

Cambridge Health Alliance: **2017 Academic Overview**



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Preface

This report is written on the occasion of George Q. Daley's appointment as Dean of Harvard Medical School. We introduce our new Dean to the academic affairs at Cambridge Health Alliance (CHA), a major teaching affiliate of Harvard Medical School (HMS).

By design, this report views CHA through the lens of HMS. A more robust accounting would describe scholarly activities relating to CHA's affiliation with the Tufts University School of Medicine and Harvard's Schools of Public Health, Dental Medicine and additional graduate programs. Furthermore, CHA's advance practice nurses, physician assistants, pharmacists, social workers, therapists and others participate in student education and research in the context of affiliated professional schools. We leave a more comprehensive report for another time.



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Table of Contents

Introduction	1
CHA: A Socially Accountable Health System	2
Academics at CHA: An Overview	3
Current Academic Programming	4
Tracking Progress	9
Obstacles to Overcome	10
Profiles: Selected Academic Programs	12
1. Harvard Medical School - Cambridge Integrated Clerkship	
2. Center for Mindfulness and Compassion	
3. CEO CLER Mini-Grant Improvement Projects	
4. Division on Addiction	
5. Family Medicine Residency Program	
6. Arnold P. Gold Foundation Research Institute	
7. CHA - Gold Innovation Fellowship	
8. Health Equity Research Lab	
9. Institute for Community Health	
10. Internal Medicine Residency Social Medicine & Research Health Advocacy Curriculum	
11. Investigations into Dietary Supplements	
12. Oral Health at CHA	
Appendix	
I. CHA's Community and Patient Demographics	32
II. CHA's Community-Oriented Care	
A. Distribution of Services - Geography	33
B. Scope of Services	34
C. Quality Report - An Excerpt	35
III. CHA Faculty	
A. Hospital and Academic Appointments and Promotions	36
B. Faculty Recognition	
1. Faculty Recognition - Local (HMS, Tufts, CHA)	38
2. Faculty Recognition - Regional and National	41
3. Faculty Participation in Competitive Fellowship	43
4. Arnold P. Gold Foundation Grants Awarded to CHA Faculty Members	44

Cambridge Health Alliance: **2017 Academic Overview**

Introduction

Cambridge Health Alliance convened an Academic Council in 2004 to formulate an academic vision and promote activities to achieve that vision. The Chair of the Academic Council has made periodic reports to CHA's Board of Trustees and to the Dean of HMS. This 2017 report inaugurates a new era at CHA – we have refined our strategic direction, embracing pilot public financing mechanisms, expanding primary care access and experimenting with innovative care and teaching models. Furthermore, a new Chief Academic Officer position has been created and the chiefs of the major academic departments and nursing have recently turned over. Concurrently, Massachusetts and federal health policy continues to evolve, and the healthcare landscape consolidates further. Finally, HMS has welcomed a new Dean.

In this report, we contextualize CHA as a socially accountable health system, describing the link between CHA's academics and its strategic direction. We then detail the major recent activities designed to achieve our academic vision, track progress and note the obstacles we face. We conclude with brief profiles of selected activities to illustrate the breadth of CHA's academic endeavors. This report establishes a basis for tracking progress over the ensuing years.



CHA: A Socially Accountable Health System

Cambridge Health Alliance is a socially accountable health system, dedicated to addressing the priority health needs of its communities through its service, education, research and advocacy. CHA’s mission statement – “to improve the health of our communities” – speaks of this social accountability. We aspire to reduce suffering caused by disease. Yet, in addition to treating illness, we seek to prevent disease while improving health and wellbeing. We seek to attend to social determinants of health by engaging with our communities, not just with individuals. In proclaiming our motto, “we care for all,” we embrace patients and communities that are especially vulnerable – those who suffer from economic and social deprivation, mental illness and addiction and traumatic experiences. Immigrants, including those seeking asylum, comprise a large plurality of our patients (see Appendix I).

As a highly integrated community-oriented health system, we meld primary care practice with public health. The organization’s CEO serves as the Commissioner of Health for the City of Cambridge. We work closely with governmental agencies and community organizations in a half-dozen cities north of Boston (see Appendix II).

CHA serves as a portal to the best of health care in the world. We offer primary care at a dozen health centers spread throughout the region as well as in high schools, nursing homes, shelters and homes. Primary care physicians with training in Family Medicine, Internal Medicine and Pediatrics work and teach side-by-side with colleagues with behavioral health and specialty training at many of these settings. We consider behavioral health care at CHA as a “center of excellence,” with extensive programming based in community settings, health centers and hospital units for children, adults and elders. We provide secondary hospital care at our Cambridge and Everett Hospital campuses and specialty care at many convenient settings. Finally, we engage our patients in tertiary and quaternary care at our affiliates – Beth Israel Deaconess Medical Center for adults and MGH for pediatric care. While this organizational structure is nearly unique in the U.S., where we serve as a model, it is not atypical of advanced healthcare systems worldwide (see Appendix II).

CHA seeks to serve as a national model. We intend to guide the nation toward policies that support care of the disadvantaged and to test organizational structures that facilitate community care, collaborative and team-based care and person-centered caring. CHA embraces the WHO’s Global Strategy on Human Resources for Health, which aspires toward “universal health coverage with safe, effective, person-centered health services by 2030.”

Academics at CHA: An Overview

In 1961, Harvard University and the City of Cambridge joined to improve the health services available to the people of Cambridge. The architects of the 1966 affiliation agreement hypothesized that a clear and well-resourced academic vision would attract capable clinicians and robust clinical care. Since that time, CHA has grown in its mission, vision, scope of services and academics.

The “Academic Council” was convened in 2004 to assure that CHA pursues its academics with the highest integrity and creativity and in concert with

the institution’s strategic plan. The council includes representation from the major academic departments and administrative leaders, and it reports to CHA’s CEO and its Board of Trustees.

The academic vision statement states simply, “academics is fundamental to CHA.” Hence, CHA’s academic concerns and clinical programming are tightly linked to the institution’s strategic direction. There are two components to improve the health of our own communities: reducing barriers to health for a population that otherwise is not as well-served by the existing system and to serve as a model healthcare system for the nation.

Academics of CHA: A Brief History

- **City Council Act 1911:** “to authorize the City of Cambridge to incur indebtedness for the erection of a City Hospital ... to serve the medically indigent in the community.”
 - **April 16, 1961:** NBC “White Paper #5: Anatomy of a Hospital.” Presaging Medicare and Medicaid, this nationally televised white paper describes Cambridge City Hospital as chronically underfunded, understaffed and under-equipped.
 - **1966:** Harvard affiliation. At the dedication of The Cambridge Hospital’s new building, 1968, Mayor Walter Sullivan proclaimed, “This is a symbol of the unanimity of Cambridge, for here is a building that will house the sick, treat the injured ... without regard to color, religion, economic status or political persuasion.”
 - **1996:** CHA chartered as a public authority, enabling expansion of clinical services and academics beyond the municipal boundaries of Cambridge. Somerville Hospital and its affiliated health centers are purchased, followed by the acquisition of Whidden Hospital (Everett) in 2001. New health centers are subsequently constructed in Somerville, Everett, Malden and Revere.
 - **2001 to present:**
 - Affiliation agreements renewed with HMS, Tufts University School of Medicine, Harvard School of Dental Medicine and Harvard School of Public Health.
 - Tufts Family Medicine Residency Program acquired.
 - Institute for Community Health inaugurated.
 - Academic Council established.
-

Academic Vision Statement

Academics is fundamental to Cambridge Health Alliance. Our scholarly environment sustains clinical excellence, fosters discovery and nurtures the next generation of clinicians and leaders to serve our communities.

CHA's success in improving the health of our communities and modeling innovations for the nation depends on the robustness of our academics. CHA's scholarly environment:

- Attracts and sustains excellent clinicians from the multiple health professions by fostering curiosity, continuous learning and professional growth.
 - Promotes efforts to continuously improve health outcomes for our patients and their communities through the most equitable, efficient, effective, safe, timely and patient-centered care.
 - Fosters discovery of new knowledge about the treatment and prevention of illness, promotion of population health, design of innovative educational models, implementation of new systems of care and deployment of new health policies.
 - Nurtures the education of health professionals to provide skilled compassionate care and innovative leadership for CHA's communities.
-

The CHA Department of Psychiatry has been an HMS appointing department since its inception [in 2016, the Department published a comprehensive Harvard Medical School Dean's Report that is also available]. At the current time, the BIDMC academic departments advocate for appointments and promotions on behalf of CHA faculty in all other departments but Pathology and Pediatrics, for which the MGH departments serve those roles. Family Medicine is celebrating its 25th anniversary as a Tufts affiliate. In the near future, we hope to co-affiliate Family Medicine with HMS, in which case Dr. Mark Zeidel, BIDMC Chief of Internal Medicine, has agreed to serve the appointing role.

Over the past half century, CHA has attracted a progressive faculty that has contributed to high-profile academic and service innovation. For example, CHA faculty members have co-founded: Harvard Community Health Plan, Physicians for Human Rights, the Society for General Internal Medicine, the US Preventive Services Task Force, the Harvard Center for Health and the Environment and Physicians for a National Health Program. Today, CHA is perhaps best known for its public mission, its community-based primary care model and its educational innovation – the HMS-Cambridge Integrated Clerkship.

Current Academic Programming

This section is organized according to the four themes within our academic vision.

1. CHA's Scholarly Environment: Attracts and sustains excellent clinicians from the multiple health professions by fostering curiosity, continuous learning and professional growth.

CHA is widely known as a mission-oriented institution with a culture of respectfulness, intellectual curiosity and activism. The culture is sustained by the academic departments through their service and teaching traditions and the recruitment of like-minded trainees. In recent years, we have been remarkably successful in our ability to recruit talented and committed trainees and faculty from outside CHA. At the same time, the training programs serve as an escalator for well-trained, acculturated and loyal future faculty members. For example, among current primary care faculty, 50 percent of Internal Medicine and 28 percent of Family Medicine faculty graduated from one of our residency or fellowship programs; half of current psychiatry and psychology faculty graduated from one of our programs.

In addition to efforts by the individual academic departments, the Academic Council and CHA's Center for Professional Development co-sponsor wide-ranging cultural and educational programs, faculty development opportunities and faculty recognition. Please see the "Profiles" and "Appendix" sections for more detail. These are some current examples in the table below.



Elizabeth Gauferg,
MD, MPH

The Arnold P. Gold Foundation located its Research Institute on Humanism at CHA, under Dr. Elizabeth Gauferg's direction. Dr. Gauferg and her staff solicit research articles and reviews in the field, sponsor conferences, offer grants and maintain a fascinating website – <http://humanism-in-medicine.org/the-arnold-p-gold-foundation-research-institute>. The resulting synergy enriches both organizations. CHA faculty pursue fascinating

innovations with Gold Foundation support. CHA was recognized by the Arnold P. Gold Foundation for its contributions to humanistic medical care, research and education at its annual Golden Thread Recognition Gala. CHA was the first U.S. institution so recognized.

2. CHA's Scholarly Environment: Promotes efforts to continuously improve health outcomes.

The designers of the 1966 HMS affiliation believed that recruitment alone of excellent staff and house staff would improve the health of the community. To a large measure, this has succeeded; we have been fortunate to attract and sustain a superb medical staff. Yet, it later became clear that scientific rigor and a systems approach to care were needed to achieve clinical excellence. CHA devoted itself to establishing a culture of improvement. We earned the Institute for Healthcare Improvement (IHI) recognition "Pursuing Perfection" in health care and received their guidance for further advances.

CHA Academic Council/Center for Professional Development Programs

- Workshops on mentoring and academic advancement
- Methods to prevent burnout and manage stress, e.g. yoga and mindfulness training
- Affinity groups and research forums
- An annual literary magazine, *Auscultations*, and an evening of literary, artistic and musical presentations
- A well-attended annual "Academic Poster Session" featuring educational innovations, quality improvement initiatives, policy investigations and case studies
- CHA-Gold Innovation Fellowship
- Annual Integrative Medicine CME workshop
- Harvard-Macy Institute Fellowship in Education and Educational Leadership
- Mt. Auburn Fellowship in Medical Education
- Kraft Primary Care Fellowships
- Annual Academic Council Award
- Support to Department Chiefs to recognize faculty members' mentoring, community service, advancement of women promoting diversity and teaching

The quality agenda for safety net hospitals is particularly complex. The co-production of health is fraught because of the complexity of our patients' lives – the high overlay of social determinants of health, barriers to access to health care and other social supports, low literacy and other language barriers. We are also beset by a plethora of measured outcomes required by external regulatory agencies and payers and requested by our managers and researchers. Inadequate current risk adjustment methods fail to capture this complexity. These issues comprise an agenda for future study.



Patrick Wardell

CHA engages its house officers in quality improvement, a reflection of the ACGME's call for continuous review and improvement of the clinical learning environment (CLER). To facilitate this work, CHA's CEO Patrick Wardell sponsors a competition for small grants that

enable resident-faculty teams to conduct studies to improve clinical care. In a similar vein, the HMS-Cambridge Integrated Clerkship (CIC) students design a health advocacy project to respond to a hospital or societal injustice experienced by one of their patients. They present their suggestions annually to CHA's CEO and administrative and medical leadership; some recommendations have resulted in policy or systems change.

Harvard's Center for Primary Care, under Dr. Russell Phillips' direction, has been a welcoming home for faculty interested in teaching, mentoring and improvement science. At the same time, CHA faculty members have served on advisory committees for the center and many of its activities. The Center's Academic Innovations Collaborative (AIC) stands out as one of HMS's most significant efforts to transform healthcare delivery. Multidisciplinary teams from three CHA health centers participated initially; within two years, the remaining nine health centers joined. All health centers

are now recognized as fully developed "patient-centered medical homes," many staff members are trained in improvement science methodology, and our patients are receiving more patient-centered care.



Claude-Alix Jacob

Finally, while improvement science typically focuses upon clinical care, the Cambridge Public Health Department, under Chief Public Health Officer Claude-Alix Jacob, has undertaken to achieve accreditation, a process that takes a population approach to improving outcomes. Mr. Jacob recently concluded his tenure as the president of the National Association of County and City Health Officials.

3. CHA's Scholarly Environment: Fosters discovery of new knowledge.

CHA's research reputation far exceeds what one would expect given the size of its faculty. Faculty members have published over 250 articles over the past two years, according to a recent search of the U.S. National Library of Medicine. Because research-based advocacy holds such importance for socially accountable health centers and health systems, we seek publicity in the lay press and through other vehicles as well. CHA averages approximately 30 annual IRB applications, the majority of which are either expedited or exempt from review. There are currently about 100 active studies in progress. CHA does not conduct bench laboratory research and sponsors few drug studies at the current time. Our investigations cluster under the following rubrics:

- Innovations in medical education – prominent work by Drs. David Hirsh, Barbara Ogur and Elizabeth Gaufberg in Medicine, Dr. Allen Shaughnessy in Family Medicine and Drs. Marshall Forstein and Todd Griswold in Psychiatry.
- National and regional health policy, with special emphasis on disparities, inequities and the care

of the disadvantaged – Dr. Danny McCormick in Medicine and Dr. Benjamin Cook in Psychiatry are leaders.

- Community/population health improvement with a special emphasis on community-based participatory research – Institute for Community Health.
- Health services improvement and implementation science – Dr. Benjamin Cook and the Health Equity Research Lab and the Institute for Community Health are leaders in this realm. In addition, Dr. Brian Swann, Chief of Dentistry, and Dr. Greg Sawin, Family Medicine Residency Program Director, have collaborated to develop a new discipline, the Oral Health Professional. They are co-training a dually boarded MD-DMD for a future leadership role in that fledgling field.
- Medical Humanism and the clinician-patient relationship - Drs. Elizabeth Gaufberg, Maren Batalden and Zev Schuman-Olivier are leaders in this area.
- Addictions studies: Drs. Howard Shaffer and Debi LaPlante lead CHA's Division on Addiction which dedicates itself to ameliorating the medical, social and economic burdens of addiction through research, education, outreach and policy development. Their well-funded research has international reach and prominence. In addition, primary care and behavioral health colleagues are experimenting with a variety of collaborative care models within CHA's neighborhood health centers.
- Many others have had substantial impact, including Dr. Stefanos Kales in workers' health, especially first responders, and Dr. Pieter Cohen for his investigations of the adverse consequences and inadequate regulation of dietary supplements.



Zev Schuman-Olivier, MD

This year, the CHA administration contracted our research groups to study in detail three pay-for-performance (P4P) initiatives mandated by the Commonwealth through its Medicaid waiver. The administration sought evidence of success (or failure) beyond the negotiated P4P goals that would be worthy of dissemination. If successful, this could form the basis to embed scholarly research within future Medicaid waiver proposals. These are the ongoing investigations:

- Assessment of the “Complex Care Initiative” – Dr. Eileen Dryden and Institute for Community Health (ICH) colleagues.
- Assessment of “The Mental Health Home” – Dr. Benjamin Cook at the Health Equity Research Lab.
- Refining standard risk adjustment methodology for readmissions and healthcare costs as they pertain to CHA's population, along with the relevance to safety net institutions nationally – Drs. Danny McCormick and Leah Zallman.

This section would be incomplete without mention of Drs. Steffie Woolhandler and David Himmelstein, who have produced a steady stream of highly original and rigorous research – often in collaboration with CHA faculty – that underpins health policy reform proposals aimed at providing equitable access and care. Their seminal paper on “patient dumping” eventually triggered federal Emergency Medical Treatment and Labor Act (EMTALA) legislation. Their studies of health care administrative spending on health care brought the issues to national attention and is often cited in Congressional debate. Their papers with Elizabeth Warren regarding “medical bankruptcy” have contributed to the health insurance debate. Few other voices have garnered comparable impact in the mainstream policy literature.



Stefanos Kales,
MD, MPH

4. CHA's Scholarly Environment: Nurtures the education of health professionals.

The CHA faculty is best known nationally and internationally for its success with curriculum development and teaching. For its small size, the faculty has outsized contributions to HMS and Tufts student teaching and influence. The HMS-Cambridge Integrated Clerkship (CIC) is the most creative, carefully studied and highest impact innovation in recent undergraduate medical education at CHA, HMS and, possibly, worldwide. The majority of North American medical schools are currently experimenting with adaptations. We believe this model will replace the traditional Flexnerian design of clinical education (see profile).

Relationship-based educational methods like the CIC promote patient-centered care, lifelong learning and the zest to advocate for improvement in health and health care. These principles are imbued in our graduate medical education (GME) programs as well. All CHA graduate medical programs received their annual notification letters from ACGME for

“Continued Accreditation.” The institution, as well as six of our seven programs, received commendation for demonstrated substantial compliance with the ACGME’s Program Requirements and/or Institutional Requirements.

In addition, CHA faculty offer a plethora of electives mentoring and precepting for students and residents at affiliated schools and programs. HMS and Tufts students are drawn to CHA for our emphasis on primary care, generally, and Family Medicine in particular. Since HMS does not have an academic Family Medicine department, CHA’s Tufts-affiliated department serves as a home away from home for the increasing number of HMS students. They rightly regard Family Medicine not just as the ultimate generalist career but as the ideal organizing discipline for health care worldwide.

CHA faculty offer many other electives relevant to our mission. A sampling includes: Clinical Management of Addictions, Occupational-Environmental Health, Community Dentistry, Emergency Medicine – Care Continuity, Community Participatory Research Projects,

Undergraduate and Graduate Teaching by CHA Faculty, by Academic Department:

	Undergraduate	Graduate
Dentistry		Oral Health and General Dentistry Residency
Emergency Medicine		BIDMC Affiliated Emergency Medicine Residency
Family Medicine	Intro to the Profession, Practice of Medicine and Electives	Tufts Family Medicine Residency; Master Teacher Fellowship; Reproductive Health and Advocacy Fellowship
Medicine	Intro to the Profession; Practice of Medicine; HMS-Cambridge Integrated Clerkship (CIC) and Electives	Primary Care Residency; Transitional Internship; HMS General Internal Medicine Fellowship; HSPH Occupational Medicine Residency
Obstetrics & Gynecology	CIC and Core Clerkship	Tufts Affiliated OB/GYN Residency
Pediatrics	CIC and Electives	MGH Affiliated Pediatrics Residency
Psychiatry	CIC, Core Psychiatry Clerkship and Electives	Adult, Child and Adolescent, Geriatrics and Psychosomatic Psychiatry Residencies; Psychology Training
Surgery	CIC and Electives	Affiliated Surgery Residency; Podiatric Medicine Residency

Healthcare Advocacy Elective, Financing Public Sector Mental Health Services, GLBT Community Outreach, Linguistic Mental Health and Community Health Education.

This inventory does not include the substantial CHA training efforts for pharmacists, PAs, nurses and nurse practitioners and social workers

Tracking Progress

The Academic Council tracks progress: through a summary “scorecard” and a report on achievement of periodic objectives. The scorecard was designed a decade ago to resemble a curriculum vitae, albeit for the organization rather than an individual. It has

the advantage of providing a summary number that can be tracked over time. On the other hand, the data are difficult to collect, the weights applied to the various items are arbitrary and frozen in time, and the summary score has no units and no meaning outside the institution. We calculate the 2016 score as 125 points in comparison with 55 points in 2005. It has steadily risen over the years.

This 2017 Academic Overview elucidates programmatic objectives. The goals were defined by a process of individual interviews with Department Chiefs, residency program directors, course directors, residents and students. The Academic Council then prioritized this list and will report annually on progress.

Academic Council Scorecard

1. Peer-reviewed publications; presentations at national conferences

Disseminate reports in concert with CHA’s academic mission – for example, in education, policy, clinical practice, professional development, etc.

1 = 2 manuscripts accepted 2 = 3 ms. accepted 3 = 4 ms. accepted 4 = 5 ms. accepted

Equivalencies: 2 meeting/poster presentations = 2 formal inter-institutional consultations = organize 1 formal inter-institutional conference = 1 manuscript accepted

2016 Scoring: 102 articles on PubMed in 2016 = 101 points (no record of the numerous presentations)

2. Research

Increase the number of CHA faculty or staff submitting IRB applications and/or receiving grant funding as principal or co-principal investigators.

1 = 25 unduplicated PIs 2 = 28 3 = 30 unduplicated PIs plus adoption of written research plan

4 = 32 unduplicated PIs plus implementation of at least 2 major research plans

2016 Scoring: 25 unduplicated PIs in 2016 = 1 point

3. Faculty Development

Engage medical staff in competitive fellowships or scholarships – for example, Macy, HMS Hatem, Rabkin or Diversity fellowships.

1 = One fellowship awarded 2 = Two fellowships 3 = Three fellowships 4 = Four or more fellowships

Give 1 point for >50 hours commitment, e.g., Macy, Hatem, HMS leadership fellowships or equivalent; 2 points for >200 hour commitment, e.g., Shore 50th anniversary fellowships.

2016 Scoring: 5 Macy, 5 Gold Co-production, 1 Hatem, 2 Kraft fellowship = 13 points

4. Faculty recognition

Advance medical staff academic promotions, and receipt of medical school or national awards.

1 = 1 promotion points 2 = 2 promotion points 3 = 4 promotion points 4 = 6 or more promotion points

Give 1 point for promotion to 2nd level; 2 points for appointment at 2nd or 3rd level or promotion to 3d level; 3 points for appointment at or promotion to 4th level.

2016 Scoring: 6 Assistant professor promotions in 2016 = 12 points

Obstacles to Overcome

- Time pressure: the plethora of administrative tasks attendant to clinical practice and intensifying productivity demands in this era distract clinicians from their own academic pursuits not to mention from attending to their patients' problems. Furthermore, these tasks crowd out opportunities to develop and sustain mastery in professional roles. Burnout has afflicted health professionals across the country, and CHA is no exception.
- Cultural challenges to the profession: the transactional nature of today's medical care (including pay for performance) coupled with intense focus on quality goals, many of which are not evidence-based, undermines altruism and the spirit of inquiry that brought doctors to the profession.
- Limited funding: while all academics complain of limited grant funding, the inquiries that our faculty pursue are particularly lacking in external support. Furthermore, this small institution cannot support a fully functioning grants management office.
- The public sector: while CHA's mission is crucial to the population we serve (and to our neighboring institutions), CHA is highly dependent upon public funding and, thus, the political system that allocates funds. Long-term planning is fraught with uncertainty.
- Health care financing: while the institution serves its populace well through its primary care orientation, it cannot benefit financially by cost shifting from tertiary to primary care or cross-subsidizing from commercial insurance to public funding. New global payment schemes and the ACO model should help in this regard.
- An academic cultural outlier: the dominant academic reward system fails to value CHA's mission or our academics. CHA's commitment to clinical generalism and Family Medicine is underappreciated in comparison to specialization. Our indigent care mission is only variably recognized as core to an academic mission. Improvement science, implementation science and research-based advocacy are not honored as academic pursuits. Unfortunately, many academic institutions are specialty-driven, reducing the emphasis on general medicine even as the healthcare industry continues to shift toward population health models.
- HMS appointments: The 50 hour/year teaching rule favors a small core teaching faculty rather than a large geographically dispersed community that is committed to creating a scholarly culture. Inpatient teaching is valued more highly than primary care clinical teaching. Yet, CHA faculty members greatly value an academic appointment and the opportunity to teach and mentor, and our students regard our CHA faculty highly.

Academic Council Objectives for 2017–2019

1. Recruit and support a talented, diverse workforce

- a. Establish formal affiliations with PA and advanced practice nursing schools
 - b. Secure grant funding for an inter-professional transitional education program for new PAs
-

2. Improve Infrastructure for academics

- a. Improve research supports
 - i. Identify statistical, grant writing and other consultants
 - ii. Guide IRB towards greater service orientation
 - b. Establish guidelines for entrepreneurial endeavors, e.g., cell phone applications
 - c. Design and implement an academic website including this report, a directory of faculty interests calendar of academic events, useful links, etc.
 - d. Evaluate and manage academic support activities
-

3. Broaden support and time for research and dissemination

- a. Embed scholarship into CHA's strategic activities, including the ACO, waiver agreements, community networking and quality improvements - secure additional roles for the Health Equity Research Lab, ICH and Division of Social Medicine
 - b. Secure HMS family medicine grant
 - c. Engage front-line clinicians in collaborative research in areas of medical education, improvement science, population medicine and addictions
-

4. Sponsor academic skill-building activities

- a. Develop and implement CME course on research-based advocacy
 - b. Develop advanced HMS electives in areas of interest including capstone experiences in primary care
 - c. Provide consultation on research methods/grant writing faculty development in teaching
 - d. Research workshops: education, policy, implementation
 - e. Foster mentoring programming
 - f. Promote external collaboration with affiliated schools and hospitals
-

5. Enhance recognition for academics and their activities

- a. Work with Department Chiefs and schools to encourage academic advancement
 - b. Convene community forums, e.g., on addictions, mental health
 - c. Work with press office to improve dissemination of academic pursuits
 - d. Support efforts to bring recognition to CHA faculty within CHA at HMS and Tufts, including HMS Family Medicine grant
 - e. Promote and share best practices
 - f. Engage with Lown Institute on Dx and Rx overuse, misuse and underuse
-

Profiles: Selected Academic Programs

1. Harvard Medical School-Cambridge Integrated Clerkship
2. Center for Mindfulness and Compassion
3. CEO CLER Mini-Grant Improvement Projects
4. Division on Addiction
5. Family Medicine Residency Program
6. Arnold P. Gold Foundation Research Institute
7. CHA - Gold Innovation Fellowship
8. Health Equity Research Lab
9. Institute for Community Health
10. Internal Medicine Residency Social Medicine & Research Health Advocacy Curriculum
11. Investigations into Dietary Supplements
12. Oral Health at CHA

1. Harvard Medical School-Cambridge Integrated Clerkship

In 2004, HMS and CHA sparked the most reaching and impactful transformation of clinical education since Flexner when they created the first academic longitudinal integrated clerkship (LIC). This program, the complete redesign of the core clinical year, is the HMS-Cambridge Integrated Clerkship (HMS-CIC). In the HMS-CIC model, students follow their “own” cohorts of patients year-long in primary care and specialty clinics, with direct faculty supervision in all core disciplines simultaneously, in lieu of traditional block rotations. HMS-CIC students achieve all the goals of HMS’s core clinical year, to train outstanding and distinguished physician-scientist-leaders for all specialties.

The LIC literature is robust and powerfully affirms the HMS-CIC programmatic success. CHA and UCSF also collaborated to create the first LIC book. Through scholarship, dissemination and widespread media

attention, medical schools nationwide and worldwide have reproduced the HMS-CIC model:

- Multiple peer institutions (UCSF, Duke, Columbia) follow HMS’s example and created LICs in the HMS-CIC structure.
- Approximately 40 percent of U.S. medical schools are building, running and growing their LICs.
- More than half the medical schools in Canada and Australia and medical schools in the UK, Netherlands, Taiwan, Singapore and South Africa have reproduced the HMS-CIC model.
- The educational science and principles animated and described by the HMS-CIC underpin the foundational 14-month restructuring of the HMS’s Pathways curriculum. The 2003 HMS-CIC educational pillars ground the Pathways structure: longitudinal design, curricular integration, meaningful roles for students, a core faculty model and fostering an active, supportive and effective learning environment.

The HMS-CIC also defined and disseminated a core educational principle, “Educational Continuity” (Hirsh et al., *NEJM*, 2007), that is guiding the leading publications (e.g., *Carnegie Report: Educating Physicians* and *The Future of Medical Education in Canada*) and is the leading discourse in medical education design nationally and internationally:

Continuity of Care (*The student matters to the patient and the patient matters to the student*)

- With their faculty preceptors, students build their “own” panel of patients whom they see regularly in each core specialty throughout the year.
- Students can follow their cohort of patients longitudinally across all venues of care (including home and out-of-hospital care) to engage in their patients’ care and their lives meaningfully.

- Students' experiences are structured and tracked to ensure full breadth of experience.
- Students know their patients and deeply learn their patients' experience of illness and their context of care.

Continuity of Supervision (*The student matters to the faculty and the faculty matter to the student*)

- Carefully selected attending physicians are the principal educators throughout the year. Students receive one-to-one precepting by experienced faculty in each core discipline who serve as educators and role models for the year-long course.
- Students have opportunities to closely connect to faculty members who come to know the students well—to support, advise and mentor them, maximizing professional and personal development and residency opportunities.
- Team learning and team care are central tenets of the experience. Accordingly, role models and teachers come from in and out of medicine, nursing and others on the interprofessional team.

Continuity of Curriculum (*The student matters to the curriculum and the curriculum matters to the student*)

- The curriculum progresses developmentally, is student-focused, flexible and carefully constructed. The program supports individual interests and growth needs. The curriculum seeks that the students flourish.
- The patients are the loci of integration for the curriculum. Serving patients authentically is the currency of learning and professional growth. Activities to foster clinical reasoning rather than clinical "tasks" are the core.
- The curriculum seeks to foster human flourishing and is designed to support each student's growth. Alongside experienced clinician-educators and scientists, patients and staff, social scientists and administrators, community groups and policy makers,

clergy and the students' own families may all serve as "core faculty" in this profound and transformative experience.

Continuity of Idealism (*Humanity matters to the student and the student matters to humanity*)

- The CIC manifests a return to the transcendent values and the educational method which trained generations of physicians until current delivery system models made it increasingly difficult (if not impossible) for students to care for their patients over substantial time.
- The program is designed to reassert the centrality of the student-patient and student-faculty relationships – the bases for the idealized development of highly trained and highly fulfilled learners. Humanism and professionalism emanate from its core.
- The CIC seeks deliberately to foster students' energy and inspiration by creating authentic, richly meaningful educational and care engagements with patients and faculty whom the students come to know well.

Sample of HMS-CIC Publications

Core CIC publications

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Sample of Other CIC Publications

Hirsh D, Walters L, Poncelet AN. Better learning, better doctors, better delivery system: Possibilities from a case study of longitudinal integrated clerkships. *Med Teach*. 2012;34(7):548-54.

Osman NY, Atalay A, Ghosh A, Saravanan Y, Shagrin B, Singh T, Hirsh DA. Designing medical education structure for workforce transformation: Continuity, Symbiosis, and Longitudinal Integrated Clerkships. *Education Sciences*. 2017. In Press.

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Books

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2. Center for Mindfulness and Compassion

The Center for Mindfulness and Compassion (CMC) (chacmc.org) is a vibrant multidisciplinary center integrated into CHA's Department of Psychiatry, which is affiliated with HMS.

CMC is dedicated to enhancing the health and well-being of CHA's diverse community by integrating evidence-based mindfulness and compassion into health care. CMC's mission is realized across five main arms: patient care, employee well-being, scientific research, professional education and community service. CMC was founded in 2014 with broad support from the CHA executive team, faculty and staff. Funding for CMC came from an Arthur Vining Davis Foundation healthcare system transformation grant, the Gold Foundation, CHA Executive Leadership fund and the CHA Department of Psychiatry. CMC has been supported by a team of nine core faculty members, including accomplished mindfulness and compassion teachers, thought leaders, educators and clinical researchers with expertise in compassionate care and the integration of mind-body

medicine into behavioral health and primary care. In the past three years, CMC has grown to support four full-time and six part-time staff members. CMC serves CHA staff, the local community and healthcare professionals by offering regular high-quality evidence-based mindfulness and compassion programming.

CMC investigates mechanisms of mindfulness and compassion-based interventions in clinical populations as well as methods for implementation of these evidence-based programs in the healthcare system. CMC is a core partner of the NIH Science of Behavior Change Project focusing on the mechanisms through which mindfulness influences self-regulation. CMC investigators have ongoing collaborative research with federally-funded investigators at institutions including Dartmouth College, Massachusetts General Hospital, Brigham and Women's Hospital, the Center for Mindfulness at the University of Massachusetts Medical School, Brown University, Georgetown University and the University of Southern California.

The core CMC research program is MINDFUL-PC: Integrating Mindfulness into the Patient-Centered Medical Home. MINDFUL-PC is a clinical implementation pilot, which supports a research study that offers an eight-week mindfulness-based intervention (MBI) to CHA primary care patients as an insurance-reimbursable, referral-based program, delivered by CHA mental health and primary care providers. Over 750 primary care patients have been referred to MINDFUL-PC since October of 2015. Within the MINDFUL-PC implementation project is embedded a randomized comparative effectiveness trial that aims to investigate the impact of the high-dose eight-week Mindfulness Training for Primary Care (MTPC) program on self-regulation, behavior change and the patient-driven outcomes of anxiety, depression and stress, as compared to a low-dose control comparator group receiving a one-hour introduction to mindfulness and referral to community resources.

In the first phase of the MINDFUL-PC study, findings suggest that patients experience a significant decrease in anxiety and a significant increase in mindfulness and self-compassion after the eight-week intervention as compared to the control group. In addition, assignment to the MTPC group was a significant predictor of successfully initiating a health care action plan related to chronic illness at eight weeks. CMC is collaborating with the Martinos Center for Biomedical Imaging on an fMRI pilot study to investigate the neural mechanisms of self-regulation as a result of mindfulness training. In the second phase of MINDFUL-PC during 2017 CMC will enroll 135 additional patients in the trial and scan 24 patients pre/post for the fMRI pilot study. A Harvard Catalyst grant has also helped with translation of the MTPC program into Spanish and Portuguese, and groups will start in 2017 in these languages. Also, CMC's research team is among the first to investigate the neural mechanisms underlying the self-compassion training and the first to study its effects on chronic low back pain. This self-compassion study is funded by the Osher Center for Integrative Medicine, the Harvard Mind/Brain/Behavior Interfaculty Initiative and the Mind and Life Institute. Finally, CMC has been working to establish an international compassion institute with the planned launching of the Institute for Compassion Advancement, Innovation and Research in the fall of 2017.

CMC also offers an extensive range of programs for CHA employees and the community. Programs range from one-hour free introductions to mindfulness, weekend workshops, CE/CME, professional trainings and eight-week intensive training courses. In the past year, CMC has served over 500 CHA staff through the Mindful Lunch, Community Speaker Series and Mindfulness at Work programs. CMC also sponsored the Mindful Practice CME retreat workshop for the Massachusetts Medical Society. CMC is collaborating with the CHA outpatient psychiatry department to start a Mindfulness Mental Health Clinic for CHA patients using the Mindfulness-Based Cognitive Therapy approach. In addition, CMC has funded four community fellows to

implement mindfulness and compassion service projects throughout local schools, and community centers, and hopes to continue to expand this capacity to support the local community.

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3. CEO Clinical Learning Environment Review (CLER) Innovation Awards

Empowering our trainees to make meaningful change at CHA

Now in its third year, the annual Clinical Learning Environment Innovation Awards Program is a small grant initiative that provides up to \$3,000 to graduate-level trainees for projects intended to improve the quality, safety and experience of receiving, providing and learning to provide care at CHA. Financial support for the program comes from the Arnold P. Gold Foundation and is designated for this unique purpose by our CEO Patrick Wardell. Award selections are made by a faculty committee comprised of representatives from the Center for Professional Development, graduate medical education leadership and our four largest training programs – internal medicine, family medicine, adult psychiatry and child psychiatry. Trainees apply with a faculty mentor; project technical assistance is available to grantees through the Institute for Community Health. All trainees are expected to prepare posters for our

annual spring poster session (see list of projects on page 17).

4. Division on Addiction

The mission of the Division on Addiction is to alleviate addiction-related social, medical and economic burdens through research, education, outreach and training. The Division was founded at Harvard Medical School 25 years ago and is part of the Department of Psychiatry at CHA. The Division on Addiction derives its funding entirely from gifts, grants and contracts; Division staff develop proposals for funders that range in size and scope from the National Institutes of Health and private industry to the Commonwealth of Massachusetts and Harvard Catalyst. The Division is led by Howard J. Shaffer, PhD, Director and Morris E. Chafetz Associate Professor in Psychiatry in the Field of Behavioral Sciences at HMS, and Debi LaPlante, PhD, Director of Research and Academic Affairs and an Assistant Professor of Psychiatry at HMS.

The Division's work is closely aligned with CHA's mission to "improve the health of our communities." Its mission emphasizes its goal of alleviating addiction-related social, medical and economic burdens that continue to devastate individuals, families, communities and beyond. We do this with (1) research that challenges stigma and misinformation; (2) education and training for medical students, professionals, faculty and providers who treat populations; and (3) outreach—through the numerous tools and resources that we freely make available to the public.

Research

During the past five years, the Division completed more than 60 new publications, including books, book chapters and reviews, state reports or monographs and original research articles. These publications include the two-volume *APA Addiction Syndrome Handbook*, which won the American Library Association CHOICE award as an Outstanding Academic Title, and the

forthcoming *Overcoming Addiction* from Harvard Health Publications. Division articles can be found in a variety of topline journals including: *Psychiatric Annals*, *Psychology of Addictive Behaviors*, *Annual Review of Clinical Psychology*, *Psychological Assessment* and *European Journal of Public Health*. Books include *Change Your Gambling*, *Change your Life: Strategies for Managing your Gambling and Improving your Finances, Relationships and Health*, and *Responsible Drinking for Women*. The Division's research represents worldwide collaborations, including research with colleagues across the United States and from South Korea,

Denmark, Switzerland, Hong Kong, Iceland, Canada and Australia. The Division's primary areas of interest include psychiatric comorbidity of DUI offenders, psychiatric comorbidity and addiction, epidemiology of gambling- and gaming-related problems, substance use disorders, addiction treatment and treatment outcomes, relapse and addiction among vulnerable populations. The Division supports open science through its innovative Transparency Project data sharing repository (www.transparencyproject.org).

CLER Awardees and Projects

Principal Investigator	Program	Project Title
Sol Adelsky, MD	Child Psychiatry	CHAckathon: Mobilizing the wisdom of the crowd to reduce no shows in ambulatory psychiatry
Nicholas Barnes, MD	Adult Psychiatry	Workplace wellness: Mindful lunch program for all staff. Curriculum development in mindfulness in adult psychiatry
Erica Dwyer, MD	Internal Medicine	Cookies, Coffee and Quality: Just-in-time training for internal medicine, transitional year and first year psychiatry trainees on hospital quality goals
Daniel Gonzalez, MD	Adult Psychiatry	Safe space: A series of evening events to sponsor conversation about local and national current events with a focus on racism, social inequities and violence
Shirin Karimi, MD	Internal Medicine	Understanding outmigration from a patient perspective: A telephone survey of primary care patients who have received ED and/or hospital care outside of CHA in the last year
Talia Lewis, MD	Family Medicine	Women's Wellness Hour: A group visit for women with chronic pain and social isolation at the Malden Family Medicine Center
Michael McShane, MD	Internal Medicine	Resident-led faculty development for hospitalists: Strategies for using resident work artifacts as real-time curriculum for trainees
Kay Negishi, MD	Internal Medicine	Understanding the impact on staff and patients of scaling back contact precautions for patients colonized with MRSA and VRE
James Palmer, MD	Child Psychiatry	Train-the-trainer approach to building crisis intervention skills and improving patient and staff safety in child psychiatry
Cynthia Schoettler, MD	Internal Medicine	Diabetes self-management skill-building among frail elders
Galina Tan, MD	Internal Medicine	Using volunteers to improve patient experience for hospitalized elders and reduce hospital acquired delirium

Education & Training

The Division uses its research to build innovative teaching and training programs for a diverse set of learners. It has provided education to professionals seeking continuing medical education, visiting scholars, undergraduate interns, residents and fellows, postdoctoral researchers and graduate student trainees. During the past five years, it has offered many educational opportunities, including our Addiction Medicine live CME course; three online CME courses; CHA seminars (CHARGE, the Addiction Syndrome model, and a Research Methods for Healthcare Professionals); didactic research experiences with HMS residents; guest lecturing; invited conference presentations; and webinars for national and international audiences.

Outreach & Clinical Services

The Division has developed evidence-based public health screens and self-help guides (i.e., Brief Biosocial Gambling Screen; Your First Step to Change) for gambling, alcohol, marijuana, shopping, and smoking. For 20 years, the Division has published The BASIS (Brief Addiction Science Information Source; www.basionline.org), a free weekly addiction science review that many thousands of people access each year. The Division created and leads an international initiative to promote screening for Gambling Disorder. The Division recently completed a five-year project that created a software system for mental health screening and assessment (CARS; www.carstrainingcenter.org) that includes a guided diagnostic interview and a report generator permitting lay interviewers to identify psychiatric disorders, complete an assessment report, and refer patients to treatment providers. Since publicly launching this program during June 2017, more than 117 sites across the United States have become registered users. Finally, the Division recently developed a website to identify guidelines for evidence-based treatment of gambling-related problems (<http://thetransparencyproject.org/treatmentguidelines/>).

The Division uses its research to build innovative teaching and training programs for a diverse set of learners. It has provided education to professionals seeking continuing medical education, visiting scholars, undergraduate interns, residents and fellows, postdoctoral researchers and graduate student trainees. During the past five years, it has offered many educational opportunities, including an Addiction Medicine live CME course; three online CME courses; CHA seminars (CHARGE, the Addiction Syndrome model and a Research Methods for Healthcare Professionals); didactic research experiences with HMS residents; guest lecturing; invited conference presentations; and webinars for national and international audiences.

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5. Family Medicine Residency Program

Family Medicine Training and Education at CHA: A Focus on Leadership and Excellence

The Family Medicine Department at CHA is the home to the family medicine residency program. The residency, affiliated with Tufts and now in its 25th year, is one of the premier family medicine programs in the U.S. Its nationally recognized faculty attracts graduates from top medical schools as well as students from Tufts and Harvard who seek mentoring and clinical experiences.

The residency program seeks to impact family medicine training and practice nationally. The program is one of just 14 (2.3%) family medicine residencies in the nation selected to participate in “Preparing the Personal Physician for Practice.”¹ This initiative fosters educational innovations to support new models of practice and, in some cases, fledgling centers of excellence in family medicine.² In our effort to advance equity in health and healthcare, we have committed to recruit a diversified workforce and as of July 2017, a majority of our residents are underrepresented minorities. Uncharacteristic of most family medicine training programs, nearly half of each year’s graduates seek further fellowship training. A significant proportion of CHA’s Family Medicine Residency Program graduates joined the faculty at medical schools such as Tufts, HMS, Boston University, Universities of California - San Francisco and Davis, and Pennsylvania State, Hershey.

Skill Development in Team-Based Care and Population Management

By practicing in our NCQA Level 3 Patient-Centered Medical Home practice in Malden, residents develop leadership skills in team-based care. Our longitudinal

curricula in Leadership and Improvement Science and in Community Medicine provide a solid knowledge base to support learners’ development in these areas. We are creating practices where patients and their communities can support and grow each other. We deliver the clinical and didactic training needed to provide excellent care across a spectrum of primary care, population health, mental health and substance abuse. We sponsor group visits to address opioid addiction, weight loss, wellness, pain and isolation and childhood obesity. Medical students observe residents in leadership roles in the practice, such as leading clinical teams, group visits and quality improvement activities. The milieu cultivates a passion both for continued learning and health equity.

Competency-Based Education

The residency has been a leader nationally in the competency-based education movement. Faculty members have been involved in the formation of ACGME’s “Next Accreditation System” for residency training and have developed competency definitions, curricula and assessment tools that have been published and used nationally.³ Residents also have the option of developing additional proficiency by selecting an area of concentration. Faculty have drawn the attention of a serial entrepreneur and are part of a start-up company designing next-generation assessment systems to capture high frequency/low stakes feedback to accelerate adult learning.

Evidence-Informed Decision Making

The residency is a national leader in teaching the basic science of evidence-based medicine, the applied science of information mastery and the application of cognitive science to improve decision making. Our curriculum, which has been evaluated and published,

¹ Carney PA, et al. Preparing the Personal Physician for Practice (P⁴): Site-Specific Innovations, Hypotheses, and Measures at Baseline. *Fam Med* 2011;43(7):464-471

² <https://www.aamc.org/download/474510/data/aamc-ucsfprimarycareresidencyinnovationreport.pdf>

³ Shaughnessy AF, Sparks J, Cohen-Osher M, Goodell KH, Sawin G, Gravel J, Jr. Entrustable professional activities in family medicine. *Journal of Graduate Medical Education* 2013; 5(1):112-118. PMID: 24404237



Tufts
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Tufts University Family Medicine Residency

What you should know



CHA Cambridge
Health Alliance

**Preparing you for
Primary Care Needs of Tomorrow**

- Focus on Equity and eliminating health disparities
- Level 3 Patient-Centered Medical Home
- Integrated mental, population health and complex care management
- Epic™ electronic health record
- In-house video interpreters support the 27 different languages in our community



**Innovators in
Medical Education**

- A competency-driven approach to teaching and assessment of learning.
- A longitudinal curriculum that mirrors real-world practice.
- A focus on evidence-based medicine and information mastery.
- Areas of Concentration to develop specific expertise in your area of interest.
- Leadership and Improvement Science teaching to help you drive change toward a better health system.

p⁴

National demonstration site (one of only 14 in the country)

In the last 5 years, 1/3 of graduates have gone on to fellowships

Master Teacher & Reproductive Health Fellowships drive innovation

100% of our 10 Core Faculty are fellowship trained

Massachusetts leads in healthcare reform: 98.2% insured rate!

"Tufts FMR has a deep culture of respect for us as learners and nurtures our innate strengths and internal motivation"
 – **Danit Brahver, MD**
 Tufts FMR Graduate & Reproductive Health Fellow



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is used nationally by residency programs. Residents develop the knowledge and the metacognitive skills necessary to monitor their decision making to improve patient care.

Education and Population Research

The faculty comprises several clinician-researchers who have published extensively. Education research focuses on the development of competency-based education, assessment techniques and curriculum innovations such as group visits and the role of reflective writing in resident self-development. Sports medicine research focuses on categorizing body image and disordered eating of adolescent female athletes and on evaluating interventions to foster healthy eating habits.

The Family Medicine Department is developing collaborative investigations with CHA's major research groups on topics of mutual interest and with extensive ties to the surrounding communities. For example, we are developing and testing protocols for primary care-based treatment of Hepatitis C and outpatient-based opioid treatment. In the near future, we shall apply for HMS funding via the Center for Primary Care to strengthen the research, training and leadership capacities of our department and to co-affiliate the department and its training program with HMS and Tufts.

Quick Stats

- Eight-eight-eight (total = 24 residents) three-year categorical family medicine residency program.
- Eight core faculty physicians, with 30 additional part-time teaching faculty.
- Fellowships in faculty development (includes Masters of Medical Education) and reproductive health.
- Medical students trained each year from Tufts, HMS and other schools.
- Research areas: Education innovations, value based care, primary care transformation, sports medicine, addictions management, primary care-based Hepatitis

C treatment, clinical practice guideline development, the role of conflicts of interest in medical research.

- Each resident conducts over 2,000 primary care patient visits over his/her three years.
- Second and third year residents have patient panels of ~400 patients each.
- See infographic on page 21 with more details about the program.

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6. The Arnold P. Gold Foundation Research Institute at Cambridge Health Alliance

The Arnold P. Gold Foundation was established almost 30 years ago when Arnold Gold, MD, a world-renowned pediatric neurologist, noticed that burgeoning scientific discoveries were shifting the focus of medicine away from caring for the whole person. Physician trainees were technically well-trained, but often demonstrated a lack of caring and compassion. Since its inception, the Foundation has sought to inspire compassion through educational efforts and the recognition of exemplary medical role models; signature programs include the White Coat Ceremony, the Gold Humanism Honor Society (GHHS) and the Leonard Tow Humanism in Medicine Award. The work of the Foundation has become even more important in the 21st century as we struggle with issues of healthcare financing, access, the impact of electronic medical records and the high prevalence of provider burnout.

Establishment of the Gold Foundation Research Institute at CHA

In 2012, in light of increasing recognition of the paucity of evidence regarding outcomes related to humanism in medicine, the Gold Foundation established the Gold Foundation Research Institute (RI). Dr. Elizabeth

Gaufberg, Associate Professor of Medicine and Psychiatry at HMS, was named as the Jean and Harvey Picker Founding Director of the Research Institute. Shared core values and physical proximity, as well as Dr. Gaufberg’s leadership roles at both CHA and the Gold Foundation, have enabled use of the CHA academic environment as a learning laboratory for projects of mutual value. The ‘rent’ paid by the Gold Foundation to CHA is in the form of a grant to support resident change projects designed to improve the clinical learning environment (known as the CEO-CLER program). The CHA-Gold Innovation Fellowship, described elsewhere in this report, is another example of significant collaborative work between the two organizations.

The Research Institute supports a growing community of practice currently comprised of more than 300 researchers from over 60 institutions who engage in research and advocacy to advance humanism in health care. Research teams convene and present their work each May at a dynamic symposium focused on using evidence to make on-the-ground change in health care. A sampling of Gold Foundation Research Institute projects supported at Harvard-affiliated institutions since the inception of the RI are listed in the table below.

Harvard Faculty Recipients of the Arnold P. Gold Foundation Funding

Year	HMS Faculty Recipient(s)	Title of Project	Grant Amount
2013	Helen Riess, MD (MGH)	Cultural differences in nonverbal empathic communication in clinical settings: A systematic review	\$5,000
2013	Graham McMahon, MD (BWH)	Internal medicine well-being evaluation and life factors affecting resident experiences (IM-WELFARE)	\$5,000
2014	Helen Riess, MD (MGH)	Online studies of empathy in patient-clinician communication	\$25,000
2014	Yamini Saravanan, MD (CHA)	Where is the patient’s voice? Using patient stories to understand the experiences of patients classified as being “frequent utilizers” of the emergency department within Cambridge Health Alliance	\$5,000
2014	Zev Schuman-Olivier, MD (CHA)	Integrating mindfulness into the Patient-Centered Medical Home (MINDFUL-PC)	\$50,000
2014	Arabella Simpkin, BMBCh (HMS)	Thematic analysis of medical student narratives about the role technology plays in humanism	In kind

Harvard Faculty Recipients of the Arnold P. Gold Foundation Funding (continued)

Year	HMS Faculty Recipient(s)	Title of Project	Grant Amount
2014	Pooja Rutberg, MD (CHA)	Medical student reflections on “The Good Doctor:” A fourteen-year comparison	In kind
2015	Vicky Jackson, MD (MGH)	How clinician resilience influences patient outcomes	\$5,000
2015	Sushila Murthy, MD (BWH); Elizabeth Lilley, MD, MPH (BWH)	Improving patient-centered surgical care by ensuring that patient values and preferences inform decisions for surgery	\$3,000
2015	Margot Phillips, MD (MGH); Helen Riess, MD (MGH)	Organ donation across cultures: Developing best practices	\$5,000
2015	Laura Kane Rock, MD (BIDMC); Helen Riess, MD (MGH)	Emotion before cognition: How does clinician response to emotion influence family and patient comprehension and decision-making in conversations about critical illness?	\$5,000
2015	Gordon Schiff, MD (BWH)	Clinician-patient relationships: Boundaries, barriers, breakdowns	\$20,000
2016	Gaurab Basu, MD, MPH (CHA); Danny McCormick, MD, MPH (CHA)	Health advocacy medical education: Exploration of operational domains, outcomes of interest and core competencies	\$5,000
2016	Margot Phillips, MD (MGH); Helen Riess MD (MGH)	Developing best practices for empathic communication in organ donation	\$15,000
2016	Lauge Sokol-Hessner, MD (BIDMC); Sigall Bell, MD (BIDMC); Kenneth E. Sands, MD, MPH (BIDMC)	Methods of assessing and communicating the severity of emotional harm due to disrespect: A scoping review	\$5,000

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7. CHA-Gold Innovation Fellowship

Problem

Healthcare systems are changing rapidly and clinicians struggle to keep pace with their changing roles – team-based care, population health, outcomes measurement, value-based purchasing, widespread digitization, increasing expectation for transparency and partnership with patients and families. These changes have created more and different work for physicians and have led to a crisis of physician burnout. The pace of change has created the need for a new generation of clinician-leader. Leaders with the skills to design, implement,

evaluate and manage institutional change and transformation are in short supply.

Proposed Solution

The CHA-Gold Innovation Fellowship offers an institutional response in a manner that meets a need for clinician leader personal and professional development and an institutional need to accelerate successful institutional transformation.

In the summer of 2015, we secured financial support from CHA CEO Patrick Wardell and the Arnold P. Gold Foundation for a novel internal fellowship program which provides a structure for supporting clinician professional development in the domains of relationship-centered care, improvement science and organizational leadership.

We created an institutional advisory board consisting of the fellowship director, the Chief Academic Officer, the Director of the Center for Professional Development, the Chief Quality Officer and the Director of the Institute for Community Health, an independent nonprofit community-based research center affiliated with CHA. Fellows are recruited through a competitive selection process that includes a personal statement, a written proposal describing a change project aligned with key institutional priorities, a curriculum vitae and letters of recommendation from relevant supervisors and other key stakeholders. Semifinalists participate in a personal interview with the fellowship advisory board.

Fellows receive a \$20,000 stipend that enables a small amount of clinical release time. Fellowship curriculum is organized into monthly half-day learning sessions in which fellows' own change leadership work becomes a focus for inquiry. In preparation for sessions, fellows complete required reading, project-related assignments and other exercises intended to catalyze reflection on experience. Between sessions, each fellow is expected to engage in two meetings with other fellows – one in which he or she is a designated coach and another in which he or she is designated to receive coaching support.

Preliminary Results

In our first cohort, we chose five fellows from a group of 10 applicants. In our second cohort, we chose six fellows from a group of 14 applicants. In independent evaluation interviews, fellows are universally grateful for the opportunity to come together with colleagues for learning and mutual support. The community of practice that is emerging – within each fellowship cohort and among the 11 fellows – is strong; ripple effects of the relationships across sectors of the institution are clearly evident. Formal half-day learning sessions and the opportunity to apply critical concepts in improvement science, coproduction and change leadership are well-received; even more powerful are the opportunities to give and receive peer coaching support. The 11 projects have met with varying degrees of success in implementation. As is often the case, change projects have taken longer, encountered more obstacles, and proven more complicated and less durable than anticipated. But fellows report significant learning with multiple opportunities to apply lessons to other leadership and change challenges.

We posit that the model provides a viable strategy for professional development in this domain of improvement science and change leadership where clear pathways have not been mapped.

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Maren Batalden,
MD, MPH

Gold Innovation Fellows and Projects – 2016, 2017

Fellow	Department	Project
Rich Balaban, MD	Internal Medicine, Primary Care	Rescue packs for patients with COPD to assist in self management of exacerbations
Lorky Libaridian, MD	Internal Medicine and Pediatrics, Primary Care	Improving hypertension control through multidisciplinary teamwork
Robert Marlin, MD, MPH	Internal Medicine, Primary Care	Using community health workers in community venues to enroll patients in primary care and health insurance
Chris Fischer, MD	Emergency Medicine	Implementing a protocol for the management of low risk chest pain in the ED with shared decision making aids
Colleen O'Brien, PsyD	Psychology	Peer recovery groups in mental health
Miriam Tepper, MD	Psychiatry	Patient-centered care planning for patients with severe and persistent mental illness
Nick Carson, MD	Psychiatry	Integrated mental health services in pediatrics
Ellie Grossman, MD	Internal Medicine, Primary Care	Improving point of entry for patients seeking support for substance use disorders
Serena Chao, MD	Internal Medicine, Geriatrics	Improving quality of life and advanced care planning for patients with dementia
Fiona McCaughan, RN, MSN	Nursing, Primary Care	Patient-centered care planning and team-based care for patients with diabetes
Leah Zallman, MD	Internal Medicine, Primary Care	Improving relationships between clinicians and administrators to support provider engagement

8. Health Equity Research Lab

Overview

The Health Equity Research Lab at CHA is an interdisciplinary group led by Dr. Benjamin Cook and comprised of health services researchers and clinicians. It is dedicated to conducting research on behavioral health and health service delivery issues relevant to multicultural populations. The four major center activities include: using data analytics to prevent negative social, health and mental health outcomes among racial/ethnic minority populations; identifying the mechanisms and factors of resiliency underlying pathways towards health in the face of social and economic adversity; intervening to reduce disparities in negative social, health, and mental health outcomes; and mentoring disparities researchers.



Benjamin Cook
PhD, MPH

Current Projects

1. *PCORI Grant to Improve Methods of Incorporating Minority Patients' Treatment Preferences Into Clinical Care*: Eliciting patient preferences without accounting for prior negative experiences in the healthcare system may lead minority patients to prefer different treatment options or no treatment at all, resulting in worse health outcomes via lower patient engagement and higher attrition. Using community-based participatory research methods, we are developing a survey instrument that more accurately elicits patient preferences for individuals with depression and type 2 diabetes. We are working with community partners to incorporate these findings into the clinical encounter.
2. *Natural Language Processing Projects*: Using natural language processing and machine learning

algorithms, we hope to use unstructured text in electronic health records (EHR) to predict negative outcomes, re-hospitalizations and adverse health events of patients. Two current projects that utilize this method are the Suicide Prediction in Adolescent Psychiatric Patients and Prediction of Negative Outcomes in Gender Minority Patients.

3. *CMS Disparities (ACOs) by Race/Ethnicity, Gender and Gender Identity Status*: The Lab was awarded access to the CMS Virtual Research Data Center to study differences in ACO participation by race/ethnicity, gender (minorities) and mental health status of beneficiaries; disparities within ACOs by dual eligibility status, race/ethnicity and gender/gender identity in access, utilization and quality of mental health services; and racial/ethnic and gender disparities in access, utilization and quality for beneficiaries treated within ACOs.
4. *Medicare Policy Effect on Mental Health Care Disparities (MPED)*: The Affordable Care Act (ACA) temporarily increased the payments for PCPs caring for Full Subsidy dual-eligible beneficiaries. Meanwhile, the Medicare Improvements for Patients and Providers Act (MIPPA) gradually increased payments to mental health specialists for Full Subsidy beneficiaries and reduced beneficiary coinsurance for specialist visits for Partial beneficiaries. We will assess the effects of these policies on racial/ethnic disparities in mental health care outcomes, including: medical care and quality process measures (e.g., diagnoses and medication use); clinical events (e.g., emergency department visits and hospitalizations); and total and component medical spending.
5. *Comparative Effectiveness Research and Racial/Ethnic Health Care Equity (AHRQ R01)*: Using linked MAX and MEPS data, we examine whether specific information in FDA warnings influenced disparity trends in psychotropic drug use and mental health care and identified how provider characteristics and HMO enrollment act as mechanisms that underlie

the differential diffusion of health risk warnings. The goals are to increase knowledge on whether information regarding the risks and benefits of medications is being equitably disseminated and to discern its effect on health care disparities.

Completed Projects

1. *RISE for Boys and Men of Color Field Scan*: Surveyed the literature on mental health services, education and juvenile justice and consolidated findings into actionable recommendations for the RISE initiative.
2. *Behavioral Health Home Evaluation at CHA*: This pilot Behavioral Health Home Program (BHHP) at CHA integrates primary care services within the outpatient specialty behavioral health clinic at the CHA Central Street Care Center. Using a mixed-methods approach, the Lab evaluated the implementation of the program on its goal of enhancing training and care coordination, increasing screening and monitoring of co-morbid medical conditions and expanding health promotion activities.

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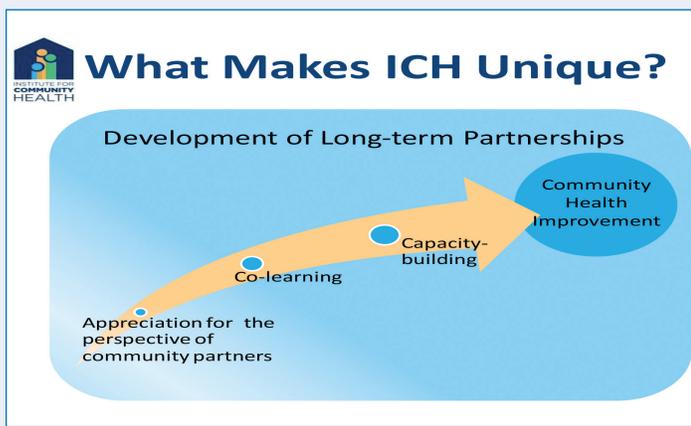
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9. Institute for Community Health

The Institute for Community Health (ICH) is a nonprofit research and consulting organization that helps communities develop their capacity to create sustainable solutions to complex public health challenges. ICH was founded by three healthcare systems: Cambridge Health Alliance (CHA), Mount Auburn Hospital and Partners Healthcare. Currently, all three institutions remain on the ICH Board of Directors, but ICH's benefactors are CHA and Beth Israel Deaconess Medical Center (BIDMC), which allows ICH to continue its tradition of community service. BIDMC also has a seat on the ICH Board of Directors. ICH is led by Lise E. Fried, DSc, MS, an epidemiologist and an executive with demonstrated success leading organizations and guiding them through all phases of development with skill and inspiration. Senior leaders include Eileen Dryden, PhD, an applied anthropologist who specializes in community-based participatory research and evaluation, and Emily Chiasson, MPH, MSW, who has over 15 years of experience in evaluation, program planning and implementation, and project and organizational management.

ICH's multidisciplinary staff combines deep community understanding with academic research to offer clients locally relevant, nationally acclaimed services in six areas: participatory evaluation, innovative, client-centered research, needs assessment and surveillance, community strategic planning, training/technical assistance and community investment (mentoring and dissemination). Working together, ICH helps clients gather and use data to inform priorities and decisions, build stronger programs and services, demonstrate

outcomes and impacts and ultimately improve community health. ICH works in many sectors including hospitals and health systems, local and state health departments and community-based organizations.



ICH staff are methodologic experts with both quantitative and qualitative skills working on over 70 projects a year in a diverse array of content areas including mental health, substance abuse prevention, child and adolescent health and sexual and reproductive health, among many others. Clients consider ICH the bridge between academic expertise and community knowledge. It builds long-term partnerships, and projects often grow from small, exploratory work to larger evaluation or research.

Here are two examples of ICH's work:

One of ICH's long-term partners is Triangle Inc, a local nonprofit that empowers youth and adults with disabilities to enjoy independent, fulfilling lives in the community. In 2012-2013 ICH conducted a quasi-experimental research study of their IMPACT:Ability program, a training on safety and self-advocacy for special education students in the Boston Public School (BPS) system. The study found statistically significant increases in participants' safety and self-advocacy knowledge, their confidence to defend themselves, their beliefs in their personal abilities, their sense of safety and their likelihood to speak up to stop potentially abusive situations. Many of these changes were

shown to be sustained one year after the students first participated in the training, when ICH administered a follow-up survey. Publication of these results in the *Journal of School Health* in 2014 and 2017 provided the evidence BPS required to consider including IMPACT: Ability in its ongoing special education curriculum, thereby providing empowering safety skills to scores of new students with disabilities each year. (Publication: 2. Dryden, Desmarais, and Arsenault 2014; 1. Dryden, Desmarais, and Arsenault 2017).

ICH continues to work with Cambridge Health Alliance to evaluate CHA's efforts to transform to an Accountable Care Organization and Patient-Centered Medical Home, focusing on the following five components of transformation: behavioral health integration; ambulatory care delivery; complex care provision; medical management; and workforce transformation. With support from ICH, prioritized outcomes were identified and evaluation plans set across all five areas, both for reporting to the state's Delivery System Transformation Initiative (DSTI) as well as for local-level quality improvement purposes at CHA. Clinical and workforce outcomes have been examined for CHA patients in patient-centered medical homes, those receiving complex care management and those in sites integrating behavioral health and primary care. ICH has completed analysis and reporting of CHA's first five years of administering a workforce survey; a total of nearly 2,400 staff across CHA primary care sites responded. As you can see in the attached publication, results showed that behavioral health integration improved both primary care providers sense of how well the system was functioning and their rating of their own knowledge of behavioral health. (Publication: 3. Zallman, Arsenault 2017).

As a 17-year-old nonprofit organization, ICH is unique in its participatory approach that has engendered trust and created meaningful results. ICH adds value to the community and to CHA because of our work and our ongoing dedication to improving community health.

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Leah Zallman,
MD, MPH

10. Internal Medicine Residency Social Medicine & Research-Based Health Advocacy Curriculum

The Social Medicine and Research-Based Health Advocacy curriculum was initially established in 2005 by Danny McCormick, MD, MPH, as an elective course. Recognizing the popularity of the course, and its importance in medical professionalism, the course was transformed into a required curriculum in 2012. All internal medicine residents now receive over 100 hours of curricular programming taught by Dr. McCormick and Gaurab Basu, MD, MPH. They learn about health disparities, social justice, U.S. healthcare reform, global health and human rights. They are introduced to quantitative and qualitative research methodology and



Danny McCormick,
MD, MPH



Gaurab Basu,
MD, MPH

participate in skills workshops on public narrative and community organizing/power mapping.

A central component of the course is the research-based health advocacy project, which enables experiential learning. Residents work as a group to identify a socioeconomic factor that has unjustly influenced their patients' care and then develop a research study to investigate it. They then use their findings to bring awareness to the issue and to try to influence policy. Last year, the residents' project on the impact of the Affordable Care Act on Americans with chronic disease was published in *Annals of Internal Medicine* (Torres et al.) and featured in popular media such as CNN, ABC News and *Kaiser Health News*. Residents also wrote an op-ed on the topic that was published by NPR/WBUR's *CommonHealth* blog. Other recent project topics include: a survey of access to buprenorphine providers in Massachusetts and of curriculum for addiction treatment among U.S. internal medicine residency programs, and the effect of health care reform on safety net hospitals: view from the CEO's office.

In the last year, the course has developed increasing national attention. A descriptive paper was published in *Academic Medicine* (Basu et al.) in 2017, and it was highlighted in *STAT News*, the Harvard Macy Institute's blog and the Harvard Medical School Academy's Insights newsletter.

Residents comment that the course reconnects them with the values and idealism that brought them into medicine in the first place. We are conducting studies currently to better understand the course's impact.

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11. Investigations into Dietary Supplements: Policy Implications

Caring for Brazilian immigrants in Massachusetts, improbably, led Dr. Pieter Cohen to become a national expert on the safety of dietary supplements. It began when one of his patients, a 38 year-old Brazilian truck driver, failed an occupational urine toxicology screen – testing positive for amphetamine. He discovered that his positive test was related to his use of a new weight loss pill – one that did not contain amphetamine itself, but instead an unapproved pharmaceutical stimulant called fenproporex.

Unraveling the mystery of how a pharmaceutical stimulant never approved by the U.S. Food and Drug Administration (FDA) was discovered in a patient's weight loss pills, and how one might prevent this from happening to other patients, has consumed him since (see a profile on Dr. Cohen's trajectory from clinician to supplement expert in *Science*: <http://news.sciencemag.org/health/2015/08/feature-revealing-hidden-dangers-dietary-supplements>). Dr. Cohen and colleagues have been the first to discover four dangerous drugs in sports, weight loss and 'brain enhancing' supplements, and their research led to the FDA's elimination of all four drugs from supplements:

- In 2014 he discovered an analogue of methamphetamine, N,a-diethyl-phenylethylamine (DEPEA), sold at hundreds of stores in the U.S.
- In 2014, his team discovered a novel pharmaceutical replacement for ephedra, 1,3-dimethylbutylamine (DMBA), in a dozen different brands of supplements. DMBA had never been tested in humans.



Pieter Cohen, MD

- In 2015, his team discovered picamilon, a Russian prescription drug designed to mimic the action of the neurotransmitter GABA, similar to gabapentin, in 30 brands of 'brain enhancing' dietary supplements.
- In 2016, his team was the first to describe the presence of oxilofrine – an analog of ephedrine – in supplements sold in the U.S.

In addition to collaborating to discover new dangerous ingredients in supplements, in a series of three *NEJM* perspective pieces, Dr. Cohen proposed an innovative system to detect dangerous supplements and reforming the regulatory framework governing supplements.

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12. Oral Health at CHA

In 1994, the Windsor Street Care Center of Cambridge Health Alliance (CHA) became part of the Harvard School of Dental Medicine's affiliated dental services. A formal affiliation agreement was signed on May 7, 2003.

The original idea stemmed from a collaboration between Dr. Chester Douglass and Dr. David Bor. CHA has a unique place in the community it serves – it provides health care to Cambridge as it has both a public health facility and a local hospital. The Windsor Street Care Center has received recognition from the City of Cambridge for its important work.

Providing oral health services, an important aspect of general health, required attention. A dental service was implemented with Dr. Douglass as the head. As the needs became more apparent, a general practice dental residency, under the direction of Dr. John Zdanowicz, was started. Dr. Brian Swann then joined the service as both the chief of the oral health department and the clinical residency program. Based on current reviews, additional faculty may be added to assist with the many ongoing projects.



Brian Swann, MD

The existence of the general practice residency offers a unique opportunity to address the longstanding problem of the separation of medicine and dentistry. With the guidance of Dr. Donald Giddon, the concept of a medical-dental integration was established

within the residency, having joint programs with other medical specialties, especially with primary care/family medicine. The program also utilizes the facilities at the dental school to enrich the experience of its residents. The "oral physician" rotation has developed innovative delivery systems like group visits, incorporating the medical interview into the scope of practice, cross training pharmacy students, and developing oral health interventions for diabetic patients. Several scholarly articles have also been published about the important work of the program. It is also notable that the program attracts high caliber applicants, most who are interested in caring for patients from a diverse socio-economic population.

In February of 2016, discussions began with the CHA Executive Committee regarding the potential of developing a dual degree program between the medical and dental school. These graduates would then complete a combined general dental and family medicine residency; there is currently one person in the family medicine portion of such a program. Drs. Donoff and Hundert have met with CHA senior staff who have approved this concept and further planning and development between HMS and HSDM are underway. This would be an innovative example of interprofessional education and practice.

Appendix I – CHA’s Community and Demographics

DEMOGRAPHICS: CATCHMENT AREA	Cambridge	Chelsea	Everett	Malden	Revere	Somerville	TOTAL
Total population	120216	38400	44675	63148	54492	77571	398502
%Female	51%	49%	50%	51%	50%	51%	
Median Age	30	33	34	36	37	32	

Economics

Median Household Income	\$84,491	\$52,476	\$55,350	\$61,964	\$54,091	\$74,202	
Per Capita Income	\$49,314	\$22,265	\$23,888	\$28,204	\$26,376	\$37,659	
Unemployment Rate	2.8%	4.1%	5.0%	5.5%	3.9%	3.3%	

Race/ethnicity:

White	64%	48%	60%	51%	71%	72%	
Black	8%	12%	17%	17%	8%	8%	
Asian	17%	4%	6%	24%	7%	10%	
Hispanic	11%	58%	25%	9%	25%	12%	

DEMOGRAPHICS: CHA PATIENT PANEL	Cambridge	Chelsea	Everett	Malden	Revere	Somerville	TOTAL
Total Population	17534	3041	14937	13231	7008	20415	76166*
%Female	54.3%	51.7%	55.4%	54.9%	53.0%	54.2%	

Language of care (%)

English	72.0%	52.4%	40.4%	50.9%	57.5%	58.3%	
Haitian Creole	6.3%	3.1%	9.3%	11.7%	2.1%	3.6%	
Other	12.4%	4.6%	6.3%	13.1%	9.4%	8.4%	
Portuguese	2.8%	8.5%	27.2%	18.5%	16.5%	13.1%	
Spanish	6.4%	31.3%	16.8%	5.8%	14.6%	16.5%	

Payer (%)

Medicare/Medicare MC	13.3%	11.0%	6.5%	7.6%	10.8%	10.3%	10.0%
Private/Commercial/HMO	42.6%	28.8%	23.1%	29.3%	27.9%	35.5%	33.0%
Public/Medicaid/Medicaid MC	30.5%	46.9%	57.1%	48.6%	44.6%	39.8%	43.0%
Other	13.6%	13.4%	13.3%	14.5%	16.6%	14.3%	14.0%

* CHA’s total Primary Care panel is 114,228 as of June 30, 2017, reflecting patients in Medford, Winthrop and other local communities as well as those who travel from outside our service area for our cultural competency and integrated care offerings.

Appendix II – CHA's Community-Oriented Care

A. Distribution of Services - Geography



Appendix II – CHA's Community-Oriented Care

B. Scope of Services

Cambridge Health Alliance: Scope of Services

PRIMARY SERVICES	COMMUNITY SERVICES
Primary Care - all ages	Elder Service Plan (PACE)
Pediatric Services	Healthcare for the Homeless
Older Adult Care	HIV Services
Dental	Yoga at CHA
Eye Care	SPECIALTY SERVICES
Palliative Care for Advanced Illness	Breast Center
Pharmacy	Cancer Care
HOSPITAL SERVICES	Cardiology
WOMEN'S HEALTH	Dermatology
Gynecology	Endocrinology
Pregnancy & Maternity	Gastroenterology
Sexual & Reproductive Health	Hematology & Oncology
OCCUPATIONAL HEALTH	Infectious Disease
Occupational Health Program	Interventional Radiology
Immigration Physicals	Nephrology
Travel Medicine	Neurology
TESTING & SERVICES	Nutrition
Imaging & Radiology	Ophthalmology
Breast Imaging & Mammography	Orthopaedics
Cardiovascular Lab	Otolaryngology (ENT) & Allergy
Pathology & Laboratory	Physical Therapy & Rehabilitation
MENTAL HEALTH & SUBSTANCE USE	Podiatry
Adult & Geriatric Inpatient Services	Pulmonary, Critical Care, Sleep
Adult Counseling and Treatment	Sports Medicine
Substance Use & Addiction	Surgery and Surgical Specialties
Child & Adolescent Services	Urology
Mindfulness and Compassion	
Psychiatric Emergency Service	
Psychiatry Specialty Services	
Trauma Services	

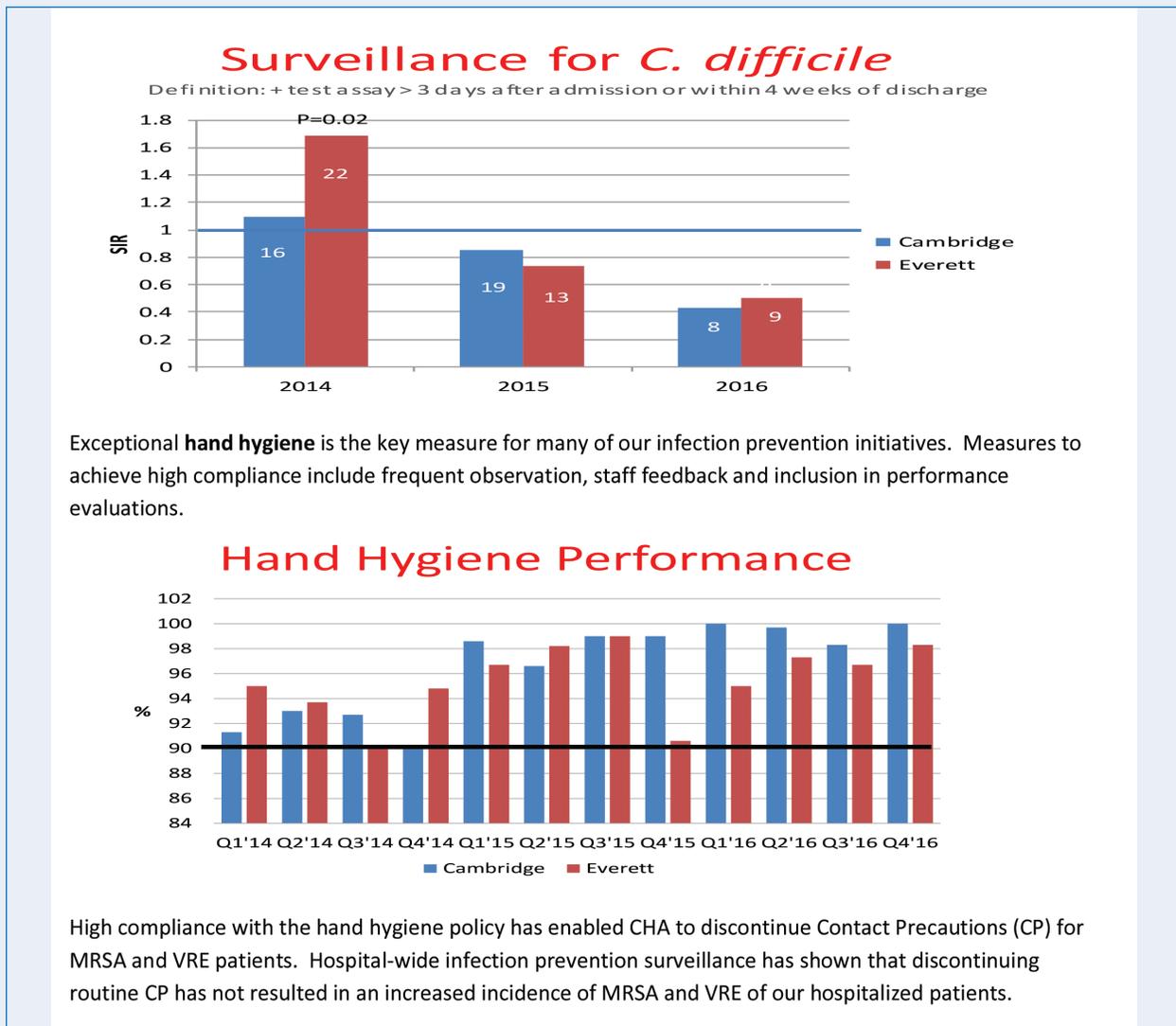
Appendix II – CHA's Community-Oriented Care

C. Quality Report

CHA has high standards for healthcare quality and has dedicated extensive resources into improving its delivery system. This includes major investments in medical information technology, improving its policies and procedures, enhancing CORE measure, patient safety efforts and patient-centered quality programs. Highlights of these programs are included below.

Infection Prevention

Prompt identification of *C. difficile* (CD) has been achieved through the implementation of a nurse-driven testing protocol (NTP) in February 2016. An automated best practice advisory/NTP in Epic is triggered by the documentation of diarrhea during hospital days 1-3. This facilitates testing and initiates contact precautions. In July 2016, a combined toxin/antigen assay (TAA) was adopted to improve identification of CD. This strategy has enhanced our efforts of reducing the CHA Standardized Infection Ratio (SIR) for CD.



Appendix III – CHA Faculty

A. Hospital and Academic Appointments and Promotions

CHA Hospital and Academic Appointments; recent promotions 2014–17

Department	Credentialed MDs	% Female	Academic appointments *	Current Academic appointments by rank	Rank	New Appointments or Promotions 2014-2017
Anesthesia	37	22%				
Dentistry	13	46%				
Emergency Medicine	26	35%	19	13 2 4	Instructor Assistant Professor Lecturer	4
Family Medicine (Dept of Population Medicine)	44	66%	11 - HMS; 41 - Tufts	5 - HMS; 4 - Tufts 3 - HMS; 24 - Tufts 2 - Tufts 1 - Tufts 3 - HMS; 4 - Tufts	Instructor Assistant Professor Associate Professor Professor Lecturer	2 1
Medicine**	189	37%	121	86 25 7 3	Instructor Assistant Professor Associate Professor Lecturer	20 3 2
Obstetrics & Gynecology	16	75%	8	7 1	Instructor Assistant Professor	
Orthopaedics	15	40%	1	1	Instructor	
Pathology	5	80%	3	2	Unknown	
Pediatrics	41	54%	11	7 3 1	Instructor Assistant Professor Associate Professor	1 1

Appendix III – CHA Faculty

A. Hospital and Academic Appointments and Promotions (continued)

CHA Hospital and Academic Appointments; recent promotions 2014–17

Department	Credentialed MDs	% Female	Academic appointments *	Current Academic appointments by rank	Rank	New Appointments or Promotions 2014-2017
Psychiatry	128	51%	211 (incl PhD/PsyD)	73	Instructor	9
				55	Assistant Professor	5
				12	Associate Professor	1
				10	Professor	
				61	Lecturer	
Radiology	35	37%	3	3	Instructor	
				1	Lecturer	
Surgery***	61	34%	9	8	Instructor	1
				1	Assistant Professor	
					Associate Professor	
Total	611	43%				

Notes:

CHA appoints psychiatry and psychology faculty members; MGH departments appoint Pediatrics and Pathology; HMS Pop Med appoints Family Medicine; BIDMC departments appoint all others

* All academic faculty have Harvard appointment except where indicated. Psychiatry is an appointing department; MGH departments appoint Pediatrics and Pathology faculty; HMS Population Medicine appoints Family Medicine; BIDMC Departments appoint all other faculty

** Includes Neurology and Dermatology

*** Includes Otolaryngology and Ophthalmology

Appendix III – CHA Faculty

B. Faculty Recognition – Local (HMS, Tufts, CHA)

1. Faculty Recognition – Local (HMS, Tufts, CHA)			
Name	Title	Year	Award
David Bor, MD	Charles S. Davidson Associate Professor of Medicine/Head of the Department of Medicine at the Cambridge Hospital	2002	CSA Faculty
David Bor, MD	Charles S. Davidson Associate Professor of Medicine/Head of the Department of Medicine at the Cambridge Hospital	2002–2003	Mentoring Barger
Bruce Kalow, MD	Assistant Professor of Pediatrics	2004	CSA Faculty
Rick Pels, MD	Assistant Professor of Medicine	2007–2008	Mentoring Barger
Stephanie Woolhandler, MD, MPH	Associate Professor of Medicine	2008–2009	Mentoring Barger
Marie-Louise Jean-Baptiste, MD	Assistant Professor of Medicine	2009	CSA Faculty
Sanjay Gulati, MD	Assistant Professor of Psychiatry	2009	Harold Amos Faculty Diversity
Jaine Darwin, PsyD	Lecturer on Psychiatry	2010	CSA Faculty
Jarshen Lin, DDS	Instructor in Restorative Dentistry and Biomaterials Sciences	2010	CSA Faculty
Arundhati Ghosh, MD, BS	Instructor in Surgery	2010–2011	Mentoring Young
David Hirsh, MD	Assistant Professor of Medicine	2011	AAMC Humanism in Medicine
Todd R. Griswold, MD	Assistant Professor of Psychiatry	2012	Cynthia N. Kettyle Teaching Award - Harvard Departments of Psychiatry
Katherine E. Miller, MD	Assistant Professor of Population Medicine	2012	Harvard Medical School Center for Primary Care Excellence in Teaching Award
Marie-Louise Jean-Baptiste, MD	Assistant Professor of Medicine	2013	Charles McCabe, MD Faculty Prizes for Excellence in Teaching
David Hirsh, MD	Assistant Professor of Medicine	2013	CHA Academic Council Award
Lior Givon, MD	Assistant Professor of Psychiatry	2013	CHA Academic Council Award

Appendix III – CHA Faculty

B. Faculty Recognition – Local (HMS, Tufts, CHA) (continued)

1. Faculty Recognition – Local (HMS, Tufts, CHA)			
Name	Title	Year	Award
Rachel Stark, MD	Instructor in Medicine	2013	CHA Academic Council Award
Karen Hacker, MD	Associate Professor of Medicine	2013	CHA Academic Council Award
Elizabeth Gaufberg, MD, MPH	Assistant Professor of Medicine	2013–2014	Mentoring Barger
Danny McCormick, MD, MPH	Assistant Professor of Medicine	2013–2014	Mentoring Barger
Monica DeMasi, MD		2014	CHA Academic Council Award
Allen Shaughnessy, MD	Professor of Family Medicine	2014	CHA Academic Council Award
Danny McCormick, MD, MPH	Associate Professor of Medicine	2014	CHA Academic Council Award
Diya Kallivayalil, PhD	Assistant Professor of Psychiatry	2014	CHA Academic Council Award
Marshall Forstein, MD	Associate Professor of Psychiatry/Acting Head of the Department of Psychiatry at Cambridge Health Alliance	2015–2016	Harold Amos Faculty Diversity
Rebecca Drill, MD	Assistant Professor of Psychology in the Department of Psychiatry	2015	CHA Academic Council Award
Mark McGovern, MD	Research Associate in Medicine	2015	CHA Academic Council Award
Sandra DeJong, MD	Assistant Professor of Psychiatry	2015	CHA Academic Council Award
Kathe Miller, MD	Assistant Professor of Population Medicine	2015	CHA Academic Council Award
J. Wesley Boyd, MD, PhD	Associate Professor of Psychiatry	2016–2017	Mentoring Barger
Zev Schuman-Olivier, MD	Instructor in Psychiatry	2016	CHA Academic Council Award
Jamie Barrett, PhD	Instructor in Psychology	2016	CHA Academic Council Award
Rob Marlin, MD, MPH	Instructor in Medicine	2016	CHA Academic Council Award
Andrea Gordon, MD	Associate Professor of Family Medicine	2016	CHA Academic Council Award
Benjamin Cook, PhD	Assistant Professor of Psychiatry	2017	Mentoring Young

Appendix III – CHA Faculty

B. Faculty Recognition – Local (HMS, Tufts, CHA) (continued)

1. Faculty Recognition – Local (HMS, Tufts, CHA)			
Name	Title	Year	Award
J. Wesley Boyd, MD, PhD	Associate Professor of Psychiatry	2017	CHA Academic Council Award
Priyank Jain, MD	Instructor in Medicine	2017	CHA Academic Council Award
Honor MacNaughton, MD	Assistant Professor of Family Medicine	2017	CHA Academic Council Award

Appendix III – CHA Faculty

B. Faculty Recognition – Regional and National

2. Faculty Recognition – Regional and National			
Name	Title	Year	Award
Howard Shaffer, MD	Associate Professor of Psychiatry	2015	Lifetime Research Award from the National Council on Problem Gambling
Steven Schwaitzberg, MD	Professor of Surgery	2016	Society of American Gastrointestinal and Endoscopic (SAGES) Distinguished Service Award
Edward Khantzian, MD	Professor of Psychiatry	2016	2016 Lifetime Achievement Award from the Massachusetts Psychiatric Society
Cambridge Interpreter Services			The UDH/KwenSante Health Corner awards gala honored them for their efforts assisting the Haitian community
Andrea Christopher, MD, MPH		2016	CHA Academic Council Award
Claude-Alix Jacob	Cambridge Public Health Department, Chief Public Health Officer	2016	Elected president of the National Association of County and City Health Officials
Jay Bhatt, MD, MPH		2016	Named Chief Medical Officer, President and CEO, of the Educational Trust of the American Hospital Association
Jeff Ziegler, RN		2016	Metropolitan Boston EMS Council (Region IV) EMS Nurse of the Year
Linda Shipton, MD	Instructor in Medicine	2016	2016 New England TB Heroes
Gregory Sawin, MD, MPH	Assistant Clinical Professor	2016	Silver Program Director Award
Kirsten Meisinger, MD	Instructor in Population Medicine	2016	Appointed as national Co-Chair of the Centers for Medicare and Medicaid Services' (CMS) "Transforming Clinical Practice Initiative (TCPI)"
George Maxted, MD	Associate Clinical Professor	2015-2016	Co-winner of the 2015-2016 Mark Aisner, MD, Award for Excellence in Teaching Physical Diagnosis
Honor MacNaughton, MD	Assistant Professor of Family Medicine	2016	Awarded Family Medicine Educator of the Year award from the Massachusetts Academy of Family Physicians
Diya Kallivayalil, PhD	Assistant Professor of Psychiatry	2016	Appointed to the American Psychological Association's newly created Task Force on Human Rights

Appendix III – CHA Faculty

B. Faculty Recognition – Regional and National (continued)

2. Faculty Recognition – Regional and National			
Name	Title	Year	Award
Stefanos Kales, MD, MPH	Associate Professor of Environmental Health	2016	Received an award at the annual meeting of the International Association of Fire Chiefs for research on improving the wellbeing of firefighters
Marie-Louise Jean-Baptiste, MD	Assistant Professor of Medicine	2016	Received Reducing Health Disparities Award from the Massachusetts Medical Society.
Treniece Lewis Harris, PhD	Assistant Clinical Professor	2016	Named the Director of the ALANA Mentoring Program at Harvard Medical School
Margaret Buckley, RN		2016	Awarded EMS Nurse of the Year from the Metropolitan Boston emergency Medical Services Council
Ana Nava, PhD		2017	MAPS Mary & Manuel Rogers Lifetime Community Service Award
Nancy Rappaport, MD	Associate Professor of Psychiatry	2017	Recipient of the American Medical Women's Association's 2017 Exceptional Mentor Award
Richard Pels, MD	Assistant Professor of Medicine	2017	Named a 2017 recipient of the Parker J. Palmer Courage to Teach Award from the Accreditation Council for Graduate Medical Education (ACGME)
Jessica Knapp, DO		2017	Young Investigator Award from the American Medical Society of Sports Medicine

Appendix III – CHA Faculty

B. Faculty Recognition

3. Faculty Participation in Competitive Fellowships

Recipient	Fellowship	Discipline	Year	Title
Leah Zallman, MD	Kraft Fellowship	Internal Medicine	2015	Preventing Medicaid disenrollment with text message reminders
Gaurab Basu, MD	Harvard Macy	Internal Medicine	2015	Assessing the Internal Medicine Residents Advocacy Curriculum
Caitlin D'Agata, MD	Harvard Macy Fellowship	Family Medicine	2015	Disability medicine curriculum for Family Medicine Residents
Janice John, PA-C	Harvard Macy Fellowship	Primary Care PA	2015	A longitudinal integrated clerkship for PA trainees
Bonnie Stahl, MD	Harvard Macy Fellowship	Internal Medicine	2015	
Janine Albert, MD	Harvard Macy Fellowship	Emergency Medicine	2016	Implementation of a Multidisciplinary Debriefing Program Following Adult and Pediatric Resuscitations in a Community-Based Academic Emergency Department
Genevieve Bergeron, MD	Harvard Macy Fellowship	Internal Medicine	2016	Creating curriculum for residents to analyze and present cases with unanticipated poor outcomes
Hsiang Huang, MD	Harvard Macy Fellowship	Psychiatry	2016	
Abigail Love, MD	Harvard Macy Fellowship	Family Medicine	2016	Formal interprofessional educational program on the Labor and Delivery floor to support the collaborative education of Family Medicine residents, and to effectively coach residents on the provision of competent team-based maternity care
Peter Alex Brown	Harvard Macy Fellowship	Primary Care	2017	Cognitive Behavior Therapy Training for Chronic Pain in Primary Care
Rachel Hathaway, MD	Harvard Macy Fellowship	Internal Medicine	2017	Medical Detective Rounds: Adopting case-based, collaborative learning in the clinical year for Cambridge Integrated Clerkship students
Cassie Frank, MD	Kraft Fellowship	Internal Medicine		
Sural Shah, MD	Kraft Fellowship	Medicine Pediatrics		The health and wellbeing of children of undocumented immigrants at CHA
Catherine Crawford, MD	MAH Education Fellowship	Surgery		Longitudinal vs. traditional curriculum to develop laparoscopic skills

Appendix III – CHA Faculty

B. Faculty Recognition

4. Arnold P. Gold Foundation Grants Awarded to CHA Faculty Members

Investigator	Title	Award Amount	Award Period
Maren Batalden, MD, MPH	Creation Residency Ritual: Oath Pilot Program	\$9,000	8/1/11–8/1/14
Maren Batalden, MD, MPH	A public narrative approach to building relationships and purpose within a patient-centered medical home	\$5,000	12/1/11–12/1/12
Maren Batalden, MD, MPH	Planning period to develop an “innovation fellowship” in the science of health care service	\$30,000	9/1/14–6/30/15
Maren Batalden, MD, MPH	CEO Clinical Learning Environment Innovation Program	\$20,000	10/1/14–9/30/15
Elizabeth Gaufberg, MD, MPH	Arnold P. Gold Foundation Professorship of Medicine & Psychiatry	\$105,000	9/1/08–8/31/11
Elizabeth Gaufberg, MD, MPH	Gold Professorship Project Extension	\$5,000	9/1/11–8/31/12
Richard Pels, MD	Redesign of Internal Medicine Residency according to CIC principles	\$25,000	9/1/11–8/31/12
Yamini Saravanan, MD	Where is the Patient’s Voice? Using Patient stories to understand the Experiences of Patients Classified as Being ‘Frequent Utilizers’ of the Emergency Department within Cambridge Health Alliance	\$5,000	7/1/14–12/30/14
Rachel Stark, MD	Aligning our Formal and Hidden Curricula: Using Public Narrative to Build Relationships and Support Resident Integration within Public-Centered Medical Home	\$30,000	12/27/11–6/1/14
David Hirsh, MD	10th Anniversary CIC Symposium	\$4,000	4/12/14
Somava Stout, MD	Leadership Conference Attendance	\$2,500	2012
Treniece Lewis Harris, MD	Harvard Macy Attendance	\$5,000	2014
Janice John, PA-C	Harvard Macy Attendance	\$5,000	2015

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