

MIT Medical

MIT Medical is a health care facility and multispecialty group practice serving the Institute community. In addition to providing medical care, MIT Medical plays an increasing and evolving role in maintaining and improving the health and safety of the MIT community. Approximately 360 individuals at MIT Medical provide medical care, public health services, and health and wellness services for MIT's 22,000-member community of students, faculty, staff, retirees, and their families.

In addition to the MIT traditional health plan, MIT offers employees a Blue Cross Blue Shield (BCBS) health plan, MIT Choice. Subscribers to the MIT Choice plan have the option of selecting a primary care provider (PCP) at MIT Medical or from among BCBS-participating clinicians in the community. Each covered family member can select the PCP of his or her choice. This allows some family members to receive care at MIT Medical and others to receive care at facilities closer to where they live, work, or attend school. More than 1,000 Choice plan members have chosen PCPs at MIT Medical.

Although the number of primary care visits has remained unchanged, our total number of care encounters has increased. This includes face-to-face encounters and communication by telephone, as well as asynchronous online communication through our secure patient portal, Patient Online, which is consistent with the transitions in health care delivery occurring both nationally and locally.

The getfit@mit program continues to grow. In addition, wellness programs are under development at Lincoln Laboratory and on campus in cooperation with MIT Facilities and the Office of the Dean for Student Life. These endeavors are part of the development of a platform that will allow us to create programs to enhance the health and wellness of the MIT community. Our Community Care Center provides and coordinates care for MIT students as well as employees, family members, and retirees who receive their primary care at MIT Medical.

Our electronic medical record system has been enhanced to meet federally defined "meaningful use" requirements. Additionally, we completed several major construction projects in our physical space during FY2012. Along with improving the atmosphere and workflow, major infrastructure renovations were completed with no interruptions in patient care.

As in FY2011, we continue to be guided by our five mission pillars:

1. Ensuring access to care
2. Maintaining clinical quality
3. Enhancing community wellness
4. Managing health care costs
5. Advancing diversity and inclusion

In addition, as part of an ongoing strategic planning process, we have added three new focus areas:

1. *Health care reform:* We are preparing for changes in health care delivery and financing that may develop in the face of federal and state legislation.
2. *Talent management:* We are assessing the evolving and future staffing needs of MIT Medical. In addition, we have started planning ways to support the development of current staff.
3. *International MIT:* The increasingly international aspects of MIT activities have important health and wellness impacts. We are working to ensure the health, safety, and wellness of our community in Cambridge and beyond.

Clinical Services

During FY2012, MIT Medical conducted nearly 125,000 visits at our Cambridge and Lexington campuses, including services for employees of Lincoln Laboratory, Draper Laboratory, and the Whitehead Institute. Approximately 6,000 of those visits occurred at our Lincoln Laboratory facility, which primarily delivers care to MIT community members who live or work in the Lexington area. The following table details our clinical visit statistics by patient demographics.

Visits to MIT Medical, FY2012

Patient Population	Number of Visits
Students, affiliates, and family	56,821
Faculty, staff, and family	53,702
Retirees and family	9,254
Others	1,730
Total	124,507

Adult Primary Care Medical Service—Howard M. Heller, MD, MPH, Chief of Medicine, and David V. Diamond, MD, Associate Medical Director

Strategic Focus

The Adult Primary Care Medical Service of MIT Medical aims to provide high-quality and cost-effective primary care to our patients and to coordinate their specialty care. We support and contribute to health promotion for our patients and the MIT community. Beyond their clinical roles, clinicians in the Medical Service provide clinical and organizational leadership and consultation both within MIT Medical and to the MIT community.

The primary strategic focus for FY2012 was to continue to enhance access to care by improving the appropriateness and timeliness of appointments.

Accomplishments

MIT Medical has started to evaluate possible age, gender, and racial/ethnic disparities in care for certain clinical indicators, such as breast cancer screening, colon cancer screening, and diabetes management. Two new multidisciplinary working groups were established to address the needs of special patient populations: the Transgender Care Group and the Weight Management Group.

The clinical dashboard implemented in 2005 provides web-based views for tracking quality of care, including disease, drug, and practice management. Through use of the dashboard, we have been able to assess several indicators of clinical performance. We have seen steady improvement in all clinical indicators, including breast cancer screening, colon cancer screening, influenza immunization for patients over the age of 65, and pneumococcal immunization. Performance rates continue to meet or exceed those of other medical groups used as benchmarks. Our colon cancer screening rate has increased 19.6% in the past five years.

The department remains at the forefront in implementing and utilizing the electronic medical record (EMR), which incorporates all medical records, laboratory results, prescribing, encrypted email messaging, and appointment scheduling. Electronic prescribing is at 100%, and patients' use of secure encrypted email messaging has increased by 96% in the past year.

Two new primary care physicians, one of whom also serves as medical coordinator for Urgent Care, were successfully recruited during FY2012.

Initiatives

A primary focus for FY2013 will be to continue to provide the same level and quality of care and services to the MIT community. As in the past, we will closely monitor access to care and quality of care. In addition, we will continue evaluating possible disparities in care areas; if disparities are identified, we will develop action plans to address them.

We will continue to promote wellness in the MIT community in collaboration with other groups, including Community Wellness at MIT Medical, MIT's Emergency Operations Committee, and MIT Human Resources.

Community Care Center—Janis Puibello, MS, FNP-BC

Strategic Focus

The Community Care Center (CCC) coordinates medical services and resources at MIT Medical, elsewhere on campus, and in the larger community to make sure patients receive the care they need from hospital to home. Nurse care managers in the CCC help arrange home care services, transportation to medical appointments, outpatient rehabilitation services, and home medical equipment and supplies. When appropriate, "house calls" will be made to sick students in their dorm rooms. In addition, the CCC provides on-site care, including infusions, observation, and postprocedure and wound care.

Accomplishments

During FY2012:

- The CCC nurse care managers made 1,493 unique patient contacts.
- Each morning, nurse care managers reviewed overnight phone calls from patients by going over reports from FONEMED, our overnight phone-triage service. A total of 353 calls were reviewed to ensure appropriate follow-up care, if needed.
- A total of 427 patients received direct nursing care in the CCC. This included medication infusions, observation, wound care, intravenous hydration, therapeutic phlebotomy, voiding trials, bladder scans, and other direct nursing treatments.
- The nurse care managers attended weekly meetings with the dean for student life, Student Support Services, and the dean for undergraduate education to establish a closer working relationship and increase communication regarding the care of students who were recently hospitalized or had other health issues that needed medical intervention.
- Nurse care managers initiated “home visits” to ill students living in campus housing.
- CCC staff managed and staffed campus-wide flu clinics.
- CCC staff, in coordination with MIT Medical’s Pediatrics Service, developed a private area on MIT Medical’s fourth floor for breastfeeding mothers.

Initiatives

In FY2013, we plan to:

- Integrate a new nursing coordinator into the CCC, starting in September 2012
- Develop a closer working relationship with Community Wellness at MIT Medical to enhance outreach to the student community
- Explore other clinical interventions and procedures that can be performed in the CCC by nurse care managers, bringing value to our patients and saving health plan dollars
- Continue to build a relationship with residential life staff and MedLinks, so we can act as liaisons to MIT Medical and as a clinical resource for education and communication on issues such as communicable disease outbreaks and influenza immunizations
- Initiate nurse care manager rounding of hospitalized MIT Health Plan patients and students and develop a process for evaluating its value to patients and providers

Dental Service—Grace M. Collura, DMD, Chief

Strategic Focus

The Dental Service at MIT Medical is committed to the improvement of oral health and hygiene through preventive care, emergency treatment, and maintenance. Our team of dental professionals works to identify oral disease in order to improve dental health and overall general health.

The primary goal of the practice is to deliver the highest level of patient-centered care for students, faculty, staff, and their families to promote good oral health. Since dental care and medical care are coordinated in one system, patients are afforded the unique opportunity to receive integrated treatment on campus. With recent medical studies continuing to link dental care to overall health, we are pleased to offer such comprehensive services at MIT Medical.

Accomplishments

We continue to focus on improving operations and efficiency through integrating technological advancements into our practice. In FY2012, we purchased intra-oral cameras and fluorescence technology cavity detectors. In addition, our annual electronic dental software system upgrade resulted in further improvements in efficiency, diagnostic ability, and overall service production.

Direct patient care continued to be our priority in FY2012. Our dentists continued to be active members of the community, supporting MIT's strategic initiatives in health promotion and wellness. Our clinicians participated in preprofessional student advising, the Joint Commission Work Group, the Tobacco Treatment Work Group, and the Health and Wellness Fair.

Initiatives

During FY2013, we plan to:

- Begin preparing renovations of individual patient-care areas: Goals include integrating new technology and, with the help of an ergonomic specialist, making each area more efficient for dentists and technicians to use and more comfortable for patients.
- Continue exploring the option of introducing digital impression technology into our practice: This technology would allow our dentists to take digital scans of a patient's bite and teeth rather than using traditional dental paste. Advantages include better precision, increased patient comfort, and higher-quality dental restorations (crowns, bridges, etc.), eliminating the frequent need to redo impressions. And because scans can then be sent electronically to the dental lab, patients will get their restorations more quickly.

- Integrate the intra-oral cameras and cavity detectors into patient care areas: Not only is this technology more accurate than traditional dental x-rays, but it also will serve as an educational tool for patients, who will be able to clearly see areas of tooth decay and other oral conditions. This should make patients more willing to accept treatment plans, which will increase revenue generation.

Eye Service—Robert B. Gross, OD, Chief

Strategic Focus

The MIT Medical Eye Service strives to provide prompt, courteous, comprehensive eye care of the highest quality to the MIT community. We are a full-service eye care center offering:

- Comprehensive optometric examinations
- Ophthalmologic consultation and treatment
- Contact lens services
- Eyeglass services (at MIT Optical)

Accomplishments

Our major accomplishment this past year was the purchase and implementation of a fully functional EMR for eye care (Medflow). After many hours of training and configuring, the system went live in March 2012. The Medflow EMR application is fully integrated with MIT Medical's EMR and with the following digital devices:

- Optical coherence tomographer
- Heidelberg retinal tomographer
- Carl Zeiss Meditec vision field tester
- Topcon retinal camera

Images taken by these instruments are now filed directly in the patient's record and can be viewed on a single screen. This has reduced document scanning by 90%.

In an effort to minimize vision loss in patients with diabetes, the Eye Service, in collaboration with the Primary Care Service, has been tracking and reminding these patients to come for their annual eye exams. This process has now been computerized and automated so that this data can be accessed any time. Our compliance rate is now at 81 percent, much higher than other health care organizations.

MIT Optical recently celebrated its two-year anniversary in its new location in the Stratton Student Center. Internet eyewear purchases have soared in recent years—in a recent survey by Bain & Company, 21% of respondents said they are planning to buy their eyewear online—but MIT Optical continues to thrive. In fact, FY2012 was one of its most successful years ever.

Initiatives

As we become more comfortable with the new Medflow EMR, we will continue to use more of its available features. In September, we will begin using its recall system, which will remind us to call patients at the appropriate interval to set up routine yearly or biannual check-ups. We can also use the system to meet new governmental “meaningful use” requirements, which mandate that we collect specific information about each patient’s medical history during a visit.

As a group, we constantly monitor the rapidly changing landscape of detection and treatment of various eye diseases. When improvements become available, we will expand our practice to include whatever new techniques, knowledge, or equipment will best serve the MIT community.

Lincoln Laboratory/Lexington Facility—Deborah Sigman, APRN-BC, and Toby Walter, RN

Strategic Focus

MIT Medical/Lexington provides comprehensive, on-site medical care to Lincoln Laboratory employees and MIT Health Plan members and retirees at our west suburban site. Our staff includes a full-time family nurse practitioner, a family physician, and a triage nurse. Mental health clinicians are available on-site every Monday and Friday, and an occupational health specialist, David V. Diamond, MD, sees patients at the Lexington facility twice a month.

Our services include primary care, sick visits, emergency care for work-related injuries, on-site phlebotomy, point-of-care laboratory testing, EKG, Holter monitoring, and prescription drug pickup.

Accomplishments

Our accomplishments in FY2012 include the following.

- Development of a triage RN role: The nurse in this new position assesses patients either by phone or in person to identify health issues and treatment strategies and collaborates closely with clinicians in Lexington and Cambridge. This person is trained to determine if patients need emergency treatment or a same-day or future appointment. The nurse in this position also is responsible for all aspects of the Massachusetts Department of Public Health (MDPH) vaccination program. This includes updating providers about vaccine administration and guideline changes and being the point person for vaccine program recertification.
- Recertification by DPH for administration of childhood vaccines: This recertification, valid until 2014, allows us to continue to participate in the Massachusetts Vaccine Program and to obtain vaccines for eligible children free of cost. The recertification process included a site visit and a documentation audit for program compliance.
- Continued focus on health and wellness activities in close collaboration with Katherine Barlett, Community Wellness program manager.

- Installation of a blood-pressure kiosk on the Lincoln Laboratory campus that allows employees to check blood pressure on their own. Employees with blood pressure readings outside of the normal range are directed to the triage RN for further evaluation and possible treatment by a clinician.
- Administration of more than 2,000 flu vaccinations to employees of Lincoln Laboratory and their families, an increase of approximately 500 vaccinations over FY2011.
- Maintenance of close working relationships with Lincoln Laboratory administrative committees to address such issues as emergency preparedness and workplace violence prevention and response.
- Continued high Press Ganey patient satisfaction scores, reflecting our patient-centered focus and team approach to care.
- Certification of the triage RN as a breastfeeding counselor, allowing us to provide new parents with a service not previously available on-site.

Initiatives

In FY2013, we plan to:

- Transition the triage nurse to a practice coordinator position: With the retirement of our long-time nurse practitioner/practice coordinator in early August 2012, the triage RN will transition to the coordinator position and assume all administrative responsibilities for the practice.
- Hire a new family nurse practitioner: A full-time family nurse practitioner will begin work on August 6, 2012. The focus of this position will be patient care.
- Develop breastfeeding classes for expectant parents: We are working with Obstetrics and Gynecology (OB/GYN) at MIT Medical to offer these classes in Lexington.

Medical Specialties—David V. Diamond, MD, Associate Medical Director

Strategic Focus

The goal of Medical Specialties within MIT Medical is to provide convenient, cost-effective, and integrated specialty care for the most common specialty needs of our various patient populations. With the emergence of subspecialties in many clinical areas, it is impractical for us to provide expert care in all specialties within MIT Medical. Therefore, we have developed relationships with many highly regarded specialists in the Boston area.

We continue to develop specific written agreements with hospital and ambulatory testing sites to provide expedited access, testing, and reporting for expensive high-tech procedures at reduced cost to our patients and to MIT.

In addition, we closely coordinate care through the shared use of a uniform EMR and messaging system. We monitor access to care and patient satisfaction quarterly and remain at or above MIT community standards.

Accomplishments

In FY2012, we provided on-site specialty care in the following medical subspecialties: allergy, dermatology, pulmonary, cardiology, rheumatology, occupational and environmental medicine, endocrinology, sports medicine, infectious diseases, diabetes education, and neurology. We also continued to provide the following surgical subspecialties on-site: urology, ear/nose/throat, ophthalmology, and orthopedics.

Neurologist Davender Khera, MD, joined our on-site consulting staff during FY2012, replacing Cyrus Akbarian, MD.

All internal and external referrals are now processed through our EMR system, and a referral office has been established to facilitate scheduling and to follow up on all reports and results.

Initiatives

We will continue to monitor access to specialty care on a monthly basis and are developing community-based options with consultants as needed. During FY2013, we hope to initiate a system of soliciting patient feedback on referrals to outside consultants and facilities.

Mental Health and Counseling Service—Alan E. Siegel, EdD, Chief

Strategic Focus

The Mental Health and Counseling Service at MIT Medical addresses the mental health and counseling needs of the entire MIT community. We help people understand and manage personal problems and situational crises and learn strategies to cope with stress. By working closely with students who are having difficulty adjusting to college life, we enable them to take full advantage of the academic and social opportunities at MIT. Through our outreach and prevention activities, we provide information about how people at MIT can help individuals in distress and direct those in crisis to appropriate care.

Accomplishments

During FY2012, we focused our most intense efforts on helping members of the community who were most seriously affected by three student deaths. Our outreach activities increased throughout the year, and we focused on enhancing access to consultation and treatment. Even though we were without the services of four staff members at different times of the year due to illnesses and maternity/paternity leaves, we were able to provide service to more students than ever before, without making students wait to be seen.

The number of students served and the total number of visits increased during FY2012. In the fall term, we saw more than 25% of the student body. For the year, nearly 20% of the student body received services. In addition, walk-in visits increased 22% as compared with 2010–2011. During the fall term, there were increases of 36% for the months of October, November, and December. Participation in skill-building and treatment groups increased 22% as compared to 2010–2011.

Involvement with the larger MIT community remains an organizing focus of the service. After three student deaths, members of our staff were present in the residences, living groups, and affected department. Staff also provided introductory training on mental health problems and solutions for graduate resident tutors (GRTs) and resident advisors (RAs) and held regular meetings with students, housemasters, GRTs, and RAs in assigned residence halls and fraternities, sororities, and independent living groups. In addition, Mental Health and Counseling clinicians advised two student groups working on new peer-support programs and provided training in recognizing depression and distress for administrative staff from various MIT schools and departments.

We also participated in “When Support Gets Personal” training for staff and administrators, Human Resources “brown bag luncheons,” and our successful alcohol and drug educational program for students in Senior House prior to “Steer Roast” activities. In addition, we encouraged departments, residences, and programs to invite us to their lunches and meetings to share practical information and advice about helping others in distress.

Initiatives

During FY2013, we expect to expand our campus outreach activities, such as regular consultation with residential life staff (including the new area directors). We have become even more proactive by talking with residences, departments, and affinity groups about issues important to students, including depression, self-esteem and confidence problems, and relationships. As the two new student peer-support programs get up and running, our staff will provide consultation, supervision, and support.

Nursing Service—Jan Puibello, MS, FNP-BC, and Colleen McDonald, MS, FNP-BC

Strategic Focus

At MIT Medical, nursing is both a science and an art that focuses on promoting health and wellness within the Institute community. The Nursing Service at MIT Medical works in partnership with physicians and allied health professionals to provide care to our patients. Nursing care is provided by adult and family nurse practitioners (NPs), certified nurse midwives (CNMs), psychiatric clinical nurse specialists (PCNSs), and registered nurses in the Community Care Center and in the ambulatory setting. We continue to support MIT Medical’s strategic initiative to increase patient access to care and to provide additional student and community outreach.

Accomplishments

Primary Care

NPs in Primary Care, Urgent Care, and Pediatrics provided comprehensive primary care services to patients. This included care for acute and chronic illnesses or injuries, educating patients in health promotion and disease prevention, and working in collaboration with physicians. In FY2012, the Primary Care, Urgent Care, and Pediatrics advanced-practice clinicians provided a total of 18,973 visits.

We were able to fill the position vacated by a retiring Primary Care physician's assistant with an NP, bringing the number of NPs in Primary Care to four. All are formally designated and credentialed as primary care providers, and they accounted for approximately 35% of all Primary Care visits in FY2012.

Specialty and Subspecialty Care

NPs, PCNSs, and CNMs provided consultation, specialty, and subspecialty assessments and care, including group and individual counseling and therapy, medical screening and surveillance, sports medicine, obstetrical and gynecologic care, and community outreach. CNMs delivered 112 babies, representing 37% of total deliveries.

NPs provided a total of 6,479 visits to patients in Dermatology, Occupational Health, Orthopedics, Mental Health, and OB/GYN. Psychiatric nurse clinicians provided 2,778 visits.

Clinical Precepting

NPs and CNMs precepted eight advanced-practice nursing students from six different universities.

Minor Procedure Room

During FY2012, 225 procedures were completed in the minor procedure room, which is staffed by a part-time RN and supervised by the infection control nurse coordinator. The RN either assisted with or performed these procedures, which included minor surgery, cardiac stress testing, and pretest screenings. The RN also works with our diabetes educator and nutritionist to coordinate care and education for patients with diabetes.

Ambulatory Nursing

Ambulatory nurses provided 6,878 scheduled patient visits in FY2012 for immunizations, blood-pressure monitoring, education, and allergy immunotherapy.

A telephone triage initiative has helped patients get "the right care, in the right place, at the right time." On average, nurses are able to manage 15% of patients who call and request same-day visits with PCPs through home-care advice and next-day telephone follow-up. This increases the availability of PCPs to see patients who are acutely ill.

Primary Care triage nurses certified in anticoagulation manage the care of more than 200 patients. Over a single year, they assess more than 3,500 tests measuring anticoagulation blood levels and adjust medication when necessary. They also participate in patient education.

Primary Care NPs handle nearly 800 travel medicine visits yearly. NPs have expanded travel clinic care to include telephone evaluations for frequent travelers. They also provide group educational sessions to MIT programs involving group travel.

Both ambulatory nurses and Community Care Center nurse care managers participated in the Nursing Service's effort to vaccinate the MIT community against influenza. They conducted vaccination clinics at different sites throughout the community at different times for faculty, staff, students, retirees, and family members. Close to 13,000 individuals were vaccinated.

Initiatives

- *Recruitment:* We will recruit for a Primary Care NP, orient a new Primary Care NP at the MIT Medical/Lexington clinic, and orient new nursing coordinators in Lexington and at the CCC.
- *Public health:* We will continue our outreach initiatives in relation to influenza vaccinations.
- *Travel medicine:* We will develop travel clinics based on times of highest demand, increase travel-health group education, and refine visit types based on new and repeat patients.
- *Nursing Clinical Education series:* We will continue this series to help nurses learn more about evaluating and treating medical conditions often seen in primary care.

Obstetrics and Gynecology Service—Chana S. Wasserman, MD, Chief

Strategic Focus

MIT Medical's Obstetrics and Gynecology Service is dedicated to providing care to women from late adolescence through menopause. Working in collaboration with Primary Care, Surgery, the Mental Health and Counseling Service, and Community Wellness, we provide well-rounded and closely integrated care.

Our gynecologic services range from comprehensive offerings in birth control to management of menopausal issues. OB/GYN clinicians provide surgical services and collaborate with other laparoscopic and gynecologic oncology specialists. Obstetrical care includes options for midwifery or physician care. We collaborate with maternal fetal medicine specialists and reproductive endocrinologists at Mount Auburn Hospital, Beth Israel Hospital, Brigham and Women's Hospital, and Massachusetts General Hospital to provide high-risk obstetrical care and infertility services.

Accomplishments

During FY2012, there were 183 deliveries among MIT Medical patients, lower than in the previous two years but similar to FY2009. We had a record-breaking six sets of twins, bringing the number of total births to 189. The overall cesarean section rate (both primary and repeat) was 17%.

Chana S. Wasserman, MD, received the MIT Medical Infinite Mile Award for Clinical Excellence. Staff nominated for awards included Nicole Napier (Collaborative Effort Award, Individual Award), Eleashea Passley (Support Staff Excellence Award), and Jill Lamson (Patient Choice Award, Individual Award).

Napier was recognized in an article on the MIT News Office website for creating a referral system for OB/GYN that was used as the model for MIT Medical's new centralized referral office.

Nurse practitioner Kris Ruzycski, ANP-BC, began seeing patients for gynecological care in OB/GYN and also is training to perform colposcopy procedures.

The Joint Commission praised our tracking system for abnormal Pap tests.

We advised and precepted students and residents from local schools and hospitals, educated new MIT students and parents about MIT Medical's OB/GYN offerings, and served on a wide variety of committees at MIT Medical and affiliated hospitals.

Press Ganey patient survey results showed increased patient satisfaction in many areas, including ease of scheduling appointments, exam room comfort, helpfulness on the telephone, and promptness of returned phone calls.

In accordance with the MDPH Immunization Program, we offer Tdap (tetanus, diphtheria, and pertussis) and influenza vaccines to our obstetrical population and Tdap and HPV (human papillomavirus) vaccinations to our gynecologic patients. We now keep influenza, Tdap, and HPV vaccines in our area, making it more convenient and efficient to vaccinate patients. Ninety percent of our pregnant patients received the influenza vaccine in FY2012, compared with 67% nationally.

Initiatives

In accordance with new national recommendations, pregnant patients will be encouraged to receive Tdap vaccinations after 20 weeks. In addition, we are beginning a feasibility test of an electronic prenatal record.

We will continue trying to find a way to decrease patient wait time in exam rooms. The wait time in the reception area is relatively short, because medical assistants take patients into exam rooms almost immediately upon their arrival. Patients express high levels of satisfaction about this. However, when we shorten reception-area wait time by promptly taking a patient back to an exam room, she often experiences a longer wait time in the exam room. So the more satisfied a patient is with the reception-area waiting time, the more dissatisfied she is with the exam-room waiting time. We are currently brainstorming potential solutions.

Occupational and Environmental Medicine Service and Employee Health Service—David V. Diamond, MD, Chief, and Jacqueline Sherry, RNP, Clinical Coordinator

Strategic Focus

The goal of these MIT Medical services is to provide the best preventive, consultative, diagnostic, and therapeutic care for work- or environment-related illnesses and injuries that occur at MIT. We work closely with, and consult with, MIT's Environment, Health, and Safety (EHS) Office, the Security and Emergency Management Office, and the clinical staff of MIT Medical. We are continually fine-tuning our program to meet the ever-changing research environments and health needs of our community.

Accomplishments

Our primary project during FY2012 was a pilot program for biometric testing of employees within two administrative branches of MIT, the Division of Student Life and the Department of Facilities. We screened nearly 200 people and recommended healthful changes.

We worked with EHS and Human Resources to coordinate employee health and safety programs at MIT, including optimal management of work-related illness and injury. In addition, we participated in the AAALAC (Association for Assessment and Accreditation of Laboratory Animal Care) accreditation process for the Division of Comparative Medicine.

We reconvened the ad hoc ergonomic committee/campus-wide collaborative group, which includes representatives of MIT's Assistive Technology Information Center lab, EHS, MIT Medical, and the MIT purchasing office, to review data and changes in the program since its inception.

Initiatives

During FY2013, we plan to:

- Continue evaluating primary and secondary prevention programs, such as Know Your Numbers (biometric screening) and getfit@mit (MIT's annual fitness challenge), to look at the impact of lifestyle changes on health outcomes. We will undertake this effort in collaboration with Community Wellness at MIT Medical.
- Update ongoing medical surveillance programs to include biological materials and nanotechnologies.
- Develop educational and outreach programs for areas in which there is a high risk of injury.

Pediatrics Service—Jocelyn O. Joseph, MD, Chief

Strategic Focus

The Pediatrics Service team at MIT Medical provides health care for the children of staff and faculty, graduate student families, postdoctoral scholars, and visiting scholars. We offer families a caring and welcoming environment. Our goal is to honor cultural differences and respect diverse types of families while delivering outstanding pediatric health care.

Accomplishments

MIT Medical has created a designated, private breastfeeding room on the fourth floor of E23. It has been greatly appreciated and much used by many mothers and babies. Since most mothers want to feed their babies after clinical visits, having this room available outside of Pediatrics improves our patient flow. The MIT Work_Life Center has recognized our efforts to support women in continuing to breastfeed after returning to work and is working with Pediatrics nurse practitioner Pat Bartels, FNP-BC, to develop additional rooms on campus.

Community outreach and involvement continues to be an important focus of our service:

- Pat Bartels is the health care consultant to the MIT Day Camp and to the Technology Children's Centers.
- We provided health care talks to children and teenagers in the greater Boston area.
- We mentored and precepted high school, graduate nursing, college, and Harvard Medical School students. In addition, we served as resources for MIT students and students from other colleges with an interest in health care careers and for MIT colleagues interested in health care research.
- We worked with a cross-disciplinary MIT Medical team to help address adult obesity.
- We continued to communicate the benefits of the "5-2-1 Jump Up and Go" lifestyle program, which promotes healthy eating habits in support of our wellness efforts in the MIT community.

Frida Wosk, MD, a full-time pediatrician with special training in developmental disorders, left MIT this year. We have hired a part-time pediatrician with developmental-disabilities experience to meet these needs.

Pat Bartels now serves as a liaison between providers in MIT Medical's Pediatrics Service and the Cambridge Hospital psychiatric fellow who sees MIT families in Pediatrics once a week.

The addition of a per-diem RN two days a week has been a great enhancement to the service. This extra coverage helps us better meet the needs of our families in the areas of immunizations, phone advice, and parent education.

We are helping parents understand how to seek pediatric care and advice during evening, overnight, and weekend hours.

All exam rooms are now equipped with computers. This gives us ready access to the electronic medical record, improving provider workflow.

Initiatives

During FY2013, we plan to:

- Continue communicating the benefits of the “5-2-1 Jump Up and Go” lifestyle program
- Continue to work collaboratively with various members of the MIT community to improve patient education and care through increased outreach programming
- Continue to work on improving patient wait times by addressing workflow and system issues to ensure patient, provider, and staff satisfaction while being fiscally responsible
- Increase Menactra (meningitis/meningococcal disease) immunization rates in children older than 11 years of age
- Perform routine cholesterol screening on children ages 9 to 11 and others with risk factors
- Hire a part-time pediatrician to help meet visit demands and provide flexibility in terms of call schedules and patient access to care when other providers are out of the office
- Achieve a 100% flu immunization rate for high-risk patients

Surgical Service—Lawrence T. Geoghegan, MD, Chief

Strategic Focus

The Surgical Service at MIT Medical provides access to all types of surgery, both elective and emergent. Minor operations, requiring only local anesthesia, are performed in our well-equipped minor procedure room. Major operations are performed at Mount Auburn Hospital and Massachusetts General Hospital.

Accomplishments

The volume-case mix in FY2012 was similar to that of FY2011—approximately 1,000 clinical visits, 50 major surgeries, and 40 minor operations.

Dr. Geoghegan continued to hold clinics five days a week, ensuring excellent short- and long-term follow-up for postoperative patients and consults for new patients.

Initiatives

In FY2013, the service will begin holding informal conferences with Urgent Care and Primary Care clinicians to focus on the treatment of minor surgical problems that nonsurgical practitioners can handle. We look forward to another year of providing excellent care for our patients.

Urgent Care Service—Brian Ash, MD, Medical Coordinator, and Janis Puibello, FNP-BC, Nursing Coordinator

Strategic Focus

The Urgent Care Service provides care for the MIT community from 7 am to 11 pm, 365 days per year. Services are offered on a walk-in basis for students, employees and families covered by the MIT Traditional Health Plan and MIT Choice plan, retirees, and employees with occupational injuries. There were 17,090 patient visits in FY2012, representing a 12% increase from FY2011.

Accomplishments

This was the first full year that Urgent Care hours were 7 am to 11 pm. Patients have access to phone consultations with a triage nurse during overnight hours.

More than 10 associate medical staff physicians were recruited, trained, and integrated into MIT Medical. These physicians staff Urgent Care shifts on evenings, weekends, and holidays. Most are attending physicians or senior fellows from Massachusetts General Hospital or Brigham and Women's Hospital and have CRICO (Controlled Risk Insurance Company) malpractice coverage that covers their work at MIT. With the goal of creating a service that provides patient-centered care, our hiring process emphasizes evaluating candidates' communication skills, ability to work well in teams, and history of functioning well in situations where care is handed off between shifts. As a result, our associate medical staff physicians have expressed greater satisfaction with their work at MIT along with a sense of pride and ownership relating to their roles at MIT Medical.

More family practice nurse practitioners have been recruited to the nursing per-diem staff to help cover staff vacations and to work on weekends and holidays, which strengthens our weekend pediatric services. Triage nurses also have been added to weekend and holiday staffing.

MIT-EMS (MIT student ambulance) has been more formally involved in the Urgent Care network this year, with Urgent Care staff providing instruction to EMS groups and helping arrange emergency room shadowing opportunities. These activities help MIT-EMS sustain membership interest.

Urgent Care continues to work closely with various MIT services, including the Dean on Call network, MIT Medical's Mental Health and Counseling Service, the Community Care Center, Community Wellness at MIT Medical, and other areas.

Initiatives

Our primary goal continues to be to provide high-quality urgent care services that are easily accessible to members of the MIT community. In FY2013, we plan continued improvements in the care we provide based on a reevaluation of our workflow that will examine patient volume, patient acuity, and wait times.

Administrative Services

Information Systems and Medical Records—Shelagh M. Joyce, Director

Strategic Focus

Information Systems (IS) and Medical Records at MIT Medical focus on implementing and fine-tuning software applications and workflows to reduce redundant work in both clinical and administrative areas. We also work to make services and data easily accessible and understandable to our patients.

Accomplishments

Through a collaborative effort that involved many hours of work for IS, clinicians, and support staff in applicable patient areas, Medical Records met the federal government's "meaningful use" stage 1 standards for EMR utilization. The purpose of these standards is to establish a national baseline for electronic data capture and information sharing to improve health and efficiency. The program provides financial incentives to physicians who implement a certified EMR, which involves collecting and sharing data when appropriate.

In the fall of 2011, MIT Medical opened up a combined reception area for Laboratory, Orthopedics, Surgery, Radiology, Health Screening, and certain medical specialties, each of which had previously had separate workflows. We developed custom software that allowed any member of the front desk staff to check in patients for any area. The software also combined patient check-in and appointment management into a one-step process.

Information Systems and Medical Records enhanced various privacy and security policies and best practices. Ongoing education and awareness training on privacy and security regulations have been incorporated into the department's cyclical training programs.

In conjunction with various clinical clusters, Medical Records developed an "express scanning" process that retrieves reports from outside clinicians six times a day, immediately scans them into the medical record, and then alerts referring clinicians. This new process has enhanced communication and follow-up between clinicians and patients and has made workflows more efficient.

Initiatives

Many of the strategic initiatives and goals of IS and Medical Records are ongoing and involve work that will lead to process improvements. Examples include:

- Major upgrades to hardware and software platforms for the department-specific laboratory and dental systems
- Security- and privacy-related program enhancements involving email encryption and network accessibility
- Staff training programs that include a revised new employee orientation program and software application refresher courses
- Implementation of a mini-EMR for obstetric patients that will allow the prenatal record to be readily accessible to the entire obstetric provider team

Operations—Deborah Friscino, Director

Strategic Focus

Operations is dedicated to supporting the strategic and operational initiatives of MIT Medical. Currently, the emphasis is on planning for future staffing needs.

Accomplishments

With more than half of our staff members over the age of 50, we anticipate that many people will choose to retire over the next 10 years, creating greater changes in staff than normally would be expected. We have started to discuss and evaluate the skills and positions that will be needed for MIT Medical to meet the community's needs in the future.

To ensure that we will continue to have employees who are knowledgeable about the MIT community and able to provide consistent levels of high-quality service, we have focused on developing systems to help employees acquire new skills, learn more about how MIT Medical operates, and become ready to take on new responsibilities in the future.

While MIT Medical has a strong new-employee orientation process and an informal peer mentoring program, we realize that new employees may need a more structured program to better understand and become part of the department. Based on feedback from managers, senior leaders, and staff hired within the last several years, we have expanded the program to include:

- Mentoring that provides technical advice related to job skills
- A peer-connector network that pairs new staff with experienced colleagues to help them navigate the system
- Monthly meetings that enable new staff to build relationships with coworkers while learning more about the complexities of the MIT community

In addition, we have started restructuring some services to create “lead” positions, which provide opportunities for staff to develop leadership skills and assume increasing amounts of responsibility. Managers have discussed key leadership skills and have identified ways to provide successful learning opportunities for staff at all levels. There is a conscious shift from evaluating current performance to identifying the potential for building key skills among employees.

Initiatives

Our long-range activities are focused on talent development. We are creating a system that identifies key skills in a way that will enable people to continue to improve their capabilities throughout their career. When completed, the system will:

- Define the work skills that are important to the organization
- Provide a framework to use when filling vacant positions
- Allow staff to understand the skills that are necessary for their own development
- Help managers identify and provide growth opportunities for staff

Emergency Preparedness—David V. Diamond, MD, Associate Medical Director; Deborah Friscino, Director of Operations; and Robert Bright, Facilities and Safety Manager

Strategic Focus

In partnership with Occupational, Environmental, and Employee Health Services at MIT Medical, our senior leadership team, and other MIT offices, we provide preventive, diagnostic, and consultative approaches to security and disaster preparedness. We help identify and anticipate hazards that could affect the MIT community by developing emergency response protocols, emergency communications plans, and medical emergency care plans.

Accomplishments

During FY2012:

- MIT Medical’s Operations Group conducted an active-shooter drill and recommended security training for all staff, which is scheduled for November 2012.
- We conducted several influenza vaccination clinics and worked with MIT’s Emergency Operations Center (EOC) to conduct large-scale flu shot clinics, which resulted in more than 12,000 vaccinations being provided to members of the MIT community.
- We participated in several EOC activities, including training on how to handle suicides involving household chemicals that present hazards to exposed bystanders and first responders.
- We conducted security and emergency-preparedness training sessions for staff at MIT Medical’s annual safety fair.

- Our emergency management program was reviewed by the Joint Commission and was found to be deficiency free.
- The Medical Emergency Response Committee conducted drills and critiqued procedures to identify opportunities for improving our response to medical emergencies.
- We participated in MIT's commencement exercises through our representation on EOC and provision of medical support on the day of the event.
- We participated in emergency preparedness efforts with the Cambridge-area Hospital Operations Group, a multiagency organization representing local hospitals, colleges, and universities and various city agencies.
- We completed a hazard vulnerability analysis to evaluate risks and our current level of preparedness and determined that we would focus our FY2013 prevention and preparedness efforts on fire and hazardous materials emergencies.

Initiatives

In FY2013, we will:

- Continue to serve in leadership and support roles within EOC by participating in EOC drills and responding to actual campus emergencies
- Continue to collaborate with emergency responders in the Cambridge community through our participation on the Local Emergency Planning Committee of the Cambridge-area Hospital Operations Group
- Use our recently completed hazard vulnerability analysis to guide us in improving our response to the emergency situations that are most likely to adversely affect our operations
- Lead the Institute's efforts to minimize the effects of seasonal influenza on campus

Marketing and Communications—David Tytell, Manager

Strategic Focus

The Marketing and Communications team provides the entire MIT community with timely materials about MIT Medical's clinical services and public health initiatives, community health and wellness programs, the MIT Health Plan, and various clinical and administrative entities within MIT Medical. We reach the MIT community through various channels, including websites, social media, brochures, letters, videos, posters, and other written and graphic materials.

Accomplishments

The team introduced MIT Medical's new 25-foot tobacco-free perimeter using news stories, posters, bulletin boards, and contests. We will provide communications and promotion to other departments on campus that would like to implement tobacco-free perimeters around their buildings.

We improved getfit@mit with the following enhancements:

- A new registration process
- An html weekly email that allowed us to measure readership and click-throughs
- The stayfit@mit website, in which participants can continue to log minutes after the 12-week challenge ends
- A "community blog" where participants can report their progress, post healthy recipes, ask for advice, and encourage others

We revised medweb.mit.edu, the MIT Medical website, to include:

- Improved violence prevention and response pages in the Community Wellness section
- A new "Share Your Patient Story" form to solicit community input
- A "Patient Choice Award" form to allow patients to nominate outstanding employees for an annual award
- New web pages for infectious diseases, rheumatology, LGBTQ (lesbian, gay, bisexual, questioning) health, and transgender health.

Other important accomplishments included:

- Launching new patient-focused brochures for Lexington and Cambridge that promoted each practice
- Producing clinical brochures explaining the use of antidepressants and herpes treatment options
- Creating a new employee-focused postcard encouraging MIT Choice plan members to choose a PCP at MIT Medical
- Updating the *Caring for Our Community* booklet, which uses patient profiles to promote MIT Medical services
- Redesigning all student health plan materials for clearer and more succinct communication

Initiatives

In FY2013, we plan to:

- Redesign and rebuild the MIT Medical website, including reviewing and redrafting all of the site's content. The project also calls for a new social media strategy to work in tandem with the new website. This is our highest priority project for FY2013.
- Upgrade the internal departmental website, a major communication vehicle for employees, including migrating the site from MIT Medical to an external server supported by Information Services and Technology. This will bring the site up to campus-wide standards and allow authorized users to access it from outside the department's firewall.
- Rebrand and relaunch two Community Wellness at MIT Medical program websites: MIT Spouses & Partners, which provides programming for the families of students, staff, and faculty (particularly international families), and MedLinks, which supports MIT students by using medically trained student volunteers who are available as resources in all student residences.
- Create digital signage for several waiting rooms throughout MIT Medical.
- Launch a rebranding effort that will include new business cards, stationery, and PowerPoint templates.
- Promote Urgent Care Service hours and after-hours contact information through distributing T-shirts and running a comic strip advertisement in *The Tech*.
- Reassess the effectiveness of all printed materials with the goal of refreshing and redesigning materials as necessary.
- Redefine the open enrollment campaign through collaborative work with the MIT Benefits Office, with the goal of modifying, simplifying, and streamlining communications with employees in the spirit of "one administration/one voice."

Finance—Peggy Meehan, Director

Strategic Focus

Finance seeks to support the strategic focus of MIT Medical by delivering cost-effective, patient-focused services with both efficiency and a high level of customer service. As a key operational arm of MIT Medical, Finance is charged with managing patient financial services, budgeting and fiscal management, health plan administration, purchasing, and the organization's capital management.

Accomplishments

Accomplishments this year included information enhancements, business process improvements, and changes in business models. We undertook these activities strategically with an eye toward MIT's broad goals and consideration of the possible impacts of health care reform legislation.

Information Improvements

Finance relies on data to support decisions, to identify and resolve issues, and to monitor business activities. We use health care data from disparate sources that are not always consistent, which means we must manipulate and categorize this data to generate meaningful, solid information. In FY2012, we continued to improve this process, including:

- Creating reports that run automatically and contain key performance indicators, such as amounts billed to various insurance companies, accounts receivable amounts, and aging- and provider-based statistics.
- Developing an improved process to monitor ongoing pharmaceutical expenses. This came in response to expected increases in student pharmacy expenses resulting from greater pharmacy benefit levels.
- Refining the department's basic statement of costs and matching sources of support with lines of business that are consistent with the MIT employee insurance restructuring and that are delineated more finely than other existing business lines.

Business Process Improvements

Finance continuously strives for optimal efficiency and cost-effectiveness. Areas of focus this year included:

- Revamping the Clinical Services budgeting process. We effectively engaged many department staff in this effort, which resulted in successfully redirecting and aligning resources in support of our mission.
- Modifying our workflow to include the new Medicare coverage for Zostavax (shingles) vaccine.
- Improving billing compliance through the implementation of Claims Manager, software that reviews claims prior to submission and identifies issues that may impact compliance and/or reimbursement levels.
- Recruiting and hiring a full-time coding and quality assurance specialist with a focus on Medicare compliance and improved documentation.
- Completing a review and assessment of how the MIT Choice plan has been implemented. With guidance from MIT Medical's director of quality improvement, this review resulted in streamlined processes.

Business Model Changes

Since we operate within dynamic regulatory and insurance-coverage environments, we need to frequently evaluate and change our business models, both to comply with new requirements and to leverage advantages that become available. In FY2012, this included:

- Participating in the transition to a Medicare Part D pharmacy program for MIT retirees covered by Medicare.

- Developing a referral-monitoring process with mental health staff to limit out-of-network utilization among students. This translates to cost savings for both students and the Institute.
- Executing a contract with Harvard Pilgrim Health Care to continue to provide services to current Draper Laboratory patients who, due to regulatory reasons, can no longer be covered by the MIT Traditional Health Plan. This agreement also will allow us to accept new patients from Draper Laboratory.

Initiatives

We are looking forward to implementing a seamless transition for Draper employees who are switching from the MIT Traditional Health Plan to Harvard Pilgrim Health Care. To support our clinicians, we will be implementing an electronic method for entering clinical information for billing purposes.

We will continue to monitor the health care landscape, including the evolution of health care reform and the transition to a new, nationwide medical coding scheme. As always, our work focuses on MIT's mission and goals, especially MIT's global expansion and how we can best support the changes that may come as a result.

Performance Improvement and Risk Management—Ruth Fishbein, Director

Strategic Focus

We aim to support MIT Medical in providing state-of-the-art care to the MIT community. Performance improvement/risk management programs use data analysis, technological innovation, and educational activities to improve patient outcomes.

Accomplishments

- *Successful Joint Commission survey:* In November 2011, MIT Medical underwent its first survey as an ambulatory health center, resulting in a full three-year accreditation.
- *Completion of Stage 1 Health Information Technology for Economic and Clinical Health (HITECH) Act requirements:* We have collected discrete data for MIT Medical patients in the electronic medical record, which will provide metrics for ongoing clinical improvement activities that will meet HITECH Stage 2 and Stage 3 requirements.
- *Implementation of a closed-loop tracking system for consult reports and test results:* CRICO, MIT Medical's malpractice insurance company, has identified closed-loop report tracking as a key factor in reducing malpractice risk. We implemented a paperless (scanning) system to ensure that medical consultations and tests ordered outside of MIT Medical are completed and that results are received by MIT Medical, communicated to referring clinicians, and uploaded into the EMR.
- *Successful completion of the CRICO office practice evaluation:* In August 2011, CRICO completed a site survey, including record review, staff interviews, and site

observation, focusing on six characteristics of model clinical practice. Our results showed significant improvements compared with a 2008 practice evaluation in the areas of diabetes management, test-result management, and referral management. CRICO recommended that MIT Medical improve compliance with its algorithms for management of breast complaints/breast cancer screening and colorectal complaints/colorectal cancer screening. To this end, we have completed four educational sessions on these topics and have provided enhancements in the EMR to support compliance. CRICO also recommended a closed-loop process for tracking laboratory orders, and we were scheduled to start this project in July 2012.

- *Ongoing support of programs to optimize care for patients with diabetes:* A nurse care manager provides one-on-one support for our highest-risk patients with diabetes. The Diabetes Care Management Team responds to trends within the population of MIT Medical patients with diabetes. The Adult Primary Care Clinical Medical Education Series and the Diabetes Education for Patients Series provide educational programs that are open to the entire MIT community.
- *Support for women's health:* The Women's Health Working Group continues to initiate and support activities promoting high-quality care for women at MIT Medical, including Pap test tracking, hands-on training of clinicians in point-of-care gynecological testing, and ongoing refinement of an appointment protocol to assure continued patient access to appropriate women's health services.
- *Completion of initial Weight Management Working Group projects:* The Weight Management Working Group presented a clinical education session and developed weight management resource documents available to both providers and patients.
- *Completion of initial lean systems analysis:* MIT Medical participated as a project site for two Engineering Systems Division classes, 16.852J/ESD.61J Integrating Lean Enterprise (fall 2011) and 16.855/ESD.38 Enterprise Architecting (spring 2012), which led to the introduction of lean systems theory to MIT Medical and an initial analysis of the department from a lean systems perspective.

Initiatives

Our initiatives for FY2013 include:

- Improving communication of performance improvement/risk management activities to MIT Medical staff and patients.
- Improving patients' satisfaction with the information they receive about delays when waiting to see a clinician. Our goal is to improve patient satisfaction survey results by 5% this year.
- Analyzing data in the diabetic population to assess the effects of race, gender, ethnicity, or educational level on health outcomes.
- Fully implementing a closed-loop system to track MIT Medical laboratory orders.

Clinical Director for Campus Life—Maryanne Kirkbride, MS, MBA, RN

Strategic Focus

Our mission is to compassionately guide individuals in learning about and pursuing healthier lifestyles and to work with others to build community and support environments that foster healthy living. We do so by making the healthy choice the easy choice and by highlighting the connections between health and wellness and between success and accomplishment. Our goal is a healthier campus that supports our highest achievements, improves our lives, and minimizes the human and financial burden of chronic illness over time.

Accomplishments

Chronic illnesses account for more than 80% of health care resources, and more than half of all diseases are associated with preventable health risks. To prepare to make a measurable difference over time, we are framing our accomplishments using benchmarked indicators in the following areas:

- Physical activity, nutrition, and weight management
- Tobacco treatment
- Adequate sleep
- Stress management
- Social connectedness/healthy relationships
- Violence prevention
- Educational and community-based programs

Physical Activity, Nutrition, and Weight Management

Indicators:

- Increase the adoption of leisure-time physical activity
- Increase the number of people who get the recommended amount of exercise
- Increase the awareness and utilization of MIT-based facilities and programs
- Increase the consumption of fresh fruits and vegetables
- Increase support for people of all sizes to make healthier nutrition choices

Key accomplishments in FY2012:

- Increased participation in MIT Medical's annual fitness challenge, *getfit@mit*. More than 3,300 participants exercised a total of 9.3 million minutes, and participants in Lincoln Laboratory's Lose2Win program each lost an average of 15.3 pounds.
- Consulted with the Division of Student Life on the new dining plan initiative. We conducted site visits, provided advice on increasing nutrition literacy, and

helped to craft campus policies for students with special dietary needs and disordered eating.

- Tested messages promoting healthy body image, with more than 200 positive evaluations from undergraduates.

Tobacco Treatment

Indicators:

- Reduce tobacco use
- Increase the number of “tobacco-free zones” on campus

Key accomplishments in FY2012:

- Estimated the baseline percentage of MIT Medical patients who use tobacco (6%) to serve as our baseline.
- Provided free, on-site tobacco treatment to 30 people.
- Created an electronic referral system for clinicians to refer patients to QuitWorks, a free online program.
- Designated MIT Medical’s building (E23) as the first campus “tobacco-free zone.” In addition, we created a plan that other departments can follow in making policies.

Adequate Sleep

Indicator:

- Increase the number of days per week that individuals wake feeling rested

Key accomplishments in FY2012:

- Launched “Sounder Sleep” wellness classes and provided additional staff training
- Added sleep-hygiene messages to the 253-CALM relaxation phone line
- Launched the “To get A’s, get Z’s” communication campaign and workshops

Stress Management

Indicator:

- Decrease the days per week that individuals feel overwhelmed by the responsibilities and tasks they face

Key accomplishments in FY2012:

- Provided training and technical assistance to the Department of Athletics, Physical Education, and Recreation (DAPER) to increase varsity coaches’ use of stress management and mindfulness with student athletes.

- Provided an expert seminar for MIT Medical clinicians on mindfulness-based stress reduction (MBSR) techniques followed by personal training with in-house certified MBSR staff. The seminar, presented by MIT alumnus Jon Kabat Zinn (PhD '71), was rated as good or excellent by 93% of attendees.

Social Connectedness/Healthy Relationships

Indicator:

- Increase social connections for people both within and outside of their usual groups

Key accomplishments in FY2012:

- Developed programs for MIT Spouses & Partners, an initiative serving more than 350 wives, husbands, and significant others of new MIT students, staff, and faculty from more than 40 countries. We offered 275 meetings, workshops, events, and activities to help participants build social networks, support one another, learn to communicate better, and deal with financial and career concerns. In addition, we piloted the Happiest Baby parenting program to teach infant soothing, part of a statewide strategy to reduce the incidence of shaken baby syndrome. We transferred the FamilyNet website to a new server and grew to 350 members in three months. FamilyNet provides family- and parenting-related information and allows participants to communicate with one another online. Finally, we began establishing a global network of former Spouses & Partners participants to help with transitions as people return to their home countries or leave to come to MIT for the first time. In the future, we may be able to utilize this network for resource development and alumni giving.

Violence Prevention

Indicator:

- Increase reporting of domestic violence, sexual assault, and other violent crimes

Key accomplishments in FY2012:

- Increased service utilization by 260%
- Staffed a 24-hour hotline for the first full year
- Managed 54 separate cases in which we advocated for people dealing with stalking or sexual, domestic, or dating violence
- Provided 46 workshops on bystander intervention
- Continued research to assess and map patterns of service utilization for survivors on campus

Educational and Community-Based Programs

Indicators:

- Increase the number of students who receive information on healthy lifestyles and behavior
- Increase the number of employees who participate in MIT-sponsored health promotion activities

Key accomplishments in FY2012:

- **Outreach:** We provided more than 200 workshops and groups for students, staff, and faculty. Topics included violence prevention and response, suicide prevention, stress management, mindfulness, sleep health, and eating and body image concerns. Also, we drew more than 8,800 page views (an almost 300% increase from the previous year) to our web page with downloadable resources. The page includes MP3s on insomnia and sleep hygiene, stress reduction, mindfulness, and sexual violence.
- **MedLinks:** We promoted healthy living and MIT Medical in on-campus residences and through a variety of events. More than 1,500 interactions were reported during the past academic year.
- **Students at MIT Allied for Student Health (SMASH):** This organization is a reconfiguration of the Student Health Advisory Committee. It includes leaders of all MIT student health-related groups, including MIT-EMS, Active Minds, MedLinks, and the Graduate Student Council Housing and Community Affairs Committee. SMASH is designed to help coordinate health and wellness efforts across groups.
- **Health coaching:** We saw 70 clients with concerns regarding stress management, sleep problems, weight management, and other lifestyle issues; we provided sexual health coaching services for 68 clients (students, staff, and faculty); and we saw eight clients as part of a clinical referral pilot program for intensive, ongoing lifestyle coaching.
- **Employee health and wellness:** We piloted a biometric screening program for the Division of Student Life and the Department of Facilities. Seventeen percent of eligible staff members participated in biometric screening and received recommendations based on health-screening results.

Initiatives

In FY2013, we plan to:

- Hold a 5K race and offer related training as part of next year's getfit@mit fitness challenge (physical activity, nutrition, and weight management)
- Expand on-site tobacco treatment through a partnership with Massachusetts General Hospital (tobacco treatment)

- Consider areas such as the North Court for designation as tobacco-free zones (tobacco treatment)
- Work with the Media Lab spin-off company Ginger.io to pilot a sleep-promotion smartphone app (adequate sleep)
- Pilot an employee-focused stress-management intervention at MIT Lincoln Laboratory (stress management)
- Pilot a student-focused program to integrate mindfulness practices into academic activities (stress management)
- Conduct a comprehensive evaluation of the “Upgrade Your Health and Happiness” curriculum to measure its impact on the health and perceived stress of participants (stress management)
- Expand the availability of the Happiest Baby parenting program to reduce the risk of shaken baby syndrome (social connectedness/healthy relationships)
- Begin an annual violence prevention training program for MIT’s approximately 700 varsity athletes per an agreement with DAPER (violence prevention)
- Support the student groups associated with SMASH in working together on the goal of reducing barriers to students reaching out for help (educational and community-based programs)
- Extend the biometric screening program to the remaining 21 MIT department groupings funded by MIT’s executive vice president and treasurer (educational and community-based programs)

Appointments, Transfers, and Separations from Service, FY2012

Medical and Administrative Staff Appointments

Brian Ash	Medical Coordinator, Urgent Care	8/1/11
Toby Walters	Triage Nurse	8/1/11
Evan Waldheter	Psychologist	8/15/11
Sheri Giangregorio	Practice Management Systems Analyst	9/8/11
Lisa Hebda	Triage Nurse	11/14/11
Amy Chilton	Triage Nurse	12/1/11
Linda Finguerra	Clinical Nurse Specialist	2/21/12
Shawn Ferullo	Family Medicine Physician	3/19/12
Sheila Swales	Clinical Nurse Specialist	4/6/12
Allison Daly	Nurse Practitioner	5/1/12
David Tytell	Manager, Marketing and Communications	5/1/12

Transfers

Alice Waugh	Communications and Marketing Specialist	11/30/11
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Separations from Service

Betsy Fisher	Psychologist	7/5/11
Kelly Fink	Registered Nurse	9/12/11
Mary-Beth Muckian	Registered Nurse	10/4/11
George Taylor	Physician Assistant	1/2/12
Frida Wosk	Pediatrician	1/22/12
Marsha Gilmore	Clinical Nurse Specialist	1/23/12
Evelyn Picker	Internist	2/10/12
Kim Carroll	Registered Nurse	4/10/12
Lisa Perron	Licensed Social Worker	4/26/12
Lindsay Guest	Mental Health Resource Coordinator	5/25/12

William M. Kettyle, MD
Medical Director

Annette Jacobs
Executive Director