



Scholars in Spotlight at Quality Symposium

The Office of Quality and Patient Safety presented its first Peter H. Levine, MD, Quality Symposium on June 10 at UMass Medical School. As part of the symposium, Drs. David Remis, Bruce Weinstein, Trudy Manchester and Gerald Gleich (pictured from left) described their quality improvement projects then offered poster presentations with all of the scholars: Drs. Konstantinos Deligiannidis, Rajneesh Hazarika, Elizabeth Murphy, Beverly Nazarian, Sara Shields and Cornelius Tyrell.



On June 24, the 2010 Quality Scholars Program participants give their final presentations and graduate. The event takes place from 7:30 to 9:30 am in the Hiatt Auditorium, UMass Medical School, S1-608. Breakfast is provided. Please mark your calendars and attend as many presentations as you wish. For information, contact Jeanne McBride at 774-442-0402 or jeanne.mcbride@umassmemorial.org.

Webinar with O'Brien, Lasser Examines Health Reform

Prime Time Conversations marked its one-year anniversary of programming with a special webinar on June 9: "The Impact of Health Care Reform on Primary Care." Presented by UMass Memorial President and CEO John O'Brien and Chair of Family Medicine and Community Health Daniel Lasser, MD, the program details reform's benefits for primary care, our response to the changes reform brings, and the opportunities it offers for transforming practices. View this presentation and other webinars in our [archives](#) on the CAPC OurNet page.

Champions of Excellence in CAPC

Two members of the Center for the Advancement of Primary Care are "*Champions of Excellence*" for coordinating the monthly Prime Time Conversations webinar series. Jeanne McBride, RN, MM, quality improvement manager, and Francis Wanjau, MS, analyst, are members of one of the 26 teams honored at the fifth annual UMass Memorial Champions of Excellence recognition event in April. Jeanne and Francis were award winners in the "Workplace of Choice" category for creating a webinar program that is user friendly, accessible by PCPs at all of our practice sites, cost effective and efficient.

What's Keeping Us So Busy?

The New England Journal of Medicine recently published a study by Richard Baron, MD, an internist in Philadelphia, and his colleagues entitled, "What's Keeping Us So Busy in Primary Care? A Snapshot from One Practice." Read how the practice used its EHR to count units of primary care work during one year and what the PCPs discovered. [Click here](#) or visit the CAPC page on OurNet.

Practice Improvement Corner

Quality Scholar Updates Practice Protocols

When new clinical guidelines are released, adoption of those guidelines across a practice may be inconsistent and slower than intended. Elizabeth Murphy, MD, internal medicine, tackled just this kind of issue for her Quality Scholars Program improvement project.

The American Congress of Obstetricians and Gynecologists released new cervical cancer screening guidelines in 2009. Dr. Murphy had noticed inconsistencies in HPV/Pap screening in her practice's patients and found on an initial assessment that the overall practice rate for appropriate HPV screening was 62 percent. Her project was designed to find ways to improve the rate of HPV screening and repeat cervical cancer screening.

Dr. Murphy wanted a project that was clear and tangible, of short duration and, along with addressing a practice need, one that could be shared with residents as part of her teaching responsibilities.

She formed a project team that included practice members Samantha Derry, PCA II, Gina Ferrante, senior medical administrative secretary, and Mary Jane Menard, NP. Initially, the team focused on obtaining data on screening rates for the practice, understanding the workflow related to HPV/Pap screening and establishing a project plan.

The first Plan, Do, Study, Act cycles targeted health assistant (HA), NP and MD education about the updated

guidelines and completing the cytology requisition correctly. This training was offered to all clinical teams, and guidelines were posted as reminders. In addition, Dr. Murphy worked with the lab to modify the cytology requisition form to more clearly reflect the new guidelines. Lastly, individual data was given to all providers to track improvement over time.

In just four months, appropriate HPV/Pap screening rates have gone from 62 percent to 94 percent.

Regular meetings and data review with the improvement team proved to be critical factors in the success of the effort. Data both at the practice and practitioner levels established the urgency for change and provided feedback on improvement over time. In addition, the inclusion on the team of staff involved in HPV/Pap screening promoted understanding of the workflow and ways to improve the process.

For Dr. Murphy, the improvement project revealed a useful solution for many practices. Simple, inexpensive interventions can lead to sustained adherence to Standard of Care Guidelines, improving quality of care and efficiency. For more information on this project, contact elizabeth.murphy@umassmemorial.org.

The Center for the Advancement of Primary Care is supported by UMass Medical School and UMass Memorial Health Care.

Contact Us: 774-442-7050 or capc@umassmemorial.org

Meet Our New Student Liaisons

The Center for the Advancement of Primary Care's Advisory Committee includes representatives of the medical student community as well as UMass Memorial and UMass Medical School clinicians and faculty, and leadership of our community hospitals.

During this past academic year, John Ducey, Elizabeth Herrup and Jonathan Klaucke provided exceptional service on the committee as student liaisons. They also helped the center respond to inquiries from first-year medical students interested in primary care.

For the 2010 – 11 academic year, we welcome student liaisons, Andrew Chandler, Elise Bognanno and Elizabeth Coogan, of the Class of 2013. As Generalist Physician Program liaisons, each brings impressive achievements to the committee.

Andrew Chandler

Prior to medical school, Andrew was a fellow in health care administration at Newton-Wellesley Hospital, where he worked on process improvement projects. He also

helped to support ongoing discussions about future health care payment models.

Before Newton-Wellesley, Andrew interned at Massachusetts General Hospital in surgery, trauma and the Burns Service, completing projects in operations, financial analysis, benchmarking, clinical research and information technology.

Andrew became interested in health care while working at Family Health Center of Worcester during undergraduate study in finance at Syracuse University, and went on to earn a master's degree in health service administration from the University of Michigan.

Elise Bognanno

Elise was first interested in medicine in high school and, in her junior year, became a certified nursing assistant. She worked at Caritas Good Samaritan Hospital in Brockton for three years while in college to further explore her interest. The experience affirmed her plan to attend medical school.

Elise graduated from the College of the Holy Cross with a degree in biology and a pre-medical concentration. She worked in an ob/gyn practice for two years as a secretary, medical assistant and surgical coordinator, and greatly enjoyed working with physicians and patients.

Elizabeth Coogan

Elizabeth graduated from Colby College with honors in philosophy. In her senior thesis, she combined her interest in philosophy and medicine to examine the just distribution of health care in a liberal society. After college Elizabeth spent two years performing clinical research at Children's Hospital Boston and at the University of Colorado.

As a member of the Multicultural and Underserved Pathway at UMass Medical School, Elizabeth has enjoyed learning from community members and physicians about the challenges and rewards of practicing medicine in a diverse city.

Welcome New Colleague!



Thomas Walsh, MD

Internal Medicine

604 Main Street, Shrewsbury

Medical School: State University of New York at Downstate

Residency: Saint Vincent Hospital

The **Center for the Advancement of Primary Care** at the University of Massachusetts Medical School and UMass Memorial Health Care will create, strengthen and integrate activities across the Medical School and the clinical system to ensure a robust primary care network that will serve as the main portal of care for patients and will provide excellence in teaching and research.

A Medical Student Reflects on Primary Care

Thursday Morning Memo is an e-mail that complements the Monday Memo and offers clinical success stories from the Department of Family Medicine and Community Health at UMass Memorial and UMass Medical School. Recently, medical student Megan Weeks submitted a story, which is excerpted below. Hugh Silk, MD, who edits the memo, said of Megan's submission: "After I finished reading her essay, my pride in caring for patients across their lifecycle in a continuous manner, was renewed and strengthened."

"Mr. Y was one of the first patients that I interviewed at Hahnemann Family Health Center. I was given a heads up by my preceptor on my way in that I should not neglect to ask Mr. Y about his past medical history or social history.

I entered the room to find a thin, tired-looking man appearing much older than his stated age, sitting quietly in a chair and looking down at his feet. As I introduced myself, obtained the patient's story on the pneumonia, and collected my seven cardinal elements of the chief concern, I noted that Mr. Y seemed distant, sad, and clearly indifferent to the entire process we were going through. Then I came to the past medical history. It turned out that Mr. Y not only had had pneumonia, but he was also a lung cancer patient, having recently had one of his lungs removed.

As I shifted away from the past medical history, and onto the social history, I could feel that this was not going to be any better. Mr. Y reported that he was living alone and that he really had no one to support him during this intense time in his life. When I inquired about his mood — a seemingly unnecessary question at this point in the interview — he maintained his indifference and stated that he was depressed, almost never leaves his house, and has no one that he really talks to about anything, medically related or otherwise.

I tried my best to empathize with the patient as he told me his story. As I wrapped up the interview, I felt compelled to empathize with him even further and try

to get a better grasp on his emotional state, but shied away sensing that he wasn't in the mood to talk any more. I left the room hugely impressed by his complicated medical state and concerned for his emotional and social well-being.

When I re-entered five minutes later with my preceptor, I took a seat in the corner and just watched as the exact opposite of what I had expected unfolded. My preceptor delved right into the obvious topic — Mr. Y's emotional needs. My preceptor did not hesitate to ask questions that might have made others uncomfortable — questions that this patient clearly depended on in order to open up.

While the conversation was surely difficult for Mr. Y, I could sense the huge weight being lifted off his shoulders by just having the chance to talk about his problems and feelings, instead of having to sit with them in his mind, day in and day out. Not once in this conversation were the words 'cancer' or 'pneumonia' uttered.

This patient needed medicine, but not just chemo, antibiotics or neck braces. This patient needed medicine in the form of counseling, support, listening, lifestyle changes.

As my preceptor wrapped up the longer-than-expected visit with a quick listen to the lungs, an ROS of his respiratory system, and instructions on when to schedule the next appointment, I realized I had stopped taking notes on the visit and required prompting from my preceptor to join him in listening to the lungs.

After this LPP visit, I thought a lot about what it means to be a primary care physician. I learned that being a PCP is more than just taking care of health maintenance issues, chronic diseases, and serving as the step before the specialist. Even though I've been taught for years that a person's well-being depends largely on non-physical factors, this interview showed me how important it is that doctors seek out these intangible factors and evaluate them regularly and treat them with all the seriousness of a lung cancer diagnosis."