

Community Medicine Newsletter



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Feature Community Medicine Physician:



Denise De Las Nueces, MD

We reached out to Dr. De Las Nueces, the Medical Director at Boston Health Care for the Homeless, to ask a few questions:

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

A. I would say some of the best parts are 1) the ability to learn and practice pathology affecting multiple organ systems, and 2) the opportunity to work with multidisciplinary teams dedicated to comprehensively meeting patient's health needs, by addressing not

Mar 17, 2016

Director's Notes

Hey.

I can fill out a form in this new EHR. I can read. I've been doing this job a long time, I certainly know what I'm trying to get done here. I've even learned where and how to get the forms I need to fill out.

So why can't I do this? Why is it so painful? I don't have time for this. My patient shouldn't have to wait for me to figure this out or get someone to help me. I'm embarrassed. I'm embarrassed for my clinic. I'm embarrassed for my profession. How did this happen? How did I get here? How did "WE" we get here?

Hmmm.....

I think we forgot the workflow.

The new system has many ways to get something done and it's not just the data; it's the order of the data and where and how to send it. There may just be way too many options and some are better than others. Some ways don't work at all here. Some we are still figuring out. Some have just changed again. "Plus" we haven't built the signs to guide ourselves to the best route even if it does exist! And.....How can we make this happen?

We still have a long way to go.

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



Network News

10th Edition of the CMU Newsletter!

We are proud to say that since we began writing the newsletters (in May of 2013), we have now put out 10 newsletters. It is our hope that you have all enjoyed them for their content and what they represent: a commitment to and conversation with the Community Health Centers.



Dr. Shanahan visits BUAP and the South End Community Health Center

only their clinical needs, but also health-related social factors, such as housing and food insecurity.

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

A. What drew me the most to this rewarding work is my experiences working with vulnerable populations in the past, both domestically and abroad. The patient stories I learned along the way were filled with resilience, strength, and hope in the face of adversity. I couldn't imagine working in any other setting.

Q. What has been your biggest challenge?

A. The biggest challenge thus far has been assessing how to meet the diverse needs of our patients. Our patient population has many comorbidities, with a high prevalence of substance use disorder and behavioral health needs. We're constantly striving to ensure that our program provides high-quality care that meets our patient population's evolving needs.

Q. What have you learned from your position as Medical Director?

A. From fellow leaders at BHCHP, I've learned how to maintain a positive outlook no matter what the day brings. I continue to learn about program development aimed at helping meet the complex needs of homeless individuals in the city of Boston.



Dr. Shanahan recently spoke to the providers and administrators at Boston University Affiliated Physicians (BUAP) in the Abbey Building and the also at the South End Community Health Center about safe opioid prescribing for their patients suffering from chronic non-cancer pain. He outlined the history and controversy of treating chronic pain with opioids. He provided a detailed approach to using these medications and how to best manage these medications and patients being treated in order to maximize benefit and minimize risk. The discussion included setting realistic expectations with patients using informed consent, performing initial and ongoing risk assessment and responding to patient needs and diagnosing and managing medication misuse.



Call for Ideas for the CMU Newsletter

As part of the dialogue between BMC and our affiliated health centers, we want to make sure that the most meaningful content is included, so we encourage you to please let us know if there is a topic we should highlight. Please send in your ideas for future newsletters.

BUMC & GIM Updates

ICM 1 Teaching Instructors Wanted for Spring 2016!

BUSM is soliciting all interested parties to participate in the ICM 1 teaching course. These teaching sessions typically take place on Weds afternoons but any afternoon (with the exception of Monday) and evening can be accommodated. The teaching commitment is for 10 visits/semester, which works out to be about 2X/month from late Jan-early May. Sharing teaching responsibilities (e.g. splitting sessions) is also an option. Please contact [Ginny Potter](#) for additional information or to sign up!

Fourth Annual Community Medicine Unit Grand Rounds is Scheduled

Please mark your calendars! The 4th annual CMU Grand Rounds will be held Weds, May 4th, 2016 by Dr. Karen Lasser. Additional details will be emailed to you shortly.

BU School of Public Health - Dean's Seminar Series

[Dr. Sandro Galea](#), the new Dean at the BU School of Public Health recently started an exemplary seminar series that is thoughtful, cutting-edge and relevant to Boston Medical Center and surrounding Community Health Centers. For the

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

A. There have been many, but one of the most prominent experiences is when, in collaboration with a multidisciplinary team and stellar nurses at the Barbara McInnis House, I provided care to an undocumented gentleman at the end of his life. We all worked hard to make sure that his last days were as comfortable as possible, and were able to get his extended family to fly in and be at his bedside for his final days. Celebrating his life with his family and with my colleagues was an experience that I will always remember.

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

A. Family time is very important to me; it keeps me centered and grounded. And I absolutely love to read fiction--though lately, all I'm reading are baby board books!

Thanks for sharing, Dr. De Las Nueces!

Soliciting Community Voices!

We will be starting a new opinion column - "View from the Community" - featuring the opinions of our esteemed community-based colleagues - YOU!

There is no specific criteria for submission; the opinions expressed can be on any topic of interest - medical,

complete series list, you can check the [seminar website](#) (which includes live streaming content). For upcoming events, check the Education Corner of each newsletter. Highly recommended!

Mark A. Moskowitz Visiting Professor Lectureship

The Section of General Internal Medicine (GIM) was pleased to welcome the annual Mark A. Moskowitz Memorial Visiting Professor, Dr. James A. Tulsky. Dr. Tulsky recently joined Dana-Farber Cancer Institute in 2015 to be Chair, Department of Psychosocial Oncology and Palliative Care. Dr. Tulsky has a longstanding research interest in clinician-patient communication and quality of life in serious illness. He gave two very well-received talks at both the GIM and Dept of Medicine Grand Rounds Fri, Mar 4th.



Education Corner

Upcoming GIM & DOM Grand Rounds and Ambulatory Rounds

GIM Grand Rounds (CME)

Weds, Mar 23rd @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"Pelvic Examination: To Do or Not To Do" - presented by [Shwetha Sequeira, MD, MSc](#)

Weds, Apr 6th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"Teaching Diagnostic Reasoning" - presented by [Warren Hershman, MD, MPH](#)

Weds, Apr 13th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"Management of End-of Life Planning, Health CARE Proxies, etc. for Immigrant and Refugee Patients" - presented by [Sandhya D. Rao, MD](#) & [Sondra Crosby, MD](#)

Weds, Apr 27th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"Challenging Patient Rounds" - presented by [Robert Sokolove, PhD](#)

GIM M & M Rounds (CME)

Weds, Mar 16th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"TBD" - presented by [Julie Crosson, MD](#)

Weds, Apr 20th @ 8AM-801 Mass Ave, 2nd flr, Rm 2127
"TBD" - presented by [Julie Crosson, MD](#)

DOM Grand Rounds (CME)

Fri, Mar 18th @12PM-72 E. Concord St, Keefer Auditor.
"Gary Garber Grand Rounds" - presented by [Robert Bonow, MD](#)

Fri, Mar 25th @12PM-72 E. Concord St, Keefer Auditor.
"Opioid Crisis" - presented by Mass DPH Commissioner [Monica Bharel, MD](#)

Fri, Apr 1st @12PM-72 E. Concord St, Keefer Auditor.
"TBD" - presented by TBD

philosophical, humanistic, personal, etc. Each column will be between 300-500 words.

If you have something you would like to share, please email [Sarah Brunt](#) your op ed piece.

FINAL CALL: 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.

Submissions are due no later than April 11th, 2016.

BMC Campus Renovation

Fri, Apr 8th @12PM-72 E. Concord St, Keefer Auditor. "TBD" - presented by [Robert Lowe, MD](#)

Fri, Apr 15th @12PM-72 E. Concord St, Keefer Auditor. "TBD" - presented by [Vasan Ramachandran, MD](#)

Fri, Apr 22nd @12PM-72 E. Concord St, Keefer Auditor. "TBD" - presented by TBD

Fri, Apr 29th @12PM-72 E. Concord St, Keefer Auditor. "Faulkner Visiting Professor Lecture" - presented by [Christine Ritchie, MD](#)

DOM M & M Rounds (CME)

Weds, Mar 30th @11:30AM-72 E. Concord St, L-112 "TBD" - presented by TBD

Weds, Apr 27th @11:30AM-72 E. Concord St, L-112 "TBD" - presented by TBD

Upcoming BU School of Public Health Talks

Weds, Mar 16th @ 1:30PM-72 E. Concord St, 1 flr, Bakst Auditorium "[The Opioid Epidemic: Why Cops Are Sending Addicts to Treatment Instead of Jail](#)" - presented by Leonard Campanello, Chief of Police, Gloucester, MA [Live-Streaming Available During Event](#) [#SPHDSS16](#)

For the complete list and updated content, [click here](#).

Clinician's Corner by Geoffrey Modest, MD



Role of Fructose in Metabolic Syndrome and Weight Loss

Several epidemiologic studies have suggested that fructose plays a role in the development of metabolic syndrome, non-alcoholic fatty liver disease, type 2 diabetes, and cardiovascular disease. Recently a small study assessed 43 children with obesity and metabolic syndrome put on a 9 day fructose-restricted diet then evaluated several metabolic parameters. This diet attempted to match each participant's prior macronutrient intake profile

Details:

Latino & African-American (n=43) children with obesity & metabolic syndrome (mean age 13.3, weight 93 kg, BMI 35.6)
Child-friendly diet: no- or lower-sugar added processed foods including turkey hot dogs, pizza, bean burritos, baked potato chips, & popcorn

Results:

Mean caloric intake 29 kcal/kg: 51% carbs, 16% protein, 33% fat (16% saturated, 9% polyunsat, 13% monounsat).

BMC is transforming its clinical campus to prepare the hospital to thrive well into the future. The multi-year redesign consolidates inpatient operations on the Menino side of the campus and transitions services out of the Newton Pavilion in 2018. The end result will be modern, welcoming and more efficient spaces to provide the best possible care to patients.

The redesign will include:

-An expanded Emergency Department (ED) unified with Urgent Care and with a separate Behavioral Health area ([click here for a the time-lapse construction of the new Emergency Department](#))



-A consolidated Radiology Department next to the ED

-Centralized, modernized operating rooms (ORs)

-A new Women and Infants' Center in Yawkey (which opened in Jan 2016)



-Updated Yawkey lobby, cafeteria and patient Demonstration Kitchen

Change of:

- o Carbs ↓ 4%, protein ↑ 2% and no change in fat consumption.

- o Of carbs ingested: dietary sugar ↓ from 27.7 to 10.2% and fructose from 11.7 to 3.8%, with ↑ in dietary fiber

Despite efforts to maintain body weight, there was a 0.9 kg loss over the 10 days 33/43 (77%) reported unable to consume all the food provided; predominant weight loss in first 4 days
Systolic BP no change, Diastolic ↓ 4.9 mmHg
Uric acid ↑ by 0.3 mg/dl

Fasting glucose ↓ by 5 mg/dL

Fasting insulin ↓ by 53%,

HOMA-IR, a measure of insulin resistance, ↓ by 58%

Fasting triglycerides decreased by 46%, LDL by 12.5% and HDL by 20%

ALT ↓ non-significantly from 28.9 to 26.7

U/L, though AST significantly ↓ from 27.4 to 23.8 U/L

Analysis of only those who did not lose weight did change results.

Fructose - A sugar with a unique metabolism & effects:

Metabolized almost exclusively by the liver

A substrate for de novo lipogenesis and ↑ triglycerides

Leads to nonenzymatic fructation & reactive oxygen species → cellular dysfunction;

Doesn't suppress the hunger hormone ghrelin → to excessive consumption

Doesn't stimulate insulin release, unlike other sugars, → insufficient plasma leptin levels & less satiety

Stimulates the nucleus accumbens → increased reward & continued eating

Several ways that fructose consumption doesn't decrease hunger & may explain why many participants couldn't eat all supplied prepared food when on the fructose-restricted diet.

Fructose changes gut microbiome, maybe related to being poorly absorbed.

Fructose-restricted diet seemed to increase serum uric acid levels. This was also noted that there was an ↑ incidence of gout in the observational Nurses' Health Study associated with ↑ fructose ingestion.

Conclusion:

Impressive results just by changing carbohydrate composition and without weight loss

Weight loss that occurred likely water weight, given rapidity of loss;

Statistically controlling for weight & analyzing only those who did not lose weight did not show significant directional differences in the outcomes measured.

Even short-term fructose restriction was associated with very impressive changes in markers of insulin resistance (fasting insulin levels and HOMA-IR).



This study adds support to decreasing fructose consumption, the vast majority of which in Western diets is from high-fructose corn syrup & not free fructose from natural foods.

-Intensive Care Units in one location

-New bridge to transport helipad patients to the ED



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