Community Medicine Newsletter

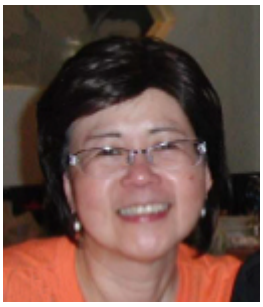
Aug 12th, 2015

In This Issue

Resources

Featured

Feature Community Medicine Physician:



Dr. Theresa Lim, a physician who has been in practice for the last 20 years at Greater Roslindale Medical and Dental Center, is our feature physician this newsletter. We reached out to Dr. Lim, who was kind enough to share her thoughts:

Q. What is the best part about being an internist?

A. In most situations, it's exciting to be at the very front line of handling a wide variety of a patient's medical issues. You literally have the first crack at solving an individual's medical issue using your depth of medical knowledge and breadth of skill as an

Director's Notes

The "Problem" with Problem Lists

In the past, primary care clinicians often kept a simple list of active and past problems in the patient's paper chart. The List - a fuzzy combination of past medical history, active chronic problems, and perhaps some resolved acute conditions - was mostly for that provider's use only. It facilitated the use of "SOAP" notes but rarely was invoked in the precise manner.

Today the role and use of the Problem List is completely different; the "Problems" placed on today's list serve many masters. That shared use is now intimately tied to compliance, billing, quality and safety reporting and even health services research. No longer solely destined only for the eyes of its creator, the Problem List enables clinicians to efficiently share patient information by permitting it to be read and edited among the clinicians involved in a patient's care. One of the strengths of BMC's EHR EPIC is that it uses a strict problem oriented approach to clinical documentation, ordering and billing.

The Boston HealthNet Health Centers will soon implement the OCHIN-EPIC EHR project. Because EPIC places the Problem List in the center of clinical documentation workflow, clinical leaders would be wise to determine local rules for collaborative use of the Problem List. Current preparations for the transition will hope fully include specific training on why and how clinicians will create and maintain Problem Lists using a standardized approach according to clinically-driven, network-wide definitions and policies. The "Problem List" is a critical tool for clinical communication and collaboration - nobody wants its use to be.....another problem.

Warm Regards,
Christopher W. Shanahan, MD MPH FACP
Director, Community Medicine Unit

Network News

Boston HealthNet OCHIN Epic Implementation Update

Project Implementation kick-off sessions have been completed and project planning and other work is well underway for the first three community health centers

internist. Additionally, we have a great support staff backing us up at GRMDC and also many wonderful specialists at BMC we could rely upon for their opinions and more advanced treatments.

Q. What drew you to working in community-based Primary Care?

A. Coming from a country of very modest means, I have seen many situations when people couldn't receive proper medical care due to complex factors such as limited financial resources, inadequate education, poor family or social support.....etc. America is an abundant country with excellent medical resources and support from all levels of the government. I think I understand how's it's like to be new in a country, to be a minority, to raise a family while being economically or educationally challenged. On top of these, how worrisome it must be when these people get sick. In my view, I can help these people, albeit in a very small way, by working in a community-based Primary Care.

Q. What advice would you give medical students, pursuing a primary care track?

A. As a primary care internist, one must have the depth and breadth of medical knowledge to deal with patient's various medical issues. The profile of the medical cases one encounters is varied, challenging but fun. With time, experience, and continued learning, one quickly becomes a very competent medical professional. Above all, adhere to your medical

(CHCs) to go-live on the OCHIN Epic Electronic Health Record (EHR) System this fall. The entire team is engaged, and the project is off to a great start!

Go-live dates have been established for the first 3 CHCs:

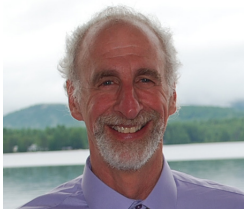
- South Boston Community Health Center: November 3, 2015
- Greater Roslindale Medical and Dental Center: November 17, 2015
- Mattapan Community Health Center: December 8, 2015

Recently, the OCHIN team traveled to Boston and completed New Member Setup (NMS) Sessions for South Boston and Roslindale. The NMS Session for Mattapan is scheduled for July 14-15. NMS is a working session for the team to review the overall system, discuss build decisions and provide information and materials necessary for OCHIN to begin the technical system build.

Looking forward to August, analysts from Boston Medical Center and site specialists from the first three CHCs will travel to OCHIN headquarters in Portland, Oregon, to attend an 8-day system overview training session. These individuals will have a key role in helping the CHCs transition to and support the new system.

Please contact Lynsey Avalone, Boston HealthNet Program Coordinator, with any questions.

Clinical Column by Geoffrey Modest, MD



The PADIS-PE trial of patients with a first unprovoked pulmonary embolism (PE), randomized to stopping anticoagulation after 6 months vs continuing additional 18 months.

Study Details

- N=371 patients (mean age 58, 40% >65yo, 50% women, 45% high bleeding risk; first episode of unprovoked, symptomatic PE, initial 6 months of a vitamin-K antagonist, then randomized in 14 French centers (2007-2014) to continued warfarin vs placebo for 18 months.

- Target INR: 2.0-3.0.
- Excluded: Patients with known major thrombophilia.
- Outcomes:
    - Primary: composite of recurrent venous thromboembolism (VTE) or major bleeding), at 18 months

    - Secondary: primary outcome at 42 months, each composite components, death unrelated to PE or bleeding at 18 and at 42 months.

ethics, and treat every patient with courtesy, respect and dignity.

Q. What experience with a patient has stuck with you and why?

A. A few years back, I had a 60 yr. old patient whom for 5 straight years, I had advised to have screening colonoscopy done. Each time she declined to do it. One day, she came in with a complaint of bloody stools. Sadly, she was diagnosed with metastatic colon cancer spreading to the liver. She passed away 2 years later. This stuck with me since I wondered if I could have been more adamant with my advice and perhaps altering the situation. Nowadays, I use this case as one of several ways to convince a certain segment of patients who hesitates undergoing screening colonoscopy to have it done.

Q. What do you like to do, in your free time?

A. I simply enjoy shopping.

Thank you for sharing, Dr. Lim!

Community Health Center Updates: DotHouse Health, Whittier Street & South End Community Health Center

DotHouse Health (formerly Dorchester House) launched a population health management program in 2014 to satisfy the ever-increasing demand for accessible, actionable data to manage our panels. Our quality improvement team used arts and crafts skills to make clinical quality measures more visible and to have fun with the data

Results:

- Mean % of time in the target INR range was 69.1%.

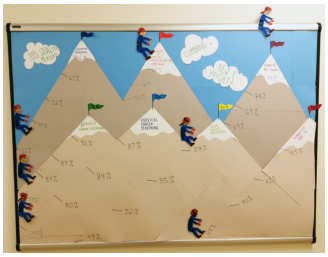
	Primary composite outcome (18 months) Recurrent venous thromboembolism (VTE) or major bleeding	**Hazard Ratio (CI 95%) p-value**	**Harms**
Group	**During treatment period**		**Major Bleeding**
Warfarin	3.3% (6/184) or 2.3 events/100 person-yrs	0.22 (0.09-0.55) p=0.001	n=4
Placebo	13.5% (25/187) or 10.6 events/100 person-yrs		n = 1
	After treatment discontinuation		**Symptomatic VTE recurrence**
Warfarin	17.7% (27/184) 10.0 events/100 person-yrs	0.22 (0.09-0.55) p=0.001	25 patients, 9.3 events/ 100 person-yrs, all without anticoagulation, 4 fatal
Placebo	10.3% (17/187) 5.7 events/100 person-yrs		14 patients, 4.7 events/100 person-yrs, all without anticoagulation
	Composite outcome (42 months)		
Warfarin	20.8%; n=33	0.22 (0.09-0.55) p=0.001	
Placebo	24.0% n=42	0.75 (0.47-1.18)	

Overall Findings:

- Benefit of extended warfarin Rx was not maintained
- Gradual reduction in warfarin protection over the next 24 months of observation when all were off warfarin
- No difference in rate of recurrent VTE, major bleeding, & unrelated deaths
- Recurrent VTE Risk greatest in first 6 months after anticoagulation stopped, then increased linearly by 4-5% per year.
- Dramatic difference during the 18 months after

while fostering meaningful collaboration among care team members. Key quality measures are improving, and some have already surpassed our annual goals.

Once a month, members of the population health team update bulletin boards in the clinical hallways, bumping smiling climbers further up the sides of paper mountain peaks. Each mountain represents one clinical quality measure, such as screening for colorectal cancer. The nearer a climber gets to a summit, the closer DotHouse is to reaching an annual quality target. DotHouse began 2015 with a forty-nine percent colorectal cancer screening rate, and aimed to hit sixty percent by year's end. The center eclipsed its annual goal by May, hitting sixty-four percent.



The cheerful display is a fun, eye-catching and highly visible approach to keeping care teams informed of performance, encouraging teamwork, and sparking friendly competition.

Whittier Street Health Center is proud to announce the opening of its new Wellness and Fitness Club, on Saturday, June 27. Boston Mayor Martin J. Walsh
presided at the Grand Opening. The new 6,600-square-foot Whittier Wellness and Fitness Club, a much-needed onsite fitness center, will be one

randomization
- Low risk of major bleeding with continued warfarin, increasing <2% per year

Thoughts & Issues:

- This study found:
  - Like other observational studies: high risk of recurrent PEs in patients with initial symptomatic unprovoked PE
  - Patients at risk for recurrent VTE after anticoagulation discontinued regardless of whether anticoagulation is 3-6 month or longer.
  - Major bleeding risk with anticoagulation is low
- Deciding how long to anti-coagulate the patient:
  - NB: those with a PE have higher likelihood of recurrent PE than those with DVT
  - Some useful approaches:
    - BMJ Blogs (on VTE)
    - BMJ Blogs (Anticoag after first DVT)
- When stopping anticoagulation:
  - Low dose aspirin
    - ~30% decreased risk of aspirin vs placebo
    - better than placebo but not as good as continued anticoagulation.
- An practical but untested approach (which I have been doing):
  - provide 6 months of anticoagulation; discuss risks/benefits to patient of continuing anticoagulation. If patient wants to stop,
    - check d-dimer before and 3 weeks after stopping anticoagulation;
    - if d-dimer negative, offer aspirin and discontinue anticoagulation;
    - it would be great to have a study seeing if underlying thrombophilia actually matters (and, if so, would factor that into above)

If you would like to receive regular emails similar to this one, please email Dr. Geoff Modest.

BUSM & GIM Updates

The Annual Kathleen Bennett Memorial Lecture in Community Medicine

We are pleased to announce that the annual Kathy Bennett Memorial Lecture in Community Medicine will be presenter Weds, Oct 14th, 2015 by Dr. Daniel Simpson of South End Community Health Center. He and his panel of experts will present and lead a discussion on **Integrated Behavioral Health and Best Practices in Our Community**. Please mark your calendars; we look forward to seeing you there!

Date: Weds, Oct 14th, 2015
Time: 8-9am

of the most comprehensive of its type in the region, located in a culturally diverse community. It will offer a broad array of services and activities, ranging from a physical fitness coach, exercise machines, classes in aerobics, yoga and Zumba, a life coach, and a pediatric healthy weight coordinator.

The Health Center is taking a revolutionary approach to addressing heath disparities. Patients can request a Prescription for Health from their Primary Care Physician, Psychiatrist or Physical Therapist. Each prescription will be tailored to their individual needs. A Health Coach who is a fitness coach and nutritionist, will meet with the patient to formulate their Prescription for Health, schedule attendance among the activity groups, and incorporate nutrition groups and acupuncture. Patients of the Whittier can become members of the new Wellness and Fitness Club on a month-to-month basis for just $10 per month.

South End Community Health Center would like to announce that as of June 30, former CEO Bob Johnson had stepped down from office and Bill Walczak, previously CEO at Codman Square, came on-board as new CEO, assisted by Joel Abrams. Additionally, Beth Mazyck, MD is stepping down from her role as CMO. SECHC is looking for her replacement and is seeking parties interested in advancing their career into medical leadership! In the face of extraordinary transition, SECHC continues to grow, especially in outreach in public housing for residents in the area, for which they

Location: Crosstown Building
801 Mass Ave, 2nd floor
Room 2127

NEW Community Medicine Travel Scholarship Program

The Community Medicine Unit (CMU) is excited to announce the new Community Medicine Travel Scholarship Program. The CMU will sponsor awards to support travel expenses associated with travel to the next annual national meeting of the Society of General Internal Medicine for up to 3 BMC-Affiliated Community Physicians who have accepted workshops, abstracts or posters for the meeting. Click here for more information about next year's SGIM meeting (May 11th-14th, 2016).

If you have an accepted abstract for the next National SGIM meeting, please consider throwing your hat in for this brand new scholarship! If you are interested in submitting to the scientific meeting but feel you might need some help getting started or figuring out the process, send an email to Dr. Shanahan who would be happy to highlight available resources.

Education Corner

Upcoming GIM & DOM Grand Rounds and Ambulatory Rounds

GIM Grand Rounds (CME)

Weds, Sept 9th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"Lung Cancer" - presented by Karin Sloan, MD

Weds, Sept 30th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"Gluten and the Gut" - presented by Audrey Calderwood, MD, MS, FACG, FASGE

Weds, Oct 14th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"Kathleen Bennett Memorial Lecture in Community Medicine: Integrated Behavioral Health - Best Practices in Our Community" - presented by Daniel Simpson, MD

Weds, Oct 28th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"Imaging Dense Breasts - A Special Problem in Cancer Screening" - presented by Tracy Battaglia, MD, MPH

Weds, Nov 4th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"Challenging Patient Rounds" - presented by Robert Sokolove, PhD

Weds, Dec 9th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"Managing Learning Issues in Primary Care Patients" - presented by Robert Sokolove, PhD

Weds, Dec 23rd @ 8AM-801 Mass Ave, 2nd flr, Rm

were awarded a HRSA grant, leading to FQHC status.

If your health center has updates that you would like to share,
please send them to us at communitymedicine@bu.edu

2127
"The Transgendered Patient" - presented by Thomas Barber, MD

GIM M & M Rounds (CME)

Weds, Sept 16th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"TBD" - presented by TBD

Weds, Oct 21st @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"TBD" - presented by TBD

Weds, Nov 18th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"TBD" - presented by TBD

Weds, Dec 16th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"TBD" - presented by TBD

DOM Grand Rounds (CME)

Fri, Sept 11th @12PM-72 E. Concord St, Keefer Auditor.
"TBD" - presented by TBD

DOM M & M Rounds (CME)

Weds, Sept 30th @11:30AM-72 E. Concord St, L-110
"TBD" - presented by TBD