

Winter/ Spring 2018

Director's Note

Not Too Late

I was late. Mrs. B had been pronounced dead in the MICU just two minutes ago. The family was closing the curtain to be with her. I knew I needed to wait. As I sat at the nurses' station, the blank looks of the MICU house officers and nurses stung like accusations.

When I first met Mrs. B. 10 years ago, she was 85 years old, active and fully independent. I had just finished a fellowship in General Internal Medicine and had returned to my practice at the community health center. Over time, Mrs. B's function and self-sufficiency began to fall away. Our first medical crisis together was a stasis ulcer in her leg, which I helped her manage and cure over several months. With that success, she elevated me to revered status, routinely ascribing to me un-reserved credit for all of her past, present, and future health and well-being. Each visit she managed to embarrass me with her reverence for my miraculous clinical skills. Far from being obsequious, her genuine kind words and appreciation made her heartfelt praise difficult to hear.



During the first eight years of our relationship, she visited me at the health center unaccompanied, but gradually over the last two years, dementia crept in and she needed the assistance of her daughter and son to manage the trek to visit with me. With their inclusion into our Doctor-Patient dyad, I began to learn other things about her. She was a senior elder known as "Mother B" in her church - a forceful woman and although she was demur in my presence, the family informed me that she was an indomitable force to be reckoned with both at home and at the church. As she began to slowly fail, I became privy to the daily power struggle between her and her eldest daughter and felt increasingly more like a referee than a physician. We worked together to come to consensus, but were only successful to a limited extent. But throughout all the struggles, Mrs. B always smiled at me and then would interject how wonderful I was. Despite my embarrassment, it still made me feel good and I always welcomed her visits.

My nurse called me on a Friday morning in the midst of my families' frantic morning routine to relay the message from her family that Mrs. B couldn't get out of bed. I immediately asked the nurse to instruct the family to bring her to the Emergency Department. I did not check that she had arrived. I did not speak to the Emergency Department staff regarding her status, their assessment, or evaluation plan. I did not call the patient's family. I just forgot.

Three days later, I received an unexpected page from the Mrs. B's daughter. The guilt associated with that brief discussion weighed heavily. Not only had I forgotten to follow-up on her admission, but I had just been told by her daughter that Mrs. B. was nearing the end of her life. After clinic, I drove to the hospital. Upon arrival to the MICU, I saw that I was too late. Overwhelmed by guilt and self-loathing, and fatigue, I waited for the curtains to be drawn back by a distressed and disappointed family.

Forty-five minutes later, I was noticed by one of Mrs. B's adult children and was invited to join the family in the room, no different than the others, lifeless with a strange sense of "What next?" As her nine children turned from their thoughts and murmurings to look at the late visitor, my guilt peaked. Looking up, Mrs. B's eldest daughter smiled broadly and said how glad she was that I had come. She introduced me to each of her seven siblings then ceremoniously announced how Mrs. B had spoken of me with reverent regard. Pronouncing herself what a fine doctor she thought I was based not only upon

both Mother B's endorsement and but also her own observations. Speechless, I mumbled a thank you as I desperately tried not to blush.

Later, as I made my way to my office, with my guilt lifting just a bit, I realized that I was not too late.

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



The Boston Health Equity Research Network (BHERN)

The Boston Health Equity Research Network (BHERN) is a developing network of partners here on campus and several local community health centers. BHERN's mission is to promote research that improves the health and wellbeing of our patients and communities. The network will act as a "matchmaker" between practices, community health centers, and investigators with common research priorities. BHERN aims to provide a systematic, transparent, and efficient approach for partners to engage in opportunities, access resources, and build trust. BHERN's current members include several Boston HealthNet community health centers as well as BUMC's departments of General Internal Medicine and Family Health. The network is supported by the Boston University Clinical and Translational Science Institute.

For more information, please contact Tracy Battaglia, Director of the Women's Health Unit and BHERN Co-Director, and Nikki Spencer, Program Manager, at Nicole.spencer@bmc.org.



MassHealth ACO Program Launch

On Thursday, March 1, MassHealth launched its Accountable Care Organization (ACO) program. This change will affect more than 900,000 of the program's members, many of whom are patients of BMC and Community Health Centers. This is an important effort that will transform health care for our MassHealth patients and ensure that this critical program is sustained well into the future.

Network in the Media

CBS News: Meet the Boston doctor making house calls to the homeless



In March 2017, Dr. Jim O'Connell from

BMC Construction Updates!



Emergency Department entrance on Shapiro Drive has officially opened! In addition, the following areas are new and improved:

- The Pedi ED
- Adult and Pedi waiting rooms
- ED patient registration
- Adult and Pedi triage
- Pod E has opened in their new space (Pod C is closed temporarily)
- A public connecting hallway between the Moakley and Menino buildings

With these changes, employees and

Health Care for the Homeless along with his team of psychologists and social workers grabbed the attention of national news program *CBS Evening News* for their work as "street doctors".

patients can now access the Menino and Moakley buildings from Albany Street.

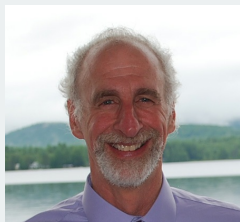


2017 Publications by CMU Authors (Highlights)

Naimi TS, Xuan Z, Coleman SM, et al. [Alcohol Policies and Alcohol-Involved Homicide Victimization in the United States](#). *J Stud Alcohol Drugs*. 2017 Sep;78(5):781-788. PMID.28930066

Hadland SE, Xuan Z, Sarda V, Blanchette J, Swahn MH, Heeren TC, Voas RB, **Naimi TS**. [Alcohol Policies and Alcohol-Related Motor Vehicle Crash Fatalities Among Young People in the US](#). *Pediatrics*. 2017 Mar;139(3). PMID.28193794

Liebschutz JM, Xuan Z, **Shanahan CW**, LaRochelle M, Keosaian J, Beers D, Guara G, O'Connor K, Alford DP, Parker V, Weiss RD, Samet JH, **Crosson J** et. al. [Improving Adherence to Long-term Opioid Therapy Guidelines to Reduce Opioid Misuse in Primary Care. A Cluster-Randomized Clinical Trial](#). *JAMA Intern Med*. 2017 Sep 1;177(9):1265-1272. PMID.28715535



Clinician Corner with Geoffrey Modest, MD

[Smoking just one cigarette, one too many](#)

Smoking 1 cigarette/day is associated with 46% of the risk of smoking a pack a day. Our work is not done even when a patient cuts their smoking - complete cessation remains the goal.

[Post-op surgery, opiates and subsequent misuse](#)

A data-mining analysis that finds that future opioid misuse is most related the duration of use not the dose of opioids prescribed post-surgery. This blog also cites other opiate-related blogs, some that demonstrate that show NSAIDs are as effective as opiates for acute pain in the emergency room.

[Aspirin prevents colon cancer](#)

Data that show that aspirin is effective in preventing colon cancer. We should take that into consideration when thinking about aspirin therapy (it is not just for the heart... and the USPSTF agrees)

If you would like to be on the regular mailing list for blog posts, please contact: gmodest@uphams.org.



Education Opportunities

SAVE THE DATE!

**Community Medicine Unit Grand Rounds
May 23rd, 2018**

Upcoming GIM & DOM Grand Rounds and Ambulatory Rounds

GIM Grand Rounds (CME)

Lupus: Who Are the Usual and Unusual Suspects, and What Do We Do When Have Rounded Them Up?

by: Youmna Lahoud, MD ([BU Profiles](#))

Weds, March 7th, 2018@ 8AM-801 Mass Ave, 2nd flr, Rm 2127

GIM Grand Rounds (CME)

Goiters by: Stephanie L. Lee, MD, PhD ([BU Profiles](#))

Weds, March 14th, 2018@ 8AM-801 Mass Ave, 2nd flr, Rm 2127

If you are interested in receiving the weekly GIM Grand Rounds announcement please reach out to [Deana Barakat](#) to be added to the distribution list.



SGIM 2018 New England Regional Meeting

The Many Faces of Physician Advocacy :
Generalists Leading the Way for Change

2018 New England Teaching Skills Retreat*
Thursday, March 8th, 2018
Boston Medical Center

2018 New England Regional Meeting*
Friday, March 9th, 2018
Boston University's George Sherman Union
(GSU) Center

*Registration is required to attend both
events



SGIM 2018 Annual Meeting

April 11-14 Denver, Colorado

Health IT Empowering General Internists to
Lead Digital Innovation

Registration Closes
March 8, 2018 at 9 am EST

Community Medicine Travel Scholarship Program

The Community Medicine Unit (CMU) is excited to announce applications for the Annual Community Medicine Travel Scholarship Program has opened! 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 this year's SGIM meeting (April 11-14th).

If you have an accepted abstract for the next National SGIM meeting, please consider throwing your hat in for this opportunity! 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 March 23rd, 2018.

