Community Medicine Newsletter

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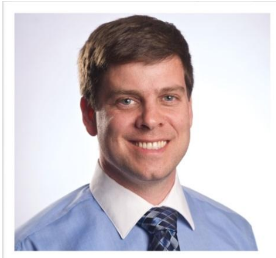


Gabriel Wishik-Miller, MD, MPH

We reached out to Boston Healthcare for the Homeless Program's Dr. Wishik to ask him a few questions:

Q. How did you get involved with Boston Healthcare for the Homeless Program (BHCHP)?

A. After residency, I was looking for a placement in underserved care that would match my interests and fulfill my obligation to the National Health Service Corps. Harm reduction, impoverished care, and addiction treatment are

June 9th, 2017

Director's Notes

"How do I love thee, Dear Patient?"

Over the course of my career, I've occasionally wondered, "Do I really care about my patients?", "Do I care about them as much as my colleagues care for theirs?" In other words, ..."Do I love them?"

When hearing how my colleagues have sometimes extended themselves to their patients in remarkable ways, I note to myself, "Boy, I would never do that!" Yet there are times, that I do things for my patients that seem like common sense - not at all exceptional, however later I think, "hmm what drove me to go that extra mile for them? I'm not sure if anyone else would do that for their patient" To be fair, I still think I probably fall somewhere in the middle of the pack for the "Mother Theresa award."

But the question remains: what drives this kind of behavior? Is this "love"? If so is this the only way to "love" your patient or are there other ways as well? Over the years, there have been patients who have simply irritated me. There have been others who I couldn't ever seem to feel good about. However, even for those patients, I eventually find that I come to appreciate what they've taught me and how they helped me grow.

One day, walking out of the health center after a primary care session, I was contemplating this question again. I generally don't agonize about my patients outside the clinic. However, I realized that when I am in the exam room with a patient, I find that I am completely present with them. I attend to them. I mull over how I can help them and do what is best by them at that moment - when they are sitting next to me in the exam room. I turn to them and say, "How are you?", "Do you have a question or concern you want to talk about?", "How can I help you?", "Do you have anything else I can do for you?" At this point, I understand that it is at those intimate Patient-Doctor moments that my patients are squarely in my heart - and I really do love them - even if it is only for 20 minutes. This "love" - a privileged form of intimacy and commitment - is derived from my solemn offer to each, to serve as their non-judgmental and supportive confidante, my chief role being to help as best I can within the guidelines of my profession.

all themes I explored prior to med school and through to residency. I got lucky that the program and I both thought it was a perfect fit, and that we have continued to thrive together. The two year obligation is long past and I'm still here! I've managed to develop more skills here including transgender care, an interest in transition out of incarceration, and recently I have been fascinated by the extensive world of androgen use and abuse in our population.

Q. What has surprised you the most about working at BHCHP?

A. This is not unique to BHCHP, but our patients continue to surprise in their adaptability and perseverance despite major adversity that I often think would break me. I am often asked if this work leads to burnout. I suppose it could, but it is more often inspiring to see what people are capable of overcoming, and the grace with which ones life can be lived in any circumstance. Also, people say the darndest things. A patient once told me there were three things missing at the Barbara McInnis House:

1) People should be able to buy their own smokes
2) Ashtrays!
3) Cocktail hour, preferably martinis

Q. What do you wish other people knew about BHCHP?

Later, as I move to the next exam room, my love for the previous patient gradually fades and is replaced by a new focused love for the next patient. This patient will now get my full and intimate attention paired with a fresh commitment to help them as well. So yes, I do love my patients - but it is a different love, it is a love born out of service and witness.

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

Network News

BMC Intensive Care Unit Move

The Intensive Care Units have moved! As of May 2017 the ICU will be in a newly-redesigned space on the third floor of the Menino Building. The new ICU features a secure 65,000 square foot space with state-of-the-art private rooms, including a sleep bed for a patient's loved one and 24-hour front desk coverage.

New Grayken Center for Addiction Medicine

The BMC Grayken Center for Addiction Medicine is made possible by the $25 million gift from the Grayken family. The goal of the Grayken center is to transform creative programs into clinical care innovations and prevention strategies. The center will provide training to leaders in the field to help disseminate the best practices for addiction treatment globally. The Grayken Center's mission is focused on research, treatment, as well as training and prevention.

Michael Botticelli has been appointed to the position of Executive Director of the Grayken Center. Botticelli served as the Director of National Drug Control Policy at the White House under President Obama. Mr. Botticelli holds a Bachelor of Arts degree from Siena College and a Master of Education degree from St. Lawrence University. He is also in long-term recovery from a substance use disorder, celebrating more than 28 years of recovery.

BUSM & GIM Updates

Community Medicine Unit Grand Rounds
Refugee Health for Front Line Primary Care: Identifying, Referring, Caring & Supporting

A. It is tempting to think that we are what you see at our 780 Albany street building. That is where I am based and there are a lot of good programs there, but the majority of our care takes place in around 60+ other sites per week. Our program has a broad presence in Boston. Also, for the past few years we have been doing great work in treating hepatitis C with a marginalized population, and our outcomes are on par or better than the national average (following on our longstanding excellence in HIV care). Lastly, did you know that we are connected to BMC by an ancient musty tunnel under Albany street that is straight out of the movie Saw? It's no joke.

Q. What do you think you'd like to see change (if anything) at BHCHP, over the next 5 years?

A. I would like to see more coordinated care for patients in transition out of incarceration. This is something we have explored in the past and are ripe to revisit. I know similar conversations have been taking place in other clinics, including at Shapiro. That, and I'd like to see an end to homelessness and an easy cure for all addictions, but...

Q. How do others describe you?

A. Better ask them!

Q. What is something someone might be surprised to know about you?

From left: Nicolette Oleng', MD and Sondra Crosby, MD

The CMU's annual joint Grand Rounds was held on April 17th, 2017. Speakers Sondra Crosby, MD and Nicolette Oleng, MD shared their extensive knowledge with working with refugees at Boston Medical Refugee Clinic. The discussion of the night focused on individual's experiences with refugees and useful resources clinicians can use to help aid their patients. Dr. Crosby and Oleng also discussed how patient can be referred to the BMC Refugee Clinic. The discussion was well received by all who attended.

Society of General Internal Medicine
2017 Annual Meeting

SGIM's annual meeting took place in Washington, D.C. April 19- 22, 2017. We would love to see more Community Health representation at SGIM next year! As a reminder the CMU will sponsor awards to support travel expenses associated with travel to the annual national meeting for up to 3 BMC-Affiliated Community Physicians who have accepted workshops, abstracts or posters for the meeting. If you are interested in the future to take advantage of this opportunity next year please reach out to Christopher Shanahan , MD, MPH, FACP.

Boston Medical Center's (BMC) Office Based Addiction Treatment (OBAT) Training and Technical Assistance (TTA)

Expert trainers and consultants provide advice and guidance tailored to each Community Health Center's specific needs. These trainers provides education, support and capacity building to community health centers and other health care and social service providers on best practices caring for patients with substance use disorders.

The OBAT team offers personalized technical assistance and training sessions for your program. To learn more about the technical assistance offered and to request a training please visit the BMC OBAT webpage.

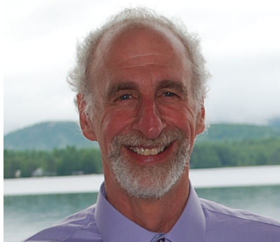
For more information about OBAT

Reminders!

FPPEs and OPPEs are now in full swing! Please be sure to complete requested peer reviews in a timely fashion.

A. I've lived in three countries, I was once booed by about 10,000 people, and my super power is cultivation of root vegetables. It really comes in handy in case of crisis.

Clinician's Corner by Geoffrey Modest, MD



[Steroid Knee Injections: Do they help?]

A recent study suggests that intra-articular steroid injections for knee pain does not help either preserve the cartilage or decrease pain. Click here to see the full commentary on [BMJ].

Innovative Practice

Anchor NPs in BMC Primary Care
By: Joanna D'Afflitti, MD

Over the last three years, the Department of General Internal Medicine at Boston Medical Center has been in the process of transforming our clinical practice in the Shapiro Building into a Patient Centered Medical Home. As many of you know, our practice is large. We serve approximately 40,000 unique patients and have over 80 clinical faculty (not including residents). Time spent in clinic varies widely among our faculty, depending on an individual's teaching, research, and other commitments. Continuity of care for patients can be challenging in this setting. In an effort to address this issue as well as to acknowledge the increasing demands placed on primary care clinicians, we have created MD-NP care teams using nurse practitioners as team "anchors" (the "NP Anchor" model). We based this model on the team structure at the East Boston Neighborhood Health Center (EBNHC), where our colleagues have been using the NP Anchor model for years. Care teams are created using a ratio of 1 NP FTE: 1.5 MD FTE per team, resulting in team compositions of approximately 1 NP:3MD's.

In this model, the NP spends 60% of his or her time in clinical sessions, seeing patients on the care team for routine healthcare maintenance, chronic disease management, and urgent care visits. The remaining 40% is divided into two parts - 1) administrative time, which is standard for all clinicians in the practice, and 2) Team Anchor time. The latter is devoted to addressing between-visit patient care, including follow-up of abnormal lab results, telephone calls to check-in with patients about chronic disease management, and outreach to patients who have clinical questions or complex care needs.

The NP Anchor model is being rolled out in phases across the practice. Currently, we have a total of 10 NP Anchor Teams, composed of 10 nurse practitioners and 31 physicians. We plan to add four additional teams between January 1-June 30, 2017. Our primary outcome measures are clinician satisfaction (both physician and nurse practitioner) measured through surveys, and access to care measured by time to next available appointment with a member of the care team.

We are still in the early stages of this roll out and we are very grateful to our colleagues at EBNHC for their guidance and expertise. Early results have been promising and we are optimistic that this care team model will improve clinician and patient experience.

Education Corner

Upcoming GIM & DOM Grand Rounds and Ambulatory Rounds

GIM M & M Rounds (CME)
Weds, June 14th, 2017 @ 8AM-801 Mass Ave, 2nd flr, Rm 2127 PrEP- presented by Jessica Taylor, MD ([BU Profile]), Margaret M. Sullivan, MD ([BU Profile])

GIM M & M Rounds (CME)
Weds, June 21st, 2017 @ 8AM-801 Mass Ave, 2nd flr, Rm 2127 "Doc, I have blood on the toilet tissue"- presented by Jessica Taylor, MD (BU Profile), Kevan Hartshorn, MD (BU Profile), and Robert Lowe, MD (BU Profile)

Look for presentations and dates in the Fall Newsletter!

DOM Grand Rounds (CME)
Finished for the year. Look for presentations and dates in the Fall Newsletter!

Upcoming Buprenorphine Waiver Training for Prescribers

This free course fulfills the 8 hours of the training needed to obtain a waiver to prescribe buprenorphine.

July 15th, 2017 7:30am-4:30pm DotHouse Health
1353 Dorchester Avenue Dorchester, MA

July 28th, 2017 7:30-4:30pm Cape Cod Community College, Science Building, Lecture Hall A,
2240 Iyannough Road, West Barnstable, MA

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