, MPA

73. Influence of Prior Sexual Experience on Sexual Health Knowledge and Attitudes among Youth
Blessing Dube, MPH; Lisa Arsenault, PhD; Jeffrey Desmarais, MA; Nazmim Bhiuya, MPH; Stephanie Campbell; Erica Fletcher

74. Ask the Doc: Encouraging Active Participation of Teens in Health and Wellness
Lindsey Fuller, MD*; Sarah Hilding, MD*; Daunasia Yancey; Raimi Marx; Jess Knapp, MD

75. HIV Pre-Exposure Prophylaxis (PrEP) at Cambridge Health Alliance
Carol Katz, MSN, ANP-BC, AACRN; Jeffrey Desmarais, MA; Catherine Vaughan, ACRN; Gerard Coste, MD

76. Refugeography: An Interactive, Online Map of Resources for Immigrants and Refugees
Lucinda Lai, Mphil*; David Scales, MD, PhD*; Robert P. Marlin, MD, PhD, MPH; Muna Sheikh*; Travis Forney*

77. Redefining Pain: A Group Medical Visit - Building Community among Women Who Experience Pain and Isolation
Talia Lewis, MD; Jean Bakey, DO; Peter Alex Brown; Robbin Higgins; Linda Miranda
78. The Windsor Teen Girls Wellness Group: A Group Medical Visit for Girls with Obesity
Katie Niro, MD*; Bianca Shagrin, MD

79. Antipsychotic Treatment Patterns among Medicare Advantage Beneficiaries with Schizophrenia
Ariana Nesbit, MD*; Janet Shu, MD; Jurgen Unutzer, MD; Miriam Tepper, MD; Diane Hogan, DNP, RN, MA; Hsiang Huang, MD, MPH

80. Trends in Mental Health Impairment, Service Use, and Expenditures by Household Income and Parental Education
Ana Progovac, PhD*; Benjamin Lê Cook, PhD

81. Improving Health Education: An Addition to The Enhance® Fitness Exercise Program
Spencer Rittner, MD*; Martin Dubovic; Migdalia Gomez; Gregory Sawin, MD, MPH; Renee Cammarata Hamilton, MSW, MPA

82. Sibling Support Program: A Family-Centered Mental Health Initiative
Emily Rubin, MA; Adele Pressman, MD; Louis Ostrowsky, MD*; Elizabeth Janopaul-Naylor, MD*; Priya Sehgal, MD*; Shireen Cama, MD*; Raena Khorram, MD*; Scott Yapo, MD*; Gaddy Noy, DO*; Laura Jane Miller, MD*; Dorothy Kelleher, PsyD; Yana Kotlar, MEd MSW; Heidi Pattz, DMT; Leah Baigel, MS; Theo Murray, MD

83. Teen Parent Program: Empowering Young Teenage Mothers through Mentorship and Education
Emily Samaha, MD*; Amanda Symmes, MSW LCSW; Jessica Knapp, DO; Renée Cammarata Hamilton, MSW MPA

84. Sleep: The Other Third of Your Life: An Education Program for Older Adults Aging in Place
Jo M. Solet, MS, EdM, PhD

85. Promoting Effective Models For Office-Based Opioid Use Disorder Treatment (OBOT) At Cambridge Health Alliance
Anne Marie Williams*; Andreas Mitchell*
A 40-year-old man presents to his primary care provider complaining of numbness and tingling in his lower extremities. He is referred to neurology, where he has an in-office lumbar puncture and is found to have significantly elevated protein and mildly elevated glucose. His initial presentation is consistent with guillain-barre syndrome (GBS), but his symptoms gradually worsened, raising concern for chronic inflammatory demyelinating polyneuropathy (CIDP). Given the patient’s progressive weakness, he is transferred to a tertiary care center for further care, where he is diagnosed with POEMS syndrome. POEMS stands for: polyneuropathy, organomegaly, endocrinopathy, monoclonal plasma cell disorder and skin changes, which are the common features found in this disorder. POEMS is an uncommon neoplastic disorder secondary to a plasma cell dyscrasia. The cause is unknown but is thought to be due to the production of pro-inflammatory and other cytokines. We present the case of a 40-year-old man from Nigeria affected by this disease, his course and treatment. We then discuss how to differentiate POEMS from other polyneuropathies, most importantly CIDP.
A Unique Cause of Secondary Postpartum Hemorrhage

Secondary postpartum hemorrhage (PPH) refers to heavy bleeding that begins between 24 hours and 12 weeks after delivery. Quite uncommonly, secondary PPH results from dehiscence of a uterine incision from cesarean section. This case report describes the course of a 29-year-old primigravid female who presented with secondary PPH 4 weeks postpartum. The team achieved hemostasis with curettage, but the patient had a prolonged hospital stay for fevers despite broad-spectrum antibiotics, which resolved only after hysterectomy. Ultimately, the uterine incision was found to have dehisced due to tissue necrosis, with the source appearing to be a large pelvic hematoma. Prior case reports have demonstrated necrotic dehiscence with incision-site abscesses or bladder flap hematomas, but this may be the first documented necrotic dehiscence caused by uterine hematoma. This poster reviews what is known about uterine dehiscence as a cause of secondary PPH and suggests management considerations for primary and secondary PPH in the setting of a known hematoma.

Evaluation of a Large Testicular Mass in a 41 Year Old Male

Case presentation of a large testicular mass discovered in a 41 year old male patient with Down syndrome. We will review the relevant history and physical exam findings, initial laboratory workup, pertinent imaging, and final diagnosis. We will examine testicular cancer staging and treatment protocols through the lens of our patient’s experience at CHA and at outside hospitals. We will review in detail different surgical options, outcomes, and special considerations for patients with testicular cancer. We will provide an overview of the literature examining the association between testicular cancer and Down syndrome. Lastly, we will discuss ethical issues regarding capacity evaluation and informed consent for adult patients with intellectual disability.
Early Detection and Treatment of Irregular Pigmented Lesions of the Foot

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Department(s):
Surgery, Podiatry

POSTER 4

Acral lentiginous melanoma can be a potentially fatal condition if not recognized in a timely manner. Although rare, providers should have a high clinical suspicion for malignancy when evaluating any irregularly pigmented lesions of the foot. Clinicians must be vigilant in recognizing and treating these potential malignancies. It is important to distinguish these lesions from benign atypical melanosis. Our patient is a 73-year-old Spanish-speaking female from El Salvador, who presented with concern for a non-painful, slow growing, pigmented lesion on the plantar aspect of her left heel. Exact duration was unknown. Upon examination, the lesion had varying shades of pigmentation with ill-defined borders. A punch biopsy was first performed and showed atypical lentiginous hyperplasia present at the margin. Since these findings were inconclusive for a possible malignant component, surgical intervention consisting of wide excision was performed. Final pathology evaluation revealed no evidence of nesting or pagetoid growth suggestive of malignancy. Clean margins were obtained. These findings were consistent with atypical melanosis. This case study highlights the importance of recognizing and understanding treatment protocols for questionable pigmented lesions. Although, this case did not reveal a malignant lesion, it demonstrates the importance of early detection and intervention to prevent transformation to a melanoma.
Purpose: To describe the spectrum of neovascularized and non-neovascularized pigment epithelial detachments (PEDs) in age-related macular degeneration (AMD), central serous chorioretinopathy (CSC), and inflammatory disease using Optical Coherence Tomography Angiography (OCTA).

Methods: Observational, cross-sectional study of 44 patients (24 female, 20 male, mean age 68.7±11.5) with drusenoid, serous, vascularized, or mixed PEDs. OCTA was performed using AngioVue OCTA (Optovue Inc, RTVue XR Avanti) over a 3x3mm area centered on the fovea, and images were manually segmented into 4 layers: superficial and deep plexus, outer retina, and choriocapillaris.

Results: OCTA and SD-OCT were used to evaluate neovascular blood flow and morphology of PEDs. OCTA and SD-OCT of 44 patients detected 44 PEDs: 10 serous (22.7%), 4 drusenoid (9%), 28 vascularized (63.6%), 2 mixed (4.6%). OCT B-scans measured vascularized PEDs (vPEDs); mean length 2469±1182µm and mean thickness 203±69µm. vPEDs were classified into two subtypes: 15 Acute Flat irregular vPEDs (thickness 0-160µm) and 13 Chronic Dome-Shaped vPEDs (thickness 160-450µm).

Conclusion: OCTA provides depth-resolved, detailed images of PEDs, offering the ability to noninvasively differentiate between various types of PEDs. OCTA identified choroidal neovascularization (CNV) structures appearing monolayered in Acute Flat Irregular vPEDs and multilayered in Chronic Dome-Shaped vPEDs. Multiscan analysis was necessary to highlight the entire neovascular network of Chronic Dome-Shaped vPEDs.
Anxiety Drill Down

**Objectives:** Past research has shown that repeat DUI offenders struggle with mental health disorders, but few studies have examined anxiety issues in this population. The current study investigated generalized anxiety among repeat DUI offenders, and its potential role in DUI recidivism.

**Methods:** 779 repeat DUI offenders at the Middlesex Driving Under the Influence of Liquor Program (MDUIL) completed a standardized mental health assessment. The study obtained criminal record information for these offenders 5 years after program admission.

**Results:** More than 50% of our sample screened positive for generalized anxiety symptoms, and 9% fully qualified for lifetime generalized anxiety disorder (GAD). For those with GAD, it was a persistent problem: 80% of those who qualified in their lifetime also qualified for past year, and 54% also qualified within the past 30 days. Though a lifetime or past year history of GAD did not predict 5-year DUI recidivism, offenders who qualified for GAD within the past month upon admission to MDUIL were more likely to re-offend than others.

**Conclusion:** Anxiety issues are prevalent among DUI offenders, and persistent GAD appears to contribute to DUI recidivism. Results suggest that DUI programs need to address the relationship between anxiety and substance use.

Perceptions of Type II Diabetes in the Hispanic Population

Hispanics have a greater chance of developing type II diabetes. Adequate health care is limited due to language barriers, low levels of education, and poor acculturation. The purpose of this research is to understand the knowledge, perceptions, and attitudes to tailor diabetes education. Hispanic patients with type II diabetes who receive care at Cambridge Primary Care were invited to share their beliefs and opinions by interview in the fall of 2015. Fifteen patients participated. All felt confident in their knowledge of the diabetic diet citing smaller portions, reduced carbohydrates, and avoiding sugar. All believe exercise controls diabetes but most felt that they get enough at their job. All understand the purpose of self-monitoring. Most were not afraid of medications but some cited fears like death from medicine/insulin combinations and pain from the needle. Some feared amputations and damaged organs. Most receive information about diabetes from the hospital and doctors. Others turn to television or family/friends. This study demonstrates that Hispanic patients have accurate beliefs about the role of diet, exercise, and blood sugar monitoring. But have misperceptions about medication administration and exercise vs. daily activities. Diabetes education that corrects these misconceptions may improve glucose control.
Ecological Validity of Traditional Neuropsychological Tests: Role of Memory, Executive Skills, and Learning in Predicting Everyday Functioning in a Clinical Population

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Psychiatry, Psychology

Collaborating Institution(s):
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POSTER 8

Goals/Objectives: Traditional neuropsychological tests are increasingly being used to predict a patient’s real-world functioning with relatively little empirical evidence to support this practice. Past research examining the ecological validity of neuropsychological tests for predicting functional status has resulted in mixed findings.

Methods: The current study examined the role of measures of executive functioning, memory, and learning in predicting functional skills among individuals with psychological disturbance (PSY) versus individuals with neurocognitive disorder (NCD). Functional capacity was assessed using the Independent Living Scales (ILS), a performance-based measure of instrumental activities of daily living. Archival data were collected and analyzed on 57 outpatients who were referred for neuropsychological evaluation at Allegheny General Hospital.

Results: Using forced-entry, hierarchical multiple regression analyses, results revealed that the Executive Functioning Index significantly predicted ILS performance for the NCD group. In contrast, the Delayed Memory Index was a significant predictor of ILS scores for the PSY group.

Conclusions: These results suggest that some commonly used neuropsychological tests can demonstrate useful levels of ecological validity in predicting functional capacity among certain clinical populations. The findings from the current study may be useful in clinical settings regarding decisions about independent living, disability, or medical decision-making capacity.

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Psychiatric Comorbidity among First-Time and Repeat DUI Offenders

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Psychiatry

POSTER 9

Objectives: Previous research has found elevated rates of psychiatric comorbidity among first-time and repeat DUI offenders but few studies have directly compared the two populations. This study fills that gap.

Methods: First-time and repeat DUI offenders completed the Computerized Assessment and Referral System (CARS), adapted from the Composite International Diagnostic Interview (CIDI: Kessler & Ustun, 2004), to screen for psychiatric disorders.

Results: For 16 of 19 lifetime and 12 of 16 past year psychiatric disorders, repeat DUI offenders were more likely to screen positive than first-time offenders, lifetime: chi-square (1, N=380) = 4.1 – 24.1, p < .05; past year: chi-square (1, N=380) = 4.2 – 16.9, p < .05. Overall, repeat DUI offenders screened positive for more disorders than first-time offenders, lifetime: M(repeat) = 6.1, M(first-time) = 3.5, F(1, 378) = 41.7, p < .001; past year: M(repeat) = 3.2, M(first-time) = 1.8, F(1, 378) = 26.0, p < .001.

Conclusion: Psychiatric comorbidity is elevated among repeat DUI offenders, compared to first-time offenders. Further research is necessary to determine whether high rates of psychiatric comorbidity among first-time offenders predict re-offense. If so, mental health screening at the first-offender level could provide valuable information about how best to allocate resources for these offenders.
Body Mass Index Predicts Left Ventricular Mass in Career Male Firefighters in the United States

Objective: Left ventricular mass (LVM) is a strong predictor of cardiovascular disease (CVD) events. Left ventricular enlargement is common among US firefighters and plays a major role in sudden cardiac death (SCD) risk in the fire service. We aim to identify significant predictors of LVM among firefighters.

Methods: Cross-sectional study of 400 career male firefighters. LVM was assessed by echocardiography (ECHO) and cardiac magnetic resonance (CMR), and normalized for height. CVD risk parameters included resting vital signs, obesity defined by body mass index (BMI), risk of obstructive sleep apnea (OSA), low cardiorespiratory fitness (CRF), self-reported hypertension (HTN) and physical activity. Linear regression models were performed.

Results: Self-reported HTN, high risk of OSA, and BMI (all p<0.01) showed highly significant associations with LVM in univariate analyses. BMI was the most important and only independent predictor of LVM indices, assessed by either ECHO or CMR and normalized with height (all, p<0.001).

Conclusions: Our results highlight the epidemic levels of obesity and in the US fire service. Revealing the significant predictive ability of BMI, our study emphasizes the considerable potential benefits of controlling BMI to improve CVD risk profiles and preventing on-duty CVD events in the fire service.

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*CHA Trainee
Entry Fitness Levels and Subsequent Academy Performance Outcomes in Massachusetts Police Recruits

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POSTER 11

Intro: Suboptimal physical fitness may be a risk factor for poor performance, work injury, illness and lost time among police. A previous retrospective study demonstrated that recruits with lower physical fitness were more likely not to graduate. This validation study prospectively assesses an incoming cohort of police academy students and their entry fitness levels as predictors of subsequent performance in the academy.

Methods: Each police academy recruit’s (N=500-1000) record during the study period is being reviewed. Outcomes relating to academy graduation and performance are subsequently collected and the relationship between baseline levels of fitness, academy performance, age and gender and other variables of interest among recruit officers are analyzed by using logistic regression models.

Results: We are currently still in the process of data collection. We have collected total 388 recruits’ records with 112 newly graduated officers and 14 known resignations. Preliminary data showed these resigned recruits had performed below average on initial fitness assessments which are consistent with the previous retrospective study results.

Conclusion: We expect this study will validate the previous retrospective study and demonstrate strong statistical relationships between increased physical fitness at academy entry and the likelihood of successful graduation especially push-ups and the 1.5 miles run.

Patient Narratives of Most Helpful Psychodynamic Treatment Factors: A Qualitative Analysis

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POSTER 12

In meta-analyses, psychodynamic psychotherapy is shown to be at least as effective as CBT in symptom relief (Barber et al., 2013; Shedler, 2010), with some evidence of longer-lasting gains. There are theories about what makes psychodynamic therapy effective, but little is known empirically. This study examines the factors patients identify as most helpful about their treatment, drawing from a sample of diverse patients (many with co-morbidities), who receive psychodynamic therapy in a public hospital. The authors use modified grounded theory (Glazer & Strauss, 1967) to develop a customized coding scheme based on 72 participants’ responses to an open-ended question (“What do you find most helpful about the treatment you are currently receiving?”), and to analyze the data according to this scheme. Analysis of the data and validation of the coding scheme are in progress. The authors have preliminarily established seven factors that patients identify as most helpful about their treatment: the frame; the therapeutic relationship; support; the process; insight; psychoeducation; and symptom reduction. This study contributes to the literature on the effectiveness of psychodynamic psychotherapy with a diverse sample. Future research will incorporate longitudinal data and will examine trends based on diagnoses, demographics, and attachment styles.
Mindfulness Training for Primary Care: A Pilot Study

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POSTER 13

Background: Mindfulness-Based Interventions (MBIs) reduce anxiety, depression, and pain. MBIs are generally delivered without insurance coverage, possibly excluding diverse populations. We aim to deliver Mindfulness Training for Primary Care (MTPC) within the Patient-Centered Medical Home (PCMH).

Methods: MTPC is an 8-week insurance-reimbursable, referral-based, PCMH-co-located group psychotherapy program delivered by an integrated mental-health clinician. MTPC emphasizes psychoeducation and chronic illness self-management, including a Primary-Care Provider (PCP) action-planning appointment (Week-6). In this pilot study, PCPs referred patients to 60-minute mindfulness orientation. Participants were randomized (2:1) to co-located MTPC or 6-month waitlist/community+smartphone mindfulness resources.

Primary outcomes: included Perceived Stress Scale (PSS), PROMIS Anxiety (ASF)/Depression (DSF) Short-Forms (baseline and Week-8). We conducted Wilcoxon matched-pairs signed-rank test. Participants rated overall satisfaction with MTPC. Results PCPs made 96 referrals in 60 days (50% public-insurance payers). Adults from Malden/Somerville were randomized to MTPC (N=15) vs. Control (n=7). MTPC completers demonstrated within-group reduction in PSS after 8-weeks (pre-treatment mean=23 vs. post=16; Cohen’s d=0.88; p=.03), ASF (27 vs. 19; d=0.83, p=0.003) and DSF (20 vs. 15; d=0.52, p=.02). All completers (100%) rated MTPC “Very-Good/Excellent” and would recommend to friends.

Conclusions: Integrating MTPC into PCMHs is feasible with strong patient acceptability and preliminary efficacy in reducing anxiety, depression, and stress. Further study with a larger control group for analysis is needed.
Development of “G-TRUST,” a Clinician-Friendly Tool to Assess the Trustworthiness of Clinical Practice Guidelines

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POSTER 14

Background: While clinical practice guidelines (CPG) are useful to guide practice decisions, frequently there are several, conflicting guidelines for a single problem. No tool exists for clinicians to determine the trustworthiness of a CPG.

Objectives: To develop a simple tool for clinicians to evaluate the trustworthiness of CPGs quickly and with minimal work.

Method: Initial criteria were developed using several appraisal tools for CPGs and standards developed by the Institute of Medicine (IOM). We used a modified Delphi technique to develop consensus among 23 experts in evidence-based medicine and 17 developers of high-quality CPGs to refine these indicators. Multiple attribute utility analysis was used to rank and weight items to develop a scoring system.

Results: We developed an 8-item scoring system to identify relevance, evidence, and judgment issues, leading to categorization of CPGs as “trustworthy,” “at risk,” or “not trustworthy.” The tool also allows a clinician to assess CPG adherence to IOM’s standards and the guideline’s focus on patient-oriented outcomes.

Conclusions: This tool will be helpful to clinicians faced with differing recommendations from CPGs to easily determine which guideline will best serve their patients and practice. Further work is needed to determine its reliability and validity in practice.
**DUI as Self-Harm Behavior**

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Department(s): Psychiatry

POSTER 15

**Background:** DUI has devastating public health consequences. Although it is easy to characterize DUI as a consequence of reckless substance use, for some, DUI might represent a form of self-injury—either indirectly or directly. If self-harm impulses do manifest as DUI for some individuals, as we hypothesize, then interventions to reduce such impulses and their proximal causes might further reduce DUI and its public health harms.

**Methods:** DUI offenders (N = 380) recruited from DUI programs completed the Computerized Assessment and Referral System (CARS), and 6-month follow-up interviews assessing self-harm and other key constructs. Where possible, we compared rates against a general population sample.

**Results:** We observed that 8.6% of repeat and 2.4% of first-time DUI offenders reported past-year suicidal ideation, compared to 2.6% among the general population. DUI recidivists also reported higher rates of past-year suicide plans and attempts. Among follow-up respondents, 18% reported engaging in at least one self-harm behavior during their lifetimes. Finally, 6.6% of follow-up respondents reported thoughts of harming themselves when driving under the influence and 3.9% intended to die as a result.

**Conclusions:** These results suggest that repeat DUI offenders are at relatively high risk for suicidality and might require targeted interventions.

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**Self-Reported Stress Related Illnesses among US Law Enforcement Officers: A National Survey**

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Collaborating Institution(s): University of Bologna

POSTER 16

**Objective:** To determine if there is a relationship between perceived stress levels and the presence of stress related injury in U.S. law enforcement officers.

**Methods:** A national survey was distributed to law enforcement officers that collected demographic data (age, seniority, population size, etc), perceived stress levels and time spent in 22 different duties, as well as presence and type of stress related injury.

**Results:** 38% of respondents reported at least one stress related illness. The top 3 stress related illness categories were anxiety, depression, or panic; high stress incidents or PTSD; fatigue or sleep disorders. Among officers who did not report a stress related injury, the mean expected and perceived stress scores were essentially the same (P=0.504). Officers reporting a stress injury had higher perceived stress levels than those who did not report an injury (P<0.001). When examining the 6 most stressful duties, time spent by both those who reported a stress injury and those who did not was essentially the same for all these duties, with the exception of a small difference in witnessing traumatic events (p=0.032).

**Conclusions:** Police officers reporting stress injuries reported higher perceived stress ratings as compared to those who did not report stress injury.
Exploring Relationships Between Patient Attachment Style and Therapist Countertransference in Psychodynamic Psychotherapy

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Department(s):
Psychiatry

POSTER 17

The advancement of affective neuroscience, narrative psychologies, and multicultural and feminist approaches contributed to a recent rapprochement between psychoanalysis and attachment research (Steele & Steele, 1998). As such, conversations between these two traditions have become increasingly prolific and the emergent relational psychoanalytic schools have actively formulated research, theories, and therapeutic techniques informed by their union. Theoretical and empirical studies looking at implicit relational processes, enactments, and the nature and texture of the therapeutic alliance represent some of the new directions forged by the dialogue between these traditions (Eames & Roth, 2000; Goldman & Anderson, 2007; Mallinckrodt, Gantt, & Coble, 1995). However, with the growing diminution of psychoanalytically-informed programs, the opportunities for research analyzing attachment and psychoanalytic processes within long-term psychotherapy continues to decline. The purpose of this study is to continue the dialogue between psychoanalysis and attachment theory by exploring the complex relationship of patient attachment style and therapist countertransference in a public health setting committed to long-term psychodynamic approaches to psychotherapy.
Case Reviews as Tool to Enhance Medical Education and Improve Patient Care

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Medicine

POSTER 18

Goal: Medical incident analysis models stipulate that in order for morbidity and mortality conferences to effectively deal with adverse clinical events, it must be able to identify what happened, why it happened and implement interventions to reduce the probability of recurrence. The goal of this medical education and quality improvement project is to integrate internal and family medicine residents in a multidisciplinary case review conference where incidents are systematically analyzed and opportunities for improvement are connected with an action-oriented multidisciplinary group.

Methods: 1) Through didactic session and supervised review of clinical cases, teach residents the London Protocol for systems analysis of clinical incidents which includes the concept of care delivery problem and contributory factors. 2) Collaborate with patient safety, quality improvement and graduate medical education programs to better define the case selection process. 3) Connect the opportunities for improvement identified at the case conference with the med/surg performance improvement group. 4) Share the lessons learned and steps taken towards improvement with the community of care including residents.

Results: The project will be evaluated by residents, faculty, and members of the multidisciplinary team. Conclusion: Morbidity and mortality conferences are proposed as a tool to enhance medical education and improve patient care at the Cambridge Health Alliance.
Interdisciplinary Discussions on Integrated Care: Creating a Dialogue between Family Medicine, Internal Medicine and Psychiatry

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Psychiatry

POSTER 19

Residency training has historically been siloed according to specialty, with little opportunity for residents to interact and learn from one another’s training. As there is an emerging awareness of the impact of integrated behavioral health and primary care on improvement in access to care and quality of patient care; there is also an understanding that clinical practice will increasingly require clinicians to be skilled in working in interdisciplinary teams to improve both mental and physical health. The objective of this innovation project is to create interdisciplinary opportunities for residents to learn about integrated care settings and reflect on their own experiences in these settings. Funded through the CEO Clinical Learning Environment Innovation Grant, the intervention has included four interdisciplinary dinners with trainees from internal medicine, family medicine, psychiatry, and psychology, which were facilitated by a clinician working in the field of integrated care. Facilitators have included Heather Huang, MD, a dual-trained internist/psychiatrist from the University of Wisconsin and David Tomateo, MD, a dual-trained internist/psychiatrist from Peru. The expected outcomes of these interdisciplinary events include shared knowledge of each discipline’s perspective on integrated care, as well as increased awareness of opportunities in training and practice in integrated care.

Validating Nursing Competency to Promote Quality and Safe Patient Care

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Nursing

POSTER 20

Lack of competency can significantly impact the health and well-being of patients. Periodic assessment and validation of competency of staff is critical. In 2015, the CHA Nursing Department sponsored its annual competency program (ACP) to validate the competency of nursing staff. As a hybrid program, participants were required to complete assigned HealthStream learning modules prior to attending one of twenty ACP skills sessions offered. Utilizing the Massachusetts Nurse of the Future (NOF) Nursing Core Competencies as the theoretical framework, the competency of 1,070 nursing staff members was validated in topics reflecting high risk/low volume clinical experiences, practice concerns and regulatory standards. Participant feedback was obtained through verbal commentary and electronic surveys mailed within one week of the last scheduled skills session. From the 169 surveys returned: 1) 90.66% respondents reported the competency program was organized; 2) > 83% reported the content included was relevant to their practice; 3) > 85% reported the amount of time to complete both the online modules and the skills sessions was adequate/reasonable; 4) 89.72% reported the online modules assisted their learning to complete skills sessions; and 5) 87-97% reported self-confidence in competencies applicable to all staff. Suggestions for improvement addressed issues of space allocation, program location, wait times and specialty focus. Reviewing these results, the hybrid ACP was a successful method to validate competency and build related confidence of nursing staff.
Wellness is not the absence of illness. Physicians are trained to find and address problems. This search for illness does not always address the needs of patients who may not feel well, despite the absence of identifiable “illness”. Other patients may feel they can be well despite significant medical problems. Conventional medical training does not prepare family physicians to meet these patients where they are and help them to be “well”, to maximize their potential, with or without organic disease. It also does not encourage personal wellness. The Tufts University Family Medicine Residency Program (TUFMR) is shifting our training to become patient and wellness centered, emphasizing the many approaches to cultivating well-being. Some of these address physical issues such as hypertension or pain, but many look at the patient’s life as a whole, helping him develop a foundation of wellness. Those in health care can also use these tools for self-care. Whole person care requires an appreciation for the concept of wellness and all it implies. Rather than focusing on what we can do, we need to understand and facilitate the innate healing capacity of the body and partner with our patients to empower them to better care for themselves.

**Improving the On-call Experience through Face-to-Face Contact Between Child Psychiatry Fellows and Adult Psychiatry Residents**

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**Department(s):**
Child and Adolescent Psychiatry

**POSTER 22**

**Objective:** Improve the on-call experience of the trainees in the Adult Psychiatry (AP) and the Child and Adolescent Psychiatry (CAP) programs through social events

**Methods:** Participants in this study included both AP residents and CAP fellows. The initial event was voluntary and CAP fellows and AP residents (n=50) were invited. The event consisted of introductions and ice-breakers. A pre-survey (n=22) was completed. One respondent’s survey was excluded.

**Results:** Prior to the event, an adult resident stated, “[More interactions] would help . . . . Even if [CAP fellow] were going to yell at me, I would have a face tied to the name.” At the end of the event, one participant summarized the response from the group by stating “Thank you, [event] was much needed”. Of the participants, 90% acknowledged a lack of familiarity between trainees and 63% of AP residents agreed that increased trainee familiarity would encourage their openness to asking questions of the CAP fellows while on call. All participants agreed that more face-to-face interactions will improve the overall on-call experience.

**Conclusion:** Trainees confirmed a lack of familiarity and agree that increased social contact would improve the overall on-call experience, real-time learning and teaching opportunities, and patient care.
Resident Mindfulness Initiative: Building a Sustainable Community of Healthy Physicians

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Department(s): Psychiatry

POSTER 23

Background: Mindfulness training is one evidence-based way to reduce burnout and promote wellness of physicians (Beach 2013; Beckman 2012; Krasner 2009; Goodman 2012; Irving 2009) and requires both regular and more intensive practice. Integrating these activities into resident curricula remains a challenge. We aim to create a process for thoughtful integration of mindfulness training activities for resident wellness and community across disciplines. A working group of residents from medicine and psychiatry was formed to initiate and evaluate projects.

Purpose: We sought to evaluate interest and usefulness of 1) one regular practice project for interns (voluntary 15-minute weekly mindfulness training) and 2) one more intensive half day retreat for all residents.

Method: For the first project, we evaluated how many interns would attend this voluntary practice and how useful they found it. For the retreat, we evaluated how many residents would be interested and able to attend the half day retreat their experience by pre/post surveys and narrative feedback.

Results: Pending.

Discussion: A sustainable working group of trainees across disciplines can supports integration of mindfulness training into curricula for residents across disciplines.

Improving the Interprofessional Labor and Delivery Training Environment for Family Medicine Resident Physicians

Author(s): Abigail Love, MD, MPH, FAAFP

Department(s): Family Medicine

POSTER 24

This project is a work in progress with the goal of implementing interprofessional education on the Labor and Delivery floor to support the collaborative training of Family Medicine residents. The contributions of all labor and delivery professionals are necessary to the maintenance of a sustainable maternity care training environment for Family Medicine. This shift towards interprofessional training resonates with the system-wide changes around a collaborative and team-based approach to health care delivery. Key methods include 1) Engaging all members of labor and delivery in a social-media based repository of educational resources and 2) Designing a curriculum around interprofessional communication based in the implementation of required floor drills. To date, the social media project has been approved and is in process of implementation. New interprofessional-focused drills are currently being designed and implemented as of May 2016. Lessons learned thus far include: 1) Building on existing relationships to enhance interprofessional communication; 2) utilizing institutional requirements (drills) as a curricular format to gain support; and 3) framing faculty development as an additional opportunity rather than an additional scheduling burden or a threat to existing leadership.
**The Frequency and Effects of Workplace Bullying during Osteopathic Medical Education**

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**POSTER 25**

**Context:** Workplace Bullying (WPB) occurs in multiple healthcare settings, but currently, there is a gap in the literature regarding the experiences of osteopathic medical students in the U.S.

**Objective:** To examine the experiences related to WPB of osteopathic medical students at one medical school.

**Methods:** A cross-sectional online survey was distributed to osteopathic medical students from the LMU-DCOM Classes of 2015 and 2017, and responses were collected from March 2015 to April 2015.

**Results:** 146 of 403 eligible participants responded, a 34% response rate. 58% of respondents were female. 21% of fourth-year respondents said that they personally experiencing bullying during their medical education, and 5% of second-year respondents reported the same. Among those whom reported at least one personal experience with a behavior, 20% of respondents reported the incident. Anxiety, depressed mood, and anger were the most commonly reported symptoms.

**Conclusion:** WPB appears uncommon, but it is occurring and affecting medical students in osteopathic institutions. It is unclear how the overall rates and types of WPB in this osteopathic medical school compare to those of other osteopathic and allopathic medical schools. Surveys of more osteopathic medical schools are needed to develop a more complete understanding of WPB in osteopathic medical education.
Diversity and Culture: Building Community and Fostering Change

Background: Since the publication of the Surgeon General’s 2001 report on Mental Health: Culture, Race, and Ethnicity, the number of racial/ethnic minority mental health providers has increased. Minority trainees may experience additional stress due to racial/cultural bias or homophobia through patients’ transference. Greater attention, through dialogue, exploration, and reflection, to these needs can decrease the burden of isolation and ultimately improve the minority training and overall patient care experience.

Purpose: The CEO Clinical Learning and Innovation Grant supported a weekend retreat for individuals who self-identified as racial and/or ethnic minority trainees within the Department of Psychiatry. The goals of the retreat were 1) to promote affinity among minority trainees, 2) to improve the multicultural curriculum, and 3) to broaden dialogue about diversity to the greater CHA community.

Methods: Retreat participants (N = 8) were administered pre- and post- retreat questionnaires regarding satisfaction with the current cultural psychiatry training and the retreat.

Results: Findings include: incorporating an annual retreat for the racial/ethnic minority trainees, revising the summer diversity seminar curriculum, integrating culture longitudinally in the four-year psychiatry training program, and ensuring ongoing discussion about diversity among minority trainees and with the larger community.

Attention without Intention: Implicit Reflection in Residents’ Ungraded Writings

Background: Promoting reflection usually involves assigning written exercises later submitted for assessment. The aim of this study was to analyze family medicine residents’ written reflections to determine how residents used the opportunity when the writing was for themselves, i.e., not to be submitted for grading.

Methods: We analyzed 767 unsubmitted reflections written by 33 residents using a qualitative content analysis approach to identify themes and to develop a theory to explain the reflective process. Results: Four themes emerged from the data. Two themes, “elaborated reporting” and “metacognitive monitoring,” represent explicit self-analysis typically characterized as reflective. Two themes, “simple reporting” and “goal setting,” may signify an automatic analysis of experience that might bypass the inherent revisionism that occurs during deliberate reflection yet may still lead to increased self-awareness.

Conclusion: From this analysis, we offer the theory that reflection, as typically described, requires the person to embrace a narrative self-view. We extend the concept of reflection to argue that self-awareness may also come to people without realizing this narrative view of self. This conceptualization will require a rethinking of the role of written, graded reflective exercises as a way to increase learning or to assess learners.
Evidence-Based Medicine and Life-Long Learning Competency Requirements in New Residency Teaching Standards

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Department(s):
Family Medicine

Collaborating Institution(s):
Tufts University, Boston University

POSTER 28

Objective: To compare accreditation standards across medical and surgical specialties to determine the requirements for evidence-based medicine and information management (lifelong learning) skills education in residency training.

Methods: We performed a descriptive analysis of “milestones” statements of the Next Accreditation System for the 28 major specialties and the transition year residency, searching the milestone statements for competency requirements for 15 evidence-based medicine or information management topics. The search was performed independently by pairs of researchers, with a third researcher independently verifying their findings.

Results: No specialty required all 15 topics. Basic knowledge is required by fewer than half of all specialties; the rate is lower for hospital-based specialties. Requirements are infrequent for evaluating guidelines (41%) and reviews (38%). Medline searching capability is required by 52% of specialties; competence in using secondary sources is required by 69%. There is little emphasis (22%) on evaluation of these information sources. Evaluation of information from experts, colleagues, or pharmaceutical representatives is required by only 38%. Competence in developing methods of keeping up with new evidence is specified by only 4 specialties (14%).

Conclusions: Evidence-based medicine and information management knowledge and skills needed for lifelong learning are currently underrepresented in many specialty-training requirements.
**Interdisciplinary Group Visits for Opioid Addiction: Description of Curriculum and Group Facilitation in a Family Medicine Residency Program**

**Author(s):** Randi Sokol, MD, MPH, MMedEd; Audra Williams, MD, MPH*; Ashley Duggan, PhD

**Department(s):** Family Medicine, Communications

**POSTER 29**

**Background:** Buprenorphine proves to be a safe, effective, outpatient treatment option for treating opioid use disorder, but inadequate training in substance abuse treatment can prevent physicians from feeling comfortable in opioid treatment.

**Methods:** We describe a four-week family medicine residency curriculum that allows for both structured and experiential learning to improve resident competency in treating OUD with buprenorphine, facilitating group visits, and working with an interdisciplinary care team of providers. We conducted eleven face-to-face, open-ended, hour-long interviews with residents about their experience with the curriculum to capture the strengths and challenges family medicine residents identify about their learning to facilitate interdisciplinary group visits for opioid addiction. An interdisciplinary team of researchers with expertise in medical education, pharmacology, and health communication identified learning competencies about group facilitation through qualitative content analysis of the resulting 294 pages of transcripts.

**Results:** Residents describe how learning to facilitate group visits challenged them and provided opportunities for them to move from observers to active facilitators and leaders of interdisciplinary group visits. Examples illustrate residents moving from feeling like “outsiders” to comfort in addictions management, recognizing the value of using an interdisciplinary team to support patient care, and understanding how to steward patient-driven group visits.

**Conclusion:** This study offers medical educators with a model for training residents in treating OUD so that residents recognize the value of and feel more comfortable in addressing OUD in a team-based group visit approach in their future careers.

**Manifestations of Transformative Learning Experiences in Family Medicine Residents’ Written Reflections**

**Author(s):** Randi Sokol, MD, MPH, MMedEd; Ashley Duggan, PhD; Allen Shaughnessy PharmD, MMedEd

**Department(s):** Family Medicine, Communications

**POSTER 30**

During medical residency, new doctors learn that competence requires much more than mastering medical facts and technical skills; the everyday realities of family medicine residency also offers ongoing opportunities for personal growth and development. Family medicine residents completed three reflective exercises each week for one year (N=756 reflective entries) as part of the residency curriculum at Tufts University School of Medicine. We use Mezirow’s transformative learning theory as a lens to examine family medicine residents’ written reflections about their experiences. Qualitative content analysis identifies stimuli for learning including acknowledging their role as new doctors, difficult patient encounters, a steep learning environment, attitude limitations, and moral dilemmas. Commitment to action includes developing plans for different behaviors, establishing guiding principles for their new role, embracing uncertainty, and better accepting oneself. We describe the identified dimensions of stimuli and commitments to action within the broader context of transformation in residents’ self-identity as learners and in examining values that shape the type of doctor the residents hope to become.
Using Transformative Learning and Threshold Concept Theories to Understand Three Potential Learning Journeys Related to Information Mastery

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Department(s):
Family Medicine

POSTER 31

Transformative learning experiences that challenge adult learners’ current ingrained paradigms and spark highly emotional shifts in world views are rare in medical education. This study investigates how the theories of transformative learning and threshold concepts can be used to understand a learning process that subsequently leads to attitudinal and behavior change. Using a hermeneutic phenomenological approach we portray the lived experiences of a group of twenty-three learners as they encounter threshold concepts within the subject area of information mastery. Using thematic and hermeneutic analyses we developed a new model for describing the learning experience, in which threshold concepts and transformative learning theory are not interchangeable but rather complementary. While threshold concepts must inherently be transformative, not all will result in a transformative learning experience. Threshold concepts require the necessary personal attributes and environmental supports to create an overall transformative learning experience. Without these elements, potentially transformative threshold concepts may simply be dismissed or assimilated into existing world views without profound ontological change. For information mastery, such threshold concepts involve ontological shifts in professional identity tied to one’s moral roots. We thus present a model of learning—creating disorienting events that allow learners to encounter threshold concepts, giving learners the opportunity to test out these revolutionary concepts and process their emotional response amongst other adult learners and enter into new communities of practice—as a framework for educators to use to foster rich, meaningful, and lasting learning experiences.

Getting There: Mapping EPAs to Milestones and Paving the Way to the STARs

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Family Medicine

POSTER 32

All residencies struggle with new requirements to map resident assessments to milestones, mainly because of two issues: 1) milestone indicators are broadly written and cannot be directly measured; and, 2) the need to be assured that these assessments fairly characterize resident competency. Our program has focused on using many performance based assessments done in situ, linking observed and reported behaviors to milestones via defined entrustable professional activities (EPAs). The goal of our project was to look at all of the family medicine EPAs and see if parts of them if done competently represented a level of one or more milestones. Our hypothesis was that competent performance of these activities, individually, can support low levels of these milestones and that capturing many competent performances could support awarding a statement of awarded responsibility (STAR) and progression to higher milestone levels. In OCT 2014, two teams of two family medicine physicians mapped EPAs to milestones over two rounds and found that most mapped to PC1, PC2, and MK2. This mapping project is the foundation for an online documentation system that will enable the Clinical Competency Committee to use a database of many assessments for biennial milestone reporting.
Resuscitation of critically ill patients in the ED requires a well-organized, team-based approach. Each of these high risk, low frequency events must be turned into learning opportunities to improve team performance and improve patient safety. These points must occur immediately after each event and be tailored to the needs of adult learners while engaging the entire multidisciplinary team. This can be accomplished using post-event debriefing. The primary objective of this study is to implement post-event debriefing in the Emergency Department at CHA. Specifically, we aim to conduct a pre-assessment survey involving all members of the resuscitation team to evaluate how the team functions, and to assess teamwork. We will collect data on current team member perceptions of medical resuscitations, evaluating role clarification, closed loop communication, medical knowledge, among other variables. We then will implement a structured debriefing session after resuscitations, critical events, and cardiac arrests in the ED. We will have a structured debriefing tool utilized by trained debriefing “champions” that will focus on what went well during the resuscitation, and what could be changed in the future. The debriefing session will be brief, aiming for five minutes. Then, we plan to conduct a post-implementation survey to again assess teamwork and outcomes. This will be a quality improvement project in a community-based academic emergency department.
**Goals/Objectives:** Given informal reports that patients with past or current opiate use avoid Cambridge Hospital, we seek to better understand the experiences of patients with opiate use disorder in order to make recommendations to Cambridge Hospital regarding relevant interventions to improve patients’ experiences of care and potentially reduce discharges against medical advice (AMA).

**Methods:** This qualitative study will consist of two focus groups, one at the North Charles Methadone Program and one at the Cambridge Needle Exchange between March 2016 and April 2016 regarding patients’ experiences at Cambridge Hospital and at hospitals in general and their suggestions for potential interventions. The data will be analyzed using Grounded Theory and the Constant Comparative Method to identify themes.

**Results/Conclusions:** We believe that we will find that patients with opiate use disorder have had negative experiences with medical providers at Cambridge Hospital and elsewhere that are related to stigma, assumptions regarding patients’ motivations, treatment of withdrawal in the inpatient setting, and lack of post-discharge treatment options. Given that, we think patients may suggest increased training for staff, standardized protocols for managing withdrawal and intoxication in the hospital as well as smoother transitions to treatment facilities upon discharge.

**Utilization of COPD Rescue Pack to Prevent COPD Exacerbations**

**Author(s):**
Richard Balaban, MD

**Department(s):**
Medicine

**POSTER 35**

COPD exacerbations impair patients’ quality of life, accelerate the decline in pulmonary function, and frequently result in ED visits or hospital admissions. Rapidly-initiated outpatient treatment has been shown to decrease the severity of COPD exacerbations, shorten the time to recovery, and reduce ED and inpatient admissions. Curiously, patients often delay or fail to seek treatment when experiencing an increase in symptoms, thus increasing the likelihood of a more serious exacerbation. The COPD Rescue Pack consists of two prescriptions; oral steroids and antibiotics, and is provided to patients to self-administer at the onset of a self-diagnosed COPD exacerbation. By reducing barriers to treatment, it is hypothesized that patients will start treatment sooner, thereby preventing or diminishing the severity of a COPD exacerbation, and reducing the likelihood of an ED visit or hospitalization. The success of the COPD Rescue Pack requires a new type of partnership between provider and patient, one in which responsibility is truly shared. We report on the feasibility and effectiveness of using the COPD Rescue Pack which, based on a small pilot trial, has the potential to improve health outcomes; to encourage a more collaborative engagement between providers and patients; and to reduce costly hospital-based utilization.
Co-producing Healthcare Service Improvement: CHA-Gold Innovation Fellowship Program

Author(s): Maren Batalden, MD, MPH; Elizabeth Gaufberg, MD, MPH; David Bor, MD; Lise Fried, PhD; Paul Allen, MD, MPH

Department(s): Medicine, Performance Improvement, Center for professional Development, Institute for Community Health

Collaborating Institution(s): Arnold P. Gold Foundation

POSTER 36

The CHA-Gold Innovation Fellowship program is an institutional investment with three aims: 1) to help fellows develop knowledge, attitudes and skills related to improvement science using the framework of coproduction; 2) to support institutional improvement through successful achievement of fellowship projects and cultivating an intentional community of practice among clinician leaders; and 3) advance the art and science of healthcare service improvement starting with the relational premise that health outcomes are not produced by the healthcare system, but co-produced by health professionals and patients. Five diverse mid-career clinician leaders from across the Cambridge Health Alliance were selected by an appointed subcommittee from the Academic Council from a pool of qualified applicants. Fellows applied to the program with a specific change project strongly aligned with the institutional strategic direction. Fellows receive a small salary stipend from the institution that provides for some clinical release time for 9 months. The curriculum includes regular readings in the theory and practice of improvement science, human behavior, and institutional change management; project-related assignments with intensive peer coaching; and monthly half-day curricular sessions with faculty. Formative evaluation for the program’s three aims is ongoing with support from the Institute for Community Health.

Discontinuing Contact Precautions for MRSA and VRE: One Year of Experience

Author(s): Lou Ann Bruno-Murtha, DO; Anne Burgess, MT-CIC; Virginia Caples, RN, CIC

Department(s): Medicine, Infection Prevention

POSTER 37

Background: Given lack of evidence to support the efficacy of contact isolation in non-outbreak settings, in combination with a desire to be more patient-centered and environmentally conscious, CHA discontinued the routine requirement for contact precautions (CP) when caring for patients colonized or infected with methicillin-resistant S. aureus (MRSA) or vancomycin-resistant enterococci (VRE).

Methods: On December 1, 2014, CHA no longer required visitors or healthcare personnel to routinely don gown and gloves prior to room entry for patients colonized or infected with MRSA or VRE. Hand hygiene and standard precautions were emphasized.

Results: During surveillance through Dec 31, 2015, no MRSA central line-associated bloodstream infections (CLABSI) or ventilator-associated pneumonias occurred. One MRSA bloodstream infection and one MRSA surgical site infection (SSI) among 218 procedures with active surveillance were identified, both in at-risk patients without evidence to support cross-transmission. No VRE CLABSI or SSIs were seen. One VRE catheter-associated UTI occurred in a nursing home resident. Annualized cost savings attributed to merely a reduction in gown and glove use in 2015 (29,400 patient days) was $178,666.67.

Conclusion: Discontinuing routine CP for MRSA & VRE has not resulted in patient harm. CHA substantially reduced the costs for gowns & gloves in 2015.
**Sustaining Inpatient Hand Hygiene Compliance**

**Author(s):**
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**Department(s):**
Medicine, Infection Prevention

**POSTER 38**

**Background:** Hand hygiene compliance was suboptimal due to a lack of a systematic response and failure to hold staff accountable.

**Methods:** Modifications were made to the standard database for quality audits which enabled automated notification of hand hygiene non-compliance to staff, infection prevention personnel (IPP) and managers beginning Aug. 30, 2013. IPP provided targeted education to non-compliant staff. On July 8, 2014, the Medical Executive Committee endorsed hand hygiene as a metric for ongoing professional practice evaluations (OPPE).

**Results:** Since implementing hand hygiene accountability and incorporating hand hygiene as an OPPE, compliance with hand hygiene has exceeded our goal of > 90% for more than two years.

**Conclusion:** Staff leadership and support have been instrumental in sustaining inpatient hand hygiene compliance at CHA.

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**Standardized Multidisciplinary Team Approach - Using Selection Criteria Modality for Total Joint Arthroplasty**

**Author(s):**
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**Department(s):**
Orthopedics

**POSTER 39**

According to the Centers for Medicare and Medicaid Services in 2014, more than 400,000 Medicare beneficiaries received hip or knee replacements. Complications and implant failures post total joint replacement have led to challenging patient care issues and rising healthcare costs. Cambridge Health Alliance (CHA) Orthopedic Department’s Total Joint Replacement Team developed a multi-team approach to increase successful outcomes and decrease complications and implant failure for total joint arthroplasty. CHA’s Orthopedic Department Total Joint Replacement Teams goal is to deliver quality, coordinated care to a diversified patient population by developing a standardized criteria system addressing the challenges from the beginning of the surgical journey. Diversification presents significant health challenges in communication, nutrition, pain control, and level of patient and family understanding and commitment as active participants to the team approach to comprehensive care. Standardized criteria are utilized not to exclude patients but rather to accurately identify candidates appropriate for total joint arthroplasty. The criteria assures educational information is clear, culturally and socially appropriate and goals are achievable for individual patients to achieve positive surgical outcomes including a markedly improved life style post total joint. Criteria not readily met by candidates are enhanced through individualized care planning maximizing successful joint replacement.
**Advanced Illness and Palliative Care (AIPC)**

*Author(s):*
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*Department(s):*
Primary Care, Oncology, Quality Management, Clinical Informatics, Case Management, Government Affairs

*POSTER 41*

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**Rationale/Objectives:** Palliative care has been associated with improvements in quality of life, patient understanding of the plan of care, enhanced access to home care, emotional and spiritual support, and improvements in well-being and dignity. CHA identified patients that may benefit from palliative care services, which may be reflective of a long-standing unmet need for these services. CHA evaluated the availability of internal resources and determined that there was a gap in CHA’s internal ability to provide AIPC services to patients. The AIPC implementation team was created to close this gap and ensure that CHA patients receive palliative care services, positively impacting their quality of life while enduring treatment for a serious advancing illness or at the end of life.

*Methods:* Patient and provider surveys, palliative care metrics, BIDCO data, case reviews

*Results:* 1) Established a preferred provider relationship for provision of palliative care; 2) Increased the number of palliative care consults/referrals to 164 (July 2015- January 2016), compared to baseline of 24%; 3) Improved the percentage of patients who received a palliative care consult during the year preceding their death from at 48.53% (July 2015 – January 2016) compared to baseline of 22.01%.

*Conclusions/Next Steps:* CHA will: 1) Advance reporting capabilities to support AIPC efforts; 2) Standardize best practice principles; 3) Ensure patients are supported and encouraged to engage in advance care planning; 4) Deliver education related to the AIPC program.

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**Early Lessons from the Implementation of a Telepsychiatry Service at Cambridge Health Alliance**

*Author(s):*
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*Department(s):*
Psychiatry

*POSTER 40*

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Multiple factors contribute to limitations in access to mental health care for primary care patients. These include a limited number of mental health providers and geographic distance between primary care and mental health settings. In this context, the Telepsychiatry Service at Cambridge Health Alliance (CHA) was implemented in January 2015 with the goal of improving timely access to mental health consultation and treatment for patients in geographically dispersed primary care settings. The service is available through synchronous or asynchronous consultation and is available to primary clinicians at twelve primary care sites within the CHA network. A Provider Satisfaction Survey was administered to primary care providers. To date, the service has completed 197 consultations. Further analysis of the data collected on each consultation will include evaluation of the origin of the consultation (via pager or EPIC), whether it was synchronous or asynchronous, the amount of time spent, whether the consult was emergent, approximate length of time between consultation request and clinician response, referral site, and classification of type of clinical question. Results will also be analyzed from the Provider Satisfaction Survey. Specific conclusions are pending further analysis of the above consultation data as well as the Provider Satisfaction Survey.
Implementation of a Clinical Pathway for Emergency Department Patients with Chest Pain

Author(s):
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Department(s):
Emergency Medicine

POSTER 42

Background: There is a clear need for an approach for Emergency Department (ED) patients with chest pain that is evidence-based, sensible, and best utilizes the available resources. Current recommendations regarding care of patients with low-risk chest pain fails to accurately focus health system resources on those likely to benefit.

Objectives: Implement a clinical pathway for the evaluation of ED patients with chest pain that will include the following components: 1) Application of the HEART score decision aid, a validated tool to identify ED patients with chest pain at higher risk of major adverse cardiac events; 2) Utilization of the Chest Pain Choice decision aid, a shared decision making tool that helps increase patient understanding of low-risk chest pain and participation in the decision making process; 3) Co-ordination of care with outpatient providers for patients discharged from the ED.

Methods: We will describe the current state of ED patients with chest pain (~2200 annually, 45% admissions). We will describe the development and implementation of the chest pain pathway in the ED, including provider (MD, PA, RN) education, integration into EPIC, care coordination across departments (ED, inpatient/hospitalist, cardiology, outpatient/ambulatory). And we will describe challenges and successes in the implementation of a new pathway.

Conclusions: Successful development and implementation of a clinical pathway requires coordination within and among departments across the care continuum. The lessons learned in the implementation of the chest pain pathway can be applied to other clinical challenges.
**Early Impacts of the Affordable Care Act on Access to Care for Patients with Chronic Disease: A National Perspective**

**Author(s):** Chin Ho Fung, MD*; Hugo Torres, MD, MPH*; Elissa Poorman, MD, MPH*; Uma Tadepalli, MD*; Cynthia Schoettler, MD, MPH*; Lenore Azaroff, MD, ScD*; Lauren Campbell, MD, MPH*; Nicole Mushero, MD, PhD*; Gaurab Basu, MD, MPH; Danny McCormick, MD, MPH

**Department(s):** Medicine

**POSTER 43**

**Objectives:** We examined the early impact of the ACA among people with chronic disease.

**Methods:** We analyzed data from the Behavioral Risk Factor Surveillance Program (BRFSS) in the three years prior to ACA implementation (2011-2013) and the first year post-implementation (2014). The study population was adults with chronic disease. We examined changes in 1) insurance coverage and 2) access to care using a quasi-experimental difference-in-differences design, with adults 18-64 as the exposed group and adults > 65 as a control group. We estimated pre- to post-ACA changes using adjusted linear probability models and changes in racial disparities using subgroup analyses.

**Results:** The sample included 604,634 adults with chronic diseases aged 18-64 and 482,050 aged > 65. We found increases in the proportion of Americans with insurance (80.1% to 85.0%; AD, 5.2% [4.7, 5.7]) and healthcare access: 1) personal doctor (81.7% to 81.8%; AD, 1.0% [0.4, 1.6]); 2) not forgoing visit due to cost (74.4% to 77.1%; AD, 3.4% [2.7, 4.0]); and 3) annual checkup (69.6% to 72.4%; AD, 1.8% [1.1-2.6]). However, millions remained uninsured and unable to afford care.

**Conclusion:** Among Americans with chronic disease, the early ACA reform was associated with small improvements in coverage and access to care, but significant gaps remain.

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**Early Management of Severe Sepsis and Septic Shock**

**Author(s):** Brenda Giddings, RN*; Barbara Lester, RN

**Department(s):** Quality Improvement

**POSTER 44**

Sepsis was the sixth most common principle diagnosis for hospitalization in the US in 2009, according to Agency for Healthcare Research and Quality. At CHA, sepsis is the leading cause of mortality. The purpose of the severe sepsis and septic shock early management bundle is to facilitate the “efficient, effective, and timely delivery of high quality sepsis care in support of the Institute of Medicine aims for quality improvement.” Patient chart abstraction in regard to sepsis diagnoses began with October, 2015 discharges. The goal of this measure is to promote awareness of early and effective treatment in order to decrease mortality as well as decrease associated costs in the hospital.

**Methodology:** Cases from October – December 2015 with a discharge diagnosis of sepsis were uploaded to the abstraction tool. An abstractor then collects data by following guidelines from a specification manual (CMS) to rule in or out severe sepsis/shock and if CMS measures were followed.

**Results:** During the baseline collection period of October- December 2015, one of seven cases showed total compliance. Opportunities for improvement were identified: 1) Timeliness of repeat lactic acid; 2) Selection and timeliness of antibiotics; 3) Documentation of IV fluids; 4) Documentation of perfusion reassessment.
**Patient Perception of the Primary Care Provider Continuity Visit in an Inpatient Setting**

**Author(s):**
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**Department(s):**
Medicine

**POSTER 45**

**Goals/Objectives:** This study aims to understand patients’ attitudes about maintaining PCP involvement during inpatient stays.

**Methods:** 199 in-person and telephone interviews were conducted with patients with a PCP in the Cambridge Health Alliance (CHA) network who were discharged from the inpatient medical service. Thematic analysis was used to build a description of the qualitative data. Multivariate variable logistic regression was used to identify factors associated with preferring PCP involvement in inpatient care.

**Results:** 150(77%) of patients reported that PCP involvement would be helpful. The patients who were more likely to prefer PCP involvement were older, more educated, and gave higher ratings to their PCP (p<0.05). Race and gender were not predictive of preference for PCP involvement. The main reasons patients preferred PCP involvement included that their PCP would provide comfort based upon their personal knowledge of the patient and would have background knowledge relevant for their inpatient care.

**Conclusions:** Patients express a preference for PCP involvement in their inpatient care, likely due to the personal nature of their relationship with their provider and to their desire for informational continuity. Further research should explore whether other demographic variables or particular diagnoses may identify patients who most prefer inpatient contact with their PCP.

**Relational Team-Based Care**

**Author(s):**
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**Department(s):**
Family Medicine, Primary Care

**POSTER 46**

**Goals:** Relational Team-Based Care has the power to improve all four aspects of the quadruple Aim, the fourth Aim being provider wellness. Provider (defined as all care team members) wellness has been shown to directly affect patient care.

**Methods:** We look at specific efforts such as a Staff Joy Project and the outcome of staff engagement. Our Staff Joy Project included a facilitated retreat to an Art museum where all care team members engaged in reflective practice exercises. In addition, we look at transformational leadership, opportunities for growth and development, and providing space for shared story.
Integrated Proactive Psychiatric Consultation on Medical-Surgical Inpatient Unit

Author(s):
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Department(s):
Psychiatry; Psychosomatic Medicine, Internal Medicine

POSTER 47

Background: Studies have shown that integrated proactive psychiatric consultation (IPPC) for those with co-morbid psychiatric-medical conditions improves patient care compared to traditional consultation model on medical and surgical inpatient units.

Objective: Compare the impact of integrated IPPC versus traditional psychiatric consultation service delivered to medical-surgical floor in two hospitals.

Methods: Psychosomatic medicine fellows attending multidisciplinary rounds (MR) on medical-surgical floors of the two hospitals first for a period of 4 weeks with traditional consultation service then for a period of 4 weeks with IPPC. For each period data was collected on length of stay, number of consultation, hours of one to one observation and time until first consultation. IPPC involved case reviews with medical/surgical team (attending physicians, nursing staff, social workers, and case managers), identifying high risk patients with mental health or substance abuse needs who could benefit from a psychiatric evaluation, offering curb-side consults regarding medication management, and assisting nursing staff with care and management.

Results: Study in progress.

Conclusions: Preliminary data shows that the psychiatry consultation service has been underutilized. Final results from this study will be used for quality improvement purposes.

Improving Access to Naloxone and Opioid Overdose Education in Resident Panels

Author(s):
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Department(s):
Medicine

POSTER 48

Goals/Objectives: Opioid overdose is treatable with Naloxone, which rapidly reverses the effects (namely, respiratory suppression) of opioid overdose. The WHO’s 2014 guidelines outline a strong recommendation for providing access to Naloxone to patients likely to witness an opioid overdose as the majority of opioid overdoses happen in the home. Currently, very few patients at risk for opioid overdose at CHA have been prescribed Naloxone kits and we soughted to address that shortfall. Our goal was to increase the percentage of Naloxone kits prescribed to resident-specific patients who are at increased risk of opioid overdose.

Methods: We performed PDSA cycles both on the act of identifying patients at risk for opioid overdose and the process of prescribing a Naloxone kit to one of those patients.

Results: We created a work list with a 10% yield of patients at increased risk for opioid dependence and prescribed nearly 60% of these patients with Naloxone kits.

Conclusions: We created a way to identify patients at risk for opioid overdose and identified barriers to prescription of Naloxone kits.
Harnessing Teamwork to Control Hypertension

Author(s): Lorky Libaridian, MD; Omar Santiago, RN, MSc, MBA; Sue Natale, MS, RN; Monica Akus, PharmD; Joseph Falinski, PharmD; Fiona McCaughan, MS, RN

Department(s): Primary Care, Internal Medicine, Pediatrics, Nursing, Pharmacy

POSTER 49

CHA has implemented team-based care strategies to help treat patients with hypertension. However, we still struggle to decrease the number of patients with uncontrolled hypertension. Consequently, a multidisciplinary group of primary care, nursing and pharmacy staff implemented a new model of team-based care. While conventional approaches for hypertension management involve having patients mostly seen by primary care providers, these approaches underutilize nursing and pharmacy visits. Using small steps of change and PDSA cycles, the team has created operational workflows to boost the number of nursing and pharmacy visits, while increasing our team-based care efficiency. The group has also learned from a prior similar project focused on using PVs to address diabetes. The visits have a strong co-production element, and use new hypertension handouts available in multiple languages which were co-created with patients; the new nursing EPIC template includes elements of joint goal-setting. We hope that by using a multidisciplinary approach and a strategy based built on small tests of change, we will see an improvement of blood pressure control in our patients. One provider piloting these changes has already seen an improvement in rates of blood pressure control in her patients, and we hope to see this across the system as these strategies are implemented across the board.

Partnering with Ambulatory Frontline RN Staff, Patient Partners, & Volunteer Health Advisors to Develop Patient Hypertension Education Tools

Author(s): Ellen Lones, PhD, RN; Fiona McCaughan, RN, MS, MBA; Susan Natale, MS, RN; Ziva Mann, MA; James Figueiredo, EdM

Department(s): Primary Care, Health Education, Access Programs

POSTER 50

The Ambulatory Registered Nurse (RN) plays a key role in patient assessment, blood pressure monitoring, patient care planning, and educating hypertensive patients about self-management. Ambulatory RNs assess hypertensive patients, and utilize appropriate information based upon patient literacy and cultural information to teach patients about hypertension. The goal of development of patient education materials is to provide standardized, understandable, interactive tools that are easily accessed during the patient encounter. Ultimately, the aim is to help patients become engaged in their care, understand what they can do to improve their blood pressure numbers, and to actually improve those numbers as a result of RN collaboration and teaching. A partnership among RNs, Patient Partners, and Volunteer Health Advisors (VHAs) can help to develop patient teaching tools that reflect the patient’s voice. A team of Ambulatory frontline RN Staff developed three patient hypertension education tools that were reviewed by Patient Partners and Volunteer Health Advisors to assess text and graphics for readability, understandability, and usefulness for patient encounters. The tools can now be used during the RN Visit to teach patients about hypertension self-management. The next step is to train RNs to teach patients about hypertension self-management utilizing the newly developed tools. The RN training will include learning how to access the tools in the EMR so patients may have copies of them with the after-visit summary (AVS) at the end of the patient visit.
In Massachusetts, there are a large number of foreign-trained health professionals (FTHPs) who are currently not employed in health-related work. They represent a largely untapped resource for engaging with patients and populations around health in meaningful ways. At the same time, healthcare institutions, payers, and the state are looking for ways to expand the use of community health workers (CHWs) and outreach to vulnerable populations overall. The Firehouse Model is a pilot program that includes FTHPs as part of community-based CHW teams working with patients and community members who have limited awareness of healthcare services and coverage available to them or barriers to care, such as limited English proficiency (LEP). In this project, multilingual CHW teams are deployed in various locations in the CHA catchment. These Firehouse teams are able to target the social determinants of health of these vulnerable populations because community members relate to the CHWs who are themselves from the communities served by CHA. At the same time, the Firehouse teams will have access to the CHA electronic medical record (EMR) system and be able to communicate meaningful information regarding both current and prospective CHA patients.

**Peer Mentorship for Enhancing Provider Wellness**

**Goal:** Peer Mentorship has been a model for improving clinician wellness and resiliency. In our Malden Family Medicine clinic, there are 8 PAs, several who are newer to practice as well as several seasoned PAs. The challenges that we all face in busy primary care settings can be magnified when you are newly integrated into team settings and are newer to practice. We have adapted a Balint model interspersed with mindfulness and appreciative inquiry for 8 PAs in a large academic Family Medicine Practice with the goal of boosting provider resilience as well as clinical growth. The goal of this model is to lean on the strengths of the various individuals to help each other personally and clinically grow.

**Methods:** We will study this with a focus group in March with results to be shared in the April poster session. This small qualitative study will help identify questions that can be used in a larger quantitative study focusing on PA resilience and burnout. We also hypothesize that this could be implemented in other settings with positive outcomes.

*CHA Trainee
Creating a Reliable System for Outreaching Patients in Transition

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Department(s):
Primary Care

POSTER 53

Studies have demonstrated that many of patients experience adverse events within 3 weeks of discharge, nearly three-quarters of which could have been prevented or reduced. We inconsistently reached our patients after they were discharged from the hospital. We collaborated with IT to develop a user friendly report for staff to use to contact patients and their families and to ensure proper PCP follow up care. The primary care nursing staff uses a standardized questionnaire to contact patients discharged from the hospital or emergency room. Nursing staff will include patient self management and motivational interviewing to identify readiness to change and assess barriers. To date we have improved our 2 day contact from 44% to 77%, and our primary care visit within 7 days from 43% to 66% of patients.

Successful Implementation of a Screening Tool for Depression, Alcohol and Drug Use in Primary Care is a Team Sport

Author(s):
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Department(s):
Primary Care

POSTER 54

CHA developed a new screening tool to identify people who needed additional screening for depression, drug and alcohol use, the Adult Wellbeing Questionnaire. The drug and alcohol screening tools were new to staff in primary care. The depression screening tool, a shorter version of the PHQ9, was familiar to staff, but the form was modified to identify new onset depression and the appropriate intervals for patient follow up. After implementation we completed several PDSAs and discovered: Staff did not recognize the people who needed the Adult Wellbeing Questionnaire; Staff were concerned about the length of time the additional screening tools would take to complete with patients; Staff did not always record the screening tools in the EMR and did not update the Health Maintenance modifier; PCPs were not always aware of the results of screening tools; and we did not always address the depression, alcohol or drug use in the visit or document the plan in the EMR, resulting in a potential patient safety problem and lack of Patient Centeredness. Through a series of staff meetings and PDSAs we developed scripts, and revised workflows so that all staff understood what was necessary to provide comprehensive and safe care for our patients.
Making Children’s Books Relevant to Children with Mental Health Needs Available to Clinicians, Children and Their Families

Author(s): Marisa Mendel, MD, MS*; Nicholas Carson, MD, FRCPC

Department(s): Child and Adolescent Psychiatry

POSTER 55

Children’s books are an underutilized, excellent resource for fostering information transmission, as well as a springboard for further discussion of important topics. They can provide psychoeducation to both parents and children on symptoms, course of illness and methods of treating and combating common problems. They help provide appropriate language to use to further discuss and help children explore their experience of illness and associated challenges. Children often have difficulty expressing their emotions and using books in therapy helps children get in touch with feelings such as guilt, fear and shame. They can also assist children in verbalizing thoughts and feelings, and help provide insight. I received a CLER foundation grant to create a bibliotherapy library of children’s books for the output child psych department in Macht. I surveyed clinicians on their use of children’s books before access to the library, and plan to re-survey clinicians on their use after exposure to the library. I hope to improve both clinician and patient experience of care with access to these books, and hope to show an increase in use by clinicians with increased awareness of and access to resources.

Using Wellness Action Recovery Planning (WRAP) Peer Support Groups to Co-Produce Primary Care-Behavioral Health Integration

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Department(s): Psychiatry

POSTER 56

Patients with behavioral health conditions often lack basic information about self care and disease management. The stigma of mental illness can confound their ability to practice self care, or seek information about medications and treatment. The illness itself promotes guilt, low self esteem, and social withdrawal. Access to quality behavioral healthcare is limited, and often expensive and fragmented. There is not a vehicle for patients to provide consumer feedback, which could help to integrate and improve the delivery system. Using an evidence-based peer support model, we will implement WRAP groups to engage patients in a process that will provide the structure, support, and skills they need to develop and refine their own self management and recovery plans. The forum will also provide consumers with the opportunity to contribute to our redesign, implementation, and assessment of a new model of primary care behavioral health integration. The goals of integrated care, wellness recovery action planning, and coproduction of healthcare services are closely aligned, and all three perspectives will help healthcare systems move from a costly and ineffective stance of “relieving problems” to one of “enabling self care.”
Improving Transitions of Care in Acute Psychiatric Services

Author(s):
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Department(s):
Child and Adolescent Psychiatry

POSTER 57

This project aims to improve the quality of communicating pertinent clinical issues between inpatient child psychiatrists, who manage the child and adolescent inpatient psychiatry units on weekdays, and the adult psychiatry residents, who cover treatment needs on the units as a part of their on-call overnight and weekend responsibilities. The goal of this project, which has been funded by a CEO CLER Innovation Grant, is to collaboratively develop a formal handoff process that is clinically useful, relevant to patient care and management, helpful for trainees, and serves to increase the safety of patients and hospital staff. We have completed the initial phase of the project, which was an exploratory process to understand current sign-out procedures for inpatient psychiatry and medical units staffed by resident physicians. We have also conducted a needs assessment of psychiatry trainees, which revealed that a primary focus of our efforts should include enhanced education and increasing awareness about unit practices. Survey results suggest that roughly 85% of psychiatry trainees would prefer more face-to-face interactions during transitions of care. Ongoing steps will be the development and pilot trial of a handoff procedure and then monitoring the implementation for user compliance and effectiveness.

Language Services Quality Improvement at CHA

Author(s):
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Department(s):
Institute for Community Health, Multicultural Affairs and Patient Services, Human Resources

POSTER 58

25% of CHA’s outpatients are limited English proficient (LEP), and it is well demonstrated in the literature that communication barriers can have adverse effects on safety and quality of care for LEP patients. Studies have also shown that some communication practices present more risks than others. To minimize unsafe practices and improve access to and satisfaction with interpreter services, the Institute for Community Health (ICH) and Multicultural Affairs and Patient Services (MAPS) department collaborate on several quality improvement projects, including: 1) Using Quick Questions data to monitor and minimize unsafe communication practices; 2) Improving accuracy of Language of Care data; 3) Using a queuing model to optimize multilingual call center staffing; 4) Assessing and improving provider and patient satisfaction with remote interpreting. For all projects, we use data to identify targeted areas for improvement and collaboratively identify and implement action steps such as operational changes, informational campaigns, staff trainings, and Epic updates. These actions have resulted in some measurable improvements, and we continuously assess data to identify opportunities for further program refinement. Overall, our data-driven approach grounded in communication best practices is a useful strategy to help CHA accomplish its goal of providing high-quality, effective care to LEP patients.
**Improving the Culture of Safety through the Use of Safety Huddles**

**Author(s):** Stephanie Racca, BSN, RN; Laurie Bausk, MM, BSN, RN, NE-BC

**Department(s):** Nursing

**POSTER 59**

In October 2014, CHA administered a Culture of Safety Survey. Med Surg 4 and Med Surg 6 implemented Safety Huddles as an intervention to increase staff awareness of patient safety issues, create an environment where staff can share freely without reprisal, integrate safety into their daily routine and ultimately improve the culture of safety on the unit. Implementation of the Safety Huddles on both units had differing paths towards a common goal. Pre and Post surveys were completed during a trial phase on Med Surg 6 with a rollout to full implementation of Safety Huddles on both shifts. Med Surg 4 had an established daily clinical huddle that transformed into a safety huddle initially and later became its own entity on each shift empowering the frontline nursing staff. The data has shown an increase in Safety Event Reporting (SERS) on both units Med Surg 6 had a 75% increase in SERS reporting from November 2014 compared to the 1st 2 weeks of November 2015. Med Surg 4 had a 65% increase in SERS reporting from September-October 2014 compared to September-October 2015. In conclusion SERS reporting has increased remarkably and Safety Huddles are occurring twice a day with a multitude of safety issues being identified and addressed. The next Culture of Safety Survey is planned for fall 2016.

**Symphony of Patient Experience of Care and Staff Experience of Care**

**Author(s):** Arshiya Seth, MD; Munasha Acharya; Pawel Nawrocki; Tiffany Lin; Marcy Lidman; Paul Allen, MD, MPH

**Department(s):** Internal Medicine, Primary Care, Medicine, Organizational Development, Executive Office

**POSTER 60**

_Aim:_ To improve and transform Patient and Staff experience of care
_Description:_ We walked in patient’s footsteps, experiencing clinic from a patient’s perspective. We shared powerful patient comments and shadowed staff, observing behaviors - welcoming, informing, showing empathy etc. We recognized 3 areas for improvement: Informing patient’s about delays, sensitivity to patient’s needs, increasing the courtesy of registration staff.

_Actions Taken:_ We conducted 14 workshops on PEOC and SEOC, focusing on AIDET, Managing up, Service Recovery, reducing patient anxiety, team building, mindfulness, practicing self-compassion, recognizing anxiety in each other and improving JOY at work. Happy employees make happy patients!

_Summary of Results:_ We learned, appreciating staff improved staff’s joy. Informing patient about the delays, being sensitive to their needs and increasing the courtesy of registration staff helped increase patient satisfaction. Implementing change is hard, but having engaged leadership, partnering with staff and by doing process improvement, we can make a significant difference.
Implementation of Guidelines to Promote Safe Opioid Prescribing in a Safety-Net System

Author(s): Randi Sokol, MD, MPH, MMedEd; Emily Benedetto; Ellie Grossman, MD, MPH; David Roll, MD; Janice Kauffman, RN, MPH, CAS, LADC1

Department(s): Family Medicine, Internal Medicine, Medicine, Pediatrics, Addictions

POSTER 61

In a large, multi-site academic safety-net system, ensuring standardized, safe opioid prescribing can be challenging. At the Cambridge Health Alliance in Northern Boston, an interdisciplinary team of providers created evidence-based, system-wide safe opioid prescribing practice guidelines. In this poster presentation, we describe our multi-pronged approach to disseminate awareness of the new guidelines, enhance buy-in, and change practice accordingly, using: Grand Rounds and case-based discussion across all 12 primary care sites, clinical decision-supports tools in the electronic medical record and periodic best-practice reminders for providers, reporting tools that capture high-risk prescriptions and whether these patients have appropriate Controlled Substance Agreements, urine toxicology monitoring, and checking of the state Prescription Monitoring Program, and peer-review mechanisms for discussing challenging cases and addressing problematic prescribing patterns.

Differences between Pediatric and Adult Integrated Behavioral Healthcare: A Trainee Perspective

Author(s): Amelia Swanson, PhD*; Amber Landers, PhD; Colleen O’Brien, PsyD

Department(s): Psychiatry

POSTER 62

Goal: Identify some main differences in integrated behavioral healthcare for Pediatric and Adult practice, identify how integration efforts must adapt to work in both settings and explore how these differences impact mental health trainees.

Methods: Brief literature review of the literature on Pediatric and Adult behavioral health integration and examination of a trainee’s experience with pediatric and adult behavioral health integration at Cambridge Health Alliance. It will look at the experiences at Windsor clinic, Cambridge Pediatrics and East Cambridge Health Center.

Results: Integrated care functions differently for adults and children due to the differences in presenting concerns and use of registries. In pediatric primary care, many times presenting concerns are developmental issues or family issues, as well as psychiatric disorders. For adult integration, many times behavioral health clinicians are focused on specific psychiatric disorders or working with substance abuse problems. The use of health registries for a population-health based approach also must be utilized differently depending on the age of the patient.

Conclusions: While similarities exist between adult and pediatric integrated primary care, some differences must be considered when developing integration programs and training students in integrated primary care.
Mind the Gap: Developing a Mental Health Home to Address Health Disparities in Serious Mental Illness

Author(s):
Miriam Tepper, MD; Benjamin Cook, PhD, MPH; Alexander Cohen, MSW, MPH; Andrea Ault, PhD; Ana Progovac, PhD*; Stephen Leff, PhD; Brian Mullin, BS; Carrie Cunningham, MD, MPH*

Department(s):
Psychiatry, Psychology

POSTER 63

The Behavioral Health Home Program (BHHP) at Cambridge Health Alliance’s Central Street Health Center pilots “reverse integration” of primary care services within an outpatient specialty behavioral health clinic by combining a multidisciplinary team with enhanced training and care coordination, increased screening for and monitoring of co-morbid medical conditions, IT population management tools, and expanded health promotion activities. We evaluate whether this integration model improves quality of care for individuals with serious mental illness (SMI), with the long-term goal of reducing excess morbidity and mortality in this population. As part of a mixed-methods evaluation of this pilot, we use a pre-post treatment and propensity-score matched control group research design. Multivariate conditional logistic regression models estimate the treatment effect on service use and treatment outcomes within matched strata (3:1 control to intervention match), after adjustment for electronic health record-based covariates. Qualitative interviews with patients and providers will inform quantitative findings. We currently have 12-month pre- and 3-month post-intervention data (430 treatment cases; 1,290 matched controls). Preliminary analysis identifies balance between the research arms on gender, age, and race/ethnicity and greater preventative care among the treatment group. Conclusions will be made pending review of 6-month post-intervention data and qualitative interviews, available in March.

Development of a Core Competency Assessment Instrument for Behavioral Care Managers in Collaborative Depression Care Programs

Author(s):
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Department(s):
Psychosomatic Medicine, Psychiatry, Behavioral Sciences, Primary Care, Behavioral Health Integration

Collaborating Institution(s):
AIMS Center, University of Washington

POSTER 64

Goals/Objectives: Major depressive disorder (MDD) is a prevalent and disabling condition that is frequently unrecognized and undertreated. The collaborative care model is an evidence based approach for integrating behavioral health care in primary care settings. Behavioral care managers (CMs) are an integral part of collaborative care teams. CMs facilitate treatment of mental illness in primary care. Starting July 2015, 6 CMs joined collaborative care teams across primary care clinics at Cambridge Health Alliance (CHA). The aim of this project is to develop an instrument to assess the competencies of CMs at CHA across several domains 6 months after starting their positions.

Methods: An assessment was developed and administered to CMs (as a self-assessment), integrated therapists, and consult psychiatrists 6 months after the CMs’ start date. Data was analyzed using Microsoft Excel.

Results: At 6 months care managers have variable levels of proficiency in core competency domains in collaborative care.

Conclusions: The results of this project will be used to improve orientation for new CMs, for continued training of current CMs, and to evaluate the collaborative care program implementation at CHA. This assessment has the potential to be used for the evaluation of care manager competencies in other health care organizations.
Prostate Cancer Screening Practices among Primary Care Providers

Author(s):
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Department(s):
Cambridge Integrated Clerkship, Health Access & Outreach, Urology, Pathology, Quality Improvement, Primary care

POSTER 65

Goals: Currently there are variations in guidelines from national organizations on PSA screening. CHA primary care providers represent a combination of physicians from both a Family Medicine background and Internal Medicine background. We conducted a survey of primary care providers on their practices related to prostate cancer screening within a community of diverse patients.

Methods: We created a 20 question survey that was emailed to PCPs with a link to the survey through Classapps, the CHA internal survey program.

Results: The survey was sent to 224 PCPs. There were 42 respondents: 49% of participants were male, 74% identified as non-Hispanic white. Regarding screening for average risk men: 57% of PCPs initiate discussion of pros and cons with patient and generally recommend against screening. 21% do not discuss screening unless patient initiates the discussion. For higher risk men: 40% initiate discussion of pros and cons with patient and recommend screening while 31% initiate discussion and encourage patient decision without clear provider input. For all patients: 67% initiate discussion with all patients over a certain age. 83% of providers report USPSTF guidelines as most influential. 76% of providers did use educational tools to talk to patients about screening.

Conclusions: Most providers follow USPSTF guidelines for screening. Physicians generally initiate discussion of prostate cancer screening for all patients, and recommend against routine screening in average-risk asymptomatic men. Our providers do not routinely use shared-decision-making tools or other educational materials.
The Fifty-Five Word Short Story: Using Reflective Writing as a Wellness Tool for High School Students

Author(s):
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Department(s):
Family Medicine, Malden High School Pathways Program

Collaborating Institution(s):
University of Virginia Center for BioMedical Ethics

POSTER 66

Goals/Objectives: Several studies have shown that reflective writing can have positive and measurable impacts on health outcomes (Smyth, 1998; Petrie et.al., 2004). The 55-word short story is a simple writing format that first appeared in JAMA in 2000, and since has been used extensively among health care professions to reflect on their patient experiences. This project is an effort to introduce the format to high school students as a tool to process their various and challenging life experiences.

Methods: The Pathways Program is an alternative high school program available to students at Malden High School. I met several times with program faculty to plan a writing workshop with their students. A curriculum was designed, and included an explanation of writing’s health benefits, examples of 55-word stories, and time for students to write and share their own work in response to prompts. Students were recruited using a flyer offering a workshop to learn and practice reflective writing. They were offered a small amount of extra credit for attending.

Results/Conclusion: At time of abstract submission, the workshop has not yet taken place. The session is set to occur on March 21, 2016. Results/conclusions will be included in the final poster.

School Health Immersion Experience for MGH Pediatric Residents During their Ambulatory Rotation within a School Health Setting

Author(s):
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Department(s):
School Health Nursing, Cambridge Public Health Department

POSTER 67

For 3 years now MGH residents who plan to do general pediatric practice have been placed in a school health setting as part of their ambulatory placement working alongside the school nurse. The placement of these pediatric residents in the school setting was undertaken with the following goals and objectives: 1) To begin to understand the breadth of student health issues seen, evaluated and managed in the school health setting; 2) To understand how children with chronic diseases (asthma, diabetes, ADHD, etc.) are successfully accommodated in the school setting, and to experience the collaboration process between the child’s primary care provider and school nurse; and 3) To gain knowledge of the magnitude of food allergies and the use of epi-pens in the school setting. The poster will also include evaluation data (narrative comments from the MGH residents) from this unique collaborative program, and from the nurses perspective. Conclusion will contain what we hoped to accomplish by this innovative arrangement.
Ebola: Covert Action to Prevent Community Panic

Author(s):
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Department(s):
Public Health Nursing, Epidemiology

POSTER 68

Death and illness from the Ebola virus reached epidemic proportions in three West African countries in 2014. Ebola is a viral hemorrhagic fever which is passed by direct contact with a sick person. The Centers for Disease Control and Prevention (CDC) began screening 100% of travelers entering the U.S. from Guinea, Sierra Leone, Liberia, and later, Mali. In an effort to prevent disease within the United States, travelers arriving from these countries were screened and identified as needing active or direct active monitoring by the local health department. The priorities of the local health departments were to ensure that exposed travelers, no matter how low their risk, be monitored for 21 days from exposure for early signs of infection. The Cambridge Public Health Department (CPHD) developed plans in collaboration with the Massachusetts Department of Public Health, the CDC, and multi-sector partners. Significantly, these plans included access to health care for travelers needing “non-Ebola” care and the notification and transport plan for travelers who developed symptoms. We will highlight interventions employed by CPHD nurses and epidemiologists that led to a successful monitoring process for over 100 travelers through December 2015, when the CDC declared there was no further need for monitoring.

Culturally Tailored Cooking and Nutrition Classes for Haitians in the Cambridge Area: A Mixed Methods Pilot Study

Author(s):
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Department(s):
Medicine, Global Health and Social Medicine

Collaborating Institution(s):
Harvard Medical School

POSTER 69

Haitians make up 11% of CHA’s diabetes registry. Building on Dr. Jean-Baptiste’s group diabetes care meetings, we conducted a pilot study of culturally tailored cooking and nutrition classes. We sought to determine feasibility and biosocial impact, and to further understand the barriers Haitians face in maintaining good health in the US. A community-based, collaboratively designed intervention was guided by iterative methodology. Six classes focused on different nutritional themes, and participants cooked modified traditional Haitian dishes. Clinical data was recorded, participants took part in interactive educational sessions, and pre- and post-intervention surveys and at-home interviews were conducted. Patients report carrying over what they learned - cooking with more vegetables, less oil, and less salt – and knowledge transfer between community members was evident. Healthy modifications taste and look different and peer resistance is a challenge. Financial stress, a different lifestyle here, and poor access to fresh and tasty food were all cited as barriers to health. The classes were feasible and deemed a “sous riches” (fountain of richness). Qualitative data indicate potential for this intervention to improve health in this Haitian community. We continue to work collaboratively to address the identified barriers, maximize effectiveness, and determine whether this intervention can result in statistically significant clinical change.
Caregiver Support Group: Experience and Lessons Learned

Author(s):
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Department(s):
Psychiatry

POSTER 70

Based on our experience of working with families with mental health needs, we have learned that being a parent to a child with mental health needs can be a very challenging and isolating role. The Caregivers’ Support Group was created with the aim of providing support and education to these parents in a convenient and non-stigmatizing environment. The group is being offered as an initiative of integrated behavioral health, and thus all group members or their children receive primary care at the Windsor Street Health Center, where the group is held. Topics of discussion include promoting self-care, working with schools, and how to best support one’s child. There are 10 projected group sessions running from February – April 2016, with each group lasting about 1 hour. At the end of each group, members are asked to fill out a 1-2 question program evaluation to promote ongoing feedback and possible improvement of the group.

The Opioid Epidemic in Massachusetts; Using the Short Film “If Only” to Foster Dialogue and Awareness

Author(s):
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Department(s):
Family Medicine

Collaborating Institution(s):
Mystic Valley Regional Public Health Coalition, MOAPC, City of Malden Mayor’s Office, Malden Overcoming Addiction, Malden Department of Public Health, Institute for Health and Recovery, Malden YMCA, Tufts University Medical School

POSTER 71

Approximately 6.1 million Americans abuse or misuse prescription drugs (SAMHSA, 2012). Abuse, particularly of prescription painkillers, has serious negative health consequences and can result in death. In 2014, Middlesex County, had an unprecedented 238 unintentional opioid overdose related which was the highest in the entire state. In fact, in 2014, there were 1099 cases of opioid related deaths in all of Massachusetts, which is a 65% increase since 2012, and a 228% increase from 2000 (Massachusetts DPH, January 2016). These staggering statistics help demonstrate the overwhelming need for prevention and treatment of opioid misuse and addiction. One strategy for reducing abuse, diversion and addiction to opioid medications is to develop education and awareness in the community. This project aims to invest several Malden based coalitions, organizations and municipal departments, to collaborate to help create dialogue between parents and their children about opioid misuse. We hope to do this by organizing a screening of the short film ‘If Only’, a movie about the dangers of prescription drug addiction and its potentially fatal sequelae. The film will be followed by an interactive discussion led by a panel of local experts about prescription drugs, signs of addiction, treatment options, and local area resources.

*CHA Trainee
Developing Sports Skills to Promote Sports Participation and Long Term Health

Author(s):
Roberta Dennison, MD*; Jessica Knapp, DO; Daniel Keefe; Nicholas Wilson, PT; Meredith Harclerode, DPT; Renee Cammarata-Hamilton, MSW, MPA

Department(s):
Family Medicine, Physical Therapy, Community Health Improvement

Collaborating Institution(s):
Malden High School Athletic Department

POSTER 72

America’s obesity epidemic is a primary clinical and public health challenge. One avenue to improve this issue is to engage our youth in structured athletics to build lifelong habits of exercise. With the 1972 passing of Title IX, which assured there could be no discrimination based on sex for federally funded activities, opportunities for female participation in sports blossomed. However, over 40 years later, female sport participation lags significantly behind males. The lack of female participation is multi-factorial, but one contributing factor is that fewer girls ever try sports at young ages. Sports participation has many benefits over solitary exercise: improved physical health that extends to middle age, improved measures of mental health, and decreased risky behaviors such as unsafe sexual activity and drug use. Exposure and confidence building in sporting skills increases odds that young females will participate in sport. This project was developed to expose young girls to experienced older athletes to serve as mentors and build confidence to engage in sports going forward. The project will culminate in an event that provides a safe, local space, free of cost, tailored specifically to girls to eliminate some of the barriers that exist to sport participation in our community. 1. Wang, Y., Beydoun, M. A., Liang, L., Caballero, B. and Kumanyika, S. K. (2008), Will All Americans Become Overweight or Obese? Estimating the Progression and Cost of the US Obesity Epidemic. Obesity, 16: 2323–2330. doi: 10.1038/oby.2008.351
Influence of Prior Sexual Experience on Sexual Health Knowledge and Attitudes among Youth

Author(s):
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Department(s):
Institute for Community Health

Collaborating Institution(s):
Massachusetts Alliance on Teen Pregnancy

POSTER 73

Background: In MA, some of the highest teen birth rates and greatest racial/ethnic disparities in teen birth rates are found in Holyoke and Springfield. Youth First (YF) is an initiative reaching teens with evidence-based sexual health programs (EBPs). Since 2011, over 2,000 youth have participated and overall significant improvements in sexual health knowledge, skills and intended behaviors were observed. It remains unclear how youths’ prior sexual experience may influence baseline knowledge and attitudes or whether prior sexual experience may influence change in outcomes at follow-up.

Methods: As part of the YF outcomes evaluation, baseline surveys were collected and analyzed from 420 high-school age youth. Youth were categorized according to self-reported sexual behavior at baseline (‘abstinent’, ‘previously sexually active’ or ‘currently sexually active’). Associations between sexual experience and sexual health knowledge and attitudes at baseline were compared using chi-square and t-tests.

Results: 71% reported ever having sexual intercourse, of those 58% were currently sexually active. Mean sexual knowledge scores were significantly lower among those abstinent compared to those previously or currently sexually active (P<0.0001). Similar differences were observed for knowledge of community health services. However, attitudes were consistent across groups.

Conclusions: Results suggest that prior sexual experience may greatly influence youths’ sexual health knowledge prior to participation in EBP programming. While delaying sexual debut is effective, timing of sexual education among sexually non-experienced youth could be critical for equipping youth’s readiness for sexual encounter.

Ask the Doc: Encouraging Active Participation of Teens in Health and Wellness

Author(s):
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Department(s):
Family Medicine, Sexual and Reproductive Health Program

Collaborating Institution(s):
Malden High School, STARR Center

POSTER 74

“Ask the Doc” is a Q&A session with local area physicians held annually each spring for freshman at Malden High School. The organization of this event has historically resulted from collaboration between the Teen Health Advisory, an extra-curricular peer leadership program at Malden High School, the STARR Center, the Malden High School affiliated student clinic, and Tufts Family Medicine residents at Cambridge Health Alliance. This event is an important source of information for students who have a limited health education curriculum. The event also serves as an opportunity to highlight the resources provided by STARR. During this assembly students will anonymously submit questions via text which will be screened prior to being posed to me and the organizing resident from the year prior. We will use these questions to generate topics of discussion and learning points as well as encourage interest and engagement in health and wellness amongst the freshman class.

*CHA Trainee
**HIV Pre-Exposure Prophylaxis (PrEP) at Cambridge Health Alliance**

**Author(s):** Carol Katz, MSN, ANP-BC, AACRN; Jeffrey Desmarais, MA; Catherine Vaughan, ACRN; Gerard Coste, MD

**Department(s):** Zinberg Clinic, Medicine, Institute for Community Health

**POSTER 75**

**HIV Pre-Exposure Prophylaxis at CHA Background:** The CDC recommends PrEP based on clinical trials showing a large reduction in the acquisition of HIV when HIV negative individuals with high risk took antiretrovirals before exposure. Providing PrEP safely requires risk reduction counseling and quarterly visits for HIV testing.

**Goals/Objectives:** Increasing awareness at CHA about PrEP. Understanding the demographics of patients referred to Zinberg for PrEP and the extent primary care providers have felt comfortable prescribing PrEP.

**Methods:** Chart review of patients seen at Zinberg Clinic for PrEP Survey of PCP.

**Results:** PCP (56 responses): 22% prescribed PrEP and 42% referred patients to the Zinberg Clinic. Among 33 patients: 82% were aware and initiated the request for PrEP; 70% of referrals occurred since 2015; 82% were men; 39% were MSM with histories of recent STI; 36% had an HIV infected partner; 58% of referrals were from PCPs; 30% were previously seen in the ED for post-exposure prophylaxis; 15% had no PCP and were linked to a PCP through PrEP.

**Conclusions:** Patients at risk are increasingly requesting HIV PrEP. There is a need to expand awareness among health care providers about its availability and when it is indicated.

**Refugeography: An Interactive, Online Map of Resources for Immigrants and Refugees**

**Author(s):** Lucinda Lai, Mphil*; David Scales, MD, PhD*; Robert P. Marlin, MD, PhD, MPH; Muna Sheikh*; Travis Forney*

**Department(s):** Cambridge Integrated Clerkship, Internal Medicine

**Collaborating Institution(s):** Boston University School of Medicine

**POSTER 76**

**Goals/objectives:** To build a collaborative, online map of community-based resources for refugees and new immigrants to the Greater Boston area.

**Methods:** A wide range of community-based organizations and social services were identified throughout the Greater Boston area. Basic contact information and descriptions of the services offered at each of the locations were gathered. This information was organized and displayed as an interactive online map using a Google Maps platform. An online submission form was created to allow for future additions to the map.

**Results and conclusions:** The Refugee Resource Map is an ongoing collaborative project whose usefulness grows as its user base expands. We hope CHA providers use the Map to help their patients navigate the myriad of social support resources already existing and available in the community.
**Redefining Pain: A Group Medical Visit - Building Community among Women Who Experience Pain and Isolation**

**Author(s):**
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**Department(s):**
Family Medicine

**POSTER 77**

**Goals:** 1) To discover new ways to approach patients who experience pain chronically. 2) To build an empowering community among female patients with the shared experience of pain and isolation, through education, sharing and meaningfully connecting with providers and each other.

**Methods:** A multidisciplinary team is designing a group medical visit intended for women who experience pain and isolation. This team is currently developing a clear recruitment plan, as well as a curriculum for the group visit with the help of local support group initiatives. The plan is to have our first group start meeting by early May 2016.

**Conclusions:** There are none yet to report, but the imagining stage of this process has been quite an enlightening and exciting one so far.

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**The Windsor Teen Girls Wellness Group: A Group Medical Visit for Girls with Obesity**

**Author(s):**
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**Department(s):**
Pediatrics

**POSTER 78**

The Windsor Teen Girls Wellness Group was established to motivate overweight adolescent girls and their parents to make lasting lifestyle changes through education about healthy eating habits and exercise. Thirty adolescent girls and their families from the Windsor Health Center at CHA were recruited to participate in the program. The program consists of nine monthly group visits led by a multi-disciplinary team of providers, residents, medical assistants, mental health counselors, a nutritionist and an exercise instructor. Each two-hour evening session is organized around a theme, and includes group building activities, journaling, zumba exercise and a participatory healthy cooking activity. A group for participants’ parents is conducted simultaneously and both groups conclude together with the nutrition activity. The effectiveness of our project will be measured primarily by group participants’ session attendance and evaluation, BMI stabilization, increased patient self-efficacy in behavioral change and staff satisfaction with the program as reported in pre- and post-intervention survey data. Thus far these group visits have served as a fun and supportive environment for patients, their families and staff members to exercise, develop healthy cooking practices and overcome barriers to making sustainable lifestyle changes.
**Antipsychotic Treatment Patterns among Medicare Advantage Beneficiaries with Schizophrenia**

**Author(s):**
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**Department(s):**
Psychiatry

**POSTER 79**

**Background:** Antipsychotics are the gold standard for both acute treatment of positive symptoms as well as for maintenance treatment of schizophrenia. However, some studies have shown that actual prescription practices vary. The purpose of this study was to examine patterns of antipsychotic pharmacotherapy for Medicare Advantage beneficiaries.

**Methods:** This was a cross-sectional study of 889 Medicare Advantage beneficiaries diagnosed with a schizophrenia spectrum disorder from 2008 to 2010. Pharmacotherapy was assessed via insurance claims records. Logistic regression was used to examine correlates of receiving an antipsychotic prescription.

**Results:** Sixty-four percent of beneficiaries with schizophrenia received at least one antipsychotic. Beneficiaries were more likely to receive an antipsychotic if they had a higher hierarchical condition category (HCC) score, which indicates medical complexity (OR 1.11, 95% CI 1.01-1.23), dual insurance (OR 1.89, 95% CI 1.39-2.55), or if they were female (OR 1.48, 95% CI 1.10-1.99). Beneficiaries with a substance use disorder diagnosis were less likely to receive an antipsychotic (OR 0.70, 95% CI 0.52-0.96).

**Conclusions:** Among this sample of Medicare Advantage beneficiaries with schizophrenia, almost two-thirds received guideline-concordant antipsychotic treatment. This study highlights the need for continued quality improvement interventions and innovative interdisciplinary models of care for people with schizophrenia.

**Trends in Mental Health Impairment, Service Use, and Expenditures by Household Income and Parental Education**

**Author(s):**
Ana Progovac, PhD*; Benjamin Lê Cook, PhD

**Department(s):**
Psychiatry

**POSTER 80**

We examined how poverty (household income =FPL) and parental education (=1 parent finishing college) influence severe childhood impairment (Columbia Impairment Scale; 0-52; severe impairment = 16), any MH service use, and total MH spending using 1997-2012 Medical Expenditure Panel Survey (MEPS) data for children 6-17. Unadjusted regressions assessed trend differences. Point-in-time logistic regression assessed severe impairment and any MH use, and two-part GLM models assessed spending conditional on any use. Models adjust for year, age, sex, race/ethnicity, region, parents’ employment status, child and parents’ overall health status, and parental MH (self-reported, PHQ-2, and K-6). Severe impairment declined slower for children living in poverty (vs. not in poverty) (p=0.002). After adjustment, children with at least one college-graduate parent had 9% lower odds of severe impairment (p=0.05) yet 34% higher odds of any MH use after adjusting for impairment severity (p<0.001). Children in poverty had 26% higher odds of severe impairment (p<0.001), but 22% lower odds of any MH spending after adjusting for impairment severity (p=0.001). Children in poverty and those with less educated parents may have elevated risk for severe impairment without MH treatment. Ensuring initial access to MH care for low-income, low-SES children may be critical to mitigating MH disparities.
Sibling Support Program: A Family-Centered Mental Health Initiative

Author(s):
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Department(s):
Psychiatry

POSTER 82

Sibling Support Program: A Family-Centered Mental Health Initiative was developed at the Eunice Kennedy Shriver Center of UMass Medical School, and implemented at Cambridge Health Alliance as an IRB-approved research study. The project explores the impact of mental illness on typically developing siblings and caregivers of children with psychiatric needs. Project goals: to increase resiliency and mitigate the trauma commonly experienced by siblings of children admitted for psychiatric hospitalization; to build skills, competency and confidence among parents; to help restore family stability post-discharge; to build capacity among medical practitioners. Interventions include psycho-educational groups for caregivers, and sibling support groups for children growing up alongside the patient. Participants complete surveys following the intervention to report on knowledge learned, satisfaction level, and behavioral change anticipated by the participant. Over 800 participants have been enrolled in this innovative program that utilizes parent mentors and medical trainees to deliver interventions, with high satisfaction scores among participants. Results suggest that a child’s mental illness can be traumatic for family members, and that sharing stories can alleviate the stress and anxiety related to living in a home with a child with mental illness. The program serves as a training rotation for residents through Harvard Medical School.

Improving Health Education: An Addition to The Enhance®Fitness Exercise Program

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Collaborating Institution(s):
Malden YMCA

POSTER 81

The Enhance®Fitness Program through the Malden YMCA is an evidence-based group exercise program that meets for one hour, three times weekly at Medford Housing. Through the program, participants exercise to improve their balance and flexibility, strength, and cardiovascular abilities, however they do not receive any nutrition education. Participants are highly motivated individuals who are not only driven to exercise regularly, but also to improve their nutrition and consumption patterns at home. This project focuses on integrating a longitudinal nutrition education component to the Enhance®Fitness group to assist participants in making healthy food choices, and improving their lifestyle and wellness. Interactive group discussions were held with the participants prior to the evidence based Enhance®Fitness group exercise class. Discussions addressed topics such as making healthy food choices at home and outside of the home, how food affects our body, and healthy snacking. Health education information was obtained from the Wellness Campaign website and distributed to the participants to bring home and share with their families. Group discussions based on participant-driven topics of interest will continue in the future.
**Teen Parent Program: Empowering Young Teenage Mothers through Mentorship and Education**

**Author(s):** Emily Samaha, MD*; Amanda Symmes, MSW LCSW; Jessica Knapp, DO; Renée Cammarata Hamilton, MSW MPA

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**Collaborating Institution(s):** Malden High School

**POSTER 83**

The Teen Parent Program at Malden High School helps teenage mothers balance work, school and parenting through social support and education. This is especially important because the CDC states that that only about 50% of teenage mothers receive a high school diploma by 22 years old versus approximately 90% of women who hadn’t given birth during adolescence. My project involved establishing a regular session where I would spend time with the group. My goals were to be a positive role model for the teenage mothers and to provide support and education on a variety of topics. Topics included nutrition, exercise, reproductive and sexual health, and career advice. I found that the participants were engaged and interested in the topics and we were able to form strong mentor and mentee relationships based on the small number of current members in the group. I was able to establish a positive working relationship with the group’s social worker who is excited to continue having me work with the teenage mothers. I also found that conflicts and time constraints are a challenge to pursuing community projects and it is important to make strong connections in the community to help establish meaningful programs.

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**Sleep: The Other Third of Your Life: An Education Program for Older Adults Aging in Place**

**Author(s):** Jo M. Solet, MS, EdM, PhD

**Department(s):** Medicine

**POSTER 84**

This sleep education program for adults ages 75-85, living at home, aimed to enhance participants’ health and well-being by exploring sleep-related beliefs and experiences, then separating myths from scientific evidence. Accurate information about behaviors and environmental interventions that support sleep was presented, followed by a question and answer period. Participants also received materials about screening for sleep problems, to be shared with their PCPs and other caregivers.
Despite the proven effectiveness of buprenorphine for treatment of opioid use disorder (OUD), over 97% of US physicians do not prescribe buprenorphine. Many providers who are licensed do not do so, or do so for very few patients. Physicians cite barriers beyond required training, including lack of institutional support, payment issues, and opposition from practice partners. In order to encourage more Massachusetts physicians in the primary care setting to prescribe buprenorphine, we explored effective models for prescribing, including two models established through clinician-directed initiatives at Cambridge Health Alliance, one utilizing group visits and the other individual visits. We performed conversational telephone interviews with providers involved with or interested in buprenorphine prescribing through a chain-sampling method, and performed thematic analysis on written notes. Several key themes emerged, including the importance of team-directed initiatives strengthened by top-down institutional support. Each model had unique strengths. Both models addressed perceived barriers: grouping buprenorphine visits into one clinic session made visits time-efficient, and adapted to the available clinical support resources. Both models made use of CHA’s strong mental health network, and were strengthened by local mentorship. Prescribing buprenorphine in the primary care setting is feasible, much needed, and can be integrated into existing clinic resources.