Team-driven care
Ambulatory Practice of the Future now accepting new patients

AFTER A SUCCESSFUL FIRST YEAR of providing MGH employees and their dependents with team-based primary care, the Ambulatory Practice of the Future (APF) is growing – and accepting new patients. J. Benjamin Crocker, MD, assistant medical director of the APF, talks about practicing at the APF and why patients are such important members of the APF team.

Q: Tell us about yourself. Where did you receive your medical training? How long have you practiced at the MGH?
A: I’ve been a staff primary care physician at the MGH since 2001. After attending UMass Medical School, I completed my residency and chief residency in internal medicine at Boston Medical Center. Until I joined APF in June 2010, I was practicing with Internal Medicine Associates at the MGH.

Q: Why did you choose primary care as your specialty?
A: I think it has everything to do with being able to meet people just where they are over the course of their adult lives – be they young, early in their career, parents, seniors – and connecting with them around sickness and health in deeply personal and meaningful ways. It’s a precious privilege and honor to stand with patients in some of their happiest and darkest moments of health and life.

Q: What was it about the APF that made you want to be part of the team?
A: I have been passionate about team-driven care for a number of years, and at a time when our field is struggling to survive, I saw the APF as a unique opportunity to be a part of the radical change necessary to redesign the primary care environment. This team is proud to work together and cares for each member’s ongoing growth and development. (Continued on page 3)

Six Flags brings summer smiles to MGHfC patients

TWO FUZZY FRIENDS from Six Flags New England – Bugs Bunny and Tweety Bird – stopped by MassGeneral Hospital for Children (MGHfC) on July 25 to brighten the day of pediatric patients. Visiting the Ellison 17 and 18 playrooms and about 20 patient rooms, the characters handed out free tickets to Six Flags New England and superhero capes.

“Bugs Bunny came to visit me,” said three-year-old Henry Geis, an MGHfC patient. “He gave me a Scooby-Doo cape. He poked my nose, and I poked him back – he made me laugh!”

The visit was coordinated with the help of MGHfC child life specialists. In addition, several Six Flags New England staff members, including park president Jason Freeman, escorted Bugs and Tweety.

“We were very excited to visit with the children, family members and staff,” says Freeman. “Anytime we can bring a smile to someone who needs it gratifies our whole team. We look forward to future visits.”
New approach to treating preeclampsia appears promising

A NOVEL THERAPY that reduces blood levels of a potentially toxic protein in women with preeclampsia, a dangerous complication of pregnancy, may someday address the therapeutic dilemma posed by the condition — balancing life-threatening risks to the mother with the dangers early delivery poses to a fetus. “Introducing new therapies in pregnancy is uncommon because of the need to avoid extra risks to both the mother and baby,” says Ravi Thadhani, MD, MPH, of the MGH Division of Nephrology, co-corresponding author of the report published online in the journal Circulation. “In this paper we suggest that a disease affecting thousands of women around the world may one day be managed by the therapy we developed.

The ultimate cause of preeclampsia remains a mystery, but substances released by the placenta into the bloodstream may be involved. The current study focused on a protein called Flt-1 that blocks a major vascular growth factor and is elevated in the bloodstream of women with very preterm (before 32 weeks of gestation) preeclampsia. Thadhani and his colleagues adapted the blood-filtering technology apheresis to develop a method of rapidly removing soluble Flt-1 from the bloodstream and collaborated with researchers at two German hospitals on a pilot clinical study.

After the team showed the technology could safely reduce elevated Flt-1 levels in patients, five women who had developed preeclampsia at stages of pregnancy when delivery would be risky for the babies, received multiple treatments. While a group of women receiving standard preeclampsia treatment required delivery an average of 3.6 days after hospital admission, the pregnancies of the five treated women were maintained for two to three weeks. Their babies still were born early but had no major complications. “An attractive feature of our approach is that it is based on removing something instead of on giving a drug, which means it can be carefully controlled and, if necessary, quickly turned off,” Thadhani says. “While this study is too small to allow us to say that our treatment was responsible for extending these patients’ pregnancies — that will require a larger, randomized clinical trial — this first step holds promise.”

VERI-Safe Patient Care campaign to kick off

MEDICAL IDENTITY THEFT is a growing problem across the nation. On Aug. 30, the MGH will kick off the VERI (Verify Everyone’s Identity)-Safe Patient Care campaign, a hospitalwide effort to improve patient safety and prevent medical identity theft. When checking in for ambulatory practice visits, inpatient admissions and surgery, patients will be asked to provide government-issued photo identification (ID) such as a driver’s license. If the patient does not have an ID, he or she will be reminded to bring it for all future appointments and will be asked an additional verification question.

“While this new step will allow us to better protect our patients’ information, no patient will ever be refused care if he or she does not have a photo ID,” says Mark Haas, associate director for Health Information Services.

VERI-Safe Patient Care campaign signs will be prominently displayed at check-in sites throughout the MGH and affiliated practices. For more information about the implementation of this campaign, contact Andrea Gagné, senior project manager for Admitting and Registration Services, at acgagne@partners.org or Kristin A. Smith, senior project manager for the Practice Improvement Division, at ksmith21@partners.org. For more information about medical identity theft, contact Haas, at mhaas@partners.org.

The buzz on caffeine and fertility

IT’S A DAILY RITUAL for many: a steaming hot cup of joe to kick off the morning. Coffee is one of the most popular beverages in the world. Americans drink more than 400 million cups a day, and women comprise roughly half of that consumption. But is coffee — and the caffeine in it — safe? It’s a question often asked, especially by women concerned about how caffeine affects their fertility.

Aaron K. Styer, MD, a fertility specialist and associate director of the Basic Science Research Program for the MGH Reproductive Endocrinology & Infertility Fellowship, says that, so far, there is no clear answer. Some studies have shown an association between caffeine and infertility, while others have not demonstrated any obvious adverse effects on a couple’s ability to conceive.

A study published this year in the British Journal of Pharmacology highlights a potential role of caffeine in reducing fertility and delaying conception in mice by slowing the transport of the egg through the fallopian tube. But a 2009 study by investigators at the Harvard School of Public Health followed 18,000 women for eight years and did not find that caffeine intake impaired ovulation to the point of decreasing fertility.

“The majority of previous studies analyzing the association between caffeine and fertility are retrospective and employed many different study designs,” Styer explains. “As such, there are inherent biases and study flaws that may contribute to a lack of consensus.”

The lack of consistent findings is frustrating to both practitioners and patients, leaving many wondering what to do. Styer advises pregnant women and women trying to become pregnant that they can consume caffeine in moderation until consensus is reached.

“For now, we can rely on expert opinion, which suggests that moderate caffeine consumption — one to two cups of coffee per day or its equivalent before or during pregnancy — has no apparent negative effects on fertility or pregnancy outcomes,” he says. “As with anything in life, everything in moderation — including caffeine.”
Diabetes care redesign recommendations ready to be implemented

Teams of experts from the MGH and other Partners affiliates are focusing on improving patient care, and an initial group of five teams has developed recommendations for colon cancer; coronary disease; specifically acute myocardial infarction and coronary artery bypass graft surgery; diabetes; primary care; and stroke. In May, the recommendations were reviewed and approved by leadership, and the teams now are moving forward with implementation. This is the first in a series of articles MGH Hotline will publish detailing the efforts of several of these teams.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) data indicate that nearly 26 million people in the U.S. are affected by diabetes. David Nathan, MD, director of the Diabetes Center at MGH and co-chair of the Partners Diabetes Redesign Initiative, describes diabetes as a major chronic health issue that differs from other acute conditions like heart attacks, strokes and colon cancer. Diabetes care is provided by many health care professionals, which makes redesign challenging but needed. Direct and indirect costs of the disease combined hover around $200 billion a year.

“Diabetes is the most common cause of blindness, kidney failure and amputations and increases the risk for heart disease by two to five fold,” says Nathan. “The management of blood glucose, blood pressure and lipid levels reduces the risk of developing these long-term complications, including cardiovascular disease, but the challenge is to maintain, or even improve our care, at lower cost,” he added.

The Partners Diabetes Redesign Team has offered a number of recommendations, approved by Partners leadership. The recommendations are aimed at improving care for patients with type 2 diabetes, the most common form, but at lower cost. During the next three months, Nathan’s team and physicians, nurses and other diabetes leaders at Partners institutions will start implementing three major recommendations. In an effort to reduce co-pays, less expensive generic medications will be recommended for patients to treat their diabetes, hypertension and abnormal lipids (risk factors for the eye, kidney, nervous system and cardiovascular disease complications). In addition, Nathan says for patients who are treated with insulin, the only oral agent that is usually necessary is metformin, one of the oldest and least expensive diabetes medications. His team will suggest that health care providers transition type 2 diabetic patients on insulin plus metformin off other oral agents, which should lower pharmaceutical costs. Lastly, he says patients who are unable to achieve glycemic (glucose) control on more than two oral agents should be transitioned to insulin use, which should improve their glucose control and improve long-term health.

As the recommendations are put into effect, and more research is done – much of it at the MGH Diabetes Center – Nathan is optimistic managing diabetes will become easier and less expensive.

“The good news is that we now have the means of decreasing the development of type 2 diabetes and understand how to reduce its long-term complications substantially,” says Nathan.

For more information about the Partners Strategic Initiative and the other care redesign teams, access http://priorities.massgeneral.org

– APF

(Continued from page 1)

Q: How does the care team model at the APF differ from other primary care settings?

A: At APF patients are part of a team dedicated to their care. They help to create and drive the care plan, with personal wellness goals being an important part of that plan. The team members work very closely with each other to know and understand each patient and how each team member contributes to providing the highest quality of care.

Q: APF patients are encouraged to be active participants in their care. Why is this important?

A: Active participation means sharing responsibility for health and wellness management. Patients remain a relatively underappreciated resource to drive better health outcomes. Yet, if given the chance, they are often the most enthusiastic participants in their health care. When patients are more engaged in their own care, we believe they will make better decisions for themselves. Better decisions, we believe, will lead to better outcomes.

Q: Patient visits to the APF are scheduled to allow the physician more time with each patient. What are the benefits of this extra time?

A: For too long primary care providers have been struggling with the already disproven claim that we can get everything done in a 15 to 30 minute visit. We know that we are only fooling ourselves – our patients have known this for much much longer – and that the time needed to truly understand, counsel, and care for our patients is significantly more than what is typically allowed or reimbursed. Having enough time is critical for caretakers to learn, think about, and respond in a safe, efficient, and effective way to the variety of health issues addressed in a primary care clinic. Adequate time is vital to establishing communication, trust, shared decision-making and goal-setting with our patients. And that will affect health outcomes.

Q: If an MGH employee asked you for three reasons to become an APF patient, what would you say?

A: 1) We care for you with passion. Passion for who we are, for what we do, and for who we work with – including our patients. And we listen to you with patience.

2) We aim to be accessible when and where you need care, be it in person, or via “virtual” visits (messaging, phone or even webcam).

3) You have a unique opportunity to be a part of a real team effort in your care. Together we can make a bigger and better impact on your health and wellness.

To find out more about the Ambulatory Practice of the Future, visit www.massgeneral.org/apfpatientregistration.
PIE nomination period begins

ONLINE AND ON-PAPER NOMINATIONS are now being accepted for the 2011 Partners in Excellence (PIE) Awards. The annual awards program recognizes exceptional Partners employees and teams in the following categories: quality treatment and service, leadership and innovation, teamwork, operational efficiency and outstanding community contributions.

This year’s nominations are due by Sept. 16. To nominate an individual or team online, access http://pulse.partners.org/about/pie_about.htm. Paper nomination forms are available from managers and supervisors. The MGH 2011 PIE Awards Ceremony will be held in April 2012. For more information about the awards, email partnersinexcellence@partners.org or call 617-724-9743.

Clinical trials course
The MGH Clinical Research Program is offering “Design and Conduct of Clinical Trials,” a 14-session course on Tuesdays and Thursdays from Sept. 8 through Oct. 25 in the Yawkey 2 Conference Rooms. Theoretical and practical issues facing researchers will be addressed. For more information or to submit an application, visit http://crp.abstractcentral.org/catalog or contact Lauren Michaels at lmichaels@partners.org.

How to make a research poster
The MGH Photography Department and MGH Clinical Research Program are offering poster design classes for those who have submitted abstracts for Clinical Research Day. Classes will be held on Sept. 7 from 8:30 to 9:30 am, and Sept. 19 from 4 to 5 pm in Simches 3.120. These sessions have been developed to provide an overview of the poster design process and give researchers an opportunity to have their questions answered. Registration is required. To register visit http://hub.partners.org/catalog. For more information, contact Lauren Michaels at lmichaels@partners.org.

Lunder Building improvements

Q. Is the construction at the MGH front entrance related to the opening of the Lunder Building?

A. Yes. The enhancements to the sidewalks and the White ramp began in July after the emergency ambulances moved from the White Ramp to the covered ambulance bay in Lunder. The sidewalk along the Wang Ambulatory Care Center that leads to the White Lobby was closed to allow workers to adjust the slope of the sidewalk. The incline of the White Ramp was lowered for the benefit of individuals with accessibility needs and to assist in the movement of wheelchairs. The White Ramp and Fruit Street will receive a final coat of asphalt in the next few weeks. When the White Ramp reopens, the patient drop-off area will return to the top of the White Ramp. Patient pick-up will remain at the Wang Lobby.

Bicentennial CORNER

THE EGYPTIAN MUMMY PADIHERSHEF is the Ether Dome’s most famous resident, but he has a lesser-known roommate who also was an early gift to the hospital. The plaster statue of Apollo in the Ether Dome was given to the MGH by statesman and orator Edward Everett in the 1840s. It is a copy of the original Apollo Belvedere, a sculpture unearthed in Rome during the Renaissance. Napoleon looted Rome in the early 19th century and took the Apollo Belvedere from the Vatican to the Louvre in Paris. The Louvre made and sold plaster casts of the statue, one of which Everett bought and shipped back to Boston. The English sea captain and novelist Frederick Marryat, visiting America a few years before the donation, described a visit to Everett’s home, where the statue was draped to cover its nakedness. Marryat decreed the covering as an example of the prudishness of otherwise educated and open-minded Americans.

Emery Brown, MD, PhD, of MGH Anesthesia, Critical Care, and Pain Medicine, received the 2011 Jerome Sacks Award for Cross-Disciplinary Research from the National Institute of Statistical Sciences (NISS), during the annual Joint Statistics Meeting held on August 1 in Miami. This award recognizes sustained, high-quality cross-disciplinary research involving the statistical sciences.