

MINDSCAPES

MASS GENERAL DEPARTMENT OF PSYCHIATRY NEWSLETTER FOR FRIENDS AND SUPPORTERS | SUMMER 2020

The New (Virtual) Reality

Covid-19 Has Spurred a Revolution in the Delivery of Care

Two weeks in March. That's how long it took the Department of Psychiatry at Massachusetts General Hospital to transform the delivery of patient care.

The Covid-19 crisis forced health care practitioners across the hospital to switch from in-person to virtual visits practically overnight. But the transition to telemedicine was particularly dramatic — and extraordinary successful — for Mass General Psychiatry clinicians. Before the pandemic shuttered Boston in mid-March, 4 percent of patient visits were virtual, meaning patients seen by their clinicians via computer screens. By May, 98 percent of patient visits were virtual.

“There is a benefit from in-person, but – wow,” says Associate Chief of Psychiatry for Clinical Services Jeff Huffman, MD. “For so much of psychiatry, we can deliver really good care even from afar,” he notes. “There’s a lot you can do to provide support, assistance, guidance, diagnosis, all just over video or even the phone.”

“We were able to provide uninterrupted care in the middle of a pandemic.”

— ANNE D. EMMERICH, MD

Telepsychiatry was the immediate and necessary response to the greatest public health emergency in a century. For the department, however, the transition to virtual care is permanent, with a hybrid model of in-person and virtual care envisioned when Covid-19 is over.



Janet R. Wozniak, MD

Photo by Jessica Rinaldi, The Boston Globe

Telepsychiatry is here to stay

“There is no going back,” says geriatric psychiatrist Anthony Weiner, MD, director of clinical care in the Geriatric Psychiatry Clinical and Research Program at Mass General. “The future has arrived.”

Even before Covid-19, Dr. Weiner says, the traditional office visit was becoming an “increasingly outdated concept.”

Dr. Weiner is one of the department clinicians who championed telepsychiatry pre-pandemic, a recipient of philanthropic support from the George Frederick Jewett East Foundation. Increasingly, his older adult patients were finding it difficult to keep appointments for a host of reasons: traffic congestion, cost of parking, inclement weather. They were also grappling with decreased mobility and the need to depend on family and friends to get to his office. He recalls one patient in his 80s with anxiety disorder who was “totally stressed out coming to

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A Message from the Chief

The world has changed since my last message in *MINDSCAPES*. The Department of Psychiatry at Massachusetts General Hospital responded quickly and nimbly to the Covid-19 crisis, providing uninterrupted patient care with compassion, solicitude and flexibility. Our faculty did not miss a beat. I cannot be prouder of them.

Telemedicine, as you will see from this issue's cover story, has transformed the field of psychiatry. It has made it possible for us to care for more patients than ever before. While there will always be a need for in-person care, it seems likely that the virtual care revolution is here to stay. But we need to be diligent in our efforts to make that a certainty. While insurers are temporarily covering telehealth visits, there is no guarantee that these reimbursements will continue post-pandemic. I am hopeful, but this issue of reimbursement parity underscores our substantial need for philanthropic support.

The department, like our country, is grappling with the problem of systemic racism and how best to address it, institutionally, and in our own hearts. We are looking inward, to see what actions we can and should take to increase diversity within

our own ranks and help to eliminate disparities in health care. It will take time, but we are committed to moving forward. In July, department leadership donated to The Boris Lawrence Henson Foundation in honor of our entire team and in support of the effort to eradicate the stigma around mental health issues in the African-American community.

I am immensely grateful for the support we have received for our work during these challenging and uncertain times. In particular, I would like to thank Kent and Liz Dauten for their recent \$10 million gift to the Dauten Family Center for Bipolar Treatment Innovation. Their commitment and belief in our mission help strengthen the Dauten Center and our department.

The Dautens' gift also speaks to confidence in our future. My vision for the department is the same as the day I assumed the position of chief last October: to transform the mental health landscape and expand care for all who need it. With your help, we will work to ensure better days ahead.

MAURIZIO FAVA, MD
Psychiatrist-in-Chief

MGH Guide to Mental Health Resources

When Covid-19 began its terrible sweep through Massachusetts in mid-March, the Department of Psychiatry at Mass General immediately recognized the crucial need to provide resources to help people cope. By the end of the month, the department had created the *MGH Guide to Mental Health Resources for Covid-19*, an online, centralized source of timely and accurate information to reach as many people as possible.

"Clearly, many of the things that we rely on for mental health, including social connection and access to care, were under threat," says Associate Chief of Psychiatry for Research Jordan Smoller, MD, ScD. "And there was this flurry of information that was difficult to evaluate. So, we recognized we might be able to make a difference fairly quickly by having a central, curated source of valuable information."

Dr. Smoller, along with colleague Karmel Choi, PhD, a clinical and research fellow in the Psychiatric and Neurodevelopmental Genetics

Unit, is responsible for developing and curating the guide.

By late July, more than 65,000 people had visited the guide, housed on the hospital's website. The department also launched a Spanish-language website version. Updated regularly, the guide provides resources in a variety of formats—podcasts, videos, links to lectures and free apps as well as news stories and the latest research.

"Jordan and Karmel have done a tremendous job compiling and updating the guide, an extensive resource available to anyone in need, 24/7," says Psychiatrist-in-Chief Maurizio Fava, MD.

"It was really a team effort from the entire department," Dr. Smoller says. "The generosity, the collaboration, the suggestions for resources that could be made available were extraordinary."

The guide is available online at www.massgeneral.org/psychiatry/guide-to-mental-health-resources

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massgeneral.org/psychiatry

WAYS TO GIVE

For information about how to support the clinical care, research, teaching and community health activities of the Mass General Department of Psychiatry, please contact Senior Director of Development Alex Dippold at 1-617-726-7504 or adippold@mgh.harvard.edu.

A Legacy of Service from MGH Leadership Council for Psychiatry Founders

Carroll M. Carpenter and **Michele Kessler** created the MGH Leadership Council for Psychiatry in 2006 to support the Department of Psychiatry's efforts to advance mental health treatment and reduce the stigma of mental illness. In February, after 15 years of committed, determined leadership, Carroll and Michele stepped down from their roles as co-chairs. Their legacy reflects the Council's stellar accomplishments:

- More than \$47 million raised for the department
- Five endowed Mass General chairs
- Three Harvard Medical School endowed professorships
- Nearly \$800,000 given annually to the chief's discretionary fund for cutting-edge projects that might never have launched otherwise

"On behalf of the department, I extend my deepest thanks to Carroll and Michele for their 15 years of steadfast devotion to improving mental health," says Psychiatrist-in-Chief **Maurizio Fava, MD**. "We are extremely grateful for all they have done for



Carroll M. Carpenter, Patty Ribakoff, Maurizio Fava, MD, Michele Kessler, and Donna Emma at the Feb. 27 Leadership Council event in Palm Beach hosted by Michele and Howard Kessler.

our department and for our patients. They have touched countless people and have made their lives better. There is no greater legacy."

"We are proud to be of service," Carroll told Council members at their annual dinner and seminar in Palm Beach in February. "It has been a joy to attempt in some small way to give back and support these incredible physicians."

Carroll and Michele founded the Council with the help of a committed group of like-minded friends. Today, the

Council has more than 90 members who are "ambassadors" for the department — sharing the latest advances in patient care and research while supporting faculty through annual membership contributions, special gifts and fundraisers.

"It has been an enormous honor and privilege to have played a small part in bringing us all together," said Michele. After 15 years, she noted, "we are also looking ahead. There is untapped talent, vigor, and enthusiasm on the Council. And we think this is a good time to tap it."

New Leadership Council Co-Chairs

Donna Emma and **Patty Ribakoff**, philanthropists, health care advocates and successful business executives, are the new co-chairs of the MGH Leadership Council for Psychiatry.

"Michele and I are thrilled that these two deeply talented women will bring their leadership skills and passion for MGH and MGH Psychiatry to the Leadership Council," says Carroll M. Carpenter, who co-founded and co-chaired the council with Michele Kessler. "Their resumes are deep and impressive — proven great success in their business skills and past top leadership at Mass General."

Donna and Patty say they are honored and excited to continue the work of Carroll and Michele in supporting the department of Psychiatry and destigmatizing the public perception of mental health issues.

"The innovative and compassionate care MGH Psychiatry delivers to patients and their families is a national model for the field, and I am so honored and proud to be associated with it," Patty says.

The co-chairs seek to expand Council membership while taking full advantage of online resources and digital technology to

provide members with up-to-date information and more year-round programs such as faculty webinars.

"We want to empower Council members as ambassadors for the department," Donna says. "We encourage member involvement and welcome their feedback, connections and resources."

Patty and Donna say they look forward to working with the Council's co-chairs: Heidi Cox, Nancy Crate, Miranda Donnelly, Mary McMillan Morse and Virginia Guest Valentine.

Both are longtime hospital supporters. Patty is an honorary trustee who previously served as trustee and co-chair of philanthropy and helped lead the Campaign for the Third Century of Medicine. Donna has been a Council member since 2016 and was appointed vice-chair in 2019. She and her husband, Larry Davis, are also members of the Dauten Family Center for Bipolar Treatment Innovation Patient and Family Advisory Council.

For more information on the Council, please contact Donna and Patty at mghpsychcouncil@partners.org.

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my office.” It took the patient and his wife 2.5 hours to travel the nine miles from home to hospital.

Telemedicine “has changed my life,” states Ken V., a patient of Andrew Nierenberg, MD. Ken can click on a Zoom link — the videoconferencing service currently used by the department — five minutes before his appointment. “The format is exactly the same” as his in-person visit, except now it saves him 3.5 hours. “It was a four-hour ordeal for a half-hour appointment,” Ken says. “By the time I got to see [Dr. Nierenberg], I didn’t have clarity of thought.”

The patient no-show rate has “plummeted,” department clinicians report. And when there is a last-minute cancellation, it is easy to reschedule.

The field of psychiatry “lends itself exceedingly well to virtual care,” according to Dr. Huffman. “Our providers have been extraordinarily flexible, nimble, willing and thoughtful about providing this virtual care.”

The department laid the groundwork for this successful transition five years ago, when it launched a pilot program. The Massachusetts General Physicians Organization provided financial support, initially because insurance companies would not pay for remote visits, and later, when insurers agreed to reimburse but at lower rates than for office visits. While telemedicine quickly caught on with clinicians, payment issues and challenges related to then-existing technology dampened their enthusiasm, notes Associate Chief of Psychiatry for Quality and Safety Janet Wozniak, MD, who spearheaded the pilot.

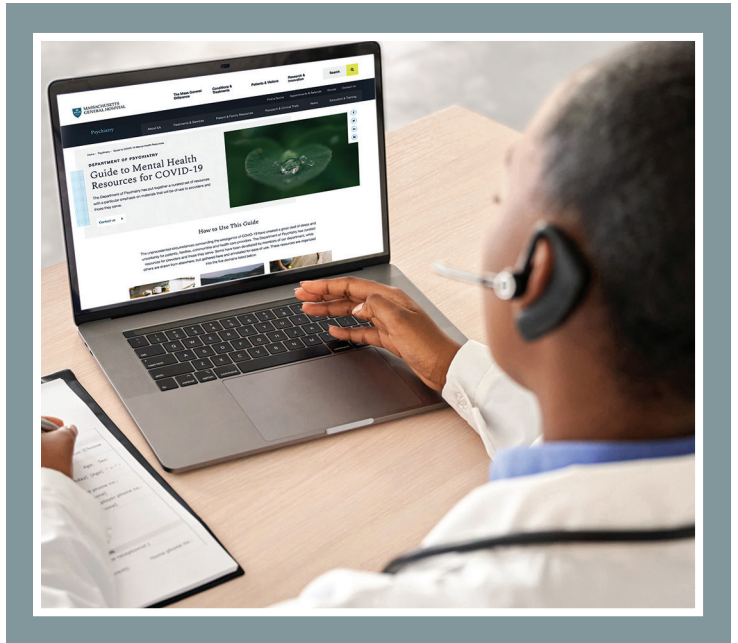
Obstacles removed

The pandemic, with lightning speed, changed the rules and removed the obstacles:

Insurance Reimbursement. Insurance companies now reimburse virtual care — computer and phone — at in-person rates. For the first time, a phone call is counted as a patient visit to expand access to care for as many people as possible and to ensure privacy. “The equity issue pushed it forward,” says Dr. Wozniak.

Patient Location. Restrictions on virtual care for patients who live in other states where clinicians do not have a medical license have been lifted for the most part. “It was considered practicing without a license,” Dr. Wozniak says. The issue had been particularly challenging for an academic medical center like Mass General, which serves patients in different parts of the country.

“It is changing the way we practice,” says Gagan Joshi, MD, director of the Autism Spectrum Disorder Program and medical director of the Alan and Lorraine Bressler Clinical and Research Program for Autism Spectrum Disorders. Medicine in general, he observes, is notorious for not keeping up with technology. “We were paper and pen five years ago.” Like his colleagues, he credits the department’s visionary pilot program for preparing them for their virtual future.



Expanding access, shattering stigmas

Telepsychiatry is a model that can increase access to care and reduce the stigma of mental illness, clinicians say, even with the inequities posed by the lack of high-speed internet or computers in underserved communities.

“One of our biggest problems in psychiatry is access,” says Dr. Wozniak. “How hard is it to get your doctor on the phone to ask questions? Virtual visits allow us to have briefer, but more frequent contacts during many parts of a person’s illness, which is really the ideal way to care for someone.”

Says Dr. Joshi, “If a patient calls with a crisis, I just schedule a virtual visit right away. And I see and talk to them right away. There is an ease of availability.”

Connie Sullivan, whose 22-year-old daughter, Christine, is a patient of Dr. Joshi’s, describes the visits as “efficient,” adding, “we do get to the heart of the matter very quickly, but they are never abrupt or lacking in patience and warmth.” Dr. Joshi uses FaceTime to visit with Christine on her cell phone. Connie is taken with his ability to read her daughter’s expressions so easily. “She misses him very much,” Connie adds. “We miss the hugs, the personal, hands-on touch. But she knows he’s there.”

Dr. Wozniak believes telemedicine is tearing down barriers to care. “This concept of walking into an office with the sign ‘Psychiatry’ on the door can make people self-conscious and prevent them from getting care, especially for our colleagues who work at the hospital in other departments,” she says. “As much as we in psychiatry feel there should not be any stigma associated with seeking treatment, we have to admit, in our society there is still a lot of stigma,” she says.

In many ways, telemedicine is the 21st century version of the home visit. Seeing patients in their home environment, not to mention their pets, family members and dishes in the sink can be enlightening. Virtual visits are especially helpful with some issues, such as obsessive-compulsive disorder: *Here are the doorknobs I won't touch. Here is the light switch I can't stop flicking.*

Another plus: improving the speed and efficacy of treatment. Virtual visits have led psychotherapists to consider, would it be useful to do cognitive behavioral therapy every day for five days, instead of once a week for five weeks?

Challenges remain

On the flip side, privacy can be an issue, especially for patients who don't have a separate space. One concern: who else in the house can hear the confidential conversations of doctor-patient? When might a relative walk in on a session? "I don't call the landline, in case somebody yells out, 'hey, it's your psychiatrist

calling!' No one wants to hear that," Dr. Joshi says.

Other downsides include the inability to fully assess a patient's physical status, from weight gain or loss, to a hand tremor or other medication side effects. The lack of eye contact, a key part of a mental status exam, can be a challenge. A teenage patient of Dr. Wozniak's always had difficulty engaging in therapy. But now, when this youngster is done talking, she just gets up and walks away from the computer or clicks the off button. "In the office, there are less distractions, there is a feeling of intimacy that can't be replicated on video, and the patient is more of a captive audience," Dr. Wozniak says.

The positives of virtual care far outweigh the negatives, patients and their doctors say. "Patients have been overwhelmingly grateful for these visits," says Anne Emmerich, MD, a staff psychiatrist who assists department faculty with telehealth technology. "We were able to provide uninterrupted care in the middle of a pandemic."

"I'm seeing advantages that frankly didn't exist before."

A First-Person Clinician Perspective

Psychologist Douglas Katz, PhD, is director of psychology at the Dauten Family Center for Bipolar Treatment Innovation at Massachusetts General Hospital

In the back of your mind as a clinician, you always wish you could see what is going on in a person's life. If you could see their natural environment, you feel you could help them move forward more effectively. Now we can do that with telehealth.

I have been pleasantly surprised by how helpful it has been.

For a lot of people with serious mental health problems that impact their functioning on a day-to-day basis, they feel less alone now. Because in some sense, the whole world is living in ways that more closely resemble how they have been living for some time. I have people say, 'I actually feel better equipped to manage this period than a lot of my friends and family who don't suffer from mental illness because I know what it's like to feel like you really can't go anywhere or do much of anything. I know what it's like to have intense anxiety and dread. I have skills that people who are new to these feelings don't have.' That has improved the esteem of some of my patients.

It can be a herculean task for someone in the middle of a serious depressive episode to get to the office. Simply getting out of bed and dressed and getting teeth brushed can feel like



Douglas Katz, PhD

climbing a mountain. For them, it is a relief that their treatment is so easy to access. Significant late cancellations or no-shows among people with major depression have simply evaporated.

As somebody who practices a lot of cognitive behavioral therapy, I am always trying to get patients to do behavioral experiments to test out their beliefs. If a depressed person believes, 'I'm too depressed to get my laundry done,' I make a plan in the office for how they are going to test that belief. But now, I am essentially in their home with them. I will say, 'alright, I am going to wait here, and I want you to go into your room and get all of your laundry and put it in the basket and bring it back here, sit right down and we'll go from there.'

People with a lot of anxiety will engage in avoidance. They push away and avoid things that bring that anxiety. I'm concerned about patients who literally haven't set foot outside their homes in weeks. One unique thing about the coronavirus, most of the time when there is a trauma or crisis of some kind, it passes. And then you can say to people, ok, the danger has ended. Now we are telling people we can't guarantee it.

So, I will do virtual exposure therapy with people. I will ask them to use their phone and we'll go outside. We go through everything, 'put on your mask, let me see it, does it feel ok. Show me where we are going.' Those are things that you would never have been able to accomplish. Exposure therapy for anxiety is one of these things that is incredibly effective but hard to get people to do. Especially on their own.

I do miss the in-person experience with people. I would not want to give up office visits entirely, because they have value that can't be replaced. But I no longer feel that is the only way to deliver effective treatment. And I would even say that some blend might actually be advantageous. With telehealth I'm seeing advantages that frankly didn't exist before.

Leadership Council for Psychiatry 14th Annual Seminar and Dinner

On February 27, the MGH Leadership Council for Psychiatry held its 14th annual seminar, hosted by Michele and Howard Kessler in Palm Beach, Florida. The event included talks entitled 'Does Depression Predict Dementia?' by Jennifer Gatchel, MD, PhD; 'Ketamine: From Research to Clinical Practice' by Cristina Cusin, MD; 'Transitional Age Youth and Behavioral Health' by Timothy Wilens, MD; 'CBD (That's Cannabidiol) and the Growing Epidemic of Teen Vaping' by Eden Evins, MD, MPH; and a patient's "Story of Recovery." With 90 active members from 20 states, the council's mission is to expand awareness of mental illness, reduce stigma and advance research and clinical care through support of Mass General Psychiatry.



Heidi Cox and Laurie and Jim Carney



Maurizio Fava, MD, Michele and Howard Kessler, Jerrold Rosenbaum, MD



Abra and James Wilkin



Rex Hamilton and Lee Cohen, MD



Mary Jo and Don Chapoton



Nancy Jones, Timothy E. Wilens, MD, and Tanglely Lloyd



Michele Rollins and her daughter, Michele



Carroll M. Carpenter, Lee Ann Ingram, and Mary M. Morse

The Power of Empathy in Health Care

A Q&A with empathy researcher Helen Riess, MD

How did you develop your passion for your life's work?

It stems from growing up in the shadow of my father's trauma. His parents were executed by the Tito regime in Yugoslavia in World War II when he was just 14 years old, and he never truly recovered.

What does it mean to have empathy?

Empathy starts with opening your eyes. When I worked in Africa, I learned that the Zulu tribe uses the word, 'sawubona'—for 'hello'. It means 'I see you.' Every human being has a longing to be seen, understood and appreciated.

Empathic care ensures that the emotional needs, along with the physical needs, of patients and families are recognized and addressed. My father had never healed from the trauma of losing his parents. In his final moments, I held his hand and, said, "Your parents are going to be so happy to see you on the other side." His face softened, his breathing slowed and he passed away, just minutes after I arrived at his bedside in Oregon. I'll never forget the empathic words of his nurse, Theresa, who said, "You know, he was waiting for you."

What can we learn about empathy from brain imaging?

Increasing evidence suggests that empathy is hardwired into the brain. For example, one group of subjects have their brains scanned while their fingers are pricked by needles. The precise brain regions involved in the perception of pain can be seen clearly in the scan. Then, another group of subjects have their brains scanned while observing a video of the pin prick. In this second group, the same areas of the brain are activated, but not to the same extent as the first group.

That is both remarkable and useful. If you were to experience the full and complete degree of pain of the victim just by observing their experience, empathy would be thwarted. Guess whose pain you'd be focused on then? Your own.



Helen Riess, MD, is the founder and director of the Empathy and Relational Science Program at Massachusetts General Hospital and an associate professor of Psychiatry at Harvard Medical School. Her work has been featured in professional journals and media throughout the U.S.; her book, *The Empathy Effect*, is licensed in ten foreign countries; and her TEDx Talk, *The Power of Empathy*, has received more than 550,000 views.

Can you describe the value of empathy in health care?

Empathic patient-physician relationships increase the likelihood that patients will adhere to treatments and have better health outcomes. These relationships also lead to fewer medical errors and malpractice claims.

and refine the healing process through awareness of self and others' emotions and self-management strategies. We also teach perspective taking, which means viewing patients' experiences through their spectacles, instead of our own, which opens up a vast opportunity for understanding them.

How has Covid-19 affected your work?

During the Covid-19 pandemic, our team has focused on several research studies including the importance of empathy in the organ donation conversation; reducing burnout among caregivers; and examining the impact of the patient-health provider relationship on health outcomes. Future research could examine the effects of empathy on length of hospital stays and re-admission rates.

What's interesting about the research is that it has become clear that we are linked to each other's experiences and pain. Empathy literally binds us together and primes us to help each other. Not to put too fine a point on it, without empathy and compassion in a pandemic, it would be difficult if not impossible for us to survive as a community.

People have faced many crises throughout history. It's not the 'survival of the fittest,' but cooperation, collaboration, love, meaning and purpose that gets us through.

"Increasing evidence suggests that empathy is hardwired into the brain."

— HELEN RIESS, MD

I've found that there can be a decline in empathy during medical education that persists beyond training — this is often referred to as "burnout" or "compassion fatigue." Caring for people who are suffering emotionally and/or in physical pain can be overwhelming for the caregiver who may become distant or hardened in response.

Training is key. Our team's work focuses on training in non-verbal communication skills, which can significantly enhance physician empathy in such a way as to protect the caregiver

If you do not wish to receive certain or all fundraising communications from Mass General, please call 877-644-7733, or visit giving.massgeneral.org/com-pref.

New Tax Laws Encourage Giving

The Covid-19 pandemic poses complex challenges for all of us. But through it all, one thing remains steadfast and strong: Massachusetts General Hospital is here for you under any conditions.

Like any significant moment in our lives, the pandemic forces us to look at our long-term goals. If structuring your charitable giving plan for Mass General is one of your goals, now is an ideal time to think about your legacy at the hospital.

Most immediately, the Coronavirus Aid, Relief, and Economic Security Act—the CARES Act—spells out new tax rules for charitable giving this year.

Here's what you need to know:

- First and foremost, talk to your financial and tax advisors to confirm your best strategy.
- If you itemize deductions on your taxes, this year you can deduct cash gifts to Mass General up to 100 percent of your 2020 income. In theory, it means that you could reduce your federal income tax to zero. But remember, because federal income tax rates are progressive, you should work with your advisors to learn if this will work for you.
- If you do not itemize your deductions, you may reduce your taxable income by up to \$300 per tax return by making charitable contributions in 2020.

For more information on creative ways to make an impact with your charitable giving, please contact: Office of Planned Giving, 617-643-2220, mghdevpg@partners.org, or visit: giving.massgeneral.org/charitable-giving-2020



SAVE-THE-DATES

Register Today: Patient and Family Education Programs

The Massachusetts General Hospital Department of Psychiatry invites you to attend free, online educational sessions designed exclusively for patients, families and friends.

Dauten Family Center for Bipolar Treatment Innovation Bipolar Education Day

Start Date: September 21, 2020

This online event will provide an opportunity to learn about bipolar treatment and innovation from academic clinicians and how to become actively involved in the treatment of someone you care about. Four modules will be available from Sept. 21 to Nov. 21.

Module 1: Pediatric Bipolar Challenges and Updates

Janet Wozniak, MD
Q & A Call-in: Oct. 5, 2020
4 to 5 pm

Module 3: Treatment of Mania and Psychosis

Masoud Kamali, MD
Q & A Call-in: Nov. 2, 2020
4 to 5 pm

Module 2: Psychosocial Interventions for Bipolar Disorder

Douglas Katz, PhD
Q & A Call-In: October 20, 2020
4 to 5 pm

Module 4: Treatment of Bipolar Depression

Andrew A. Nierenberg, MD
Q & A Call-In: November 16, 2020
3 to 4 pm

Schizophrenia Education Day

Date: November 14, 2020. 9 am – 12:15 pm

This symposium will be a live-streamed event, offering an update on recent clinical findings and important information for patients with schizophrenia and their families. The topic of the morning session is titled, "Serious Mental Illness During a Pandemic." The afternoon session will feature a talk on "Patient and Clinician Experiences During Covid-19."

Pre-registration is required for these events. Please call 866-644-7792 to register.

For more information about the patient and family education series, visit www.mghpatientfamily.org.